

Long-Term Care COVID-19 Commission Meeting

The Honourable Christine Elliott, Deputy Premier of
Ontario and Minister of Health, and Helen Angus,
Deputy Minister of Health
on Wednesday, February 24, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all participants attending remotely, on the 24th day of February, 2021, 10:00 a.m. to 2:00 p.m.

1 BEFORE:

2 The Honourable Frank N. Marrocco, Commission Chair

3 Angela Coke, Commissioner

4 Dr. Jack Kitts, Commissioner

5

6 PRESENTERS:

7 The Honourable Christine Elliott, Deputy Premier of

8 Ontario and Minister of Health

9 Helen Angus, Deputy Minister of Health, Ministry of

10 Health

11

12 COUNSEL:

13 Sunil Mathai, Counsel, Ministry of Attorney General

14 Roopa Mann, Counsel, Ministry of Attorney General

15 Kristin Smith, Counsel, Ministry of Health/Ministry

16 of Long-Term Care

17 Amy Leamen, Counsel, Ministry of Health/Ministry of

18 Long-Term Care

19 Eric Wagner, Counsel, Ministry of Attorney General

20 Ann Christian-Brown, Ministry of the Attorney

21 General

22 Kinsey Bowen, Counsel, Ministry of Health/

23 Ministry of Long-Term Care

24 Nishat Hoque, Articling Student, Ministry of

25 Health/Ministry of Long-Term Care

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3 PARTICIPANTS:
4 Alison Drummond, Assistant Deputy Minister,
5 Long-Term Care Commission Secretariat
6 Ida Bianchi, Senior Legal Counsel, Long-Term Care
7 Commission Secretariat
8 Dawn Palin Rokosh, Director, Operations, Long-Term
9 Care Secretariat
10 Derek Lett, Policy Director, Long-Term Care
11 Commission Secretariat
12 Jessica Franklin, Policy Lead, Long-Term Care
13 Commission Secretariat
14 Adriana Diaz Choconta, Senior Policy Analyst,
15 Long-Term Care Commission Secretariat
16 Angeline Hawthorn, Senior Policy Analyst, Long-Term
17 Care Commission Secretariat
18 Rose Bianchini, Senior Policy Analyst, Long-Term
19 Care Commission Secretariat
20 Angela Walwyn, Senior Policy Analyst, Long-Term
21 Care Commission Secretariat
22 John Callaghan, Co-Lead Commission Counsel, Gowling
23 WLG
24 Lynn Mahoney, Counsel, Gowling WLG
25 Jennifer King, Counsel, Gowling WLG

1 Michael Finley, Counsel, Gowling WLG
2 Kavi Sivasothy, Counsel, Gowling WLG
3 Peter Gross, Counsel, Gowling WLG
4 Patricia Brooks, Counsel, Gowling WLG
5 Joshua Shoemaker, Counsel, Gowling WLG
6 Valerie Pelchat, Counsel, Gowling WLG

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8

9 ALSO PRESENT:

10 Deana Santedicola, Stenographer/Transcriptionist

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14 **The following is a list of documents undertaken
15 to be produced or other items to be followed up**

16

17

INDEX OF UNDERTAKINGS

18 The documents to be produced are noted by U/T and
19 appear on the following pages: 80:23, 153:19

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1 -- Upon commencing at 10:00 a.m.

2

3 SUNIL MATHAI: So, Commissioner
4 Marrocco, we this morning produced an additional
5 Board note from Minister Elliott, and I provided
6 that to Commission Counsel this morning with some
7 minor redactions.

8 Minister Elliott would like an
9 opportunity just to address you on the production
10 of those notes, if that is possible.

11 COMMISSION CHAIR FRANK MARROCCO: That
12 is certainly possible.

13 The difficulty we have with the late
14 production is trying to absorb it so that we can
15 ask better questions and to clarify where we think
16 it is appropriate. But I'll certainly hear from
17 the Minister.

18 Why don't we do it this way.

19 I would normally start out by saying
20 that -- welcoming the Minister and the Deputy
21 Minister, reminding them that we do have a
22 transcript, which we will post on the website so
23 that people can keep track of the work that we are
24 trying to do. And I think we have a scheduled
25 time, which we will stick to.

1 I'll break after about an hour and 15.
2 Ms. Elliott -- and I know you have practiced law,
3 so you'll understand that, just give everybody,
4 including the reporter, an opportunity to catch
5 their breath.

6 And with that, Minister, if you want to
7 say something about the -- if you want to say
8 something, go ahead.

9 MINISTER CHRISTINE ELLIOTT: Thank you,
10 and good morning, Commissioners, and Mr. Callaghan.

11 With respect to my notes, after my
12 discussions with my Counsel last night, I went back
13 to review my notes to make sure that I had included
14 everything, even including Cabinet-related
15 material, and that is where these notes -- I found
16 these few notes that did pertain in some small part
17 to Cabinet material. But I have produced them for
18 your review.

19 So those are the documents that I have,
20 and I understand that you now have them, and
21 certainly if you wish to ask me any questions on
22 them, I am ready to do so.

23 COMMISSION CHAIR FRANK MARROCCO: Thank
24 you.

25 JOHN CALLAGHAN: Good morning.

1 Just while we are on that topic so that
2 both the Minister and the Deputy Minister are
3 aware, we have received about 217,000 documents in
4 the last week or so. Many of them are yours. And
5 in fact, we don't know how many of them are yours
6 because we can't get through them, obviously.

7 Counsel has been providing them as we
8 go. But you can appreciate that in this process I
9 won't be able to take you to documents that we
10 haven't been able to see. I won't be able to help
11 you with the process, as it were, and you must
12 appreciate -- and it may be impossible to get
13 through all these 217,000 documents, and likely
14 will, as the Minister can no doubt appreciate being
15 a Counsel.

16 But at the end of this process, we'll
17 be looking at some of those documents anyway so
18 that your testimony here will be augmented by those
19 documents to the extent we can get through them,
20 and as you can imagine, it is not a task that we
21 can likely accomplish.

22 But I want you to know that. So thank
23 you for the handwritten notes. We are
24 desperately -- we would desperately have
25 appreciated the 217,000 documents well in advance

1 so we could go through them, but with that caveat,
2 then I guess we can begin.

3 And just start with you, Minister, your
4 public career is fairly well-known, but prior to
5 that, as the Chair spoke about, you practiced law
6 for about 25 years?

7 MINISTER CHRISTINE ELLIOTT: Yes,
8 that's correct, I did.

9 JOHN CALLAGHAN: And Deputy Minister,
10 I'm afraid, as a Deputy Minister, your career
11 probably isn't as well-known. I happen to have
12 looked it up, so I know it is quite a long career
13 in the public service.

14 Could you just let the Commissioners
15 know of your career in the public service, and I
16 understand you were at Cancer Care Ontario,
17 et cetera.

18 DEPUTY MINISTER HELEN ANGUS: Correct.
19 Yes, I started my career --

20 JOHN CALLAGHAN: And specifically --

21 DEPUTY MINISTER HELEN ANGUS: Sorry,
22 specifically --

23 JOHN CALLAGHAN: Go on.

24 DEPUTY MINISTER HELEN ANGUS: No, I
25 started my career in 1986 at the Ministry of

1 Municipal Affairs and Housing. I am an urban
2 planner by profession, and I pretty quickly found a
3 permanent job at the Ministry of Health, spent
4 about eight years at the Ministry of Health,
5 including Cabinet Office, left to go into private
6 consulting, came back to work on the needs of
7 children who are medically fragile. I actually
8 worked on the Long-Term Care Redevelopment Project
9 in 2001 where we were allocating about 6700 new
10 long-term care beds at the time. I was working for
11 Gail Paech.

12 I left there to go to Cancer Care
13 Ontario. I spent ten years there, including I
14 guess about a year at the Canadian Institute for
15 Health Information, and I came back to the public
16 service in 2012 as the Associate Deputy Minister of
17 Health, and by 2014, I was the Deputy Minister of
18 Citizenship, Immigration and International Trade.

19 And from there, on to Treasury Board,
20 and I returned to the Ministry of Health as the
21 Deputy Minister at the same day that the Minister
22 was sworn in, so at the end of June 2018.

23 JOHN CALLAGHAN: So just -- I hate to
24 ask you to repeat what you repeated, but your
25 stints in health go back to 2001?

1 DEPUTY MINISTER HELEN ANGUS: My
2 initial employment at the Ministry of Health was in
3 1988, I believe.

4 JOHN CALLAGHAN: Right.

5 DEPUTY MINISTER HELEN ANGUS: And then
6 I worked at -- this is my fifth time in the
7 Ministry of Health, so -- and then I went to
8 Cabinet Office --

9 JOHN CALLAGHAN: No, but leave aside --
10 I just want to understand, because as Minister
11 Fullerton said in the legislature, some of these
12 long-term care problems have existed for many
13 years.

14 DEPUTY MINISTER HELEN ANGUS: Right.

15 JOHN CALLAGHAN: So I'm just trying to
16 get an understanding, at least the Commissioners
17 get an understanding, to know where you are
18 involved in the Ministry, particularly as it
19 relates to long-term care. So what I would like
20 you to do is just --

21 DEPUTY MINISTER HELEN ANGUS: So in
22 2001 -- yes. So 2001, I worked on the Long-Term
23 Care Redevelopment Project, which was really
24 allocating -- running a competition for the
25 allocation of long-term care beds.

1 I was a Project Manager at the time, so
2 I was keeping all the GANT charts and the materials
3 to make sure that the various streams of work were
4 organized.

5 JOHN CALLAGHAN: Will you pause there
6 for a second for me. Can you tell me what
7 government that was? Because we have heard that --
8 I believe it was the Harris government --

9 DEPUTY MINISTER HELEN ANGUS: Correct.

10 JOHN CALLAGHAN: -- that was involved.
11 So that is the period of time then?

12 DEPUTY MINISTER HELEN ANGUS: Correct.

13 JOHN CALLAGHAN: All right. Go ahead.
14 Thank you.

15 DEPUTY MINISTER HELEN ANGUS: And I
16 left the Ministry of Health before that project was
17 concluded in June, I believe, of 2002, and I went
18 to Cancer Care Ontario, and I did not return until
19 2012. And I was here for about two years, and then
20 I left for four to pursue other Deputy jobs in the
21 Ontario Government, and I came back in 2018.

22 JOHN CALLAGHAN: And so in 2012 to
23 2014, was that Deb Matthews, the Minister at the
24 time?

25 DEPUTY MINISTER HELEN ANGUS: Yes.

1 JOHN CALLAGHAN: And were you the
2 Associate Deputy? Who was the Deputy at the time?

3 DEPUTY MINISTER HELEN ANGUS: Saad Rafi
4 was the Deputy. I did not have long-term care in
5 my portfolio, though, when I was the Associate
6 Deputy Minister.

7 JOHN CALLAGHAN: All right. So I think
8 where we would like to begin is understanding the
9 structure of the Ministry of Health and the
10 responsibilities that you, Minister, have.

11 And so I would ask Michael to put up
12 document "E", and it has been described -- are you
13 familiar with this description that we got of a
14 three-legged stool, Minister?

15 MINISTER CHRISTINE ELLIOTT: Not
16 exactly, no.

17 DEPUTY MINISTER HELEN ANGUS: No.

18 JOHN CALLAGHAN: You are not. All
19 right. Okay. This was how a team from your office
20 described the health care sector to us, and that
21 there was -- one part of this stool was the
22 Ministry of Health. Then there is the Public
23 Health Units, which is down to the right. And then
24 there is Public Health Ontario.

25 So you are not familiar with this

1 concept? We were advised that this was a concept
2 that was used in government, but is that something
3 you are familiar with?

4 MINISTER CHRISTINE ELLIOTT: I haven't
5 seen it expressed that way, no.

6 JOHN CALLAGHAN: Deputy, have you --

7 DEPUTY MINISTER HELEN ANGUS: Well --

8 JOHN CALLAGHAN: No? All right.

9 DEPUTY MINISTER HELEN ANGUS: -- that
10 looks to me like it is not the whole health care
11 system. It is the delivery of -- it is the Public
12 Health part of the Public Health system.

13 MINISTER CHRISTINE ELLIOTT: Yes.

14 DEPUTY MINISTER HELEN ANGUS: I don't
15 know if I have ever seen that before. But it makes
16 intuitive sense that, you know, the delivery of
17 Public Health services are informed by Ministry
18 policy and regulations and legislations, like the
19 mandatory programs, for example, and the HPPA, the
20 work of Public Health Ontario, which is the
21 scientific advisors, and then the local Public
22 Health Units, which are the delivery organizations.

23 So it doesn't surprise me.

24 JOHN CALLAGHAN: So let's go through,
25 Minister. So you are ultimately responsible for

1 the actions of the Ministry of Health?

2 MINISTER CHRISTINE ELLIOTT: Yes, I am.

3 JOHN CALLAGHAN: And into that -- I
4 take it -- we heard from the Chief Medical Officer
5 of Health, and he said he played a role as an
6 Assistant Deputy Minister, so in that respect he
7 reports through the Deputy Minister to you;
8 correct?

9 MINISTER CHRISTINE ELLIOTT: In part of
10 his role, yes, but he is also independent in part
11 of his role as well.

12 JOHN CALLAGHAN: Right. And then
13 Public Health Ontario, I believe you are the Chair
14 of Public Health Ontario, or does the Chair of
15 Public Health Ontario report to you?

16 MINISTER CHRISTINE ELLIOTT: No, I am
17 not the Chair of Public Health Ontario.

18 DEPUTY MINISTER HELEN ANGUS: No.
19 Public Health Ontario is an independent -- it is an
20 agency of the Government of Ontario. So the Board
21 is appointed by the Government of Ontario, and
22 there is accountability agreements, as there are
23 with all of our agencies. But there isn't a direct
24 reporting relationship as such by the CEO or the
25 Board Chair. It is really about the

1 agency/government relationship.

2 JOHN CALLAGHAN: And is that MOU under
3 the responsibility of the Ministry of Health, or is
4 it under another Ministry's responsibility?

5 DEPUTY MINISTER HELEN ANGUS: It would
6 be under the responsibility of the Ministry of
7 Health, but the MOUs are largely templated by the
8 agency directives that come from what is now part
9 of Treasury Board.

10 JOHN CALLAGHAN: So if the Commission
11 finds that Public Health Ontario did or didn't do
12 anything, who in government is ultimately
13 responsible?

14 DEPUTY MINISTER HELEN ANGUS: I would
15 say that we have an accountability for the
16 functioning of the agency, but it is an independent
17 corporation.

18 JOHN CALLAGHAN: Okay. So what about
19 Public Health Units and Boards? What is the
20 relationship between the Ministry of Health and
21 those entities?

22 MINISTER CHRISTINE ELLIOTT: Well, the
23 local Public Health Units also have their own
24 Boards that they report to.

25 JOHN CALLAGHAN: Is there any

1 responsibility from the Public Health Unit or the
2 Boards to the Ministry of Health?

3 DEPUTY MINISTER HELEN ANGUS: No, we
4 fund a good portion of the work of the Public
5 Health Units. It is cost-shared with local
6 taxation revenues. And there is a piece of
7 legislation - and I'm sure you have been briefed on
8 the Health Protection and Promotion Act - that is
9 the framework for the operation of the Public
10 Health Units and specifies the programs and
11 services that they are expected to offer.

12 I think as a practical matter, the
13 Chief Medical Officer of Health convenes the Local
14 Medical Officers of Health on matters of Public
15 Health in the province.

16 JOHN CALLAGHAN: So is there any -- so
17 if the Public Health Units are deemed not to have
18 performed in accordance with what the Commissioners
19 believed to have been their duties, there is no
20 responsibility on the Ministry of Health?

21 MINISTER CHRISTINE ELLIOTT: Not
22 directly because they have their own Boards, but
23 they are really seen as having a lot of
24 independence, as they should, because they are
25 responsible for local health in their local area.

1 So they would deal more with the Chief
2 Medical Officer of Health than with anyone in
3 health directly.

4 JOHN CALLAGHAN: Right. I think more
5 to the point is it turns on accountability and the
6 structure. I think the Commissioners were a little
7 confused with respect to the presentation they
8 received on this three-legged stool as to where
9 accountability stops in the Public Health, and I am
10 not actually hearing that it stops necessarily with
11 the Ministry of Health, which is what I would have
12 thought might have been the answer.

13 MINISTER CHRISTINE ELLIOTT: As you
14 said, yes, there is some -- there is that level of
15 independence that needs to be had, but those are --
16 that is the way it was set up prior to my becoming
17 Minister of Health.

18 DEPUTY MINISTER HELEN ANGUS: Yes.

19 MINISTER CHRISTINE ELLIOTT: That is
20 just the way it is.

21 DEPUTY MINISTER HELEN ANGUS: I mean,
22 Public Health is a particularly decentralized
23 delivery system.

24 MINISTER CHRISTINE ELLIOTT: Yes.

25 DEPUTY MINISTER HELEN ANGUS: With 34

1 Public Health Units.

2 And so, you know, I think that they are
3 accountable for the delivery of programs and
4 services that advance the health of the populations
5 that they serve, and we would have -- we would be
6 setting the standards for that through the
7 legislation and other guidance that comes from the
8 Chief Medical Officer of Health.

9 MINISTER CHRISTINE ELLIOTT: We
10 certainly would have heard from the Chief Medical
11 Officer of Health if he had significant concerns
12 about their operation or their inability or
13 inaction on any particular issues. That would have
14 been discussed with us. And then Dr. Williams
15 would have then discussed it with them directly, if
16 action --

17 JOHN CALLAGHAN: So --

18 MINISTER CHRISTINE ELLIOTT: Sorry?

19 JOHN CALLAGHAN: I'm sorry. Minister,
20 I wasn't suggesting that you created the system.
21 I'm actually just trying to understand --

22 MINISTER CHRISTINE ELLIOTT: No, I
23 understand.

24 JOHN CALLAGHAN: -- who is responsible
25 within the system you inherited. So please don't

1 take it any other way than that.

2 I mean, some of the comments we have
3 heard, for example, is we have heard, for example,
4 Revera, in one of their submissions, talked about
5 Public Health Units giving contrary advice which
6 caused confusion during this pandemic. And is that
7 something that would ultimately be the
8 responsibility of yourself or the Chief Medical
9 Officer of Health to ensure that there is
10 consistent communication across the province
11 through the various 39 or however many -- 34 Boards
12 of Health?

13 MINISTER CHRISTINE ELLIOTT: Yes.
14 Well, we did hear on several occasions that the
15 different -- some of the 34 Boards of Health had
16 mixed communications and were imposing some
17 elements of the measures that we were bringing
18 forward in ways that were different than what we
19 had expected or Dr. Williams had expected, and that
20 information was exchanged with them through
21 Dr. Williams so that we would have consistent
22 application of the directives coming forward and
23 the application of the framework, for example, and
24 other rules that we were bringing forward that had
25 been decided centrally.

1 JOHN CALLAGHAN: For example, the one
2 example we heard repeatedly was sort of the return
3 to work would be one example as to when employees
4 could return.

5 So that is the responsibility of the
6 Chief Medical Officer of Health to ensure
7 consistent communication in the face of an
8 emergency?

9 MINISTER CHRISTINE ELLIOTT: Yes.

10 DEPUTY MINISTER HELEN ANGUS: Yes, I
11 think, as a Public Health emergency, absolutely.
12 You know, it probably doesn't surprise many of us
13 that with 34 different Local Medical Officers of
14 Health and an evidence base that is emerging around
15 a pandemic that you might have different views on
16 what actions to take, and I think Dr. Williams
17 tried to bring some consistency to that. And where
18 that was required, that is when he would use some
19 of the tools that he had at his avail. I hope he
20 spoke to you about those in terms of directives.

21 JOHN CALLAGHAN: He did a bit. I
22 wonder, Mr. Mathai, if you would turn your sound
23 off because we can hear you clicking.

24 SUNIL MATHAI: I apologize, John.

25 JOHN CALLAGHAN: Well, I guess the

1 Commissioners will make -- will assess that as they
2 go as to who might be responsible.

3 But there is no doubt then, Minister,
4 that you are responsible under the Order in Council
5 dealing with emergency planning with respect to the
6 coordination of the health system in respect of a
7 health emergency? Is that accepted?

8 MINISTER CHRISTINE ELLIOTT: Yes.

9 JOHN CALLAGHAN: Okay. And that
10 responsibility includes the coordination of the
11 health system partners, including long-term care
12 facilities; is that correct?

13 MINISTER CHRISTINE ELLIOTT: It did
14 originally, and then it was split off, as you know,
15 into two Ministries in -- I believe it was June
16 2019.

17 And so the Minister of Long-Term Care
18 would have been responsible for the long-term care
19 aspect of it, but there were a number of situations
20 where health and long-term care issues were
21 somewhat intertwined, and that is where I worked
22 with the Minister of Long-Term Care.

23 An example being when hospitals were
24 asked to come in and assist in long-term care homes
25 and --

1 JOHN CALLAGHAN: Well, before you get
2 there, the 2019 Provincial Emergency Response Plan
3 indicates that you, as the Minister, were
4 responsible for the plan in respect of emergencies
5 relating to human health disease and epidemics,
6 including a pandemic.

7 And in it, it suggests that you were to
8 coordinate with the partners, including long-term
9 care facilities, but you are saying that is not
10 your responsibility. That is the responsibility of
11 the Minister of Long-Term Care?

12 MINISTER CHRISTINE ELLIOTT: It is now,
13 yes.

14 JOHN CALLAGHAN: Okay. So does the
15 Minister of Long-Term Care have responsibility in
16 terms of health planning -- pardon me, emergency
17 planning then under that Order in Council?

18 MINISTER CHRISTINE ELLIOTT: I am not
19 sure -- could you please rephrase the question?
20 I'm not quite sure what you are asking me.

21 JOHN CALLAGHAN: Well, the original
22 Order in Council was from 2009, and it vested in
23 the Minister of Health, that responsibility.

24 In 2009, you were also -- the person in
25 your position was also the Minister of Long-Term

1 Care. Your position was divided. The 2019 -- the
2 2019 Provincial Emergency Response Plan refers to
3 both the Minister of Health and the Minister of
4 Long-Term Care being responsible for the
5 preparation of a health emergency, and I am sensing
6 that you are saying that is correct, that you both
7 have responsibility. Is that what I am hearing?

8 MINISTER CHRISTINE ELLIOTT: Yes.

9 JOHN CALLAGHAN: All right. And that
10 it would be the Ministry of Long-Term Care that has
11 the responsibility to address the issue with
12 respect to long-term care facilities; is that
13 correct?

14 MINISTER CHRISTINE ELLIOTT: Yes.

15 JOHN CALLAGHAN: All right. So were
16 you aware that your counterpart never had a plan,
17 had a formal plan; that is, the Minister of
18 Long-Term Care never had a plan?

19 DEPUTY MINISTER HELEN ANGUS: Separate
20 and apart from the health plan?

21 JOHN CALLAGHAN: Well, we'll talk about
22 that in a second. But if they were supposed to
23 have a plan, I have not seen it. Now, it may be in
24 the 217,000 documents, but as of yet, we have yet
25 to see it.

1 MINISTER CHRISTINE ELLIOTT: And,
2 sorry, Mr. Callaghan, you are speaking about an
3 overall emergency plan?

4 JOHN CALLAGHAN: Well, yes, that is
5 what I am asking, an emergency response plan.

6 MINISTER CHRISTINE ELLIOTT: Well, I
7 wasn't aware that there wasn't one.

8 JOHN CALLAGHAN: All right. In respect
9 of your responsibility, what plan existed to deal
10 with an emergency pandemic such as the one we are
11 experiencing now? What plan was that?

12 MINISTER CHRISTINE ELLIOTT: Well,
13 there were a number of documents that were referred
14 to, I know that, but there was no one plan that
15 dealt with a pandemic of this nature.

16 JOHN CALLAGHAN: Well --

17 MINISTER CHRISTINE ELLIOTT: It wasn't
18 written down in one document.

19 DEPUTY MINISTER HELEN ANGUS: Yes, I
20 think as a practical matter, we were briefed on
21 the -- what they call OHPIP.

22 JOHN CALLAGHAN: Right.

23 DEPUTY MINISTER HELEN ANGUS: And the
24 guidance that came from that, as well as the
25 Emergency Management Branch, were the things that

1 guided the response structures and our approach to
2 dealing with COVID-19.

3 JOHN CALLAGHAN: So let me just recap
4 what we have heard. I mean, we first heard that
5 the plan was the OHPIP plan for 2013. At that
6 time, notwithstanding what the legislation said, it
7 was never updated from 2013.

8 We then heard that in fact there is
9 more to that. There was a host of different
10 documents, the Ebola Step-Down Plan, the Ready and
11 Resilient Plan, et cetera, and that no nobody could
12 find it in one spot. And is that your
13 understanding at the moment, that it doesn't exist
14 in one spot?

15 MINISTER CHRISTINE ELLIOTT: Yes.

16 DEPUTY MINISTER HELEN ANGUS: Yes, I
17 think there was one branch that has emergency
18 preparation and preparedness as one of their main
19 responsibilities, and so they would have had
20 custody and carriage of the various plans that had
21 been developed over time, and all of those were
22 reviewed at the time that we were embarking on our
23 pandemic response in January of 2020.

24 JOHN CALLAGHAN: And who was that? Is
25 that Mr. Shingler? Is that who you are referring

1 to?

2 DEPUTY MINISTER HELEN ANGUS:

3 Mr. Shingler and his team, yes.

4 JOHN CALLAGHAN: And who does he report
5 to?

6 DEPUTY MINISTER HELEN ANGUS: He would
7 report to the Chief Medical Officer of Health.

8 JOHN CALLAGHAN: Now, do you assign the
9 responsibility, Minister, that you had under Order
10 in Council 1157/2009 to the Chief Medical Officer
11 of Health?

12 DEPUTY MINISTER HELEN ANGUS: I think
13 functionally.

14 MINISTER CHRISTINE ELLIOTT: I think
15 functionally I did. I didn't sign anything, but
16 yes.

17 JOHN CALLAGHAN: Well, we have been
18 told -- and correct me if the evidence that we have
19 heard is not consistent with your understanding --
20 that the prior government, after Ebola, issued the
21 Ebola Step-Down Plan, and they had a three-phase
22 process to get to an all-inclusive plan that would
23 deal with a host of different health emergencies
24 and that was being worked on by Mr. Shingler. Is
25 that your understanding?

1 MINISTER CHRISTINE ELLIOTT: Yes.

2 DEPUTY MINISTER HELEN ANGUS: Yes.

3 JOHN CALLAGHAN: All right. And during
4 that period, we understood for four years he was
5 working on that project, including under your
6 supervision as the Minister.

7 And it is a bit hard to understand,
8 when we get to a pandemic -- and I can tell you we
9 have heard from a host of people who did not know
10 what the plan is, including, frankly, some of the
11 people in your department, as far as I can tell,
12 and that Ready and Resilient plan wasn't completed
13 in four years, including two years under your
14 supervision.

15 Why would it take that long to create a
16 plan?

17 DEPUTY MINISTER HELEN ANGUS: I can't
18 answer that.

19 JOHN CALLAGHAN: Well, let me ask the
20 Minister. It is her responsibility, not yours.

21 MINISTER CHRISTINE ELLIOTT: I can't
22 answer in specific terms, but I can say in general
23 terms because there were many things to plan for,
24 that it wasn't just planning for a pandemic of this
25 nature. It had to be broad-ranging enough and

1 nimble enough to be able to deal with anything that
2 could come our way from any type of disease
3 pathogen. It needed to be very broad-ranging, and
4 that was being studied, and the plan was to be
5 resilient and ready to be able to deal with
6 anything that came into Ontario that caused danger
7 to the people of Ontario and needed to act very
8 rapidly.

9 JOHN CALLAGHAN: Well, you appreciate
10 that under Minister Hoskins they got phase one
11 done, and that Mr. Shingler was going back to
12 successive governments, including yours, to get
13 phase two and three, and by all accounts, nothing
14 happened. Nobody was listening. Do you disagree
15 with that?

16 SUNIL MATHAI: Commissioners, sorry, if
17 I could just jump in for a second. I think if
18 Mr. Callaghan is going to characterize evidence
19 that way, I think it is only fair to the witness if
20 he actually brings up the evidence so that we can
21 all be sure that that is actually the
22 characterization of the evidence. Because I went
23 back after the CMOH testimony and looked back at
24 Mr. Shingler's evidence, and I don't read it the
25 way Mr. Callaghan does.

1 And in fairness -- I wasn't at that
2 particular briefing, but in fairness to the
3 witnesses, I think if he is going to characterize
4 that evidence, he should put it up on the screen so
5 that the Minister and Deputy Minister can see it
6 and comment accordingly.

7 JOHN CALLAGHAN: Well, may I say, the
8 Commissioners have the -- you are on mute,
9 Mr. Chair.

10 COMMISSION CHAIR FRANK MARROCCO: No, I
11 think I'll let Mr. Callaghan put the evidence the
12 way he wants to put it. If there is something
13 that -- and if you feel it has been
14 mischaracterized, then by all means advise us of
15 that fact, and we'll make a decision.

16 But, you know, this isn't a trial. It
17 is an interview. And he is putting it to them the
18 way he sees it. Some of what Mr. Callaghan is
19 saying resonates with me, so I am going to allow
20 him to do it. We would be at this for days if we
21 started putting every one of the documents that we
22 refer to up on the screen as if this were a trial.
23 It is not. It is an interview.

24 So with that, we'll carry on the way we
25 have been carrying on.

1 JOHN CALLAGHAN: So you realize that
2 part of -- do you accept that part of the
3 preparation for a pandemic is to have a stockpile
4 of necessary items?

5 MINISTER CHRISTINE ELLIOTT: Yes.

6 JOHN CALLAGHAN: And are you aware that
7 after SARS in 2006 the government went about
8 building a stockpile for an influenza pandemic?

9 MINISTER CHRISTINE ELLIOTT: Could you
10 please tell me the time again, Mr. Callaghan?

11 JOHN CALLAGHAN: 2006.

12 MINISTER CHRISTINE ELLIOTT: No, I am
13 not aware of the specifics of what they did in
14 2006.

15 JOHN CALLAGHAN: Well, maybe we could
16 just -- I thought you might be aware of it, but you
17 are not -- let's put up document 5. So this is --
18 when it gets up there, you'll see there is a
19 Management Board of Cabinet submission from 2006,
20 and I appreciate you were not the Minister of the
21 day, so I am not ask you about it -- what I am
22 going to ask you about is whether you agree with
23 the propositions.

24 So if we go to page 3. And I think you
25 have just agreed with this, but let me just put it

1 to you because it is part of the narrative here.
2 Page 3, and the "Issues". It says -- and this is
3 after SARS:

4 "The province has developed and
5 released the Ontario Health plan for
6 an Influenza Pandemic (OHPIP) but
7 needs to acquire the necessary
8 resources to implement the plan in
9 order to respond to an influenza
10 pandemic. The ministry seeks
11 appropriate procurement approvals to
12 begin strengthening the province's
13 preparedness for an influenza
14 pandemic immediately."

15 Now, that OHPIP plan is the predecessor
16 of I think what the Deputy Minister was talking
17 about, which was the 2013 plan which you referred
18 to.

19 So you have already said you agree that
20 it would be prudent to acquire the necessary
21 resources to implement a pandemic plan; correct?

22 MINISTER CHRISTINE ELLIOTT: Yes.

23 JOHN CALLAGHAN: And then you will see
24 over at page 4 that the plan at the time -- and it
25 says:

1 "The supplies it contains are
2 designed to respond to a range of
3 events, and are not always the most
4 appropriate items for influenza
5 specifically [...]"

6 So I take it you would agree that a
7 stockpile to deal with a pandemic should have a
8 range of items beyond what is needed for an
9 influenza; correct?

10 MINISTER CHRISTINE ELLIOTT: Yes.

11 JOHN CALLAGHAN: And then at that
12 point, it says:

13 "Concern regarding a potential
14 pandemic is global, and
15 international demand for pandemic
16 supplies will dictate availability
17 of these supplies. If the process
18 is delayed, Ontario risks being
19 unprepared for an influenza pandemic
20 due to this unprecedented
21 international demand and queuing for
22 delivery."

23 And if it goes down a little farther,
24 it says, under "Substantiation":

25 "Public Health experts around

1 the world are forecasting that an
2 influenza pandemic is statistically
3 overdue, and that if the source is
4 not the avian influenza virus
5 currently circulating, which has the
6 potential to evolve into a strain
7 that could cause a pandemic in
8 humans, it will be another as yet
9 unknown virus."

10 I take it, as the Minister of Health,
11 you were aware that the World Health Organization,
12 for example, in 2019 was warning of the possibility
13 of a pandemic and that governments weren't ready
14 for it. Were you aware of that advice from the
15 World Health Organization?

16 MINISTER CHRISTINE ELLIOTT: No, I was
17 not.

18 JOHN CALLAGHAN: And in this plan --
19 and we are going to talk about it a little bit --
20 the government of the day in 2006 was planning for
21 an influenza pandemic that might kill as many as
22 18,000 people, which is a lot less, thankfully,
23 than we have had in this terrible COVID; correct?

24 DEPUTY MINISTER HELEN ANGUS: Correct.

25 MINISTER CHRISTINE ELLIOTT: Well, yes.

1 JOHN CALLAGHAN: All right. Now if we
2 go over to the next page:

3 "The key issue that all
4 jurisdictions will face as they
5 begin to prepare for an influenza
6 pandemic is the lack of surge
7 capacity for essential supplies and
8 equipment to protect health care
9 workers and their patients. This is
10 a serious problem during a pandemic,
11 but also well before one begins as
12 countries initiate stockpiling
13 campaigns and are forced to compete
14 for scarce supplies. Further, many
15 key items are produced in, or
16 require components produced in,
17 Asian countries which, according to
18 experts, may be among the first hit
19 by an influenza pandemic.

20 International experts have
21 already identified that essential
22 supplies such as surgical masks are
23 likely to be scarce and highly
24 sought-after during a pandemic."
25 And it goes down to the bottom, and it

1 says:

2 "With most suppliers and
3 distributors of emergency medical
4 supplies based outside of Canada,
5 minimal manufacturing capacity in
6 North America, and no domestic
7 manufacturing capacity within the
8 province, Ontario will find itself
9 in competition with other
10 jurisdictions for the necessary
11 supplies and equipment."

12 Stopping there, I take it then -- were
13 you aware that our domestic production prior to
14 this pandemic did not really focus on the medical
15 supplies needed for a pandemic?

16 MINISTER CHRISTINE ELLIOTT: No, I was
17 not aware of that.

18 JOHN CALLAGHAN: All right. And so
19 were you aware that if an influenza pandemic were
20 to hit or a corona pandemic would hit, that the
21 supply chains around the world would tighten, and
22 it would be hard to get necessary supplies? Was
23 that something you adverted to prior to the
24 pandemic?

25 MINISTER CHRISTINE ELLIOTT: I wasn't

1 aware of that issue to begin with, so I didn't
2 think about the situation in Ontario.

3 JOHN CALLAGHAN: And we are going to
4 come to it because your notes, the ones I was able
5 to read -- and I will try to read the other ones at
6 the break. I mean, in your notes, you actually
7 discuss how difficult it was to get, for example,
8 PPE during the pandemic, and it was at an
9 exorbitant cost; correct?

10 MINISTER CHRISTINE ELLIOTT: That is
11 absolutely true, yes.

12 JOHN CALLAGHAN: And if we go over to
13 page 12 and 13, at that time, they did some
14 modelling. And we have the modelling, which has
15 been reviewed by somebody else, but they did some
16 modelling as to what was required. And if you go
17 back, you'll see they talk about antivirals. They
18 talk about a physician supply.

19 If you go up a little, you will see
20 they have the provincial pandemic -- go up a
21 little, please. The other way, I guess, or down.
22 There you go. It says:

23 "Provincial Pandemic Supply and
24 Equipment Stockpile For the Health
25 Care Sector."

1 And then it says:

2 "The ministry will procure
3 essential PPE material (over and
4 above, not including, the usual
5 operating amounts) estimated to be
6 necessary to handle the anticipated
7 surge in illness and infection from
8 an influenza pandemic for a period
9 of 4 weeks. (This stockpile is
10 intended to augment facility-level
11 stockpiles to ensure the entire
12 system has adequate surge capacity
13 to respond to a pandemic)."

14 It lists what they estimate they need,
15 and you'll see they estimate 94 million surgical
16 masks. And that is four weeks. That is about 24
17 million masks a week; do you see that?

18 Do you see that?

19 MINISTER CHRISTINE ELLIOTT: Yes.

20 JOHN CALLAGHAN: Now we have heard
21 that -- it was suggested, at least I think it is
22 more of a suggestion, in the OHPIP that -- I think
23 they call it a tip, that facilities should have
24 four weeks of their own supply. Were you aware of
25 that?

1 MINISTER CHRISTINE ELLIOTT: Yes.

2 JOHN CALLAGHAN: You were. Were you
3 aware then in that in 2007 that the Auditor
4 General -- and it is the only one we can find that
5 has actually looked into it -- found that in
6 long-term care 80 percent of long-term care homes
7 did not have 50 percent of the required supply?
8 Were you aware of that?

9 MINISTER CHRISTINE ELLIOTT: Did you
10 say in 2007, Mr. Callaghan?

11 JOHN CALLAGHAN: Yes. Yes, I am not
12 suggesting --

13 MINISTER CHRISTINE ELLIOTT: No, I was
14 not -- no, I was not aware of that.

15 JOHN CALLAGHAN: And as the person
16 responsible for pandemic planning, was it your
17 responsibility -- do you feel you were responsible
18 to ensure that long-term care homes had adequate
19 supply?

20 MINISTER CHRISTINE ELLIOTT: At the
21 time that I started my position as Minister of
22 Health and Long-Term Care, yes.

23 JOHN CALLAGHAN: All right. And do you
24 recall in that role having done anything to ensure
25 that they had that supply?

1 MINISTER CHRISTINE ELLIOTT: I did not
2 look into that specifically. You are also
3 referring to 2007, and this was 2018/'19, so --

4 JOHN CALLAGHAN: Right, and I guess
5 what I am asking is whether you took any steps to
6 ensure that the long-term care facilities under
7 your control as the Minister of Long-Term Care at
8 the time actually had the supply that you as the
9 Minister responsible for emergency preparedness
10 would have expected, and I guess the answer is you
11 didn't; correct?

12 MINISTER CHRISTINE ELLIOTT: That was
13 not something that I looked into specifically.

14 JOHN CALLAGHAN: And do you know
15 whether your counterpart who is now there, do you
16 know if she looked into it prior to the pandemic?

17 MINISTER CHRISTINE ELLIOTT: I don't
18 know that.

19 JOHN CALLAGHAN: All right. Well,
20 let's just go to the next page. Now, this is --
21 remember -- I should say that -- and I won't take
22 you to it unless somebody finds it of interest,
23 that 94 million was also -- they did a modelling
24 that included long-term care facilities, just so
25 you know that, that that included the long-term

1 care.

2 But if you go to page 15 -- and I won't
3 take you there just for time, but it is there, and
4 it says -- here it says:

5 "The financial impact of an
6 influenza pandemic will be extreme,
7 and will be exacerbated if the
8 province cannot respond
9 effectively."

10 And then it goes on to say:

11 "Federal Finance Department
12 officials have estimated that a
13 pandemic could reduce Canada's gross
14 domestic product by up to \$14
15 Billion dollars. Other studies have
16 estimated that a pandemic could cost
17 Canada from \$8 to \$24 Billion
18 dollars. Although no studies exist
19 for the economic impact on Ontario
20 alone, with 41% of Canada's GDP, the
21 province could conceivably face an
22 economic impact between \$3 and \$10
23 Billion dollars."

24 Do you see that?

25 MINISTER CHRISTINE ELLIOTT: Yes.

1 JOHN CALLAGHAN: All right. Now, just
2 so you know -- I mean, I'm not a Cabinet submission
3 guy, but I suspect you and the Deputy are involved
4 in this from time to time. In this submission,
5 they are looking to get approval for about \$180
6 million, and I think that the point of view is to
7 offset the costs, right, so --

8 COMMISSION CHAIR FRANK MARROCCO:

9 Mr. Callaghan, sometimes you are fading
10 out there.

11 JOHN CALLAGHAN: What I was saying was
12 I don't do Cabinet submissions, but as I understand
13 the purpose of this is to demonstrate that the \$180
14 million for the stockpile, it was well worth it
15 because of the economic downturn that would happen
16 if there was this pandemic that was predicted and
17 which was modelled in this document. Would that be
18 a reasonable assumption?

19 MINISTER CHRISTINE ELLIOTT: In
20 relative terms. There is a big difference in terms
21 of amounts, yes.

22 JOHN CALLAGHAN: All right. So we
23 asked your Finance Department - and maybe you can
24 verify this or not - but we asked what the impact
25 of COVID so far has, and we have been told that it

1 is estimated that there will be a fall of 6.9
2 percent to the provincial GDP, or about \$58 billion
3 from 2019 to 2020; were you aware of that?

4 MINISTER CHRISTINE ELLIOTT: Not
5 specifically, no.

6 JOHN CALLAGHAN: Okay. And we were
7 told by your Finance Department that that was the
8 downturn from 2019 to 2020, but prior to 2020, they
9 were anticipating a 3.3 percent growth in GDP,
10 which would have added about \$27.3 billion to the
11 economy that didn't happen. Were you aware of
12 that?

13 MINISTER CHRISTINE ELLIOTT: Not those
14 specific numbers, no.

15 JOHN CALLAGHAN: All right. So the
16 swing on that is about \$85.3 billion. Did you
17 understand the hit to the GDP so far in COVID would
18 be in the range of \$85 billion?

19 MINISTER CHRISTINE ELLIOTT: I knew
20 that there was a big financial impact as a result
21 of COVID, but in terms of specific dollars, no, I
22 wouldn't have been able to state that number to
23 you.

24 JOHN CALLAGHAN: And would you have
25 been aware then, as the Finance Department has

1 advised us, that as a result of COVID, the
2 expenditures over what was anticipated for 2020 by
3 the province had been approximately \$25 billion?

4 MINISTER CHRISTINE ELLIOTT: I know it
5 has been a huge amount of money, but again, I
6 wouldn't have been able to quote you that specific
7 amount.

8 JOHN CALLAGHAN: All right. And I'll
9 be frank, I am not sure whether that is offset by
10 federal transfers, so I don't want to talk about
11 that.

12 And what we were told in a prior
13 proceeding was that the Premier was speaking of
14 expenditures for PPE -- I think it was in December
15 or thereabouts -- of \$1.5 billion. Is that a
16 number that you understand to have been spent for
17 PPE since the beginning of the pandemic?

18 DEPUTY MINISTER HELEN ANGUS: That is
19 about the range.

20 MINISTER CHRISTINE ELLIOTT: I couldn't
21 say the exact amount, but that is probably in the
22 ballpark, yes.

23 JOHN CALLAGHAN: Okay. I guess, you
24 know, we are going to talk more about this a little
25 bit as we go because your diary has some material

1 that I would like to get to, but let me ask you
2 this.

3 You know this Commission has a mandate
4 not just to review what has happened but to look at
5 government programs going forward and to give
6 advice to the government.

7 So can we just get your view? I mean,
8 you do accept that a stockpile should be maintained
9 by the Province of Ontario?

10 MINISTER CHRISTINE ELLIOTT: Yes.

11 JOHN CALLAGHAN: Okay. And exactly who
12 should be responsible for the stockpile?

13 MINISTER CHRISTINE ELLIOTT: That would
14 have been my responsibility.

15 JOHN CALLAGHAN: But going forward,
16 should it be your responsibility? As the
17 Commissioners look forward, do you still believe it
18 should be the Minister of Health who has the
19 responsibility for health emergency planning; is
20 that your idea?

21 MINISTER CHRISTINE ELLIOTT: Yes.

22 JOHN CALLAGHAN: All right. So, for
23 example, we have heard currently from -- we heard
24 from the Chief Medical Officer of Health that it
25 was his responsibility for a period of time, but it

1 was an ADM's responsibility. But you think that
2 the responsibility should lie with the person who
3 ultimately has the responsibility to make the
4 pandemic plan, as it were?

5 MINISTER CHRISTINE ELLIOTT: Yes, it
6 all ultimately comes to me as the Minister
7 responsible.

8 JOHN CALLAGHAN: All right. And so
9 when we talk about the stockpile, we were advised
10 there is no legislation. Do you believe that there
11 should be legislation mandating the requirement of
12 a pandemic stockpile to address a future pandemic?

13 MINISTER CHRISTINE ELLIOTT: I don't
14 know that that's necessary, but it is something
15 that I think should be understood by all in
16 government because this has had an impact on all
17 aspects of government.

18 JOHN CALLAGHAN: So the reason why I
19 ask, of course, is that we heard from Deputy
20 Minister Bell that in his tenure there was approval
21 to destroy the stockpile, right? You are aware of
22 that, because it expired?

23 MINISTER CHRISTINE ELLIOTT: Yes.

24 JOHN CALLAGHAN: Right, and then there
25 was never any approval given to replenish the

1 stockpile. Were you aware of that?

2 MINISTER CHRISTINE ELLIOTT: I didn't
3 know that a specific approval was required for
4 that.

5 JOHN CALLAGHAN: Okay. So I am not
6 going to take you to it because I don't want to
7 belabour it, but there are minutes of meetings that
8 we were able to see that dealt with the storage of
9 the expired stockpile, some 730,000, I think, that
10 was approved awaiting destruction. Were you aware
11 that the government was paying for storage of
12 expired stockpile during your tenure while awaiting
13 destruction?

14 MINISTER CHRISTINE ELLIOTT: Yes, and I
15 was aware that it came before Treasury Board as
16 well.

17 JOHN CALLAGHAN: Right. That is the
18 document I am referring to.

19 MINISTER CHRISTINE ELLIOTT: Yes.

20 JOHN CALLAGHAN: So I am not going to
21 take you to. So you are aware of the destruction.
22 It did not occur to you to ask anybody about
23 replenishing it?

24 MINISTER CHRISTINE ELLIOTT: I expected
25 that it would be replenished and that it was in the

1 process of being replenished but then got somewhat
2 caught up with the government's plan for
3 centralized procurement, which then delayed the
4 replenishment of the stockpile.

5 I was not aware that it had been held
6 up by that.

7 JOHN CALLAGHAN: So let me ask you.
8 And maybe the Deputy Minister could help me.

9 DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

10 JOHN CALLAGHAN: What was the state of
11 the -- was the stockpile being destroyed under your
12 tenure when you were there with Deputy Matthews --
13 or Minister Matthews?

14 DEPUTY MINISTER HELEN ANGUS: I
15 wouldn't know. I didn't have responsibility for
16 Public Health, so --

17 JOHN CALLAGHAN: All right. What I
18 don't understand -- and this is twice now we are
19 talking about policy reviews delaying protecting
20 Ontarians, one, by having a single plan, and now by
21 not having a stockpile.

22 When do we tell the public that not
23 protecting them is okay because we are doing a
24 policy review? What is the timeline? These are
25 four years. The public should be left for four

1 years, is that the understanding, when we do policy
2 reviews?

3 MINISTER CHRISTINE ELLIOTT: No. In
4 fact, I understand that it was pointed out in 2017
5 by the Auditor General that there were stockpiles
6 that were expired that needed to be dealt with. I
7 can't comment on what the previous government did
8 or did not do, but we were in the process. We were
9 destroying the expired stockpile and were preparing
10 to replenish it. But that is at the same time that
11 the government was coming forward with centralized
12 procurement, which slowed down that replenishment.

13 JOHN CALLAGHAN: Well --

14 MINISTER CHRISTINE ELLIOTT: That was
15 from -- it came along in or about the same time,
16 and that was a matter of several months. So we
17 were dealing with it. It is just that it got
18 caught up in the centralized procurement program
19 and a lot of work that was being done in that
20 respect by other government ministries, so it
21 wasn't just the Ministry of Health.

22 So we were dealing with it, but it got
23 slowed down a bit because of that issue.

24 JOHN CALLAGHAN: All right. So you
25 have already told me you didn't know it wasn't

1 being replenished, and now you are saying it wasn't
2 replenished for a reason. So is it one or the
3 other?

4 MINISTER CHRISTINE ELLIOTT: I was
5 expecting it was going to be replenished because of
6 the destruction of the expired. Obviously, if you
7 knew that most of it was expired, you would want to
8 replenish it, and that is what we were going to do.

9 JOHN CALLAGHAN: So you became Minister
10 when?

11 MINISTER CHRISTINE ELLIOTT: The end of
12 June 2018.

13 JOHN CALLAGHAN: From June of 2018 to
14 December 2019, they destroyed 90 percent -- or I
15 don't know. I should say by 2019. I can't say it
16 was all under your tenure. But by 2019, I think we
17 were told there was 10 percent of the stockpile
18 left and that largely dealt with Ebola-related
19 PAPRs, et cetera, which would be of no value in
20 this pandemic.

21 So over that period, that 18 months,
22 you never went to Cabinet; you never went to anyone
23 to suggest that the safety of Ontarians would
24 require us to have a stockpile in the face of a
25 pandemic? You never went and made that suggestion

1 ?

2 MINISTER CHRISTINE ELLIOTT: It wasn't
3 necessary in the fact that when we went to Treasury
4 Board for the approval for the destruction, there
5 was an expectation that it would be replenished.
6 And that is what we were doing, in the process of
7 doing. But I was not aware that it had been slowed
8 up by the central procurement. I anticipated that
9 it was happening, but I did not know that it had
10 been held up by that.

11 JOHN CALLAGHAN: So ultimately, then,
12 if the Commissioners find that that policy review
13 and the destruction and the failure to replenish
14 was causative of loss of life in long-term care,
15 who would bear responsibility for that?

16 MINISTER CHRISTINE ELLIOTT: I think
17 there is several issues there.

18 One is the supplies that, of course,
19 were being maintained by the long-term care homes
20 that had a responsibility to maintain supplies.

21 And some was related to the central
22 supply that would have been kept in the warehouse,
23 the pandemic warehouse.

24 JOHN CALLAGHAN: Right, which was
25 empty, effectively, right? By the time the

1 pandemic hits, 90 percent is destroyed, and the
2 other 10 percent would be great if it was an Ebola
3 outbreak, but it is effectively destroyed by the
4 time the pandemic comes. You understand that,
5 correct?

6 MINISTER CHRISTINE ELLIOTT: As it
7 turned out, yes.

8 JOHN CALLAGHAN: And as I say, the
9 long-term care homes -- I mean, you were the
10 Minister of Long-Term Care for part of this. It
11 has been evident at this investigation that many
12 homes, a large portion of them, did not have
13 sufficient PPE, and there was nobody making sure
14 they did.

15 So does any responsibility lie with the
16 government for those people who died at long-term
17 care where long-term care homes did not have a
18 supply of PPE?

19 MINISTER CHRISTINE ELLIOTT: The loss
20 of life here is tragic.

21 JOHN CALLAGHAN: It is.

22 MINISTER CHRISTINE ELLIOTT: And is
23 something that I think everyone in government feels
24 some level of responsibility for. But certainly I
25 knew that there were inspections that were going on

1 in long-term care homes. I would have expected
2 that checking to ensure that they had a supply of
3 PPE would have been something that the inspectors
4 would have checked upon.

5 But ultimately, there was -- because of
6 the fact of not having the supply overall, we were
7 unable to supply them with supplies beyond the
8 requirements that they were already required to
9 maintain for a period of time.

10 JOHN CALLAGHAN: All right. And do you
11 think going forward -- well, we have talked about
12 legislating a stockpile for the province. Do you
13 think it is advisable that they legislate that
14 long-term care homes have a specified supply of PPE
15 in the event of another health emergency like a
16 pandemic?

17 MINISTER CHRISTINE ELLIOTT: It
18 wouldn't hurt. But they are required to do so, but
19 the legislation requirement would be inadvisable to
20 require it by legislation, but that will be up to
21 you as Commissioners to make those recommendations.

22 JOHN CALLAGHAN: So when you say they
23 are required, by what means are they required, in
24 your opinion?

25 MINISTER CHRISTINE ELLIOTT: The

1 agreements that they would have had with the
2 Ministry I'm sure would have required that they do
3 certain things, and one of those issues would have
4 been to have the required supplies on hand to deal
5 with infections and other issues that can arise
6 very easily in long-term care homes because of the
7 vulnerability of the residents and the fact that
8 they have had outbreaks of other issues such as
9 C. difficile and others in the past.

10 JOHN CALLAGHAN: Right, and that is a
11 matter of contract; is that what you are saying?

12 MINISTER CHRISTINE ELLIOTT: I don't
13 know the specifics of the contracts. I would have
14 to defer that question to the Deputy Minister.

15 DEPUTY MINISTER HELEN ANGUS: Yes, I
16 must say I have not reviewed the specific
17 contracts, but if firming up the requirement -- and
18 I know you haven't asked me my opinion, but if
19 firming up the requirement and making it clearer to
20 operators what their obligations are, I think that
21 would be an important thing to do as part of going
22 forward, you know, as this pandemic winds down and
23 we get back to hopefully regular delivery of health
24 care services.

25 JOHN CALLAGHAN: Thank you. And Deputy

1 Minister, I don't intend to make you comment
2 against your Minister, obviously there's an issue
3 there.

4 But let me ask you. I mean, you have
5 been around government. Would it be appropriate
6 for the government, given that -- I mean, we have
7 seen the economic relationship is -- you know, the
8 government is basically paying the long-term care
9 community to manage long-term care.

10 Is it an appropriate oversight issue to
11 require, by whatever necessary means, that
12 long-term care homes have the sufficient supply, in
13 your view?

14 DEPUTY MINISTER HELEN ANGUS: I think
15 there are -- you know, there are a variety of
16 means. Whether it is by contract, policy, or
17 legislation, I think that is a choice of the
18 government.

19 The requirement to be prepared for, you
20 know, a pandemic or other emergency I think is an
21 important part of what health care organizations
22 should do.

23 You know, I think we are finding
24 that -- and I'll just pivot off of what the
25 Minister was saying about the centralized

1 procurement because that was I think a real
2 opportunity to get value in the purchasing of a
3 variety of products and services, whether it was
4 PPE or otherwise.

5 And when you combine the purchasing
6 power of a province, we are much more likely to get
7 a better price, a better quality product.

8 And so how we operationalize that, I
9 guess because I'm the Deputy, and I care about
10 those things, but how we operationalize that
11 through a centralized contract that leverages best
12 price for health care providers I think is
13 something that we would want to pay attention to
14 going forward as opposed to having 6 or 700
15 long-term care homes, retirement homes, hospitals,
16 all going to market and paying, you know, prices
17 and getting quality that probably, you know, is
18 highly variable.

19 JOHN CALLAGHAN: And I am going to come
20 back to the stockpile management. It was an issue
21 because I -- the Commissioners haven't heard that
22 piece, so I'll ask you that in a minute.

23 But to go back to what you said, the
24 Minister quite correctly talked about the horrific
25 loss of life, and nobody doubts that everybody

1 feels that loss. But, you know, the Commissioners
2 have actually heard that loss from family members
3 of survivors over and over again, and it is tragic.
4 It is very tragic.

5 And so what a lot of people are saying
6 is how do you enforce these things? Like it is all
7 nice to say, like you said to me, that they are
8 required to have a four-week supply, and many
9 didn't, and it was known. Like it is not enough to
10 say you can do it by one mechanism. Do we not need
11 to have an iron-clad enforceability mechanism to
12 ensure that they do and for real consequences for
13 these homes that don't? Like how do we -- in light
14 of all those options you gave me, what is the best
15 option? What is the fastest? What is the most
16 effective?

17 You were a Deputy Minister of Long-Term
18 Care. I'm just trying to figure out to give the
19 Commissioners some understanding of where they take
20 this issue when they go to deliberations.

21 DEPUTY MINISTER HELEN ANGUS: I think
22 legislation is clearly an option, obviously. I
23 think, you know, if I were writing a Cabinet
24 submission on this topic, I would want to point
25 out, as you have correctly raised, what are the

1 penalties for non-compliance. Who is the provider
2 of last resort? How do we make sure in the
3 inspection process that the PPE stockpile that is
4 held in individual organizations is reviewed and
5 replenished on a regular basis?

6 And I think we would want to outline,
7 you know, first the requirements in more detail
8 going forward, and then look at the mechanism that
9 would both compel and enforce it.

10 JOHN CALLAGHAN: I took you off your
11 stride. The Commissioners have not heard about the
12 management structure which the new legislation was
13 introduced, and when I look at the legislation, it
14 would appear to cover long-term care homes and the
15 health sector part. And I wonder if you could just
16 elaborate a little bit on what you were saying,
17 Deputy, about that.

18 DEPUTY MINISTER HELEN ANGUS: Yes, I
19 think, you know, there is a sense of -- you know,
20 one of the things we talked about when that piece
21 of legislation was introduced - and it wasn't
22 carried by the Ministry of Health, but we were a
23 contributor to it - was buy as one, go from being a
24 purchaser to really sourcing, deep sourcing of
25 supplies and equipment. Leverage the purchasing

1 power of the Province of Ontario to get the best
2 prices.

3 And we have had an experience, and
4 Commissioner Kitts may know this one, but we had an
5 experience where we were able to look at things
6 like implantable cardiac devices where we worked
7 with the clinical community. We worked with
8 patients. And we were able to save, you know, tens
9 of millions of dollars over a period of about five
10 years in the one device category alone.

11 And it was that experience that gave
12 us, you know, a better product, satisfied the
13 surgeons, satisfied the patients, gave, you know,
14 weight to the preferences of patients because
15 longevity of an implantable cardiac device was the
16 most important thing to them, that we felt we had a
17 repeatable process here that we could expand this
18 kind of purchasing and those kinds of processes to
19 a whole variety of categories, and ultimately
20 including PPE.

21 And that was part of the thinking, and
22 in fact, you know, in the latter phases of the
23 responses, we -- you know, we were sourcing PPE,
24 you know, through February, March, April in
25 particular, and buying offshore. And we had, you

1 know, external expertise helping us work on this,
2 as well as -- you know, with link as well to
3 domestic production and how we would actually
4 stimulate businesses in Ontario to make sure that
5 we were independent as much as possible in all
6 categories.

7 It was really kind of the combined
8 force of the Ontario market that would allow us to
9 do that.

10 And I am not an expert in sourcing and
11 procurement, but the business case for doing this,
12 even to, you know, somebody like me, was
13 compelling.

14 JOHN CALLAGHAN: So we heard from
15 Ms. Baumann and Ms. Hartley, who explained a little
16 bit about this, not a great deal, but explained
17 that the original stockpile -- I think the word we
18 used was static, that it didn't move, and therefore
19 it expired, and the idea here is that you would
20 have a central procurement that would maintain a
21 stockpile but cycle the product out; is that
22 correct?

23 DEPUTY MINISTER HELEN ANGUS: That
24 makes a lot of sense to me. That would be, again,
25 buy as one, and therefore, organizations weren't

1 buying their own and cycling through it, and we
2 were left with a stale stockpile, right, that we
3 would actually do this on behalf of the province
4 and, therefore, net a, you know, stability of
5 supply and, you know, preferential pricing by the
6 fact that we would be buying the PPE for a health
7 care system that would cover, you know, a range of
8 delivery organizations for 14 million Ontarians.

9 JOHN CALLAGHAN: Right. So we would
10 take the concept of just-in-time and add the
11 concept of just-in-case, right?

12 DEPUTY MINISTER HELEN ANGUS: Right,
13 that is a good characterization.

14 JOHN CALLAGHAN: And the legislation,
15 is the idea that we would have more than one
16 warehouse? Because, of course, if we are going to
17 ensure that this doesn't happen again, and there is
18 going to be a central repository for the
19 stockpile -- I mean, heaven forbid that there be
20 damage to one location, have those kind of details
21 been worked out, or is that still to be done?

22 DEPUTY MINISTER HELEN ANGUS: I think
23 that a risk management approach has been included
24 in the thinking, as you describe, right? So you
25 wouldn't put all your eggs in one basket, and you

1 wouldn't put all your stockpile in one location.

2 And as a practical matter, you know, my
3 understanding is we already have more than one
4 location for a stockpile. Nor do we disclose it
5 publicly about where it is. But I do believe that,
6 you know, it would only be prudent and appropriate
7 that we would look at this in order to make sure
8 that it was, you know, available and that we were
9 managing those kinds of risks that you have just
10 described.

11 JOHN CALLAGHAN: So if we could go to
12 document 90 -- and we are going to review a little
13 bit of your diary, Minister, but I did want to set
14 the stage.

15 This is a summary sheet of what was
16 available in the stockpile as of March 31st, and
17 you will see -- and can you blow it up a little
18 bit, Michael, just so they can take a look and make
19 sure they see it.

20 So now you will see that you talk about
21 N95 masks, and at that time, you have 1,621,334,
22 and you are expecting to get more; do you see that?
23 Stock coming in over the next two weeks, you are
24 expecting 2 ,154,000; do you see that?

25 MINISTER CHRISTINE ELLIOTT: Yes.

1 DEPUTY MINISTER HELEN ANGUS: Yes.

2 JOHN CALLAGHAN: All right. And you
3 will see the procedural masks as of March 31st, you
4 had 1.9 million, but you are going to expect over
5 the next two weeks 6,120,000, right?

6 And you'll appreciate that if we were
7 trying to deal with -- the stockpile I think had
8 something like 20 million masks required
9 throughout, and that is the whole health care
10 sector. So you'll recall that? We looked at that
11 a minute ago?

12 MINISTER CHRISTINE ELLIOTT: Yes.

13 JOHN CALLAGHAN: All right. Now, your
14 diary -- now before we get on -- you being a
15 lawyer, you'll appreciate that these are common
16 questions. Can you tell me the circumstances in
17 which you kept the diary? Why did you keep this
18 diary?

19 MINISTER CHRISTINE ELLIOTT: Because I
20 wanted to keep a record of all of the issues of the
21 case numbers and so on per day and some of the
22 important actions that we took, because things were
23 happening so quickly that I wanted to have some
24 kind of notes about what we actually did.

25 JOHN CALLAGHAN: All right.

1 COMMISSION CHAIR FRANK MARROCCO: I
2 wonder, Mr. Callaghan -- I do intend to take a
3 break.

4 JOHN CALLAGHAN: Would you like to take
5 one now?

6 COMMISSION CHAIR FRANK MARROCCO: Let
7 me know where there is a convenient point around
8 now to take it. No, no, no, not right this second,
9 but I do --

10 JOHN CALLAGHAN: Everything takes
11 longer. I think we are about 20 minutes more on
12 this little piece. Is that too long?

13 COMMISSION CHAIR FRANK MARROCCO: No,
14 no, that is fine, but then I do want to take a
15 break so that the reporter gets a break.

16 So just let me know when you are at a
17 convenient stage in the next little while, next few
18 minutes.

19 JOHN CALLAGHAN: Right. Well, I'll be
20 20 minutes in this section.

21 COMMISSION CHAIR FRANK MARROCCO: All
22 right. Well, in 20 minutes from now we'll take a
23 break.

24 JOHN CALLAGHAN: So, Minister, just to
25 go back, so were these contemporaneous notes? Were

1 these notes taken at the end of the day, or are
2 they taken within the week? Can you tell? Like
3 can you help us out with that?

4 MINISTER CHRISTINE ELLIOTT: Different
5 periods of time. Sometimes it was contemporaneous.
6 Sometimes it was at the end of the week. It was
7 really whenever I had time and I was able to record
8 things.

9 JOHN CALLAGHAN: So if we just go
10 quickly, then, to page 7 of the notes, April 2nd,
11 2020. So if we can blow that up. I'll just read
12 this, and if this is not a dramatic enough reading,
13 we can get someone else to do it.

14 So this is April 2nd. It says:

15 "- in the evening at home, I
16 received a call from Heather Watt
17 [...]"

18 And Heather Watt is your Chief of
19 Staff, is she?

20 MINISTER CHRISTINE ELLIOTT: That's
21 correct.

22 JOHN CALLAGHAN: "[...]" indicating that
23 there was a possibility for us to
24 purchase 30 million N95 masks from a
25 broker in the U.S.

1 - the masks were located in three
2 places - California, Texas and New
3 Jersey, and the volume was large enough
4 that there were 120 shipment
5 containers.
6 - masks are 3M production, but were not
7 made in the U.S.
8 - we had a discussion about the
9 potential difficulties inherent in this
10 delivery and then there was an
11 emergency Treasury Board
12 teleconference.
13 - ultimately, Treasury Board approved
14 \$280 million [...] - and the amount
15 per mask is blacked out.
16 "- this is now the 'basic' cost for a
17 mask due to intense international
18 competition.
19 - this [money] is to be paid into an
20 escrow account at Faskens, pending
21 delivery [...]"
22 So as I read this note -- and it
23 actually reads quite dramatically, but things were
24 happening instantaneously; you had to act quickly,
25 is that how I take the note?

1 MINISTER CHRISTINE ELLIOTT:

2 Absolutely, yes.

3 JOHN CALLAGHAN: And do you happen to
4 recall whether or not you ordered these 30 million
5 N95s from this broker?

6 MINISTER CHRISTINE ELLIOTT: We ordered
7 them. We put the money into the escrow account.
8 But then we ended up having to literally chase them
9 around the world because they didn't appear -- it
10 turns out they were not in California, Texas and
11 New Jersey, that the people that were trying to
12 sell them to us then moved to somewhere in Europe.
13 I am going to say maybe England, but then ended up
14 in Singapore.

15 DEPUTY MINISTER HELEN ANGUS:
16 Singapore.

17 MINISTER CHRISTINE ELLIOTT: Then from
18 Singapore, then they referred us back to a place in
19 the United States, which was actually the
20 headquarters of 3M, and they knew nothing about
21 this.

22 So we were not able to obtain those
23 masks, and we didn't lose any money because the
24 money had been in the escrow account and wasn't
25 paid back.

1 But again, it was very disappointing
2 that we were not able to obtain them.

3 JOHN CALLAGHAN: But that illustrates
4 the competitiveness during the pandemic for PPE;
5 correct?

6 MINISTER CHRISTINE ELLIOTT: Yes.

7 JOHN CALLAGHAN: And then if we just go
8 over to page 11. And again, if you look at this,
9 this is just to illustrate that this issue is
10 ongoing, and this note of April 4th, which happens
11 to be a Saturday, refers to "Press conference", and
12 then it goes on saying:

13 "Rod Phillips", the Minister of
14 Finance at the time, "Doug", and I
15 assume that is the Premier, "and I",
16 being you, "went to his office to
17 discuss PPE and what was happening
18 on the international front."

19 So this was a collaboration to get PPE
20 from the highest parts of government. It is you,
21 as the Deputy Premier and the Minister of Health,
22 the Premier, and the Minister of Finance; correct?

23 MINISTER CHRISTINE ELLIOTT: Yes.

24 JOHN CALLAGHAN: Now, one of the things
25 that the Commissioners have been faced with now --

1 I mean, we saw the amount of PPE you had in March.
2 We have been told that the hospitals -- and we are
3 going to talk about this a little more -- were
4 actually fairly well set up for a pandemic compared
5 to long-term care, and that we were told that some
6 hospitals, particularly in Toronto, had quite a
7 healthy stockpile of PPE. Was that your
8 understanding?

9 MINISTER CHRISTINE ELLIOTT: Yes.

10 JOHN CALLAGHAN: All right. So for
11 example, we heard that Mount Sinai had sufficient
12 that they could provide it to you, and maybe some
13 of the numbers we looked at were those numbers.

14 But that is a reality, that the
15 hospital system, at least I think in Toronto and
16 probably elsewhere, were pretty well set up for
17 PPE; correct?

18 MINISTER CHRISTINE ELLIOTT: Yes.

19 JOHN CALLAGHAN: But we also heard that
20 the Toronto LHINS -- so that is the downtown, the
21 hospitals -- were very concerned about community
22 spread, and they met on the weekend of March 22nd,
23 and on March 24th issued a direction that in the
24 hospital there should be pretty much universal
25 masking; were you aware of that at the time?

1 MINISTER CHRISTINE ELLIOTT: In or
2 about that time, yes.

3 JOHN CALLAGHAN: All right. And then
4 that followed suit by the Toronto LHINs, who had
5 control of long-term care homes, so these are their
6 own long-term care homes, and there were
7 conservation issues put in place too.

8 But they put in a masking requirement
9 for just the Toronto long-term care homes operated
10 in the Toronto LHIN on March 29th. Were you aware
11 of that?

12 MINISTER CHRISTINE ELLIOTT: Not
13 specifically on that date, no.

14 JOHN CALLAGHAN: Now, the province
15 didn't issue a masking directive until April 8th,
16 2020, for long-term care. That was from the Chief
17 Medical Officer of Health. Were you aware of that?

18 MINISTER CHRISTINE ELLIOTT: In or
19 about that time, yes.

20 JOHN CALLAGHAN: And I assume that
21 order had to await the acquisition of sufficient
22 PPE; is that right?

23 MINISTER CHRISTINE ELLIOTT: Well,
24 there would have needed to have been sufficient
25 PPE, yes.

1 JOHN CALLAGHAN: Right, and we know at
2 March 31st that you had 1,900,000, and the
3 estimates were considerably higher than that. So
4 did you have to await the issuance of the mandatory
5 masking order for long-term care until you acquired
6 sufficient PPE, which you were doing? Is that what
7 happened?

8 MINISTER CHRISTINE ELLIOTT: No, not to
9 my recollection.

10 DEPUTY MINISTER HELEN ANGUS: Yes, I
11 don't remember the connection between the supply
12 and the issuance of the order. I'll just add in,
13 you know, maybe I was a little closer to it, but,
14 you know, we were sourcing PPE from as many sources
15 as we could, including donations from places like
16 CAMH that did not need them, from MetroLinx, from
17 you know, Bruce Power, and other places.

18 So I don't think -- to my recollection,
19 there was no kind of pulling back on the guidance,
20 looking at the chart on the PPE supply. Those were
21 two independent decisions, as far as, you know, my
22 line of sight was concerned.

23 MINISTER CHRISTINE ELLIOTT: I would
24 agree.

25 JOHN CALLAGHAN: Okay. And

1 notwithstanding that you only had 1.9 million
2 surgical masks in your stockpile and
3 notwithstanding the estimate was considerably
4 higher than that in 2006?

5 DEPUTY MINISTER HELEN ANGUS: I think
6 you saw in that chart that we had the promise on
7 that specific chart of future supply. We were able
8 to source within Ontario. We moved supply around
9 in order to fix problem areas which were running
10 low. And there were numbers that were provided to
11 us from the federal government about even beyond
12 probably what was on that chart in terms of what
13 future purchasing that were happening through what
14 was the Logistics Advisory Committee. I wasn't a
15 member of that, but I think, you know, we had a
16 sense that there was going to be PPE furnished, you
17 know, through a variety of sources and, you know, I
18 recall at the time hearing on Deputy calls that,
19 you know, the Canadian government had sent empty
20 aircrafts to places like Singapore and Shanghai to
21 pick up, you know, PPE, and they were at the ready.

22 And so, you know, there was -- instead
23 of kind of looking at those data, you know, as you
24 did, I would have probably looked at those data
25 with the view that there was more coming through,

1 you know, a variety of sources, including the
2 purchasing that was being done, you know, by the
3 province, and it wasn't long after that I believe
4 that we set up the portal for domestic production,
5 and the whole system started to crank up.

6 JOHN CALLAGHAN: So Revera told us --
7 and, of course, Revera is one of the largest
8 long-term care home providers and frankly backed by
9 one of the biggest pension plan funds in the
10 country, that in wave one even they could not get
11 same-day supply of PPE until April 13th. So they
12 were struggling to get PPE.

13 And they made this point because they
14 said that 97 percent of the infections they had in
15 wave one pre-dated April 13th.

16 So were you aware that there was a
17 struggle to get PPE?

18 DEPUTY MINISTER HELEN ANGUS: Of course
19 I was aware. I think we put in the control tower
20 on purpose. So we might not have been able to
21 supply every organization with weeks of supply, but
22 we were trying to give out PPE to those areas in
23 need, including long-term care, at a rate that
24 allowed us to, you know, get the next deliveries in
25 and to be able to move PPE within jurisdictions, so

1 within areas of the province to those areas that
2 needed it.

3 And of course, we were preparing for
4 the Treasury Board submission that you just saw
5 which had us looking for PPE.

6 Don't forget, at the time there were
7 many vendors coming to us, some of somewhat dubious
8 quality, trying to sell us PPE. Some of those were
9 legitimate and panned out, and some of them, like
10 the one the Minister described in her notes, were,
11 you know, people trying to arbitrage somehow on the
12 PPE supply and the prices that were being on offer
13 at that time.

14 JOHN CALLAGHAN: And you will agree
15 with me that was entirely predicted in 2006 in the
16 document we looked at; correct?

17 DEPUTY MINISTER HELEN ANGUS: I would
18 agree with you. I had never seen the 2006 document
19 until you showed it, but I would agree that there
20 was an analysis that would have suggested that that
21 be true.

22 JOHN CALLAGHAN: So just one last
23 question before we break. Can we put up the
24 Agreement for Donated, Aged or Expired Personal
25 Protective Equipment.

1 We were told about this -- and I am
2 only raising it because we had people speak to
3 this -- or one person I think.

4 This is an agreement whereby you I
5 guess were trying to make due with the expired and
6 were providing it, and in this agreement,
7 notwithstanding that the 2006 plan was that the
8 province would have a stockpile that expired -- and
9 this is an agreement that provides, I take it,
10 organizations with expired PPE but then requires
11 them to sign a release for the use of that PPE.

12 Can you tell me why you would go to the
13 trouble -- the province would then require people
14 to sign an agreement releasing the government for
15 responsibility of providing expired PPE?

16 MINISTER CHRISTINE ELLIOTT: Well, I
17 would say that I knew that some of the expired PPE
18 were expired N95 masks and they couldn't be used as
19 N95 masks because they were expired, but they could
20 be used as surgical masks.

21 So this would have been an
22 acknowledgment by the recipients of this equipment
23 that there were limitations on the use of some of
24 this equipment because of the fact that they could
25 not be used as N95 masks which, as I'm sure you

1 know, is a very specific purpose and for
2 non-aerosol -- for aerosol-generating procedures.
3 They could not be used for that, but they could be
4 used as general surgical masks.

5 JOHN CALLAGHAN: All right. So if we
6 just go down, just to see. You are in part right.
7 So this agreement included N95 masks. So,
8 Minister, you are right on that respect. It
9 included other things. But that is the reason. So
10 in relation to the people that had a concern about
11 that, that was the reason for the request; is that
12 it?

13 MINISTER CHRISTINE ELLIOTT: Well, they
14 would have needed to acknowledge the limitations on
15 the use of some of that equipment, yes.

16 JOHN CALLAGHAN: Okay.

17 We can take a break, Commissioner, if
18 that suits the Commission.

19 COMMISSION CHAIR FRANK MARROCCO: It
20 does, and we will.

21 But just before we do, I wanted to
22 ask -- and this question is directed to both. It
23 doesn't matter to me who answers. But this is the
24 framework for the question.

25 You know, in 2007, everybody had a

1 wake-up call because of SARS, but, Minister, you
2 are not there. You are practising law. I am
3 practising law. We are not there, but a decision
4 is made to purchase a stockpile because the memory
5 of SARS is fresh in everybody's mind. The memory
6 of this pandemic, as we all sit here, is fresh in
7 our minds.

8 You fast-forward to 2016 and 2017, a
9 decision is made to destroy the stockpile and not
10 replace it because perhaps the lesson of SARS,
11 people are starting to forget it.

12 So I am concerned that the same thing
13 will happen again. And I am wondering if, in terms
14 of the knowledge of government and how it functions
15 and the knowledge of the structure of government
16 and what that looks like, is there an intelligent
17 way of trying to prevent that sort of thing from
18 happening again?

19 MINISTER CHRISTINE ELLIOTT:

20 Commissioner, I will say something, and then the
21 Deputy may wish to say something as well. This is
22 something that we have been working on together for
23 several years.

24 But the decision that was made to
25 destroy the expired PPE was basically sort of a

1 procurement issue, but there was -- I wouldn't say
2 that there was no intention to replace it. We were
3 intending to replace it, but there was the central
4 procurement issue, which the Deputy Minister has
5 spoken about.

6 But in the future, I believe that we
7 need to reorganize the system so that we can have
8 that central procurement but also have the
9 inventory, the PPE, circulating through the
10 centralized warehouses, and we should probably have
11 them across the Province of Ontario so that we can
12 get equipment to hospitals, long-term care homes,
13 wherever they need to be sent, very quickly and so
14 that it is fresh coming in and fresh going out so
15 that we don't have a situation again where an
16 entire warehouse is filled with expired equipment.

17 That should not happen again, and that
18 is where I believe we do need to make changes.

19 DEPUTY MINISTER HELEN ANGUS: Yes, I
20 would agree. I think -- how do you bake this into
21 the fabric of the system?

22 And I think, you know, it also goes a
23 little -- I mean, I know the focus of this Inquiry,
24 but, you know, PPE is also used in other settings
25 that are important to the health and protection of

1 the workforce, whether, you know, it is -- because
2 we saw, you know, what happened on farms. We saw
3 what happened in meat-packing plants and other
4 places.

5 So it is important to think about how
6 do you make this part of the fabric of the
7 province, that the management of personal
8 protective equipment is part of the system.

9 Legislation obviously is probably where
10 you are going, is a vehicle, but I would say maybe,
11 you know, not sufficient to achieve the goal that
12 you are talking about.

13 What is the programatic response? How
14 do we work with stakeholders and organizations, as
15 the Minister suggests, to ensure that the supplies
16 are sort of seen as a central pool and rotated
17 through into use, you know, across the province.

18 You know, how do we -- interestingly,
19 you know, how do we procure the PPE. And how does
20 the physical presence of PPE and its availability
21 link into the use of PPE and the availability of
22 IPAC practices.

23 I am sure you'll probably go there
24 later, but those are the kinds of things that I
25 think -- you know, there is a whole elevation of

1 the practices that probably need to come as a
2 result of your Commission and probably as a result
3 of our own reviews of what has happened across the
4 health care system.

5 COMMISSION CHAIR FRANK MARROCCO: And,
6 of course, it does affect long-term care because
7 the residents in long-term care homes are quite
8 vulnerable to influenza and other diseases like
9 that.

10 DEPUTY MINISTER HELEN ANGUS: Of
11 course.

12 COMMISSION CHAIR FRANK MARROCCO: And
13 of course, COVID-19 included.

14 DEPUTY MINISTER HELEN ANGUS: Of
15 course.

16 COMMISSION CHAIR FRANK MARROCCO: And
17 the difficulty is that the people who made the
18 decision to destroy the stockpile or permitted, it
19 is hard to bind them -- it is hard in 2007 to bind
20 the actions of somebody in 2017, let's say. I
21 might have the year wrong. But it is hard to bind
22 them. And then we end up asking you, Deputy, and
23 you, Minister, in 2021 about that decision.

24 DEPUTY MINISTER HELEN ANGUS: Right.

25 COMMISSION CHAIR FRANK MARROCCO: And

1 maybe it would make sense if you were there, but
2 you weren't, and yet we have it. It creates a real
3 problem. People die because of the spread of that
4 disease and, as we have heard in quite graphic
5 terms, because of the shortage of staff who won't
6 show up, in part because they are afraid they are
7 going to get sick.

8 So, I mean, this is an issue we are
9 wrestling with, and I was wondering if you had a
10 view on how you can intelligently bake that into
11 the system, and that is why I asked the question
12 because it would inform perhaps our recommendation
13 to the Minister.

14 DEPUTY MINISTER HELEN ANGUS: I mean,
15 it is an important line of inquiry. I just have to
16 think about, you know, given all the experience I
17 have had, what the best way to do that is, but --

18 COMMISSION CHAIR FRANK MARROCCO: Could
19 I do it this way, Deputy. Would you mind thinking
20 about it and just communicating with us and let us
21 know what you think we might consider as a way of
22 trying to help bake this into the system?

23 U/T DEPUTY MINISTER HELEN ANGUS: Yes, I
24 would be delighted to do that.

25 I mean, the other thing that I think we

1 all have to look at is four weeks. Is eight weeks
2 enough, right? If I look at a four-week supply
3 on-site in organizations and a four-week supply in
4 a stockpile -- you know, I lived -- at Cancer Care
5 Ontario, I was on the campus of Princess Margaret
6 Hospital and so lived through SARS which was, you
7 know -- in all, looking back on it, you know, an
8 important event for Ontario and, you know, a tragic
9 loss of life and infection, but it wasn't enduring
10 like this, you know, in the same way.

11 And so, I mean, this -- we do need to
12 kind of look at this unique experience of a
13 pandemic, you know, a once-in-a-century kind of
14 experience that we have had, and what does it mean
15 for what you have just showed us from 2007, and the
16 assumptions that were made then, I think we have
17 learned an awful lot, and you are going to tell us
18 lot more given the depth that you have looked at as
19 a Commission.

20 But, you know, I think we need to have
21 an open mind and think about what it is that we
22 need going forward.

23 COMMISSION CHAIR FRANK MARROCCO: And I
24 will just end here on this, but, you know, whether
25 you say four weeks, eight weeks, twelve weeks, it

1 doesn't help if somebody comes along after you and
2 decides to destroy it or not replace it.

3 DEPUTY MINISTER HELEN ANGUS: Yes.

4 COMMISSION CHAIR FRANK MARROCCO: That
5 is the problem that is more of a concern I think to
6 us because it has a direct effect on long-term care
7 when the staff working there don't have the proper
8 equipment to protect themselves, don't show up, and
9 people are neglected, not because the people who
10 did show up aren't working, but because only one
11 out of five showed up to work and that reality is
12 what it is.

13 Anyway, with your permission, then
14 maybe we'll take 10 minutes or so.

15 SUNIL MATHAI: Commissioner Marrocco,
16 just to identify -- it is Sunil here. Just to
17 identify, both the Deputy Minister and Minister
18 have a Cabinet meeting that they are required to
19 attend at around 2 o'clock.

20 I think that might play out for the
21 next break if that is something you were
22 contemplating, but I just wanted to highlight that
23 for you.

24 COMMISSION CHAIR FRANK MARROCCO: All
25 right. Thank you.

1 SUNIL MATHAI: And then, Minister and
2 Deputy Minister, you should probably turn off the
3 video and mic before we go on our break.

4 COMMISSION CHAIR FRANK MARROCCO: That
5 is probably excellent advice, Mr. Mathai.

6 SUNIL MATHAI: Thank you, Commissioner.

7 DEPUTY MINISTER HELEN ANGUS: You would
8 hear us eating our apples.

9 SUNIL MATHAI: It is now 11:37,
10 Commissioner, Marrocco. Should we return back at
11 11:47?

12 COMMISSION CHAIR FRANK MARROCCO: Yes,
13 that would be great. Thank you.

14 SUNIL MATHAI: Thank you.

15 -- RECESSED AT 11:37 A.M.

16 -- RESUMED AT 11:47 A.M.

17 JOHN CALLAGHAN: I think we are all
18 here, Commissioner.

19 COMMISSION CHAIR FRANK MARROCCO: Yes,
20 we are.

21 JOHN CALLAGHAN: I should add on that
22 last piece for those who are reading along, the
23 episodic nature of attention to this issue of PPE
24 was described by Ms. Hartley and Ms. Baumann quite
25 well, and I should tell the Minister, who may not

1 be aware, even after 2006, there was a sufficient
2 amount of money requisitioned, but before it was
3 all spent, it was rescinded.

4 So this episodic nature that you and
5 the Chair were speaking about could be found in
6 there.

7 DEPUTY MINISTER HELEN ANGUS: Thank
8 you.

9 JOHN CALLAGHAN: What I would like to
10 talk to you now, and I don't know --

11 MICHAEL FINLEY: John, I'm sorry to
12 interrupt you. I don't see the reporter, and I
13 just want to make sure, if we are going to go on
14 the record --

15 COMMISSION CHAIR FRANK MARROCCO: Well,
16 that is a technicality, Mr. Mathai. Thank you for
17 the observation, Mr. Mathai.

18 MINISTER CHRISTINE ELLIOTT: There she
19 is. Lifesaver.

20 MICHAEL FINLEY: There she is.

21 SUNIL MATHAI: I would like to take
22 credit, Justice Marrocco, but that was in fact
23 Michael Finley.

24 COMMISSION CHAIR FRANK MARROCCO: Thank
25 you, Mr. Finley.

1 MICHAEL FINLEY: In the background, as
2 usual, everyone. I'll be on mute.

3 COMMISSION CHAIR FRANK MARROCCO: All
4 right. Thank you.

5 JOHN CALLAGHAN: So what I would like
6 to talk about now is the structure of the response,
7 and I am wondering if the easiest way is to put up
8 document 24, the schematic that we were told was
9 the plan of the response for a pandemic, and it
10 comes from the OHPIP. I don't know if Michael, who
11 is helping us with that, can put it on the screen.
12 It is slide 3.

13 And I am sure -- and it may be that the
14 Deputy is more familiar with this. Slide 3,
15 Michael.

16 No, I think you were in the right
17 document.

18 It is document 24, slide 3, please.

19 MICHAEL FINLEY: Oh, I'm sorry. I am
20 jumping around. Give me a moment.

21 JOHN CALLAGHAN: There you go. And I
22 appreciate this may be more the Deputy's role, so
23 perhaps I should converse with the Deputy on this,
24 and of course, obviously the Minister can speak at
25 any time if she chooses.

1 Now, Deputy, this is the structure that
2 shows up on the OHPIP. Were you familiar with this
3 command structure?

4 DEPUTY MINISTER HELEN ANGUS: Yes, I
5 was. It was presented to me. I think I probably
6 had reviewed OHPIP before January, but certainly
7 the central role of the MEOC and the central role
8 of the Ministry's senior management team and moving
9 into this kind of a structure definitely informed
10 the thinking of the initial pandemic response
11 structure that I put into place.

12 JOHN CALLAGHAN: Right, and so what we
13 were told -- and I won't bore you with going
14 through the detail of the plan because we have done
15 that with others, but we were told the Executive
16 Lead in a health emergency is the Chief Medical
17 Officer of Health and that is where the point
18 person was.

19 DEPUTY MINISTER HELEN ANGUS: Yes.

20 JOHN CALLAGHAN: And what eventually
21 happens is -- and I'm afraid I don't have the date
22 in front of me, and I don't know if it is at your
23 instructions or whose it is, but you create the
24 Health Command Table.

25 DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

1 JOHN CALLAGHAN: You have to say "yes"
2 or "no" for the record.

3 DEPUTY MINISTER HELEN ANGUS: Yes, I
4 did create the Health Command Table.

5 JOHN CALLAGHAN: Right, and the Health
6 Command Table -- now we don't have to go over this,
7 but we have been told that it was an advisory panel
8 essentially, and perhaps coordinating; correct?

9 DEPUTY MINISTER HELEN ANGUS: Correct.

10 JOHN CALLAGHAN: And that during the
11 pandemic, those with decision-making power remained
12 those with decision-making power; is that correct?

13 DEPUTY MINISTER HELEN ANGUS: Correct.

14 JOHN CALLAGHAN: And maybe this is for
15 the Minister. There is provision that powers be
16 delegated under the Emergency Powers Act and
17 elsewhere, and was there any consideration of
18 sub-delegating power so that it could be exercised
19 more expeditiously?

20 MINISTER CHRISTINE ELLIOTT: For me not
21 to have been making the decisions do you mean,
22 Mr. Callaghan?

23 JOHN CALLAGHAN: Yes, you had certain
24 powers, and there were powers that you could have
25 sub-delegated, as I understand them, and there

1 would have been powers, I suspect, of others. I
2 mean, I suppose Cabinet could have too.

3 But was there any discussion - and if
4 so, what it was, and if not, why not -- of
5 delegating that power to flatten the command
6 structure, as it were, to get people on the ground
7 making decisions?

8 MINISTER CHRISTINE ELLIOTT: I don't
9 recall a specific discussion of that issue.

10 JOHN CALLAGHAN: And the reason we ask
11 is the Commissioners have heard from emergency
12 experts, particularly the people at Bruce Power,
13 where that kind of functionality happens, that in
14 the course of an emergency, power is in the hands
15 of those on the ground that can act quickly as
16 opposed to the continued command structure. But
17 that wasn't a discussion?

18 DEPUTY MINISTER HELEN ANGUS: But I
19 would just say it wasn't a discussion about
20 delegating certain ministerial or government
21 authorities to senior public servants, for example.

22 JOHN CALLAGHAN: Right.

23 DEPUTY MINISTER HELEN ANGUS: But the
24 rules that were put into place, like the Emergency
25 Orders, were designed to facilitate decision-making

1 on the ground so that they were dealt with
2 systematically so that as much local
3 decision-making could happen.

4 And so they were used by individual
5 organizations, as well as by the regional tables
6 that were doing things, like we just talked about.
7 They were allocating PPE within a region. They
8 were figuring out which hospital would come to
9 support which long-term care home. They were
10 coordinating the response on the ground.

11 So I saw our role as kind of enabling
12 and kind of playing for the local team of providers
13 who were coming together to really mount the
14 response on the ground.

15 And so the whole response was designed
16 to be supportive of those local efforts.

17 JOHN CALLAGHAN: And then you had
18 created the Health Command Table, and it has been
19 observed by some that the Health Command Table sort
20 of -- and it involved yourself. Originally you
21 were the Chair, but I gather shortly thereafter the
22 Chief Medical Officer of Health and the head of
23 Ontario Health joined you as Co-Chairs; is that
24 right?

25 DEPUTY MINISTER HELEN ANGUS: Yeah, I

1 don't even know if we had a meeting with me solely
2 as the Chair. I recall being in this building for
3 the first meeting, which was held in person, at the
4 end of February and sitting at the front of the
5 table with Dr. Williams and Matt Anderson, and the
6 decision was made at the beginning of the meeting
7 that I would actually Chair the meetings and
8 Dr. Williams and Matt would bring their subject
9 matter knowledge and expertise and be a little less
10 burdened by managing the flow of the conversation.

11 But it really was kind of, you know,
12 the three of us in the lead. We planned the
13 meetings together. We still do. What the agendas
14 are, we meet daily, and we confer on a structure of
15 the response.

16 Obviously, Dr. Williams has a
17 particular set of expertise around, you know, how
18 to respond to a pandemic. That was, you know, part
19 of his role, and of course, he has his own
20 independent authorities that are separate from
21 those of the Command Table.

22 JOHN CALLAGHAN: So it sort of was
23 described that it was a little different than what
24 this structure we have on the screen is.

25 But why did you move to that

1 three-person structure? And we have -- I should
2 say, I don't think we have any evidence as to
3 exactly when you did it, but we know -- and I won't
4 bore you because you have seen them already, as
5 have the Commissioners, the schematics, but we know
6 by, say, March 5th the Health Command Table with
7 the three of you was the operational head, as you
8 were, of the response.

9 DEPUTY MINISTER HELEN ANGUS: I think,
10 you know, obviously, the response has been so
11 multifaceted. It had, you know, a ground game and
12 a local response that Ontario Health, which had,
13 you know, subsumed the Local Health Integration
14 Networks, was responsible for.

15 I am not a Public Health expert, and I
16 am not a clinician, and Dr. Williams is, and I felt
17 that the three of us were stronger together. We
18 work well together. And we needed all three
19 perspectives to shape the response.

20 I also felt that I could bring, you
21 know, kind of administrative rigour and manage the
22 process and manage the public servants who were
23 actually prepping for the meetings and doing the
24 notes and all of that, and that Dr. Williams would
25 thereby be a little less encumbered by the

1 administration of the Command Table and more able
2 to bring his expertise, which we very much wanted
3 and has been central to the whole response from the
4 beginning.

5 So that was the thinking. I think, you
6 know, my impression -- you know, a couple of
7 thoughts. I was in the Ministry at the time of
8 Ebola.

9 JOHN CALLAGHAN: Right.

10 DEPUTY MINISTER HELEN ANGUS: And I
11 watched my predecessor step into a lead role, and I
12 felt that I needed to bring the whole Ministry into
13 the response and that that was supportive of the
14 kind of response that Dr. Williams was going to be
15 leading.

16 So that was the thought process. And I
17 felt, as the Deputy, I needed to be visibly engaged
18 and, you know, leading with Dr. Williams and Matt
19 in order really to bring the whole Ministry, and of
20 course later on -- and I know you have seen the
21 documents about the Central Coordination Table, but
22 also be able to engage with my colleagues across
23 government because there were other aspects of the
24 response that were, you know, being led out of
25 other places. Of course I didn't know that at the

1 time, but that was the thinking that I had.

2 JOHN CALLAGHAN: And we'll come to that
3 because, I mean, there won't be any -- it is no
4 surprise to you, Deputy, there were various
5 iterations of how this evolved over time; correct?

6 DEPUTY MINISTER HELEN ANGUS: Yes.

7 JOHN CALLAGHAN: I don't want to talk
8 to you about McKinsey now, but that is one part of
9 the iteration process; correct?

10 DEPUTY MINISTER HELEN ANGUS: Correct.
11 As I say, you know, I set up a core command table
12 structure, and then, of course, we added work
13 streams as it became apparent that they were
14 necessary to, you know, understand how to support
15 various sectors. And I think, you know, there is a
16 variety of different tasks.

17 The MEOC has continued to support the
18 command structure but also got very involved in,
19 you know, the distribution of PPE, for example.
20 They were supportive. They are the connector into
21 EMAT, and they would have been, you know, involved
22 in sort of the contractual relationship with EMAT
23 as they were deployed into the Trenton Air Force
24 base at the beginning, later on down in
25 Windsor-Essex when we had outbreaks on farms, and

1 more recently, EMAT is actually involved in the
2 setup at the Congress Centre for the decanted
3 long-term care residents.

4 JOHN CALLAGHAN: And we'll talk about
5 that in a moment.

6 So, you know, we had been told -- and
7 by numerous sources -- that at the beginning, sort
8 of towards maybe even probably as long as the
9 middle of March, the focus was predominantly and
10 some would say almost exclusively on the hospitals.
11 Was that what was going on at time?

12 DEPUTY MINISTER HELEN ANGUS: I am not
13 sure that was entirely the focus.

14 I have a couple of thoughts.

15 It really was towards -- I guess
16 January/February we were very focussed on
17 repatriating Canadians who were overseas and
18 bringing them back through channels and creating
19 capacity to house them while they were in
20 quarantine.

21 I think that as we started to see some
22 of the modelling that was presented to us about
23 what the trajectory of the pandemic could be --
24 fortunately those models never came to pass quite
25 as projected -- and we were looking at

1 jurisdictions like Italy and New York, we were very
2 concerned about acute care capacity and ICU
3 capacity specifically and making sure that we had
4 the necessary beds and services for people who
5 potentially would become very ill from COVID.

6 And I think those lessons were
7 certainly prevalent on the media, and they were
8 presented to us as a possible trajectory in the
9 modelling work that was done for the Command Table.

10 JOHN CALLAGHAN: So if we just put up
11 tab 20 for now, page 2, and this is the Minister's
12 "House Book Notes", which I assume it is
13 prepared -- I don't know if it is prepared by you,
14 Deputy, or prepared under your direction or it is
15 political, but it says -- this is March 10, and we
16 are saying:

17 "The risk of transmission of
18 COVID-19 in Ontario is currently
19 low."

20 And was that the view? Was that the
21 view of the government? Because, you know, it is
22 rampant within two weeks -- or three weeks, I
23 guess.

24 DEPUTY MINISTER HELEN ANGUS: I would
25 say --

1 JOHN CALLAGHAN: Was that --

2 DEPUTY MINISTER HELEN ANGUS: I would
3 say that the risk of transmission and our
4 understanding of the risk of transmission would
5 have been informed by the CMOH, and behind the
6 CMOH -- I think it is important to know that every
7 Chief Medical Officer of Health in Canada is part
8 of the Special Advisory Committee that is chaired
9 by Teresa Tam and the Public Health Agency of
10 Canada. So they would have had a joined-up view
11 about what the risk of transmission might be.

12 And so, you know, it would be on that
13 basis that that statement would have been put into
14 a House Book Note.

15 JOHN CALLAGHAN: But by this time, we
16 know -- like, for example, you must have been
17 following the Diamond Princess?

18 DEPUTY MINISTER HELEN ANGUS: Correct.

19 JOHN CALLAGHAN: And wasn't it evident
20 in the Diamond Princess that there was going to be
21 transmissions in those in congregate settings?

22 DEPUTY MINISTER HELEN ANGUS: You know,
23 I did not know the nature of the properties of a
24 cruise ship and how those would translate into
25 other environments personally.

1 And again, those are the kinds of
2 things that, you know, we would have relied on
3 experts to highlight for us.

4 JOHN CALLAGHAN: So by February, we
5 have the outbreak in the long-term care facility in
6 Washington State; do you recall that?

7 DEPUTY MINISTER HELEN ANGUS: No, the
8 first one I remember would have been the one in
9 British Columbia.

10 JOHN CALLAGHAN: Which was probably
11 early March. I'm afraid I don't have that date,
12 but obviously --

13 DEPUTY MINISTER HELEN ANGUS: Yes.

14 JOHN CALLAGHAN: The reason why I ask
15 is because we have heard that you created this
16 command structure and that we have heard from the
17 long-term care industry and the Ontario Hospital
18 Association that it took until the second or
19 perhaps even third week of March before the
20 associations were involved in your Command Table
21 structure; is that right?

22 DEPUTY MINISTER HELEN ANGUS: Well, the
23 Ministry of Long-Term Care was involved in the
24 command structure from the get-go, right, so they
25 were included in the conceptualization of the

1 command structure and, you know, what we wanted to
2 be responsive to. So obviously, there was some
3 thinking about that.

4 We invited -- the Collaboration Table
5 was set up in about this time frame. I would have
6 to look at my notes. And when we set up the table
7 with the provincial associations, we included the
8 long-term care associations, again, from the
9 outset.

10 JOHN CALLAGHAN: Right, but are they
11 correct, that they weren't being consulted until
12 the second or third week of March, which is --

13 DEPUTY MINISTER HELEN ANGUS: I
14 couldn't speak to what consultations would have
15 been done by the Ministry of Long-Term Care about
16 how they brought the perspectives of the long-term
17 care sector and how they were talking to them in
18 the early phases of the pandemic.

19 I can say that, as the Deputy Minister
20 of Health, I was in touch with, you know, the
21 health stakeholders, whether it would be the
22 hospital association, the nurses' association and
23 others. We had many meetings, some at our
24 initiation, some at the initiation of those sectors
25 that would come to us and express their, you know,

1 often concerns, but also equally as often what
2 their contributions would be to a pandemic
3 response.

4 JOHN CALLAGHAN: Well, I was
5 specifically talking about your Command Table
6 structure, which you were controlling, and the
7 evidence that the Commissioners have heard is that
8 in fact the Ontario Hospital Association spoke -
9 and I am not if sure if they specified you, I'll be
10 frank - and the long-term care expressed the
11 concern that they had been left out, and it wasn't
12 until the end of -- well, the second or third week
13 of March, depending which transcript I think you
14 read, that that --

15 DEPUTY MINISTER HELEN ANGUS: Well,
16 just to be clear, though, I didn't have the OHA on
17 the Command Table or any of the associations on the
18 Command Table.

19 I had asked Tom Stewart at the time to
20 join the Command Table, less because he was a
21 hospital CEO -- because he was at the time the CEO
22 of the St. Joseph's Health Care System. The St.
23 Joseph's Health Care System has acute care, rehab,
24 as well as home care providers, so he had that
25 experience. He had run the Critical Care Table as

1 part of the SARS response, and I thought that that
2 experience that he had would be important to have
3 at the Command Table to the point -- you know, the
4 same thinking about let's not lose the lessons from
5 previous responses and try to bring them forward
6 into the Command Table structure.

7 And, of course, you know, those were
8 the first early meetings, and in some ways we were
9 kind of still looking at what the scope and scale
10 of the pandemic would be. And I tried to be as
11 responsive as possible to what was happening on the
12 ground by adding streams of work and leadership and
13 building as big a tent as I could for the response.

14 That was the kind of primary thinking
15 for me as I approached the leadership, and of
16 course, working in collaboration with Dr. Williams
17 and Matt Anderson.

18 MINISTER CHRISTINE ELLIOTT: But we
19 also had frequent conversations, joint
20 conversations, with Anthony Dale, the head of the
21 Ontario Hospital Association, as well as with the
22 Nurses Association and other groups.

23 So we were in frequent contact with
24 them.

25 JOHN CALLAGHAN: Right, and to be

1 honest with you, it is that group that was of the
2 view that, as a result of the siloing between the
3 two ministries -- that is, your Ministry and the
4 Ministry of Long-Term Care, that perhaps -- one of
5 the suggestions was that perhaps long-term care
6 didn't get the attention in the early days.

7 So that is what they expressed to this
8 Commission. So what do you say about that?

9 DEPUTY MINISTER HELEN ANGUS: I would
10 have relied on the Ministry of Long-Term Care to
11 provide the connection back into their sector to
12 bring forward the concerns of the long-term care
13 system.

14 I think, you know, I would be
15 interested in hearing directly from the long-term
16 care associations. I did not hear from them at the
17 time.

18 JOHN CALLAGHAN: Well, I'll just read
19 it while I have it in front of me. This is
20 Mr. Dale:

21 "I think that its separation
22 from the Ministry of Health has
23 created systemic kind of silos and
24 barriers to integrated thinking for
25 the response, and you will see in a

1 moment some of the communications
2 and actions we took after we
3 realized that long-term care was
4 not -- the needs of long-term care
5 and the need for speed and
6 substantive planning and preparation
7 for the pandemic response, once we
8 realized that those were not being
9 met, we chose to act and undertake
10 some actions to address that."

11 SUNIL MATHAI: Mr. Marrocco, can you
12 put that up on the screen?

13 JOHN CALLAGHAN: I don't have it handy.
14 You'll have to take my reading. I read well,
15 though.

16 SUNIL MATHAI: I don't question that.
17 It is just helpful sometimes to see it on the
18 screen if someone is just reading it out because it
19 is hard to keep it straight.

20 JOHN CALLAGHAN: I am happy to read it
21 slower.

22 DEPUTY MINISTER HELEN ANGUS: No, I
23 think I can understand. I mean, I certainly am
24 aware of the view of some stakeholders, including
25 the OHA, that pre-dates the pandemic, about whether

1 the carving out of the Ministry of Long-Term Care
2 from the Ministry of Health was a good idea, given,
3 you know, the idea of sort of connecting all parts
4 of the health care system to work more functionally
5 together through things like Ontario Health teams,
6 which are an important part of how we want health
7 care providers to work together going forward.

8 I would say that over time -- and it
9 wasn't long after that -- that the hospital sector
10 stepped up to support long-term care in exceptional
11 ways, and --

12 JOHN CALLAGHAN: Well, we'll talk about
13 that in a minute too actually because it is in the
14 Minister's notes.

15 DEPUTY MINISTER HELEN ANGUS: Okay.

16 COMMISSION CHAIR FRANK MARROCCO: Well,
17 I'm sorry. Deputy, what were you saying?

18 DEPUTY MINISTER HELEN ANGUS: I was
19 just saying that the connection between hospitals
20 and long-term care homes on the ground has been
21 critical to the pandemic response, and much of that
22 would have happened at the local and regional
23 tables that were set up underneath Ontario Health.

24 And, you know, I think we should all be
25 thankful that the hospitals, you know, had the

1 wherewithal and the motivation and the humanity to
2 step up and support as many long-term care homes as
3 they did.

4 JOHN CALLAGHAN: And I shouldn't have
5 interrupted. I apologize. We'll talk about that.

6 DEPUTY MINISTER HELEN ANGUS: Okay.

7 JOHN CALLAGHAN: So now we were told
8 that in mid-March -- and we heard evidence -- that
9 McKinsey was hired to review the command structure.
10 Were you involved in that process? I'm talking to
11 the Deputy Minister.

12 DEPUTY MINISTER HELEN ANGUS: I was not
13 involved in the hiring process. McKinsey did
14 listen in on several Command Table meetings, and
15 then they provided advice, I understand it, to the
16 Secretary at the time about what other structures
17 might be built around the Health Command Table that
18 would enhance the overall government response.

19 And they did not, to my knowledge and
20 recollection, make any specific recommendations
21 related to the health component of the overall
22 government response.

23 JOHN CALLAGHAN: Did you understand
24 McKinsey to be telling the government to flatten
25 the structure for speedy decision-making, or was it

1 to expand the structure to have more involvement,
2 or were you privy to any of that?

3 DEPUTY MINISTER HELEN ANGUS: Well, I
4 saw the output, obviously, in the creation of what
5 is now called the Central Coordination Table, as
6 well as the other related Command Tables that were
7 added in I guess a little bit later on.

8 So I can only assume on that basis that
9 the intent was to distribute the work over
10 different leaders leading, you know, defined
11 buckets of work in terms of the response.

12 So PPE was so important that there was
13 a supply and -- I think there was a Supply and
14 Equipment Command Table, and dealing with the
15 labour force, dealing with the supplies. There was
16 I guess critical personnel. I can't remember all
17 the names, but at the time it was to really
18 facilitate an all-of-government response to the
19 pandemic.

20 JOHN CALLAGHAN: So at the end of the
21 day, when you put the Central Command Table in,
22 were you reporting in to the Central Command Table,
23 as it were?

24 DEPUTY MINISTER HELEN ANGUS: You know,
25 the Central Command Table for me has been a place

1 that has been helpful to the formative discussion
2 around strategies and the response, PIC-testing,
3 for example, as well as kind of monitoring the
4 ongoing implementation of aspects of the response.

5 So the fact that it is Chaired by the
6 Secretary of Cabinet, who actually I report to,
7 kind of makes it, in part, a reporting
8 relationship.

9 But it wasn't a decision-making body.
10 It was a place where, you know, perhaps introduced
11 a bit of lateral thinking, expanded the playing
12 field a little bit so that other implications or
13 other resources could be brought to bear, and to
14 try and make the overall response more efficient,
15 to look at the connections between aspects of the
16 response, because don't forget we would have had a
17 table looking at, for example, vulnerable
18 populations and, of course, that would need to be
19 considered in the health response.

20 So being a place where those connectors
21 could be understood and leveraged I think was a
22 part of what the Central Coordination Table did and
23 does, but it is not a place where decisions and
24 formal reports are provided.

25 JOHN CALLAGHAN: Right. And you say it

1 is Chaired by the Secretary of Cabinet, for lack of
2 a better phrase, the top bureaucrat, and the
3 Premier's Chief of Staff, the top political person.

4 DEPUTY MINISTER HELEN ANGUS: Yes.

5 JOHN CALLAGHAN: And neither of those
6 have health experience. I appreciate they all have
7 government experience.

8 But was the health advice coming from
9 the tables below, through you, through them, up to
10 Cabinet? Is that how the process eventually
11 worked?

12 DEPUTY MINISTER HELEN ANGUS: Not
13 really, actually.

14 JOHN CALLAGHAN: Okay.

15 DEPUTY MINISTER HELEN ANGUS: So I
16 would say there was health advice, and when we were
17 talking about anything related to Public Health at
18 the Command Table, Dr. Williams was there. He was
19 probably there at 90 percent of the meetings, to be
20 honest.

21 But when advice was provided to
22 Cabinet, it wouldn't -- you know, this might have
23 been a step in the process. In peacetime, the
24 Cabinet office often has things called "Four
25 Corners", where they bring together a variety of

1 different actors, whether they are central
2 agencies, line ministries, other line ministries,
3 to kind of kick the tires of a policy.

4 Central Coordination performs a similar
5 function. The decision-making structure would have
6 come up. The Cabinet submissions, for example,
7 were signed by me, they were signed by Minister
8 Elliott, and was brought to your colleagues,
9 Minister Elliott, for formal decision-making if it
10 was deemed that those were Cabinet-level decisions.

11 So that is the normal processes of
12 government. It was sped up considerably. I think
13 if you look at the records -- and I am sure you
14 have -- that in the months of March and April,
15 Cabinet was meeting, you know, close to daily, and
16 so there was no difficulty at the time accessing
17 decision-making.

18 JOHN CALLAGHAN: Well, that is up.
19 Now, if we look at down -- and we have seen the
20 schematic -- I won't put them up -- of the various
21 tables below, and we have been told there were up
22 to 500 people in the tables below the Health
23 Command Table; is that about right?

24 DEPUTY MINISTER HELEN ANGUS: I
25 couldn't tell you. I certainly did not attend the

1 various tables.

2 And in many cases, the Chairs of the
3 tables brought to bear the people who they felt
4 were necessary to the task that they were being
5 asked to do.

6 So we did not vet - let's pick the
7 Science Table, and Steini Brown and Brian Schwartz
8 from Public Health Ontario Co-Chair the Science
9 Table - who they brought in as advisors on matters
10 related to the science. We might as a Command
11 Table pose some questions, but he would bring
12 together whether it was epidemiologists,
13 scientists, infectious disease docs and others to
14 do the job. And I did not think it was necessary
15 that I personally knew or vetted or reviewed any of
16 those members because I trusted and had confidence
17 in the leaders of each table to bring the talent
18 that they needed to answer what, you know, are
19 complex questions.

20 JOHN CALLAGHAN: So we have talked to
21 people from the tables, even leaders of the tables,
22 and one of the things we have heard is that once
23 they gave the advice, they would have no idea how
24 decisions were made and, indeed, in some cases the
25 scientific advice wasn't apparently accepted.

1 But as a matter of process, should it
2 have been transparent to these people and should we
3 have a process that is transparent to those working
4 on how decisions are made?

5 DEPUTY MINISTER HELEN ANGUS: Yeah, I
6 think basically decisions were made in the
7 Westminster Model of Government, right?

8 MINISTER CHRISTINE ELLIOTT: Yes,
9 absolutely.

10 DEPUTY MINISTER HELEN ANGUS: I think
11 it is that simple. But the normal processes of
12 government where public servants, like myself, or
13 our advisory tables, of which, of course, we had
14 many in a pandemic, but normal course of business
15 is advisory tables provide advice to government.
16 Public servants then provide our best advice to our
17 political masters. And the executive of the
18 government, the Cabinet, gets to make the big
19 decisions. And the role of public servants is to
20 then implement the decisions of government.

21 And so those basic parameters of the
22 Westminster Model did not change during the course
23 of the pandemic.

24 JOHN CALLAGHAN: Right. Okay. I am
25 not actually questioning the Westminster Model.

1 I'm talking about the transparency for people you
2 are asking to work within the system.

3 DEPUTY MINISTER HELEN ANGUS: Yes, and
4 I would have assumed that most of them would have
5 had some basic understanding of that, but -- you
6 know. Then if they did not, then it is probably on
7 me to have explained that perhaps more clearly than
8 we did or had coached my Table Chairs to do that.

9 JOHN CALLAGHAN: So in the late fall of
10 this year, the structure was changed, again, to add
11 a table for the Minister of Health and the Minister
12 of Long-Term Care to meet. Why was that necessary?

13 DEPUTY MINISTER HELEN ANGUS: So we
14 changed the original Command Table structure. We
15 changed it to Central Coordination Table, because I
16 think "command" sort of gives you the impression
17 that it actually had more authority than it had.

18 And as it turned out -- you know, there
19 were a lot of people who were maybe listening in on
20 the Command Table but not necessarily active
21 participants.

22 And I think we wanted to have -- and,
23 Minister Elliott, you and Minister Fullerton did
24 attend the Command Table on occasion.

25 MINISTER CHRISTINE ELLIOTT: Yes, we

1 did.

2 DEPUTY MINISTER HELEN ANGUS: But I
3 think we wanted to have a place where we could
4 actually bring forward ideas that were more
5 summative than formative at the Command Table.

6 So often at the Command Table we would
7 sort of, you know, look at a phenomenon like ICU
8 capacity, because we would look at a scorecard, for
9 example, and say we need to do something about
10 that. Let's set some work in motion to revisit,
11 you know, this part of the plan, that part of the
12 plan, this part of the response.

13 And I think we wanted to bring to the
14 Ministers jointly not only problems but solutions
15 that had been worked up and were making better use
16 of Ministerial time than participating in a Command
17 Table structure that was really, you know,
18 dedicated to their roles.

19 So it was that simple.

20 JOHN CALLAGHAN: So moving off that
21 topic then and going back to I think what you
22 mentioned, and it is in the Minister's notes, so if
23 I could I guess talk to you, Minister. This is the
24 issue of testing.

25 Now, you know, we have heard about

1 delays in long-term care and about -- delays in
2 receiving testing, I should say, in long-term care,
3 and we have heard it throughout this Commission.
4 We have heard of delays having taken four to seven
5 days, some even much longer. And that the results,
6 you know, according to some of the doctors who said
7 they could have been there sooner, had the tests
8 come back sooner, you know, resulted in the spread
9 of disease.

10 And we know that in wave one, 30
11 percent of those who got the disease, and 22
12 percent in wave two died from it.

13 So it had a real impact.

14 Let me just show you slide 72 -- or
15 document 72, slide 5. This is March 24th.

16 No, that is the Supply Chain Management
17 Act.

18 That merely says that the anticipation
19 was 24 hours. If we can go up. And the wait time
20 was I think -- we can't see it on my production.

21 Could you go up to slide 5, please,
22 which is what I was looking for.

23 Sorry, go down. My apologies.

24 MICHAEL FINLEY: Sorry, John.

25 JOHN CALLAGHAN: That is all right. Go

1 back to that slide. Maybe that was the right
2 slide. My apologies.

3 Okay. So by this time, it is 4 to 6
4 days. And, Minister, you had mentioned earlier
5 that this was a concern of yours; correct?

6 MINISTER CHRISTINE ELLIOTT: Yes, we
7 knew that we were going to do a considerable amount
8 of testing, and in the beginning, it was about
9 4,000 tests per day done by Public Health Ontario.
10 And we needed to ramp that up considerably.

11 And that was something that both the
12 Deputy Minister and I worked on on a daily basis,
13 along with Matt Anderson particularly in Ontario
14 Health.

15 JOHN CALLAGHAN: If we could go to your
16 notes at page 18, and -- there you go. Back again,
17 I guess.

18 Okay. There you go. And I will just
19 read this just to make this quick. It says:

20 "- when COVID-19 started,
21 Ontario did not have a
22 well-connected lab system, to deal
23 with a pandemic or other health
24 situations requiring large numbers
25 of tests.

1 - this is one of the reasons why
2 Alberta was able to jump ahead of
3 Ontario and other provinces in terms
4 of number of tests. A number of
5 years ago, Hume Martin (a friend of
6 Drew's and formerly the CEO of the
7 Ajax Hospital) was hired by the
8 Alberta gov't to create a connected
9 lab system, which has served the
10 province well."

11 And then he goes on to talk about and
12 suggests -- and then it says:

13 "In any event, Ontario has put
14 together a lab system involving
15 Public Health Ontario, university
16 lab hospitals and private labs, over
17 20 in all."

18 Are you aware of why our lab system
19 wasn't able to respond right off -- and by the way,
20 these notes are I think of May 3rd.

21 SUNIL MATHAI: I'm sorry,
22 Mr. Callaghan, you cut out there.

23 JOHN CALLAGHAN: I believe these notes
24 are May 3, 2020, to put context on it.

25 MINISTER CHRISTINE ELLIOTT: Yes.

1 JOHN CALLAGHAN: Can you explain or
2 tell the Commissioners why it was that the Ontario
3 labs weren't in a position like Alberta at the
4 start of this pandemic?

5 MINISTER CHRISTINE ELLIOTT: I believe
6 it was because we didn't have a connected system,
7 such as they do have in Alberta, that would have
8 allowed us to ramp up our lab capacity
9 significantly, and this is something that we worked
10 on.

11 And fortunately, due to the work that
12 was done by Matt Anderson, by the Deputy Minister
13 and by others, we were able to put together a
14 system that was able to increase the ability to
15 process tests considerably within quite a short
16 period of time.

17 JOHN CALLAGHAN: So let's look at
18 document 74. And if we can go to slide 2 and 3.
19 Slide 2, I guess. So, sorry, I should have gotten
20 the date. Can you go back to the date of this? I
21 think this is -- April 28th. So this is just
22 before your note.

23 MINISTER CHRISTINE ELLIOTT: Yes.

24 JOHN CALLAGHAN: This is the state of
25 affairs. So you say:

1 "In order for Ontario to meet
2 the growing demand for COVID testing
3 we need to increase both capacity
4 and redundancy across labs, and
5 reduce our overall dependency on
6 suppliers from outside of Canada."

7 And if we can go down to slide 3. So
8 this is where you are at. They say you are at
9 12,000, and you are working your way up. And that
10 is what you are talking about, is building the
11 supply of being able to respond?

12 MINISTER CHRISTINE ELLIOTT: Yes.

13 JOHN CALLAGHAN: Okay. Now, I mean, a
14 lot of the -- you know, to many, this is a bit like
15 building a lifeboat during the storm, and, you
16 know, we heard from many of the homes that were in
17 outbreak, particularly in the first wave, that
18 period before the end of April, that there was real
19 delays. Orchard Villa was one, for example, we
20 heard the doctors.

21 So how is it -- again how -- and I hear
22 you built it up, and we'll talk about that in a
23 second. But do you have an explanation to those
24 who were getting these responses -- and by the way,
25 they continued late in some cases, much later, but

1 do you have a response as to why we weren't ready
2 in the labs?

3 MINISTER CHRISTINE ELLIOTT: Because we
4 started just with Public Health Ontario, and we did
5 not at that time have a connected lab system
6 involving hospitals, community labs and others that
7 might have put us in a better position initially to
8 be able to process more tests.

9 JOHN CALLAGHAN: Now -- and I don't
10 want to go back to our discussion about the
11 pandemic plan, but we have heard from experts, both
12 in Canada and in Europe, that one of the crucial
13 things, when you have a pandemic plan, is to do
14 exercises and simulations, et cetera.

15 And do you think that if people -- and
16 we are told none was done with respect to a
17 pandemic. I gather some was done with the Pan Am
18 Games, for example.

19 But do you think if we had done a
20 pandemic simulation that somebody might have
21 twigged to the fact that we needed a larger lab
22 capacity?

23 DEPUTY MINISTER HELEN ANGUS: Yeah, I
24 am not even sure it is as much about a larger lab
25 capacity because we have -- like, you know, we have

1 significant lab capacity in the province. It is
2 about the routing and connections and
3 transportation between as many sites of collection
4 that we had and getting them in a timely way to the
5 labs that could actually perform the tests.

6 And, you know, don't forget, it was
7 not -- you know, it was what? The end of January
8 where the -- it was mid-January when we received
9 the kind of -- the code for how to test, and then
10 it was really prototyped at Public Health Ontario
11 and then used subsequently by the National
12 Microbiology Lab in Winnipeg.

13 But I think it is more about how do you
14 get the right specimen in a timely way to the right
15 laboratory and having the breadth of coverage for a
16 particular test.

17 JOHN CALLAGHAN: Right, and -- sorry.
18 And I don't think anybody is debating the quality
19 of the science or the ability. I think it is -- I
20 think people are somewhat critical of the fact that
21 had someone actually planned this out with a proper
22 plan in 2017 or 2018 or 2019, then all of this
23 would have been apparent, and we wouldn't have been
24 left behind Alberta and elsewhere when it came to
25 testing. I think that is the point. I don't think

1 anyone is going to challenge you. So how do you --

2 DEPUTY MINISTER HELEN ANGUS: Yes, I
3 guess I would say it didn't take -- but it didn't
4 take long for the Ontario system -- and I take the
5 point and, you know, I think the delays at times
6 obviously were unacceptable.

7 But I remember watching the daily data,
8 and in fact, this lab system, as it was developed,
9 ended up performing remarkably well and ended up
10 actually being able to produce more tests per
11 capita -- and I remember the day that we actually
12 surpassed Alberta, more tests per capita and
13 actually had resiliency in the equipment that we
14 use. So Alberta has one provider of equipment, and
15 when they started to run into shortages of reagent,
16 we had multiple providers and multiple types of
17 equipment used by the various labs that meant that
18 we actually -- if Roche ran low on reagent, we had
19 a whole bunch of other machines that would be able
20 to process at pace and scale.

21 So --

22 JOHN CALLAGHAN: And so --

23 DEPUTY MINISTER HELEN ANGUS: So I
24 think it is really about the routing and the
25 functioning as a system that is the lesson that I

1 think you are trying to drive from your question,
2 that I think is an important one, and that we need,
3 again, to make the interconnectedness between all
4 these laboratories and the service providers, you
5 know, again, a part of the fabric of the health
6 care system.

7 We could have had, you know, a pandemic
8 for which we didn't have a laboratory test, you
9 know, or, you know, another event where labs
10 weren't as important. But the fact that it was
11 responsive at this pace -- and we did do some
12 work-arounds. Like for Northwestern Ontario, we
13 did send those tests to Winnipeg in order to
14 shorten the times and, of course, they were
15 concerning.

16 But I think overall, you know, again,
17 these labs have stepped up. We are talking on a
18 day where I think we have kind of peak flow at
19 about 140,000 tests per day.

20 JOHN CALLAGHAN: I am not sure whether
21 you are talking past my question or we are just not
22 communicating, but we have been told repeatedly
23 that in this pandemic days mattered - not weeks,
24 days - and that by the middle of April, the vast
25 majority of people that died in wave one were

1 already infected, and 33 percent of those infected
2 died were going to die.

3 So I appreciate all the work that was
4 done afterwards, but actually your explanation
5 suggests to me that it wasn't that big a problem to
6 fix, and that if we had actually had some
7 preparedness in the labs for a pandemic, you
8 probably would have found this as a gap, and you
9 would have fixed it before the pandemic.

10 Do you agree with that or not?

11 DEPUTY MINISTER HELEN ANGUS: I don't
12 have the benefit of hindsight on that.

13 MINISTER CHRISTINE ELLIOTT: No,
14 because I know that we did -- we also -- as we were
15 building that, we also sent some of the test
16 results to the U.S. to be read, to shorten up the
17 time frames as well.

18 DEPUTY MINISTER HELEN ANGUS: Yes.

19 MINISTER CHRISTINE ELLIOTT: So we were
20 doing whatever we could to process the tests as
21 quickly as possible, because also the tests expire
22 after several days and new tests would have to have
23 been done.

24 So we were working to make sure that we
25 could have them done in as timely a manner as we

1 could by sending some of the tests to the United
2 States, as we were building the capacity within our
3 own system.

4 JOHN CALLAGHAN: Right, and I don't
5 think anybody is quarrelling with the fact, when
6 the government found themselves in a position, that
7 they tried to build the lifeboat as quickly as they
8 could.

9 But the question remains that these are
10 solutions that from -- according to the Deputy
11 Minister were not hard to find once you started
12 looking for them.

13 Perhaps I'll move on, though.

14 In your notes -- and let me find the
15 right spot here.

16 Just one second.

17 You can appreciate, Minister, doing
18 this on the fly, it is a little hard, having just
19 got them.

20 I think it is at page 17. So this is
21 again -- and it says -- and I should give you the
22 date. My apologies. This is May 3rd now, and it
23 says:

24 "Recent successes: Challenge.

25 Health units are coordinating rapid

1 screening of long-term care home
2 staff and residents over the next 10
3 days; however, the health units have
4 traditionally routed all of their
5 specimens to public health labs for
6 testing.

7 With an anticipated 100,000 +
8 specimens required to complete this
9 screening Public Health labs would
10 be overwhelmed and turnaround time
11 would suffer as specimens were
12 rerouted."

13 And we saw that we were going about --
14 I think it was about 12 or 14,000 a day on April
15 28th.

16 Now, this was a program dealing with
17 just long-term care homes; was that what this was?
18 Is that what this program is?

19 MINISTER CHRISTINE ELLIOTT: Yes.

20 JOHN CALLAGHAN: Right. And are you
21 aware that the science -- that the Testing Table
22 didn't agree with testing asymptomatic people? Are
23 you aware of that?

24 MINISTER CHRISTINE ELLIOTT: There were
25 a number of discussions about whether asymptomatic

1 people should have been tested or not at various
2 points of time.

3 JOHN CALLAGHAN: So we have heard that
4 subsequent to this -- and sorry, we heard that this
5 result -- the result that came out of this testing
6 of long-term care, we heard from the head of the
7 Testing Table that it just verified what they
8 already understood, which is that 0.2 percent of
9 people not in an infected area would be infected.

10 Was it your understanding that that was
11 the results of this testing? Was that your
12 understanding, Minister?

13 MINISTER CHRISTINE ELLIOTT: I knew
14 that in some situations where there wasn't an
15 outbreak that the asymptomatic screening might not
16 produce significant results or significant
17 assistance.

18 DEPUTY MINISTER HELEN ANGUS: But I
19 don't know that we knew that going into this.

20 MINISTER CHRISTINE ELLIOTT: No, we
21 didn't know.

22 DEPUTY MINISTER HELEN ANGUS: I
23 remember being at a Command Table, and Tom Stewart
24 said that they had tested some residents in a
25 retirement home, I believe it was, outside of

1 Hamilton and that -- and asymptomatic testing, a
2 point prevalence study, and in fact, the percentage
3 of people who were asymptomatic and positive was
4 much higher than that.

5 Now, that didn't bear out across
6 long-term care facilities, but, you know, it was
7 not an unreasonable hypothesis. You know, there
8 was a lot of debate about asymptomatic spread of
9 COVID. There are different views between
10 infectious disease docs and public health docs
11 about the value of asymptomatic testing.

12 And I think given what we have just
13 described was happening in long-term care, this
14 was, you know, something that was decided out of an
15 abundance of caution to want to understand what was
16 happening and what the vulnerabilities were of the
17 people, you know, in long-term care.

18 And subsequently, you know, it kind of
19 bears out from other testing that is being done,
20 whether it is at the airport or in schools or other
21 places, that when we go into a population where
22 COVID is not, you know, particularly prevalent, we
23 do pick it up. So even at the airport today, the
24 percentage of positives that are being picked up of
25 passengers who had a test 72 hours prior is, you

1 know, .82 percent. So it is about 1 in 100.

2 But there are, you know, people --
3 there are asymptomatic cases or cases that get
4 picked up through asymptomatic testing.

5 JOHN CALLAGHAN: I am not a scientist,
6 and I don't think anyone here is. All we can tell
7 you is the Science Table, the table that dealt with
8 that, expressed to us that it wasn't a strategy and
9 that they were of the same concerns that the
10 Minister was regarding delays on turnaround time.

11 And then we were told that in May,
12 later May -- and we have heard from Dr. Vanessa
13 Allen, Dr. Jennie Johnstone, and actually the Chief
14 Medical Officer of Health, who advised that further
15 asymptomatic testing in the wider community wasn't
16 a good idea for the same reasons that are
17 expressed; that is, that it is not a strategy, but
18 also the reasons the Minister expresses in her
19 notes about overwhelming the system and delaying
20 turnaround times. And yet, the Premier announced
21 asymptomatic universal testing on May 24th.

22 How is it that the science gets
23 rejected and when a concern is the delay in getting
24 responses to tests which we know had an impact on
25 long-term care? How does the science get rejected

1 in that?

2 MINISTER CHRISTINE ELLIOTT: The idea
3 was that it was important to do whatever we could
4 do to protect people in long-term care homes. This
5 was something that was of concern, of course, to
6 all of us because people were dying.

7 And this particularly affected the
8 Premier, who I should mention his mother-in-law is
9 a resident in a long-term care home, and it was
10 very important to him that we do whatever we could
11 to protect people in long-term care.

12 JOHN CALLAGHAN: That doesn't answer my
13 question. My question was, you had advice from
14 Dr. Allen, Dr. Johnstone, and apparently the Chief
15 Medical Officer of Health, saying universal testing
16 to all people in Ontario on May 24th was not the
17 strategy and that it would have an impact, as your
18 note says on test turnaround times, et cetera, and
19 yet the Premier and I take it yourself went ahead
20 and approved universal testing.

21 I am just wondering, what is the
22 decision-making process that results in that
23 decision being made in the face of the advice you
24 had?

25 MINISTER CHRISTINE ELLIOTT: I would

1 say that this was something that was very important
2 to the Premier and that you would really need to
3 speak to him about that.

4 JOHN CALLAGHAN: All right. But you do
5 appreciate your -- what you just said is
6 contradictory. You said the Premier was worried
7 about long-term care, and now we are talking about
8 getting tests universally, not in long-term care.
9 You appreciate the difficulty I have with your
10 answers.

11 DEPUTY MINISTER HELEN ANGUS: So you
12 are not talking about the --

13 MINISTER CHRISTINE ELLIOTT: Sorry, now
14 I am -- I think I misunderstood your question.

15 DEPUTY MINISTER HELEN ANGUS: I thought
16 you were talking about the decision to test all
17 residents in long-term care.

18 MINISTER CHRISTINE ELLIOTT: Yes, that
19 is what I thought you were talking about as well.

20 JOHN CALLAGHAN: Let me just go back
21 then.

22 On May 24th, which is what I said, the
23 Minister announced universal testing for those in
24 the province. That advice, before the long weekend
25 in May, was contrary to the advice of Dr. Vanessa

1 Allen, the advice of Dr. Jennie Johnstone, the head
2 of the Testing Tables, and as I understood
3 yesterday, the testimony of the Chief Medical
4 Officer of Health.

5 And the concerns that were expressed at
6 least by the first two, by Dr. Johnstone at least,
7 was that there wasn't a strategy, and second, as
8 your note indicates, that it would impact
9 turnaround times.

10 So leave aside the earlier decision to
11 test asymptomatic in long-term care, but the wider
12 testing, the advice was the opposite. It is now
13 doesn't involve long-term care. In fact, the
14 concern was delaying the responses to tests.

15 Why is a decision like that made?

16 MINISTER CHRISTINE ELLIOTT: Looking
17 back, it would have been because of the increase in
18 community transmission and the need to locate where
19 that was coming from and to understand better what
20 was happening in communities.

21 JOHN CALLAGHAN: So as I understand
22 what we were explained, that is not a strategy, and
23 that in fact you are going to delay the responses
24 from the tests because you are going to have so
25 many of them that are unnecessary, that if you

1 wanted to target areas, such as parts of Toronto
2 where it was prevalent, you ought to do that and
3 that would be a strategy.

4 So I'm still at a loss how it was
5 perceived that universal testing on May 24th was a
6 strategy, a strategy, which, as I say, was contrary
7 to the advice given by the scientists.

8 MINISTER CHRISTINE ELLIOTT: It would
9 have been, again, because there was an increase in
10 community transmission, and I would also note that
11 there were some neighbourhoods in Toronto where
12 they had high rates of transmission where we wanted
13 people to be tested so that we could do the case
14 and contact management to try to start bringing
15 those numbers down.

16 JOHN CALLAGHAN: And I think the
17 response you would have got was, yes, test the
18 people in Toronto that are concerned. Make sure
19 you get the results back in 24 hours so the results
20 have validity and you could do the contact tracing.
21 Instead, it was open to everybody in the province.

22 Maybe I'm not -- I guess I'm not being
23 clear, but the point you make doesn't really
24 provide an answer as to why you would go to the
25 whole province. Rather, it would suggest that you

1 would be more strategic, as suggested by the
2 testing people. Do you agree?

3 MINISTER CHRISTINE ELLIOTT: I would
4 say that is a decision that was made at the time,
5 and it was because we were concerned about
6 community transmission across the province.

7 JOHN CALLAGHAN: All right.

8 COMMISSION CHAIR FRANK MARROCCO: I
9 think we are going to move past this point, right,
10 Mr. Callaghan?

11 JOHN CALLAGHAN: Yes.

12 COMMISSION CHAIR FRANK MARROCCO: We
13 have been over it a few times now.

14 JOHN CALLAGHAN: Right. So you
15 mentioned a moment ago about hospitals and their
16 connections with long-term care, and your notes --
17 I think on the same page, actually, page 20. If we
18 could have that, Michael. And it says at the
19 bottom, if you go right down to the bottom there,
20 it says:

21 "- an order was issued,
22 allowing hospitals now working in
23 long-term care homes, to assume
24 management of some of the homes that
25 had little or no management staff

1 available or were unable to comply
2 with provincial public health
3 requirements.

4 - this was to be specifically
5 ordered by the Minister of LTC."

6 And this was dated May 13th; do you see
7 that?

8 MINISTER CHRISTINE ELLIOTT: Yes.

9 JOHN CALLAGHAN: So we heard from the
10 Chief Medical Officer of Health of Durham, as it
11 relates to Orchard Villa, which went into outbreak
12 in March, but it got so bad that in April, the
13 middle of April, he issued a section 29.2 order;
14 are you familiar with that?

15 MINISTER CHRISTINE ELLIOTT: Section 22
16 order I believe it is, yes.

17 DEPUTY MINISTER HELEN ANGUS: Yes.

18 JOHN CALLAGHAN: No, I think it was
19 29.2 under the Act, but we can check.

20 MINISTER CHRISTINE ELLIOTT: We always
21 refer to it as a section 22 order, so I am --

22 SUNIL MATHAI: Sorry. It is Sunil
23 Mathai here. I think it is 22.9, I think.

24 JOHN CALLAGHAN: Oh, is that maybe what
25 it is? My apologies. Okay, 22.9. I think we are

1 talking about the same thing.

2 MINISTER CHRISTINE ELLIOTT: Yes.

3 JOHN CALLAGHAN: Now, Dr. Kyle told us
4 that there was no plan that he was aware in the
5 province to address homes in uncontrolled outbreak
6 before he had to deal with Orchard Villa. Is that
7 true? Would that be accurate, as far as you know?

8 MINISTER CHRISTINE ELLIOTT: No. In
9 the middle of April, there was an agreement that
10 hospitals could move into long-term care homes, and
11 there were specific requirements that had to be
12 satisfied there because this was -- first of all,
13 it was a labour relations issue that we needed to
14 discuss with nurses' organizations and others, but
15 also there was a liability issue where we needed to
16 have basically an indemnity from Treasury Board
17 protecting hospitals, if they did move into
18 long-term care homes, that they would be insured if
19 there was anything that happened as a result of
20 their actions.

21 So that was done -- I believe that was
22 on the 18th or 19th of April.

23 JOHN CALLAGHAN: Well, that may be in
24 the --

25 DEPUTY MINISTER HELEN ANGUS: We also

1 had the Long-Term Plan, right? There was a plan
2 that was released mid-April.

3 MINISTER CHRISTINE ELLIOTT: Yes,
4 that's right. There was the Long-Term Care Plan,
5 yes, in or about the same time.

6 JOHN CALLAGHAN: Dr. Kyle's evidence
7 and that of the hospitals that we talked about said
8 that, as far as he was aware, there was no plan,
9 that he had to come up with the 29.2 order or 22.9
10 order, and that there was no suggestion of a
11 Ministry of Long-Term Care order and, in fact, he
12 worked with the Ministry -- he eventually worked
13 with the Ministry of Health lawyer.

14 So it may be in the documents we have
15 yet to get, but you are telling me that there was a
16 plan somewhere prior to April 20th to deal with
17 this? Because my understanding is this process
18 where local Medical Officers of Health had to use
19 their own devices continued until about the date of
20 your note of May 3rd.

21 MINISTER CHRISTINE ELLIOTT: Well,
22 there was an order. First of all, the order that
23 was issued on April 18th or 19th allowed hospitals
24 to move into long-term care homes with staff, with
25 PPE, with whatever else they needed. That was to

1 supplement what was happening in the homes.

2 But for hospitals to go in and assume
3 management of long-term care homes, a different
4 issue, that required an order from the Minister of
5 Long Long-Term Care.

6 JOHN CALLAGHAN: So we'll have to look
7 for that because that is neither the evidence, nor
8 any document we have seen as of that time.

9 Now, we understand -- the evidence we
10 have is that this went on for a bit and these
11 orders were issued by Local Medical Officers of
12 Health sort of to address this tragedy in long-term
13 care and subsequently later Management Orders were
14 issued allowing hospitals to run them -- run the
15 homes. That was in May.

16 And in fact, the evidence we had is
17 that the financial situation wasn't worked out
18 until even later. But as I think the Deputy
19 pointed out, to the credit of the hospitals, they
20 just stepped into harm's way on their own.

21 But you are telling us something
22 entirely different than I think we have heard,
23 so --

24 SUNIL MATHAI: Commissioner Marrocco
25 and Mr. Callaghan, I'm just wondering if there is

1 some confusion with the multiple uses of the word
2 "order" that, you know, happens throughout this
3 process.

4 You are talking about a specific order,
5 Mr. Callaghan, under the HPPA. I think -- and I
6 can stand to be corrected, but I think Minister
7 Elliott and Deputy Minister Angus is talking about
8 an EMCPA order and then they are also talking about
9 the April 15th action plan.

10 You have documents on all of that
11 stuff.

12 That is what I am seeing as the
13 observer watching the interview, but I just wanted
14 to clarify that.

15 DEPUTY MINISTER HELEN ANGUS: I would
16 just add that things were put into place to enable
17 hospitals and to support hospitals to go and help
18 long-term care well before the middle of May. That
19 happened in April where they had, you know, IPAC
20 relationships, that there were, you know, SWOT
21 teams that were developed, the IMS structure had
22 been stood up.

23 What specifically happened in the case
24 of Orchard Villa might have been -- and I think,
25 you know, you would need to determine that, that

1 the processes of the Management Orders that the
2 Ministry of Long-Term Care has under its purview
3 might not be seen to be as fast as what the Medical
4 Officer of Health could be, because I understand
5 from my recollection of that situation was the
6 hospitals were actually already in Orchard Villa
7 providing support by the time Dr. Kyle's section 22
8 order was put into place, and two, there was a
9 subsequent Management Order from the Ministry of
10 Long-Term Care put into place as well.

11 But those Management Orders -- and now
12 we are going back a long time -- are a feature of
13 the long-term care legislation that the Ministry of
14 Long-Term Care can use in a variety of
15 circumstances, not solely in the case of a
16 pandemic. So they are a tool of long standing.

17 JOHN CALLAGHAN: So I won't belabour
18 the point because it is not my evidence. It is
19 Dr. Kyle's. Dr. Kyle's evidence and that of
20 Lakeridge was that there was no plan. He had to
21 devise a plan using his powers under the HPPA.

22 And subsequently, as the Minister notes
23 in her journal, along came afterwards the Ministry
24 of Long-Term Care, and to the extent the Ministry
25 of Health because of hospitals, there was a plan.

1 But I am talking about being prepared
2 and, what I understood from Dr. Kyle -- and we'll
3 go back, and if there is more evidence, obviously
4 the Commission should hear -- there are more
5 documents, then the Commission should hear it, but
6 that is not consistent with what I am hearing.

7 But we'll move on, unless there is
8 something further you want to say, either
9 Minister --

10 DEPUTY MINISTER HELEN ANGUS: Just
11 there was -- you know, there was a plan and a
12 response structure. You know, the IMS was set up
13 in April, so there is obviously a disconnect, and I
14 would encourage you to have another look at it.

15 JOHN CALLAGHAN: All right.

16 MINISTER CHRISTINE ELLIOTT: And there
17 clearly was a plan in place in the sense that the
18 hospitals were already in the long-term care home
19 and that had been allowed for in mid-April. So
20 there was a plan to allow for that assistance and
21 that was happening in several long-term care homes
22 at that time.

23 JOHN CALLAGHAN: Well, I don't doubt
24 that the hospitals were assisting the actual
25 management of the homes. The first we know of is

1 Orchard Villa on April 20th, and that was as a
2 result of Dr. Kyle's order under the HPPA. So that
3 is what we know.

4 We do know that the military eventually
5 went in, and that was on April 28th. And we'll
6 talk in a moment about health and human resources.

7 But I take it -- what was the process
8 to get the military into Orchard Villa and the
9 timing? Because I have forgotten who, but somebody
10 questioned whether the timing was quick enough.

11 Perhaps you could tell us about the
12 timing of getting the military into Orchard Villa.

13 DEPUTY MINISTER HELEN ANGUS: Yeah, my
14 recollection is there was a discussion -- maybe,
15 Minister Elliott, you want to talk about it. There
16 was a discussion about the military on or about the
17 14th or 15th of April. Politically, Deputy
18 Betzner, the Deputy of Intergovernmental, and
19 myself and I think Deputy Steele had on a
20 discussion on that, that was a Sunday, about how we
21 would approach this.

22 We had gotten to know the military,
23 don't forget, through our collaboration around the
24 Trenton repatriation.

25 JOHN CALLAGHAN: Right.

1 DEPUTY MINISTER HELEN ANGUS: And so we
2 were in touch with the federal government about the
3 availability of the military. Don't forget, at the
4 time Quebec was in deep trouble in their long-term
5 care facilities and the military was highly
6 deployed into Quebec.

7 So we were asked to find out what their
8 availability was, how many homes could they
9 support.

10 There was subsequently a process that
11 really involved the Ministry of Health particularly
12 about which homes were the priority. The process
13 for requesting the military goes through a formal
14 request for assistance that runs through the
15 Ministry of the Solicitor General across and over
16 to the federal government.

17 They consider and then write back to
18 us, and I believe the deployment date was April
19 28th, but they were sort of doing reconnaissance in
20 the week before.

21 So I think, you know, there was
22 probably a couple of days between, you know, the
23 expressed desire and us kind of figuring out how we
24 were going to sort of execute the request from the
25 federal government.

1 But we were basically working two
2 tracks at once. One was obviously deploying the
3 hospitals because that was already happening in
4 mid-April, and the second was to look to, you know,
5 where and how and what skill set and what amount of
6 support could be provided by the military in
7 Ontario.

8 JOHN CALLAGHAN: And to those who say
9 that it wasn't quick enough, what would you say?

10 DEPUTY MINISTER HELEN ANGUS: I would
11 say, you know, that -- you know, we approached the
12 federal government, you know, over the -- it was a
13 Friday. We were on the phone like on Saturday or
14 Sunday. You know, it took them some time to
15 mobilize. They wanted to suss out the situation.
16 It took awhile to figure out, of the several - many
17 homes unfortunately at that time that were in
18 outbreak - which were the ones that were the most
19 important.

20 Do we all wish support would have
21 happened faster in hindsight? Of course. But at
22 the time, it felt like we were working through the
23 processes that were understood in terms of how we
24 would ask for help.

25 And it kind of works the other way too,

1 because they asked for our help, of course, at
2 Trenton.

3 So those timelines, you know, to
4 deployment that, you know, take a few days or a
5 week, it seems -- you know, it was, I think, our
6 experience as well supporting the federal
7 government at Trenton.

8 MINISTER CHRISTINE ELLIOTT: But also
9 in the meantime I would say that we also had many
10 hospitals that were ready, willing and able to help
11 and were already in many of the long-term care
12 homes that were having the greatest difficulties.

13 So from Health, we did whatever we
14 could to support the long-term care homes while
15 those other decisions were being made.

16 DEPUTY MINISTER HELEN ANGUS: Correct.

17 JOHN CALLAGHAN: As the Chair noted,
18 you know, there was attrition at the PSW and the
19 nursing level partly because of the fear, partly
20 because they were sick.

21 Now, we have been told by the Ministry
22 of Long-Term Care that there was no surge plan for
23 human resources in the event of a pandemic. Did
24 Ontario Health -- pardon me, did the Ministry of
25 Health have a surge plan in the event of a pandemic

1 with respect to PSWs, nurses, and other essential
2 services?

3 COMMISSION CHAIR FRANK MARROCCO:

4 Mr. Callaghan, I think you faded at the end there.
5 You know, the reporter has to take it down. Just
6 the last few words.

7 JOHN CALLAGHAN: Sorry. Was there a
8 surge plan for human resources, particularly PSWs
9 and nurses, in the event of a pandemic by the
10 Ministry of Health? We know there wasn't one at
11 the Ministry of Long-Term Care because they have
12 told us that already.

13 DEPUTY MINISTER HELEN ANGUS: I would
14 have to look back at the OHPIP to see what it said.
15 Obviously, it is different people, you know, and
16 different workforces.

17 We certainly created very quickly a
18 portal that allowed people to sign up to help, and
19 obviously, you know, one of the sources would be
20 retirees, people who had credentials, people from
21 other jurisdictions who needed credentials who
22 could then be accelerated into the workforce.

23 So I think we had a menu of ideas that
24 we put into action to get more people working. And
25 at one point, we had about 20,000 people in the

1 portal.

2 MINISTER CHRISTINE ELLIOTT: Yes.

3 DEPUTY MINISTER HELEN ANGUS: And then,
4 you know, other ideas came to the fore, and I think
5 you have seen material about the reserve workforce,
6 which is, you know, lay people who could go into
7 long-term care or other environments and help out.
8 And some of those ideas came later.

9 We tried to be nimble about it and
10 seize every opportunity where we could.

11 And, you know, there is not much idle
12 capacity.

13 And the PSW workforce -- and, again, as
14 we have seen in the documents, it has a lot of
15 churn in it, right? There are people that come in
16 and out. They train. They try the work. They
17 don't like it.

18 And so, you know, we are constantly
19 looking for new people to train quickly, and I
20 think we have put into place subsequently, you
21 know, programs that accelerate entry into the
22 workplace and retention, and pandemic pay was
23 obviously part of that. Starting in April, there
24 was a retention initiative.

25 So we tried to do everything we could,

1 and I think we cast the net broadly to look for
2 ideas. But we didn't have something, as you would
3 describe, off the shelf because of the particular
4 confluence of the labour market and this particular
5 pandemic unique set of circumstances.

6 JOHN CALLAGHAN: So I was going to ask
7 more about the health and human resource side of
8 this, and I know that, you know, the PSWs and the
9 nurses are in both the long-term care sector and
10 the health sector.

11 And I would just ask you, am I to ask
12 those questions of you, or is the Deputy Minister
13 of Long-Term Care and the Minister of Long-Term
14 Care quite capable of answering the plan for PSWs
15 and nurses going forward, particularly in light of
16 all the changes that they have in that?

17 I'm not trying to belabour your
18 examination, but I don't want to be told on Friday
19 that I should have asked you.

20 DEPUTY MINISTER HELEN ANGUS: Fair
21 enough. I mean, I think the division that supports
22 health human resource planning reports both to me
23 and to Deputy Steele, so we still have some joint
24 divisions.

25 And so there is work-up, including

1 health human resources in the long-term care
2 sector, that were prepared by staff, but the work
3 was done for the Ministry of Long-Term Care.

4 JOHN CALLAGHAN: So in fairness, he
5 should know the answers; correct?

6 DEPUTY MINISTER HELEN ANGUS: Correct.

7 JOHN CALLAGHAN: Can I ask one
8 particular question on this that may be in your
9 bailiwick instead, is that we have heard that PSWs
10 don't feel as if they are treated like
11 professionals, and that is one reason why, as you
12 say -- you know, I think the stats are 25 percent
13 are perceived to leave a year, 40 percent don't
14 even bother to work.

15 And we understand -- even Minister
16 Fullerton talked about the crisis in staffing, even
17 I guess yesterday in the legislature, and that this
18 all contributed in part to the problems long-term
19 care homes suffered during COVID.

20 And there has been discussion here
21 about whether or not there is scope to make PSWs
22 either a regulated health profession or a regulated
23 profession of some sort, and I am just wondering
24 what the -- you know, our mandate is to look at the
25 initiatives and reforms underway of the government.

1 What is the plan in that regard?

2 DEPUTY MINISTER HELEN ANGUS: Minister,
3 do you want to --

4 MINISTER CHRISTINE ELLIOTT: Sure.
5 Well, we are certainly aware that there are a
6 number of issues affecting PSWs.

7 One is that they don't feel that they
8 are respected as a profession. We have been taking
9 a look at that, about how that could happen for
10 them, where they -- where would be the best
11 location for any regulation to happen from.

12 We also know that there are issues with
13 remuneration, and we have bumped their remuneration
14 until the end of March.

15 And that there are issues with training
16 as well, that a lot of PSWs leave very quickly
17 after their graduation because they don't feel that
18 they have been given proper training for the set of
19 circumstances and the nature of the patients that
20 they are caring for, because they are very
21 vulnerable. And I think a lot of PSWs feel that
22 they haven't had the training or experience in
23 order to be able to properly care for the residents
24 of long-term care homes.

25 So there are a lot of issues there that

1 we are working through and trying to resolve now.

2 DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

3 COMMISSION CHAIR FRANK MARROCCO:

4 Mr. Callaghan, before you leave the
5 topic, I was wondering, on this question of
6 regulating PSWs, do you agree with the proposition
7 that because they are providing services to
8 vulnerable members of the public, many of whom have
9 dementia and can't even express if something wrong
10 happened to them because of their mental condition,
11 do you agree that somebody has to regulate them?

12 MINISTER CHRISTINE ELLIOTT: Yes,
13 Commissioner, I do believe that.

14 DEPUTY MINISTER HELEN ANGUS: Yes.

15 COMMISSION CHAIR FRANK MARROCCO: And,
16 you know, in terms of enhancing their status, you
17 know, the question then becomes a choice of
18 regulator.

19 MINISTER CHRISTINE ELLIOTT: Yes.

20 DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

21 COMMISSION CHAIR FRANK MARROCCO: And I
22 don't mean to imply that this is an easy decision,
23 because I don't hold the view that it is an easy
24 decision.

25 But do you agree that the quality of

1 the regulator, the status and stature of the
2 regulator, is important in terms of raising the
3 profile and the stature of the PSW?

4 MINISTER CHRISTINE ELLIOTT: Yes, I
5 would agree with that.

6 DEPUTY MINISTER HELEN ANGUS: I think
7 also, you know, other ideas, like career laddering
8 so that PSWs can get sort of advanced placement if
9 they want to become a, you know, Registered
10 Practical Nurse and giving them career paths.

11 So I think it is multifaceted, but I
12 think the regulation, the standards, the pride of
13 being part of a profession is part of the solution
14 for sure.

15 COMMISSION CHAIR FRANK MARROCCO:
16 Well -- and then of course -- I mean, obviously
17 there is the College of Nurses, but I am not trying
18 to get to the specific regulator.

19 Although do you agree that regulating a
20 profession isn't something that you can just, like,
21 learn from the bottom up, that it ought to be an
22 established regulator rather than self-regulation?

23 I guess I ask the question because I
24 have the view it is very hard for somebody to start
25 regulating themselves when they have no experience

1 at being a regulatory body, and it is not
2 self-regulation if you bring in a bunch of
3 outsiders to regulate. If it is self-regulation,
4 well, you don't have the experience to regulate
5 yourself, that you are kind of driven to an
6 established regulator rather than creating
7 something new.

8 MINISTER CHRISTINE ELLIOTT: Yes.

9 COMMISSION CHAIR FRANK MARROCCO: And I
10 appreciate I'm trying to fence you in without
11 fencing you in. And I am sure you understand that.

12 But if regulation is important, it is
13 important that the regulatory -- the regulator is
14 important.

15 MINISTER CHRISTINE ELLIOTT: Yes, I
16 would absolutely agree with that, and we are
17 examining a number of options right now because we
18 have had a number of conversations with the
19 Association of Personal Support Workers who are
20 very concerned that the registry that was created
21 was not any kind of a guarantee of safety for very
22 vulnerable people that were going to be interacting
23 with PSWs. And I would share that concern.

24 DEPUTY MINISTER HELEN ANGUS: I think
25 you are right. It is a journey, right? And we

1 have had a number of new professions created under
2 the last government that took awhile to get up on
3 their feet and, you know, performing well and
4 needed a lot of support, whether it was financial
5 because the workforce couldn't support the
6 self-funded aspect of regulation, or whether it is
7 dealing with different fractions within a regulated
8 health profession. I think, you know, it is
9 complicated.

10 In the UK and other places, they have
11 moved to kind of doctors and nurses and everybody
12 else, and you would have your kind of group for
13 your own discipline around the scopes of practice,
14 but the disciplinary processes and other things
15 that are common across multiple professions are
16 dealt with as a resource for a group of different
17 professions.

18 So I think there is different ways
19 that, you know, self-regulation can be modernized
20 as well to make it less of a journey for groups
21 like PSWs.

22 JOHN CALLAGHAN: Can I suggest on that
23 point --

24 COMMISSION CHAIR FRANK MARROCCO: Well,
25 just one thing before we leave that, Mr. Callaghan.

1 Well, the nature of the regulatory body
2 that is going to start them on the journey will
3 have a lot to do with conferring -- do you agree
4 that will have a lot to do with conferring status
5 on the profession of being a PSW?

6 MINISTER CHRISTINE ELLIOTT: Yes.

7 COMMISSION CHAIR FRANK MARROCCO: Okay.
8 All right. Well, I will let Mr. Callaghan get back
9 to asking his questions.

10 JOHN CALLAGHAN: No, no. What I was
11 going to suggest is, considering that the mandate
12 of the Commission involves examining current
13 government initiatives and reforms in this area,
14 I'm hoping that the Minister and the Deputy
15 Minister will share with us your plans with PSWs so
16 that we are not at cross -- that we at least
17 understand what the current initiatives and reforms
18 are. Is that acceptable?

19 U/T SUNIL MATHAI: Sorry, it is Sunil here.
20 Can I suggest, Mr. Callaghan, that I'll go back and
21 talk to the Minister and Deputy Minister.

22 As these are ongoing obviously
23 discussions and policy-making, there may be some
24 concerns about public interest immunity, and I hate
25 using that word because it almost feels like it has

1 become a bad word with the Commission, but I do
2 want to have an opportunity to consult with my
3 clients first before anybody agrees to provide
4 documents.

5 And then we'll let you know ASAP.

6 JOHN CALLAGHAN: Well, okay. I think
7 the Commission in its terms of reference says --
8 and I will read this:

9 "Having regard to s. 78 of the
10 Health Protection and Promotion Act,
11 the Commissioners shall investigate
12 and provide a report of findings and
13 recommendations respecting:

14 [...]

15 (e) in considering the current
16 government initiatives and reforms
17 in the long-term care homes system,
18 any further areas that should be the
19 subject matter of future action by
20 government to help prevent the
21 future spread of disease in
22 long-term care homes."

23 Now, you know, this discussion
24 illustrate that is it is an important point, and I
25 am hoping that all government initiatives and

1 reforms that are ongoing -- and obviously you can
2 waive or not waive PII if you want, but we trust
3 that the Commission will have the benefit of that
4 before they report.

5 SUNIL MATHAI: And I don't want to get
6 into lengthy submissions because I know you have a
7 lot to do.

8 So we will take that back,
9 Commissioner, and we can leave it at that.

10 COMMISSION CHAIR FRANK MARROCCO: I am
11 not sure about that. I am certainly happy to give
12 you an opportunity to take it back. I think the
13 question is -- you know, the Minister is also the
14 Deputy Premier, and it is a matter of policy, and
15 hence I certainly wanted to raise it because I know
16 from my own experience how important the nature of
17 the regulator is to the successful regulation of
18 the group of people.

19 But I think now we should cut that off.
20 Otherwise, it will be 2 o'clock or quarter to 2:00,
21 and we'll still be arguing about who should
22 regulate. I have tried to stay away from
23 suggesting because you have got it under
24 consideration.

25 So I think we'll just move on.

1 JOHN CALLAGHAN: So, Minister, on a
2 policy front, in the fall you'll appreciate that
3 the number one factor for spread in long-term care
4 homes was the prevalence of COVID in the community.
5 You are aware that that was the number one factor
6 identified by Mr. Hillmer as to whether a home is
7 infected? You understood that?

8 MINISTER CHRISTINE ELLIOTT: Yes.

9 JOHN CALLAGHAN: So in the fall, there
10 was this debate - and we heard from the Chief
11 Medical Officer of Health - regarding the lockdown
12 steps and that the advice from Public Health
13 Ontario was the highest level should be no greater
14 than 25 in 100,000. And then the table advised 40
15 in 100,000. And then the Premier announced 100 in
16 100,000.

17 And it only came to light once one of
18 the scientists at Public Health Ontario, a senior
19 person who subsequently left, went to the press,
20 and I know there is newspaper articles. And I am
21 not interested in the statements that you may or
22 may not have made at the time.

23 But what I am asking is should the
24 science be made available, recognizing, as the
25 Deputy says, we live in the Westminster system and

1 the government can make the decisions, but should
2 the science, in the face of a pandemic, be made
3 publicly available so that the public can decide
4 for themselves the quality of the decisions being
5 made?

6 And I can tell you, in the SARS
7 Commission they recommended it, so I just would
8 like to know from a policy perspective what your
9 view is.

10 MINISTER CHRISTINE ELLIOTT: Yes, it is
11 always important for us to let the people of
12 Ontario know what the science is.

13 That is why Dr. Williams or Dr. Yaffe
14 appear twice weekly at their own press conferences
15 to speak about issues without anyone from
16 government being there.

17 That is why we release all of the
18 modelling data that Dr. Brown and Dr. Sander
19 present to us.

20 And that is why Dr. Williams is present
21 at many of the press conferences that the Premier
22 and myself and others have had with the people of
23 Ontario, to let people know what is going on.

24 We also post data on a regular basis so
25 that people will understand, even in their own

1 area, what the data is, what the transmission
2 levels are, and so on.

3 JOHN CALLAGHAN: So even though you
4 said the Chief Medical Officer of Health, he told
5 us -- he advised that the 100 standard wasn't the
6 appropriate one. And yet he never came out in the
7 public. It took a public servant, Dr. Deeks, to do
8 it.

9 And frankly, if you read her
10 transcript, if you were there, she felt almost very
11 uncomfortable in her position and left the province
12 in part because she didn't think that she would be
13 listened to anymore.

14 But should the science be readily
15 available, or should it be dependent upon people
16 like Dr. Deeks having to come forward?

17 MINISTER CHRISTINE ELLIOTT: I would
18 say that we have made the science readily
19 available.

20 JOHN CALLAGHAN: Well, not in that case
21 you didn't, and that was a pretty important case.
22 It was all over the press, as you recall. You were
23 even mentioned.

24 MINISTER CHRISTINE ELLIOTT: There -- I
25 would say there is not always complete unanimity

1 amongst all of the members of the Science Table
2 about what a particular decision should be. They
3 have not signed non-disclosure agreements. They
4 are free to speak up and speak to the public. As
5 you will have seen, many of them did.

6 JOHN CALLAGHAN: Okay. So let's talk
7 about vaccines. Now, you are the Chair of the
8 Vaccination Distribution Task Force?

9 DEPUTY MINISTER HELEN ANGUS: No,
10 General Hillier is the Chair. I'm co-Chair.

11 JOHN CALLAGHAN: We have a slide deck
12 that has the Minister as the Chair at one point.

13 MINISTER CHRISTINE ELLIOTT: Well,
14 Minister Jones and I are the people to whom General
15 Hiller reports.

16 DEPUTY MINISTER HELEN ANGUS: Correct,
17 yes.

18 MINISTER CHRISTINE ELLIOTT: But Deputy
19 Minister Angus and Deputy Minister Di Tommaso from
20 the Solicitor General are the co-Chairs of the
21 committee working with General Hiller.

22 DEPUTY MINISTER HELEN ANGUS: Yes.

23 JOHN CALLAGHAN: So we were advised
24 that the vaccine arrived in Canada -- in Ontario
25 about December 21st; is that about right?

1 MINISTER CHRISTINE ELLIOTT: Yes.

2 DEPUTY MINISTER HELEN ANGUS: Yes, I
3 think we had --

4 JOHN CALLAGHAN: Right, and we were
5 told --

6 DEPUTY MINISTER HELEN ANGUS: We had a
7 practice run without vaccine maybe the week before,
8 and we got about 2,500. We got a very small --
9 kind of almost dry run just before Christmas.

10 JOHN CALLAGHAN: And we were told that
11 there was some restriction on the distribution of
12 it, and yet we know that other parts of Canada, the
13 U.S. and Europe, they transported the Pfizer
14 vaccine; were you aware of that?

15 DEPUTY MINISTER HELEN ANGUS: Yes, I
16 was aware that -- I mean, Canada got -- we all got
17 our vaccines largely at the same time. So I would
18 not have been aware at the time what other
19 provinces were doing because we were all
20 implementing our first vaccines at once, and we
21 were pretty focussed on that.

22 I do know that in some jurisdictions in
23 Europe they had figured out how to move the
24 vaccine. We had no experience at that time in late
25 December with the Pfizer product, and so decided, I

1 think deliberately and on the recommendation of the
2 National Advisory Committee on Immunization, to
3 stick with the directions of the manufacturer, at
4 least for the first couple of shipments.

5 JOHN CALLAGHAN: Well -- and then we
6 were told that you had approval on December 31st,
7 but it took five days for your technical committee
8 to work out how that works. Was that correct what
9 we heard?

10 DEPUTY MINISTER HELEN ANGUS: Well,
11 that probably would have been in time for the next
12 shipment. So don't forget, we weren't getting
13 shipments daily. We were getting shipments weekly.

14 MINISTER CHRISTINE ELLIOTT: Right.

15 DEPUTY MINISTER HELEN ANGUS: And so
16 they were working out what the specifications were
17 for the next shipment, which would have come
18 probably, you know, within a few days of January
19 5th, because Moderna, we were only getting every
20 three weeks, and we continued to get that every
21 three weeks. So --

22 JOHN CALLAGHAN: So we shouldn't --

23 DEPUTY MINISTER HELEN ANGUS: -- I
24 wouldn't read too much into the delta between the
25 December 31st and the 5th of January because there

1 were no shipments in the middle there.

2 JOHN CALLAGHAN: And was there --

3 DEPUTY MINISTER HELEN ANGUS: And
4 the --

5 JOHN CALLAGHAN: The reason why I ask
6 is -- I mean, you know, we have been told and we
7 had a presentation by I think Dr. Stahl about how
8 every day matters, and between those dates of
9 December 31st and January 5th, there were 200
10 people in long-term care who contracted COVID, and
11 Mr. Hillmer has told us that 22 percent would die
12 on average. So that is like 44 people, like all of
13 SARS.

14 And so you are saying that you didn't
15 have vaccine to distribute during that period?

16 DEPUTY MINISTER HELEN ANGUS: I'm
17 saying that we didn't have vaccine.

18 JOHN CALLAGHAN: All right. Because it
19 just seemed like -- the way it was described the
20 last time, it seemed like an awfully long time
21 to --

22 DEPUTY MINISTER HELEN ANGUS: No, no.
23 The shipments come weekly, sometimes ten days
24 apart. I can just say that long-term care was
25 absolutely top of mind and the top, top priority in

1 any plan that we had for the distribution.

2 The issue was the constraints, and, you
3 know, we were told that if -- and we walked through
4 all the thermal shipper, and Minister Elliott and I
5 had a presentation from the manufacturer. Remember
6 they came in and told us all about how tight this
7 system had to be in order to guarantee the efficacy
8 of the product and that even jiggling it a little
9 bit and not able to keep it at the minus 70 when
10 they put the thermometers in was going to make it a
11 much less efficacious vaccine.

12 So the decision was that if we couldn't
13 easily get the vaccine to long-term care residents
14 in the first instance, we would prioritize
15 long-term care workers and invite them in and -- in
16 quantity to come and get vaccinated in order really
17 to protect, yes, of course the workforce, but, you
18 know, of course even more importantly because of
19 their vulnerability, the long-term care residents.

20 JOHN CALLAGHAN: And we have heard from
21 some who were highly critical of your distribution
22 process, and I think the statistics we heard -- we
23 saw from your own deck was that -- I think it was
24 by January 12th you had administered 144,000 doses
25 but only 13,000 went to long-term care or

1 retirement home residents, and we don't know how
2 many were long-term care.

3 So there has been and there continues
4 to be criticism that you did not prioritize
5 long-term care residents, and that had you, you
6 could have vaccinated them all well before you
7 finally did.

8 MINISTER CHRISTINE ELLIOTT: I would
9 say -- I would not agree with that. Residents of
10 long-term care homes were our absolute top
11 priority, and we did hear very strongly from Pfizer
12 that they could be delivered to one place, that we
13 could not move them, that they would become less
14 stable, and that if we didn't follow their
15 instructions, any future shipments of Pfizer might
16 be in jeopardy to us because they would ship them
17 to other users who would follow their rules.

18 We then, that being the case, took a
19 look at every possible scenario we could, including
20 moving all of the residents of long-term care into
21 the hospitals in order to receive the vaccine, but
22 recognizing that that would be dangerous for them,
23 many of them would need to travel by ambulance and
24 that could cause further health concerns for them,
25 that our only option was to make sure that the

1 staff and essential visitors coming into the
2 long-term care homes receive the first vaccines.

3 And it was only when we received the
4 Moderna vaccines which, as you will know, don't
5 have the same temperature restrictions as the
6 Pfizer vaccines, that we were able then to move
7 them into long-term care homes, and then when
8 Pfizer developed -- changed their rules and allowed
9 us to be able to move them, that we were able to
10 move some of the Pfizer vaccines into long-term
11 care homes.

12 But our intention was always to do
13 whatever we could to prioritize the residents of
14 long-term care homes.

15 JOHN CALLAGHAN: So what I would like
16 to talk about now for a moment is we have heard a
17 lot in this Commission about the frailty of people
18 in long-term care, and there is question about
19 where long-term care fits in the continuum of care.

20 And I don't know whether either of you
21 have views of how that fits, whether or not there
22 is -- whether the current process recognizes the
23 frailties with the requisite staffing and the
24 requisite connections that you have built up with
25 hospitals now, and if not, what you might be able

1 to tell the Commission about how you view the
2 continuum of care, particularly as it relates to
3 long-term care.

4 MINISTER CHRISTINE ELLIOTT: Well, I
5 can certainly start, but I imagine the Deputy
6 Minister has some views as well.

7 But at the same time that we began to
8 deal with COVID-19, we were also in the process of
9 transforming our health care system into making it
10 a more connected system for the patient, to make it
11 a truly patient-centered system of care wherever
12 you happened to be in the system, whether you are
13 at home, whether you are in hospital, or whether
14 you are in long-term care.

15 And we recognized that many of those
16 connections were not there with the system that we
17 had, and that is why we brought forward our plan to
18 change the way we are delivering care to phase out
19 the LHIN system and to bring in local Ontario
20 Health Teams in various regions across the province
21 which would be provided by or consist of people who
22 actually provide care in a particular area. So
23 that would be people from hospitals, people from
24 long-term care homes, retirement homes, mental
25 health, and also some of the social services that

1 we need to support many people as well, because we
2 always talk about the need to deal with the social
3 determinants of health, but we haven't done a very
4 good of integrating that into our health care
5 system thus far.

6 So what we did before the pandemic
7 struck was create a number of local Ontario Health
8 Teams that were very rigorously reviewed by the
9 Ministry of Health and which have been of an
10 enormous help in the local response to COVID
11 because these are teams of people that had already
12 come together, that already communicated with each
13 other, that already were able to see the gaps in
14 the system, and they were closing those gaps and
15 making sure that if a person was feeling lost in
16 the system, that they could call one number and
17 they would be able to be helped, and the health
18 system would surround the patient.

19 That is a major transformation that we
20 were undertaking.

21 And I also would just like to say that
22 if we did not have Ontario Health in place at the
23 beginning of this pandemic, we would have had to
24 deal with 14 Local Health Integration Networks, or
25 LHINs, and it would have taken us much longer to

1 have developed our response to this.

2 So I think that the usefulness of the
3 work that we did before has been shown in the
4 response that we had to the pandemic overall.

5 JOHN CALLAGHAN: Can I ask the Deputy
6 then. So we have -- and you know this. We have
7 some 30,000 people on the waiting list in long-term
8 care.

9 DEPUTY MINISTER HELEN ANGUS: Yes.

10 JOHN CALLAGHAN: We have an aging
11 infrastructure which the government is trying to
12 deal with. We have been told that the population
13 of 75 year olds is growing at about 4 percent a
14 year. We heard from the group in Kingston and from
15 others about the need for home care.

16 And I guess -- I mean, you were there
17 when the Harris government built beds. You came
18 back I guess at the end when it appears that the
19 McGuinty government was doing home care. You are
20 building beds again.

21 What is the sustainable model that you
22 can envision? Because of course, you know, the
23 congregate setting is one issue that caused this
24 terrible situation of COVID. Not that I want to
25 get into that. But what is -- that is why we are

1 talking about it, but what do you see, I mean, with
2 your breadth of experience of years?

3 DEPUTY MINISTER HELEN ANGUS: I mean,
4 there is clearly a place for residential care
5 where, you know, families and individuals can't
6 care for themselves, and they need to be to a
7 modern standard, and I think that will be redefined
8 by the pandemic, both in terms of the physical
9 plant and the workforce.

10 You know, how they are connected into
11 the other resources I think the Minister has just
12 talked about, but -- you know, so how do you make
13 sure that that service, the residential part, is
14 there for the percentage who need it and is
15 connected and there is proper oversight.

16 And you have been obviously grappling
17 with that from your questions. You know, I have
18 heard examples about, you know, what should be the
19 relationship between the Medical Advisory Committee
20 and the Medical Director and the standard of care
21 offered in long-term care.

22 So I think there are opportunities to
23 kind of figure out the formal collaborations for
24 that group.

25 I think if you look at -- you know, I

1 remember going to a geriatric conference when I was
2 working in long-term care and looking at different
3 models of care. Now, that is back in 2000, so that
4 is awhile ago.

5 But, you know, a lot of European
6 jurisdictions were building kind of naturally
7 occurring communities and sort of non-congregate
8 settings where people would come together. I think
9 there are examples of that with the Schlegels that
10 have done more of that than, you know, kind of the
11 32-bed pod kind of long-term care facility that is
12 maybe a little more thinking about providing care
13 and support to people, but some of whom don't have
14 housing needs.

15 So my mother is a home care patient.
16 She has been for four or five years. It works
17 because she has got daughters, and you know, we can
18 intensify in the home probably even more than where
19 we are at now. And there are many people in that
20 situation.

21 There is probably some people who kind
22 of could live together in smaller congregate
23 settings where there is care being provided. It
24 would be efficient, and it may feel sort of a
25 little less institutional than a long-term care

1 home.

2 You know, then there is supportive
3 housing and that kind of thing.

4 I think that -- you know, I'll put on
5 my urban planner hat for a second, but, you know,
6 the baby-boomers have defined, you know, the
7 standards, you know, and the expectations and
8 recalibrated throughout their life cycle. I'm the
9 last year of the baby-boom formally. And I hope
10 that for me that there is some kind of solution
11 that is somewhere between my university residence
12 and, you know, an independent apartment that has
13 people coming in and providing care because I don't
14 have children, so I will be, you know, on -- don't
15 cry for me, but, you know, on my own trying to
16 manage probably with my peer group of elderly women
17 who, you know, support each other in some kind of
18 way.

19 So can we allow for some of those
20 solutions that -- and by virtue of policy and
21 planning allow for that to become a more
22 predominant part of the system. I hope so.

23 COMMISSION CHAIR FRANK MARROCCO:

24 Mr. Callaghan, I don't want to interrupt the flow
25 here, but --

1 JOHN CALLAGHAN: No, no, this was
2 hopefully to get some dialogue, and if the
3 Commissioners have questions, then I will step away
4 completely.

5 COMMISSION CHAIR FRANK MARROCCO: No, I
6 just wanted to go back to the Ontario Health Teams
7 for a minute.

8 When you describe all of the different
9 options that are available, it occurs to me that
10 you need to be able to move from one option to
11 another relatively easily.

12 MINISTER CHRISTINE ELLIOTT: Yes.

13 DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

14 COMMISSION CHAIR FRANK MARROCCO:

15 Because your needs can change,
16 especially as you get older.

17 So I am wondering if the vehicle for
18 people moving is an Ontario Health team, and
19 certainly when Michael Garron were here, the fact
20 that there is a Health Team there was of great
21 assistance, sort of facilitated the interaction of
22 the hospital with long-term care homes, and it
23 worked out very well in terms of outcomes.

24 Do you think there is some merit in
25 mandating membership, if you like, in these teams

1 rather than leaving it -- rather than it being
2 voluntary?

3 MINISTER CHRISTINE ELLIOTT: In terms
4 of who comes together, Commissioner, to be --

5 COMMISSION CHAIR FRANK MARROCCO: Well,
6 just in the sense that one would assume, if the
7 vision is a team where you have all of the various
8 health care providers at least brought together so
9 that there can be some connections built quite
10 naturally and locally amongst them, then does it
11 seem like it might be a good idea to mandate that?

12 MINISTER CHRISTINE ELLIOTT: It
13 actually is mandated, and we have -- the Deputy
14 Minister will have to remind me how many we have.
15 We have got most of Ontario covered right now. We
16 are still assessing some applications.

17 Some were almost ready to go from the
18 beginning because it was a group of providers who
19 had already been working together in communities
20 for a long period of time, so there were already
21 those natural connections.

22 In other locations, they are coming
23 together just recently and still have -- need some
24 assistance to pull all of the providers together
25 and to have those conversations, because ultimately

1 this is about a trust relationship where one
2 provider knows that they are all linked together
3 and that they trust that if they are not able to do
4 something, that there will be somebody else that
5 will be able to step in and help them.

6 So they need to get to know each other.
7 They need to get to know more about what each other
8 does.

9 But the local Ontario Health Teams that
10 we have now would all tell us that this is the way
11 that they always wanted to provide care. They
12 didn't want care to be dictated from on high from
13 Queen's Park, that they knew the local issues in
14 their local area, and they wanted to be able to do
15 that work together, under terms and conditions, of
16 course, that we have to set provincially because we
17 ultimately have to have stewardship of the money
18 and make sure that the care is being provided. But
19 really, they have been very successful.

20 We also make sure that there is a
21 patient representative and patients involved within
22 the team because we can't lose that voice. That is
23 why we have developed a health care system. We
24 want to make sure that the patient is at the centre
25 of everything.

1 DEPUTY MINISTER HELEN ANGUS: Yes. I
2 might go a step further and say, you know, in
3 any -- this is a big change, right, for the health
4 care system to take, you know, a group of providers
5 who are really functionally responsible for the
6 health of a population, including the people who
7 live in long-term care, right?

8 And so at the beginning of a change
9 process, you know, the strategy is let's work with
10 the early adopters, of which we have many because I
11 think it makes so much sense to the people who got
12 into the business of delivering health care to
13 begin with and it makes sense for patients.

14 At some point, this is going to define
15 a standard of care, and if the outcomes are better
16 through this pandemic, for example, where there are
17 Ontario Health Teams where they were able to
18 collaborate and work across, you know, their
19 organizations to better the response, then it
20 doesn't become optional. It becomes the way the
21 system works.

22 And I guess my view -- this is a
23 personal view now, but my view would be we are
24 defining a new standard of care and expectation,
25 and that -- you know, it becomes at a point, you

1 know, kind of unacceptable to opt out and say I
2 want to stay over here and do my thing. No, no,
3 you know, we are all being paid by the taxpayers,
4 and we have got to come together and work
5 differently.

6 It is a process to get there. I would
7 say we have got a pretty willing sector. But like
8 any initiative, you are going to have a few
9 laggards, and we'll deal with those in time.

10 And, you know, if you have any thoughts
11 about how the response, you know, has been, you
12 know, differentially implemented where the
13 providers have come together and been more
14 responsive to the needs of the health of the
15 population, that would be helpful to us. We hear
16 some pretty good stories, as you have, and they are
17 meaningful, right?

18 MINISTER CHRISTINE ELLIOTT: Yes.

19 DEPUTY MINISTER HELEN ANGUS: I think
20 they help inform the pace and the scale of the
21 change that we are trying to achieve here.

22 COMMISSION CHAIR FRANK MARROCCO: The
23 Michael Garron example came to mind because the
24 President or the CEO of the hospital said that they
25 had a bit of a head start because relationships had

1 already started to take place, and she referenced
2 the Ontario Health Teams.

3 DEPUTY MINISTER HELEN ANGUS: Yes.

4 COMMISSION CHAIR FRANK MARROCCO: And
5 hence the question.

6 And the Minister and I would know the
7 legal profession can be pretty localized, and
8 trying to govern that particular profession from on
9 high is really a bit of a test. And it sounds like
10 the medical needs vary by health unit to health
11 unit or region to region. Hence the idea that the
12 kick start should be just, you know, mandating it.

13 But it sounds like it is more or less
14 mandated, so I'll just leave it at that.

15 DEPUTY MINISTER HELEN ANGUS: I'll just
16 add one more thing. I have seen the plan, because
17 Sarah sent it to me, for vaccination roll-out. You
18 know, once they get into the general population.
19 And she has been working with Toronto Public Health
20 again, and her plan, you know, with community
21 ambassadors to deal with vaccine hesitancy, you
22 know, in the parts of East York that she serves is
23 terrific.

24 And again, it is built on the back of
25 the relationships that she has with the family

1 Health Teams and the practitioners, you know,
2 particularly in Thorncliffe Park.

3 So, you know, we are seeing the
4 benefits throughout.

5 COMMISSION CHAIR FRANK MARROCCO:
6 Commissioner Kitts, you wanted to say something?

7 COMMISSIONER JACK KITTS: Yes. So
8 Minister and Deputy, you know that I, in the past,
9 have been very supportive of Ontario Health Teams,
10 and we heard early on from Sarah Downey how
11 important it was that they were working together
12 pre-COVID.

13 We have also heard from the Ministry
14 how the plans and the principles and goals of an
15 Ontario Health team are very patient-centered and
16 making sure the patient gets the right treatment in
17 the right place at the right time.

18 However, I think where Commissioner
19 Marrocco's question was coming from was we have
20 also heard a lot of concern or even some cynicism
21 that they are not moving along, that they need kind
22 of a boost or something. Everybody agrees that the
23 goals and principles -- and I think that this
24 pandemic has really proven the value of Ontario
25 Health Teams.

1 And so I think we were wondering if
2 there is any plans to further encourage those that
3 aren't participating or those that aren't forming
4 teams to move that along?

5 MINISTER CHRISTINE ELLIOTT:

6 Absolutely. That work is still continuing. There
7 are still applications that are being reviewed.

8 In some cases, there are some
9 geographic overlaps, and so I know that within the
10 Ministry they are trying to work with bigger groups
11 so that there can be one cohesive group for a
12 particular area.

13 So we haven't stepped away from that.
14 Perhaps it has been slowed down somewhat because
15 our attention has been focussed on COVID. But it
16 is important to make sure that we have the entire
17 province covered, and I'm sure the Deputy Minister
18 could speak more directly to exactly where we are
19 sitting with that operationally.

20 DEPUTY MINISTER HELEN ANGUS: I mean,
21 this is -- you know, as we are talking, I am just
22 thinking of the conversations I have had with Matt
23 Anderson and using the apparatus of Ontario Health
24 and the accountability levers that they have to
25 advance Ontario Health Teams. And, you know, some

1 evenings, you know, we'll talk about how the work
2 in mental health and Ontario Health Teams and other
3 things are the parts of the job that get us, you
4 know, excited about the future after the pandemic
5 and having the bandwidth to really get out there
6 and promote them.

7 So I'm with the Minister. You know, I
8 think there is continued interest. I look forward
9 to spending more time encouraging Ontario Health
10 Teams and seeing the yield for patients.

11 And the sooner we can get on to that
12 for the benefit of all, including long-term care,
13 the better.

14 COMMISSIONER JACK KITTS: Yes, I agree,
15 and I think the pandemic, if there is a silver
16 lining, it has shown the importance of moving
17 forward with those teams.

18 So thank you for that.

19 COMMISSION CHAIR FRANK MARROCCO:

20 Mr. Callaghan, were you --

21 JOHN CALLAGHAN: I think that is it for
22 me. I was hoping that you would be able to discuss
23 further the issues.

24 COMMISSION CHAIR FRANK MARROCCO: All
25 right. Well, I think -- Commissioner Coke?

1 COMMISSIONER ANGELA COKE: I am good.
2 Thank you.

3 COMMISSION CHAIR FRANK MARROCCO: All
4 right. Well, Minister and Deputy, thank you very
5 much for the -- I'm trying to figure out where you
6 are on my screen.

7 Thank you very much.

8 DEPUTY MINISTER HELEN ANGUS: We are
9 here.

10 COMMISSION CHAIR FRANK MARROCCO: Yes,
11 it is a bit -- you know, the Chair of the
12 Commission is a bit slow, but I eventually figured
13 out where you were.

14 But thank you both for taking the time,
15 and it is very helpful for us to have this
16 dialogue. It is not often you get an opportunity
17 to canvass the thinking of the Deputy Premier, the
18 Minister of Health, the Deputy Minister all at
19 once.

20 And we hope that we were able to put
21 some of the questions to you that were necessary to
22 be put in the public interest.

23 DEPUTY MINISTER HELEN ANGUS: Of
24 course.

25 COMMISSION CHAIR FRANK MARROCCO: And

1 we'll go back to work and continue working on our
2 report.

3 But thank you for your time, and it is
4 much appreciated by us.

5 JOHN CALLAGHAN: Thank you.

6 DEPUTY MINISTER HELEN ANGUS: Well,
7 thank you for the work that you are doing.

8 MINISTER CHRISTINE ELLIOTT: Yes.

9 DEPUTY MINISTER HELEN ANGUS: Thank you
10 for the work that you are doing. It is important,
11 and we look forward. And we have talked about a
12 number of things today that are very important to
13 current and future long-term care residents, and I
14 think from the sounds of the questions, the
15 recommendations you are going to make are going to
16 be taken seriously and have impact. So I
17 appreciate our time together as well.

18 MINISTER CHRISTINE ELLIOTT: Yes, thank
19 you very much for giving us the opportunity today.
20 Thank you.

21 COMMISSION CHAIR FRANK MARROCCO:
22 Bye-bye.

23
24 -- Adjourned at 1:51 p.m.
25

1 REPORTER'S CERTIFICATE

2
3 I, DEANA SANTEDICOLA, RPR, CRR,
4 CSR, Certified Shorthand Reporter, certify:

5 That the foregoing proceedings were
6 taken before me at the time and place therein set
7 forth;

8 That all remarks made at the time
9 were recorded stenographically by me and were
10 thereafter transcribed;

11 That the foregoing is a true and
12 correct transcript of my shorthand notes so taken.

13
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16 Dated this 24th day of February, 2021.

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21 

22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR

C L A R I F I C A T I O N S

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Page 5, line 5: "four notes" not "Board notes"

Page 11, line 2: "Gantt charts" not "GANT charts"

Page 13, line 18: "legislation" not "legislations"

Page 31, line 5: "Ontario Health Plan" not
"Ontario Health plan"

Page 34, line 8: "healthcare" not "health care"

Page 37, lines 16-18: "Do you see that" not "Do
you see that? Do you see
that?"

Page 49, line 25: "suggestion?" not "suggestion ?"

Page 61, line 24: "2,154,000" not "2, 154,000"

Page 66, line 25: "paid out" not "paid back"

Page 73, line 12: "being offerered" not "being on
offer"

C L A R I F I C A T I O N S

(Continued)

Page 77, line 9: "inventory of PPE" not
"inventory, the PPE"

Page 96, line 9: "Doctor Teresa Tam" not "Teresa
Tam"

Page 122, lines 1-2: "those infected or died
were going to die." not
"those infected died were
going to die."

Page 135, line 1: "Long-Term Care Plan" not
"Long-Term Plan"

Page 136, line 5: "Long-Term Care" not "Long
Long-Term Care"

Page 137, line 7: "are talking about" not "is
talking about"

Page 137, line 20: "SWAT" not "SWOT"

C L A R I F I C A T I O N S

(Continued)

Page 139, line 18: "long-term care homes" not
"long-term care home"

Page 140, line 18: "Deputy of Intergovernmental
Affairs" not "Deputy of
Intergovernmental"

Page 152, line 7: "different factions" not
"different fractions"

Page 179, line 15: "focused" not "focussed"

WORD INDEX

< \$ >

\$1.5 43:15
\$10 40:22
\$14 40:14
\$180 41:5, 13
\$24 40:17
\$25 43:3
\$27.3 42:10
\$280 65:14
\$3 40:22
\$58 42:2
\$8 40:17
\$85 42:18
\$85.3 42:16

< 0 >

0.2 125:8

< 1 >

1 127:1 185:15
1,621,334 61:21
1,900,000 70:2
1.9 62:4 71:1
1:51 182:24
10 49:17 51:2
 82:14 95:15
 124:2
10:00 1:16 5:1
100 127:1
 156:15 158:5
100,000 124:7
 156:14, 15, 16
11 67:8 184:5
11:37 83:9, 15
11:47 83:11, 16
1157/2009 26:10
12 36:13
 124:14 184:24
1-2 185:10
12,000 117:9
120 65:4
122 185:10
12th 163:24
13 36:13 184:7
13,000 163:25
135 185:15
136 185:18
137 185:21, 24
139 186:4
13th 72:11, 15
 133:6
14 60:8 167:24

14,000 124:14
140 186:7
140,000 121:19
144,000 163:24
14th 140:17
15 6:1 40:2
 186:14
152 186:11
153:19 4:19
154,000 61:24
 184:20
15th 137:9
 140:17
16-18 184:14
17 123:20
179 186:14
18 49:21
 114:16 184:7
 186:4, 7
18,000 33:22
18th 134:22
 135:23
1986 8:25
1988 10:3
19th 134:22
 135:23

< 2 >

2 61:24 82:19
 95:11 116:18,
 19 155:20
 184:5, 20
2,154,000 184:20
2,500 160:8
2:00 1:16
 155:20
20 62:8 63:11,
 20, 22 95:11
 115:17 132:17
 185:24
20,000 144:25
200 162:9
2000 170:3
2001 9:9, 25
 10:22
2002 11:17
2006 30:7, 11,
 14, 19 33:20
 71:4 73:15, 18
 74:7 84:1
2007 38:3, 10
 39:3 75:25
 79:19 81:15
2009 22:22, 24

2012 9:16
 11:19, 22
2013 25:5, 7
 31:17
2014 9:17 11:23
2016 76:8
2017 48:4 76:8
 79:20 119:22
2018 9:22
 11:21 49:12, 13
 119:22
2018/19 39:3
2019 21:16
 22:2 23:1, 2
 33:12 42:3, 8
 49:14, 15, 16
 119:22
2020 25:23
 42:3, 8 43:2
 64:11 69:16
 115:24
2021 1:16
 79:23 183:16
20th 135:16
 140:1
217,000 7:3, 13,
 25 23:24
21st 159:25
22 113:11
 133:15, 21
 138:7 162:11
22.9 133:23, 25
 135:9
22nd 68:22
24 37:16 85:8,
 18 113:19
 131:19 184:20
24th 1:15
 68:23 113:15
 127:21 128:16
 129:22 131:5
 183:16
25 8:6 147:12
 156:14 184:18,
 22
28th 116:21
 124:15 140:5
 141:19
29.2 133:13, 19
 135:9
29th 69:10
2nd 64:10, 14

< 3 >

3 30:24 31:2
 85:12, 14, 18
 115:24 116:18
 117:7
3.3 42:9
30 64:24 66:4
 113:10
30,000 168:7
31 184:9
31st 61:16
 62:3 70:2
 161:6, 25 162:9
32-bed 170:11
33 122:1
34 17:25 19:11,
 15 20:13 184:12
37 184:14
39 19:11
3M 65:6 66:20
3rd 115:20
 123:22 135:20

< 4 >

4 31:24 37:9
 114:3 168:13
4,000 114:9
40 147:13
 156:14
41 40:20
44 162:12
49 184:18
4th 67:10

< 5 >

5 30:17 113:15,
 21 184:3, 9
 185:18
50 38:7
500 108:22
5th 91:6
 161:19, 25 162:9

< 6 >

6 55:14 114:3
6,120,000 62:5
6.9 42:1
61 184:20
66 184:22
6700 9:9

< 7 >

7 64:10 185:21
 186:11
70 163:9
700 55:14

72 113:14, 15
 126:25
73 184:24
730,000 46:9
74 116:18
75 168:13
77 185:4
78 154:9

< 8 >

8 184:12
80 38:6
80:23 4:19
82 127:1
8th 69:15

< 9 >

9 185:4, 7
90 49:14 51:1
 61:12 107:19
94 37:15 39:23
96 185:7
97 72:14

< A >

a.m 1:16 5:1
 83:15, 16
ability 116:14
 119:19
absolute 164:10
absolutely
 20:11 36:11
 66:2 110:9
 151:16 162:25
 179:6
absorb 5:14
abundance
 126:15
accelerate
 145:21
accelerated
 144:22
accept 30:2
 44:8
acceptable
 153:18
accepted 21:7
 109:25
accessing
 108:16
accomplish 7:21
account 65:20
 66:7, 24

<p>accountability 14:22 15:15 17:5, 9 179:24</p> <p>accountable 18:3</p> <p>accounts 28:13</p> <p>accurate 134:7</p> <p>achieve 78:11 176:21</p> <p>acknowledge 75:14</p> <p>acknowledgment 74:22</p> <p>acquire 31:7, 20</p> <p>acquired 70:5</p> <p>acquisition 69:21</p> <p>Act 16:8 28:7 65:24 87:16 88:15 102:9 113:17 133:19 154:10</p> <p>action 18:16 137:9 144:24 154:19</p> <p>actions 14:1 20:16 62:22 79:20 102:2, 10 134:20</p> <p>active 111:20</p> <p>actors 108:1</p> <p>actual 139:24</p> <p>acute 95:2 99:23</p> <p>add 60:10 70:12 83:21 111:10 137:16 177:16</p> <p>added 42:10 93:12 105:7</p> <p>adding 100:12</p> <p>additional 5:4</p> <p>address 5:9 23:11 45:12 102:10 134:5 136:12</p> <p>adequate 37:12 38:18</p> <p>Adjourned 182:24</p> <p>administered 163:24</p> <p>administration 92:1</p>	<p>administrative 91:21</p> <p>ADM's 45:1</p> <p>adopters 175:10</p> <p>Adriana 3:14</p> <p>advance 7:25 18:4 179:25</p> <p>advanced 150:8</p> <p>adverted 35:23</p> <p>advice 19:5 33:14 44:6 83:5 104:15 107:8, 16, 21 109:23, 25 110:15, 16 128:13, 23 129:24, 25 130:1, 12 131:7 156:12</p> <p>advisable 52:13</p> <p>advise 29:14</p> <p>advised 13:1 43:1 45:9 127:14 156:14 158:5 159:23</p> <p>advisors 13:21 109:9</p> <p>Advisory 71:14 87:7 96:8 110:13, 15 161:2 169:19</p> <p>aerosol-generating 75:2</p> <p>Affairs 9:1 116:25 186:8</p> <p>affect 79:6</p> <p>afraid 8:10 80:6 86:21 97:11</p> <p>after 6:1, 11 26:20 28:23 30:7 31:3 72:3 82:1 84:1 102:2 103:9 122:22 148:17 180:4</p> <p>Aged 73:24</p> <p>agencies 14:23 108:2</p> <p>agency 14:20 15:8, 16 96:9</p> <p>agency/governm ent 15:1</p> <p>agendas 90:13</p> <p>aging 168:10</p>	<p>ago 62:11 115:5 132:15 170:4</p> <p>agree 30:22 31:19 32:6 70:24 73:14, 18, 19 77:20 122:10 124:22 132:2 149:6, 11, 25 150:5, 19 151:16 153:3 164:9 180:14</p> <p>agreed 30:25</p> <p>Agreement 73:24 74:4, 6, 9, 14 75:7 134:9</p> <p>agreements 14:22 53:1 159:3</p> <p>agrees 154:3 178:22</p> <p>ahead 6:8 11:13 115:2 128:19</p> <p>Air 93:23</p> <p>aircrafts 71:20</p> <p>airport 126:20, 23</p> <p>Ajax 115:7</p> <p>Alberta 115:2, 8 116:3, 7 119:24 120:12, 14</p> <p>Alison 3:4</p> <p>Allen 127:13 128:14 130:1</p> <p>all-inclusive 26:22</p> <p>allocating 9:9 10:24 89:7</p> <p>allocation 10:25</p> <p>all-of- government 105:18</p> <p>allow 29:19 59:8 139:20 171:19, 21</p> <p>allowed 72:24 116:8 135:23 139:19 144:18 165:8</p> <p>allowing 132:22 136:14</p> <p>ambassadors 177:21</p>	<p>ambulance 164:23</p> <p>America 35:6</p> <p>amount 43:5, 7, 21 65:14 68:1 84:2 114:7 142:5</p> <p>amounts 37:5 41:21</p> <p>Amy 2:17</p> <p>analysis 73:20</p> <p>Analyst 3:14, 16, 18, 20</p> <p>Anderson 90:5 100:17 114:13 116:12 179:23</p> <p>Angela 2:3 3:20 181:1</p> <p>Angeline 3:16</p> <p>Angus 2:9 8:18, 21, 24 10:1, 5, 14, 21 11:9, 12, 15, 25 12:3, 17 13:7, 9, 14 14:18 15:5, 14 16:3 17:18, 21, 25 20:10 23:19 24:19, 23 25:16 26:2, 6, 12 27:2, 17 33:24 43:18 47:9, 14 53:15 54:14 56:21 57:18 59:23 60:12, 22 62:1 66:15 70:10 71:5 72:18 73:17 77:19 79:10, 14, 24 80:14, 23 82:3 83:7 84:7 86:4, 19, 25 87:3, 9, 13 88:18, 23 89:25 91:9 92:10 93:6, 10 94:12 95:24 96:2, 18, 22 97:7, 13, 22 98:13 99:15 101:9 102:22 103:15, 18 104:6, 12 105:3, 24 107:4, 12, 15 108:24 110:5, 10 111:3, 13</p>	<p>112:2 118:23 120:2, 23 122:11, 18 125:18, 22 129:11, 15 133:17 134:25 137:7, 15 139:10 140:13 141:1 142:10 143:16 144:13 145:3 146:20 147:6 148:2 149:2, 14, 20 150:6 151:24 159:9, 16, 19, 22 160:2, 6, 15 161:10, 15, 23 162:3, 16, 22 168:9 169:3 172:13 175:1 176:19 177:3, 15 179:20 181:8, 23 182:6, 9</p> <p>Ann 2:20</p> <p>announced 127:20 129:23 156:15</p> <p>answering 146:14</p> <p>answers 75:23 129:10 147:5</p> <p>Anthony 100:20</p> <p>anticipated 37:6 43:2 50:8 124:7</p> <p>anticipating 42:9</p> <p>anticipation 113:18</p> <p>antivirals 36:17</p> <p>anybody 46:22 119:18 123:5 154:3</p> <p>anymore 158:13</p> <p>anyway 7:17 82:13</p> <p>apart 23:20 162:24</p> <p>apartment 171:12</p> <p>apologies 113:23 114:2 123:22 133:25</p> <p>apologize 20:24 104:5</p>
---	---	---	--	---

<p>apparatus 179:23</p> <p>apparent 93:13 119:23</p> <p>apparently 109:25 128:14</p> <p>appear 4:19 57:14 66:9 157:14</p> <p>appears 168:18</p> <p>apples 83:8</p> <p>application 19:22, 23</p> <p>applications 173:16 179:7</p> <p>appointed 14:21</p> <p>appreciate 7:8, 12, 14 28:9 30:20 62:6, 15 85:22 107:6 122:3 123:17 129:5, 9 151:10 156:2 182:17</p> <p>appreciated 7:25 182:4</p> <p>approach 25:1 60:23 140:21</p> <p>approached 100:15 142:11</p> <p>appropriate 5:16 31:11 32:4 54:5, 10 61:6 158:6</p> <p>approval 41:5 45:20, 25 46:3 50:4 161:6</p> <p>approvals 31:11</p> <p>approved 46:10 65:13 128:20</p> <p>approximately 43:3</p> <p>April 58:24 64:10, 14 67:10 69:15 72:11, 15 108:14 116:21 117:18 121:24 124:14 133:12, 13 134:9, 22 135:16, 23 137:9, 19 139:13 140:1, 5, 17 141:18 145:23</p> <p>arbitrage 73:11</p>	<p>area 16:25 125:9 153:13 158:1 166:22 174:14 179:12</p> <p>areas 71:9 72:22 73:1 131:1 154:18</p> <p>arguing 155:21</p> <p>arrived 159:24</p> <p>articles 156:20</p> <p>Articling 2:24</p> <p>ASAP 154:5</p> <p>Asian 34:17</p> <p>aside 10:9 130:10</p> <p>asked 21:24 41:23, 24 53:18 80:11 99:19 109:5 141:7 143:1 146:19</p> <p>asking 22:20 24:5 39:5 79:22 111:2 153:9 156:23</p> <p>aspect 21:19 152:6</p> <p>aspects 45:17 92:23 106:4, 15</p> <p>assess 21:1</p> <p>assessing 173:16</p> <p>assign 26:8</p> <p>assist 21:24</p> <p>assistance 125:17 139:20 141:14 172:21 173:24</p> <p>Assistant 3:4 14:6</p> <p>assisting 139:24</p> <p>Associate 9:16 12:2, 5</p> <p>Association 97:18 98:22 99:8 100:21, 22 151:19</p> <p>associations 97:20 98:7, 8 99:17 101:16</p> <p>assume 67:15 69:20 95:12 105:8 132:23 136:2 173:6</p> <p>assumed 111:4</p>	<p>assumption 41:18</p> <p>assumptions 81:16</p> <p>asymptomatic 124:22, 25 125:15 126:1, 3, 8, 11 127:3, 4, 15, 21 130:11</p> <p>attend 82:19 108:25 111:24</p> <p>attending 1:15</p> <p>attention 55:13 83:23 101:6 179:15</p> <p>Attorney 2:13, 14, 19, 20</p> <p>attrition 143:18</p> <p>Auditor 38:3 48:5</p> <p>augment 37:10</p> <p>augmented 7:18</p> <p>authorities 88:21 90:20</p> <p>authority 111:17</p> <p>avail 20:19</p> <p>availability 32:16 78:20, 21 141:3, 8</p> <p>available 61:8, 16 133:1 156:24 157:3 158:15, 19 172:9</p> <p>average 162:12</p> <p>avian 33:4</p> <p>await 69:21 70:4</p> <p>awaiting 46:10, 12</p> <p>aware 7:3 23:16 24:7 30:6, 13, 16 33:11, 14 35:13, 17, 19 36:1 37:24 38:3, 8, 14 42:3, 11, 25 45:21 46:1, 10, 15, 21 47:5 50:7 68:25 69:10, 17 72:16, 19 84:1 102:24 115:18 124:21, 23 134:4 135:8 148:5 156:5</p>	<p>160:14, 16, 18</p> <p>awful 81:17</p> <p>awfully 162:20</p> <p>awhile 142:16 152:2 170:4</p> <p>< B ></p> <p>baby-boom 171:9</p> <p>baby-boomers 171:6</p> <p>back 6:12 9:6, 15, 25 11:21 28:11, 23 36:17 53:23 55:20, 23 63:25 66:18, 25 70:19 81:7 83:10 94:18 101:11 112:21 113:8 114:1, 16 116:20 118:10 129:20 130:17 131:19 138:12 139:3 141:17 144:14 153:8, 20 155:8, 12 168:18 170:3 172:6 177:24 182:1 184:22</p> <p>backed 72:8</p> <p>background 85:1</p> <p>bad 133:12 154:1</p> <p>bailiwick 147:9</p> <p>bake 77:20 80:10, 22</p> <p>ballpark 43:22</p> <p>bandwidth 180:5</p> <p>barriers 101:24</p> <p>base 20:14 93:24</p> <p>based 35:4</p> <p>basic 65:16 110:21 111:5</p> <p>basically 54:8 76:25 110:6 134:16 142:1</p> <p>basis 57:5 96:13 105:8 114:12 157:24</p> <p>basket 60:25</p> <p>Baumann 59:15 83:24</p>	<p>bear 50:15 106:13 109:3 126:5</p> <p>bears 126:19</p> <p>becoming 17:16</p> <p>beds 9:10 10:25 95:4 168:17, 20</p> <p>began 166:7</p> <p>beginning 43:17 90:6 92:4 93:24 94:7 114:8 167:23 173:18 175:8</p> <p>begins 34:11</p> <p>behalf 60:3</p> <p>belabour 46:7 138:17 146:17</p> <p>believe 10:3 11:8, 17 14:13 21:15 44:17 45:10 61:5 72:3 77:6, 18 115:23 116:5 125:25 133:16 134:21 141:18 149:13</p> <p>believed 16:19</p> <p>Bell 45:20</p> <p>benefit 122:12 155:3 180:12</p> <p>benefits 178:4</p> <p>best 55:11 56:14 58:1 80:17 110:16 148:10</p> <p>better 5:15 55:7 58:12 107:2 112:15 118:7 130:19 175:15, 19 180:13</p> <p>Betzner 140:18</p> <p>Bianchi 3:6</p> <p>Bianchini 3:18</p> <p>big 41:20 42:20 100:13 110:18 122:5 175:3</p> <p>bigger 179:10</p> <p>biggest 72:9</p> <p>Billion 40:15, 17, 23 42:2, 10, 16,</p>
--	---	---	---	---

<p>18 43:3, 15 bind 79:19, 21 bit 20:21 27:7 33:19 43:25 48:23 57:16 59:16 61:13, 18 105:7 106:11, 12 117:14 136:10 163:9 176:25 177:9 181:11, 12 blacked 65:15 blow 61:17 64:11 Board 5:5 9:19 14:20, 25 15:9 30:19 46:15 50:4 65:11, 13 73:4 134:16 184:3 Boards 15:19, 24 16:2, 22 19:11, 15 body 106:9 151:1 153:1 Book 95:12 96:14 boost 178:22 bore 86:13 91:4 bother 147:14 bottom 34:25 132:19 150:21 Bowen 2:22 Branch 24:25 25:17 breadth 119:15 169:2 break 6:1 36:6 63:3, 15, 23 73:23 75:17 82:21 83:3 breath 6:5 Brian 109:7 briefed 16:7 24:20 briefing 29:2 bring 20:17 90:8 91:20 92:2, 12, 19 100:5 101:12 107:25 109:11, 17 112:4, 13 151:2 166:19 bringing 19:17,</p>	<p>24 94:18 131:14 brings 28:20 British 97:9 broadly 146:1 broad-ranging 27:25 28:3 broker 64:25 66:5 Brooks 4:4 brought 98:16 106:13 108:8 109:3, 9 166:17 173:8 Brown 109:7 157:18 Bruce 70:17 88:12 buckets 105:11 build 123:7 building 30:8 90:2 100:13 117:10, 15 122:15 123:2 168:20 170:6 built 104:17 117:22 165:24 168:17 173:9 177:24 bumped 148:13 bunch 120:19 151:2 burdened 90:10 bureaucrat 107:2 business 59:11 110:14 175:12 businesses 59:4 buy 57:23 59:25 buying 58:25 60:1, 6 Bye-bye 182:22</p> <p>< C > Cabinet 6:17 9:5 10:8 30:19 41:2, 12 49:22 56:23 82:18 88:2 106:6 107:1, 10, 22, 24 108:6, 15 110:18 Cabinet-level 108:10 Cabinet-related 6:14</p>	<p>California 65:2 66:10 call 24:21 37:23 64:16 76:1 167:16 Callaghan 3:22 6:10, 25 8:9, 20, 23 9:23 10:4, 9, 15 11:5, 10, 13, 22 12:1, 7, 18 13:6, 8, 24 14:3, 12 15:2, 10, 18, 25 16:16 17:4 18:17, 19, 24 20:1, 21, 25 21:9 22:1, 14, 21 23:9, 15, 21 24:2, 4, 8, 16, 22 25:3, 24 26:4, 8, 17 27:3, 19 28:9, 18, 25 29:7, 11, 18 30:1, 6, 10, 11, 15 31:23 32:11 33:18 34:1 35:18 36:3, 12 37:20 38:2, 10, 11, 15, 23 39:4, 14, 19 41:1, 9, 11, 22 42:6, 15, 24 43:8, 23 44:11, 15, 22 45:8, 18, 24 46:5, 17, 20 47:7, 10, 17 48:13, 24 49:9, 13 50:11, 24 51:8, 21 52:10, 22 53:10, 25 55:19 57:10 59:14 60:9, 14 61:11 62:2, 13, 25 63:2, 4, 10, 19, 24 64:9, 22 66:3 67:3, 7, 24 68:10, 19 69:3, 14, 20 70:1, 25 72:6 73:14, 22 75:5, 16 83:17, 21 84:9 85:5, 21 86:12, 20 87:1, 5, 10, 14, 22, 23 88:10, 22 89:17 90:22 92:9 93:2, 7</p>	<p>94:4 95:10 96:1, 15, 19 97:4, 10, 14 98:10 99:4 100:25 101:18 102:13, 20 103:12 104:4, 7, 23 105:20 106:25 107:5, 14 108:18 109:20 110:24 111:9 112:20 113:25 114:15 115:22, 23 116:1, 17, 24 117:13 118:9 119:17 120:22 121:20 123:4 124:20 125:3 127:5 128:12 129:4, 20 130:21 131:16 132:7, 10, 11, 14 133:9, 18, 24 134:3, 23 135:6 136:6, 25 137:5 138:17 139:15, 23 140:25 142:8 143:17 144:4, 7 146:6 147:4, 7 149:4 152:22, 25 153:8, 10, 20 154:6 156:1, 9 158:3, 20 159:6, 11, 23 160:4, 10 161:5, 22 162:2, 5, 18 163:20 165:15 168:5, 10 171:24 172:1 180:20, 21 182:5 called 105:5 107:24 calls 71:18 CAMH 70:16 campaigns 34:13 campus 81:5 Canada 35:4 40:17 96:7, 10 117:6 118:12 159:24 160:12, 16</p>	<p>Canada's 40:13, 20 Canadian 9:14 71:19 Canadians 94:17 Cancer 8:16 9:12 11:18 81:4 canvass 181:17 capable 146:14 capacity 34:7 35:5, 7 37:12 94:19 95:2, 3 112:8 116:8 117:3 118:22, 25 119:1 123:2 145:12 capita 120:11, 12 cardiac 58:6, 15 CARE 1:7 2:16, 18, 23, 25 3:5, 6, 9, 10, 12, 15, 17, 19, 21 8:16 9:8, 10, 12 10:12, 19, 23, 25 11:18 12:4, 20 13:10 21:11, 17, 18, 20, 22, 24 22:9, 11, 15 23:1, 4, 10, 12, 18 34:8 36:25 38:6, 18, 22 39:6, 7, 24 40:1 50:14, 19 51:9, 10, 17 52:1, 14 53:6, 24 54:8, 9, 12, 21 55:9, 12, 15 56:18 57:14 60:7 62:9 68:5 69:5, 6, 9, 16 70:5 72:8, 23 77:12 79:4, 6, 7 81:4 82:6 89:9 94:3 95:2 97:5, 17, 23 98:8, 15, 17 99:10, 22, 23, 24, 25 101:4, 5, 10, 12, 16 102:3, 4 103:1, 4, 7, 10, 20 104:2 111:12 113:1, 2 121:6 124:1, 17 125:6 126:6, 13, 17 127:25</p>
--	--	--	---	---

<p>128:4, 9, 11 129:7, 8, 17 130:11, 13 132:16, 23 134:10, 18 135:4, 11, 24 136:3, 5, 13 137:18 138:2, 10, 13, 14, 24 139:18, 21 141:5 143:11, 14, 22 144:11 145:7 146:9, 13, 14 147:1, 3, 19 148:23, 24 154:17, 22 156:3 162:10, 24 163:13, 15, 19, 25 164:2, 5, 10, 20 165:2, 7, 11, 14, 18, 19 166:2, 3, 9, 11, 14, 18, 22, 24 167:4 168:8, 15, 19 169:4, 6, 20, 21 170:2, 3, 11, 12, 15, 23, 25 171:13 172:22 173:8 174:11, 12, 18, 23 175:4, 7, 12, 15, 24 180:12 182:13 184:12 185:15, 18, 19 186:4, 5 career 8:4, 10, 12, 15, 19, 25 150:7, 10 caring 148:20 carriage 25:20 carried 57:22 carry 29:24 carrying 29:25 carving 103:1 case 59:11 62:21 131:13 137:23 138:15 158:20, 21 164:18 cases 109:2, 24 117:25 127:3 179:8 cast 146:1 catch 6:4 categories</p>	<p>58:19 59:6 category 58:10 caught 47:2 48:18 causative 50:14 caused 19:6 28:6 168:23 caution 126:15 caveat 8:1 central 50:8, 21 59:20 60:18 77:3, 8 78:16 86:7 92:3, 21 105:5, 21, 22, 25 106:22 108:1, 4 111:15 centralized 47:3 48:11, 18 54:25 55:11 77:10 centrally 19:25 Centre 94:2 174:24 CEO 14:24 99:21 115:6 176:24 certain 53:3 87:23 88:20 certainly 5:12, 16 6:21 18:10 51:24 86:6 95:7 102:23 108:25 144:17 148:5 155:11, 15 166:5 172:19 CERTIFICATE 183:1 Certified 183:4 certify 183:4 cetera 8:17 25:11 49:19 118:14 128:18 Chain 113:16 chains 35:21 Chair 2:2 5:11 6:23 8:5 14:13, 14, 17, 25 29:9, 10 41:8 63:1, 6, 13, 21 75:19 79:5, 12, 16, 25 80:18 81:23 82:4, 24 83:4, 12, 19 84:5, 15, 24 85:3 89:21 90:2, 7 103:16 132:8, 12</p>	<p>143:17 144:3 149:3, 15, 21 150:15 151:9 152:24 153:7 155:10 159:7, 10, 12 171:23 172:5, 14 173:5 176:22 177:4 178:5 180:19, 24 181:3, 10, 11, 25 182:21 chaired 96:8 106:5 107:1 Chairs 109:2 111:8 challenge 120:1 123:24 change 110:22 166:18 172:15 175:3, 8 176:21 changed 111:10, 14, 15 165:8 changes 77:18 146:16 channels 94:18 characterization 28:22 60:13 characterize 28:18 29:3 chart 70:20 71:6, 7, 12 charts 11:2 184:5 chase 66:8 check 133:19 checked 52:4 checking 52:2 Chief 14:4 16:13 17:1 18:8, 10 19:8 20:6 26:7, 10 44:24 64:18 69:16 86:16 89:22 96:7 107:3 127:13 128:14 130:3 133:10 156:10 158:4 children 9:7 171:14 Choonta 3:14 choice 54:17 149:17 chooses 85:25 chose 102:9</p>	<p>Christian-Brown 2:20 Christine 2:7 6:9 8:7 12:15 13:4, 13 14:2, 9, 16 15:22 16:21 17:13, 19, 24 18:9, 18, 22 19:13 20:9 21:8, 13 22:12, 18 23:8, 14 24:1, 6, 12, 17 25:15 26:14 27:1, 21 30:5, 9, 12 31:22 32:10 33:16, 25 35:16, 25 36:10 37:19 38:1, 9, 13, 20 39:1, 12, 17 40:25 41:19 42:4, 13, 19 43:4, 20 44:10, 13, 21 45:5, 13, 23 46:2, 14, 19, 24 48:3, 14 49:4, 11 50:2, 16 51:6, 19, 22 52:17, 25 53:12 61:25 62:12, 19 64:4, 20 66:1, 6, 17 67:6, 23 68:9, 18 69:1, 12, 18, 23 70:8, 23 74:16 75:13 76:19 84:18 87:20 88:8 100:18 110:8 111:25 114:6 115:25 116:5, 23 117:12 118:3 122:13, 19 124:19, 24 125:13, 20 128:2, 25 129:13, 18 130:16 131:8 132:3 133:8, 15, 20 134:2, 8 135:3, 21 139:16 143:8 145:2 148:4 149:12, 19 150:4 151:8, 15 153:6 156:8 157:10 158:17,</p>	<p>24 159:13, 18 160:1 161:14 164:8 166:4 172:12 173:3, 12 176:18 179:5 182:8, 18 Christmas 160:9 churn 145:15 circulating 33:5 77:9 circumstances 62:16 138:15 146:5 148:19 Citizenship 9:18 clarify 5:15 137:14 clear 99:16 131:23 clearer 53:19 clearly 56:22 111:7 139:17 169:4 clicking 20:23 clients 154:3 clinical 58:7 clinician 91:16 close 108:15 closer 70:13 closing 167:14 CMOH 28:23 96:5, 6 coached 111:8 Co-Chair 109:8 159:10 Co-Chairs 89:23 159:20 code 119:9 cohesive 179:11 Coke 2:3 180:25 181:1 Co-Lead 3:22 collaborate 175:18 collaboration 67:19 98:4 100:16 140:23 collaborations 169:23 colleagues 92:22 108:8 collection 119:3 College 150:17 Columbia 97:9 combine 55:5 combined 59:7</p>
---	---	---	---	--

<p>come 15:8 21:24 28:2 36:4 55:19 79:1 89:8 93:2 98:25 108:6 113:8 135:9 145:15 158:16 161:17 162:23 163:16 167:12 170:8 176:4, 13 comes 18:7 45:6 51:4 82:1 85:10 173:4 coming 19:22 48:11 61:23 71:25 73:7 77:14 89:13 107:8 130:19 165:1 171:13 173:22 178:19 command 86:3, 24 87:4, 6 88:5, 16 89:18, 19 90:21 91:6 92:1 93:11, 18 95:9 97:16, 20, 24 98:1 99:5, 17, 18, 20 100:3, 6 104:9, 14, 17 105:6, 14, 21, 22, 25 107:18 108:23 109:10 111:14, 16, 20, 24 112:5, 6, 16 125:23 commencing 5:1 comment 29:6 48:7 54:1 comments 19:2 COMMISSION 1:7 2:2 3:5, 7, 11, 13, 15, 17, 19, 21, 22 5:6, 11 6:23 15:10 29:10 41:8 44:3 63:1, 6, 13, 21 75:18, 19 79:2, 5, 12, 16, 25 80:18 81:19, 23 82:4, 24 83:4, 12, 19 84:15, 24 85:3 101:8 103:16 113:3 132:8, 12</p>	<p>139:4, 5 144:3 149:3, 15, 21 150:15 151:9 152:24 153:7, 12 154:1, 7 155:3, 10 157:7 165:17 166:1 171:23 172:5, 14 173:5 176:22 177:4 178:5 180:19, 24 181:3, 10, 12, 25 182:21 Commissioner 2:3, 4 5:3 58:4 75:17 76:20 82:15 83:6, 10, 18 136:24 149:13 155:9 173:4 178:6, 7, 18 180:14, 25 181:1 Commissioners 6:10 8:14 10:16 16:18 17:6 21:1 28:16 29:8 44:17 50:12 52:21 55:21 56:1, 19 57:11 67:25 88:11 91:5 99:7 116:2 154:11 172:3 Committee 71:14 96:8 159:21 161:2, 7 169:19 common 62:15 152:15 communicated 167:12 communicating 80:20 121:22 communication 19:10 20:7 communications 19:16 102:1 communities 130:20 170:7 173:19 community 54:9 58:7 68:21 118:6 127:15 130:18</p>	<p>131:10 132:6 156:4 177:20 COMPANY 183:22 compared 68:4 compel 57:9 compelling 59:13 compete 34:13 competition 10:24 35:9 65:18 competitiveness 67:4 complete 124:8 158:25 completed 27:12 completely 172:4 complex 109:19 complicated 152:9 comply 133:1 component 104:21 components 34:16 conceivably 40:21 concept 13:1 60:10, 11 conceptualization 97:25 Concern 32:13 75:10 82:5 99:11 114:5 127:23 128:5 130:14 151:23 178:20 concerned 68:21 70:22 76:12 95:2 131:18 132:5 151:20 concerning 121:15 concerns 18:11 99:1 101:12 127:9 130:5 153:24 164:24 concluded 11:17 condition 149:10 conditions</p>	<p>174:15 confer 90:14 conference 67:11 170:1 conferences 157:14, 21 conferring 153:3, 4 confidence 109:16 confluence 146:4 confused 17:7 confusion 19:6 137:1 congregate 96:21 168:23 170:22 Congress 94:2 connected 115:8 116:6 118:5 166:10 169:10, 15 connector 93:20 connecting 103:3 connection 70:11 101:11 103:19 connections 106:15 119:2 132:16 165:24 166:16 173:9, 21 connectors 106:20 consequences 56:12 conservation 69:7 consider 80:21 141:17 considerable 114:7 considerably 70:3 71:3 108:12 114:10 116:15 consideration 87:17 155:24 considered 106:19 considering 153:11 154:15 consist 166:21</p>	<p>consistency 20:17 consistent 19:10, 21 20:7 26:19 139:6 constantly 145:18 constraints 163:2 consult 154:2 consultations 98:14 consulted 98:11 consulting 9:6 contact 100:23 131:14, 20 containers 65:5 contains 32:1 contemplating 82:22 contemporaneous 63:25 64:5 context 115:24 continue 182:1 continued 88:16 93:17 117:25 135:19 161:20 180:8 185:2 186:2 continues 164:3 continuing 179:6 continuum 165:19 166:2 contract 53:11 54:16 55:11 contracted 162:10 contracts 53:13, 17 contractual 93:22 contradictory 129:6 contrary 19:5 129:25 131:6 contributed 147:18 contributions 99:2 contributor 57:23 control 39:7 69:5 72:19</p>
--	---	--	--	--

<p>controlling 99:6 convenes 16:13 convenient 63:7, 17 conversation 90:10 conversations 100:19, 20 151:18 173:25 179:22 converse 85:23 coordinate 22:8 coordinating 87:8 89:10 123:25 coordination 21:6, 10 92:21 105:5 106:22 108:4 111:15 core 93:11 Corners 107:25 corona 35:20 corporation 15:17 correct 8:8, 18 11:9, 12 14:8 21:12 23:6, 13 26:18 31:21 32:9 33:23, 24 36:9 39:11 51:5 59:22 64:21 67:5, 22 68:17 73:16 87:8, 9, 12, 13 93:5, 9, 10 96:18 98:11 114:5 143:16 147:5, 6 159:16 161:8 183:12 corrected 137:6 correctly 55:24 56:25 cost 36:9 40:16 65:16 costs 41:7 cost-shared 16:5 Council 21:4 22:17, 22 26:10 COUNSEL 2:12, 13, 14, 15, 17, 19, 22 3:6, 22, 24, 25 4:1, 2, 3, 4, 5, 6 5:6 6:12 7:7, 15</p>	<p>counterpart 23:16 39:15 countries 34:12, 17 country 72:10 couple 92:6 94:14 141:22 161:4 course 45:19 50:18 60:16 72:7, 18 73:3 79:6, 11, 13, 15 85:24 88:14 90:19 92:20, 25 93:12 100:7, 16 106:18 110:13, 14, 22 121:14 128:5 142:21 143:1 150:16 163:17, 18 168:22 174:16 181:24 cover 57:14 60:7 coverage 119:15 covered 173:15 179:17 COVID 33:23 41:25 42:17, 21 43:1 95:5 117:2 126:9, 22 147:19 156:4 162:10 167:10 168:24 179:15 COVID-19 1:7 25:2 79:13 95:18 114:20 166:8 crank 72:5 create 27:15 86:23 87:4 115:8 167:7 created 18:20 89:18 97:15 101:23 144:17 151:20 152:1 creates 80:2 creating 94:18 151:6 creation 105:4 credentials 144:20, 21 credit 84:22 136:19 crisis 147:16</p>	<p>Critical 99:25 103:21 105:16 119:20 163:21 criticism 164:4 cross 153:16 CRR 183:3, 23 crucial 118:12 cruise 96:24 cry 171:15 CSR 183:4, 23 current 153:12, 17 154:15 165:22 182:13 currently 33:5 44:23 95:18 custody 25:20 cut 115:22 155:19 cycle 59:21 171:8 cycling 60:1 cynicism 178:20</p> <p>< D > daily 90:14 108:15 114:12 120:7 161:13 Dale 100:20 101:20 damage 60:20 danger 28:6 dangerous 164:22 data 71:23, 24 120:7 157:18, 24 158:1 date 69:13 86:21 97:11 116:20 123:22 135:19 141:18 dated 133:6 183:16 dates 162:8 daughters 170:17 Dawn 3:8 day 1:15 9:21 30:21 33:20 62:21 64:1 105:21 114:9 120:11 121:18, 19 124:14 162:8 183:16 days 29:20 101:6 113:5</p>	<p>114:4 121:23, 24 122:22 124:3 141:22 143:4 161:7, 18 162:23 deal 17:1 24:9 26:23 28:1, 5 32:7 53:4 59:16 62:7 114:22 134:6 135:16 166:8 167:2, 24 168:12 176:9 177:21 dealing 21:5 25:2 48:17, 22 105:14, 15 124:16 152:7 dealt 24:15 46:8 48:6 49:18 89:1 127:7 152:16 Deana 4:10 183:3, 23 Deb 11:23 debate 126:8 156:10 debating 119:18 decanted 94:2 December 43:14 49:14 159:25 160:25 161:6, 25 162:9 decentralized 17:22 decide 157:3 decided 19:25 126:14 160:25 decides 82:2 decision 29:15 76:3, 9, 24 79:18, 23 90:6 128:23 129:16 130:10, 15 132:4 149:22, 24 159:2 163:12 decision-making 87:11, 12 88:25 89:3 104:25 106:9 108:5, 9, 17 128:22 decisions 70:21 87:21 88:7 106:23 108:10 109:24 110:4, 6,</p>	<p>19, 20 143:15 157:1, 4 deck 159:11 163:23 dedicated 112:18 Deeks 158:7, 16 deemed 16:17 108:10 deep 57:24 141:4 defer 53:14 define 175:14 defined 105:10 171:6 defining 175:24 definitely 86:9 delay 127:23 130:23 delayed 32:18 47:3 delaying 47:19 127:19 130:14 delays 113:1, 4 117:19 120:5 127:10 delegated 87:16 delegating 88:5, 20 deliberately 161:1 deliberations 56:20 delighted 80:24 delivered 164:12 deliveries 72:24 delivering 166:18 175:12 delivery 13:11, 16, 22 17:23 18:3 32:22 53:23 60:8 65:10, 21 delta 161:24 demand 32:15, 21 117:2 dementia 149:9 demonstrate 41:13 department 27:11 40:11 41:23 42:7, 25 dependency 117:5</p>
--	---	---	--	---

<p>dependent 158:15</p> <p>depending 99:13</p> <p>deployed 93:23 141:6</p> <p>deploying 142:2</p> <p>deployment 141:18 143:4</p> <p>depth 81:18</p> <p>Deputy 2:7, 9 3:4 5:20 7:2 8:9, 10, 18, 21, 24 9:16, 17, 21 10:1, 5, 14, 21 11:9, 12, 15, 20, 25 12:2, 3, 4, 6, 17 13:6, 7, 9, 14 14:6, 7, 18 15:5, 14 16:3 17:18, 21, 25 20:10 23:19 24:19, 23 25:16 26:2, 6, 12 27:2, 17 29:5 31:16 33:24 41:3 43:18 45:19 47:8, 9, 12, 14 53:14, 15, 25 54:14 55:9 56:17, 21 57:17, 18 59:23 60:12, 22 62:1 66:15 67:21 70:10 71:5, 18 72:18 73:17 76:21 77:4, 19 79:10, 14, 22, 24 80:14, 19, 23 82:3, 17 83:2, 7 84:7 85:14, 23 86:1, 4, 19, 25 87:3, 9, 13 88:18, 23 89:25 91:9 92:10, 17 93:4, 6, 10 94:12 95:14, 24 96:2, 18, 22 97:7, 13, 22 98:13, 19 99:15 101:9 102:22 103:15, 17, 18 104:6, 11, 12 105:3, 24 107:4, 12, 15 108:24 110:5,</p>	<p>10 111:3, 13 112:2 114:12 116:12 118:23 120:2, 23 122:11, 18 123:10 125:18, 22 129:11, 15 133:17 134:25 136:18 137:7, 15 139:10 140:13, 17, 18, 19 141:1 142:10 143:16 144:13 145:3 146:12, 20, 23 147:6 148:2 149:2, 14, 20 150:6 151:24 153:14, 21 155:14 156:25 159:9, 16, 18, 19, 22 160:2, 6, 15 161:10, 15, 23 162:3, 16, 22 166:5 168:5, 9 169:3 172:13 173:13 175:1 176:19 177:3, 15 178:8 179:17, 20 181:4, 8, 17, 18, 23 182:6, 9 186:7, 8</p> <p>Deputy's 85:22</p> <p>Derek 3:10</p> <p>describe 60:24 146:3 172:8</p> <p>described 12:12, 20 61:10 73:10 83:24 90:23 126:13 162:19</p> <p>description 12:13</p> <p>designed 32:2 88:25 89:15</p> <p>desire 141:23</p> <p>desperately 7:24</p> <p>destroy 45:21 76:9, 25 79:18 82:2</p> <p>destroyed 47:11 49:14 51:1, 3</p> <p>destroying 48:9</p>	<p>destruction 46:10, 13, 21 49:6 50:4, 13</p> <p>detail 57:7 86:14</p> <p>details 60:20</p> <p>determinants 167:3</p> <p>determine 137:25</p> <p>developed 25:21 31:4 120:8 137:21 165:8 168:1 174:23</p> <p>device 58:10, 15</p> <p>devices 58:6 135:19</p> <p>devise 138:21</p> <p>Di 159:19</p> <p>dialogue 172:2 181:16</p> <p>Diamond 96:17, 20</p> <p>diary 43:25 61:13 62:14, 17, 18</p> <p>Diaz 3:14</p> <p>dictate 32:16</p> <p>dictated 174:12</p> <p>die 80:3 122:2 162:11 185:11, 13</p> <p>died 51:16 113:12 121:25 122:2 185:10, 12</p> <p>difference 41:20</p> <p>different 19:15, 18 20:13, 15 25:9 26:23 64:4 90:23 93:16 105:10 108:1 126:9 136:3, 22 144:15, 16 152:7, 16, 18 170:2 172:8 186:11, 12</p> <p>differentially 176:12</p> <p>differently 176:5</p> <p>difficile 53:9</p> <p>difficult 36:7</p> <p>difficulties 65:9 143:12</p>	<p>difficulty 5:13 79:17 108:16 129:9</p> <p>direct 14:23 82:6</p> <p>directed 75:22</p> <p>direction 68:23 95:14</p> <p>directions 161:3</p> <p>directive 69:15</p> <p>directives 15:8 19:22 20:20</p> <p>directly 16:22 17:3 18:15 101:15 179:18</p> <p>Director 3:8, 10 169:20</p> <p>disagree 28:14</p> <p>disappointing 67:1</p> <p>disciplinary 152:14</p> <p>discipline 152:13</p> <p>disclose 61:4</p> <p>disconnect 139:13</p> <p>discuss 36:7 67:17 134:14 180:22</p> <p>discussed 18:14, 15</p> <p>discussion 65:8 88:3, 9, 17, 19 106:1 118:10 140:14, 16, 20 147:20 154:23</p> <p>discussions 6:12 124:25 153:23</p> <p>disease 22:5 28:2 80:4 109:13 113:9, 11 126:10 154:21</p> <p>diseases 79:8</p> <p>distribute 105:9 162:15</p> <p>distribution 93:19 159:8 160:11 163:1, 21</p> <p>distributors 35:3</p> <p>divided 23:1</p> <p>division 146:21</p> <p>divisions 146:24</p>	<p>docs 109:13 126:10</p> <p>Doctor 185:7</p> <p>doctors 113:6 117:20 152:11</p> <p>document 12:12 24:18 30:17 41:17 46:18 61:12 73:16, 18 85:8, 17, 18 113:15 116:18 136:8</p> <p>documents 4:14, 18 6:19 7:3, 9, 13, 17, 19, 25 23:24 24:13 25:10 29:21 92:21 135:14 137:10 139:5 145:14 154:4</p> <p>doing 47:23 50:6, 7 59:11 70:6 89:6 91:23 122:20 123:17 141:19 160:19 168:19 182:7, 10</p> <p>dollars 40:15, 18, 23 42:21 58:9</p> <p>domestic 35:6, 13 40:14 59:3 72:4</p> <p>Donated 73:24</p> <p>donations 70:15</p> <p>doses 163:24</p> <p>doubt 7:14 21:3 139:23</p> <p>doubts 55:25</p> <p>Doug 67:14</p> <p>Downey 178:10</p> <p>downtown 68:20</p> <p>downturn 41:15 42:8</p> <p>dramatic 64:12</p> <p>dramatically 65:23</p> <p>Drew's 115:6</p> <p>drive 121:1</p> <p>driven 151:5</p> <p>Drummond 3:4</p> <p>dry 160:9</p> <p>dubious 73:7</p>
---	---	---	--	--

<p>due 32:20 65:17 74:5 116:11</p> <p>Durham 133:10</p> <p>duties 16:19</p> <p>dying 128:6</p> <p>< E ></p> <p>earlier 114:4 130:10</p> <p>early 97:11 98:18 100:8 101:6 175:10 178:10</p> <p>easiest 85:7</p> <p>easily 53:6 163:13 172:11</p> <p>East 177:22</p> <p>easy 149:22, 23</p> <p>eating 83:8</p> <p>Ebola 25:10 26:20, 21 51:2 92:8</p> <p>Ebola-related 49:18</p> <p>economic 40:19, 22 41:15 54:7</p> <p>economy 42:11</p> <p>effect 82:6</p> <p>effective 56:16</p> <p>effectively 40:9 50:25 51:3</p> <p>efficacious 163:11</p> <p>efficacy 163:7</p> <p>efficient 106:14 170:24</p> <p>efforts 89:16</p> <p>eggs 60:25</p> <p>elaborate 57:16</p> <p>elderly 171:16</p> <p>elements 19:17</p> <p>elevation 78:25</p> <p>Elliott 2:7 5:5, 8 6:2, 9 8:7 12:15 13:4, 13 14:2, 9, 16 15:22 16:21 17:13, 19, 24 18:9, 18, 22 19:13 20:9 21:8, 13 22:12, 18 23:8, 14 24:1, 6, 12, 17 25:15 26:14</p>	<p>27:1, 21 30:5, 9, 12 31:22 32:10 33:16, 25 35:16, 25 36:10 37:19 38:1, 9, 13, 20 39:1, 12, 17 40:25 41:19 42:4, 13, 19 43:4, 20 44:10, 13, 21 45:5, 13, 23 46:2, 14, 19, 24 48:3, 14 49:4, 11 50:2, 16 51:6, 19, 22 52:17, 25 53:12 61:25 62:12, 19 64:4, 20 66:1, 6, 17 67:6, 23 68:9, 18 69:1, 12, 18, 23 70:8, 23 74:16 75:13 76:19 84:18 87:20 88:8 100:18 108:8, 9 110:8 111:23, 25 114:6 115:25 116:5, 23 117:12 118:3 122:13, 19 124:19, 24 125:13, 20 128:2, 25 129:13, 18 130:16 131:8 132:3 133:8, 15, 20 134:2, 8 135:3, 21 137:7 139:16 140:15 143:8 145:2 148:4 149:12, 19 150:4 151:8, 15 153:6 156:8 157:10 158:17, 24 159:13, 18 160:1 161:14 163:4 164:8 166:4 172:12 173:3, 12 176:18 179:5 182:8, 18</p> <p>EMAT 93:21, 22 94:1</p> <p>embarking 25:22</p> <p>EMCPA 137:8</p>	<p>emergencies 22:4 26:23</p> <p>emergency 20:8, 11 21:5, 7 22:2, 16 23:2, 5 24:3, 5, 10, 25 25:17 35:3 39:9 44:19 52:15 54:20 65:11 86:16 87:16 88:11, 14, 24</p> <p>emerging 20:14</p> <p>employees 20:3</p> <p>employment 10:2</p> <p>empty 50:25 71:19</p> <p>enable 137:16</p> <p>enabling 89:11</p> <p>encourage 139:14 179:2</p> <p>encouraging 180:9</p> <p>encumbered 91:25</p> <p>ended 66:8, 13 120:9</p> <p>enduring 81:9</p> <p>enforce 56:6 57:9</p> <p>enforceability 56:11</p> <p>engage 92:22</p> <p>engaged 92:17</p> <p>England 66:13</p> <p>enhance 104:18</p> <p>enhancing 149:16</p> <p>enormous 167:10</p> <p>ensure 19:9 20:6 37:11 38:18, 24 39:6 52:2 56:12 60:17 78:15</p> <p>entire 37:11 77:16 179:16</p> <p>entirely 73:15 94:13 136:22</p> <p>entities 15:21</p> <p>entry 145:21</p> <p>environments 96:25 145:7</p> <p>envision 168:22</p> <p>epidemics 22:5</p>	<p>epidemiologists 109:12</p> <p>episodic 83:23 84:4</p> <p>equally 99:1</p> <p>equipment 34:8 35:11 36:24 57:25 73:25 74:22, 24 75:15 77:12, 16 78:8 82:8 105:14 120:13, 14, 17</p> <p>Eric 2:19</p> <p>escrow 65:20 66:7, 24</p> <p>especially 172:16</p> <p>essential 34:7, 21 37:3 144:1 165:1</p> <p>essentially 87:8</p> <p>established 150:22 151:6</p> <p>estimate 37:14, 15 71:3</p> <p>estimated 37:5 40:12, 16 42:1</p> <p>estimates 70:3</p> <p>Europe 66:12 118:12 160:13, 23</p> <p>European 170:5</p> <p>evening 64:15</p> <p>evenings 180:1</p> <p>event 52:15 81:8 115:13 121:9 143:23, 25 144:9</p> <p>events 32:3</p> <p>eventually 86:20 107:10 135:12 140:4 181:12</p> <p>everybody 6:3 55:25 75:25 131:21 152:11 178:22</p> <p>everybody's 76:5</p> <p>evidence 20:14 26:18 28:18, 20, 22, 24 29:4, 11 91:2 99:7 104:8 135:6</p>	<p>136:7, 9, 16 138:18, 19 139:3</p> <p>evident 51:11 96:19</p> <p>evolve 33:6</p> <p>evolved 93:5</p> <p>exacerbated 40:7</p> <p>exact 43:21</p> <p>exactly 12:16 44:11 91:3 179:18</p> <p>examination 146:18</p> <p>examining 151:17 153:12</p> <p>example 13:19 19:3, 23 20:1, 2, 3 21:23 33:12 36:7 44:23 68:11 88:21 93:19 96:16 106:3, 17 108:6 112:9 117:19 118:18 175:16 176:23</p> <p>examples 169:18 170:9</p> <p>excellent 83:5</p> <p>exceptional 103:10</p> <p>exchanged 19:20</p> <p>excited 180:4</p> <p>exclusively 94:10</p> <p>execute 141:24</p> <p>Executive 86:15 110:17</p> <p>exercised 87:18</p> <p>exercises 118:14</p> <p>exist 25:13 40:18</p> <p>existed 10:12 24:9</p> <p>exorbitant 36:9</p> <p>expand 58:17 105:1</p> <p>expanded 106:11</p> <p>expect 62:4</p> <p>expectation 50:5 175:24</p>
---	--	---	---	---

<p>expectations 171:7</p> <p>expected 16:11 19:19 39:10 46:24 52:1</p> <p>expecting 49:5 61:22, 24</p> <p>expeditiously 87:19</p> <p>expenditures 43:2, 14</p> <p>experience 58:3, 5, 11 80:16 81:12, 14 99:25 100:2 107:6, 7 143:6 148:22 150:25 151:4 155:16 160:24 169:2</p> <p>experiencing 24:11</p> <p>expert 59:10 91:15</p> <p>expertise 59:1 90:9, 17 92:2</p> <p>experts 32:25 34:18, 20 88:12 97:3 118:11</p> <p>expire 122:21</p> <p>expired 45:22 46:9, 12 48:6, 9 49:6, 7 59:19 73:24 74:5, 8, 10, 15, 17, 18, 19 76:25 77:16</p> <p>explain 116:1</p> <p>explained 59:15, 16 111:7 130:22</p> <p>explanation 117:23 122:4</p> <p>express 98:25 149:9</p> <p>expressed 13:5 99:10 101:7 127:8, 17 130:5 141:23</p> <p>expresses 127:18</p> <p>extent 7:19 138:24</p> <p>external 59:1</p> <p>extreme 40:6</p> <p>< F ></p>	<p>fabric 77:21 78:6 121:5</p> <p>face 20:7 34:4 40:21 49:24 128:23 157:2</p> <p>faced 67:25</p> <p>facilitate 88:25 105:18</p> <p>facilitated 172:21</p> <p>facilities 21:12 22:9 23:12 37:23 39:6, 24 126:6 141:5</p> <p>facility 97:5 170:11</p> <p>facility-level 37:10</p> <p>fact 7:5 25:8 29:15 48:4 50:3 52:6 53:7 58:22 60:6 74:24 84:22 99:8 106:5 118:21 119:20 120:8 121:10 123:5 126:2 130:13, 23 135:11 136:16 172:19</p> <p>factions 186:11</p> <p>factor 156:3, 5</p> <p>faded 144:4</p> <p>fading 41:9</p> <p>failure 50:13</p> <p>fair 28:19 146:20</p> <p>fairly 8:4 68:4</p> <p>fairness 29:1, 2 147:4</p> <p>fall 42:1 111:9 156:2, 9</p> <p>familiar 12:13, 25 13:3 85:14 86:2 133:14</p> <p>families 169:5</p> <p>family 56:2 177:25</p> <p>farms 78:2 93:25</p> <p>farther 32:23</p> <p>Faskens 65:20</p> <p>fast 138:3</p> <p>faster 142:21</p> <p>fastest 56:15</p>	<p>fast-forward 76:8</p> <p>fear 143:19</p> <p>feature 138:12</p> <p>February 1:16 58:24 90:4 97:4 183:16</p> <p>Federal 40:11 43:10 71:11 141:2, 16, 25 142:12 143:6</p> <p>feel 29:13 38:17 147:10 148:7, 17, 21 170:24</p> <p>feeling 167:15</p> <p>feels 51:23 56:1 153:25</p> <p>feet 152:3</p> <p>felt 58:16 91:16, 20 92:12, 17 109:3 142:22 158:10</p> <p>fence 151:10</p> <p>fencing 151:11</p> <p>field 106:12</p> <p>fifth 10:6</p> <p>figure 56:18 142:16 169:23 181:5</p> <p>figured 160:23 181:12</p> <p>figuring 89:8 141:23</p> <p>filled 77:16</p> <p>finally 164:7</p> <p>Finance 40:11 41:23 42:7, 25 67:14, 22</p> <p>financial 40:5 42:20 136:17 152:4</p> <p>find 25:12 35:8 38:4 50:12 123:11, 14 141:7</p> <p>finding 54:23</p> <p>findings 154:12</p> <p>finds 15:11 39:22</p> <p>fine 63:14</p> <p>Finley 4:1 84:11, 20, 23, 25 85:1, 19 113:24</p> <p>firming 53:17,</p>	<p>19</p> <p>fits 165:19, 21</p> <p>fix 71:9 122:6</p> <p>fixed 122:9</p> <p>flatten 88:5 104:24</p> <p>flow 90:10 121:18 171:24</p> <p>fly 123:18</p> <p>focus 35:14 77:23 94:9, 13</p> <p>focused 186:14</p> <p>focussed 94:16 160:21 179:15 186:14</p> <p>follow 164:14, 17</p> <p>followed 4:15 69:4</p> <p>following 4:14, 19 96:17</p> <p>forbid 60:19</p> <p>force 59:8 93:23 105:15 159:8</p> <p>forced 34:13</p> <p>fore 145:4</p> <p>forecasting 33:1</p> <p>foregoing 183:5, 11</p> <p>forget 73:6 76:11 106:16 119:6 140:23 141:3 161:12</p> <p>forgotten 140:9</p> <p>formal 23:17 106:24 108:9 141:13 169:23</p> <p>formally 171:9</p> <p>formative 106:1 112:5</p> <p>formerly 115:6</p> <p>forming 179:3</p> <p>forth 183:7</p> <p>fortunately 94:24 116:11</p> <p>forward 19:18, 22, 24 44:5, 15, 17 48:11 52:11 53:22 55:14 57:8 81:22 100:5 101:12 103:7 112:4 146:15 158:16</p>	<p>166:17 180:8, 17 182:11</p> <p>found 6:15 9:2 38:5 84:5 122:8 123:6</p> <p>four-week 56:8 81:2, 3</p> <p>fractions 152:7 186:12</p> <p>fragile 9:7</p> <p>frailties 165:23</p> <p>frailty 165:17</p> <p>frame 98:5</p> <p>frames 122:17</p> <p>framework 16:9 19:23 75:24</p> <p>Frank 2:2 5:11 6:23 29:10 41:8 43:9 63:1, 6, 13, 21 75:19 79:5, 12, 16, 25 80:18 81:23 82:4, 24 83:4, 12, 19 84:15, 24 85:3 99:10 103:16 132:8, 12 144:3 149:3, 15, 21 150:15 151:9 152:24 153:7 155:10 171:23 172:5, 14 173:5 176:22 177:4 178:5 180:19, 24 181:3, 10, 25 182:21</p> <p>Franklin 3:12</p> <p>frankly 27:10 72:8 158:9</p> <p>free 159:4</p> <p>frequent 100:19, 23</p> <p>fresh 76:5, 6 77:14</p> <p>Friday 142:13 146:18</p> <p>friend 115:5</p> <p>front 67:18 86:22 90:4 101:19 156:2</p> <p>Fullerton 10:11 111:23 147:16</p> <p>function 108:5</p> <p>functionality 88:13</p>
--	--	---	---	--

<p>functionally 26:13, 15 103:4 175:5</p> <p>functioning 15:16 120:25</p> <p>functions 76:14</p> <p>fund 16:4</p> <p>funds 72:9</p> <p>furnished 71:16</p> <p>future 45:12 71:7, 13 77:6 154:19, 21 164:15 180:4 182:13</p> <p>< G ></p> <p>Gail 9:11</p> <p>game 91:11</p> <p>Games 118:18</p> <p>GANT 11:2 184:5</p> <p>Gantt 184:5</p> <p>gap 122:8</p> <p>gaps 167:13, 14</p> <p>Garron 172:19 176:23</p> <p>gather 89:21 118:17</p> <p>GDP 40:20 42:2, 9, 17</p> <p>General 2:13, 14, 19, 21 27:22 38:4 48:5 75:4 141:15 159:10, 14, 20, 21 177:18</p> <p>geographic 179:9</p> <p>geriatric 170:1</p> <p>get-go 97:24</p> <p>give 6:3 44:5 56:18 72:22 85:20 123:21 155:11</p> <p>given 45:25 54:6 80:16 81:18 103:2 126:12 131:7 148:18</p> <p>gives 111:16</p> <p>giving 19:5 150:10 182:19</p> <p>global 32:14</p> <p>goal 78:11</p> <p>goals 178:14, 23</p>	<p>good 6:10, 25 16:4 60:13 103:2 127:16 167:4 173:11 176:16 181:1</p> <p>govern 177:8</p> <p>government 11:7, 8, 21 13:2 14:20, 21 15:12 26:20 30:7 33:20 44:5, 6 45:16, 17 46:11 48:7, 11, 20 51:16, 23 54:5, 6, 8, 18 67:20 71:11, 19 74:14 76:14, 15 88:20 92:23 95:21 104:18, 22, 24 107:7 108:12 110:7, 12, 15, 18, 20 123:6 141:2, 16, 25 142:12 143:7 147:25 152:2 153:13 154:16, 20, 25 157:1, 16 168:11, 17, 19</p> <p>governments 28:12 33:13</p> <p>government's 47:2</p> <p>gov't 115:8</p> <p>Gowling 3:22, 24, 25 4:1, 2, 3, 4, 5, 6</p> <p>graduation 148:17</p> <p>graphic 80:4</p> <p>grappling 169:16</p> <p>great 51:2 59:16 83:13 172:20</p> <p>greater 156:13</p> <p>greatest 143:12</p> <p>Gross 4:3 40:13</p> <p>ground 88:6, 15 89:1, 10, 14 91:11 100:12 103:20</p> <p>group 101:1 152:12, 16 155:18 168:14</p>	<p>169:24 171:16 173:18 175:4 179:11</p> <p>groups 100:22 152:20 179:10</p> <p>growing 117:2 168:13</p> <p>growth 42:9</p> <p>guarantee 151:21 163:7</p> <p>guess 8:2 9:14 20:25 36:21 39:4, 10 43:23 55:9 74:5 94:15 95:23 105:7, 16 112:23 114:17 116:19 120:3 131:22 147:17 150:23 168:16, 18 175:22</p> <p>guidance 18:7 24:24 70:19</p> <p>guided 25:1</p> <p>guy 41:3</p> <p>< H ></p> <p>Hamilton 126:1</p> <p>hand 53:4</p> <p>handle 37:6</p> <p>hands 88:14</p> <p>handwritten 7:23</p> <p>handy 102:13</p> <p>happen 8:11 41:15 42:11 60:17 66:3 76:13 77:17 89:3 148:9, 11</p> <p>happened 28:14 44:4 70:7 78:2, 3 79:3 103:22 134:19 137:19, 23 142:21 149:10 166:12</p> <p>happening 50:9 62:23 65:24 67:17 71:13 76:18 100:11 126:13, 16 130:20 136:1 139:21 142:3</p> <p>happens 67:10 86:21 88:13 137:2</p>	<p>happy 102:20 155:11</p> <p>hard 27:7 35:22 79:19, 21 102:19 123:11, 18 150:24</p> <p>harm's 136:20</p> <p>Harris 11:8 168:17</p> <p>Hartley 59:15 83:24</p> <p>hat 171:5</p> <p>hate 9:23 153:24</p> <p>Hawthorn 3:16</p> <p>head 89:22 91:7 100:20 125:6 130:1 176:25</p> <p>headquarters 66:20</p> <p>Health 2:8, 9, 10, 22 9:3, 4, 15, 17, 20, 25 10:2, 7 11:16 12:9, 20, 22, 23, 24 13:10, 12, 17, 20, 22 14:1, 5, 13, 14, 15, 17, 19 15:3, 7, 11, 19, 20, 23 16:1, 2, 5, 8, 10, 13, 14, 15, 17, 20, 25 17:2, 3, 9, 11, 17, 22 18:1, 4, 8, 11 19:5, 9, 12, 15 20:6, 11, 14 21:6, 7, 11, 20 22:5, 16, 23 23:3, 5, 20 26:7, 11, 23 31:5 32:25 33:10, 11, 15 34:8 36:24 38:22 44:18, 19, 24 47:16 48:21 52:15 53:23 54:21 55:12 57:15, 22 60:6 62:9 67:21 69:17 77:25 79:4 86:16, 17, 24 87:4, 5 89:18, 19, 22, 23 91:6, 12, 13, 15 96:7, 9 98:20, 21 99:22, 23</p>	<p>101:22 103:2, 4, 5, 6, 23 104:17, 21 106:19 107:6, 8, 16, 17 108:22 109:8 111:11 114:9, 14, 23 115:15 118:4 119:10 121:5 123:25 124:3, 5, 9 126:10 127:14 128:15 130:4 133:2, 10 135:13, 18 136:12 138:4, 25 140:6 141:11 143:13, 24, 25 144:10 146:7, 10, 22 147:1, 22 152:8 154:10 156:11, 12, 18 158:4 164:24 166:9, 20, 25 167:3, 4, 7, 9, 17, 22, 24 172:6, 18, 20 173:8 174:9, 23 175:3, 6, 12, 17 176:14 177:2, 10, 19 178:1, 9, 15, 25 179:23, 25 180:2, 9 181:18 184:9, 10, 12</p> <p>Health/Ministry 2:15, 17, 25</p> <p>healthcare 184:12</p> <p>healthy 68:7</p> <p>hear 5:16 19:14 20:23 83:8 101:16 117:21 139:4, 5 164:11 176:15</p> <p>heard 11:7 14:4 18:10 19:3 20:2 25:4, 8 26:19 27:9 37:20 44:23 45:19 55:21 56:2 57:11 59:14 68:11, 19 80:4 88:11 97:15, 16 99:7 104:8 109:22</p>
--	---	--	--	---

<p>112:25 113:3, 4 117:16, 20 118:11 125:3, 4, 6 127:12 133:9 136:22 147:9 156:10 161:9 163:20, 22 165:16 168:14 169:18 178:10, 13, 20 hearing 17:10 23:7 71:18 101:15 139:6 Heather 64:16, 18 heaven 60:19 Held 1:14 47:5 50:10 57:4 90:3 Helen 2:9 8:18, 21, 24 10:1, 5, 14, 21 11:9, 12, 15, 25 12:3, 17 13:7, 9, 14 14:18 15:5, 14 16:3 17:18, 21, 25 20:10 23:19 24:19, 23 25:16 26:2, 6, 12 27:2, 17 33:24 43:18 47:9, 14 53:15 54:14 56:21 57:18 59:23 60:12, 22 62:1 66:15 70:10 71:5 72:18 73:17 77:19 79:10, 14, 24 80:14, 23 82:3 83:7 84:7 86:4, 19, 25 87:3, 9, 13 88:18, 23 89:25 91:9 92:10 93:6, 10 94:12 95:24 96:2, 18, 22 97:7, 13, 22 98:13 99:15 101:9 102:22 103:15, 18 104:6, 12 105:3, 24 107:4, 12, 15 108:24 110:5, 10 111:3, 13 112:2 118:23 120:2, 23</p>	<p>122:11, 18 125:18, 22 129:11, 15 133:17 134:25 137:15 139:10 140:13 141:1 142:10 143:16 144:13 145:3 146:20 147:6 148:2 149:2, 14, 20 150:6 151:24 159:9, 16, 22 160:2, 6, 15 161:10, 15, 23 162:3, 16, 22 168:9 169:3 172:13 175:1 176:19 177:3, 15 179:20 181:8, 23 182:6, 9 help 7:10 47:8 64:3 80:22 82:1 137:17 142:24 143:1, 10 144:18 145:7 154:20 167:10 174:5 176:20 helped 167:17 helpful 102:17 106:1 176:15 181:15 helping 59:1 85:11 hesitancy 177:21 high 131:12 174:12 177:9 higher 70:3 71:4 126:4 highest 67:20 156:13 highlight 82:22 97:3 highly 34:23 55:18 141:5 163:21 Hiller 159:15, 21 Hillier 159:10 Hillmer 156:6 162:11 hindsight 122:12 142:21</p>	<p>hired 104:9 115:7 hiring 104:13 hit 34:18 35:20 42:17 hits 51:1 hold 149:23 home 64:15 72:8 89:9 99:24 124:1 125:25 128:9 139:18 156:6 164:1 166:13 168:15, 19 170:15, 18 171:1 186:5 homes 21:24 38:6, 18 50:19 51:9, 12, 17 52:1, 14 53:6 54:12 55:15 56:13 57:14 69:5, 6, 9 77:12 79:7 103:20 104:2 117:16 124:17 128:4 132:23, 24 134:5, 10, 18 135:24 136:1, 3, 15 139:21, 25 141:8, 12 142:17 143:12, 14 147:19 148:24 154:17, 22 156:4 164:10 165:2, 7, 11, 14 166:24 172:22 186:4 honest 101:1 107:20 Honourable 2:2, 7 hope 20:19 171:9, 22 181:20 hopefully 53:23 172:2 hoping 153:14 154:25 180:22 Hoque 2:24 horrific 55:24 Hoskins 28:10 hospital 68:15, 24 81:6 89:8 97:17 98:22 99:8, 21 100:21</p>	<p>103:9 115:7 166:13 172:22 176:24 hospitals 21:23 55:15 68:2, 6, 21 77:12 94:10 103:19, 25 115:16 118:6 132:15, 22 134:10, 17 135:7, 23 136:2, 14, 19 137:17 138:6, 25 139:18, 24 142:3 143:10 164:21 165:25 166:23 host 25:9 26:23 27:9 hour 6:1 hours 113:19 126:25 131:19 house 94:19 95:12 96:14 Housing 9:1 170:14 171:3 HPPA 13:19 137:5 138:21 140:2 huge 43:5 human 22:5 140:6 143:23 144:8 146:7, 22 147:1 humanity 104:1 humans 33:8 Hume 115:5 hurt 52:18 hypothesis 126:7 < I > ICU 95:2 112:7 Ida 3:6 idea 44:20 59:19 60:15 103:2, 3 109:23 127:16 128:2 173:11 177:11 ideas 112:4 144:23 145:4, 8 146:2 150:7 identified 34:21 156:6</p>	<p>identify 82:16, 17 idle 145:11 ill 95:5 illness 37:7 illustrate 67:9 154:24 illustrates 67:3 imagine 7:20 166:5 immediately 31:14 Immigration 9:18 immunity 153:24 Immunization 161:2 impact 40:5, 19, 22 41:24 42:20 45:16 113:13 127:24 128:17 130:8 182:16 implantable 58:6, 15 implement 31:8, 21 110:20 implementation 106:4 implemented 176:12 implementing 160:20 implications 106:12 imply 149:22 importance 180:16 important 53:21 54:21 58:16 62:22 77:25 78:5 80:15 81:8 96:6 100:2 103:6 105:12 121:2, 10 128:3, 10 129:1 142:19 150:2 151:12, 13, 14 154:24 155:16 157:11 158:21 178:11 179:16 182:10, 12 importantly 163:18</p>
--	---	---	---	--

<p>imposing 19:16 impossible 7:12 impression 92:6 111:16 IMS 137:21 139:12 inability 18:12 inaction 18:13 inadvisable 52:19 included 6:13 39:24, 25 60:23 75:7, 9 79:13 97:25 98:7 includes 21:10 including 6:4, 14 9:5, 13 21:11 22:6, 8 27:5, 10, 13 28:12 37:4 58:20 70:15 72:1, 23 102:24 146:25 164:19 175:6 180:12 increase 116:14 117:3 130:17 131:9 indemnity 134:16 independence 16:24 17:15 independent 14:10, 19 15:16 59:5 70:21 90:20 171:12 INDEX 4:17 indicates 22:3 130:8 indicating 64:22 individual 57:4 89:4 individuals 169:5 industry 97:17 infected 122:1 125:9 156:7 185:10, 12 infection 37:7 81:9 infections 53:5 72:14 infectious 109:13 126:10 influenza 30:8 31:6, 9, 13 32:4,</p>	<p>9, 19 33:2, 4, 21 34:5, 19 35:19 37:8 40:6 79:8 inform 80:12 176:20 Information 9:15 19:20 informed 13:17 86:9 96:5 infrastructure 168:11 inherent 65:9 inherited 18:25 initial 10:2 86:10 initially 118:7 initiate 34:12 initiation 98:24 initiative 145:24 176:8 initiatives 147:25 153:13, 17 154:16, 25 Inquiry 77:23 80:15 inspection 57:3 inspections 51:25 inspectors 52:3 instance 163:14 instantaneously 65:24 Institute 9:14 institutional 170:25 instructions 86:23 164:15 insured 134:18 integrated 101:24 integrating 167:4 Integration 91:13 167:24 intelligent 76:16 intelligently 80:10 intend 54:1 63:2 intended 37:10 intending 77:3 intense 65:17 intensify 170:18 intent 105:9</p>	<p>intention 77:2 165:12 interacting 151:22 interaction 172:21 interconnectedness 121:3 interest 39:22 153:24 180:8 181:22 interested 101:15 156:21 interestingly 78:18 Intergovernmental 140:18 186:7, 9 International 9:18 32:15, 21 34:20 65:17 67:18 interrupt 84:12 171:24 interrupted 104:5 intertwined 21:21 interview 29:17, 23 137:13 introduced 57:13, 21 106:10 intuitive 13:16 inventory 77:9 185:4, 5 investigate 154:11 investigation 51:11 invite 163:15 invited 98:4 involve 130:13 involved 10:18 11:10 41:3 89:20 93:18, 21 94:1 97:20, 23 104:10, 13 141:11 174:21 involvement 105:1 involves 153:12 involving 115:14 118:6 IPAC 78:22</p>	<p>137:19 iron-clad 56:11 issuance 70:4, 12 issue 23:11 34:3 36:1 48:23 54:2, 10 55:20 56:20 67:9 69:15 77:1, 4 80:8 83:23 88:9 112:24 134:13, 15 136:4 163:2 168:23 issued 26:20 68:23 132:21 133:13 135:23 136:11, 14 issues 18:13 21:20 31:2 50:17 53:3, 5, 8 62:20 69:7 148:6, 12, 15, 25 157:15 174:13 180:23 Italy 95:1 items 4:15 30:4 32:4, 8 34:15 iteration 93:9 iterations 93:5</p>	<p>10, 13, 22 12:1, 7, 18 13:6, 8, 24 14:3, 12 15:2, 10, 18, 25 16:16 17:4 18:17, 19, 24 20:1, 21, 24, 25 21:9 22:1, 14, 21 23:9, 15, 21 24:4, 8, 16, 22 25:3, 24 26:4, 8, 17 27:3, 19 28:9 29:7 30:1, 6, 11, 15 31:23 32:11 33:18 34:1 35:18 36:3, 12 37:20 38:2, 11, 15, 23 39:4, 14, 19 41:1, 11, 22 42:6, 15, 24 43:8, 23 44:11, 15, 22 45:8, 18, 24 46:5, 17, 20 47:7, 10, 17 48:13, 24 49:9, 13 50:11, 24 51:8, 21 52:10, 22 53:10, 25 55:19 57:10 59:14 60:9, 14 61:11 62:2, 13, 25 63:4, 10, 19, 24 64:9, 22 66:3 67:3, 7, 24 68:10, 19 69:3, 14, 20 70:1, 25 72:6 73:14, 22 75:5, 16 83:17, 21 84:9, 11 85:5, 21 86:12, 20 87:1, 5, 10, 14, 23 88:10, 22 89:17 90:22 92:9 93:2, 7 94:4 95:10 96:1, 15, 19 97:4, 10, 14 98:10 99:4 100:25 101:18 102:13, 20 103:12 104:4, 7, 23 105:20 106:25 107:5, 14 108:18 109:20 110:24</p>
---	---	--	---	--

<p>111:9 112:20 113:24, 25 114:15 115:23 116:1, 17, 24 117:13 118:9 119:17 120:22 121:20 123:4 124:20 125:3 127:5 128:12 129:4, 20 130:21 131:16 132:7, 11, 14 133:9, 18, 24 134:3, 23 135:6 136:6 138:17 139:15, 23 140:25 142:8 143:17 144:7 146:6 147:4, 7 152:22 153:10 154:6 156:1, 9 158:3, 20 159:6, 11, 23 160:4, 10 161:5, 22 162:2, 5, 18 163:20 165:15 168:5, 10 172:1 180:21 182:5 Johnstone 127:13 128:14 130:1, 6 join 99:20 joined 89:23 joined-up 96:10 joint 100:19 146:23 jointly 112:14 Jones 159:14 Joseph's 99:22, 23 Joshua 4:5 journal 138:23 journey 151:25 152:20 153:2 jump 28:17 115:2 jumping 85:20 June 9:22 11:17 21:15 49:12, 13 jurisdictions 34:4 35:10 72:25 95:1 144:21 160:22</p>	<p>170:6 Justice 84:22 just-in-case 60:11 just-in-time 60:10 < K > Kavi 4:2 keeping 11:2 kept 50:22 62:17 key 34:3, 15 kick 108:3 177:12 kill 33:21 kind 58:18 59:7 60:20 62:24 70:19 71:23 81:12, 13 86:9 88:13 89:11, 12 90:11 91:21 92:14 100:9, 14 101:23 106:3, 7 108:3 119:9 121:18 126:18 141:23 142:25 151:5, 21 152:11, 12 160:9 169:23 170:6, 10, 11, 21 171:3, 10, 17 176:1 178:21 kinds 58:18 61:9 78:24 97:1 King 3:25 Kingston 168:14 Kinsey 2:22 Kitts 2:4 58:4 178:6, 7 180:14 knew 42:19 49:7 51:25 66:20 74:17 109:15 114:7 125:13, 19 174:13 knowledge 76:14, 15 90:9 104:19 known 56:9 knows 174:2 Kristin 2:15 Kyle 134:3 139:2</p>	<p>Kyle's 135:6 138:7, 19 140:2 < L > lab 114:22 115:9, 14, 16, 18 116:8 118:5, 21, 24 119:1, 12 120:8 laboratories 121:4 laboratory 119:15 121:8 labour 105:15 134:13 146:4 labs 115:16 116:3 117:4 118:2, 6 119:5 120:17 121:9, 17 122:7 124:5, 9 lack 34:6 107:1 laddering 150:7 laggards 176:9 Lakeridge 138:20 large 51:12 65:3 114:24 largely 15:7 49:18 160:17 larger 118:21, 24 largest 72:7 late 5:13 111:9 117:25 160:24 lateral 106:11 law 6:2 8:5 76:2, 3 lawyer 62:15 135:13 lay 145:6 Lead 3:12 86:16 90:12 92:11 leaders 105:10 109:17, 21 leadership 100:12, 15 leading 92:15, 18 105:10 Leamen 2:17 learn 150:21 learned 81:17 leave 10:9 130:10 147:13 148:16 149:4</p>	<p>152:25 155:9 177:14 leaving 173:1 led 92:24 left 9:5, 12 11:16, 20 47:25 49:18 60:2 99:11 119:24 156:19 158:11 Legal 3:6 177:7 legislate 52:13 legislating 52:12 legislation 16:7 18:7 25:6 45:10, 11 52:19, 20 54:17 56:22 57:12, 13, 21 60:14 78:9 138:13 184:7 legislations 13:18 184:7 legislature 10:11 147:17 legitimate 73:9 lengthy 155:6 lesson 76:10 120:25 lessons 95:6 100:4 Lett 3:10 level 17:14 51:24 143:19 156:13 levels 158:2 Leverage 57:25 leveraged 106:21 leverages 55:11 levers 179:24 LHIN 69:10 166:19 LHINs 68:20 69:4 167:25 liability 134:15 lie 45:2 51:15 life 50:14 51:20 55:25 81:9 171:8 lifeboat 117:15 123:7 Lifesaver 84:19 light 56:13 146:15 156:17 limitations 74:23 75:14</p>	<p>lines 184:14 185:10 lining 180:16 link 59:2 78:21 linked 174:2 listen 104:14 listened 158:13 listening 28:14 111:19 lists 37:14 literally 66:8 live 156:25 170:22 175:7 lived 81:4, 6 local 13:21 15:23 16:5, 13, 25 20:13 89:2, 12, 16 91:12, 13 103:22 135:18 136:11 166:19 167:7, 10, 24 174:9, 13, 14 localized 177:7 locally 173:10 locate 130:18 located 65:1 location 60:20 61:1, 4 148:11 locations 173:22 lockdown 156:11 Logistics 71:14 long 8:12 27:15 63:12 72:3 94:8 103:9 120:4 129:24 136:5 138:12, 16 162:20 173:20 185:18 longer 63:11 113:5 167:25 longevity 58:15 LONG-TERM 1:7 2:16, 18, 23, 25 3:5, 6, 8, 10, 12, 15, 16, 18, 20 9:8, 10 10:12, 19, 22, 25 12:4 21:11, 17, 18, 20, 22, 24 22:8, 11, 15, 25 23:4, 10, 12, 18 38:6, 18, 22 39:6, 7, 24, 25 50:14, 19</p>
---	---	--	---	---

<p>51:9, 10, 16, 17 52:1, 14 53:6 54:8, 9, 12 55:15 56:17 57:14 68:5 69:5, 6, 9, 16 70:5 72:8, 23 77:12 79:6, 7 82:6 89:9 94:3 97:5, 17, 23 98:8, 15, 16 99:10 101:4, 5, 10, 12, 15 102:3, 4 103:1, 10, 20 104:2 111:12 113:1, 2 124:1, 17 125:6 126:6, 13, 17 127:25 128:4, 9, 11 129:7, 8, 17 130:11, 13 132:16, 23 134:10, 18 135:1, 4, 11, 24 136:3, 5, 12 137:18 138:2, 10, 13, 14, 24 139:18, 21 141:4 143:11, 14, 22 144:11 145:7 146:9, 13 147:1, 3, 18 148:24 154:17, 22 156:3 162:10, 24 163:13, 15, 19, 25 164:2, 5, 10, 20 165:2, 7, 10, 14, 18, 19 166:3, 14, 24 168:7 169:21 170:2, 11, 25 172:22 175:7 180:12 182:13 185:15, 16, 18, 19 186:4, 5 looked 8:12 28:23 38:5 39:13, 16 62:10 68:13 71:24 73:16 81:18 looking 7:17 41:5 70:20 71:23 73:5 81:7 94:25</p>	<p>100:9 106:17 113:22 123:12 130:16 145:19 170:2 looks 13:10 76:16 lose 66:23 100:4 174:22 loss 50:14 51:19 55:25 56:1, 2 81:9 131:4 lost 167:15 lot 16:23 33:22 48:19 56:5 59:24 81:17, 18 111:19 117:14 126:8 145:14 148:16, 21, 25 152:4 153:3, 4 155:7 165:17 170:5 178:20 low 71:10 95:19 120:18 LTC 133:5 Lynn 3:24</p> <p>< M > machines 120:19 made 49:25 65:7 72:13 76:4, 9, 24 79:17 81:16 90:6 109:24 110:4, 6 128:23 130:15 132:4 143:15 156:22, 24 157:2, 5 158:18 183:8 Mahoney 3:24 main 25:18 maintain 50:20 52:9 59:20 maintained 44:8 50:19 major 167:19 majority 121:25 making 51:13 53:19 87:21 88:7 95:3 112:15 166:9 167:15 178:16 manage 54:9 91:21, 22 171:16</p>	<p>Management 24:25 30:19 55:20 57:12 60:23 78:7 86:8 113:16 131:14 132:24, 25 136:3, 13 138:1, 9, 11 139:25 Manager 11:1 managing 61:9 90:10 mandate 44:3 147:24 153:11 173:11 mandated 173:13 177:14 mandating 45:11 172:25 177:12 mandatory 13:19 70:4 Mann 2:14 manner 122:25 manufacturer 161:3 163:5 manufacturing 35:5, 7 March 58:24 61:16 62:3 68:1, 22, 23 69:10 70:2 91:6 94:9 95:15 97:11, 19 98:12 99:13 108:14 113:15 133:12 148:14 Margaret 81:5 market 55:16 59:8 146:4 Marrocco 2:2 5:4, 11 6:23 29:10 41:8 63:1, 6, 13, 21 75:19 79:5, 12, 16, 25 80:18 81:23 82:4, 15, 24 83:4, 10, 12, 19 84:15, 22, 24 85:3 102:11 103:16 132:8, 12 136:24 144:3 149:3, 15, 21 150:15 151:9 152:24</p>	<p>153:7 155:10 171:23 172:5, 14 173:5 176:22 177:4 178:5 180:19, 24 181:3, 10, 25 182:21 Marrocco's 178:19 Martin 115:5 mask 65:15, 17 masking 68:25 69:8, 15 70:5 masks 34:22 37:16, 17 61:21 62:3, 8 64:24 65:1, 6 66:23 71:2 74:18, 19, 20, 25 75:4, 7 masters 110:17 material 6:15, 17 37:3 43:25 145:5 materials 11:2 Mathai 2:13 5:3 20:22, 24 28:16 82:15 83:1, 5, 6, 9, 14 84:16, 17, 21 102:11, 16 115:21 133:22, 23 136:24 153:19 155:5 Matt 90:5, 8 92:18 100:17 114:13 116:12 179:22 matter 16:12 24:20 48:16 53:11 61:2 75:23 90:9 110:1 154:19 155:14 mattered 121:23 matters 16:14 109:9 162:8 Matthews 11:23 47:12, 13 McGuinty 168:19 McKinsey 93:8 104:9, 13, 24 meaningful 176:17</p>	<p>means 29:14 52:23 54:11, 16 meant 120:17 measures 19:17 meat-packing 78:3 mechanism 56:10, 11 57:8 media 95:7 Medical 14:4 16:13, 14 17:2 18:8, 10 19:8 20:6, 13 26:7, 10 35:3, 14 44:24 69:17 86:16 89:22 96:7 127:14 128:15 130:3 133:10 135:18 136:11 138:3 156:11 158:4 169:19, 20 177:10 medically 9:7 meet 90:14 111:12 117:1 MEETING 1:7 82:18 90:1, 3, 6 108:15 meetings 46:7 90:7, 13 91:23 98:23 100:8 104:14 107:19 member 71:15 members 56:2 109:16 149:8 159:1 membership 172:25 memory 76:4, 5 mental 149:10 166:24 180:2 mention 128:8 mentioned 112:22 114:4 132:15 158:23 menu 144:23 MEOC 86:7 93:17 merely 113:18 merit 172:24 met 68:22 102:9 MetroLinx 70:16 mic 83:3</p>
--	---	--	---	--

<p>Michael 4:1 12:11 61:18 84:11, 20, 23 85:1, 10, 15, 19 113:24 132:18 172:19 176:23</p> <p>Microbiology 119:12</p> <p>mid-April 135:2 139:19 142:4</p> <p>middle 94:9 121:24 133:13 134:9 137:18 162:1</p> <p>mid-January 119:8</p> <p>mid-March 104:8</p> <p>military 140:4, 8, 12, 16, 22 141:3, 5, 13 142:6</p> <p>million 37:15, 17 39:23 41:6, 14 60:8 62:4, 8 64:24 65:14 66:4 71:1</p> <p>millions 58:9</p> <p>mind 76:5 80:19 81:21 162:25 176:23</p> <p>minds 76:7</p> <p>minimal 35:5</p> <p>Minister 2:8, 9 3:4 5:5, 8, 17, 20, 21 6:6, 9 7:2, 14 8:3, 7, 9, 10, 18, 21, 24 9:16, 17, 21 10:1, 5, 10, 14, 21 11:9, 12, 15, 23, 25 12:3, 6, 10, 14, 15, 17 13:4, 7, 9, 13, 14, 25 14:2, 6, 7, 9, 16, 18 15:5, 14, 22 16:3, 21 17:13, 17, 18, 19, 21, 24, 25 18:9, 18, 19, 22 19:13 20:9, 10 21:3, 8, 13, 17, 22 22:3, 11, 12, 15, 18, 23, 25 23:3, 8, 14, 17, 19 24:1, 6, 12, 17, 19, 23</p>	<p>25:15, 16 26:2, 6, 9, 12, 14 27:1, 2, 6, 17, 20, 21 28:10 29:5 30:5, 9, 12, 20 31:16, 22 32:10 33:10, 16, 24, 25 35:16, 25 36:10 37:19 38:1, 9, 13, 20, 21 39:1, 7, 9, 12, 17 40:25 41:19 42:4, 13, 19 43:4, 18, 20 44:10, 13, 18, 21 45:5, 6, 13, 20, 23 46:2, 14, 19, 24 47:8, 9, 13, 14 48:3, 14 49:4, 9, 11 50:2, 16 51:6, 10, 19, 22 52:17, 25 53:12, 14, 15 54:1, 2, 14, 25 55:24 56:17, 21 57:18 59:23 60:12, 22 61:13, 25 62:1, 12, 19 63:24 64:4, 20 66:1, 6, 15, 17 67:6, 13, 21, 22, 23 68:9, 18 69:1, 12, 18, 23 70:8, 10, 23 71:5 72:18 73:10, 17 74:16 75:8, 13 76:1, 19 77:4, 19 78:15 79:10, 14, 23, 24 80:13, 14, 23 82:3, 17 83:1, 2, 7, 25 84:7, 18 85:24 86:4, 19, 25 87:3, 9, 13, 15, 20 88:8, 18, 23 89:25 91:9 92:10 93:6, 10 94:12 95:24 96:2, 18, 22 97:7, 13, 22 98:13, 19 99:15 100:18 101:9 102:22 103:15, 18 104:6, 11, 12</p>	<p>105:3, 24 107:4, 12, 15 108:7, 9, 24 110:5, 8, 10 111:3, 11, 13, 23, 25 112:2, 23 114:4, 6, 12 115:25 116:5, 12, 23 117:12 118:3, 23 120:2, 23 122:11, 13, 18, 19 123:11, 17 124:19, 24 125:12, 13, 18, 20, 22 127:10, 18 128:2, 25 129:11, 13, 15, 18, 23 130:16 131:8 132:3 133:5, 8, 15, 17, 20 134:2, 8, 25 135:3, 21 136:4 137:6, 7, 15 138:22 139:9, 10, 16 140:13, 15 141:1 142:10 143:8, 16 144:13 145:2, 3 146:12, 13, 20 147:6, 15 148:2, 4 149:2, 12, 14, 19, 20 150:4, 6 151:8, 15, 24 153:6, 14, 15, 21 155:13 156:1, 8 157:10 158:17, 24 159:9, 12, 13, 14, 16, 18, 19, 22 160:1, 2, 6, 15 161:10, 14, 15, 23 162:3, 16, 22 163:4 164:8 166:4, 6 168:9 169:3, 11 172:12, 13 173:3, 12, 14 175:1 176:18, 19 177:3, 6, 15 178:8 179:5, 17, 20 180:7 181:4, 8, 18, 23 182:6, 8, 9, 18 ministerial 88:20 112:16 Ministers 112:14</p>	<p>Minister's 95:11 103:14 112:22</p> <p>Ministries 21:15 48:20 101:3 108:2</p> <p>Ministry 2:9, 13, 14, 15, 17, 19, 20, 22, 23, 24 8:25 9:3, 4, 20 10:2, 7, 18 11:16 12:9, 22 13:17 14:1 15:3, 6, 20 16:2, 20 17:11 23:10 31:10 37:2 48:21 53:2 57:22 92:7, 12, 19 97:23 98:15 101:3, 4, 10, 22 103:1, 2 135:11, 12, 13 138:2, 9, 13, 23, 24 141:11, 15 143:21, 24 144:10, 11 147:3 167:9 178:13 179:10</p> <p>Ministry's 15:4 86:8</p> <p>minor 5:7</p> <p>minus 163:9</p> <p>minute 55:22 62:11 103:13 172:7</p> <p>minutes 46:7 63:11, 18, 20, 22 82:14</p> <p>mischaracterized 29:14</p> <p>misunderstood 129:14</p> <p>mixed 19:16</p> <p>mobilize 142:15</p> <p>Model 110:7, 22, 25 168:21</p> <p>modelled 41:17</p> <p>modelling 36:14, 16 39:23 94:22 95:9 157:18</p> <p>models 94:24 170:3</p> <p>modern 169:7</p> <p>Moderna 161:19 165:4</p>	<p>modernized 152:19</p> <p>moment 25:13 85:20 94:5 102:1 132:15 140:6 165:16</p> <p>money 43:5 65:19 66:7, 23, 24 84:2 174:17</p> <p>monitoring 106:3</p> <p>months 48:16 49:21 108:14</p> <p>morning 5:4, 6 6:10, 25</p> <p>mother 170:15</p> <p>mother-in-law 128:8</p> <p>motion 112:10</p> <p>motivation 104:1</p> <p>MOU 15:2</p> <p>Mount 68:11 89:13</p> <p>MOUs 15:7</p> <p>move 59:18 72:25 90:25 123:13 132:9 134:10, 17 135:24 139:7 155:25 160:23 164:13 165:6, 9, 10 172:10 179:4</p> <p>moved 66:12 71:8 152:11</p> <p>moving 86:8 112:20 164:20 172:18 178:21 180:16</p> <p>multifaceted 91:11 150:11</p> <p>multiple 120:16 137:1 152:15</p> <p>Municipal 9:1</p> <p>mute 29:8 85:2</p> <p>< N > N95 61:21 64:24 74:18, 19, 25 75:7 N95s 66:5 names 105:17 narrative 31:1 National 119:11</p>
---	--	---	--	---

<p>161:2 natural 173:21 naturally 170:6 173:10 nature 24:15 27:25 83:23 84:4 96:23 148:19 153:1 155:16 necessarily 17:10 111:20 necessary 30:4 31:7, 20 35:10, 22 37:6 45:14 50:3 54:11 93:14 95:4 109:4, 14 111:12 181:21 needed 28:3, 7 32:8 35:15 48:6 69:24 73:2 75:14 91:18 92:12, 17 109:18 114:10 118:21 134:13, 15 135:25 144:21 152:4 needs 9:6 17:15 31:7 102:4 170:14 172:15 176:14 177:10 NEESONS 183:22 neglected 82:9 neighbourhoods 131:11 neither 107:5 136:7 net 60:4 146:1 Networks 91:14 167:24 new 9:9 57:12 65:2 66:11 95:1 122:22 145:19 151:7 152:1 175:24 newspaper 156:20 nice 56:7 night 6:12 nimble 28:1 145:9 Nishat 2:24</p>	<p>non-aerosol 75:2 non-compliance 57:1 non-congregate 170:7 non-disclosure 159:3 normal 108:11 110:11, 14 normally 5:19 North 35:6 Northwestern 121:12 note 5:5 65:22, 25 67:10 96:14 116:22 128:18 130:8 131:10 135:20 noted 4:18 143:17 notes 5:10 6:11, 13, 15, 16 7:23 36:4, 6 62:24 63:25 64:1, 10 73:10 91:24 95:12 98:6 103:14 112:22 114:16 115:20, 23 123:14 127:19 132:16 138:22 183:12 184:3 notwithstanding 25:6 71:1, 3 74:7 number 21:19 24:13 42:22 43:16 115:4 124:25 148:6 151:17, 18 152:1 156:3, 5 167:7, 16 182:12 numbers 42:14 62:21 68:13 71:10 114:24 131:15 numerous 94:7 Nurse 150:10 nurses 98:22 100:22 134:14 144:1, 9 146:9, 15 150:17 152:11</p>	<p>nursing 143:19 < O > obligations 53:20 observation 84:17 observed 89:19 observer 137:13 obtain 66:22 67:2 occasion 111:24 occasions 19:14 occur 46:22 occurring 170:7 occurs 172:9 o'clock 82:19 155:20 offer 16:11 73:12 184:25 offered 169:21 184:24 Office 9:5 10:8 12:19 67:16 107:24 Officer 14:4 16:13 17:2 18:8, 11 19:9 20:6 26:7, 10 44:24 69:17 86:17 89:22 96:7 127:14 128:15 130:4 133:10 138:4 156:11 158:4 Officers 16:14 20:13 135:18 136:11 officials 40:12 offset 41:7 43:9 offshore 58:25 OHA 99:16 102:25 OHPIP 24:21 25:5 31:6, 15 37:22 85:10 86:2, 6 144:14 older 172:16 olds 168:13 once-in-a- century 81:13 ones 36:4, 5 142:18</p>	<p>ongoing 67:10 106:4 153:22 155:1 on-site 81:3 Ontarians 47:20 49:23 60:8 Ontario 2:8 8:16 9:13 11:18, 21 12:24 13:20 14:13, 14, 15, 17, 19, 20, 21 15:11 28:6, 7 31:5 32:18 35:8 36:2 40:19 44:9 58:1 59:4, 8 71:8 77:11 81:5, 8 89:23 91:12 95:18 97:17 99:8 100:21 103:5, 23 109:8 114:9, 13, 21 115:3, 13, 15 116:2 117:1 118:4 119:10 120:4 121:12 128:16 142:7 143:24 156:13, 18 157:12, 23 159:24 166:19 167:7, 22 172:6, 18 173:15 174:9 175:17 177:2 178:9, 15, 24 179:23, 25 180:2, 9 184:9, 10 open 81:21 131:21 operated 69:9 operating 37:5 operation 16:9 18:12 operational 91:7 operationalize 55:8, 10 operationally 179:19 Operations 3:8 operators 53:20 opinion 52:24 53:18 opportunities 169:22</p>	<p>opportunity 5:9 6:4 55:2 145:10 154:2 155:12 181:16 182:19 opposed 55:14 88:16 opposite 130:12 opt 176:1 option 56:15, 22 164:25 172:10 optional 175:20 options 56:14 151:17 172:9 Orchard 117:19 133:11 134:6 137:24 138:6 140:1, 8, 12 Order 21:4 22:17, 22 26:9 31:9 61:7 69:21 70:5, 12 71:9 92:19 117:1 121:13 132:21 133:13, 16, 21 135:9, 10, 11, 22 136:4 137:2, 4, 8 138:8, 9 140:2 148:23 163:7, 16 164:21 ordered 66:4, 6 133:5 Orders 88:25 136:11, 13 138:1, 11 Organization 33:11, 15 72:21 organizations 13:22 54:21 57:4 59:25 60:8 74:10 78:14 81:3 89:5 134:14 175:19 organized 11:4 original 22:21 59:17 111:14 originally 21:14 89:20 ought 131:2 150:21 outbreak 51:3 97:5 117:17</p>
---	--	---	---	--

<p>125:15 133:11 134:5 142:18 outbreaks 53:8 93:25 outcomes 172:23 175:15 outline 57:6 output 105:4 outset 98:9 outside 35:4 117:6 125:25 outsiders 151:3 overall 24:3 52:6 104:18, 21 106:14 117:5 121:16 168:4 overdue 33:3 overlaps 179:9 overseas 94:17 oversight 54:10 169:15 overwhelmed 124:10 overwhelming 127:19</p> <p>< P > p.m 1:16 182:24 pace 120:20 121:11 176:20 Paech 9:11 pages 4:19 paid 65:19 66:25 176:3 184:22 Palin 3:8 Pan 118:17 pandemic 19:6 20:15 22:6 24:10, 15 25:23 27:8, 24 30:3, 8 31:6, 10, 14, 21 32:7, 14, 15, 19 33:2, 7, 13, 21 34:6, 10, 19, 24 35:14, 15, 19, 20, 24 36:8, 20, 23 37:8, 13 38:16 39:16 40:6, 13, 16 41:16 43:17 45:4, 12 49:20, 25 50:23 51:1, 4 52:16 53:22 54:20 67:4</p>	<p>68:4 76:6 81:13 85:9 86:10 87:11 90:18 94:23 98:18 99:2 100:10 102:7, 25 103:21 105:19 110:14, 23 114:23 116:4 118:11, 13, 17, 20 121:7, 23 122:7, 9 138:16 143:23, 25 144:9 145:22 146:5 157:2 167:6, 23 168:4 169:8 175:16 178:24 180:4, 15 panel 87:7 panned 73:9 PAPRs 49:19 parameters 110:21 pardon 22:16 143:24 Park 174:13 178:2 part 6:16 12:21 13:12 14:9, 10 15:8 30:2 31:1 51:10 53:21 54:21 57:15 58:21 75:6 78:6, 8 80:6 90:18 93:8 96:7 100:1 103:6 106:7, 22 112:11, 12 121:5 145:23 147:18 150:13 158:12 169:13 171:22 participants 1:15 3:3 111:21 participating 112:16 179:3 particular 18:13 29:2 58:25 90:17 119:16 146:3, 4 147:8 159:2 166:22 177:8 179:12 particularly 10:18 17:22</p>	<p>68:6 88:12 114:13 117:17 126:22 128:7 141:11 144:8 146:15 166:2 178:2 partly 143:19 partners 21:11 22:8 parts 67:20 103:3 131:1 160:12 177:22 180:3 pass 94:24 passengers 126:25 pathogen 28:3 paths 150:10 patient 166:10 167:18 170:15 174:21, 24 178:16 patient-centered 166:11 178:15 patients 34:9 58:8, 13, 14 148:19 174:21 175:13 180:10 Patricia 4:4 pause 11:5 pay 55:13 145:22 paying 46:11 54:8 55:16 peacetime 107:23 peak 121:18 peer 171:16 Pelchat 4:6 penalties 57:1 pending 65:20 pension 72:9 people 5:23 27:9, 11 28:7 33:22 51:16 56:5 66:11 73:11 74:2, 13 75:10 76:11 79:17 80:3 82:9 88:6, 12 95:4 108:22 109:3, 21 110:2 111:1, 19 118:15 119:20 121:25 124:22</p>	<p>125:1, 9 126:3, 17 127:2 128:4, 6, 11, 16 131:13, 18 132:2 144:15, 18, 20, 24, 25 145:6, 15, 19 151:22 155:18 157:11, 22, 23, 25 158:15 159:14 162:10, 12 165:17 166:21, 23 167:1, 11 168:7 170:8, 13, 19, 21 171:13 172:18 175:6, 11 perceived 131:5 147:13 percent 38:6, 7 42:2, 9 49:14, 17 51:1, 2 72:14 107:19 113:11, 12 122:1 125:8 127:1 147:12, 13 162:11 168:13 percentage 126:2, 24 169:14 perform 119:5 performed 16:18 performing 120:9 152:3 performs 108:4 period 11:11 27:4 37:8 44:25 49:21 52:9 58:9 116:16 117:18 162:15 173:20 periods 64:5 permanent 9:3 permission 82:13 permitted 79:18 person 22:24 38:15 45:2 74:3 86:18 90:3 107:3 156:19 167:15 Personal 73:24 78:7 151:19 175:23 personally 96:25 109:15</p>	<p>personnel 105:16 perspective 157:8 perspectives 91:19 98:16 pertain 6:16 Peter 4:3 Pfizer 160:13, 25 164:11, 15 165:6, 8, 10 phase 28:10, 13 166:18 phases 58:22 98:18 phenomenon 112:7 Phillips 67:13 phone 142:13 phrase 107:2 physical 78:20 169:8 physician 36:18 pick 71:21 109:6 126:23 picked 126:24 127:4 PIC-testing 106:2 piece 16:6 55:22 57:20 63:12 83:22 PII 155:2 pivot 54:24 place 66:18 69:7 86:11 88:24 105:25 106:10, 20, 23 112:3 137:16 138:8, 10 139:17 145:20 164:12 167:22 169:4 177:1 178:17 183:6 placement 150:8 places 65:2 70:15, 17 71:20 78:4 92:25 126:21 152:10 Plan 22:2, 4 23:2, 16, 17, 18, 20, 23 24:3, 5, 9, 11, 14 25:5, 10, 11 26:21, 22 27:10, 12, 16, 23</p>
---	--	--	--	---

<p>28:4 31:5, 8, 15, 17, 21, 24 33:18 45:4 47:2, 20 72:9 74:7 85:9 86:14 112:11, 12 118:11, 13 119:22 134:4 135:1, 4, 8, 16 137:9 138:20, 21, 25 139:11, 17, 20 143:22, 25 144:8 146:14 148:1 163:1 166:17 177:16, 20 184:9, 10 185:15, 16 planned 90:12 119:21 planner 9:2 171:5 planning 21:5 22:16, 17 27:24 33:20 38:16 44:19 102:6 146:22 171:21 plans 25:20 153:15 178:14 179:2 plant 169:9 plants 78:3 play 82:20 played 14:5 playing 89:12 106:11 pod 170:11 point 17:5 32:12 41:6 56:24 63:7 72:13 86:17 100:3 119:25 120:5 126:2 131:23 132:9 138:18 144:25 152:23 154:24 159:12 175:14, 25 pointed 48:4 136:19 points 125:2 Policy 3:10, 12, 14, 16, 18, 20 13:18 47:19, 24 48:1 50:12 54:16 108:3</p>	<p>155:14 156:2 157:8 171:20 policy-making 153:23 political 95:15 107:3 110:17 Politically 140:17 pool 78:16 population 126:21 168:12 175:6 176:15 177:18 populations 18:4 106:18 portal 72:4 144:18 145:1 portfolio 12:5 portion 16:4 51:12 pose 109:11 position 22:25 23:1 38:21 116:3 118:7 123:6 158:11 positive 126:3 positives 126:24 possibility 33:12 64:23 possible 5:10, 12 59:5 95:8 100:11 122:21 164:19 post 5:22 157:24 potential 32:13 33:6 65:9 potentially 95:5 power 55:6 58:1 70:17 87:11, 12, 18 88:5, 12, 14 powers 87:15, 16, 24 88:1 138:21 PPE 36:8 37:3 43:14, 17 51:13, 18 52:3, 14 55:4 57:3 58:20, 23 60:6 67:4, 17, 19 68:1, 7, 17 69:22, 25 70:6, 14, 20 71:16, 21 72:11, 12, 17, 22,</p>	<p>25 73:5, 8, 12 74:10, 11, 15, 17 76:25 77:9, 24 78:19, 20, 21 83:23 89:7 93:19 105:12 135:25 185:4, 5 practical 16:12 24:20 61:2 150:10 practice 152:13 160:7 practiced 6:2 8:5 practices 78:22 79:1 practising 76:2, 3 practitioners 178:1 pre-COVID 178:12 pre-dated 72:15 pre-dates 102:25 predecessor 31:15 92:11 predicted 41:16 73:15 predominant 171:22 predominantly 94:9 preferences 58:14 preferential 60:5 Premier 2:7 43:13 67:15, 21, 22 127:20 128:8, 19 129:2, 6 155:14 156:15 157:21 181:17 Premier's 107:3 preparation 23:5 25:18 30:3 102:6 prepare 34:5 prepared 54:19 95:13, 14 139:1 147:2 preparedness 25:18 31:13 39:9 122:7</p>	<p>preparing 48:9 73:3 prepping 91:23 presence 78:20 PRESENT 4:9 157:19, 20 presentation 17:7 162:7 163:5 presented 86:5 94:22 95:8 PRESENTERS 2:6 President 176:24 Press 67:11 156:19 157:14, 21 158:22 pretty 9:2 68:16, 24 158:21 160:21 176:7, 16 177:7 prevalence 126:2 156:4 prevalent 95:7 126:22 131:2 prevent 76:17 154:20 previous 48:7 100:5 price 55:7, 12 prices 55:16 58:2 73:12 pricing 60:5 pride 150:12 primary 100:14 Princess 81:5 96:17, 20 principles 178:14, 23 prior 8:4 17:16 26:20 35:13, 23 39:16 42:8 43:12 126:25 135:16 prioritize 163:14 164:4 165:13 priority 141:12 162:25 164:11 private 9:5 115:16 privy 105:2</p>	<p>problem 34:10 71:9 80:3 82:5 122:5 problems 10:12 112:14 147:18 procedural 62:3 procedures 75:2 proceeding 43:13 proceedings 183:5 process 7:8, 11, 16 26:22 32:17 47:1 48:8 50:6 57:3 58:17 91:22 92:16 93:9 104:10, 13 107:10, 23 110:1, 3 116:15 118:8 120:20 122:20 128:22 135:17 137:3 140:7 141:10, 12 163:22 165:22 166:8 175:9 176:6 processes 58:18 108:11 110:11 138:1 142:23 152:14 procure 37:2 78:19 procurement 31:11 47:3 48:12, 18 50:8 55:1 59:11, 20 77:1, 4, 8 produce 120:10 125:16 produced 4:15, 18 5:4 6:17 34:15, 16 product 40:14 55:7 58:12 59:21 160:25 163:8 production 5:9, 14 35:13 59:3 65:6 72:4 113:20 products 55:3 profession 9:2 147:22, 23 148:8 150:13,</p>
---	--	---	--	--

<p>20 152:8 153:5 177:7, 8 professionals 147:11 professions 152:1, 15, 17 profile 150:3 program 48:18 124:16, 18 programatic 78:13 programs 13:19 16:10 18:3 44:5 145:21 Project 9:8 10:23 11:1, 16 27:5 projected 94:25 promise 71:6 promote 180:6 Promotion 16:8 154:10 proper 82:7 119:21 148:18 169:15 properly 148:23 properties 96:23 proposition 149:6 propositions 30:23 protect 34:8 82:8 128:4, 11 163:17 protecting 47:19, 23 134:17 Protection 16:8 77:25 154:10 Protective 73:25 78:8 prototyped 119:10 proven 178:24 provide 68:12 101:11 110:15, 16 131:24 154:3, 12 166:22 174:11 provided 5:5 71:10 104:15 106:24 107:21 142:6 166:21 170:23 174:18 provider 57:1 120:14 174:2</p>	<p>providers 55:12 72:8 89:12 99:24 103:7 120:16 121:4 173:8, 18, 24 175:4 176:13 provides 74:9 providing 7:7 74:6, 15 138:7 149:7 170:12 171:13 province 16:15 19:10 31:4 35:8 40:8, 21 43:3 44:9 52:12 55:6 58:1 60:3 69:14 72:3 73:1 74:8, 13 77:11 78:7, 17 115:10 119:1 129:24 131:21, 25 132:6 134:5 158:11 166:20 179:17 provinces 115:3 160:19 province's 31:12 Provincial 22:2 23:2 36:20, 23 42:2 98:7 133:2 provincially 174:16 provision 87:15 prudent 31:20 61:6 PSW 143:18 145:13 150:3 153:5 PSWs 144:1, 8 146:8, 14 147:9, 21 148:6, 16, 21 149:6 150:8 151:23 152:21 153:15 public 8:4, 13, 15 9:15 12:22, 24 13:11, 12, 17, 20, 21 14:13, 14, 15, 17, 19 15:11, 19, 23 16:1, 4, 9, 14, 17 17:9, 22 18:1 19:5 20:11 32:25 47:16, 22, 25</p>	<p>88:21 91:15, 22 96:9 107:17 109:8 110:12, 16, 19 114:9 115:15 118:4 119:10 124:5, 9 126:10 133:2 149:8 153:24 156:12, 18 157:3 158:7 159:4 177:19 181:22 publicly 61:5 157:3 pull 173:24 pulling 70:19 purchase 64:24 76:4 purchaser 57:24 purchasing 55:2, 5 57:25 58:18 71:13 72:2 purpose 41:13 72:20 75:1 pursue 11:20 purview 138:2 put 12:11 29:4, 11, 12 30:17, 25 60:25 61:1 66:7 69:7, 8 72:19 73:23 85:7, 11 86:11 88:24 95:10 96:13 102:12 105:21 108:20 115:13, 24 116:13 118:7 137:16 138:8, 10 144:24 145:20 163:10 171:4 181:20, 22 putting 29:17, 21 < Q > quality 55:7, 17 73:8 119:18 149:25 157:4 quantity 163:16 quarantine 94:20 quarrelling 123:5</p>	<p>quarter 155:20 Quebec 141:4, 6 Queen's 174:13 question 22:19 53:14 73:23 75:22, 24 80:11 102:16 121:1, 21 123:9 128:13 129:14 147:8 149:5, 17 150:23 155:13 165:18 177:5 178:19 questioned 140:10 questioning 110:25 questions 5:15 6:21 62:16 109:11, 19 146:12 153:9 169:17 172:3 181:21 182:14 queuing 32:21 quick 114:19 140:10 142:9 quickly 9:2 62:23 64:10 65:24 77:13 88:15 122:21 123:7 144:17 145:19 148:16 quite 8:12 22:20 55:24 65:23 68:6 79:7 80:4 83:24 94:24 116:15 146:14 173:9 quote 43:6 < R > Rafi 12:3 raise 155:15 raised 56:25 raising 74:2 150:2 ramp 114:10 116:8 rampant 95:22 ran 120:18 range 32:2, 8 42:18 43:19 60:7</p>	<p>rapid 123:25 rapidly 28:8 rate 72:23 rates 131:12 read 28:24 36:5 64:11 65:22 99:14 101:18 102:14, 20 114:19 122:16 154:8 158:9 161:24 readily 158:14, 18 reading 64:12 83:22 102:14, 18 reads 65:23 ready 6:22 25:10 27:12 28:5 33:13 71:21 118:1 143:10 173:17 reagent 120:15, 18 real 55:1 56:12 80:2 113:13 117:18 reality 68:14 82:11 realize 30:1 realized 102:3, 8 really 10:23 14:25 16:23 35:14 57:24 59:7 64:7 89:13 90:11 92:19 94:15 105:17 107:13 112:17 119:10 120:24 129:2 131:23 141:11 163:16 174:19 175:5 177:9 178:24 180:5 reason 45:18 49:2 75:9, 11 88:10 97:14 147:11 162:5 reasonable 41:18 reasons 115:1 127:16, 18 recalibrated 171:8 recall 38:24 62:10 66:4</p>
--	---	--	---	--

<p>71:18 88:9 90:2 97:6 158:22 recap 25:3 receive 164:21 165:2 received 7:3 17:8 64:16 119:8 165:3 receiving 113:2 RECESSED 83:15 recipients 74:22 recognized 166:15 recognizes 165:22 recognizing 156:24 164:22 recollection 70:9, 18 104:20 138:5 140:14 recommendation 80:12 161:1 recommendation s 52:21 104:20 154:13 182:15 recommended 157:7 reconnaissance 141:19 record 62:20 64:7 84:14 87:2 recorded 183:9 records 108:13 redactions 5:7 redefined 169:7 Redevelopment 9:8 10:23 reduce 40:13 117:5 redundancy 117:4 refer 29:22 133:21 reference 154:7 referenced 177:1 referred 24:13 31:17 66:18 referring 25:25 39:3 46:18 refers 23:2 67:11</p>	<p>reforms 147:25 153:13, 17 154:16 155:1 regard 148:1 154:9 regarding 32:13 127:10 156:11 region 89:7 177:11 regional 89:5 103:22 regions 166:20 Registered 150:9 registry 151:20 regular 53:23 57:5 157:24 regulate 149:11 151:3, 4 155:22 regulated 147:22 152:7 regulating 149:6 150:19, 25 regulation 148:11 150:12 151:12 152:6 155:17 regulations 13:18 regulator 149:18 150:1, 2, 18, 22 151:6, 13 155:17 regulatory 151:1, 13 153:1 rehab 99:23 rejected 127:23, 25 related 50:21 104:21 105:6 107:17 109:10 relates 10:19 133:11 166:2 relating 22:5 relation 75:10 relations 134:13 relationship 14:24 15:1, 20 54:7 93:22 106:8 169:19 174:1 relationships 137:20 176:25 177:25</p>	<p>relative 41:20 relatively 172:11 release 74:11 157:17 released 31:5 135:2 releasing 74:14 relied 97:2 101:10 remained 87:11 remains 123:9 remarkably 120:9 remarks 183:8 remember 39:21 70:11 97:8 105:16 120:7, 11 125:23 163:5 170:1 remind 173:14 reminding 5:21 remotely 1:15 remuneration 148:13 reorganize 77:7 repatriating 94:17 repatriation 140:24 repeat 9:24 repeatable 58:17 repeated 9:24 repeatedly 20:2 121:22 rephrase 22:19 replace 76:10 77:2, 3 82:2 replenish 45:25 48:10 49:8 50:13 replenished 46:25 47:1 49:1, 2, 5 50:5 57:5 replenishing 46:23 replenishment 47:4 48:12 report 14:15 15:24 26:4, 7 106:6 154:12 155:4 182:2</p>	<p>reporter 6:4 63:15 84:12 144:5 183:4 REPORTER'S 183:1 reporting 14:24 105:22 106:7 reports 14:7 106:24 146:22 159:15 repository 60:18 representative 174:21 request 75:11 141:14, 24 requesting 141:13 require 34:16 49:24 52:20 54:11 74:13 required 20:18 36:16 38:7 46:3 52:8, 18, 23 53:2, 4 56:8 62:8 82:18 124:8 136:4 requirement 45:11 52:19 53:17, 19 54:19 69:8 requirements 52:8 57:7 133:3 134:11 requires 74:10 requiring 114:24 requisite 165:23, 24 requisitioned 84:2 rerouted 124:12 rescinded 84:3 reserve 145:5 residence 171:11 resident 128:9 residential 169:4, 13 residents 53:7 79:7 94:3 124:2 125:24 129:17 148:23 163:13, 19 164:1, 5, 9, 20 165:13 182:13</p>	<p>resiliency 120:13 Resilient 25:11 27:12 28:5 resolve 149:1 resonates 29:19 resort 57:2 resource 146:7, 22 152:16 resources 31:8, 21 106:13 140:6 143:23 144:8 147:1 169:11 respect 6:11 14:6 17:7 21:5, 6 22:4 23:12 24:8 48:20 75:8 118:16 144:1 respected 148:8 respecting 154:13 respond 31:9 32:2 37:13 40:8 90:18 115:19 117:11 Response 22:2 23:2 24:5 25:1, 23 78:13 85:6, 9 86:10 89:10, 14, 15 90:15 91:8, 10, 12, 19 92:3, 13, 14, 24 99:3 100:1, 13 101:25 102:7 103:21 104:18, 22 105:11, 18 106:2, 4, 14, 16, 19 112:12 118:1 131:17 139:12 167:10 168:1, 4 175:19 176:11 responses 58:23 100:5 117:24 127:24 130:14, 23 responsibilities 12:10 25:19 responsibility 15:3, 4, 6 16:1, 20 19:8 20:5 21:10 22:10, 15, 23 23:7, 11</p>
--	--	---	---	--

<p>24:9 26:9 27:20 38:17 44:14, 16, 19, 25 45:1, 2, 3 47:15 50:15, 20 51:15, 24 74:15 responsible 13:25 15:13 16:25 18:24 21:2, 4, 18 22:4 23:4 38:16, 17 39:9 44:12 45:7 91:14 175:5 responsive 98:2 100:11 121:11 176:14 restriction 160:11 restrictions 165:5 result 42:20 43:1 79:2 101:2 125:5 134:19 140:2 resulted 113:8 results 113:5 122:16 125:11, 16 128:22 131:19 RESUMED 83:16 retention 145:22, 24 retirees 144:20 retirement 55:15 125:25 164:1 166:24 return 11:18 20:2, 4 83:10 returned 9:20 revenues 16:6 Revera 19:4 72:6, 7 review 6:13, 18 44:4 47:24 50:12 61:12 104:9 reviewed 25:22 36:15 53:16 57:4 86:6 109:15 167:8 179:7 reviews 47:19 48:2 79:3</p>	<p>revisit 112:10 rigorously 167:8 rigour 91:21 risk 60:23 95:17 96:3, 4, 11 risks 32:18 61:9 Roche 120:18 Rod 67:13 Rokosh 3:8 role 14:5, 10, 11 38:24 85:22 86:7 89:11 90:19 92:11 110:19 roles 112:18 roll-out 177:17 Roopa 2:14 Rose 3:18 rotated 78:16 routed 124:4 routing 119:2 120:24 RPR 183:3, 23 rules 19:24 88:24 164:17 165:8 run 99:25 120:15 136:14 160:7, 9 running 10:24 71:9 runs 141:14 < S > Saad 12:3 safety 49:23 151:21 same-day 72:11 Sander 157:18 Santedicola 4:10 183:3, 23 Sarah 177:17 178:10 SARS 30:7 31:3 76:1, 5, 10 81:6 100:1 157:6 162:13 satisfied 58:12, 13 134:12 Saturday 67:11 142:13 save 58:8 scale 100:9</p>	<p>120:20 176:20 scarce 34:14, 23 scenario 164:19 scheduled 5:24 schematic 85:8 108:20 schematics 91:5 Schlegels 170:9 schools 126:20 Schwartz 109:7 Science 109:7, 8, 10 119:19 124:21 127:7, 22, 25 156:24 157:2, 12 158:14, 18 159:1 scientific 13:21 109:25 scientist 127:5 scientists 109:13 131:7 156:18 scope 100:9 147:21 scopes 152:13 scorecard 112:8 screen 29:4, 22 85:11 90:24 102:12, 18 181:6 screening 124:1, 9 125:15 Secretariat 3:5, 7, 9, 11, 13, 15, 17, 19, 21 Secretary 104:16 106:6 107:1 section 63:20 133:13, 15, 21 138:7 sector 12:20 36:25 57:15 62:10 98:17 101:11 103:9 146:9, 10 147:2 176:7 sectors 93:15 98:24 seeks 31:10 seize 145:10 self-funded 152:6 self-regulation 150:22 151:2, 3</p>	<p>152:19 sell 66:12 73:8 send 121:13 sending 123:1 Senior 3:6, 14, 16, 18, 20 86:8 88:21 156:18 sense 13:16 57:19 59:24 71:16 80:1 139:17 173:6 175:11, 13 sensing 23:5 Separate 23:19 90:20 separation 101:21 serious 34:10 seriously 182:16 servant 158:7 servants 88:21 91:22 110:12, 16, 19 serve 18:5 served 115:9 serves 177:22 service 8:13, 15 9:16 121:4 169:13 services 13:17 16:11 18:4 53:24 55:3 95:4 144:2 149:7 166:25 set 17:16 61:13 68:4, 16 72:4 90:17 93:11 98:5, 6 103:23 112:10 139:12 142:5 146:5 148:18 174:16 183:6 setting 18:6 168:23 settings 77:24 96:21 170:8, 23 setup 94:2 Shanghai 71:20 shape 91:19 share 151:23 153:15 sheet 61:15 shelf 146:3 Shingler 25:25</p>	<p>26:3, 24 28:11 Shingler's 28:24 ship 96:24 164:16 shipment 65:4 161:12, 17 shipments 161:4, 13 162:1, 23 164:15 shipper 163:4 Shoemaker 4:5 short 116:15 shortage 80:5 shortages 120:15 shorten 121:14 122:16 Shorthand 183:4, 12 shortly 89:21 show 80:6 82:8, 10 113:14 showed 73:19 81:15 82:11 shown 168:3 180:16 shows 86:2 sick 80:7 143:20 side 146:7 sight 70:22 sign 26:15 74:11, 14 144:18 signed 108:7 159:3 significant 18:11 119:1 125:16 significantly 116:9 siloining 101:2 silos 101:23 silver 180:15 similar 108:4 simple 110:11 112:19 simulation 118:20 simulations 118:14 Sinai 68:11 Singapore 66:14, 16, 18 71:20</p>
---	---	---	--	--

<p>single 47:20 sit 76:6 sites 119:3 sitting 90:4 179:19 situation 36:2 77:15 136:17 138:5 142:15 168:24 170:20 situations 21:19 114:24 125:14 Sivasothy 4:2 skill 142:5 slide 85:12, 14, 18 113:14, 15, 21 114:1, 2 116:18, 19 117:7 159:11 slow 181:12 slowed 48:12, 23 50:7 179:14 slower 102:21 small 6:16 160:8 smaller 170:22 Smith 2:15 social 166:25 167:2 solely 90:1 138:15 Solicitor 141:15 159:20 solution 150:13 171:10 solutions 112:14 123:10 171:20 somebody 36:15 39:22 59:12 79:20 82:1 118:20 140:9 149:11 150:24 174:4 somewhat 21:21 47:1 73:7 119:20 179:14 sooner 113:7, 8 180:11 Sorry 8:21 18:18, 19 24:2 28:16 84:11 85:19 103:17 113:23, 24 115:21 116:19</p>	<p>119:17 125:4 129:13 133:22 144:7 153:19 sort 20:2 76:17, 25 78:16 89:19 90:22 93:22 94:7 103:3 111:16 112:7 136:12 141:19, 24 147:23 150:8 170:7, 24 172:21 sought-after 34:24 sound 20:22 sounds 177:9, 13 182:14 source 33:3 71:8 sources 70:14 71:17 72:1 94:7 144:19 sourcing 57:24 58:23 59:10 70:14 speak 74:2 85:24 98:14 129:3 157:15 159:4 179:18 speaking 24:2 43:13 84:5 Special 96:8 specific 27:22 42:14, 21 43:6 46:3 53:16 71:7 75:1 88:9 104:20 134:11 137:4 150:18 specifically 8:20, 22 32:5 39:2, 13 42:5 69:13 95:3 99:5 133:4 137:23 specifications 161:16 specifics 30:13 53:13 specified 52:14 99:9 specifies 16:10 specimen 119:14 specimens</p>	<p>124:5, 8, 11 sped 108:12 speed 102:5 speedy 104:25 spending 180:9 spent 9:3, 13 43:16 84:3 split 21:14 spoke 8:5 20:20 99:8 spoken 77:5 spot 25:12, 14 123:15 spread 68:22 80:3 113:8 126:8 154:21 156:3 St 99:22 stability 60:4 stable 164:14 Staff 64:19 80:5 82:7 107:3 124:2 132:25 135:24 147:2 165:1 staffing 147:16 165:23 stage 61:14 63:17 Stahl 162:7 stakeholders 78:14 98:21 102:24 stale 60:2 stand 137:6 standard 158:5 169:7, 20 175:15, 24 standards 18:6 150:12 171:7 standing 138:16 start 5:19 8:3 116:4 131:14 150:24 153:2 166:5 176:25 177:12 started 8:19, 25 29:21 38:21 72:5 94:21 114:20 118:4 120:15 123:11 177:1 starting 76:11 145:23</p>	<p>state 42:22 47:10 97:6 116:24 statement 96:13 statements 156:21 States 66:19 123:2 static 59:18 statistically 33:2 statistics 163:22 stats 147:12 stature 150:1, 3 status 149:16 150:1 153:4 stay 155:22 176:2 Steele 140:19 146:23 Steini 109:7 Stenographer/Tra nscriptionist 4:10 stenographically 183:9 step 92:11 104:2 107:23 172:3 174:5 175:2 Step-Down 25:10 26:21 stepped 103:10 121:17 136:20 179:13 steps 39:5 156:12 stewardship 174:17 Stewart 99:19 125:23 stick 5:25 161:3 stimulate 59:4 stints 9:25 Stock 61:23 stockpile 30:3, 8 32:7 36:24 37:9 41:14 44:8, 12 45:9, 12, 21 46:1, 9, 12 47:4, 11, 21 48:9 49:17, 24 52:12 55:20 57:3 59:17, 21 60:2, 19 61:1, 4,</p>	<p>16 62:7 68:7 71:2 74:8 76:4, 9 79:18 81:4 stockpiles 37:11 48:5 stockpiling 34:12 stood 137:22 stool 12:14, 21 17:8 Stopping 35:12 stops 17:9, 10 storage 46:8, 11 stories 176:16 storm 117:15 straight 102:19 strain 33:6 strategic 132:1 strategies 106:2 strategy 127:8, 17 128:17 130:7, 22 131:3, 6 175:9 streams 11:3 93:13 100:12 strengthening 31:12 stride 57:11 stronger 91:17 strongly 164:11 struck 167:7 structure 12:9 17:6 57:12 76:15 85:6 86:1, 3, 9, 11 88:6, 16 90:14, 24 91:1 93:12, 18 97:16, 21, 24 98:1 99:6 100:6 104:9, 25 105:1 108:5 111:10, 14 112:17 137:21 139:12 structures 25:1 104:16 struggle 72:17 struggling 72:12 Student 2:24 studied 28:4 studies 40:15, 18 study 126:2 stuff 137:11</p>
--	--	--	---	--

<p>sub-delegated 87:25</p> <p>sub-delegating 87:18</p> <p>subject 90:8 154:19</p> <p>submission 30:19 41:2, 4 56:24 73:4</p> <p>submissions 19:4 41:12 108:6 155:6</p> <p>subsequent 125:4 138:9</p> <p>subsequently 119:11 126:18 136:13 138:22 141:10 145:20 156:19</p> <p>Substantiation 32:24</p> <p>substantive 102:6</p> <p>subsumed 91:13</p> <p>successes 123:24</p> <p>successful 155:17 174:19</p> <p>successive 28:12</p> <p>suffer 124:11</p> <p>suffered 147:19</p> <p>sufficient 51:13 54:12 68:11 69:21, 24 70:6 78:11 84:1</p> <p>suggest 49:23 131:25 152:22 153:11, 20</p> <p>suggested 37:21 73:20 132:1</p> <p>suggesting 18:20 38:12 155:23</p> <p>suggestion 37:22 49:25 135:10 184:18</p> <p>suggestions 101:5</p> <p>suggests 22:7 78:15 115:12 122:5</p> <p>suit 69:4</p>	<p>suits 75:18</p> <p>summary 61:15</p> <p>summative 112:5</p> <p>Sunday 140:20 142:14</p> <p>Sunil 2:13 5:3 20:24 28:16 82:15, 16 83:1, 6, 9, 14 84:21 102:11, 16 115:21 133:22 136:24 153:19 155:5</p> <p>supervision 27:6, 14</p> <p>supplement 136:1</p> <p>suppliers 35:2 117:6</p> <p>supplies 32:1, 16, 17 34:7, 14, 22 35:4, 11, 15, 22 50:18, 20 52:7 53:4 57:25 78:15 105:15</p> <p>supply 35:21 36:18, 23 37:24 38:7, 19, 25 39:8 50:22 51:18 52:2, 6, 7, 14 54:12 56:8 60:5 70:11, 20 71:7, 8 72:11, 21 73:12 81:2, 3 105:13 113:16 117:11</p> <p>support 89:9 93:14, 17 103:10 104:2 137:17 138:7 141:9 142:6, 20 143:14 151:19 152:4, 5 167:1 170:13 171:17</p> <p>supporting 143:6</p> <p>supportive 89:16 92:13 93:20 171:2 178:9</p> <p>supports 146:21</p> <p>suppose 88:2</p> <p>supposed 23:22</p>	<p>surge 34:6 37:7, 12 143:22, 25 144:8</p> <p>surgeons 58:13</p> <p>surgical 34:22 37:15 71:2 74:20 75:4</p> <p>surpassed 120:12</p> <p>surprise 13:23 20:12 93:4</p> <p>surround 167:18</p> <p>survivors 56:3</p> <p>suspect 41:3 88:1</p> <p>suss 142:15</p> <p>sustainable 168:21</p> <p>SWAT 185:24</p> <p>swing 42:16</p> <p>sworn 9:22</p> <p>SWOT 137:20 185:24</p> <p>system 13:11, 12 17:23 18:20, 25 21:6, 11 37:12 60:7 68:15 72:5 77:7, 21 78:8 79:4 80:11, 22 99:22, 23 101:13 103:4 111:2 114:22 115:9, 14, 18 116:6, 14 118:5 120:4, 8, 25 121:6 123:3 127:19 154:17 156:25 163:7 166:9, 10, 11, 12, 16, 19 167:5, 14, 16, 18 171:22 174:23 175:4, 21</p> <p>systematically 89:2</p> <p>systemic 101:23</p> <p>< T ></p> <p>tab 95:11</p> <p>Table 86:24 87:4, 6 89:18, 19 90:5, 21 91:6 92:1, 21 93:11 95:9 97:20 98:4, 6</p>	<p>99:5, 17, 18, 20, 25 100:3, 6 104:14, 17 105:5, 14, 21, 22, 25 106:17, 22 107:18 108:23 109:7, 9, 11, 17 111:8, 11, 14, 15, 20, 24 112:5, 6, 17 124:21 125:7, 23 127:7 156:14 159:1</p> <p>tables 89:5 103:23 105:6 107:9 108:21, 22 109:1, 3, 21 110:13, 15 130:2</p> <p>takes 63:10</p> <p>talent 109:17</p> <p>talk 23:21 33:19 36:17, 18 43:10, 24 45:9 61:20 68:3 84:10 85:6 93:7 94:4 103:12 104:5 112:23 115:11 117:22 140:6, 15 153:21 159:6 165:16 167:2 180:1</p> <p>talked 19:4 52:11 55:24 57:20 89:6 109:20 135:7 147:16 169:12 182:11</p> <p>talking 31:16 47:19 78:12 98:17 99:5 104:10 107:17 111:1 117:10 121:17, 21 129:7, 12, 16, 19 134:1 137:4, 7, 8 139:1 169:1 179:21 185:21, 22</p> <p>Tam 96:9 185:7, 8</p> <p>target 131:1</p> <p>task 7:20 109:4 159:8</p> <p>tasks 93:16</p>	<p>taxation 16:6</p> <p>taxpayers 176:3</p> <p>team 12:19 26:3 86:8 89:12 172:18, 20 173:7 174:22 178:15</p> <p>teams 103:5 137:21 166:20 167:8, 11 172:6, 25 174:9 175:17 177:2 178:1, 9, 25 179:4, 25 180:2, 10, 17</p> <p>technical 161:7</p> <p>technicality 84:16</p> <p>teleconference 65:12</p> <p>temperature 165:5</p> <p>templated 15:7</p> <p>tens 58:8</p> <p>tent 100:13</p> <p>tenure 45:20 46:12 47:12 49:16</p> <p>Teresa 96:9 185:7</p> <p>terms 20:20 22:16 27:22, 23 41:20 42:21 71:12 76:13 80:5 105:11 115:3 142:23 149:16 150:2 154:7 169:8 172:23 173:3 174:15</p> <p>terrible 33:23 168:24</p> <p>terrific 177:23</p> <p>test 119:9, 16 121:8 122:15 126:25 128:18 129:16 130:11 131:17 177:9</p> <p>tested 125:1, 24 131:13</p> <p>testimony 7:18 28:23 130:3</p> <p>testing 112:24 113:2 114:8 117:2 119:25</p>
---	--	--	---	---

<p>124:6, 21, 22 125:5, 7, 11 126:1, 11, 19 127:4, 15, 21 128:15, 20 129:23 130:2, 12 131:5 132:2 tests 113:7 114:9, 25 115:4 116:15 118:8 119:5 120:10, 12 121:13, 19 122:20, 21, 22 123:1 127:24 129:8 130:14, 24 Texas 65:2 66:10 thankful 103:25 thankfully 33:22 thereabouts 43:15 thermal 163:4 thermometers 163:10 thing 53:21 58:16 76:12, 17 80:25 134:1 152:25 171:3 176:2 177:16 things 24:25 27:23 53:3 55:10 56:6 57:20 58:5 62:22 64:8 65:23 67:24 75:9 78:24 89:6 97:2 103:5 107:24 109:22 118:13 137:16 152:14 180:3 182:12 thinking 58:21 60:24 80:19 86:10 92:5 93:1 98:3 100:4, 14 101:24 106:11 170:12 179:22 181:17 third 97:19 98:12 99:12 Thornccliffe 178:2</p>	<p>thought 17:12 30:16 92:16 100:1 129:15, 19 thoughts 92:7 94:14 176:10 three-legged 12:14 17:8 three-person 91:1 three-phase 26:21 tight 163:6 tighten 35:21 time 5:25 9:10 10:6 11:1, 11, 24 12:2 25:6, 21, 22 30:10 31:24 36:13 38:21 39:8 40:3 41:4 44:25 48:10, 15 50:25 51:4 52:9 61:21 64:5, 7 67:14 68:25 69:2, 19 71:18 73:6, 13 85:25 92:7 93:1, 5 94:11 96:15 98:5 99:19, 21 101:17 103:8 104:16 105:17 108:16 112:16 113:19 114:3 116:16 118:5 122:17 124:10 125:2 127:10 132:4 135:5 136:8 138:7, 12 139:22 141:4 142:14, 17, 22 156:22 160:17, 18, 24 161:11 162:20 166:7 173:20 176:9 178:17 180:9 181:14 182:3, 17 183:6, 8 timeline 47:24 timelines 143:3 timely 119:4, 14 122:25 times 120:5 121:14 127:20</p>	<p>128:18 130:9 132:13 timing 140:9, 10, 12 tip 37:23 tires 108:3 today 126:23 182:12, 19 told 26:18 41:25 42:7 43:12 48:25 49:17 68:2, 5 72:6 74:1 85:8 86:13, 15 87:7 94:6 104:7 108:21 118:16 121:22 127:11 134:3 143:21 144:12 146:18 158:4 160:5, 10 161:6 162:6, 11 163:3, 6 168:12 Tom 99:19 125:23 Tommaso 159:19 tool 138:16 tools 20:19 top 107:2, 3 162:25 164:10 topic 7:1 56:24 112:21 149:5 Toronto 68:6, 15, 20 69:4, 9, 10 131:1, 11, 18 177:19 touch 98:20 141:2 tower 72:19 tracing 131:20 track 5:23 tracks 142:2 Trade 9:18 traditionally 124:4 tragedy 136:12 tragic 51:20 56:3, 4 81:8 train 145:16, 19 training 148:15, 18, 22 trajectory 94:23 95:8 transcribed 183:10</p>	<p>transcript 5:22 99:13 158:10 183:12 transfers 43:10 transformation 167:19 transforming 166:9 translate 96:24 transmission 95:17 96:3, 4, 11 130:18 131:10, 12 132:6 158:1 transmissions 96:21 transparency 111:1 transparent 110:2, 3 transportation 119:3 transported 160:13 travel 164:23 Treasury 9:19 15:9 46:15 50:3 65:11, 13 73:4 134:16 treated 147:10 treatment 178:16 Trenton 93:23 140:24 143:2, 7 trial 29:16, 22 trouble 74:13 141:4 true 36:11 73:21 134:7 183:11 truly 166:11 trust 155:2 174:1, 3 trusted 109:16 trying 5:14, 24 10:15 18:21 56:18 62:7 66:11 72:22 73:8, 11 74:5 76:17 80:22 121:1 146:17 149:1 150:17 151:10 168:11 171:15 176:21</p>	<p>177:8 179:10 181:5 turn 20:22 83:2 turnaround 124:10 127:10, 20 128:18 130:9 turned 51:7 111:18 turns 17:5 66:10 twelve 81:25 twiggged 118:21 type 28:2 types 120:16 < U > U.S 64:25 65:7 122:16 160:13 U/T 4:18 80:23 153:19 Uhm-hmm 47:9 86:25 149:2, 20 172:13 UK 152:10 ultimately 13:25 15:12 19:7 45:3, 6 50:11 52:5 58:19 65:13 173:25 174:17 unable 52:7 133:1 unacceptable 120:6 176:1 unanimity 158:25 uncomfortable 158:11 uncontrolled 134:5 underneath 103:23 understand 6:3, 20 8:16 10:10 18:21, 23 27:7 41:12 42:17 43:16 47:18 48:4 51:4 87:25 93:14 102:23 104:15, 23 126:15 130:19, 21 136:9 138:4 147:15 151:11 153:17 157:25</p>
---	--	---	--	---

<p>understanding 10:16, 17 12:8 25:13 26:19, 25 48:1 56:19 61:3 68:8 96:4 111:5 125:10, 12 135:17</p> <p>understood 27:4 45:15 106:21 125:8 130:2 139:2 142:23 156:7</p> <p>undertake 102:9</p> <p>undertaken 4:14</p> <p>undertaking 167:20</p> <p>UNDERTAKINGS 4:17</p> <p>underway 147:25</p> <p>unfortunately 142:17</p> <p>unique 81:12 146:5</p> <p>Unit 16:1 177:10, 11</p> <p>United 66:19 123:1</p> <p>Units 12:23 13:22 15:19, 23 16:5, 10, 17 18:1 19:5 123:25 124:3</p> <p>universal 68:24 127:21 128:15, 20 129:23 131:5</p> <p>universally 129:8</p> <p>university 115:15 171:11</p> <p>unknown 33:9</p> <p>unnecessary 130:25</p> <p>unprecedented 32:20</p> <p>unprepared 32:19</p> <p>unreasonable 126:7</p> <p>updated 25:7</p> <p>urban 9:1 171:5</p> <p>usefulness 168:2</p> <p>users 164:17</p>	<p>uses 137:1</p> <p>usual 37:4 85:2</p> <p>< V ></p> <p>vaccinated 163:16 164:6</p> <p>Vaccination 159:8 177:17</p> <p>vaccine 159:24 160:7, 14, 24 162:15, 17 163:11, 13 164:21 177:21</p> <p>vaccines 159:7 160:17, 20 165:2, 4, 6, 10</p> <p>Valerie 4:6</p> <p>validity 131:20</p> <p>value 49:19 55:2 126:11 178:24</p> <p>Vanessa 127:12 129:25</p> <p>variable 55:18</p> <p>variety 54:15 55:3 58:19 71:17 72:1 93:16 107:25 138:14</p> <p>various 11:3 19:11 25:20 93:4, 15 108:20 109:1 120:17 125:1 166:20 173:7</p> <p>vary 177:10</p> <p>vast 121:24</p> <p>vehicle 78:10 172:17</p> <p>vendors 73:7</p> <p>verified 125:7</p> <p>verify 41:24</p> <p>VERITEXT 183:22</p> <p>vested 22:22</p> <p>vet 109:6</p> <p>vetted 109:15</p> <p>video 83:3</p> <p>Videoconferenci ng 1:14</p> <p>view 41:6 44:7 54:13 71:25 80:10 95:20, 21 96:10 101:2 102:24 149:23</p>	<p>150:24 157:9 166:1 175:22, 23</p> <p>views 20:15 126:9 165:21 166:6</p> <p>Villa 117:19 133:11 134:6 137:24 138:6 140:1, 8, 12</p> <p>virtue 171:20</p> <p>virus 33:4, 9</p> <p>visibly 92:17</p> <p>vision 173:7</p> <p>visitors 165:1</p> <p>voice 174:22</p> <p>volume 65:3</p> <p>voluntary 173:2</p> <p>vulnerabilities 126:16</p> <p>vulnerability 53:7 163:19</p> <p>vulnerable 79:8 106:17 148:21 149:8 151:22</p> <p>< W ></p> <p>Wagner 2:19</p> <p>wait 113:19</p> <p>waiting 168:7</p> <p>waive 155:2</p> <p>wake-up 76:1</p> <p>walked 163:3</p> <p>Walwyn 3:20</p> <p>wanted 62:20, 23 75:21 82:22 92:2 98:1 111:22 112:3, 13 131:1, 12 137:13 142:15 155:15 172:6 174:11, 14 178:6</p> <p>wants 29:12</p> <p>warehouse 50:22, 23 60:16 77:16</p> <p>warehouses 77:10</p> <p>warning 33:12</p> <p>Washington 97:6</p> <p>watched 92:11</p> <p>watching 120:7 137:13</p> <p>Watt 64:16, 18</p>	<p>wave 72:10, 15 113:10, 12 117:17 121:25</p> <p>ways 19:18 100:8 103:11 152:18</p> <p>website 5:22</p> <p>week 7:4 37:17 64:2, 6 97:19 98:12 99:12 141:20 143:5 160:7</p> <p>weekend 68:22 129:24</p> <p>weekly 157:14 161:13 162:23</p> <p>weeks 37:9, 16, 24 61:23 62:5 72:21 81:1, 25 95:22 121:23 161:20, 21</p> <p>weight 58:14</p> <p>welcoming 5:20</p> <p>well-connected 114:22</p> <p>well-known 8:4, 11</p> <p>Westminster 110:7, 22, 25 156:25</p> <p>wherewithal 104:1</p> <p>wider 127:15 130:11</p> <p>Williams 18:14 19:19, 21 20:16 90:5, 8, 16 91:16, 24 92:14, 18 100:16 107:18 157:13, 20</p> <p>willing 143:10 176:7</p> <p>winds 53:22</p> <p>Windsor-Essex 93:25</p> <p>Winnipeg 119:12 121:13</p> <p>wish 6:21 76:21 142:20</p> <p>witness 28:19</p> <p>witnesses 29:3</p> <p>WLG 3:23, 24, 25 4:1, 2, 3, 4, 5,</p>	<p>6</p> <p>women 171:16</p> <p>wonder 20:22 57:15 63:2</p> <p>wondering 76:13 80:9 85:7 128:21 136:25 147:23 149:5 172:17 179:1</p> <p>won't 7:9, 10 39:21 40:2 80:5 86:13 91:3 93:3 108:20 138:17</p> <p>word 59:17 137:1 153:25 154:1</p> <p>words 144:6</p> <p>work 5:23 9:6 11:3 13:20 16:4 20:3 48:19 59:1 78:14 82:11 91:18 93:12 95:9 100:12 103:4, 7 105:9, 11 111:2 112:10 116:11 122:3 145:16 147:2, 14 161:8 168:3 174:15 175:9, 18 176:4 179:6, 10 180:1 182:1, 7, 10</p> <p>work-arounds 121:12</p> <p>worked 9:8 10:6, 22 21:21 26:24 58:6, 7 60:21 107:11 112:15 114:12 116:9 135:12 136:17 172:23</p> <p>workers 34:9 151:19 163:15</p> <p>workforce 78:1 144:22 145:5, 13 152:5 163:17 169:9</p> <p>workforces 144:16</p> <p>working 9:10 27:5 76:22 82:7, 10 100:16</p>
--	--	--	---	---

110:3 117:9
 122:24 132:22
 142:1, 22
 144:24 149:1
 159:21 161:16
 170:2 173:19
 177:19 178:11
 182:1

workplace

145:22

works 142:25

161:8 170:16

175:21

work-up 146:25

world 33:1, 11,

15 35:21 66:9

worried 129:6

worth 41:14

wrestling 80:9

write 141:17

writing 56:23

written 24:18

wrong 79:21

149:9

< Y >

Yaffe 157:13

Yeah 89:25

110:5 118:23

140:13

year 9:14

79:21 111:10

147:13 168:13,

14 171:9

years 8:6 9:4,

13 10:13 11:19

27:4, 13 47:25

48:1 58:10

76:23 115:5

169:2 170:16

yesterday 130:3

147:17

yield 180:10

York 95:1

177:22

< Z >

Zoom 1:14