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.

BEFORE:
The Honourable Frank N. Marrocco, Commission Chair
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

PRESENTERS:
The Honourable Christine Elliott, Deputy Premier of Ontario and Minister of Health
Helen Angus, Deputy Minister of Health, Ministry of Health

COUNSEL:
Sunil Mathai, Counsel, Ministry of Attorney General
Roopa Mann, Counsel, Ministry of Attorney General
Kristin Smith, Counsel, Ministry of Health/Ministry of Long-Term Care
Amy Leamen, Counsel, Ministry of Health/Ministry of Long-Term Care
Eric Wagner, Counsel, Ministry of Attorney General
Ann Christian-Brown, Ministry of the Attorney General
Kinsey Bowen, Counsel, Ministry of Health/ Ministry of Long-Term Care
Nishat Hoque, Articling Student, Ministry of Health/Ministry of Long-Term Care

PARTICIPANTS:
Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat
Ida Bianchi, Senior Legal Counsel, Long-Term Care Commission Secretariat
Dawn Palin Rokosh, Director, Operations, Long-Term Care Secretariat
Derek Lett, Policy Director, Long-Term Care Commission Secretariat
Jessica Franklin, Policy Lead, Long-Term Care Commission Secretariat
Adriana Diaz Choconta, Senior Policy Analyst, Long-Term Care Commission Secretariat
Angeline Hawthorn, Senior Policy Analyst, Long-Term Care Commission Secretariat
Rose Bianchini, Senior Policy Analyst, Long-Term Care Commission Secretariat
Angela Walwyn, Senior Policy Analyst, Long-Term Care Commission Secretariat
John Callaghan, Co-Lead Commission Counsel, Gowling WLG
Lynn Mahoney, Counsel, Gowling WLG
Jennifer King, Counsel, Gowling WLG

Michael Finley, Counsel, Gowling WLG
Kavi Sivasothy, Counsel, Gowling WLG
Peter Gross, Counsel, Gowling WLG
Patricia Brooks, Counsel, Gowling WLG
Joshua Shoemaker, Counsel, Gowling WLG
Valerie Pelchat, Counsel, Gowling WLG

ALSO PRESENT:
Deana Santedicola, Stenographer/Transcriptionist

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

INDEX OF UNDERTAKINGS

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

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

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

COMMISSION CHAIR FRANK MARROCCO: That is certainly possible.

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

Why don't we do it this way.

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

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

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

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

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

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

COMMISSION CHAIR FRANK MARROCCO: Thank you.

JOHN CALLAGHAN: Good morning.

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

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

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: And specifically --

DEPUTY MINISTER HELEN ANGUS: Sorry, specifically --

JOHN CALLAGHAN: Go on.

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

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

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

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

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

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

JOHN CALLAGHAN: Right.

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

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

DEPUTY MINISTER HELEN ANGUS: Right.

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Not exactly, no.

DEPUTY MINISTER HELEN ANGUS: No.

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

So you are not familiar with this

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

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

JOHN CALLAGHAN: Deputy, have you --

DEPUTY MINISTER HELEN ANGUS: Well --

JOHN CALLAGHAN: No? All right.

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

So it doesn't surprise me.

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

the actions of the Ministry of Health?

MINISTER CHRISTINE ELLIOTT: Yes, I am.

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

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

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

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

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

agency/government relationship.

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

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

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

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

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

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

JOHN CALLAGHAN: Is there any

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

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

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

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: With 34

Public Health Units.

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

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

JOHN CALLAGHAN: So --

MINISTER CHRISTINE ELLIOTT: Sorry?

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

MINISTER CHRISTINE ELLIOTT: No, I understand.

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

take it any other way than that.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

SUNIL MATHAI: I apologize, John.

JOHN CALLAGHAN: Well, I guess the

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: It is now, yes.

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: Well --

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

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

JOHN CALLAGHAN: Right.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

to?

DEPUTY MINISTER HELEN ANGUS: Mr. Shingler and his team, yes.

JOHN CALLAGHAN: And who does he report to?

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

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

DEPUTY MINISTER HELEN ANGUS: I think functionally.

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

Why would it take that long to create a plan?

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

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

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

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

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

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

JOHN CALLAGHAN: 2006.

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

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

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

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

> "The province has developed and released the Ontario Health plan for an Influenza Pandemic (OHPIP) but needs to acquire the necessary resources to implement the plan in order to respond to an influenza pandemic. The ministry seeks appropriate procurement approvals to begin strengthening the province's preparedness for an influenza pandemic immediately."

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

"Concern regarding a potential pandemic is global, and international demand for pandemic supplies will dictate availability of these supplies. If the process is delayed, Ontario risks being unprepared for an influenza pandemic due to this unprecedented international demand and queuing for delivery."

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

"Public Health experts around

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

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

MINISTER CHRISTINE ELLIOTT: No, I was not.

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

DEPUTY MINISTER HELEN ANGUS: Correct.

MINISTER CHRISTINE ELLIOTT: Well, yes.

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

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

International experts have already identified that essential supplies such as surgical masks are likely to be scarce and highly sought-after during a pandemic."

And it goes down to the bottom, and it

says:

"With most suppliers and distributors of emergency medical supplies based outside of Canada, minimal manufacturing capacity in North America, and no domestic manufacturing capacity within the province, Ontario will find itself in competition with other jurisdictions for the necessary supplies and equipment."

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

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

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

MINISTER CHRISTINE ELLIOTT: I wasn't

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

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

MINISTER CHRISTINE ELLIOTT: That is absolutely true, yes.

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

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

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

And then it says:

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

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

Do you see that?

MINISTER CHRISTINE ELLIOTT: Yes.

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: I don't know that.

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

care.

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

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

And then it goes on to say:

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

Do you see that?

MINISTER CHRISTINE ELLIOTT: Yes.

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

COMMISSION CHAIR FRANK MARROCCO:

Mr. Callaghan, sometimes you are fading out there.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Not specifically, no.

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

MINISTER CHRISTINE ELLIOTT: Not those specific numbers, no.

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

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

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: That is about the range.

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

MINISTER CHRISTINE ELLIOTT: That would have been my responsibility.

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

stockpile. Were you aware of that?

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

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

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

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

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

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

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

JOHN CALLAGHAN: Well --

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

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

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

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

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

JOHN CALLAGHAN: So you became Minister when?

MINISTER CHRISTINE ELLIOTT: The end of June 2018.

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

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

?

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: As it turned out, yes.

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

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

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

JOHN CALLAGHAN: It is.

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: The

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

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

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

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

JOHN CALLAGHAN: Thank you. And Deputy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

wouldn't put all your stockpile in one location.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

JOHN CALLAGHAN: All right.

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

JOHN CALLAGHAN: Would you like to take one now?

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

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

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

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

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

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

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

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

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

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

So this is April 2nd. It says:

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

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

MINISTER CHRISTINE ELLIOTT: That's correct.

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

- the masks were located in three places - California, Texas and New Jersey, and the volume was large enough that there were 120 shipment containers.
- masks are 3M production, but were not made in the U.S.
- we had a discussion about the potential difficulties inherent in this delivery and then there was an emergency Treasury Board teleconference.
- ultimately, Treasury Board approved $280 million [...]" - and the amount per mask is blacked out.
"- this is now the 'basic' cost for a mask due to intense international competition.
- this [money] is to be paid into an escrow account at Faskens, pending delivery [...]"

So as I read this note -- and it actually reads quite dramatically, but things were happening instantaneously; you had to act quickly, is that how I take the note?

MINISTER CHRISTINE ELLIOTT: Absolutely, yes.

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

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

DEPUTY MINISTER HELEN ANGUS: Singapore.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: No, not to my recollection.

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

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

MINISTER CHRISTINE ELLIOTT: I would agree.

JOHN CALLAGHAN: Okay. And

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: Okay.

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

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

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

You know, in 2007, everybody had a

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

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

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

MINISTER CHRISTINE ELLIOTT: Commissioner, I will say something, and then the Deputy may wish to say something as well. This is something that we have been working on together for several years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Of course.

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

DEPUTY MINISTER HELEN ANGUS: Of course.

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

DEPUTY MINISTER HELEN ANGUS: Right.

COMMISSION CHAIR FRANK MARROCCO: And

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

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

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

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

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

I mean, the other thing that I think we

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

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

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

COMMISSION CHAIR FRANK MARROCCO: All right. Thank you.

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

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

SUNIL MATHAI: Thank you, Commissioner.

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

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

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

SUNIL MATHAI: Thank you.

-- RECESSED AT 11:37 A.M.

-- RESUMED AT 11:47 A.M.

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

COMMISSION CHAIR FRANK MARROCCO: Yes, we are.

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

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

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

DEPUTY MINISTER HELEN ANGUS: Thank you.

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

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

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

MINISTER CHRISTINE ELLIOTT: There she is. Lifesaver.

MICHAEL FINLEY: There she is.

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

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

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

COMMISSION CHAIR FRANK MARROCCO: All right. Thank you.

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

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

No, I think you were in the right document.

It is document 24, slide 3, please.

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

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

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

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: Right.

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

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Yeah, I

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

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

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

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

But why did you move to that

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

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

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

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

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

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

JOHN CALLAGHAN: Right.

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

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

time, but that was the thinking that I had.

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

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

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

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

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

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

I have a couple of thoughts.

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

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

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: I would say --

JOHN CALLAGHAN: Was that --

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

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

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So we were in frequent contact with them.

JOHN CALLAGHAN: Right, and to be

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

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

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: I am happy to read it slower.

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Okay.

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

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: Right. And you say it

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

DEPUTY MINISTER HELEN ANGUS: Not really, actually.

JOHN CALLAGHAN: Okay.

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

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

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

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

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

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

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

various tables.

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes, absolutely.

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

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

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes, we

did.

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

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

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

So it was that simple.

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

Now, you know, we have heard about

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

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

So it had a real impact.

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

No, that is the Supply Chain Management Act.

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

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

Sorry, go down. My apologies.

MICHAEL FINLEY: Sorry, John.

JOHN CALLAGHAN: That is all right. Go

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

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

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

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

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

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

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So --

JOHN CALLAGHAN: And so --

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

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

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

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

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

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

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

Do you agree with that or not?

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

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

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

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

Perhaps I'll move on, though.

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

Just one second.

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

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

"Recent successes: Challenge.

Health units are coordinating rapid

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

in that?

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

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

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

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

MINISTER CHRISTINE ELLIOTT: I would

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

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

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

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

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

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

JOHN CALLAGHAN: Let me just go back then.

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

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

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

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

Why is a decision like that made?

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

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: All right.

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

JOHN CALLAGHAN: Yes.

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

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

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

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

talking about the same thing.

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: We also

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

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

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

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

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

supplement what was happening in the homes.

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

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

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

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

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

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

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

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

You have documents on all of that stuff.

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

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

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: All right.

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

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

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

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

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

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

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

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

JOHN CALLAGHAN: Right.

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

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

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

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

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

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

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

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

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

And it kind of works the other way too,

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

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

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

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

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

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

COMMISSION CHAIR FRANK MARROCCO: Mr. Callaghan, I think you faded at the end there. You know, the reporter has to take it down. Just the last few words.

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

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

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

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

portal.

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

So we tried to do everything we could,

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

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

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

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

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

And so there is work-up, including

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

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

DEPUTY MINISTER HELEN ANGUS: Correct.

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

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

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

What is the plan in that regard?

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

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

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

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

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

So there are a lot of issues there that

we are working through and trying to resolve now.

DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

COMMISSION CHAIR FRANK MARROCCO:

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

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

DEPUTY MINISTER HELEN ANGUS: Yes.

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

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

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

But do you agree that the quality of

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

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

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

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

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

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

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

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

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

JOHN CALLAGHAN: Can I suggest on that point --

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

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

MINISTER CHRISTINE ELLIOTT: Yes.

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

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

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

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

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

And then we'll let you know ASAP.

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

> "Having regard to s. 78 of the Health Protection and Promotion Act, the Commissioners shall investigate and provide a report of findings and recommendations respecting:
>
> [...]
>
> (e) in considering the current government initiatives and reforms in the long-term care homes system, any further areas that should be the subject matter of future action by government to help prevent the future spread of disease in long-term care homes."

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

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

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

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

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

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

So I think we'll just move on.

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

MINISTER CHRISTINE ELLIOTT: Yes.

JOHN CALLAGHAN: So in the fall, there was this debate - and we heard from the Chief Medical Officer of Health - regarding the lockdown steps and that the advice from Public Health Ontario was the highest level should be no greater than 25 in 100,000. And then the table advised 40 in 100,000. And then the Premier announced 100 in 100,000.

And it only came to light once one of the scientists at Public Health Ontario, a senior person who subsequently left, went to the press, and I know there is newspaper articles. And I am not interested in the statements that you may or may not have made at the time.

But what I am asking is should the science be made available, recognizing, as the Deputy says, we live in the Westminster system and

the government can make the decisions, but should the science, in the face of a pandemic, be made publicly available so that the public can decide for themselves the quality of the decisions being made?

And I can tell you, in the SARS Commission they recommended it, so I just would like to know from a policy perspective what your view is.

MINISTER CHRISTINE ELLIOTT: Yes, it is always important for us to let the people of Ontario know what the science is.

That is why Dr. Williams or Dr. Yaffe appear twice weekly at their own press conferences to speak about issues without anyone from government being there.

That is why we release all of the modelling data that Dr. Brown and Dr. Sander present to us.

And that is why Dr. Williams is present at many of the press conferences that the Premier and myself and others have had with the people of Ontario, to let people know what is going on.

We also post data on a regular basis so that people will understand, even in their own

area, what the data is, what the transmission levels are, and so on.

JOHN CALLAGHAN: So even though you said the Chief Medical Officer of Health, he told us -- he advised that the 100 standard wasn't the appropriate one. And yet he never came out in the public. It took a public servant, Dr. Deeks, to do it.

And frankly, if you read her transcript, if you were there, she felt almost very uncomfortable in her position and left the province in part because she didn't think that she would be listened to anymore.

But should the science be readily available, or should it be dependent upon people like Dr. Deeks having to come forward?

MINISTER CHRISTINE ELLIOTT: I would say that we have made the science readily available.

JOHN CALLAGHAN: Well, not in that case you didn't, and that was a pretty important case. It was all over the press, as you recall. You were even mentioned.

MINISTER CHRISTINE ELLIOTT: There -- I would say there is not always complete unanimity

amongst all of the members of the Science Table about what a particular decision should be. They have not signed non-disclosure agreements. They are free to speak up and speak to the public. As you will have seen, many of them did.

JOHN CALLAGHAN: Okay. So let's talk about vaccines. Now, you are the Chair of the Vaccination Distribution Task Force?

DEPUTY MINISTER HELEN ANGUS: No, General Hillier is the Chair. I'm co-Chair.

JOHN CALLAGHAN: We have a slide deck that has the Minister as the Chair at one point.

MINISTER CHRISTINE ELLIOTT: Well, Minister Jones and I are the people to whom General Hiller reports.

DEPUTY MINISTER HELEN ANGUS: Correct, yes.

MINISTER CHRISTINE ELLIOTT: But Deputy Minister Angus and Deputy Minister Di Tommaso from the Solicitor General are the co-Chairs of the committee working with General Hiller.

DEPUTY MINISTER HELEN ANGUS: Yes.

JOHN CALLAGHAN: So we were advised that the vaccine arrived in Canada -- in Ontario about December 21st; is that about right?

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: Yes, I think we had --

JOHN CALLAGHAN: Right, and we were told --

DEPUTY MINISTER HELEN ANGUS: We had a practice run without vaccine maybe the week before, and we got about 2,500. We got a very small -- kind of almost dry run just before Christmas.

JOHN CALLAGHAN: And we were told that there was some restriction on the distribution of it, and yet we know that other parts of Canada, the U.S. and Europe, they transported the Pfizer vaccine; were you aware of that?

DEPUTY MINISTER HELEN ANGUS: Yes, I was aware that -- I mean, Canada got -- we all got our vaccines largely at the same time. So I would not have been aware at the time what other provinces were doing because we were all implementing our first vaccines at once, and we were pretty focussed on that.

I do know that in some jurisdictions in Europe they had figured out how to move the vaccine. We had no experience at that time in late December with the Pfizer product, and so decided, I

think deliberately and on the recommendation of the National Advisory Committee on Immunization, to stick with the directions of the manufacturer, at least for the first couple of shipments.

JOHN CALLAGHAN: Well -- and then we were told that you had approval on December 31st, but it took five days for your technical committee to work out how that works. Was that correct what we heard?

DEPUTY MINISTER HELEN ANGUS: Well, that probably would have been in time for the next shipment. So don't forget, we weren't getting shipments daily. We were getting shipments weekly.

MINISTER CHRISTINE ELLIOTT: Right.

DEPUTY MINISTER HELEN ANGUS: And so they were working out what the specifications were for the next shipment, which would have come probably, you know, within a few days of January 5th, because Moderna, we were only getting every three weeks, and we continued to get that every three weeks. So --

JOHN CALLAGHAN: So we shouldn't --

DEPUTY MINISTER HELEN ANGUS: -- I wouldn't read too much into the delta between the December 31st and the 5th of January because there

were no shipments in the middle there.

JOHN CALLAGHAN: And was there --

DEPUTY MINISTER HELEN ANGUS: And the --

JOHN CALLAGHAN: The reason why I ask is -- I mean, you know, we have been told and we had a presentation by I think Dr. Stahl about how every day matters, and between those dates of December 31st and January 5th, there were 200 people in long-term care who contracted COVID, and Mr. Hillmer has told us that 22 percent would die on average. So that is like 44 people, like all of SARS.

And so you are saying that you didn't have vaccine to distribute during that period?

DEPUTY MINISTER HELEN ANGUS: I'm saying that we didn't have vaccine.

JOHN CALLAGHAN: All right. Because it just seemed like -- the way it was described the last time, it seemed like an awfully long time to --

DEPUTY MINISTER HELEN ANGUS: No, no. The shipments come weekly, sometimes ten days apart. I can just say that long-term care was absolutely top of mind and the top, top priority in

any plan that we had for the distribution.

The issue was the constraints, and, you know, we were told that if -- and we walked through all the thermal shipper, and Minister Elliott and I had a presentation from the manufacturer. Remember they came in and told us all about how tight this system had to be in order to guarantee the efficacy of the product and that even jiggling it a little bit and not able to keep it at the minus 70 when they put the thermometers in was going to make it a much less efficacious vaccine.

So the decision was that if we couldn't easily get the vaccine to long-term care residents in the first instance, we would prioritize long-term care workers and invite them in and -- in quantity to come and get vaccinated in order really to protect, yes, of course the workforce, but, you know, of course even more importantly because of their vulnerability, the long-term care residents.

JOHN CALLAGHAN: And we have heard from some who were highly critical of your distribution process, and I think the statistics we heard -- we saw from your own deck was that -- I think it was by January 12th you had administered 144,000 doses but only 13,000 went to long-term care or

retirement home residents, and we don't know how many were long-term care.

So there has been and there continues to be criticism that you did not prioritize long-term care residents, and that had you, you could have vaccinated them all well before you finally did.

MINISTER CHRISTINE ELLIOTT: I would say -- I would not agree with that. Residents of long-term care homes were our absolute top priority, and we did hear very strongly from Pfizer that they could be delivered to one place, that we could not move them, that they would become less stable, and that if we didn't follow their instructions, any future shipments of Pfizer might be in jeopardy to us because they would ship them to other users who would follow their rules.

We then, that being the case, took a look at every possible scenario we could, including moving all of the residents of long-term care into the hospitals in order to receive the vaccine, but recognizing that that would be dangerous for them, many of them would need to travel by ambulance and that could cause further health concerns for them, that our only option was to make sure that the

staff and essential visitors coming into the long-term care homes receive the first vaccines.

And it was only when we received the Moderna vaccines which, as you will know, don't have the same temperature restrictions as the Pfizer vaccines, that we were able then to move them into long-term care homes, and then when Pfizer developed -- changed their rules and allowed us to be able to move them, that we were able to move some of the Pfizer vaccines into long-term care homes.

But our intention was always to do whatever we could to prioritize the residents of long-term care homes.

JOHN CALLAGHAN: So what I would like to talk about now for a moment is we have heard a lot in this Commission about the frailty of people in long-term care, and there is question about where long-term care fits in the continuum of care.

And I don't know whether either of you have views of how that fits, whether or not there is -- whether the current process recognizes the frailties with the requisite staffing and the requisite connections that you have built up with hospitals now, and if not, what you might be able

to tell the Commission about how you view the continuum of care, particularly as it relates to long-term care.

MINISTER CHRISTINE ELLIOTT: Well, I can certainly start, but I imagine the Deputy Minister has some views as well.

But at the same time that we began to deal with COVID-19, we were also in the process of transforming our health care system into making it a more connected system for the patient, to make it a truly patient-centered system of care wherever you happened to be in the system, whether you are at home, whether you are in hospital, or whether you are in long-term care.

And we recognized that many of those connections were not there with the system that we had, and that is why we brought forward our plan to change the way we are delivering care to phase out the LHIN system and to bring in local Ontario Health Teams in various regions across the province which would be provided by or consist of people who actually provide care in a particular area. So that would be people from hospitals, people from long-term care homes, retirement homes, mental health, and also some of the social services that

we need to support many people as well, because we always talk about the need to deal with the social determinants of health, but we haven't done a very good of integrating that into our health care system thus far.

So what we did before the pandemic struck was create a number of local Ontario Health Teams that were very rigorously reviewed by the Ministry of Health and which have been of an enormous help in the local response to COVID because these are teams of people that had already come together, that already communicated with each other, that already were able to see the gaps in the system, and they were closing those gaps and making sure that if a person was feeling lost in the system, that they could call one number and they would be able to be helped, and the health system would surround the patient.

That is a major transformation that we were undertaking.

And I also would just like to say that if we did not have Ontario Health in place at the beginning of this pandemic, we would have had to deal with 14 Local Health Integration Networks, or LHINs, and it would have taken us much longer to

have developed our response to this.

So I think that the usefulness of the work that we did before has been shown in the response that we had to the pandemic overall.

JOHN CALLAGHAN: Can I ask the Deputy then. So we have -- and you know this. We have some 30,000 people on the waiting list in long-term care.

DEPUTY MINISTER HELEN ANGUS: Yes.

JOHN CALLAGHAN: We have an aging infrastructure which the government is trying to deal with. We have been told that the population of 75 year olds is growing at about 4 percent a year. We heard from the group in Kingston and from others about the need for home care.

And I guess -- I mean, you were there when the Harris government built beds. You came back I guess at the end when it appears that the McGuinty government was doing home care. You are building beds again.

What is the sustainable model that you can envision? Because of course, you know, the congregate setting is one issue that caused this terrible situation of COVID. Not that I want to get into that. But what is -- that is why we are

talking about it, but what do you see, I mean, with your breadth of experience of years?

DEPUTY MINISTER HELEN ANGUS: I mean, there is clearly a place for residential care where, you know, families and individuals can't care for themselves, and they need to be to a modern standard, and I think that will be redefined by the pandemic, both in terms of the physical plant and the workforce.

You know, how they are connected into the other resources I think the Minister has just talked about, but -- you know, so how do you make sure that that service, the residential part, is there for the percentage who need it and is connected and there is proper oversight.

And you have been obviously grappling with that from your questions. You know, I have heard examples about, you know, what should be the relationship between the Medical Advisory Committee and the Medical Director and the standard of care offered in long-term care.

So I think there are opportunities to kind of figure out the formal collaborations for that group.

I think if you look at -- you know, I

remember going to a geriatric conference when I was working in long-term care and looking at different models of care. Now, that is back in 2000, so that is awhile ago.

But, you know, a lot of European jurisdictions were building kind of naturally occurring communities and sort of non-congregate settings where people would come together. I think there are examples of that with the Schlegels that have done more of that than, you know, kind of the 32-bed pod kind of long-term care facility that is maybe a little more thinking about providing care and support to people, but some of whom don't have housing needs.

So my mother is a home care patient. She has been for four or five years. It works because she has got daughters, and you know, we can intensify in the home probably even more than where we are at now. And there are many people in that situation.

There is probably some people who kind of could live together in smaller congregate settings where there is care being provided. It would be efficient, and it may feel sort of a little less institutional than a long-term care

home.

You know, then there is supportive housing and that kind of thing.

I think that -- you know, I'll put on my urban planner hat for a second, but, you know, the baby-boomers have defined, you know, the standards, you know, and the expectations and recalibrated throughout their life cycle. I'm the last year of the baby-boom formally. And I hope that for me that there is some kind of solution that is somewhere between my university residence and, you know, an independent apartment that has people coming in and providing care because I don't have children, so I will be, you know, on -- don't cry for me, but, you know, on my own trying to manage probably with my peer group of elderly women who, you know, support each other in some kind of way.

So can we allow for some of those solutions that -- and by virtue of policy and planning allow for that to become a more predominant part of the system. I hope so.

COMMISSION CHAIR FRANK MARROCCO: Mr. Callaghan, I don't want to interrupt the flow here, but --

JOHN CALLAGHAN: No, no, this was hopefully to get some dialogue, and if the Commissioners have questions, then I will step away completely.

COMMISSION CHAIR FRANK MARROCCO: No, I just wanted to go back to the Ontario Health Teams for a minute.

When you describe all of the different options that are available, it occurs to me that you need to be able to move from one option to another relatively easily.

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: Uhm-hmm.

COMMISSION CHAIR FRANK MARROCCO:

Because your needs can change, especially as you get older.

So I am wondering if the vehicle for people moving is an Ontario Health team, and certainly when Michael Garron were here, the fact that there is a Health Team there was of great assistance, sort of facilitated the interaction of the hospital with long-term care homes, and it worked out very well in terms of outcomes.

Do you think there is some merit in mandating membership, if you like, in these teams

rather than leaving it -- rather than it being voluntary?

MINISTER CHRISTINE ELLIOTT: In terms of who comes together, Commissioner, to be --

COMMISSION CHAIR FRANK MARROCCO: Well, just in the sense that one would assume, if the vision is a team where you have all of the various health care providers at least brought together so that there can be some connections built quite naturally and locally amongst them, then does it seem like it might be a good idea to mandate that?

MINISTER CHRISTINE ELLIOTT: It actually is mandated, and we have -- the Deputy Minister will have to remind me how many we have. We have got most of Ontario covered right now. We are still assessing some applications.

Some were almost ready to go from the beginning because it was a group of providers who had already been working together in communities for a long period of time, so there were already those natural connections.

In other locations, they are coming together just recently and still have -- need some assistance to pull all of the providers together and to have those conversations, because ultimately

this is about a trust relationship where one provider knows that they are all linked together and that they trust that if they are not able to do something, that there will be somebody else that will be able to step in and help them.

So they need to get to know each other. They need to get to know more about what each other does.

But the local Ontario Health Teams that we have now would all tell us that this is the way that they always wanted to provide care. They didn't want care to be dictated from on high from Queen's Park, that they knew the local issues in their local area, and they wanted to be able to do that work together, under terms and conditions, of course, that we have to set provincially because we ultimately have to have stewardship of the money and make sure that the care is being provided. But really, they have been very successful.

We also make sure that there is a patient representative and patients involved within the team because we can't lose that voice. That is why we have developed a health care system. We want to make sure that the patient is at the centre of everything.

DEPUTY MINISTER HELEN ANGUS: Yes. I might go a step further and say, you know, in any -- this is a big change, right, for the health care system to take, you know, a group of providers who are really functionally responsible for the health of a population, including the people who live in long-term care, right?

And so at the beginning of a change process, you know, the strategy is let's work with the early adopters, of which we have many because I think it makes so much sense to the people who got into the business of delivering health care to begin with and it makes sense for patients.

At some point, this is going to define a standard of care, and if the outcomes are better through this pandemic, for example, where there are Ontario Health Teams where they were able to collaborate and work across, you know, their organizations to better the response, then it doesn't become optional. It becomes the way the system works.

And I guess my view -- this is a personal view now, but my view would be we are defining a new standard of care and expectation, and that -- you know, it becomes at a point, you

know, kind of unacceptable to opt out and say I want to stay over here and do my thing. No, no, you know, we are all being paid by the taxpayers, and we have got to come together and work differently.

It is a process to get there. I would say we have got a pretty willing sector. But like any initiative, you are going to have a few laggards, and we'll deal with those in time.

And, you know, if you have any thoughts about how the response, you know, has been, you know, differentially implemented where the providers have come together and been more responsive to the needs of the health of the population, that would be helpful to us. We hear some pretty good stories, as you have, and they are meaningful, right?

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: I think they help inform the pace and the scale of the change that we are trying to achieve here.

COMMISSION CHAIR FRANK MARROCCO: The Michael Garron example came to mind because the President or the CEO of the hospital said that they had a bit of a head start because relationships had

already started to take place, and she referenced the Ontario Health Teams.

DEPUTY MINISTER HELEN ANGUS: Yes.

COMMISSION CHAIR FRANK MARROCCO: And hence the question.

And the Minister and I would know the legal profession can be pretty localized, and trying to govern that particular profession from on high is really a bit of a test. And it sounds like the medical needs vary by health unit to health unit or region to region. Hence the idea that the kick start should be just, you know, mandating it.

But it sounds like it is more or less mandated, so I'll just leave it at that.

DEPUTY MINISTER HELEN ANGUS: I'll just add one more thing. I have seen the plan, because Sarah sent it to me, for vaccination roll-out. You know, once they get into the general population. And she has been working with Toronto Public Health again, and her plan, you know, with community ambassadors to deal with vaccine hesitancy, you know, in the parts of East York that she serves is terrific.

And again, it is built on the back of the relationships that she has with the family

Health Teams and the practitioners, you know, particularly in Thorncliffe Park.

So, you know, we are seeing the benefits throughout.

COMMISSION CHAIR FRANK MARROCCO: Commissioner Kitts, you wanted to say something?

COMMISSIONER JACK KITTS: Yes. So Minister and Deputy, you know that I, in the past, have been very supportive of Ontario Health Teams, and we heard early on from Sarah Downey how important it was that they were working together pre-COVID.

We have also heard from the Ministry how the plans and the principles and goals of an Ontario Health team are very patient-centered and making sure the patient gets the right treatment in the right place at the right time.

However, I think where Commissioner Marrocco's question was coming from was we have also heard a lot of concern or even some cynicism that they are not moving along, that they need kind of a boost or something. Everybody agrees that the goals and principles -- and I think that this pandemic has really proven the value of Ontario Health Teams.

And so I think we were wondering if there is any plans to further encourage those that aren't participating or those that aren't forming teams to move that along?

MINISTER CHRISTINE ELLIOTT: Absolutely. That work is still continuing. There are still applications that are being reviewed.

In some cases, there are some geographic overlaps, and so I know that within the Ministry they are trying to work with bigger groups so that there can be one cohesive group for a particular area.

So we haven't stepped away from that. Perhaps it has been slowed down somewhat because our attention has been focussed on COVID. But it is important to make sure that we have the entire province covered, and I'm sure the Deputy Minister could speak more directly to exactly where we are sitting with that operationally.

DEPUTY MINISTER HELEN ANGUS: I mean, this is -- you know, as we are talking, I am just thinking of the conversations I have had with Matt Anderson and using the apparatus of Ontario Health and the accountability levers that they have to advance Ontario Health Teams. And, you know, some

evenings, you know, we'll talk about how the work in mental health and Ontario Health Teams and other things are the parts of the job that get us, you know, excited about the future after the pandemic and having the bandwidth to really get out there and promote them.

So I'm with the Minister. You know, I think there is continued interest. I look forward to spending more time encouraging Ontario Health Teams and seeing the yield for patients.

And the sooner we can get on to that for the benefit of all, including long-term care, the better.

COMMISSIONER JACK KITTS: Yes, I agree, and I think the pandemic, if there is a silver lining, it has shown the importance of moving forward with those teams.

So thank you for that.

COMMISSION CHAIR FRANK MARROCCO:

Mr. Callaghan, were you --

JOHN CALLAGHAN: I think that is it for me. I was hoping that you would be able to discuss further the issues.

COMMISSION CHAIR FRANK MARROCCO: All right. Well, I think -- Commissioner Coke?

COMMISSIONER ANGELA COKE: I am good. Thank you.

COMMISSION CHAIR FRANK MARROCCO: All right. Well, Minister and Deputy, thank you very much for the -- I'm trying to figure out where you are on my screen.

Thank you very much.

DEPUTY MINISTER HELEN ANGUS: We are here.

COMMISSION CHAIR FRANK MARROCCO: Yes, it is a bit -- you know, the Chair of the Commission is a bit slow, but I eventually figured out where you were.

But thank you both for taking the time, and it is very helpful for us to have this dialogue. It is not often you get an opportunity to canvass the thinking of the Deputy Premier, the Minister of Health, the Deputy Minister all at once.

And we hope that we were able to put some of the questions to you that were necessary to be put in the public interest.

DEPUTY MINISTER HELEN ANGUS: Of course.

COMMISSION CHAIR FRANK MARROCCO: And

we'll go back to work and continue working on our report.

But thank you for your time, and it is much appreciated by us.

JOHN CALLAGHAN: Thank you.

DEPUTY MINISTER HELEN ANGUS: Well, thank you for the work that you are doing.

MINISTER CHRISTINE ELLIOTT: Yes.

DEPUTY MINISTER HELEN ANGUS: Thank you for the work that you are doing. It is important, and we look forward. And we have talked about a number of things today that are very important to current and future long-term care residents, and I think from the sounds of the questions, the recommendations you are going to make are going to be taken seriously and have impact. So I appreciate our time together as well.

MINISTER CHRISTINE ELLIOTT: Yes, thank you very much for giving us the opportunity today. Thank you.

COMMISSION CHAIR FRANK MARROCCO: Bye-bye.

-- Adjourned at 1:51 p.m.

REPORTER'S CERTIFICATE

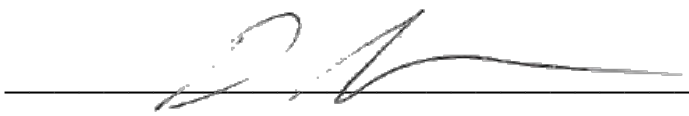
I, DEANA SANTEDICOLA, RPR, CRR, CSR, Certified Shorthand Reporter, certify:

That the foregoing proceedings were taken before me at the time and place therein set forth;

That all remarks made at the time were recorded stenographically by me and were thereafter transcribed;

That the foregoing is a true and correct transcript of my shorthand notes so taken.

Dated this 24th day of February, 2021.



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C L A R I F I C A T I O N S

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 offered" 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