

Long-Term Care COVID-19 Commission Meeting

Bilingual Group Meeting with Families/Loved Ones
on Friday, February 19, 2021



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

neesonsreporting.com | 416.413.7755

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all
participants attending remotely, on the 19th day of
February, 2021, 1:00 p.m. to 3:00 p.m.

1 BEFORE :

2

3 Angela Coke, Commissioner

4 Dr. Jack Kitts, Commissioner

5

6

7 PRESENTERS :

8

9 BILINGUAL GROUP MEETING WITH FAMILIES/LOVED ONES :

10 Participant 1

11 Participant 2

12 Participant 3

13 Participant 4

14 Participant 5

15 Participant 6

16 Tiffany Fearon, Family Councils Ontario

17

18

19 PARTICIPANTS :

20

21 Dawn Palin Rokosh, Director, Operations, Long-Term
22 Care Commission Secretariat

23 Alain Daoust, Team Lead, Long-Term Care Commission
24 Secretariat

25

1 Angeline Hawthorn, Senior Policy Analyst, Long-Term
2 Care Commission Secretariat

3 Adriana Diaz Choconta, Senior Policy Analyst,
4 Long-Term Care Commission Secretariat

5

6 ALSO PRESENT:

7 Deana Santedicola, Stenographer/Transcriptionist

8 Louise Côté Limbos, French/English Interpreter

9 Nathalie Bédard, French/English Interpreter

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 -- Upon commencing at 1:00 p.m.

2

3 DAWN PALIN ROKOSH: So good afternoon,
4 everyone, and welcome to this bilingual meeting
5 with the Long-Term Care COVID-19 Commission and
6 family members and loved ones of long-term care
7 residents from different areas of Ontario.

8 My name is Dawn Palin Rokosh, and I am
9 a Director with the Secretariat in the Commission,
10 and I am joined this afternoon by my co-facilitator
11 Alain Daoust, who is a Team Lead with the
12 Commission, as well as the following team members,
13 Adriana Diaz Choconta and Angeline Hawthorn, both
14 of whom are Senior Policy Advisors with the
15 Commission Secretariat.

16 ALAIN DAOUST: This is a bilingual
17 meeting where French- and English-speaking
18 participants will be able to speak in either of
19 these languages. Simultaneous interpretation is
20 being provided, and participants have chosen to
21 participate either in the English or French
22 language channel at the bottom of the Zoom screen.
23 Dawn will predominantly be speaking in English, and
24 I will predominantly speak in French, and
25 participants will be able to hear in the language

1 of their choice.

2 As you know, the Commission is led by
3 three Commissioners, and two of the three
4 Commissioners are with us here today.

5 First of all, Dr. Jack Kitts, he will
6 be the lead Commissioner for today's meeting, and
7 also with us today is Commissioner Angela Coke.

8 I would like to thank Tiffany Fearon
9 and the Family Council of Ontario, as well as
10 Gilles Fontaine from la Fédération des aînés et des
11 retraités francophones de l'Ontario, and they have
12 been very helpful with today's meeting.

13 Today's session is being held over
14 Zoom. If anyone has connectivity issues, you can
15 re-join the meeting at any time. If anyone has
16 technical issues, you can reach out to Angeline
17 Hawthorn via email, or also my other colleague,
18 Adriana Diaz Choconta, who will be able to help you
19 out.

20 Also, if you are comfortable turning
21 your camera on, please feel free to do so. This
22 session is not being video-recorded. However, if
23 you would prefer to stay off your camera, that is
24 fine as well.

25 DAWN PALIN ROKOSH: This session is

1 being transcribed by our court reporter, who is
2 present on the call. The transcripts will be
3 posted onto the Commission's website, but your
4 names will not appear in the transcript. When you
5 are speaking, you will be recorded in the
6 transcript as "Participant" and then your number,
7 so "Participant 1", for instance.

8 If you wish to refer to another person
9 during this meeting, another participant during
10 this meeting, please refer to them by their
11 participant number, which is displayed on the
12 screen.

13 Although we have ensured that you are
14 anonymous, both in our outreach as well as in your
15 participation here today, the information that you
16 choose to share today will be posted to the
17 website.

18 So please be aware of any identifiable
19 stories that could reveal your identity if that is
20 a concern to you.

21 Now, in terms of our agenda today, we
22 will begin the session with some introductory
23 remarks from the Lead Commissioner for this
24 session, Dr. Jack Kitts, and then we will proceed
25 to question 1.

1 We will hear responses from
2 participants in numeric order asking Participant 1
3 to respond first and then making our way to
4 Participant 6. We'll go in numeric order until
5 Participant 6.

6 We will repeat the same process for
7 question 2.

8 Once we finish hearing from all
9 participants on both questions, we will have some
10 concluding remarks, and we will wrap up the
11 meeting.

12 In order to hear from all of you on
13 both questions, we have asked that each one of you
14 would speak to for up to around four minutes in
15 response to each of the two questions.

16 You have all been through a great deal,
17 and we know that we only have a limited time
18 together, so we encourage you to focus first on
19 conveying to the Commissioners the most important
20 things you want them to know about your experience.

21 If there is something you aren't able
22 to cover in your first speaking time, you will have
23 an opportunity to cover it in the second.

24 And now I would like to call on
25 Dr. Jack Kitts to provide some introductory

1 remarks.

2 Dr. Kitts.

3 COMMISSIONER JACK KITTS: Thank you,
4 Dawn. Good afternoon, everyone. It is a pleasure
5 for me to be with you, to welcome you today, this
6 afternoon, for this very important dialogue.

7 Thank you for meeting with us today.

8 As Dawn said, my name is Jack Kitts,
9 and I am one of the three Commissioners appointed
10 by the provincial government. I am joined by my
11 colleague Commissioner Angela Coke, and the other
12 Commissioner, Frank Marrocco, was not able to join
13 us today.

14 As you are no doubt aware, this
15 Commission was set up to investigate the spread of
16 COVID-19 in long-term care homes and the impact it
17 has had on the residents, families, and staff.

18 Before we begin, I want to provide a
19 bit of context about the Commissions in general and
20 our Commission in particular.

21 Governments will often set up
22 Commissions of Inquiry after a tragic event has
23 occurred.

24 The purpose of a Commission is to
25 investigate why the tragedy occurred and to make

1 recommendations on how to prevent it from happening
2 again.

3 Most Commissions begin their
4 investigation after the tragedy is over. In our
5 case, we are conducting our investigation as the
6 crisis continues to unfold. Our final report and
7 recommendations will be submitted to government at
8 the end of April this year.

9 However, we have already submitted two
10 interim letters of recommendations to government
11 because we believe they will help manage the
12 pandemic as it is continuing to unfold.

13 Our Commission is independent of
14 government. Our role is to report our findings and
15 recommendations to the government. The decision to
16 accept and implement our recommendations is the
17 role of government.

18 Now, as I stated earlier, an important
19 part of our investigation is to learn how
20 residents, staff, and family members have been
21 impacted by the spread of COVID-19 in long-term
22 care homes.

23 So today, we are asking you to help us
24 understand the impact COVID-19 has had on you
25 personally and tell us what you would recommend to

1 prevent this tragedy in the future.

2 Those are the two questions that Dawn
3 will ask you. We understand that many of you may
4 be a little nervous about participating in this
5 meeting, but we want you to know that we truly
6 appreciate your courage in taking time to help us
7 with this really, really important task.

8 Our hope is that the work of the
9 Commission will help ensure that such a tragedy is
10 never repeated, and we believe that by sharing your
11 stories you will help the public and government
12 understand why it is so important that this never
13 ever happens again.

14 Now, before we begin, I will ask you to
15 join me in observing a moment of silence in memory
16 of those residents and staff of long-term care
17 homes who have lost their lives during COVID-19.

18 [Moment of Silence Observed.]

19 Thank you. I will now ask Dawn and
20 Alain to continue facilitating the session.

21 Thank you, again.

22 Dawn.

23 DAWN PALIN ROKOSH: Thank you very
24 much, Commissioner Kitts.

25 So we'll now begin with the first

1 question, and the first question is: Please tell
2 us about your experience caring for a loved one in
3 a long-term care home during the pandemic. How has
4 the pandemic impacted you and your family member?
5 Is there anything in particular that concerns you?

6 I would like to start by calling on
7 Participant 1 to share with us her experience in
8 response to this question. Participant 1.

9 PARTICIPANT 1: Good afternoon,
10 everyone. Can you hear me? Okay.

11 So I'll just read my short synopsis.

12 My parents are on different -- were on
13 different floors in long-term care. They could not
14 see each other every time there was isolation. Dad
15 was so confused. He didn't understand why his wife
16 could not visit between the floors. Isolation made
17 my parents backslide with physical health. An
18 example would be that dad forgot how to eat because
19 of the lack of seeing another person eating, just
20 that physical act of eating.

21 He went from, like, eating himself in
22 the dining room area to really forgetting how to
23 eat. So during all of the isolation, my dad must
24 have lost at least 20 pounds, if not more. I don't
25 have an exact number, but he went from -- you know,

1 he got quite skinny.

2 The mental health for my mother, who
3 previously had two mental breakdowns due to stress
4 of caring for my father earlier, she had a very
5 difficult time with all of the isolation on her own
6 floor, the outbreaks.

7 Dad died just after Christmas when my
8 parents were finally able to visit each other
9 again, so there was long periods of time with my
10 dad declining. During all of those outbreaks and
11 all of the isolation that came and went, it is
12 very, very hard on the married couples.

13 So dad did not die of COVID, but
14 nevertheless he had to have last rites by a priest
15 during COVID. It was all very difficult. But we
16 were fortunate we could get that done.

17 One thing I would like to note in my
18 little synopsis of my parents is that the nurse
19 came to me just slightly before and after my father
20 died and said, If there is anything that you want
21 to take from your father's room, please do it now,
22 keeping in mind -- like I'll just paint the
23 scenario. My father was dead in bed. We had said
24 good-bye to him. And now I am having to rally
25 myself to pack my father's room. The reason

1 why she said she was very sorry was that I would
2 not be allowed back in the room because of the
3 pandemic, the virus, the contagions, all of that.

4 So either I pack now while I was there,
5 or it would be done sometime in the future by the
6 building.

7 So my brother and I stayed, and we
8 packed up my father's room while he was deceased in
9 bed. It was very traumatizing.

10 So that is my synopsis.

11 Now I'll read you my points for number
12 1. The staff would often say to both my parents,
13 "We are so understaffed", and the residents feel
14 even more stressed during the isolation. Mom said
15 that she would take a shower instead of twice a
16 week, which is the governance, to once a week. So
17 she is compromising her own care. She is trying to
18 be helpful in a situation of helping the overworked
19 staff, but at the same time you can imagine they
20 are compromising their own dignity. They feel as
21 though the staff don't have enough time because
22 they are too overworked.

23 So in that case, I would say that the
24 staff should not be sharing their stress with the
25 residents because it just makes things all more

1 compromised. And it isn't just the home my parents
2 are in. I have heard that from other friends that
3 have had the same situation where the staff tell
4 them that. They don't mean to be mean, but it is
5 just --

6 The other point for number 1 is the
7 Life Enrichment booking. I feel that Life
8 Enrichment booking window visits should be done
9 online in the future to avoid having to deal with
10 delays to book visits with your parents, because we
11 could make a call or an email to them and say we
12 need to have -- we would like to have a window
13 visit, but we might not hear back from them for
14 several days because Life Enrichment are also
15 running around doing all kinds of other things.

16 So there needs to be something set up
17 in homes where we can book online visits ourself,
18 whether it is a window or if it is a Zoom call with
19 them, to book our own time slots.

20 The residents need more iPads for
21 communication in general through the Life
22 Enrichment program.

23 Those are my two.

24 And for point number 2, I found
25 communication difficult at times between the

1 government and trickling all the way down to us who
2 are the family caregivers.

3 So I feel that a gold standard for
4 information and clarity and distribution is needed.
5 When mass emails are sent, the same language is
6 used to -- that the same language be used to all
7 long-term care homes in the province. But before
8 they are sent, have the emails reviewed by the
9 heads of Family Council so that they can interpret
10 it as a family member if they are reading this
11 information, thinking how do I interpret that?
12 What else can I suggest to the government, before
13 they release the information, so that when it is
14 read by all people, not just the government who are
15 comprising it, but all the family members.

16 Because what happened was I would often
17 have to email our Administrator back and say, Does
18 this mean this for my scenario? And that takes
19 time away from her important role as Administrator.

20 So I had several times where she would
21 say, Let me look into that and clarify for you,
22 because she said the language is quite broad, so in
23 terms of my situation, how does it apply.

24 So I felt that before the full messages
25 are going out by the Province or by the Commission

1 or by whoever, the powers that be, Public Health,
2 go out, that they should be in collaboration with
3 Family Council. Two different people can read
4 differently into wording if it is not clear.

5 That is number 2.

6 The other thing for number 2 I have
7 written down is balancing the mental and emotional
8 consideration for all with special consideration to
9 the married in long-term care. More resources are
10 required for staff to support the residents. They
11 want to support the residents, but they need more
12 resources.

13 More activities for the residents
14 during the times of isolation are absolutely
15 necessary. One suggestion would be even if the
16 activities are just in the doorways of residents
17 that are isolated, just so that they can be in the
18 doorway and participate.

19 I had an example. I recently played
20 music with one of the Life Enrichment recently, and
21 at the end of the hallway. We were socially
22 distanced. I was playing guitar and singing along
23 with a staff member in the building. And what the
24 PSWs did was they wheeled all these residents into
25 the hallways just so they could see or hear the

1 music. And what was very touching to me was that
2 non-verbal -- there were a few non-verbal,
3 completely non-verbal, residents that were actually
4 singing songs. So you can imagine during an
5 isolation period how needed that is, like physical
6 human contact with residents. Others that are
7 not -- they have no motor skills at all, they were
8 actually tapping their feet in their wheelchair.
9 It was so beautiful to see. It almost took my
10 breath away, but I was singing, with a mask on as
11 well.

12 Anyway, I think I have got my points
13 covered.

14 DAWN PALIN ROKOSH: Thank you so much,
15 Participant 1.

16 PARTICIPANT 1: Oh, sorry, one more
17 really quick point.

18 My mother, who has pretty well a
19 hundred percent cognition, she felt that the
20 communication to the residents was lacking, at
21 times hit and miss.

22 My mom had to find out updates about
23 outbreaks from me because we found out from our
24 Administrator through Tele-Health. So my mother
25 was often in the dark as to the progress of it. So

1 that was the second one.

2 Okay. Thank you.

3 DAWN PALIN ROKOSH: Thank you so much.

4 And, Participant 1, I just want to take you back
5 for a second to something that you said at the
6 beginning, because for me part of your sentence got
7 cut off, and I want to make sure that we got it
8 down, and I am also looking at Deana to see.

9 So you had said that your father forgot
10 how to eat.

11 PARTICIPANT 1: Yes.

12 DAWN PALIN ROKOSH: From the lack of --
13 and I think you meant seeing other people eat, but
14 I want to make sure we have got that down.

15 PARTICIPANT 1: Yes. So during times
16 of outbreak and isolation, the residents are in
17 their rooms, and they aren't seeing other people
18 eating, right, because they are by themselves
19 eating off of something similar to a hospital tray,
20 and the eating component is so important with the
21 socialization. Even if residents don't feel
22 hungry, they will still eat something because they
23 are mimicking other people eating. And so that
24 does help sustain them in their isolation period.

25 So, yeah, there was absolute lack of --

1 and I know the staff do their best to give them a
2 few mouthfuls of food, but it is very difficult for
3 one PSW to feed nine people in isolation. It is so
4 hard, you know. And they don't have time to sit
5 for 10 or 15 minutes to coax an elderly person to
6 eat.

7 So does that answer?

8 DAWN PALIN ROKOSH: Thank you. Thank
9 you. That is really helpful. And I just wanted to
10 make sure that we got that information down.

11 PARTICIPANT 1: Yes.

12 DAWN PALIN ROKOSH: Participant 1, I
13 want to thank you very much and tell you how sorry
14 I am to hear about this experience.

15 I know that you have shared with us
16 both your experience and some of your response to
17 question 2 because, due to a personal circumstance,
18 you may not be able to participate for question 2.

19 And so let me just -- in the event you
20 are not still here at the end, I just want to thank
21 you very much for sharing your experience and
22 insights with the Commission.

23 PARTICIPANT 1: Thank you.

24 DAWN PALIN ROKOSH: And wish you the
25 very best. Thank you so much.

1 PARTICIPANT 1: Thank you.

2 DAWN PALIN ROKOSH: Okay. So I am
3 going to call next on Participant 2, please, and
4 Participant 2, I will ask you to -- I'll just
5 repeat the question again. Please tell us about
6 your experience caring for a loved one in a
7 long-term care home during the pandemic. How has
8 the pandemic impacted you and your family member,
9 and is there anything in particular that concerns
10 you?

11 PARTICIPANT 2: Thank you and good day.
12 I would like to share with you my love story with
13 my spouse in the pandemic in a long-term care home.

14 It became a very difficult time for our
15 life as a couple, for the family, for our friends.
16 My dear husband does not understand what the COVID
17 is, what this pandemic is. We tried to explain to
18 him, but he doesn't understand. He can't grasp the
19 impact it has on us, on our family. His family is
20 no longer visiting him, neither his wife, so he is
21 experiencing isolation, fear. He feels sorrow. He
22 has to live in his room. He is amputated of both
23 legs, so most time he is in his bed alone in his
24 room.

25 But he calls me seven or eight times a

1 day, sometimes even more often. He even calls me
2 at 3 o'clock in the morning. He cries. He needs
3 services.

4 The staff don't get back to him quickly
5 enough, so I call the home. I always call the home
6 to ask the home to step in, to make sure that he
7 gets care.

8 What a difficult situation for my
9 spouse.

10 And also, in 2020 we celebrated our
11 50th wedding anniversary, but we could not kiss,
12 hold each other, spend time together. On the day
13 of our wedding anniversary, I could not go in to
14 visit him. The villa did not allow me to -- or did
15 allow me and our children to see my spouse through
16 a window. He was so sad. He refused to eat, to
17 get up, to partake in any activity. Finally, he
18 came to the window, and he was angry, celebrating
19 50 years of your wedding. He wants to communicate
20 with police, with the media, with lawyers. It was
21 very sad for us to see him from the outside go
22 through that. It was a horrible time, a difficult
23 time, for me who, you know, walked with him for 53
24 years, and difficult for my family.

25 But the staff -- for the staff in the

1 villa, in the home, it was a very difficult time
2 for them too. They no longer have the support of
3 the family to help them out. On July 12, I had to
4 do a training session with the villa, and that
5 afternoon I was reunited with my dear husband. I
6 will always remember that happy time to be able to
7 get back with the love of my life. My partner was
8 no longer the one I knew, though, very frail. He
9 had trouble speaking. He was shaking. He was
10 lost. He had lost most of his teeth. He was
11 unable to eat by himself.

12 But I held him. I hugged him.
13 Starting July 12, I spent five or six hours,
14 sometimes more, with him every day. The staff, the
15 nursing staff and the support workers, were there
16 supporting us both. I have to say that these were
17 very difficult times for me.

18 I'm an active member of the Family
19 Council, and I recognize the sadness and
20 frustration of other families and especially family
21 caregivers. I'm lucky. I can spend time with my
22 spouse every day. Other families are limited to a
23 few visits a week.

24 Also, I have to get tested. Starting
25 in December, I have to get tested every four days

1 to show my results every six or seven days. But
2 the staff gets tested only every seven days. So
3 I'm wondering why every four days for me, and
4 Family Council members have the same question. Why
5 us? I mean, we have an important role to play with
6 our loved ones.

7 My staff lost capacity every day. We
8 had to feed him. He sleeps a lot, almost no longer
9 speaks, has trouble even uttering a sentence.

10 But he smiles every time I come in
11 every day. His eyes are filled with happiness and
12 love. Every time I visit, he asks me, Are you
13 still there? He cries when I have to leave.

14 He develops a profound connection with
15 the priest in the villa. In December 2020, we
16 prepare with him for him leaving this world. On
17 January 17, we have a Zoom celebration of life, a
18 healing celebration, and a forgiveness celebration
19 with our three children. What a blessing. What a
20 miracle.

21 On February 4, he goes into palliative
22 care. I am very grateful because, with my
23 children, I can spend his last few hours with him
24 at the villa, in the home. I spent the next four
25 days with him. I can see the nurses, the

1 residents, the workers, come in to say good-bye.
2 On February 7th, he left us where he will find
3 eternal peace with God. I am very grateful for
4 having been able to walk with my husband despite
5 the very difficult situations with COVID-19. Thank
6 you.

7 DAWN PALIN ROKOSH: Thank you very
8 much, Participant 2. I am so, so sorry to hear
9 about your experience. I am so sorry for your loss
10 as well.

11 Thank you for sharing all that with us.
12 Thank you.

13 Okay. So now I am going to call on
14 Participant 3 to share your experience with the
15 Commission. Participant 3, would you like me to
16 re-read the question?

17 PARTICIPANT 3: No, I am okay.

18 DAWN PALIN ROKOSH: Okay. Thank you.
19 Over to you.

20 PARTICIPANT 3: Well, thank you for
21 allowing me to have this opportunity. I share many
22 of the comments that the other participants have
23 shared probably throughout your whole Commission.

24 I too have a mother who is in long-term
25 care in a secure unit. The anguish of not being

1 able to go in to see my mother over the time of
2 wave one was just -- I can't even explain until you
3 have gone through it.

4 The only good thing for me was my mom
5 was on the main floor, so I could do a window
6 visit, and I could also see the members of her
7 community in her unit to understand where -- the
8 pulse, because you could see, although our home had
9 done such a great job of the infection control, we
10 have had some outbreaks. We haven't had the
11 devastation others have. We have lost people. We
12 did have outbreaks. But I was able to see how they
13 were doing.

14 Outside of the infection, you could see
15 the deterioration of people with lack of
16 stimulation, without lack of touching, without
17 enough Life Enrichment people to keep the mental
18 health of the residents together. It was just
19 alarming how quickly we could see the
20 deterioration, not to mention those families who
21 could not see their family members. I was lucky.
22 I could see.

23 And as a dementia -- my mom has
24 Alzheimer's. She doesn't do well with FaceTime.
25 She doesn't understand it. We can't have those

1 communications.

2 Through many of the stories we have
3 heard, we know we have lack of staffing. We have
4 lack of Life Enrichment staff, which I think is
5 key. And we have four Life Enrichment people
6 within our home of 280 residents, not enough prior
7 to the pandemic or through a pandemic.

8 But what I wanted to bring to you today
9 is a bit of a story that is not good from prior to
10 a pandemic and even worse during a pandemic.

11 My mom has been in long-term care for
12 four years, was brought in to the secure unit, and
13 as -- this is her residence. This is her family.
14 This is where she has been for four years.

15 As family members were allowed to come
16 back into the home, and we were able to bring them
17 out into the sunshine, start building back that
18 love and that they know we were there. In the
19 August -- yeah, August time frame, the home came to
20 me and said, You know, we need to move your mom out
21 of the secure unit. She is not exit-seeking any
22 longer, and she is not -- she is very compliant.

23 Shocked, really shocked. This was a
24 good news story prior. My mom is doing well, given
25 the circumstances, in a secure unit. My mom has

1 never been an exit-seeking person prior to going
2 into the home, but was given secure unit before. I
3 had many conversations with the home saying, This
4 is not going to work. When you move her out, she
5 is going to start exhibiting lots of issues. She
6 was compliant -- when she moved from her home
7 into -- our family home into long-term care, it was
8 a very hard transition, and we had to move her back
9 into the secure unit because they have more staff.
10 Not enough staff, but more staff. The ratio is
11 three PSWs to 17 residents, as opposed to in all
12 the other units, two PSWs to a unit.

13 Life Enrichment, we had a dedicated
14 Life Enrichment person to the 16. In the other
15 unit, it is one over 64 residents.

16 After lots of discussion trying to
17 understand -- so the unit had an empty bed already
18 and an empty ward bed. Their premise for moving my
19 mom was they needed the room. There was somebody
20 on another floor that they needed to get into the
21 secure unit.

22 My challenge to that was you have two
23 other rooms. You also -- their view was
24 exit-seeking, which my mom was not exit-seeking,
25 but there were many in wheelchairs and actually

1 some that were bedridden that could have moved. I
2 mean, none of us want to be moved into locked-in or
3 out, but my mom was doing well in locked-in.

4 I went to the MPP. I couldn't get
5 through. They were not listening. They tried to
6 say my mom would be fine, don't worry, we'll put
7 lots of extra care. The transition, if it doesn't
8 work, we'll move her back. I said, Well, what
9 happens if there is no beds?

10 I, after many meetings, decided to go
11 to my MPP and go to the Ministry of Long-Term Care
12 and did not get any support in that. I mean, they
13 listened.

14 The Ministry of Long-Term Care, my
15 question was very much, What is the criteria for a
16 secure unit? How is the decisions being made of
17 who needs to move? And quite frankly, these are
18 people -- whether you are in the secure unit or
19 not, this is their home. They have been there for
20 many years. You are going to rip them out. We are
21 in a pandemic. We have already seen decline and
22 now we are going through this again.

23 The MLTC very much -- and I think it is
24 very much in the bank. If you set your procedure,
25 they'll come audit the procedure. There is not

1 enough is the procedure right. The long-term care
2 homes have the right to create their procedure, and
3 the audit is more about did they do what was on
4 their piece of paper. Nowhere could I find any
5 ramification or anything that pointed out why my
6 mom was chosen, and I asked the Ministry to say,
7 Can you just make sure the criteria made sense?
8 Even though I don't think people should be moved.
9 This is their home.

10 I didn't get anything. So move to
11 October, right before Thanksgiving. The move was
12 happening. My parents 58th wedding anniversary. I
13 couldn't get them to delay it after the
14 Thanksgiving weekend, because the Thanksgiving
15 weekend, if you remember, really was the first
16 holiday we had had to bring our loved ones out and
17 celebrate a time together. We hadn't seen them
18 since April, and now we are seeing them. It didn't
19 happen.

20 So we moved my mom. I had said to
21 them, This isn't going to be good. So we moved.
22 The first couple of days, threw up, very sick, put
23 in isolation, fear of COVID. I mean, we understood
24 that, kind of not happy.

25 But the decline started. Three weeks

1 of my mom. My mom lost 13 pounds. Now she is not
2 in isolation at this point. We did a couple of
3 days. I'm having to go in every day. She is not
4 responsive. She is not communicating. She is not
5 eating. She is not knowing how to eat. We had to
6 get a speech pathologist in.

7 The PSWs on that floor are not
8 understanding dementia and not being able to
9 approach, being combative. Like they are trying.
10 They are not physically combative. But they don't
11 know how to get my mom to do things. She's left in
12 her bed half-changed while people come around the
13 room. I have a camera in there - just so you
14 know -- now coming around and not recognizing there
15 is a person there. Degrading.

16 No activities happening, not enough
17 happening. Now we got COVID on the floor. My mom
18 gets COVID -- well, actually, let me wind back.
19 Before that, I have another meeting three weeks
20 after saying to the home, This isn't working. My
21 mom isn't even talking. She has lost 12 pounds.
22 She is not doing -- we need to move her back.

23 And her room is still empty three weeks
24 later. Can't talk to me about why the room is
25 empty, it is a privacy issue, will not move my mom

1 back, told me they never said that would happen,
2 could not get her back.

3 They put some other things in place.
4 Not good enough. I spend lots of my time getting
5 her back, feeding her, helping.

6 Now there is people there that are very
7 good, but there is not enough people, and we are in
8 isolation. And as I said, then we hit COVID.
9 Luckily my mom had a mild case of COVID. We had
10 nine people. Unfortunately we lost four. My mom
11 got through.

12 It has been a struggle working through
13 this with my mom. It was a struggle prior to this
14 move. And the fact that they can move people is
15 just not right.

16 I am now February. I will say my mom
17 has come back a bit, but that is more from the time
18 and effort I have been doing and pushing to get
19 BSOs in, to get more activities happening, and
20 sometimes I feel guilty because my push is taking
21 away from somebody else, and I am on the Family
22 Council too, so advocating for all of our family
23 members.

24 It is just -- it has been a horrible
25 ordeal. She is getting better now. Her room is

1 still empty, the one on the secure wing. There is
2 still three rooms empty on that floor. So I still
3 do not know why this has happened and how in these
4 circumstances this could happen. Even prior to a
5 pandemic, I would say it shouldn't happen.

6 Legislation needs to change that says these are
7 people's homes. None of us would like to be ripped
8 out of our homes. She had no community any longer.

9 In a meeting after COVID, as well my
10 mom had COVID, the discussion, me trying to
11 advocate, they said, You know, you have to
12 understand this floor cannot do what the floor your
13 mom had, and I said, Forgive me, but it was your
14 decision to move her from a floor that to me was
15 still under but was better than any other floor.
16 That was your decision, and now you are telling me
17 you can't cope. I had a nurse say, I don't
18 understand why she is here. We don't have the
19 activities to help her.

20 So that is my story, along with all the
21 other pieces that other family members are going to
22 go, they are all the other pieces around, you know,
23 staffing, et cetera, but this I think was a point
24 that I wanted to kind of share because it was a
25 little different but it was still part of COVID and

1 exacerbated the ordeal even more.

2 DAWN PALIN ROKOSH: Thank you,
3 Participant 3, for sharing that, and for sharing
4 your experience. I am sorry it has been such a
5 struggle. And we'll look forward actually to
6 hearing some of your insights into some of the
7 recommendations under question 2 for things that
8 would improve the situation going forward.

9 So thank you very much for sharing
10 that.

11 PARTICIPANT 3: Thank you.

12 DAWN PALIN ROKOSH: I would like to now
13 call on Participant 4 to share your experiences
14 with the Commission.

15 PARTICIPANT 4: Thank you. I
16 appreciate this opportunity.

17 So my mother has been in a for-profit
18 long-term care home since June 2018, so two and a
19 half years now. She has vascular dementia and was
20 doing relatively well, walking safely throughout
21 her unit all day as her activity, eating well, able
22 to sit at programming and to enjoy. We called her
23 confused but happy go lucky.

24 I visited her monthly from where I live
25 in the United States, and my brother, who lives in

1 the area, visited weekly.

2 Our concerns at that time, before
3 COVID, were about some poor management and
4 follow-up of medical concerns. In retrospect, our
5 concerns are critical issues in the home's ability
6 to manage during the pandemic. So I would just
7 like to mention them in a little bit more detail.

8 Follow-up of medical concerns like
9 urine samples getting lost or not getting to the
10 lab, weight measurements not being accurate,
11 reporting to us about concerns not being
12 sufficient, not identifying issues and being
13 proactive with us, the family, and a lack of
14 connection with the doctor on the team who did not
15 attend care conferences.

16 Additionally, the home is staffed by a
17 person who does not have a medical background, the
18 Manager -- the Executive Director, I guess, and a
19 relatively low profile and low activity from what
20 were called Co-Directors of Care, one of whom was
21 moved to another home at the end of the outbreak
22 and unavailable to work with families afterward.

23 Again, in retrospect, these concerns
24 are pretty significant given that they had to go
25 through a pandemic with those issues.

1 My mother got COVID last spring and
2 survived at this home that had over 70 cases. That
3 is almost 75 percent of the residents. Her
4 dementia has progressed further and faster than
5 expected due to that trauma and over the period of
6 time, and this woman, who walked 10 hours a day, is
7 now using a wheelchair with no step-down from full
8 walking. She is not bearing weight at all anymore.

9 The bottom line is that dealing with my
10 mom during the pandemic and the results of dealing
11 with her is that we saved our mother's life, and
12 she likely would have died from neglect. She lost
13 over 20 pounds in a matter of weeks and was nearing
14 death by starvation because we were locked out and
15 unable to help her while staff were off recovering
16 from COVID.

17 As part of her care plan, we receive an
18 evening call every night from her room. The staff
19 call my number, and I direct the call to my brother
20 or my niece or myself, and we answer and stay on
21 the phone with her, and she usually falls asleep
22 during that call.

23 While she was sick with COVID, we
24 noticed that she had no energy at all and that was
25 very alarming, and that is what got the ball

1 rolling in saving her life.

2 The home did not appear to notice it.
3 The home did not report it to us. And we went into
4 action when we noticed that. My brother showed up
5 at the home at a time when we were considered
6 unable -- or we were -- no families were allowed in
7 the home at the time, and he showed up and said, "I
8 am coming in to see my mother." And they wanted to
9 prevent him from doing so, but in conversations at
10 the door, he prevailed, and they let him in.

11 We then realized that she couldn't eat
12 because she had absolutely no strength, that she
13 could drink, that she could still swallow, that she
14 could eat soft foods if given to her, but she
15 needed an hour to an hour and a half to be fed.

16 So we alerted the staff to this. I am
17 sorry I'm saying that. I'm incredulous that I am
18 saying that. We alerted the staff? That they did
19 not recognize it or notice it or respond to it. We
20 got the nutritionist involved, and it was such a
21 simple fix. The nutritionist, upon noticing this,
22 said, We can make her eating easier by providing
23 her completely pureed foods.

24 Once she got on the pureed diet and
25 someone paid attention to her and sat with her for

1 an hour per meal, she ate all her meals and her
2 strength came back just a hundred percent, just
3 unbelievably incredibly.

4 She did definitely almost die. And
5 they actually, once letting my brother into the
6 home, said, Well, we have let you in because she is
7 palliative, but she had not been diagnosed -- she
8 had not been recorded as palliative until we
9 brought this to their attention.

10 We also found that the home during
11 COVID created barriers to essential caregivers
12 visiting their family members, and this is very
13 important. Sometime before or perhaps slightly
14 after COVID started, I reinstated the Family
15 Council and got people talking to each other. And
16 the home's barriers included locking out --
17 preventing essential caregivers from visiting if
18 they lived in a gray area of the province, then
19 preventing essential caregivers from visiting if
20 they lived 20 kilometres from the home, and then
21 preventing essential caregivers from visiting at
22 all.

23 These were barriers created by the home
24 without any direction from Public Health or the
25 Ministry.

1 When they were having meetings, there
2 was obviously no clear plan or understanding of how
3 to manage this. Outdoor meetings held in shaded
4 areas were frequently cancelled due to heat or
5 humidity during the summer. Limited venues for
6 outdoor visits were available so that only one
7 could take place when there were four or more
8 entranceways to the building where they could have
9 taken place simultaneously, and limiting visits to
10 once a week, really a poor, poor response.

11 And then one other item that I think we
12 are very concerned about is something that I
13 believe folks will need to look into and
14 fact-check. There have been reports to the
15 Ministry, some of which have been replied to and
16 some which have been replied to either poorly or
17 not at all and responses not replied to, but my
18 brother repeatedly reported strong, foul fecal
19 odours in the hallways up to 18 months prior to the
20 pandemic. Staff carried soiled clothing and bed
21 sheets from residents' rooms and placed them into
22 fabric laundry carts stored in the hallways. The
23 odours coming from the laundry carts were excessive
24 as a result of those housekeeping procedures, and
25 they were totally preventable.

1 We recommended bagging the items before
2 removing them from the resident's room, but that
3 idea was rejected.

4 The ventilation system, which was no
5 more than five years new, could not exhaust the
6 odours in a timely manner. Warnings of fecal-oral
7 transmission were issued early on when the pandemic
8 hit, and we know that sewer samples conducted for
9 the City of Ottawa showed heightened levels of
10 COVID-19 even before nasal testing results reported
11 coinciding increases.

12 Long-term facilities have a much higher
13 than average incontinence issue, and staff
14 encounter fecal odours on a regular basis. Fecal
15 odours could have been solely responsible for
16 widespread outbreaks of COVID-19 in long-term care
17 facilities when inhaled by staff and then passed on
18 to other patients. Even new ventilation systems
19 that meet building code today may not prevent the
20 airborne viruses from spreading is our
21 understanding.

22 New ventilation standards to address
23 airborne viruses should be developed and mandated,
24 especially in these kinds of cases.

25 So our question is, how in the future

1 are we going to keep residents, staff, essential
2 caregivers, and other visitors safe from airborne
3 viruses that can be spread through fecal-oral
4 transmission routes, and certainly, you know, where
5 is the Ministry, Public Health, and the home in
6 ensuring that monitoring of these homes is
7 sufficient and that preparation for pandemics or
8 other emergency issues arise.

9 Just one other thing about my mother's
10 walking. When she recovered from COVID, she stood
11 up and walked out of her room. She was able to
12 walk after COVID. We requested assistance for her
13 to get more attention. We knew that she would need
14 some type of physiotherapy because her walking was
15 a little stilted, and at some point, the staff got
16 concerned and started to walk with her because they
17 were afraid she would fall.

18 They declined to offer us any
19 additional physiotherapy or assistance in
20 additional walking, even though there were a couple
21 of other residents on the unit who got 24/7
22 coverage when awake and staff walked with them all
23 day long. We asked several times why our mother
24 didn't get that kind of attention, and they were
25 unable to answer us clearly. It was my impression

1 that they were avoiding, you know, dealing with
2 privacy issues for the others, which I certainly
3 understand, but it appeared to me that because my
4 mother was not a danger to herself or others, she
5 would not get that kind of supervision.

6 And then following COVID, when she
7 needed that kind of supervision and likely would be
8 walking now had she had that kind of supervision,
9 they told us they were doing everything they could
10 but could not offer any more.

11 You may have noticed in my first
12 sentence that I noted this was a for-profit home.
13 The Ministry must do something about these
14 for-profit homes. They are failing our families,
15 and they failed my mother.

16 DAWN PALIN ROKOSH: Participant 4,
17 thank you so much for sharing that story of the
18 struggle that your mom and your family have faced
19 over the course of the pandemic, and it sounds like
20 even beyond that.

21 And we'll look forward to hearing some
22 of your insights into some more -- you have
23 addressed some of them in your comments here, but
24 any other insights you have about ways of improving
25 this going forward.

1 Thank you so much for sharing that.

2 Participant 5, I would like to call on
3 you, please, to share your experience in caring for
4 a loved one.

5 Over to you.

6 PARTICIPANT 5: Thank you for the
7 opportunity to be able to talk to you about what
8 happened.

9 Hello. It is in May 2016 that my
10 mother was admitted to a residence of 160 beds that
11 fell under municipal responsibility. She was 89
12 years old.

13 Her adaptation to going from a certain
14 autonomy, independence, that she had when she was
15 living alone at home was very difficult because she
16 became completely dependent in a residence. They
17 didn't have any choice of becoming completely
18 dependent because there is nothing in the room.
19 There is nothing for her to do. There is very
20 little.

21 And then it was in 2019 that my mother
22 lost the use of her legs, and she became a prisoner
23 of her wheelchair, and also she had to be
24 transferred by the PSW. That was very difficult.
25 And to this day, she is very concerned when she

1 needs to be transferred for bathing, but she still
2 was able to take advantage of her 10 children and
3 her grandchildren and other people who were
4 visiting residents because she knows the vast
5 majority of the people in her community.

6 In 2020, COVID-19 was another very
7 difficult experience because her condition, which
8 was basically of light dementia, really got worse.
9 The grief this caused in my view is the fact that
10 she was alone. She was alone most of the time in
11 her room in front of her TV.

12 The inside of the residence became
13 silent. Residents could no longer go from one area
14 to another. There were no longer any visitors, and
15 my mother was resigned to simply wait beside her
16 phone in case one of her children would call her.
17 And there was the TV that was always showing news
18 from Quebec and Ontario, and the news was presented
19 that it was a serious and imminent danger and
20 COVID-19 every second sentence.

21 When I would call her either by phone
22 or by Skype, for many weeks she would say,
23 Something is happening, something is happening.
24 And she would often repeat that sentence. I would
25 explain to her, Yes, it is serious. There is a

1 virus, a bit like the Spanish flu.

2 And I realized that she didn't
3 understand the extent of the pandemic and --
4 because her concern was simply too great.

5 Social activities were cancelled, so
6 there was no personalized stimulation except with
7 Skype. I really felt her fear of the unknown and
8 fear as well of people with masks. My explanations
9 as to why we could no longer visit, that just
10 increased her confusion when I was trying to
11 explain to her the strict measures to avoid the
12 transmission. So her socializations was basically
13 going to take three meals for 30 minutes at two
14 metres from other residents in complete silence.

15 And she would then at some time be able
16 twice a week -- sorry, to be able to call one of
17 the personal support workers for help to be able to
18 go to the bathroom. This was very frustrating
19 because it is not pleasant to have to wait a long
20 time when somebody has to go to the bathroom.

21 Once that she was transferred on to the
22 toilet, she has to ring the bell again, and then
23 wait again until two P SWs arrive to be able to
24 transfer her back to her room.

25 The quantity of tasks for each of the

1 residents is so long that the PSWs don't have a
2 minute to lose, and they cannot allow themselves to
3 wait. There are a lot of other residents who need
4 to be transferred. These are tasks that many of
5 the residents would like to have done at the same
6 time.

7 But when she talks about her life in
8 the residence, she says, Well, you know what? I
9 spend my life on the toilet. Certain PSWs are
10 quite good with being warm, but others don't have a
11 lot of this warmth. Many of them speak French,
12 which aided the comprehension, depending on the
13 verbal capacities of the residents.

14 But many PSWs can't even say "bonjour".
15 When I see this lack of human warmth of
16 conversation in English to a Francophone, well, I
17 just think residents are being treated like
18 mannequins. All the tasks have to be executed
19 impeccably at an incredible speed. Probably
20 respecting the case mix index, so there is staff
21 missing. When there is staff missing during a
22 period of time, the residents are treated like a
23 mannequin. They are either in a bed or in a chair.

24 What happens when there is a beginning
25 of symptoms? People don't see it. A few seconds

1 to better understand what is happening? No, there
2 are no extra seconds to give help.

3 To what extent do the PSWs are able to
4 see when there are new symptoms? They just don't
5 have enough time. It is not okay to treat our
6 friends or our elderly people as mannequins in
7 another language. The expectations of the
8 populations on the PSWs' work with respect to the
9 residents are obvious. This is very concerning.

10 During the pandemic, there is an annual
11 meeting to review the plan of care, and this
12 meeting was cancelled. Obviously my mother's
13 mental health has fallen a lot, and there was also
14 a cognitive decline. For those who don't know,
15 when a care plan is reviewed, there are many exams
16 that are done to check, for example, on the
17 person's weight, depression, anxiety, even how
18 close these people are to death. There are a
19 number of criteria. I took my file out, if you
20 would like to talk about it.

21 Even from her weight, we couldn't even
22 compare her weight at the start of the pandemic and
23 her weight today. I have her plan from a year ago.
24 I would like to compare it to today's results.
25 With these data, perhaps we could see how quickly

1 she declined.

2 My perception is that is the price to
3 pay for having prevented COVID-19 from breaking out
4 in the home because there were no outbreaks.

5 In the last year, the children have
6 found it very difficult to talk with her. It is
7 emotionally difficult for her and for her children.
8 She gets angry because she can't say what she wants
9 to say. She works really hard to find the words,
10 but she rarely does. She says there are too many
11 things in her head. It is very sad.

12 And the word "sad" really can't
13 describe that feeling. I have to say that even I
14 am thinking of suiciding before I'm admitted to a
15 long-term care home. To manage that sadness, I am
16 active within [inaudible] network, and during our
17 Zoom meetings that we have had on a weekly basis,
18 and sometimes we had them every two weeks, we
19 talked about issues having to do with the shortage
20 of PSWs, a lack of visits, the lack of care, and
21 the huge number of beds, agism, et cetera, among
22 other things.

23 We also shared our thoughts to draft
24 letters to send to the Ministry, a collective
25 letter that represented the Family Council's views.

1 I felt nonetheless lucky that we didn't have any
2 outbreaks in my mother's home and very worried with
3 the whole organizational situation for all of the
4 homes in Ontario, for all the homes in Canada, and
5 the poor management of some long-term care that we
6 heard about in the media.

7 For now, that is what I had to say.

8 DAWN PALIN ROKOSH: I would like to
9 thank you very sincerely, Participant 5, and I am
10 really sorry to hear about your experience. Thank
11 you so much.

12 So I would like to call on Participant
13 6, please, to speak to your experience during
14 caring for a family member, a loved one in
15 long-term care during the pandemic.

16 Hi. Over to you.

17 PARTICIPANT 6: Hi. Boy, I got off
18 real lightly compared to the other five
19 participants.

20 My wife has been in -- it is a
21 non-profit, and I would like to make that clear. I
22 think that is a big part of the success that she
23 has had.

24 So my wife, unlike most of the
25 residents, she had an operation, a brain tumour

1 removed, and there was complications, and that is
2 why she is in a long-term care place. She has been
3 there since July 2017.

4 And she had been making a lot of
5 positive progress in terms of getting cognition
6 back and her brain finding new pathways to run her
7 life.

8 Unfortunately, she is in a wheelchair.
9 She needs to be transferred with a sling to --
10 between the bed and the wheelchair. She has to
11 wear a diaper. She somehow just can't remember
12 that she has a diaper on. It is astounding. All
13 the things that she has learned to re-remember,
14 that is something that somehow she can't do.

15 Anyways, with the pandemic, the lack of
16 contact has been a real issue for her, for myself
17 as well. I was visiting her every day. I wasn't
18 able to visit at all for a number of months.
19 Sadly, for whatever reasons, FaceTime wouldn't work
20 on her phone, so I could only talk with her. And
21 communicating with my wife means having a PSW or a
22 nurse come in and answer the phone. She can't
23 manage to do that.

24 And the staff are almost to a person
25 wonderful. However, you can only do so much.

1 There would be a lot of times when, instead of
2 having three PSWs on the floor, there was two PSWs
3 on the floor, and these mostly women, but a few
4 men, just running themselves ragged trying to meet
5 the needs of the various residents. I am not sure
6 how many are on the floor. There is about 30 or 40
7 on the floor.

8 The lack of social interaction
9 really -- was really damaging to my wife. She
10 would cry about it. You know, she misses being
11 able to touch, being able to smell me. You know,
12 the staff who she mostly knew, it became hard to
13 delineate who is who with the masks, and it was
14 upsetting to her.

15 One of the -- when things started to
16 ease up -- I am in Toronto. When things started to
17 ease up, people were able to start going to parks,
18 and we were encouraged to go to the park. I asked
19 the administration to have permission to take her.
20 She is right across from a downtown -- a beautiful
21 downtown park. And it took about three weeks.
22 They said, We'll have to ask the Ministry, because
23 as I think we all understand, these LTCs can only
24 do what the province allows them to do.

25 And so it took about three weeks for

1 them to say, Okay, but only once a week, and it was
2 a real boon to her. She really started to come out
3 of a bit of a shell just being able to feel the air
4 on her and see other people and stuff and be with
5 me.

6 But then that stopped in the fall, and
7 it became -- you know, all the gains were, you
8 know, regressing again.

9 One of my questions is this -- and I
10 asked the administration numbers of times. I live
11 by myself. I keep myself safe. I get tested once
12 a week. These are all things that the staff in the
13 home do. Why can't I come in and help her with
14 her -- especially with her eating? Eating is
15 something that is absolutely crucial to her life.
16 Three meals a day, she lives for them. It is
17 difficult for her to use a spoon or a fork. She
18 can start off that way, but it is just too -- it
19 takes too much concentration, and she is hungry.
20 So she reverts to eating with her hands -- with her
21 hand, and then she has to wait for somebody to be
22 available to clean her hand off.

23 These are such small things compared to
24 some of the other stories, I'm almost embarrassed,
25 but at the same time, it comes from the same

1 source, a lack of personnel. There is just not
2 enough money in the kitty to hire enough people,
3 and there is not enough money in the kitty to pay
4 them not to come to work when they are sick. And I
5 don't see any change in that respect from the
6 province, and not just with nursing homes, with
7 long-term care places, with all sorts of essential
8 workers who are not being given sick leave to be
9 home sick instead of spreading their -- whatever
10 the disease is.

11 The Life Enrichment, which for my wife
12 is so very important, she gets three hours a day.
13 That is the provincial -- that is what the province
14 calls for, and that is, in her case, four times a
15 week. It is just so pathetic, so pathetically
16 short of a person's needs.

17 I have become an essential caregiver
18 for I guess now six weeks, which means I have
19 jumped the line. I got my second vaccine
20 yesterday, and I am grateful for that.

21 I am only allowed to see her twice a
22 week, and they bring her down to the lobby because
23 it is a shared room that she is in. I don't
24 understand the reason for this because I look after
25 myself the same as everybody else who works there,

1 and in another four weeks, I believe, I will reach
2 maximum efficacy, and I am going to want to know
3 why I cannot be in that room with her.

4 So far, I have had zero answers from
5 the province on any of my questions, which
6 involved, you know, visitation and now with --
7 involved with visitation. I find the province
8 just, I don't know, close-mouthed. It seems like
9 they have got to wait to speak with business people
10 before they can make any decision about the health
11 care in long-term care places.

12 So I feel -- I didn't hear too much
13 anger. I feel very angry with the province. They
14 started off -- Doug Ford started off seeming like
15 he was doing a really good job, but after that
16 first lockdown, money is the thing that is calling
17 the shots.

18 And my heart goes out to the other five
19 participants, the grief you have had. I have the
20 wonderful future of my wife does get better. It is
21 not the same as Alzheimer's.

22 So I thank you for the time that you
23 have allowed me to talk.

24 DAWN PALIN ROKOSH: Participant 6,
25 thank you so much for sharing your experience, and

1 I have to say it has been very valuable.

2 So thank you very much. And I'm sorry
3 for the challenges that you have been facing in
4 trying to see and visit with your spouse, but I
5 thank you very much for sharing it. It has been
6 very helpful.

7 And thanks to all of the participants
8 who have spoken to share their experience, many
9 difficult experiences that you have been sharing
10 with the Commission.

11 We are going to move now to -- I am
12 going to hand things over to my co-facilitator,
13 Alain Daoust, and he is going to lead us through
14 your responses to question 2.

15 So over to you, Alain.

16 ALAIN DAOUST: Thank you very much,
17 Dawn, and just since Participant 1 has answered
18 both questions from the get-go, I will proceed
19 right now directly with Participant 2 for the
20 question.

21 So for the second question, Participant
22 2, reflecting on your experience, is there anything
23 that could have been done that would have made the
24 situation better, and what is the most important
25 thing that the Commissioners need to know as they

1 consider recommendations?

2 PARTICIPANT 2: What I would like,
3 actually, listening to the other five presenters, I
4 understand what you went through because there is
5 feelings that I have done too.

6 So let me get back to French. I would
7 like to suggest recommendations to the Commission.

8 First of all, I would recommend to
9 implement a provincial strategy, Francophone
10 provincial strategy, to promote and value jobs
11 having to do with long-term care.

12 We have to give more value to that
13 profession.

14 My spouse was in a residence designated
15 under French services legislation. There is a huge
16 shortage of Francophone employees in our long-term
17 care homes. The only thing I could see is there
18 was a tag on the door of his room that said "I
19 speak French", but because of a lack of
20 French-speaking staff, no one could speak to him in
21 French. And it is important for a Francophone to
22 be able to be addressed in his or her mother
23 tongue.

24 So I would really recommend that we
25 work with high schools, universities, and colleges

1 to encourage people to go into that profession and
2 to give it more value. That is very important.

3 I think it is important as well to
4 recognize that natural caregivers, essential
5 natural caregivers, as mentioned by other
6 participants, should be on-boarded, and we need to
7 recognize their role a bit more. It should be the
8 case of the nurses and other staff.

9 Also when there is a wage increase, we
10 need to be fair throughout all the staff working in
11 a long-term home because there are questions then
12 on the importance of each person's role when wage
13 increases are given out or benefits, and I found
14 there were problems among the staff of some homes
15 because of that.

16 I think the Commission should develop a
17 sub-level of workers. I know that some people are
18 hiring now resident service attendants, RSOs. It
19 is important that each residence, each home, can
20 have a regular contact with someone who will listen
21 to him, will do activities with him. We have to
22 encourage residents in their development, physical
23 development, but also social, emotional, and
24 spiritual. We need to spend quality time with
25 them. We need to encourage them to tell their

1 story, talk about their life, so that they continue
2 to grow and develop in that crucial period that
3 they are in.

4 The third recommendation, I would
5 recommend that the Commission should implement a
6 true partnership between the residents, the staff,
7 and the Family Councils. It was mentioned by other
8 people who testified today. Family is a partner in
9 residents' care. Too often, family and Family
10 Councils are seen as a threat for the
11 administration or a hindrance, but the nursing
12 staff considers the family, the essential
13 caregiver, as an asset, as a partner. Family
14 Councils offer presence to residents, motivation,
15 love, which is so, so crucial to help residents.

16 And families and essential natural
17 caregivers can recommend solutions and strategies
18 to provide for the well-being of the residents.

19 I can also talk to you about testing,
20 the rapid testing and the antigen testing. I won't
21 speak too long, but why not the same standards for
22 employees and for families or natural caregivers?
23 I had to be tested every four days, to get my
24 results on the seventh day, as an essential
25 caregiver. Why can the employee only be tested

1 once a week and doesn't have to go through the
2 rest?

3 Another point I would like to make is
4 that we recommend to the government or the Minister
5 to increase the number of beds for long-term care,
6 Francophone beds. What is a big problem is the
7 communication that comes from the government
8 towards families who want information on
9 Francophone beds in our long-term homes. Very
10 often, the family is bypassed and is given all
11 kinds of information, but not the correct
12 information with regard to having a bed in a
13 long-term care home for a Francophone resident.

14 I think that family is really the voice
15 of the resident, and we have to respect the family,
16 be honest and clear and specific, to help families
17 help the resident.

18 Thank you very much for taking those
19 recommendations under consideration. I hope that
20 the Commission will really focus on the needs of
21 Francophone families and the families in Ontario,
22 because long-term care homes have urgent needs in
23 being reformed, changed, so that we can respect our
24 residents, the families, and the workers in
25 long-term homes.

1 Thank you.

2 ALAIN DAOUST: Thank you very much,
3 Participant 2. Thank you for your observations.
4 Thank you for your recommendations. We do
5 appreciate them very much.

6 I will proceed now with Participant 3
7 to answer the second question, and I'll read it in
8 English.

9 So reflecting on your experience, is
10 there anything that could have been done that would
11 have made the situation better and what is the most
12 important thing that the Commissioners need to know
13 as they consider recommendations?

14 PARTICIPANT 3: Thank you. I certainly
15 want to first, Participant 2, definitely from a
16 Family Council and families being at the table,
17 that is imperative.

18 We know the families. We have the
19 experience. And we are able to sit as partners at
20 that table, and we should be, in all parts of that.
21 So I agree wholeheartedly to Participant 2.

22 And just one other point.
23 Communication. Participant 6, it frustrates me the
24 most is that you have been told that you are not
25 allowed in. As an essential caregiver, you are

1 allowed in.

2 So to the Commissioners, it is a
3 communication issue here. Homes should not be
4 allowed to not let them in. You have been able to
5 be allowed to be in since May or June, so it breaks
6 my heart when I hear that, and it shows
7 communication down the paths and for homes who are
8 either disregarding what the government is saying
9 or not understanding the rules, so that is a big
10 communication issue.

11 I think for my first, for what I
12 brought to -- I mean, I think what really needs to
13 happen is legislation around residents. No
14 eviction policies allowed. We have eviction
15 policies for all of our -- all of us in this home.
16 Through a pandemic, we are not allowed to be
17 evicted. My mom was evicted from her home. That
18 needs to change and that needs to go. The rights
19 have to be amended to be allowed to protect their
20 homes.

21 Some other components I would
22 recommend, and it is really -- we have talked about
23 hiring. Hiring needs to happen. Family members
24 need to be participating in some of that hiring.
25 We need to have more Life Enrichment, and whether

1 it is called Life Enrichment, whether it is called
2 behavioural specialists, we need more activities
3 happening in that home.

4 A person only gets, if they are lucky,
5 one activity of 15 minutes in the morning and one
6 activity of 15 minutes in the afternoon. They are
7 woken up at 8:30 in the morning, and they don't go
8 to bed until 8:00 p.m. or later. They just sit.
9 There is no activities happening. That has to
10 change. This is not an institution to go to die.
11 This is for people to have activities and a way of
12 life within the home. It needs to change in that
13 sense.

14 I think for sure from a hiring and
15 wages needs to be looked at, but I think more
16 importantly as well is there is so much waste
17 within the homes. There is so much lack of
18 technology. There is so much lack of business
19 process in there, and I think that really needs to
20 be looked at. People don't know how to turn on
21 TVs. People don't know how to do different things.
22 We can make these homes a lot better and more
23 efficient for -- even if there is two people, there
24 is still more that can be done. We need to hire a
25 lot more people, but I think also technology needs

1 to start being played and looked at within the
2 homes both from, as I said, all the paperwork
3 nurses have to do. That will alleviate some of
4 this time.

5 Training. We need to get training into
6 these places, but also through the pandemic, what I
7 noticed was the deployment of staff. Life
8 Enrichment people were portering people and taking
9 time away from their job of giving activities and
10 helping the residents go through and have an active
11 life. Instead, they are portering or FaceTiming.
12 Very high paid -- "high paid", I put quotes, high
13 paid role for portering. I think some of those
14 things need to be looked at from a pandemic
15 perspective and ongoing. Are we doing the right
16 things? Do we have the right structure?

17 And one other thing I would say is,
18 from a pandemic right now, family members are being
19 tested the most, both from -- I have been tested
20 twice a week since May -- once a week since May,
21 and twice a week, and I am about to go daily with
22 the rapid testing.

23 We are more protected than the staff.
24 Yet we as family members cannot help in the
25 volunteering program. It is time to open that up

1 in a way that -- we are in the home already. I can
2 stand at the front of -- I had walking clubs in
3 that. We can still be as safe, keep the numbers
4 down, but allow us to help. We have got 30 percent
5 of families being able -- sorry, 30 percent of the
6 work can be done by families right now. We are not
7 opening that up, and we are only being able to stay
8 in the room of the resident or, for some of us, my
9 mom, I'm allowed to walk a bit in the hall. We
10 could help so much right now, and I think that the
11 homes are looking for direction.

12 I am in a municipal home, which I think
13 is some reason why we have fared better than most,
14 but at the same point, the directors or
15 administrators are too afraid to take on risk,
16 which I understand, but you do need to take on some
17 risk, risk in the sense of weighing the risk. If
18 we look at family members, we are in the homes
19 already. We could be doing some programming right
20 now.

21 So that is what I would look to from
22 the government and legislative people. And thank
23 you, everybody, and the stories have just been sad
24 but, you know, it is good to hear everybody is
25 doing better.

1 ALAIN DAOUST: Thank you very much,
2 Participant 3, and thank you very much for sharing
3 your observations with the Commission. It is
4 greatly appreciated. Thank you.

5 PARTICIPANT 3: Thank you.

6 ALAIN DAOUST: I will now proceed with
7 Participant 4. Do you want me to repeat the
8 question, or are you okay with --

9 PARTICIPANT 4: That is okay. I
10 promise to try to focus on that question and not
11 the earlier one.

12 First of all, I do also want to put my
13 support behind the other participants. I have not
14 heard a thing from them that doesn't matter. I
15 think everybody is bringing up excellent points,
16 and in particular, Participant 3, thank you so much
17 for being so well-prepared for this and putting
18 across that which many of us want to say and which
19 many people who are not here are unable to add to
20 it. I know that you are the voice of many people,
21 so thank you, and I hope the Commission hears that
22 loud and clear.

23 I want to just go back quickly to what
24 I answered in question 1 and make sure that I have
25 hit the points that I wanted to hit there that

1 pertain to question 2.

2 I did talk about their seemingly lack
3 of pandemic and emergency planning, and that is a
4 critical item that is needed -- was needed and is
5 needed going forward.

6 I want to talk about the lack of
7 understanding about fecal-oral transmission and
8 ventilation systems in homes being up to snuff.

9 I want to also remember that the
10 monitoring of non-profit homes -- sorry, for-profit
11 homes but also all other homes, it has to be -- you
12 have to have the same expectations for all homes.
13 Our family members must be safe in any home they
14 live in. If there is going to be a for-profit
15 home, then the Ministry has to step up and do more
16 to monitor it and to make sure that they are
17 meeting the needs of the residents first before
18 their profits.

19 I think those are the main pieces there
20 in going backwards.

21 In going forwards -- sorry, I'm just
22 checking my notes.

23 ALAIN DAOUST: It is okay.

24 PARTICIPANT 4: Okay. So my
25 understanding is that there was an infection

1 prevention body that was asked to stand by while a
2 new body in Ontario Health focussed on these
3 issues. There was definitely some cost-cutting to
4 Public Health that affected the safety and
5 well-being of our family members, and I think that
6 the Ministry needs to have a look at that. Again,
7 it is more about the best interests of the
8 residents over the budget. That is what our
9 politicians are there for and our ministries are
10 there for, is to keep the constituents -- to keep
11 the people who live there safe.

12 Again, if someone was paying better
13 attention, I think my mother would have survived
14 better, and that goes back to the monitoring.

15 And then the post-illness follow-up,
16 just it is quite unbelievable what the families are
17 expected to do to keep their family members safe
18 and healthy. There doesn't seem to be in the homes
19 someone who is looking out for our individual
20 family members.

21 The staffing -- I did mention this in
22 number 1, but I'll mention it quickly now. The
23 staffing -- the staff are not necessarily experts
24 in the areas that they are placed in. A Director
25 of a home without a health care background and

1 Co-Directors of Care -- not a Director of Care who
2 knows everything, but Co-Directors of Care who
3 share were not engaging and assisting families
4 appropriately. So I think staffing needs to be
5 monitored better.

6 Money and liability were permitted to
7 trump commonsense, compassion and care. Families
8 were treated as if they were the cause and source
9 of the spreading of the virus -- Participant 3
10 focussed on this to some extent -- instead of being
11 welcomed as a full partner in the war against
12 COVID-19. And that is because the plan was not in
13 place, I believe, and it was very short-sighted.
14 They have known for a long time that a pandemic was
15 coming. Toronto had SARS. The Middle East had
16 MERS. Are we going to be prepared for a nuclear
17 disaster? Was Texas prepared for climate change
18 that they are dealing with this week? We are
19 vulnerable in the name of excessive profit and
20 complacency, and the piecemeal approach that the
21 government and long-term care homes implemented
22 made it even worse. To lock family members out
23 made the whole thing worse.

24 And then I would like to see the
25 Ministry focussed on requiring the homes to amplify

1 the need to connect families to each other for
2 advocacy. We cannot reach each other easily.
3 People get a general, Oh, go ahead and join the
4 Family Council, but many do not, and we can't -- it
5 is very hard once a family is embroiled in the
6 day-to-day care of their family member in that home
7 to get their attention to join the Family Council.
8 It was an amazing revelation to the few families
9 that we had access to, and to Participant 6 here, I
10 believe, I assume, that the homes were arbitrary in
11 their decisions and were doing illegal things to
12 keep families out.

13 Our families need to be together. We
14 need to be connected. And people need to be
15 impressed upon not to hesitate to connect. I think
16 it is our Canadian way to sit back and say I trust
17 the people I have put in charge, but buyer beware.
18 We are now consumers in this area, and we need to
19 make a concerted effort to be connected.

20 And as such, I would like to know if
21 there is a way that we can be connected to each
22 other following this, if there is some way that we
23 are able to share. I would definitely want to meet
24 again with Participant 3 and others and invite them
25 to be in touch with me. And I am quite comfortable

1 sharing my information through the Commission if
2 you would connect us, please.

3 ALAIN DAOUST: Okay. Thank you very
4 much, Participant 4, and yes, you may follow up
5 with us on that matter, and we will be gladly
6 obliged.

7 Thank you very much for your
8 observations as well. It is much appreciated.

9 And now we will move to Participant
10 number 5. So Participant number 5, would you like
11 me to repeat the question for you? Is that okay?

12 I think you are still on mute. If you
13 could turn your microphone on, please.

14 PARTICIPANT 5: So we cannot allow the
15 shortage of PSWs and other health professionals
16 specialized to -- we cannot allow the situation to
17 continue to get worse. The government or the
18 managers have to see this as job creation.

19 So what was worrying me a lot is that
20 the provincial government would be able to take
21 power, and a few months after it has taken power,
22 they were able to reduce budgets for long-term care
23 homes and to maintain job conditions and salaries
24 that were not competitive for the PSWs.

25 I would not like this situation to

1 happen again while I am still alive.

2 What also worries me is that it is
3 possible for individuals to arrive in a long-term
4 care home and to make a purchase offer and to
5 become an owner of a long-term care home, all with
6 a view to turning a profit. That really worries me
7 that long-term care homes -- or that a company,
8 rather, can hire somebody just to manage a
9 long-term care home. Are we really looking at all
10 of the issues of qualifications, of capacity, and
11 of expertise?

12 I am also worried that the provincial
13 government would be able to take power and reduce
14 the number of annual inspections in all of the
15 long-term care homes. We have seen what the
16 results of that are. We have to increase these
17 inspections, maybe three or four.

18 I am concerned that an inspector could
19 demand that our home make changes and that the home
20 could ignore the recommendations without any
21 sanction. We have seen that in the news, in the
22 newspapers, things like that. I don't want to see
23 that again.

24 I am also concerned that the government
25 has not provided for a ventilation system in

1 long-term care homes as described in this week's
2 document Proposed Amendments to O.Reg. 79/10,
3 Long-Term Care Homes Act, for Enhancing Cooling
4 Requirements in Long-Term Care Homes.

5 With global warming and our summers
6 that are becoming hotter and with huge
7 fluctuations, it is worrisome that there is no air
8 conditioning in the rooms of residents,
9 especially -- or at least for the new homes. That
10 was not in the list of recommendations.

11 And so it would be important to
12 reinstate a review of care plans on an annual
13 basis. What is the basis to decide on what to do
14 with a resident? These reviews are done with the
15 family members and those who hold proxies.

16 We must know why there are changes in
17 the behaviour, a presence of anxiety, a change in
18 weight, or other such things that physicians
19 perhaps see during their visits but that we may not
20 be aware of. Nothing should be hidden as far as
21 the health of our loved ones is concerned.

22 I think that to correct the existing
23 problems in long-term care homes in Ontario and
24 elsewhere in Canada, we need to start by changing
25 the Canada Health Act. That would require that we

1 re-open that Act to provide for the fact that care
2 provided in long-term care homes be provided by the
3 state under the Canada Health Act. That would
4 provide for better uniformity throughout the
5 country on the following points, homes being
6 designated, ongoing care homes for internal
7 beneficiaries, among others.

8 Also, the level or type of care offered
9 and the way to assess the care, and the way in
10 which the homes that are regulated not -- and that
11 the management not depend on the owner.

12 Thank you for this opportunity to make
13 my comments, with a view to making constructive
14 comments.

15 ALAIN DAOUST: Thank you very much for
16 lending or sharing your comments with the
17 Commission.

18 We will now go to Participant 6 to
19 answer the second question. Do you want me to
20 repeat the question? Okay. So I think you are
21 still on mute.

22 PARTICIPANT 6: There we go. Thank
23 you.

24 Gee, I don't know how much I can add.
25 You five people have been very thorough.

1 I want to underline the business about
2 profit. I just don't see how you can possibly run
3 a beneficial LTC and make a profit, because it is
4 awfully expensive, and the things that the
5 Commission I can tell are going to be forwarding to
6 the province is going to cost the province more
7 money, and the province has to figure out how to
8 pay for it.

9 My worst fear is that the
10 recommendations of this Commission, like so many
11 other recommendations, are going to fall on deaf
12 ears and are not going to be pushed through, and we
13 are going to find ourselves in the same sad spot
14 when the next disaster comes.

15 Participant 2, my heart goes out to --
16 that your husband couldn't be spoken to in his
17 language. It is just -- my heart just goes out.
18 Being a unilingual person -- and I have done some
19 travelling -- it is just so frustrating you don't
20 know what people are saying. To be in the position
21 of your husband and yourself, my heart goes out to
22 you.

23 Anyways, I hope our voices get heard,
24 and I thank everybody.

25 ALAIN DAOUST: Thank you. Thank you

1 very much, Participant 6, and thank you very much
2 for sharing your observations and sharing your
3 thoughts with the Commission and also to the other
4 participants. It is very appreciated.

5 And so everyone has had the chance to
6 answer both questions, so this concludes this
7 meeting with the Commission. So I would like to
8 thank all and every one of you for having the
9 courage to share these stories because we know this
10 is not an easy thing for you to do because everyone
11 in this room has been through a lot, and we are
12 cognizant of this reality.

13 So thank you for taking the time to
14 share your stories with the Commission.

15 And now, if I may, I would like to hand
16 it over to Commissioner Kitts who will be making
17 the closing remarks.

18 COMMISSIONER JACK KITTS: Merci, Alain.

19 Thank you all again for the courage in
20 joining us today to share your experiences with us.
21 You know, seeing this tragedy through each of your
22 eyes and listening to your heart-felt messages has
23 been really helpful in making the impact of this
24 pandemic very real for all of us.

25 We'll do our best to submit a report

1 that reflects your personal experiences and
2 recommendations to government so they and the
3 general public understand why this tragedy must
4 never happen again.

5 And I think you summed it up well,
6 Participant 6. You summed up that your voices --
7 you hope that this meeting today will make your
8 voices heard.

9 We will do our best to do that. And
10 again, your presence today will help us shape us
11 our report and get the voices heard.

12 So thank you very much. Merci
13 beaucoup. Thank you.

14 COMMISSIONER ANGELA COKE: Thank you,
15 everybody.

16 COMMISSIONER JACK KITTS: Bye-bye.

17 DAWN PALIN ROKOSH: Thank you all.

18 ALAIN DAOUST: Thank you.

19

20 -- Adjourned at 2:56 p.m.

21

22

23

24

25

1 REPORTER'S CERTIFICATE

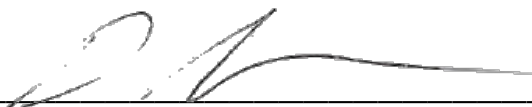
2
3 I, DEANA SANTEDICOLA, RPR, CRR,
4 CSR, Certified Shorthand Reporter, certify:

5 That the foregoing proceedings were
6 taken before me at the time and place therein set
7 forth;

8 That all remarks made at the time
9 were recorded stenographically by me and were
10 thereafter transcribed;

11 That the foregoing is a true and
12 correct transcript of my shorthand notes so taken.

13
14
15
16 Dated this 19th day of February, 2021.

17
18
19
20
21 

22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR

WORD INDEX

< 1 >

1 2:10 6:7, 25
7:2 11:7, 8, 9
13:12 14:6
17:15, 16 18:4,
11, 15 19:11, 12,
23 20:1 54:17
64:24 66:22
1:00 1:16 4:1
10 19:5 35:6
43:2
12 22:3, 13
30:21
13 30:1
15 19:5 61:5, 6
16 27:14
160 42:10
17 23:17 27:11
18 38:19
19th 1:15 76:16

< 2 >

2 2:11 7:7
14:24 16:5, 6
19:17, 18 20:3,
4, 11 24:8 33:7
54:14, 19, 22
55:2 59:3, 15,
21 65:1 73:15
2:56 75:20
20 11:24 35:13
37:20
2016 42:9
2017 49:3
2018 33:18
2019 42:21
2020 21:10
23:15 43:6
2021 1:16 76:16
24/7 40:21
280 26:6

< 3 >

3 2:12 21:2
24:14, 15, 17, 20
33:3, 11 59:6,
14 64:2, 5, 16
67:9 68:24
3:00 1:16
30 44:13 50:6
63:4, 5

< 4 >

4 2:13 23:21
33:13, 15 41:16
64:7, 9 65:24
69:4
40 50:6

< 5 >

5 2:14 42:2, 6
48:9 69:10, 14
50 21:19
50th 21:11
53 21:23
58th 29:12

< 6 >

6 2:15 7:4, 5
48:13, 17 53:24
59:23 68:9
72:18, 22 74:1
75:6
64 27:15

< 7 >

70 35:2
75 35:3
79/10 71:2
7th 24:2

< 8 >

8:00 61:8
8:30 61:7
89 42:11

< A >

ability 34:5
absolute 18:25
absolutely
16:14 36:12
51:15
accept 9:16
access 68:9
accurate 34:10
act 11:20 71:3,
25 72:1, 3
action 36:4
active 22:18
47:16 62:10
activities 16:13,
16 30:16 31:19
32:19 44:5
56:21 61:2, 9,
11 62:9
activity 21:17
33:21 34:19
61:5, 6

adaptation

42:13
add 64:19
72:24
additional 40:19,
20
Additionally
34:16
address 39:22
addressed
41:23 55:22
Adjourned 75:20
administration
50:19 51:10
57:11
Administrator
15:17, 19 17:24
administrators
63:15
admitted 42:10
47:14
Adriana 3:3
4:13 5:18
advantage 43:2
Advisors 4:14
advocacy 68:2
advocate 32:11
advocating
31:22
afraid 40:17
63:15
after 8:22 9:4
12:7, 19 27:16
28:10 29:13
30:20 32:9
37:14 40:12
52:24 53:15
69:21
afternoon 4:3,
10 8:4, 6 11:9
22:5 61:6
afterward 34:22
agenda 6:21
agism 47:21
ago 46:23
agree 59:21
ahead 68:3
aided 45:12
aïnés 5:10
air 51:3 71:7
airborne 39:20,
23 40:2
Alain 2:23 4:11,
16 10:20 54:13,
15, 16 59:2

64:1, 6 65:23
69:3 72:15
73:25 74:18
75:18
alarming 25:19
35:25
alerted 36:16, 18
alive 70:1
alleviate 62:3
allow 21:14, 15
45:2 63:4
69:14, 16
allowed 13:2
26:15 36:6
52:21 53:23
59:25 60:1, 4, 5,
14, 16, 19 63:9
allowing 24:21
allows 50:24
Alzheimer's
25:24 53:21
amazing 68:8
amended 60:19
Amendments
71:2
amplify 67:25
amputated
20:22
Analyst 3:1, 3
Angela 2:3 5:7
8:11 75:14
Angeline 3:1
4:13 5:16
anger 53:13
angry 21:18
47:8 53:13
anguish 24:25
anniversary
21:11, 13 29:12
annual 46:10
70:14 71:12
anonymous
6:14
answered 54:17
64:24
answers 53:4
antigen 57:20
anxiety 46:17
71:17
anymore 35:8
Anyway 17:12
Anyways 49:15
73:23
appear 6:4 36:2

appeared 41:3
apply 15:23
appointed 8:9
appreciate 10:6
33:16 59:5
appreciated
64:4 69:8 74:4
approach 30:9
67:20
appropriately
67:4
April 9:8 29:18
arbitrary 68:10
area 11:22
34:1 37:18
43:13 68:18
areas 4:7 38:4
66:24
arrive 44:23
70:3
asked 7:13
29:6 40:23
50:18 51:10
66:1
asking 7:2 9:23
asks 23:12
asleep 35:21
assess 72:9
asset 57:13
assistance
40:12, 19
assisting 67:3
assume 68:10
astounding
49:12
ate 37:1
attend 34:15
attendants
56:18
attending 1:15
attention 36:25
37:9 40:13, 24
66:13 68:7
audit 28:25
29:3
August 26:19
autonomy 42:14
available 38:6
51:22
average 39:13
avoid 14:9
44:11
avoiding 41:1
awake 40:22

aware 6:18
8:14 71:20
awfully 73:4

< B >

back 13:2
14:13 15:17
18:4 21:4 22:7
26:16, 17 27:8
28:8 30:18, 22
31:1, 2, 5, 17
37:2 44:24
49:6 55:6
64:23 66:14
68:16

background
34:17 66:25

backslide 11:17

backwards
65:20

bagging 39:1

balancing 16:7

ball 35:25

bank 28:24

barriers 37:11,
16, 23

basically 43:8
44:12

basis 39:14
47:17 71:13

bathing 43:1

bathroom 44:18,
20

bearing 35:8

beaucoup 75:13

beautiful 17:9
50:20

becoming 42:17
71:6

bed 12:23 13:9
20:23 27:17, 18
30:12 38:20
45:23 49:10
58:12 61:8

Bédard 3:9

bedridden 28:1

beds 28:9
42:10 47:21
58:5, 6, 9

beginning 18:6
45:24

behaviour 71:17

behavioural
61:2

believe 9:11
10:10 38:13
53:1 67:13
68:10

bell 44:22

beneficial 73:3

beneficiaries
72:7

benefits 56:13

best 19:1, 25
66:7 74:25 75:9

better 31:25
32:15 46:1
53:20 54:24
59:11 61:22
63:13, 25 66:12,
14 67:5 72:4

beware 68:17

big 48:22 58:6
60:9

BILINGUAL 2:9
4:4, 16

bit 8:19 26:9
31:17 34:7
44:1 51:3 56:7
63:9

blessing 23:19

body 66:1, 2

bonjour 45:14

book 14:10, 17,
19

booking 14:7, 8

boon 51:2

bottom 4:22
35:9

Boy 48:17

brain 48:25
49:6

breakdowns
12:3

breaking 47:3

breaks 60:5

breath 17:10

bring 26:8, 16
29:16 52:22

bringing 64:15

broad 15:22

brother 13:7
33:25 35:19
36:4 37:5 38:18

brought 26:12
37:9 60:12

BSOs 31:19

budget 66:8

budgets 69:22

building 13:6
16:23 26:17
38:8 39:19

business 53:9
61:18 73:1

buyer 68:17

Bye-bye 75:16

bypassed 58:10

< C >

call 6:2 7:24
14:11, 18 20:3
21:5 24:13
33:13 35:18, 19,
22 42:2 43:16,
21 44:16 48:12

called 33:22
34:20 61:1

calling 11:6
53:16

calls 20:25
21:1 52:14

camera 5:21, 23
30:13

Canada 48:4
71:24, 25 72:3

Canadian 68:16

cancelled 38:4
44:5 46:12

capacities 45:13

capacity 23:7
70:10

CARE 1:7 2:22,
23 3:2, 4 4:5, 6
8:16 9:22
10:16 11:3, 13
13:17 15:7
16:9 20:7, 13
21:7 23:22
24:25 26:11
27:7 28:7, 11,
14 29:1 33:18
34:15, 20 35:17
39:16 46:11, 15
47:15, 20 48:5,
15 49:2 52:7
53:11 55:11, 17
57:9 58:5, 13,
22 66:25 67:1,
2, 7, 21 68:6
69:22 70:4, 5, 7,
9, 15 71:1, 3, 4,
12, 23 72:1, 2, 6,
8, 9

caregiver 52:17
57:13, 25 59:25

caregivers 15:2
22:21 37:11, 17,
19, 21 40:2
56:4, 5 57:17, 22

caring 11:2
12:4 20:6 42:3
48:14

carried 38:20

carts 38:22, 23

case 9:5 13:23
31:9 43:16
45:20 52:14
56:8

cases 35:2
39:24

caused 43:9

celebrate 29:17

celebrated 21:10

celebrating
21:18

celebration
23:17, 18

certain 42:13
45:9

certainly 40:4
41:2 59:14

CERTIFICATE
76:1

Certified 76:4

certify 76:4

cetera 32:23
47:21

chair 45:23

challenge 27:22

challenges 54:3

chance 74:5

change 32:6
52:5 60:18
61:10, 12 67:17
71:17

changed 58:23

changes 70:19
71:16

changing 71:24

channel 4:22

charge 68:17

check 46:16

checking 65:22

children 21:15
23:19, 23 43:2,
16 47:5, 7

Choconta 3:3
4:13 5:18

choice 5:1
42:17

choose 6:16

chosen 4:20
29:6

Christmas 12:7

circumstance
19:17

circumstances
26:25 32:4

City 39:9

clarify 15:21

clarity 15:4

clean 51:22

clear 16:4 38:2
48:21 58:16
64:22

clearly 40:25

climate 67:17

close 46:18

close-mouthed
53:8

closing 74:17

clothing 38:20

clubs 63:2

coax 19:5

code 39:19

Co-Directors
34:20 67:1, 2

co-facilitator
4:10 54:12

cognition 17:19
49:5

cognitive 46:14

cognizant 74:12

coinciding 39:11

Coke 2:3 5:7
8:11 75:14

collaboration
16:2

colleague 5:17
8:11

collective 47:24

colleges 55:25

combative 30:9,
10

come 23:10
24:1 26:15
28:25 30:12
31:17 49:22
51:2, 13 52:4

comes 51:25
58:7 73:14

comfortable
5:20 68:25

<p>coming 30:14 36:8 38:23 67:15 commencing 4:1 comments 24:22 41:23 72:13, 14, 16 COMMISSION 1:7 2:22, 23 3:2, 4 4:5, 9, 12, 15 5:2 8:15, 20, 24 9:13 10:9 15:25 19:22 24:15, 23 33:14 54:10 55:7 56:16 57:5 58:20 64:3, 21 69:1 72:17 73:5, 10 74:3, 7, 14 Commissioner 2:3, 4 5:6, 7 6:23 8:3, 11, 12 10:24 74:16, 18 75:14, 16 Commissioners 5:3, 4 7:19 8:9 54:25 59:12 60:2 Commissions 8:19, 22 9:3 Commission's 6:3 commonsense 67:7 communicate 21:19 communicating 30:4 49:21 communication 14:21, 25 17:20 58:7 59:23 60:3, 7, 10 communications 26:1 community 25:7 32:8 43:5 company 70:7 76:22 compare 46:22, 24 compared 48:18 51:23</p>	<p>compassion 67:7 competitive 69:24 complacency 67:20 complete 44:14 completely 17:3 36:23 42:16, 17 compliant 26:22 27:6 complications 49:1 component 18:20 components 60:21 comprehension 45:12 comprising 15:15 compromised 14:1 compromising 13:17, 20 concentration 51:19 concern 6:20 44:4 concerned 38:12 40:16 42:25 70:18, 24 71:21 concerning 46:9 concerns 11:5 20:9 34:2, 4, 5, 8, 11, 23 concerted 68:19 concludes 74:6 concluding 7:10 condition 43:7 conditioning 71:8 conditions 69:23 conducted 39:8 conducting 9:5 conferences 34:15 confused 11:15 33:23 confusion 44:10 connect 68:1, 15 69:2</p>	<p>connected 68:14, 19, 21 connection 23:14 34:14 connectivity 5:14 consider 55:1 59:13 consideration 16:8 58:19 considered 36:5 considers 57:12 constituents 66:10 constructive 72:13 consumers 68:18 contact 17:6 49:16 56:20 contagions 13:3 context 8:19 continue 10:20 57:1 69:17 continues 9:6 continuing 9:12 control 25:9 conversation 45:16 conversations 27:3 36:9 conveying 7:19 Cooling 71:3 cope 32:17 correct 58:11 71:22 76:12 cost 73:6 cost-cutting 66:3 Côté 3:8 Council 5:9 15:9 16:3 22:19 23:4 31:22 37:15 59:16 68:4, 7 Councils 2:16 57:7, 10, 14 Council's 47:25 country 72:5 couple 20:15 29:22 30:2 40:20 couples 12:12 courage 10:6</p>	<p>74:9, 19 course 41:19 court 6:1 cover 7:22, 23 coverage 40:22 covered 17:13 COVID 12:13, 15 20:16 29:23 30:17, 18 31:8, 9 32:9, 10, 25 34:3 35:1, 16, 23 37:11, 14 40:10, 12 41:6 COVID-19 1:7 4:5 8:16 9:21, 24 10:17 24:5 39:10, 16 43:6, 20 47:3 67:12 create 29:2 created 37:11, 23 creation 69:18 cries 21:2 23:13 crisis 9:6 criteria 28:15 29:7 46:19 critical 34:5 65:4 CRR 76:3, 23 crucial 51:15 57:2, 15 cry 50:10 CSR 76:4, 23 cut 18:7 < D > Dad 11:14, 18, 23 12:7, 10, 13 daily 62:21 damaging 50:9 danger 41:4 43:19 Daoust 2:23 4:11, 16 54:13, 16 59:2 64:1, 6 65:23 69:3 72:15 73:25 75:18 dark 17:25 data 46:25 Dated 76:16 Dawn 2:21 4:3, 8, 23 5:25 8:4, 8 10:2, 19, 22,</p>	<p>23 17:14 18:3, 12 19:8, 12, 24 20:2 24:7, 18 33:2, 12 41:16 48:8 53:24 54:17 75:17 day 1:15 20:11 21:1, 12 22:14, 22 23:7, 11 30:3 33:21 35:6 40:23 42:25 49:17 51:16 52:12 57:24 76:16 days 14:14 22:25 23:1, 2, 3, 25 29:22 30:3 57:23 day-to-day 68:6 de 5:11 dead 12:23 deaf 73:11 deal 7:16 14:9 dealing 35:9, 10 41:1 67:18 Deana 3:7 18:8 76:3, 23 dear 20:16 22:5 death 35:14 46:18 deceased 13:8 December 22:25 23:15 decide 71:13 decided 28:10 decision 9:15 32:14, 16 53:10 decisions 28:16 68:11 decline 28:21 29:25 46:14 declined 40:18 47:1 declining 12:10 dedicated 27:13 definitely 37:4 59:15 66:3 68:23 Degrading 30:15 delay 29:13 delays 14:10 delineate 50:13 demand 70:19</p>
--	--	---	--	--

<p>dementia 25:23 30:8 33:19 35:4 43:8 depend 72:11 dependent 42:16, 18 depending 45:12 deployment 62:7 depression 46:17 des 5:10 describe 47:13 described 71:1 designated 55:14 72:6 despite 24:4 detail 34:7 deterioration 25:15, 20 devastation 25:11 develop 56:16 57:2 developed 39:23 development 56:22, 23 develops 23:14 diagnosed 37:7 dialogue 8:6 diaper 49:11, 12 Diaz 3:3 4:13 5:18 die 12:13 37:4 61:10 died 12:7, 20 35:12 diet 36:24 different 4:7 11:12, 13 16:3 32:25 61:21 differently 16:4 difficult 12:5, 15 14:25 19:2 20:14 21:8, 22, 24 22:1, 17 24:5 42:15, 24 43:7 47:6, 7 51:17 54:9 dignity 13:20 dining 11:22 direct 35:19 direction 37:24</p>	<p>63:11 directly 54:19 Director 2:21 4:9 34:18 66:24 67:1 directors 63:14 disaster 67:17 73:14 discussion 27:16 32:10 disease 52:10 displayed 6:11 disregarding 60:8 distanced 16:22 distribution 15:4 doctor 34:14 document 71:2 doing 14:15 25:13 26:24 28:3 30:22 31:18 33:20 36:9 41:9 53:15 62:15 63:19, 25 68:11 door 36:10 55:18 doorway 16:18 doorways 16:16 doubt 8:14 Doug 53:14 downtown 50:20, 21 draft 47:23 drink 36:13 due 12:3 19:17 35:5 38:4 < E > earlier 9:18 12:4 64:11 early 39:7 ears 73:12 ease 50:16, 17 easier 36:22 easily 68:2 East 67:15 easy 74:10 eat 11:18, 23 18:10, 13, 22 19:6 21:16 22:11 30:5 36:11, 14 eating 11:19, 20, 21 18:18, 19, 20,</p>	<p>23 30:5 33:21 36:22 51:14, 20 efficacy 53:2 efficient 61:23 effort 31:18 68:19 elderly 19:5 46:6 email 5:17 14:11 15:17 emails 15:5, 8 embarrassed 51:24 embroiled 68:5 emergency 40:8 65:3 emotional 16:7 56:23 emotionally 47:7 employee 57:25 employees 55:16 57:22 empty 27:17, 18 30:23, 25 32:1, 2 encounter 39:14 encourage 7:18 56:1, 22, 25 encouraged 50:18 energy 35:24 engaging 67:3 English 4:21, 23 45:16 59:8 English- speaking 4:17 Enhancing 71:3 enjoy 33:22 Enrichment 14:7, 8, 14, 22 16:20 25:17 26:4, 5 27:13, 14 52:11 60:25 61:1 62:8 ensure 10:9 ensured 6:13 ensuring 40:6 entranceways 38:8 especially 22:20 39:24 51:14 71:9 essential 37:11, 17, 19, 21 40:1 52:7, 17 56:4</p>	<p>57:12, 16, 24 59:25 eternal 24:3 evening 35:18 event 8:22 19:19 everybody 52:25 63:23, 24 64:15 73:24 75:15 evicted 60:17 eviction 60:14 exacerbated 33:1 exact 11:25 example 11:18 16:19 46:16 exams 46:15 excellent 64:15 excessive 38:23 67:19 executed 45:18 Executive 34:18 exhaust 39:5 exhibiting 27:5 existing 71:22 exit-seeking 26:21 27:1, 24 expectations 46:7 65:12 expected 35:5 66:17 expensive 73:4 experience 7:20 11:2, 7 19:14, 16, 21 20:6 24:9, 14 33:4 42:3 43:7 48:10, 13 53:25 54:8, 22 59:9, 19 experiences 33:13 54:9 74:20 75:1 experiencing 20:21 expertise 70:11 experts 66:23 explain 20:17 25:2 43:25 44:11 explanations 44:8 extent 44:3 46:3 67:10 extra 28:7 46:2</p>	<p>eyes 23:11 74:22 < F > fabric 38:22 faced 41:18 FaceTime 25:24 49:19 FaceTiming 62:11 facilitating 10:20 facilities 39:12, 17 facing 54:3 fact 31:14 43:9 72:1 fact-check 38:14 failed 41:15 failing 41:14 fair 56:10 fall 40:17 51:6 73:11 fallen 46:13 falls 35:21 families 8:17 22:20, 22 25:20 34:22 36:6 41:14 57:16, 22 58:8, 16, 21, 24 59:16, 18 63:5, 6 66:16 67:3, 7 68:1, 8, 12, 13 FAMILIES/LOVE D 2:9 Family 2:16 4:6 5:9 9:20 11:4 15:2, 9, 10, 15 16:3 20:8, 15, 19 21:24 22:3, 18, 20 23:4 25:21 26:13, 15 27:7 31:21, 22 32:21 34:13 37:12, 14 41:18 47:25 48:14 57:7, 8, 9, 12, 13 58:10, 14, 15 59:16 60:23 62:18, 24 63:18 65:13 66:5, 17, 20 67:22 68:4, 5, 6, 7 71:15 fared 63:13 faster 35:4</p>
---	--	---	--	---

father 12:4, 19, 23 18:9
father's 12:21, 25 13:8
fear 20:21 29:23 44:7, 8 73:9
Fearon 2:16 5:8
February 1:16 23:21 24:2 31:16 76:16
fecal 38:18 39:14
fecal-oral 39:6 40:3 65:7
fed 36:15
Fédération 5:10
feed 19:3 23:8
feeding 31:5
feel 5:21 13:13, 20 14:7 15:3 18:21 31:20 51:3 53:12, 13
feeling 47:13
feelings 55:5
feels 20:21
feet 17:8
fell 42:11
felt 15:24 17:19 44:7 48:1
figure 73:7
file 46:19
filled 23:11
final 9:6
finally 12:8 21:17
find 17:22 24:2 29:4 47:9 53:7 73:13
finding 49:6
findings 9:14
fine 5:24 28:6
finish 7:8
fix 36:21
floor 12:6 25:5 27:20 30:7, 17 32:2, 12, 14, 15 50:2, 3, 6, 7
floors 11:13, 16
flu 44:1
fluctuations 71:7
focus 7:18 58:20 64:10

focussed 66:2 67:10, 25
folks 38:13
follow 69:4
following 4:12 41:6 68:22 72:5
follow-up 34:4, 8 66:15
Fontaine 5:10
food 19:2
foods 36:14, 23
Ford 53:14
foregoing 76:5, 11
forgetting 11:22
Forgive 32:13
forgiveness 23:18
forgot 11:18 18:9
fork 51:17
for-profit 33:17 41:12, 14 65:10, 14
forth 76:7
fortunate 12:16
forward 33:5, 8 41:21, 25 65:5
forwarding 73:5
forwards 65:21
foul 38:18
found 14:24 17:23 37:10 47:6 56:13
frail 22:8
frame 26:19
Francophone 45:16 55:9, 16, 21 58:6, 9, 13, 21
francophones 5:11
Frank 8:12
frankly 28:17
free 5:21
French 4:17, 21, 24 45:11 55:6, 15, 19, 21
French/English 3:8, 9
French-speaking 55:20
frequently 38:4
friends 14:2 20:15 46:6

front 43:11 63:2
frustrates 59:23
frustrating 44:18 73:19
frustration 22:20
full 15:24 35:7 67:11
future 10:1 13:5 14:9 39:25 53:20
< G >
gains 51:7
Gee 72:24
general 8:19 14:21 68:3 75:3
get-go 54:18
Gilles 5:10
give 19:1 46:2 55:12 56:2
given 26:24 27:2 34:24 36:14 52:8 56:13 58:10
giving 62:9
gladly 69:5
global 71:5
God 24:3
gold 15:3
good 4:3 8:4 11:9 20:11 25:4 26:9, 24 29:21 31:4, 7 45:10 53:15 63:24
good-bye 12:24 24:1
governance 13:16
government 8:10 9:7, 10, 14, 15, 17 10:11 15:1, 12, 14 58:4, 7 60:8 63:22 67:21 69:17, 20 70:13, 24 75:2
Governments 8:21
grandchildren 43:3
grasp 20:18
grateful 23:22

24:3 52:20
gray 37:18
great 7:16 25:9 44:4
greatly 64:4
grief 43:9 53:19
GROUP 2:9
grow 57:2
guess 34:18 52:18
guilty 31:20
guitar 16:22
< H >
half 33:19 36:15
half-changed 30:12
hall 63:9
hallway 16:21
hallways 16:25 38:19, 22
hand 51:21, 22 54:12 74:15
hands 51:20
happen 29:19 31:1 32:4, 5 60:13, 23 70:1 75:4
happened 15:16 32:3 42:8
happening 9:1 29:12 30:16, 17 31:19 43:23 46:1 61:3, 9
happens 10:13 28:9 45:24
happiness 23:11
happy 22:6 29:24 33:23
hard 12:12 19:4 27:8 47:9 50:12 68:5
Hawthorn 3:1 4:13 5:17
head 47:11
heads 15:9
healing 23:18
health 11:17 12:2 16:1 25:18 37:24 40:5 46:13 53:10 66:2, 4, 25 69:15 71:21,

25 72:3
healthy 66:18
hear 4:25 7:1, 12 11:10 14:13 16:25 19:14 24:8 48:10 53:12 60:6 63:24
heard 14:2 26:3 48:6 64:14 73:23 75:8, 11
hearing 7:8 33:6 41:21
hears 64:21
heart 53:18 60:6 73:15, 17, 21
heart-felt 74:22
heat 38:4
heightened 39:9
Held 1:14 5:13 22:12 38:3
Hello 42:9
help 5:18 9:11, 23 10:6, 9, 11 18:24 22:3 32:19 35:15 44:17 46:2 51:13 57:15 58:16, 17 62:24 63:4, 10 75:10
helpful 5:12 13:18 19:9 54:6 74:23
helping 13:18 31:5 62:10
hesitate 68:15
Hi 48:16, 17
hidden 71:20
high 55:25 62:12
higher 39:12
hindrance 57:11
hire 52:2 61:24 70:8
hiring 56:18 60:23, 24 61:14
hit 17:21 31:8 39:8 64:25
hold 21:12 71:15
holiday 29:16
home 11:3 14:1 20:7, 13

21:5, 6 22:1 23:24 25:8 26:6, 16, 19 27:2, 3, 6, 7 28:19 29:9 30:20 33:18 34:16, 21 35:2 36:2, 3, 5, 7 37:6, 10, 20, 23 40:5 41:12 42:15 47:4, 15 48:2 51:13 52:9 56:11, 19 58:13 60:15, 17 61:3, 12 63:1, 12 65:13, 15 66:25 68:6 70:4, 5, 9, 19 homes 8:16 9:22 10:17 14:17 15:7 29:2 32:7, 8 40:6 41:14 48:4 52:6 55:17 56:14 58:9, 22, 25 60:3, 7, 20 61:17, 22 62:2 63:11, 18 65:8, 10, 11, 12 66:18 67:21, 25 68:10 69:23 70:7, 15 71:1, 3, 4, 9, 23 72:2, 5, 6, 10 home's 34:5 37:16 honest 58:16 hope 10:8 58:19 64:21 73:23 75:7 horrible 21:22 31:24 hospital 18:19 hotter 71:6 hour 36:15 37:1 hours 22:13 23:23 35:6 52:12 housekeeping 38:24 huge 47:21 55:15 71:6 hugged 22:12 human 17:6	45:15 humidity 38:5 hundred 17:19 37:2 hungry 18:22 51:19 husband 20:16 22:5 24:4 73:16, 21 < I > idea 39:3 identifiable 6:18 identifying 34:12 identity 6:19 ignore 70:20 illegal 68:11 imagine 13:19 17:4 imminent 43:19 impact 8:16 9:24 20:19 74:23 impacted 9:21 11:4 20:8 impeccably 45:19 imperative 59:17 implement 9:16 55:9 57:5 implemented 67:21 importance 56:12 important 7:19 8:6 9:18 10:7, 12 15:19 18:20 23:5 37:13 52:12 54:24 55:21 56:2, 3, 19 59:12 71:11 importantly 61:16 impressed 68:15 impression 40:25 improve 33:8 improving 41:24 inaudible 47:16 included 37:16 incontinence 39:13 increase 56:9	58:5 70:16 increased 44:10 increases 39:11 56:13 incredible 45:19 incredibly 37:3 incredulous 36:17 independence 42:14 independent 9:13 index 45:20 individual 66:19 individuals 70:3 infection 25:9, 14 65:25 information 6:15 15:4, 11, 13 19:10 58:8, 11, 12 69:1 inhaled 39:17 Inquiry 8:22 inside 43:12 insights 19:22 33:6 41:22, 24 inspections 70:14, 17 inspector 70:18 instance 6:7 institution 61:10 interaction 50:8 interests 66:7 interim 9:10 internal 72:6 interpret 15:9, 11 interpretation 4:19 Interpreter 3:8, 9 introductory 6:22 7:25 investigate 8:15, 25 investigation 9:4, 5, 19 invite 68:24 involved 36:20 53:6, 7 iPads 14:20 isolated 16:17 isolation 11:14, 16, 23 12:5, 11 13:14 16:14 17:5 18:16, 24	19:3 20:21 29:23 30:2 31:8 issue 30:25 39:13 49:16 60:3, 10 issued 39:7 issues 5:14, 16 27:5 34:5, 12, 25 40:8 41:2 47:19 66:3 70:10 item 38:11 65:4 items 39:1 < J > Jack 2:4 5:5 6:24 7:25 8:3, 8 74:18 75:16 January 23:17 job 25:9 53:15 62:9 69:18, 23 jobs 55:10 join 8:12 10:15 68:3, 7 joined 4:10 8:10 joining 74:20 July 22:3, 13 49:3 jumped 52:19 June 33:18 60:5 < K > keeping 12:22 key 26:5 kilometres 37:20 kind 29:24 32:24 40:24 41:5, 7, 8 kinds 14:15 39:24 58:11 kiss 21:11 Kitts 2:4 5:5 6:24 7:25 8:2, 3, 8 10:24 74:16, 18 75:16 kitty 52:2, 3 knew 22:8 40:13 50:12 knowing 30:5 known 67:14 knows 43:4 67:2	< L > la 5:10 lab 34:10 lack 11:19 18:12, 25 25:15, 16 26:3, 4 34:13 45:15 47:20 49:15 50:8 52:1 55:19 61:17, 18 65:2, 6 lacking 17:20 language 4:22, 25 15:5, 6, 22 46:7 73:17 languages 4:19 laundry 38:22, 23 lawyers 21:20 Lead 2:23 4:11 5:6 6:23 54:13 learn 9:19 learned 49:13 leave 23:13 52:8 leaving 23:16 led 5:2 left 24:2 30:11 Legislation 32:6 55:15 60:13 legislative 63:22 legs 20:23 42:22 lending 72:16 letter 47:25 letters 9:10 47:24 letting 37:5 level 72:8 levels 39:9 liability 67:6 Life 14:7, 14, 21 16:20 20:15 22:7 23:17 25:17 26:4, 5 27:13, 14 35:11 36:1 45:7, 9 49:7 51:15 52:11 57:1 60:25 61:1, 12 62:7, 11 light 43:8 lightly 48:18 Limbos 3:8
---	--	---	---	---

<p>limited 7:17 22:22 38:5 limiting 38:9 listen 56:20 listened 28:13 listening 28:5 55:3 74:22 live 20:22 33:24 51:10 65:14 66:11 lived 37:18, 20 lives 10:17 33:25 51:16 living 42:15 lobby 52:22 lock 67:22 lockdown 53:16 locked 35:14 locked-in 28:2, 3 locking 37:16 long 12:9 40:23 44:19 45:1 57:21 67:14 longer 20:20 22:2, 8 23:8 26:22 32:8 43:13, 14 44:9 LONG-TERM 1:7 2:21, 23 3:1, 4 4:5, 6 8:16 9:21 10:16 11:3, 13 15:7 16:9 20:7, 13 24:24 26:11 27:7 28:11, 14 29:1 33:18 39:12, 16 47:15 48:5, 15 49:2 52:7 53:11 55:11, 16 56:11 58:5, 9, 13, 22, 25 67:21 69:22 70:3, 5, 7, 9, 15 71:1, 3, 4, 23 72:2 I'Ontario 5:11 looked 61:15, 20 62:1, 14 looking 18:8 63:11 66:19 70:9 lose 45:2 loss 24:9</p>	<p>lost 10:17 11:24 22:10 23:7 25:11 30:1, 21 31:10 34:9 35:12 42:22 lot 23:8 45:3, 11 46:13 49:4 50:1 61:22, 25 69:19 74:11 lots 27:5, 16 28:7 31:4 loud 64:22 Louise 3:8 love 20:12 22:7 23:12 26:18 57:15 loved 4:6 11:2 20:6 23:6 29:16 42:4 48:14 71:21 low 34:19 LTC 73:3 LTCs 50:23 Luckily 31:9 lucky 22:21 25:21 33:23 48:1 61:4 < M > made 11:16 28:16 29:7 54:23 59:11 67:22, 23 76:8 main 25:5 65:19 maintain 69:23 majority 43:5 making 7:3 49:4 72:13 74:16, 23 manage 9:11 34:6 38:3 47:15 49:23 70:8 management 34:3 48:5 72:11 Manager 34:18 managers 69:18 mandated 39:23 mannequin 45:23 mannequins 45:18 46:6 manner 39:6</p>	<p>married 12:12 16:9 Marocco 8:12 mask 17:10 masks 44:8 50:13 mass 15:5 matter 35:13 64:14 69:5 maximum 53:2 meal 37:1 meals 37:1 44:13 51:16 means 49:21 52:18 meant 18:13 measurements 34:10 measures 44:11 media 21:20 48:6 medical 34:4, 8, 17 meet 39:19 50:4 68:23 MEETING 1:7 2:9 4:4, 17 5:6, 12, 15 6:9, 10 7:11 8:7 10:5 30:19 32:9 46:11, 12 65:17 74:7 75:7 meetings 28:10 38:1, 3 47:17 member 11:4 15:10 16:23 20:8 22:18 48:14 68:6 members 4:6, 12 9:20 15:15 23:4 25:6, 21 26:15 31:23 32:21 37:12 60:23 62:18, 24 63:18 65:13 66:5, 17, 20 67:22 71:15 memory 10:15 men 50:4 mental 12:2, 3 16:7 25:17 46:13 mention 25:20 34:7 66:21, 22</p>	<p>mentioned 56:5 57:7 Merci 74:18 75:12 MERS 67:16 messages 15:24 74:22 metres 44:14 microphone 69:13 Middle 67:15 mild 31:9 mimicking 18:23 mind 12:22 Minister 58:4 ministries 66:9 Ministry 28:11, 14 29:6 37:25 38:15 40:5 41:13 47:24 50:22 65:15 66:6 67:25 minute 45:2 minutes 7:14 19:5 44:13 61:5, 6 miracle 23:20 misses 50:10 missing 45:21 mix 45:20 MLTC 28:23 Mom 13:14 17:22 25:4, 23 26:11, 20, 24, 25 27:19, 24 28:3, 6 29:6, 20 30:1, 11, 17, 21, 25 31:9, 10, 13, 16 32:10, 13 35:10 41:18 60:17 63:9 moment 10:15, 18 money 52:2, 3 53:16 67:6 73:7 monitor 65:16 monitored 67:5 monitoring 40:6 65:10 66:14 monthly 33:24 months 38:19 49:18 69:21 morning 21:2 61:5, 7</p>	<p>mother 12:2 17:18, 24 24:24 25:1 33:17 35:1 36:8 40:23 41:4, 15 42:10, 21 43:15 55:22 66:13 mother's 35:11 40:9 46:12 48:2 motivation 57:14 motor 17:7 mouthfuls 19:2 move 26:20 27:4, 8 28:8, 17 29:10, 11 30:22, 25 31:14 32:14 54:11 69:9 moved 27:6 28:1, 2 29:8, 20, 21 34:21 moving 27:18 MPP 28:4, 11 municipal 42:11 63:12 music 16:20 17:1 mute 69:12 72:21 < N > names 6:4 nasal 39:10 Nathalie 3:9 natural 56:4, 5 57:16, 22 nearing 35:13 necessarily 66:23 necessary 16:15 needed 15:4 17:5 27:19, 20 36:15 41:7 65:4, 5 needs 14:16 21:2 28:17 32:6 43:1 49:9 50:5 52:16 58:20, 22 60:12, 18, 23 61:12, 15, 19, 25 65:17 66:6 67:4 NEESONS 76:22 neglect 35:12</p>
--	---	--	--	---

<p>neither 20:20 nervous 10:4 network 47:16 nevertheless 12:14 new 39:5, 18, 22 46:4 49:6 66:2 71:9 news 26:24 43:17, 18 70:21 newspapers 70:22 niece 35:20 night 35:18 non-profit 48:21 65:10 non-verbal 17:2, 3 note 12:17 noted 41:12 notes 65:22 76:12 notice 36:2, 19 noticed 35:24 36:4 41:11 62:7 noticing 36:21 nuclear 67:16 number 6:6, 11 11:25 13:11 14:6, 24 16:5, 6 35:19 46:19 47:21 49:18 58:5 66:22 69:10 70:14 numbers 51:10 63:3 numeric 7:2, 4 nurse 12:18 32:17 49:22 nurses 23:25 56:8 62:3 nursing 22:15 52:6 57:11 nutritionist 36:20, 21</p> <p>< O > O.Reg 71:2 obliged 69:6 observations 59:3 64:3 69:8 74:2 Observed 10:18 observing 10:15 obvious 46:9</p>	<p>occurred 8:23, 25 o'clock 21:2 October 29:11 odours 38:19, 23 39:6, 14, 15 offer 40:18 41:10 57:14 70:4 offered 72:8 old 42:12 on-boarded 56:6 ONES 2:9 4:6 23:6 29:16 71:21 ongoing 62:15 72:6 online 14:9, 17 Ontario 2:16 4:7 5:9 43:18 48:4 58:21 66:2 71:23 open 62:25 opening 63:7 operation 48:25 Operations 2:21 opportunity 7:23 24:21 33:16 42:7 72:12 opposed 27:11 ordeal 31:25 33:1 order 7:2, 4, 12 organizational 48:3 Ottawa 39:9 ourself 14:17 outbreak 18:16 34:21 outbreaks 12:6, 10 17:23 25:10, 12 39:16 47:4 48:2 Outdoor 38:3, 6 outreach 6:14 outside 21:21 25:14 overworked 13:18, 22 owner 70:5 72:11</p> <p>< P ></p>	<p>p.m 1:16 4:1 61:8 75:20 pack 12:25 13:4 packed 13:8 paid 36:25 62:12, 13 paint 12:22 Palin 2:21 4:3, 8 5:25 10:23 17:14 18:3, 12 19:8, 12, 24 20:2 24:7, 18 33:2, 12 41:16 48:8 53:24 75:17 palliative 23:21 37:7, 8 pandemic 9:12 11:3, 4 13:3 20:7, 8, 13, 17 26:7, 10 28:21 32:5 34:6, 25 35:10 38:20 39:7 41:19 44:3 46:10, 22 48:15 49:15 60:16 62:6, 14, 18 65:3 67:14 74:24 pandemics 40:7 paper 29:4 paperwork 62:2 parents 11:12, 17 12:8, 18 13:12 14:1, 10 29:12 park 50:18, 21 parks 50:17 part 9:19 18:6 32:25 35:17 48:22 partake 21:17 Participant 2:10, 11, 12, 13, 14, 15 6:6, 7, 9, 11 7:2, 4, 5 11:7, 8, 9 17:15, 16 18:4, 11, 15 19:11, 12, 23 20:1, 3, 4, 11 24:8, 14, 15, 17, 20 33:3, 11, 13, 15 41:16 42:2, 6 48:9, 12, 17 53:24 54:17, 19,</p>	<p>21 55:2 59:3, 6, 14, 15, 21, 23 64:2, 5, 7, 9, 16 65:24 67:9 68:9, 24 69:4, 9, 10, 14 72:18, 22 73:15 74:1 75:6 participants 1:15 2:19 4:18, 20, 25 7:2, 9 24:22 48:19 53:19 54:7 56:6 64:13 74:4 participate 4:21 16:18 19:18 participating 10:4 60:24 participation 6:15 particular 8:20 11:5 20:9 64:16 partner 22:7 57:8, 13 67:11 partners 59:19 partnership 57:6 parts 59:20 passed 39:17 pathetic 52:15 pathetically 52:15 pathologist 30:6 paths 60:7 pathways 49:6 patients 39:18 pay 47:3 52:3 73:8 paying 66:12 peace 24:3 people 15:14 16:3 18:13, 17, 23 19:3 25:11, 15, 17 26:5 28:18 29:8 30:12 31:6, 7, 10, 14 37:15 43:3, 5 44:8 45:25 46:6, 18 50:17 51:4 52:2 53:9 56:1, 17 57:8 61:11, 20, 21, 23, 25 62:8 63:22 64:19, 20 66:11 68:3, 14, 17</p>	<p>72:25 73:20 people's 32:7 percent 17:19 35:3 37:2 63:4, 5 perception 47:2 period 17:5 18:24 35:5 45:22 57:2 periods 12:9 permission 50:19 permitted 67:6 person 6:8 11:19 19:5 27:1, 14 30:15 34:17 49:24 61:4 73:18 personal 19:17 44:17 75:1 personalized 44:6 personally 9:25 personnel 52:1 person's 46:17 52:16 56:12 perspective 62:15 pertain 65:1 phone 35:21 43:16, 21 49:20, 22 physical 11:17, 20 17:5 56:22 physically 30:10 physicians 71:18 physiotherapy 40:14, 19 piece 29:4 piecemeal 67:20 pieces 32:21, 22 65:19 place 31:3 38:7, 9 49:2 67:13 76:6 placed 38:21 66:24 places 52:7 53:11 62:6 plan 35:17 38:2 46:11, 15, 23 67:12 planning 65:3</p>
--	---	---	--	---

plans 71:12
play 23:5
played 16:19
62:1
playing 16:22
pleasant 44:19
pleasure 8:4
point 14:6, 24
17:17 30:2
32:23 40:15
58:3 59:22
63:14
pointed 29:5
points 13:11
17:12 64:15, 25
72:5
police 21:20
policies 60:14,
15
Policy 3:1, 3
4:14
politicians 66:9
poor 34:3
38:10 48:5
poorly 38:16
populations
46:8
portering 62:8,
11, 13
position 73:20
positive 49:5
possible 70:3
possibly 73:2
posted 6:3, 16
post-illness
66:15
pounds 11:24
30:1, 21 35:13
power 69:21
70:13
powers 16:1
predominantly
4:23, 24
prefer 5:23
premise 27:18
preparation 40:7
prepare 23:16
prepared 67:16,
17
presence 57:14
71:17 75:10
PRESENT 3:6
6:2
presented 43:18

PRESENTERS
2:7 55:3
pretty 17:18
34:24
prevailed 36:10
prevent 9:1
10:1 36:9 39:19
preventable
38:25
prevented 47:3
preventing
37:17, 19, 21
prevention 66:1
previously 12:3
price 47:2
priest 12:14
23:15
prior 26:6, 9, 24
27:1 31:13
32:4 38:19
prisoner 42:22
privacy 30:25
41:2
proactive 34:13
problem 58:6
problems 56:14
71:23
procedure
28:24, 25 29:1, 2
procedures
38:24
proceed 6:24
54:18 59:6 64:6
proceedings
76:5
process 7:6
61:19
profession
55:13 56:1
professionals
69:15
profile 34:19
profit 67:19
70:6 73:2, 3
profits 65:18
profound 23:14
program 14:22
62:25
programming
33:22 63:19
progress 17:25
49:5
progressed 35:4
promise 64:10

promote 55:10
Proposed 71:2
protect 60:19
protected 62:23
provide 7:25
8:18 57:18
72:1, 4
provided 4:20
70:25 72:2
providing 36:22
province 15:7,
25 37:18 50:24
52:6, 13 53:5, 7,
13 73:6, 7
provincial 8:10
52:13 55:9, 10
69:20 70:12
proxies 71:15
PSW 19:3
42:24 49:21
PSWs 16:24
27:11, 12 30:7
45:1, 9, 14 46:3,
8 47:20 50:2
69:15, 24
public 10:11
16:1 37:24
40:5 66:4 75:3
pulse 25:8
purchase 70:4
pureed 36:23, 24
purpose 8:24
push 31:20
pushed 73:12
pushing 31:18
put 28:6 29:22
31:3 62:12
64:12 68:17
putting 64:17

< Q >
qualifications
70:10
quality 56:24
quantity 44:25
Quebec 43:18
question 6:25
7:7 11:1, 8
19:17, 18 20:5
23:4 24:16
28:15 33:7
39:25 54:14, 20,
21 59:7 64:8,
10, 24 65:1
69:11 72:19, 20

questions 7:9,
13, 15 10:2
51:9 53:5
54:18 56:11
74:6
quick 17:17
quickly 21:4
25:19 46:25
64:23 66:22
quite 12:1
15:22 28:17
45:10 66:16
68:25
quotes 62:12

< R >
ragged 50:4
rally 12:24
ramification
29:5
rapid 57:20
62:22
rarely 47:10
ratio 27:10
reach 5:16
53:1 68:2
read 11:11
13:11 15:14
16:3 59:7
reading 15:10
real 48:18
49:16 51:2
74:24
reality 74:12
realized 36:11
44:2
really 10:7
11:22 17:17
19:9 26:23
29:15 38:10
43:8 44:7 47:9,
12 48:10 50:9
51:2 53:15
55:24 58:14, 20
60:12, 22 61:19
70:6, 9 74:23
reason 12:25
52:24 63:13
reasons 49:19
receive 35:17
recognize 22:19
36:19 56:4, 7
recognizing
30:14

recommend
9:25 55:8, 24
57:5, 17 58:4
60:22
recommendation
57:4
recommendation
s 9:1, 7, 10, 15,
16 33:7 55:1, 7
58:19 59:4, 13
70:20 71:10
73:10, 11 75:2
recommended
39:1
recorded 6:5
37:8 76:9
recovered 40:10
recovering
35:15
reduce 69:22
70:13
refer 6:8, 10
reflecting 54:22
59:9
reflects 75:1
reformed 58:23
refused 21:16
regard 58:12
regressing 51:8
regular 39:14
56:20
regulated 72:10
reinstate 71:12
reinstated 37:14
rejected 39:3
re-join 5:15
relatively 33:20
34:19
release 15:13
remarks 6:23
7:10 8:1 74:17
76:8
remember 22:6
29:15 49:11
65:9
remotely 1:15
removed 49:1
removing 39:2
re-open 72:1
repeat 7:6 20:5
43:24 64:7
69:11 72:20
repeated 10:10
repeatedly 38:18

<p>replied 38:15, 16, 17 report 9:6, 14 36:3 74:25 75:11 reported 38:18 39:10 reporter 6:1 76:4 REPORTER'S 76:1 reporting 34:11 reports 38:14 represented 47:25 requested 40:12 require 71:25 required 16:10 Requirements 71:4 requiring 67:25 re-read 24:16 re-remember 49:13 residence 26:13 42:10, 16 43:12 45:8 55:14 56:19 resident 56:18 58:13, 15, 17 63:8 71:14 residents 4:7 8:17 9:20 10:16 13:13, 25 14:20 16:10, 11, 13, 16, 24 17:3, 6, 20 18:16, 21 24:1 25:18 26:6 27:11, 15 35:3 38:21 40:1, 21 43:4, 13 44:14 45:1, 3, 5, 13, 17, 22 46:9 48:25 50:5 56:22 57:6, 9, 14, 15, 18 58:24 60:13 62:10 65:17 66:8 71:8 resident's 39:2 resigned 43:15 resources 16:9, 12 respect 46:8 52:5 58:15, 23</p>	<p>respecting 45:20 respond 7:3 36:19 response 7:15 11:8 19:16 38:10 responses 7:1 38:17 54:14 responsibility 42:11 responsible 39:15 responsive 30:4 rest 58:2 result 38:24 results 23:1 35:10 39:10 46:24 57:24 70:16 retraités 5:11 retrospect 34:4, 23 reunited 22:5 reveal 6:19 revelation 68:8 reverts 51:20 review 46:11 71:12 reviewed 15:8 46:15 reviews 71:14 rights 60:18 ring 44:22 rip 28:20 ripped 32:7 risk 63:15, 17 rites 12:14 Rokosh 2:21 4:3, 8 5:25 10:23 17:14 18:3, 12 19:8, 12, 24 20:2 24:7, 18 33:2, 12 41:16 48:8 53:24 75:17 role 9:14, 17 15:19 23:5 56:7, 12 62:13 rolling 36:1 room 11:22 12:21, 25 13:2, 8 20:22, 24 27:19 30:13, 23, 24 31:25 35:18</p>	<p>39:2 40:11 42:18 43:11 44:24 52:23 53:3 55:18 63:8 74:11 rooms 18:17 27:23 32:2 38:21 71:8 routes 40:4 RPR 76:3, 23 RSOs 56:18 rules 60:9 run 49:6 73:2 running 14:15 50:4 < S > sad 21:16, 21 47:11, 12 63:23 73:13 Sadly 49:19 sadness 22:19 47:15 safe 40:2 51:11 63:3 65:13 66:11, 17 safely 33:20 safety 66:4 salaries 69:23 samples 34:9 39:8 sanction 70:21 Santedicola 3:7 76:3, 23 SARS 67:15 sat 36:25 saved 35:11 saving 36:1 scenario 12:23 15:18 schools 55:25 screen 4:22 6:12 seconds 45:25 46:2 Secretariat 2:22, 24 3:2, 4 4:9, 15 secure 24:25 26:12, 21, 25 27:2, 9, 21 28:16, 18 32:1 seemingly 65:2 send 47:24 Senior 3:1, 3 4:14</p>	<p>sense 29:7 61:13 63:17 sentence 18:6 23:9 41:12 43:20, 24 serious 43:19, 25 service 56:18 services 21:3 55:15 session 5:13, 22, 25 6:22, 24 10:20 22:4 set 8:15, 21 14:16 28:24 76:6 seventh 57:24 sewer 39:8 shaded 38:3 shaking 22:9 shape 75:10 share 6:16 11:7 20:12 24:14, 21 32:24 33:13 42:3 54:8 67:3 68:23 74:9, 14, 20 shared 19:15 24:23 47:23 52:23 sharing 10:10 13:24 19:21 24:11 33:3, 9 41:17 42:1 53:25 54:5, 9 64:2 69:1 72:16 74:2 sheets 38:21 shell 51:3 Shocked 26:23 short 11:11 52:16 shortage 47:19 55:16 69:15 Shorthand 76:4, 12 short-sighted 67:13 shots 53:17 show 23:1 showed 36:4, 7 39:9 shower 13:15</p>	<p>showing 43:17 shows 60:6 sick 29:22 35:23 52:4, 8, 9 significant 34:24 silence 10:15, 18 44:14 silent 43:13 similar 18:19 simple 36:21 simply 43:15 44:4 Simultaneous 4:19 simultaneously 38:9 sincerely 48:9 singing 16:22 17:4, 10 sit 19:4 33:22 59:19 61:8 68:16 situation 13:18 14:3 15:23 21:8 33:8 48:3 54:24 59:11 69:16, 25 situations 24:5 skills 17:7 skinny 12:1 Skype 43:22 44:7 sleeps 23:8 slightly 12:19 37:13 sling 49:9 slots 14:19 small 51:23 smell 50:11 smiles 23:10 snuff 65:8 Social 44:5 50:8 56:23 socialization 18:21 socializations 44:12 socially 16:21 soft 36:14 soiled 38:20 solely 39:15 solutions 57:17 somebody 27:19 31:21</p>
---	---	--	---	---

44:20 51:21 70:8 songs 17:4 sorrow 20:21 sorry 13:1 17:16 19:13 24:8, 9 33:4 36:17 44:16 48:10 54:2 63:5 65:10, 21 sorts 52:7 sounds 41:19 source 52:1 67:8 Spanish 44:1 speak 4:18, 24 7:14 45:11 48:13 53:9 55:19, 20 57:21 speaking 4:23 6:5 7:22 22:9 speaks 23:9 special 16:8 specialists 61:2 specialized 69:16 specific 58:16 speech 30:6 speed 45:19 spend 21:12 22:21 23:23 31:4 45:9 56:24 spent 22:13 23:24 spiritual 56:24 spoken 54:8 73:16 spoon 51:17 spot 73:13 spouse 20:13 21:9, 15 22:22 54:4 55:14 spread 8:15 9:21 40:3 spreading 39:20 52:9 67:9 spring 35:1 staff 8:17 9:20 10:16 13:12, 19, 21, 24 14:3 16:10, 23 19:1 21:4, 25 22:14, 15 23:2, 7 26:4 27:9, 10 35:15, 18 36:16, 18	38:20 39:13, 17 40:1, 15, 22 45:20, 21 49:24 50:12 51:12 55:20 56:8, 10, 14 57:6, 12 62:7, 23 66:23 staffed 34:16 staffing 26:3 32:23 66:21, 23 67:4 stand 63:2 66:1 standard 15:3 standards 39:22 57:21 start 11:6 26:17 27:5 46:22 50:17 51:18 62:1 71:24 started 29:25 37:14 40:16 50:15, 16 51:2 53:14 Starting 22:13, 24 starvation 35:14 state 72:3 stated 9:18 States 33:25 stay 5:23 35:20 63:7 stayed 13:7 Stenographer/Tra nscriptionist 3:7 stenographically 76:9 step 21:6 65:15 step-down 35:7 stilted 40:15 stimulation 25:16 44:6 stood 40:10 stopped 51:6 stored 38:22 stories 6:19 10:11 26:2 51:24 63:23 74:9, 14 story 20:12 26:9, 24 32:20 41:17 57:1 strategies 57:17 strategy 55:9, 10	strength 36:12 37:2 stress 12:3 13:24 stressed 13:14 strict 44:11 strong 38:18 structure 62:16 struggle 31:12, 13 33:5 41:18 stuff 51:4 sub-level 56:17 submit 74:25 submitted 9:7, 9 success 48:22 sufficient 34:12 40:7 suggest 15:12 55:7 suggestion 16:15 suiciding 47:14 summed 75:5, 6 summer 38:5 summers 71:5 sunshine 26:17 supervision 41:5, 7, 8 support 16:10, 11 22:2, 15 28:12 44:17 64:13 supporting 22:16 survived 35:2 66:13 sustain 18:24 swallow 36:13 SWs 44:23 symptoms 45:25 46:4 synopsis 11:11 12:18 13:10 system 39:4 70:25 systems 39:18 65:8 < T > table 59:16, 20 tag 55:18 takes 15:18 51:19 talk 30:24 42:7 46:20 47:6	49:20 53:23 57:1, 19 65:2, 6 talked 47:19 60:22 talking 30:21 37:15 talks 45:7 tapping 17:8 task 10:7 tasks 44:25 45:4, 18 Team 2:23 4:11, 12 34:14 technical 5:16 technology 61:18, 25 teeth 22:10 Tele-Health 17:24 terms 6:21 15:23 49:5 tested 22:24, 25 23:2 51:11 57:23, 25 62:19 testified 57:8 testing 39:10 57:19, 20 62:22 Texas 67:17 thanks 54:7 Thanksgiving 29:11, 14 thing 12:17 16:6 25:4 40:9 53:16 54:25 55:17 59:12 62:17 64:14 67:23 74:10 things 7:20 13:25 14:15 30:11 31:3 33:7 47:11, 22 49:13 50:15, 16 51:12, 23 54:12 61:21 62:14, 16 68:11 70:22 71:18 73:4 thinking 15:11 47:14 third 57:4 thorough 72:25 thoughts 47:23 74:3 threat 57:10 threw 29:22 Tiffany 2:16 5:8	time 5:15 7:17, 22 10:6 11:14 12:5, 9 13:19, 21 14:19 15:19 19:4 20:14, 23 21:12, 22, 23 22:1, 6, 21 23:10, 12 25:1 26:19 29:17 31:4, 17 34:2 35:6 36:5, 7 43:10 44:15, 20 45:6, 22 46:5 51:25 53:22 56:24 62:4, 9, 25 67:14 74:13 76:6, 8 timely 39:6 times 14:25 15:20 16:14 17:21 18:15 20:25 22:17 40:23 50:1 51:10 52:14 today 5:4, 7 6:15, 16, 21 8:5, 7, 13 9:23 26:8 39:19 46:23 57:8 74:20 75:7, 10 today's 5:6, 12, 13 46:24 toilet 44:22 45:9 told 31:1 41:9 59:24 tongue 55:23 Toronto 50:16 67:15 totally 38:25 touch 50:11 68:25 touching 17:1 25:16 tragedy 8:25 9:4 10:1, 9 74:21 75:3 tragic 8:22 training 22:4 62:5 transcribed 6:1 76:10 transcript 6:4, 6 76:12
--	---	--	---	---

<p>transcripts 6:2 transfer 44:24 transferred 42:24 43:1 44:21 45:4 49:9 transition 27:8 28:7 transmission 39:7 40:4 44:12 65:7 trauma 35:5 traumatizing 13:9 travelling 73:19 tray 18:19 treat 46:5 treated 45:17, 22 67:8 trickling 15:1 trouble 22:9 23:9 true 57:6 76:11 truly 10:5 trump 67:7 trust 68:16 trying 13:17 27:16 30:9 32:10 44:10 50:4 54:4 tumour 48:25 turn 61:20 69:13 turning 5:20 70:6 TV 43:11, 17 TVs 61:21 type 40:14 72:8</p> <p>< U > unable 22:11 35:15 36:6 40:25 64:19 unavailable 34:22 unbelievable 66:16 unbelievably 37:3 underline 73:1 understaffed 13:13 understand 9:24 10:3, 12 11:15 20:16, 18 25:7, 25 27:17</p>	<p>32:12, 18 41:3 44:3 46:1 50:23 52:24 55:4 63:16 75:3 understanding 30:8 38:2 39:21 60:9 65:7, 25 understood 29:23 unfold 9:6, 12 Unfortunately 31:10 49:8 uniformity 72:4 unilingual 73:18 unit 24:25 25:7 26:12, 21, 25 27:2, 9, 12, 15, 17, 21 28:16, 18 33:21 40:21 United 33:25 units 27:12 universities 55:25 unknown 44:7 updates 17:22 upsetting 50:14 urgent 58:22 urine 34:9 uttering 23:9</p> <p>< V > vaccine 52:19 valuable 54:1 value 55:10, 12 56:2 various 50:5 vascular 33:19 vast 43:4 ventilation 39:4, 18, 22 65:8 70:25 venues 38:5 verbal 45:13 VERITEXT 76:22 Videoconferenci ng 1:14 video-recorded 5:22 view 27:23 43:9 70:6 72:13 views 47:25 villa 21:14 22:1, 4 23:15, 24</p>	<p>virus 13:3 44:1 67:9 viruses 39:20, 23 40:3 visit 11:16 12:8 14:13 21:14 23:12 25:6 44:9 49:18 54:4 visitation 53:6, 7 visited 33:24 34:1 visiting 20:20 37:12, 17, 19, 21 43:4 49:17 visitors 40:2 43:14 visits 14:8, 10, 17 22:23 38:6, 9 47:20 71:19 voice 58:14 64:20 voices 73:23 75:6, 8, 11 volunteering 62:25 vulnerable 67:19</p> <p>< W > wage 56:9, 12 wages 61:15 wait 43:15 44:19, 23 45:3 51:21 53:9 walk 24:4 40:12, 16 63:9 walked 21:23 35:6 40:11, 22 walking 33:20 35:8 40:10, 14, 20 41:8 63:2 wanted 19:9 26:8 32:24 36:8 64:25 wants 21:19 47:8 war 67:11 ward 27:18 warm 45:10 warming 71:5 warmth 45:11, 15 Warnings 39:6 waste 61:16</p>	<p>wave 25:2 ways 41:24 wear 49:11 website 6:3, 17 wedding 21:11, 13, 19 29:12 week 13:16 22:23 38:10 44:16 51:1, 12 52:15, 22 58:1 62:20, 21 67:18 weekend 29:14, 15 weekly 34:1 47:17 weeks 29:25 30:19, 23 35:13 43:22 47:18 50:21, 25 52:18 53:1 week's 71:1 weighing 63:17 weight 34:10 35:8 46:17, 21, 22, 23 71:18 welcomed 67:11 well-being 57:18 66:5 well-prepared 64:17 wheelchair 17:8 35:7 42:23 49:8, 10 wheelchairs 27:25 wheeled 16:24 wholeheartedly 59:21 widespread 39:16 wife 11:15 20:20 48:20, 24 49:21 50:9 52:11 53:20 wind 30:18 window 14:8, 12, 18 21:16, 18 25:5 wing 32:1 wish 6:8 19:24 woken 61:7 woman 35:6 women 50:3 wonderful</p>	<p>49:25 53:20 wondering 23:3 won't 57:20 word 47:12 wording 16:4 words 47:9 work 10:8 27:4 28:8 34:22 46:8 49:19 52:4 55:25 63:6 workers 22:15 24:1 44:17 52:8 56:17 58:24 working 30:20 31:12 56:10 works 47:9 52:25 world 23:16 worried 48:2 70:12 worries 70:2, 6 worrisome 71:7 worry 28:6 worrying 69:19 worse 26:10 43:8 67:22, 23 69:17 worst 73:9 wrap 7:10 written 16:7</p> <p>< Y > yeah 18:25 26:19 year 9:8 46:23 47:5 years 21:19, 24 26:12, 14 28:20 33:19 39:5 42:12 yesterday 52:20</p> <p>< Z > zero 53:4 Zoom 1:14 4:22 5:14 14:18 23:17 47:17</p>
---	--	--	---	--