

# Long Term Care Covid-19 Commission Mtg.

Meeting with Dr. Shelley Deeks  
on Friday, January 8, 2021



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

[neesonsreporting.com](http://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 7th day of  
January, 2021, 10:00 a.m. to 11:30 a.m.

-----

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

8

9 PUBLIC HEALTH ONTARIO:

10 Dr. Shelley Deeks, Chief Health Protection Officer

11 Alwin Kong, Chief Legal Officer and Corporate

12 Secretary

13

14 PARTICIPANTS:

15

16 Alison Drummond, Assistant Deputy Minister,

17 Long-Term Care Commission Secretariat

18 Ida Bianchi, Counsel, Long-Term Care Commission

19 Secretariat

20 Kate McGrann, Counsel, Long-Term Care Commission

21 Secretariat

22 John Callaghan, Counsel, Long-Term Care Commission

23 Secretariat

24 Lynn Mahoney, Counsel, Long-Term Care Commission

25 Secretariat

1 Michael Finley, Counsel, Long-Term Care Commission  
2 Secretariat

3 Derek Lett, Policy Director, Long-Term Care  
4 Commission Secretariat

5 Dawn Palin Rokosh, Director, Operations, Long-Term  
6 Care Commission Secretariat

7 Jessica Franklin, Policy Lead, Long-Term Care  
8 Commission Secretariat

9 Adriana Diaz Choconta, Senior Policy Analyst,  
10 Long-Term Care Commission Secretariat

11

12 ALSO PRESENT:

13 Sunil Mathai, Legal Counsel, Ministry of the  
14 Attorney General

15 Roopa Mann, Legal Counsel, Ministry of the Attorney  
16 General

17 Eric Wagner, Counsel for Ontario

18 Jennifer King, Counsel, Gowlings

19 Joshua Shoemaker, Counsel, Gowlings

20 Deana Santedicola, Stenographer/Transcriptionist

21

22

23

24

25

1 -- Upon commencing at 1:30 p.m.

2  
3 JOHN CALLAGHAN: So, Commissioners, we  
4 have Dr. Shelley Deeks with us. As I was  
5 explaining before you got on, Dr. Deeks, this is an  
6 investigation, and so our modus operandi has  
7 changed from time to time. And because of your  
8 circumstances -- you know, often people come with  
9 slide decks, and I have explained that you and I  
10 have met, that we have given you sort of general  
11 questions that I would help walk you through it.

12 But in saying that, I am aware that you  
13 have observations that you would like to impart, so  
14 to the extent I fail to hit on those issues, please  
15 say them out at any time. I mean, this is an  
16 opportunity for you to give your views of a host of  
17 range of issues to the Commissioners of which you  
18 have a lived experience and an academic experience.

19 Unless the Commissioners wish to say  
20 anything, shall I start?

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 No, Doctor, thanks for joining us, and  
23 we may intervene and ask some questions ourselves  
24 because we tend to get engaged with this sort of  
25 thing. So if that is okay with you, then we are

1 ready to go when you are.

2 JOHN CALLAGHAN: Are you ready, Doctor?

3 DR. SHELLEY DEEKS: Yes, I am.

4 JOHN CALLAGHAN: So, Doctor, just a  
5 little bit, can you just tell the Commissioners a  
6 little bit about your background?

7 DR. SHELLEY DEEKS: Certainly. So I am  
8 a public health physician, and I have worked at all  
9 levels of the public health system in Canada, as  
10 well as the national level in Australia.

11 I am certified in public health and  
12 preventive medicine, both in Canada and in  
13 Australia, and my specific area of expertise within  
14 public health is communicable disease control and  
15 vaccine science.

16 So I, in addition to my role at Public  
17 Health Ontario, which is the Chief Health  
18 Protection Officer at PHO, I am also a member of  
19 Canada's National Advisory Committee on  
20 Immunization, which is an expert body that provides  
21 vaccine advice in Canada, and I am currently their  
22 Vice Chair.

23 JOHN CALLAGHAN: And you started with  
24 Public Health Ontario in 2009; correct?

25 DR. SHELLEY DEEKS: Correct.

1                   JOHN CALLAGHAN: And where were you  
2 prior to that and particularly during SARS?

3                   DR. SHELLEY DEEKS: Okay. So during  
4 SARS, I was at Health Canada, which became the  
5 Public Health Agency of Canada in respiratory  
6 diseases, and then I was at Health Canada and PHAC  
7 until 2007 when I went to Australia as their Deputy  
8 Director of Surveillance at the National Center for  
9 Immunization Research and Surveillance in Sydney.

10                   And then I came back to Canada in 2009.

11                   JOHN CALLAGHAN: So because you end up  
12 at a senior position in Public Health Ontario and  
13 because you had some involvement at the federal  
14 level with SARS, did you have an appreciation as to  
15 what Public Health Ontario's role was intended to  
16 be coming out of things like the Campbell  
17 Commission or the Walker Commission?

18                   DR. SHELLEY DEEKS: Yes, I had an  
19 appreciation of what PHO's role was meant to be, as  
20 well as PHAC, because both of those organizations  
21 came out as a result of SARS.

22                   JOHN CALLAGHAN: And I know you have  
23 some observations as to how things work today. The  
24 Commissioners obviously have an interest in  
25 understanding the evolution of things certainly

1 from SARS. So to the extent in the course of our  
2 discussion today you are able to compare and  
3 contrast what you would have anticipated to what  
4 has happened to what you think should be the  
5 go-forward, would you let us know?

6 DR. SHELLEY DEEKS: Certainly.

7 JOHN CALLAGHAN: And so now just -- you  
8 are leaving Public Health Ontario today. Just so  
9 the Commissioners know, where are you going?

10 DR. SHELLEY DEEKS: Certainly. I am  
11 going to Nova Scotia. So I will be their Public  
12 Health Surveillance Medical Officer of Health in  
13 the Department of Health and Wellness in Nova  
14 Scotia.

15 JOHN CALLAGHAN: All right. And over  
16 the period, you took a new role at Public Health  
17 Ontario, I think, officially in January of this  
18 year -- or 2020; correct?

19 DR. SHELLEY DEEKS: Yes, January 27th.

20 JOHN CALLAGHAN: And I am going to show  
21 you a couple of org charts so people can place  
22 where you are in the organization. So let me show  
23 you what we call document 1 here, which is a  
24 January 10, 2019, org chart, and you'll have to  
25 excuse us because I am not sure how many other



1 charts we have, but this is the one that we have  
2 pulled.

3 So if I could just take from the Chief  
4 Financial Officer role at the top to the left, that  
5 is the operational side; correct? I don't mean to  
6 degrade Chief Financial Officer and Human  
7 Resources, but the actual operations side is  
8 towards the left, right?

9 DR. SHELLEY DEEKS: Yes, the corporate  
10 side.

11 JOHN CALLAGHAN: Okay. Corporate side  
12 is the way you call it. And in 2019, Peter  
13 Donnelly was the President and CEO; correct?

14 DR. SHELLEY DEEKS: Yes, he was.

15 JOHN CALLAGHAN: And then if you go  
16 down and follow the line to Brian Schwartz, who has  
17 the title of Vice President, you fall under that,  
18 and you are the middle box, one from the bottom,  
19 Chief Communicable --

20 DR. SHELLEY DEEKS: I'm having a hard  
21 time just seeing it.

22 JOHN CALLAGHAN: Oh, sorry. "Chief  
23 Communicable Diseases, Emergency Preparedness and  
24 Response"; do you see that?

25 DR. SHELLEY DEEKS: Yes.

1                   JOHN CALLAGHAN: All right. So one of  
2 the things we have heard about is we have heard  
3 that there had been some attrition at Public Health  
4 Ontario. I just want to, while I have got you,  
5 just figure out how things have changed.

6                   So we'll put up the new org chart  
7 because I don't want to go back, but those that  
8 have left since the middle of 2019, that would  
9 include Dr. Crowcroft?

10                  DR. SHELLEY DEEKS: Yes.

11                  JOHN CALLAGHAN: Dr. Garber?

12                  DR. SHELLEY DEEKS: Yes, although Gary  
13 just left. Dr. Garber just left last month.

14                  JOHN CALLAGHAN: At the end of the  
15 year. Dr. Copes?

16                  DR. SHELLEY DEEKS: Yes, at the end of  
17 March.

18                  JOHN CALLAGHAN: Dr. Callery?

19                  DR. SHELLEY DEEKS: No, it is --

20                  JOHN CALLAGHAN: I'm just going off the  
21 org charts. Dr. Manson, is she still there?

22                  DR. SHELLEY DEEKS: No.

23                  JOHN CALLAGHAN: Dr. Moloughney?

24                  Sorry, I can't pronounce that doctor.

25                  DR. SHELLEY DEEKS: No, he is no longer

1 here either.

2 JOHN CALLAGHAN: Can you just pronounce  
3 his name for the record?

4 DR. SHELLEY DEEKS: Moloughney.

5 JOHN CALLAGHAN: Dr. Karas, is she  
6 still there?

7 DR. SHELLEY DEEKS: Yes, but it is  
8 Ms. Karas, yes.

9 JOHN CALLAGHAN: Okay. My apologies.  
10 Dr. Gubbay?

11 DR. SHELLEY DEEKS: Yes.

12 JOHN CALLAGHAN: Okay. And then if we  
13 could just go up, please, Jennifer? Dr. -- or  
14 Mr. Mendaglio? I'm sorry, I probably butchered  
15 that.

16 DR. SHELLEY DEEKS: No.

17 JOHN CALLAGHAN: He is gone, or is he  
18 still there?

19 DR. SHELLEY DEEKS: No, he has left.  
20 He went on medical leave.

21 JOHN CALLAGHAN: Okay. Eva Proctor?

22 DR. SHELLEY DEEKS: No.

23 JOHN CALLAGHAN: Ms. Allen is still  
24 there. Ms. Bains is -- Mr. Bains is still there?

25 DR. SHELLEY DEEKS: Yes.

1                   JOHN CALLAGHAN: Ms. Tamburri is still  
2 there? Is she?

3                   DR. SHELLEY DEEKS: I think so.

4                   JOHN CALLAGHAN: Mr. --

5                   DR. SHELLEY DEEKS: Can you just make  
6 it bigger so I can see it again?

7                   JOHN CALLAGHAN: Yes. Sorry. We are  
8 all of a certain age, Jennifer. And then Mr. Pall,  
9 right?

10                  DR. SHELLEY DEEKS: Yes.

11                  JOHN CALLAGHAN: He is gone? Mr. Pall  
12 is gone, right?

13                  DR. SHELLEY DEEKS: Yes.

14                  JOHN CALLAGHAN: If we could just slide  
15 over one more. And then Ms. Luner is still there,  
16 but Julian Martalog is gone, right?

17                  DR. SHELLEY DEEKS: Yes, he is no  
18 longer there.

19                  JOHN CALLAGHAN: And then Tina Badiani  
20 is gone; correct?

21                  DR. SHELLEY DEEKS: Well, she is on  
22 secondment, so she is not --

23                  JOHN CALLAGHAN: But not available.  
24 Okay, not available, but --

25                  DR. SHELLEY DEEKS: And the position --

1 there is someone in that position.

2 JOHN CALLAGHAN: Right. No, no, and I  
3 will get to that in a second.

4 DR. SHELLEY DEEKS: Right.

5 JOHN CALLAGHAN: And Dr. Donnelly, is  
6 he still your CEO?

7 DR. SHELLEY DEEKS: No, Colleen Geiger  
8 is our CEO.

9 JOHN CALLAGHAN: Okay. Let's just go  
10 to the next chart. That way we can place it in  
11 current days.

12 So this is the current org chart, and  
13 you are now at the far left, the Chief Health  
14 Protection Officer?

15 DR. SHELLEY DEEKS: Yes.

16 JOHN CALLAGHAN: And this is part of  
17 what they called the re-organization?

18 DR. SHELLEY DEEKS: Yes.

19 JOHN CALLAGHAN: All right. And  
20 Colleen Geiger, where did she come from?

21 DR. SHELLEY DEEKS: She was in the  
22 previous -- the previous chart as an executive  
23 in --

24 JOHN CALLAGHAN: All right. I see. My  
25 apologies.

1 DR. SHELLEY DEEKS: So she is our  
2 acting President and CEO.

3 JOHN CALLAGHAN: All right. And so  
4 just so I am clear, I mean, this is part of the  
5 re-organization that took place in 2019, right?

6 DR. SHELLEY DEEKS: 2019, yes, but then  
7 there was also some changes in January 2020, which  
8 is when my position, as shown here, was formed.

9 JOHN CALLAGHAN: All right. And this  
10 re-organization, was it announced at the same time  
11 the proposed cutbacks were, or did it come at a  
12 different time?

13 DR. SHELLEY DEEKS: I don't remember  
14 exactly -- I apologize -- the timing of the  
15 announcements, but it was around the same time.

16 JOHN CALLAGHAN: All right. So if we  
17 could just go -- I just want to just -- so that the  
18 Commissioners get an idea of who came in.  
19 Dr. Jessica Hopkins, she came in -- and we may  
20 actually hear from her, and she came from Peel  
21 Region, right?

22 DR. SHELLEY DEEKS: Yes, she did.

23 JOHN CALLAGHAN: Right, and then --

24 DR. SHELLEY DEEKS: And there was two.  
25 She -- the position here is actually effective in

1 the summer. Originally, she came in as a Medical  
2 Director in March, I believe it was March 30th,  
3 2020, with Emily Karas as the Deputy Chief.

4 JOHN CALLAGHAN: All right. And then  
5 you have Rena Chung comes in. She comes in for  
6 Director, Environmental. Was she with the  
7 organization earlier?

8 DR. SHELLEY DEEKS: Rena? Yes.

9 JOHN CALLAGHAN: She was. And what  
10 about --

11 DR. SHELLEY DEEKS: So was Dan.

12 JOHN CALLAGHAN: And I am just going  
13 over --- yeah, most of them you can see on the  
14 other chart, so I am not going to belabour the  
15 point. But the Chief Laboratory Operations  
16 Officer, Pierre Bou-Mansour, do you know where he  
17 came from?

18 DR. SHELLEY DEEKS: He came from the  
19 private lab, but I can't recall the specific lab,  
20 but we have all of that information.

21 JOHN CALLAGHAN: Okay. Well, we'll get  
22 that from counsel then. Then the Operations  
23 Director, Antonia Maric, is new?

24 DR. SHELLEY DEEKS: Yes.

25 JOHN CALLAGHAN: And then Christine

1 Frantz, the Operations Director, is new?

2 DR. SHELLEY DEEKS: No.

3 JOHN CALLAGHAN: Oh, no, she is there.  
4 Okay. She is elsewhere. She wasn't on the other  
5 org chart. So what about Louis Litsas or --

6 DR. SHELLEY DEEKS: Yes, she is new.

7 JOHN CALLAGHAN: And then over on the  
8 Director, Knowledge Exchange, Antonietta Palumbo?  
9 I apologize to these people.

10 DR. SHELLEY DEEKS: She was here  
11 before, but -- so she is not new, nor is Nancy or  
12 Cary.

13 JOHN CALLAGHAN: So in the old org  
14 chart, you had a Chief of Infection Prevention and  
15 Control. Who would have had that role in the new  
16 org chart?

17 DR. SHELLEY DEEKS: What we did -- so  
18 that was Gary Garber in the old org chart. That  
19 position was deleted, and we had two -- well,  
20 originally we had a Medical Director. So from the  
21 time period between which the org chart -- that the  
22 organizational change occurred, which was January  
23 27th, until Jessica, Dr. Hopkins, started in  
24 approximately March 30th, Dr. Garber was the  
25 Medical Director of IPAC, and Emily Karas was the



1 Deputy Chief.

2 Then we had a competition for the  
3 Medical Director, and Dr. Hopkins was the  
4 successful candidate for the Medical Director  
5 position. But just to clarify, it was now  
6 portfolio-wide, so we became one portfolio, which  
7 was called the Health Protection Portfolio. Emily  
8 Karas was the Deputy Chief, and Dr. Hopkins was the  
9 Medical Director.

10 JOHN CALLAGHAN: And then what happened  
11 to your role of Emergency Preparedness and  
12 Response? Who had that after you took on the new  
13 responsibilities in January?

14 DR. SHELLEY DEEKS: That was under  
15 Emily Karas, and we had a manager and a physician  
16 who were the leads in that area, and the manager's  
17 name is Jill Fediurek, and the physician is  
18 Dr. Yasmin Khan, who is an emergency physician.

19 JOHN CALLAGHAN: As opposed -- an  
20 emergency as opposed to an IPAC infectious person?

21 DR. SHELLEY DEEKS: Yeah. We have  
22 three types of physicians in the portfolio. So  
23 there is Dr. Khan, who is an emergency physician.  
24 We have a number of Public Health physicians, and  
25 then we have infectious disease physicians. The

1 Public Health physicians are self-explanatory, and  
2 the infectious disease physicians are the IPAC  
3 physicians.

4 JOHN CALLAGHAN: Okay. So then in  
5 terms of -- and we can put that screen down,  
6 Jennifer.

7 In terms of pre-pandemic, what was  
8 Public Health Ontario's role as it relates to IPAC  
9 in the community and -- well, let me ask you this.  
10 And I am just going to put it to you, and perhaps  
11 you can tell me whether it is correct or not.

12 I take it Public Health Ontario is an  
13 advisory group; correct?

14 DR. SHELLEY DEEKS: Yes.

15 JOHN CALLAGHAN: Can you just sort of  
16 describe that role contrasting it, perhaps, with  
17 perhaps policy decision-making, so we can get an  
18 understanding.

19 DR. SHELLEY DEEKS: Certainly. So PHO  
20 is a Crown corporation. We are governed by a  
21 board. We have a number of mandates, and we have  
22 enabling legislation.

23 We have an MOU between PHO and the  
24 Ministry of Health, and it sets out the  
25 accountability relationship between the Ministry of

1 Health and PHO. And I believe the Commission has  
2 heard about this in a previous briefing.

3 So we work in supporting the province,  
4 and for COVID response, it really can be divided  
5 into three primary areas: surveillance, the  
6 laboratory testing, and then scientific and  
7 technical advice and support.

8 JOHN CALLAGHAN: Okay. And just prior  
9 to the pandemic, for example, on IPAC, what would  
10 the role of Public Health Ontario be?

11 DR. SHELLEY DEEKS: Yes. So prior to  
12 the pandemic, there was a number of roles that  
13 build upon the general role that is specific to  
14 IPAC.

15 So one is education and professional  
16 development, so we develop IPAC training modules,  
17 videos, webinars, on topical issues, on-site  
18 education and training by request;  
19 capacity-building, so we have a community of  
20 practice with various health stakeholders;  
21 knowledge synthesis, so development of guidelines  
22 and practices -- best practices, sorry.

23 So the PHO houses the Provincial  
24 Infectious Disease Advisory Committee on Infection  
25 Prevention and Control, the short form of which is

1 PIDAC-IPC, which is an internationally recognized  
2 multidisciplinary group of IPAC experts that advise  
3 PHO on the prevention and control of health  
4 care-associated infections.

5 The committee develops best practice  
6 guidance documents based on the currently available  
7 evidence. We also provide scientific and technical  
8 advice and support to long-term care homes,  
9 infection prevention and control in hospitals and  
10 staff at PHUs, and that would include responding to  
11 infection control lapses.

12 And then the final category is IPAC  
13 assessments. So PHO supports long-term care both  
14 through enabling self-assessments of IPAC practice,  
15 as well as on-the-ground assessments as capacity  
16 allows in response to persistent outbreaks, in  
17 partnership with the local Public Health Units.

18 IPAC resources that were developed  
19 prior to the pandemic enable long-term care to  
20 assess elements of their IPAC program, including  
21 hand hygiene and antimicrobial stewardship.

22 As part of these assessment, telephone  
23 support would be provided to long-term care homes  
24 seeking to examine and improve IPAC programs. And  
25 where there is a sustained outbreak situation, a

1 visit in consultation with a Public Health Unit, a  
2 visit -- on-site visit can be provided, and what  
3 that involves is a small team from PHO meeting with  
4 the long-term care.

5 JOHN CALLAGHAN: So let's break that  
6 down just a little bit. So what contact did you  
7 have with the Ministry of Long-Term Care  
8 pre-pandemic?

9 DR. SHELLEY DEEKS: None.

10 JOHN CALLAGHAN: And I take it, and I  
11 think if I understand it, there was no training  
12 that you are aware of being done with the Ministry  
13 of Long-Term Care inspectors, for example, on IPAC,  
14 by Public Health Ontario?

15 DR. SHELLEY DEEKS: We would train if  
16 there was a request.

17 JOHN CALLAGHAN: But do you recall ever  
18 having done that in your time?

19 DR. SHELLEY DEEKS: Well, the questions  
20 that you are asking are actually at a time prior to  
21 the pandemic when that area didn't report to me, so  
22 I would be able to get that information, but I  
23 wouldn't be in the best position to answer.

24 JOHN CALLAGHAN: So prior to the  
25 pandemic, are you able to tell us what dealings

1 that they had with homes? I mean, you gave an  
2 explanation, but do you actually know what dealings  
3 they had with homes on IPAC prior to the pandemic?  
4 Let's stick with prior. Is that something that was  
5 in your --

6 DR. SHELLEY DEEKS: No, it wasn't in my  
7 area prior to the pandemic, but it would have been  
8 those categories that I mentioned.

9 So there would be IPAC training  
10 modules. So the education and professional  
11 development was available for long-term care homes,  
12 as well as other health care providers, and the  
13 on-site education and training by request. Again,  
14 the community of practice, long-term care could  
15 partake in community of practice. And then I  
16 mentioned the long-term care outbreaks, that we  
17 would go in and provide support.

18 JOHN CALLAGHAN: But I take it -- I  
19 just want to make sure we get your role. Did you  
20 have a proactive role with long-term care? Could  
21 you go into long-term care of your own initiative?

22 DR. SHELLEY DEEKS: No.

23 JOHN CALLAGHAN: Were they required to  
24 take your courses as a result of your initiative,  
25 for example?

1 DR. SHELLEY DEEKS: I don't know if it  
2 was an actual requirement. That information would  
3 be available. I just don't know it.

4 JOHN CALLAGHAN: And then -- so let's  
5 go on then. So what was the state of affairs in  
6 January and February of 2020 as it relates to IPAC  
7 and preparedness in the province as far as you are  
8 aware?

9 DR. SHELLEY DEEKS: So do you mean as  
10 it relates to long-term care, or as it --

11 JOHN CALLAGHAN: Well, I think -- let's  
12 talk about generally. Like where was the focus in  
13 January and February and, perhaps, you might be  
14 able to tell me when it is that long-term care came  
15 into focus in that period.

16 DR. SHELLEY DEEKS: So the focus  
17 pre-pandemic and early pandemic from an IPAC  
18 perspective would have been the acute care setting.

19 JOHN CALLAGHAN: All right. By which  
20 you mean generally hospitals, is that --

21 DR. SHELLEY DEEKS: Yes, acute care  
22 hospitals.

23 And then as more information became  
24 available and the epidemiology changed, the focus  
25 would have shifted to -- or did shift to long-term

1 care.

2 JOHN CALLAGHAN: And when did that  
3 happen? I mean, one of the questions we often ask  
4 is when people sort of realized long-term care was  
5 in difficulty, and beyond, the answers differed  
6 remarkably, so perhaps we might ask you.

7 DR. SHELLEY DEEKS: So that would have  
8 happened, from my perspective, in mid-March. In  
9 early March, there was individual outbreaks that  
10 were happening in long-term care, but the outbreak  
11 that for me was the most pivotal was the outbreak  
12 in Bobcaygeon in mid-March.

13 JOHN CALLAGHAN: And we were told  
14 earlier -- and perhaps you could provide -- I don't  
15 know if you had anything to do with it, but that  
16 there was a surveillance going on with respect to  
17 the testing at the labs which might have identified  
18 COVID in Bobcaygeon; are you aware of that?

19 DR. SHELLEY DEEKS: No, I am not aware  
20 of the surveillance with the lab. We had disease  
21 surveillance that was in place throughout the  
22 period, and so there was -- in that period of time,  
23 there was reporting on cases by their setting.

24 But what I don't recall is actually the  
25 exact date that we started reporting in our epi



1 reports the setting of long-term care.

2 JOHN CALLAGHAN: All right. And we  
3 have heard that there were a number of different  
4 plans that might deal with an influenza pandemic,  
5 including one in 2013, a Health and Long-Term Care  
6 Emergency Response Plan, there is an Order in  
7 Council. Were you aware of what the governing plan  
8 was going to be to address a pandemic? Was it  
9 clear to you?

10 DR. SHELLEY DEEKS: It was not clear to  
11 me pre-pandemic. Our understanding is that the --  
12 or my understanding was that MEOC colleagues were  
13 using the 2013 document at the early phase of the  
14 pandemic. We at PHO were also referring to the  
15 Canadian Pandemic Influenza Plan, which was an  
16 August 2018 document.

17 And then beyond March, we are not  
18 aware -- I am specifically not aware of a guidance  
19 or planning document used by Ontario for  
20 governance. I think that this would need to be  
21 validated by the Ministry, that the Ministry  
22 Emergency Response Plan was used to set up the  
23 original response structure, and yeah, but that  
24 would all need to be best directed at the Ministry.

25 JOHN CALLAGHAN: So during your time as

1 responsible for emergency preparedness at PHO, were  
2 you ever involved with the Ministry in any  
3 simulations of a pandemic?

4 DR. SHELLEY DEEKS: Yes, we were. I  
5 mean, there has been -- there were simulations  
6 around -- and this might not be answering your  
7 question directly, but there was a lot of  
8 simulations in 2015 in preparing for the Pan Am  
9 Games. I would need to look at my records -- or  
10 our records here, which of course we have, to  
11 validate if there was ever any specific infectious  
12 disease simulations.

13 JOHN CALLAGHAN: I ask because the  
14 Auditor General had pointed out that there wasn't  
15 anything of that nature, and I just wanted to know  
16 whether Public Health Ontario, that is concurrent  
17 with your recollection that I guess --

18 DR. SHELLEY DEEKS: Yes.

19 JOHN CALLAGHAN: On a provincial level.

20 DR. SHELLEY DEEKS: Yeah.

21 JOHN CALLAGHAN: And I recognize the  
22 Pan Am Games has got its own issues. I'm sure  
23 there was lots of simulations there. But in terms  
24 of provincial influenza-like diseases like COVID,  
25 for example, but you don't recall having been at

1 one?

2 DR. SHELLEY DEEKS: No.

3 JOHN CALLAGHAN: And I take it you  
4 weren't aware that the stockpile -- the provincial  
5 stockpile had been depleted?

6 DR. SHELLEY DEEKS: No, I was not.

7 JOHN CALLAGHAN: Or destroyed, I should  
8 say.

9 So from your observation, as you got  
10 into it, what was your view as to whether long-term  
11 care homes had the requisite knowledge in March or  
12 when you turned your mind to it as it relates to  
13 sort of IPAC and the use of PPE, et cetera? Were  
14 you able to form an opinion as to whether they had  
15 the requisite knowledge?

16 DR. SHELLEY DEEKS: Yes. I mean,  
17 unfortunately I can't speak to this fully as our  
18 mandate doesn't include oversight of the  
19 preparedness in long-term care homes, for example,  
20 and we haven't really conducted an evaluation.

21 However, what I can say is that in many  
22 cases it became apparent to PHO through conducting  
23 IPAC assessments in long-term care homes during  
24 wave one -- and there was over 140 assessments  
25 conducted -- that long-term care homes and

1 inspectors did not demonstrate the capacity to  
2 assess their own IPAC practices against existing  
3 guidance.

4           And in addition, there wasn't -- there  
5 often wasn't an individual within the homes who had  
6 the knowledge to conduct such an assessment.

7           The challenge, though, with relying on  
8 that is that our assessments -- and I believe you  
9 have a copy of all of our assessments -- are not  
10 necessarily representative of the scope or the  
11 magnitude of the issue because the facilities that  
12 we assessed were not necessarily a random sample.  
13 They were not a random sample, so it couldn't be  
14 considered to be representative of the situation  
15 throughout the province.

16           JOHN CALLAGHAN: Okay. And I take  
17 it -- do you recall your group giving advice on the  
18 issue of masking during, say, March or April of  
19 last year?

20           DR. SHELLEY DEEKS: Actually, before I  
21 answer that question, the one thing that I -- as I  
22 was preparing for this last night, there is a PIDAC  
23 recommendation that was -- so that is the  
24 Provincial Infectious Disease Advisory Committee  
25 that I mentioned previously, recommendation from

1 pre-COVID that included 1.0 FTE infection control  
2 professionals per 150 occupied long-term care beds  
3 where there are vented patients or patients with a  
4 spinal cord injury or dialysis or other what is  
5 defined as high acuity activities, and 1 FTE per  
6 150 to 200 beds in other settings.

7 And that really hasn't been realized  
8 through this pandemic.

9 JOHN CALLAGHAN: And we heard from a  
10 witness earlier this morning is that when we are  
11 talking about an IPAC specialist, we are not  
12 talking about somebody who took a few webinar  
13 courses. This is an actual designation, generally  
14 an RN, who has taken advanced education; is that  
15 correct?

16 DR. SHELLEY DEEKS: Yes, it is.

17 JOHN CALLAGHAN: And now I don't  
18 remember the last question. Masking. Did you have  
19 any -- did Public Health Ontario get consulted by  
20 the Chief Medical Officer of Health or the Ministry  
21 of Health or even Ministry of Long-Term Care for  
22 that matter about masking in long-term care or  
23 elsewhere?

24 DR. SHELLEY DEEKS: Yes. So we have  
25 been consulted about masking throughout the

1 pandemic.

2 JOHN CALLAGHAN: Well, let me ask you.  
3 So we heard again today that on March 24th the  
4 Toronto Region recommended universal masking, and  
5 on March 29th, they recommended universal masking  
6 for long-term care, and yet the requirement from  
7 the province didn't come out until April 8th.

8 Were you aware of that gap, and were  
9 you giving advice -- not you, perhaps, but as far  
10 as you know, was PHO giving advice to the Chief  
11 Medical Officer of Health during that period?

12 DR. SHELLEY DEEKS: So I saw in terms  
13 of the dates of the various advice that we have  
14 given. Unfortunately, in the time frame I had to  
15 prepare, I haven't found any documents pertaining  
16 to universal masking before April 8th. However, in  
17 order to definitively answer that question, what we  
18 would need to do is review our detailed -- in  
19 detail our scientific and technical advice. All of  
20 that has been maintained, so we absolutely have all  
21 those records.

22 We did develop a technical brief on  
23 March the 10th, which was updated IPAC  
24 recommendations for use of PPE for care of  
25 individuals with suspect or confirmed COVID-19,

1 which did include information specific to long-term  
2 care.

3 JOHN CALLAGHAN: All right.

4 DR. SHELLEY DEEKS: But that was not  
5 about universal masking. What it did in long-term  
6 care was separate health care worker -- provide  
7 type of PPE by health care worker, environmental  
8 service worker, administrative areas, and visitors.

9 JOHN CALLAGHAN: So in that regard, who  
10 asks you -- for advice like that, who would you  
11 expect to make the request for your input? Would  
12 that be the Chief Medical Officer of Health, the  
13 Ministry of Health, the Ministry of Long-Term Care,  
14 any of them? Like I'm assuming you don't  
15 proactively do this. You are responding to  
16 requests, is that what is happening?

17 DR. SHELLEY DEEKS: Yes. So there is a  
18 little bit of both in all of the guidance that we  
19 have developed. In terms of responding to  
20 requests, pre-pandemic it was usually through the  
21 Office of the CMOH. So we would get a request  
22 through Dr. Williams' office, a scientific and  
23 technical request, and we would respond to that  
24 request.

25 And that wasn't our only stakeholder.

1 Our other -- we would often get requests from PHUs.  
2 But pre-pandemic, we would not routinely get  
3 requests from the Ministry of Long-Term Care.

4 JOHN CALLAGHAN: So if a Public Health  
5 Unit or a LHIN would go ahead and provide  
6 direction -- so as the Toronto Region did -- would  
7 that be returned to PHO, the Chief Medical Officer  
8 of Health, Ministry of Health, and if it were, what  
9 would be done with it? So, I mean, ideally here we  
10 have the City of Toronto on March 24th -- and it is  
11 not even the City of Toronto, it is downtown  
12 Toronto, providing that guidance. Would that  
13 guidance have been rolled up somewhere so that  
14 somebody saw it and said, My goodness, we probably  
15 should consider this elsewhere in the province? At  
16 PHO. I appreciate I'm not asking you.

17 DR. SHELLEY DEEKS: So it would depend  
18 on the source of the guidance. So typically if it  
19 is a guidance from the Medical Officer of Health in  
20 the City of Toronto, for instance, there would be a  
21 linkage with the Office of the CMOH. There isn't  
22 necessarily a formal requirement for that to be  
23 reviewed by the CMOH, at least to my knowledge.

24 But at PHO, we would not necessarily,  
25 one, be aware of every guidance released throughout



1 the province or, two, review all of the guidance.  
2 If we were requested at a provincial level, like  
3 from -- if we were requested by the Office of the  
4 CMOH, we absolutely would review it, or  
5 alternatively, if the LHIN or Public Health Unit  
6 has requested us to review something, we will  
7 review it.

8 JOHN CALLAGHAN: And with respect to  
9 sort of decisions that the Chief Medical Officer of  
10 Health is making -- and this was a bit of a divided  
11 decision, but sort of the single site for an  
12 employee, do you recall being consulted on that?  
13 There was a -- I believe, in Directive 3, it was a  
14 suggestion that it becomes an order from the  
15 province sometime later, but do you recall being  
16 consulted on that?

17 DR. SHELLEY DEEKS: So there was a  
18 number of versions of Directive 3, and we were not  
19 asked for input on all of those versions. For the  
20 versions that we were asked for input, I  
21 definitely -- like there is records here about the  
22 input that we were provided.

23 JOHN CALLAGHAN: And so the one other  
24 thing during the pandemic, you ended up sitting on  
25 a number of various tables, and maybe I'll just

1 read them out. You were on the Command Table,  
2 right?

3 DR. SHELLEY DEEKS: Yes.

4 JOHN CALLAGHAN: You were on the Rapid  
5 Response Table as of June 26th; does that sound  
6 right?

7 DR. SHELLEY DEEKS: Yeah, I actually --  
8 sorry, John, I actually found the first Directive  
9 3. So the Directive 3 that was released on March  
10 22nd requiring long-term care home employers work  
11 with employees to limit multiple work locations, we  
12 didn't have the opportunity to review that one.

13 Nor did we have the opportunity to  
14 review the March 30th one.

15 But as I said, I could get you or Alwin  
16 would be able to get -- facilitate you getting  
17 which of the versions of Directive 3 that we  
18 actually did review. And I apologize, I cut you  
19 off.

20 JOHN CALLAGHAN: No, no. I am glad you  
21 did that. I mean, you said something. I just want  
22 to make sure, because this is being transcribed, we  
23 have been told that Directive 3 didn't require. It  
24 was a suggestion. They eventually had an order  
25 issued to make it a requirement. Is that

1 consistent with your understanding, or do you have  
2 an understanding?

3 DR. SHELLEY DEEKS: So, sorry, which  
4 piece are you talking about, require what?

5 JOHN CALLAGHAN: Well, you had said  
6 that it had required them to work at a single site.  
7 We have been told the Chief Medical Officer of  
8 Health -- it was a recommendation by the Chief  
9 Medical Officer of Health. It wasn't a  
10 requirement. And sometime in April the province  
11 issued an order to make it a requirement. Was that  
12 consistent --

13 DR. SHELLEY DEEKS: Yes, that is my  
14 understanding.

15 JOHN CALLAGHAN: Okay. Sorry, I was  
16 taking you to the tables, so let me -- and I think  
17 you are on five of them, the Command Table, the  
18 Rapid Response Table as of June 26th, Testing  
19 Strategy as of June 4th, Data Modelling Table, and  
20 the Surveillance Table, of which you were the  
21 Co-Chair. Is that consistent, or am I --

22 DR. SHELLEY DEEKS: No, there is a  
23 couple of corrections. So I am not -- I was never  
24 on the Data Modelling Table.

25 JOHN CALLAGHAN: Correct. Sorry.

1 DR. SHELLEY DEEKS: The other one was  
2 the Public Health Measures Table.

3 JOHN CALLAGHAN: All right.

4 DR. SHELLEY DEEKS: I don't think you  
5 mentioned that one.

6 JOHN CALLAGHAN: No, I did not, and I  
7 didn't have it in my notes, so thank you.

8 So on these tables, was it clear to you  
9 how they worked in terms of what happened to the  
10 discussions and where the information in the table  
11 ended up?

12 DR. SHELLEY DEEKS: So that would  
13 depend on the table.

14 So in terms of Command Table, which is  
15 now called the Health Coordination Table, it  
16 appeared to have evolved from an advisory body  
17 accountable to the Ministry of Health to more of an  
18 information sharing forum with discussions often  
19 related to individual's area of concern.

20 We sat on it, so PHO reps sat on it,  
21 including myself, as well as Dr. Vanessa Allen, and  
22 then subsequently Dr. Brian Schwartz and our CEO.  
23 So originally Dr. Peter Donnelly, who then -- and  
24 then as he left, Colleen Geiger.

25 But the public health and lab --

1 although public health measures or public health  
2 issues and lab science issues were frequently  
3 discussed, the public health experts who sat at the  
4 tables were not always asked for input, and that  
5 included public health experts from PHO as well as  
6 from the Office of the CMOH.

7 JOHN CALLAGHAN: So one of the guiding  
8 principles I think I read was scientific backup.  
9 So you are suggesting that the scientific backup,  
10 which I assume is what PHO is supposed to provide,  
11 wasn't always consulted; that is the point?

12 DR. SHELLEY DEEKS: Yes. We were  
13 always though to be there. We were always at the  
14 table and always free, very free, to share our  
15 opinions.

16 So I guess the more thorough answer is  
17 that we were free to provide consultation at any  
18 point in time, but the discussion on an agenda item  
19 wouldn't necessarily automatically initially divert  
20 to the experts who -- or be directed to the experts  
21 who -- in that specific issue, be it a laboratory  
22 issue or a public health professional issue.

23 JOHN CALLAGHAN: So let me ask you. In  
24 terms of how these tables were facilitated, in  
25 other words, how they conducted themselves, I take

1 it what you are saying is it wasn't as if the  
2 subject matter expert was asked for his or her  
3 advice. Was it a situation of the loudest person  
4 in the room type thing? Am I getting -- I am not  
5 trying to put words in your mouth. I am trying to  
6 get a flavour of what you are saying.

7 DR. SHELLEY DEEKS: Yeah, so that -- it  
8 would depend on the issue, but, for instance, if we  
9 get to the Public Health Measures Table, there  
10 wasn't -- public health measures wasn't a standing  
11 agenda on the Health Command Table.

12 And so the Public Health Measures  
13 Table, which was Chaired by Dr. David McKeown, it  
14 actually was formulated, like looking at the terms  
15 of reference, to provide advice to the CMOH as  
16 opposed to providing advice to the Command Table.

17 That is what was also consistent with  
18 the Surveillance Strategy Working Group, which I  
19 Co-Chaired with Dr. Yaffe, as well as the expert  
20 testing panel, which was Chaired by Dr. Jennie  
21 Johnstone, and Dr. Allen here at PHO was the  
22 Executive Lead.

23 So all three of those tables are a  
24 result of COVID, but they didn't report in to the  
25 Command structure officially. Those tables

1 reported through to the CMOH, to David's office.

2 And then when you look at the Command  
3 structure, Dr. Williams of CMOH was not a Co-Chair  
4 of the Command. The Command Table -- and that is  
5 now called the Health Coordination Table -- was  
6 Chaired by the Deputy Minister of Health, Deputy  
7 Angus, and then Co-Chaired -- it was more of a Vice  
8 Chair situation, by Matt Anderson, who is the CEO  
9 of Ontario Health who kind of came into this -- or  
10 was new to his position in the pandemic.

11 JOHN CALLAGHAN: So let's just take an  
12 example.

13 So on the Testing Table, was it your  
14 view or the view of the Testing Table that  
15 asymptomatic people required testing?

16 DR. SHELLEY DEEKS: So the Testing  
17 Table, it was not the view of the Testing -- of the  
18 expert panel that all asymptomatic people required  
19 testing. It has evolved over time, but it is --

20 JOHN CALLAGHAN: Well, let's give you a  
21 time frame. April/May, that would have been the  
22 view of the Testing Table?

23 DR. SHELLEY DEEKS: I wasn't actually  
24 on the Testing Table in April and May. I didn't  
25 join until June, but the Testing Table -- the

1 Testing Strategy Panel has been relatively  
2 consistent in terms of not recommending  
3 asymptomatic testing unless -- so there are some  
4 caveats, unless it is -- someone is a close contact  
5 of a case or part of an outbreak or specifically  
6 recommended by Public Health Units.

7 The various detail of when each of  
8 those recommendations is well documented, and so  
9 the Commission should be able to get all of that  
10 information.

11 JOHN CALLAGHAN: So at some point in  
12 time the Premier announced that universal testing  
13 is available, or at least you -- asymptomatic. So  
14 how -- was it transparent to you as to how that  
15 decision goes from no asymptomatic testing to  
16 everybody can get a test sometime in the --

17 DR. SHELLEY DEEKS: No, it was not.

18 JOHN CALLAGHAN: And was it always  
19 clear to you what role the Chief Medical Officer of  
20 Health had in this?

21 DR. SHELLEY DEEKS: No, it was not.

22 JOHN CALLAGHAN: And you lived through  
23 SARS. You were at the federal government, right?  
24 That's when you were at SARS, right?

25 DR. SHELLEY DEEKS: Yes.



1                   JOHN CALLAGHAN: So you were intimately  
2 knowledgeable of the Naylor Report, for example.  
3 Can you just explain just so -- you were involved  
4 with the Minister at the time, I take it?

5                   DR. SHELLEY DEEKS: I wasn't here. I  
6 wasn't in the Province of Ontario. I was at the  
7 federal level.

8                   JOHN CALLAGHAN: Right.

9                   DR. SHELLEY DEEKS: And so -- but  
10 both -- what happened with both, both the province  
11 and at the federal level, there were  
12 recommendations to create an independent agency,  
13 and in fact, from my perspective, especially early  
14 on, Ontario did a much better job in implementing  
15 an agency or creating an agency that was more arm's  
16 length than the Public Health Agency of Canada.

17                  JOHN CALLAGHAN: So what happened --  
18 like what is your view, having gone through COVID,  
19 having been involved in SARS with the  
20 recommendation for the independence of Public  
21 Health Ontario and an independent voice for the  
22 Chief Medical Officer of Health, do you have an  
23 opinion, having lived through COVID, as to whether  
24 that actually happened or whether there is  
25 improvement to be made or --

1 DR. SHELLEY DEEKS: Yes, I do.

2 JOHN CALLAGHAN: Okay.

3 DR. SHELLEY DEEKS: So from my  
4 perspective, there is definitely improvement to be  
5 made. The voice of PHO is -- I feel there needs to  
6 be an ability for us and the people in PHO, the  
7 experts in PHO, to be more free to share our  
8 scientific and technical advice to the general  
9 public and post on our website.

10 I think that that is critical,  
11 especially during a pandemic when there is tensions  
12 between the potentially political decision-making  
13 versus the decision-making that may be in the best  
14 interest of public health.

15 I fully acknowledge that policy is very  
16 difficult and that there absolutely needs to be  
17 consideration of things other than just the science  
18 or even population health. I fully acknowledge  
19 that.

20 But what I feel needs to happen and is  
21 in the spirit of the various outputs after SARS is  
22 that there also needs to be an ability for arm's  
23 length agencies to be able to share -- to document  
24 their advice, to ensure that there is a  
25 transparency about that advice.

1 I also feel strongly that the CMOH and  
2 all of the CMOHs need to have a relative freedom  
3 from the political hierarchy, particularly in a  
4 pandemic, so that they are free to give scientific  
5 and technical advice. And if logistically that  
6 cannot happen, then provinces with an agency  
7 absolutely need to have that freedom.

8 JOHN CALLAGHAN: So let's talk about  
9 one of the examples that sort of got some  
10 notoriety, but you are aware that the largest  
11 factor of COVID in a long-term care home is COVID  
12 in the community, right?

13 DR. SHELLEY DEEKS: Yes.

14 JOHN CALLAGHAN: You are aware of that?  
15 And so could you tell us about your experience with  
16 the modelling issues that came up in November?

17 DR. SHELLEY DEEKS: Yes. So what  
18 happened in September, so as part of fall  
19 preparedness activities, PHO was asked to provide  
20 technical advice about epidemiologic thresholds  
21 that could be used to drive decision-making about  
22 various types of public health measures.

23 So we provided a response, a scientific  
24 and technical response PHO provided in September,  
25 and I am trying to find the actual document.

1           But in that document, we had various  
2 thresholds, one of which was weekly incidence  
3 thresholds, and we divided those weekly incidence  
4 thresholds into four categories that could drive  
5 public health measures.

6           Other thresholds was a testing base  
7 threshold, so percent positivity, as well as  
8 effective reproductive number thresholds.

9           So that advice was given in September,  
10 and then the thresholds initially were used to  
11 populate a document that went to the Public Health  
12 Measures Table.

13           I just want to pause before I kind of  
14 go on to what happened next because I have -- like  
15 the Public Health Measures Table is confidential,  
16 and there is non-disclosures that have been  
17 discussed. So I just want to get -- like am I  
18 allowed to talk about this further?

19           JOHN CALLAGHAN: Unless there is some  
20 privilege, you are, and I don't think that there is  
21 a privilege.

22           DR. SHELLEY DEEKS: Okay. So what  
23 happened is that the Public Health Measures Table  
24 was presented with the various -- the thresholds  
25 for various activities that originally included the

1 ones that PHO recommended. So this was now October  
2 time frame.

3 Then we started seeing the increase in  
4 cases. There was a separate document, and, you  
5 know, it would be helpful, I think, for the  
6 Commission to have all of these documents, but  
7 there was a separate document.

8 JOHN CALLAGHAN: We'll ask for them.

9 DR. SHELLEY DEEKS: Yeah, there was a  
10 separate document that came to the Public Health  
11 Measures Table where the thresholds were increased  
12 slightly but still four categories, and what I  
13 mean, we had originally recommended in September  
14 the highest category be greater than 25 per 100,000  
15 per week. The next iteration had 40, which --

16 JOHN CALLAGHAN: So can I just pause  
17 there? So what we are talking about is thresholds  
18 for the colour-coded lockdown provisions of the  
19 province?

20 DR. SHELLEY DEEKS: Yes.

21 JOHN CALLAGHAN: So you had recommended  
22 at the highest level -- when you have 25 per  
23 100,000, you should be at the highest level, and  
24 the iteration that came back -- and you will have  
25 to tell us from whom or at least from whom you

1 said, notwithstanding your recommendation, came  
2 back at 40. So it made it -- it wasn't going to  
3 lock down as quick as the scientists were advising;  
4 is that correct?

5 DR. SHELLEY DEEKS: Yes. So that is  
6 not fully correct. So the one that -- the  
7 recommendations initially came back with the 25 per  
8 100,000. So the Public Health Measures Table  
9 received documents from the Ministry, so through  
10 Colleen Kiel and David McKeown, that had their  
11 version. They took our thresholds and made -- or  
12 our recommended thresholds from September and then  
13 made a -- created a kind of PowerPoint where they  
14 were embedded. So the first iteration used the  
15 ones we recommended.

16 The second iteration now is a few weeks  
17 later. We are having a different epidemiologic  
18 situation. We are also seeing globally that there  
19 is increased COVID because it is in late -- sorry,  
20 early fall.

21 The next iteration did increase, so you  
22 were correct there. The second iteration did  
23 increase it to 40. There was discussion at the  
24 table, and the members felt relatively comfortable  
25 with that level.

1                   But then what happened, fast-forward to  
2 November -- and I don't have the exact date, but  
3 there are records of that date -- the Ministry then  
4 had a press conference where -- by which they  
5 announced the thresholds publicly, and in that  
6 press conference the thresholds went to 100 per  
7 100,000 for the highest level. That was when I was  
8 approached and interviewed by the Toronto Star and  
9 did provide the -- was asked about whether we had  
10 provided advice, and I explained the advice that we  
11 provided in September.

12                   That happened, I think, November 11th,  
13 and then there was also a number of projections, so  
14 not just our projections but projections from the  
15 Science Table.

16                   And then on November 13th, there was a  
17 change with the new thresholds were -- the revised  
18 thresholds with a lower indicator were released.

19                   JOHN CALLAGHAN: So essentially the  
20 recommendation from the science side of it from PHO  
21 was four times less than came out in November;  
22 correct?

23                   DR. SHELLEY DEEKS: Yes, yes.

24                   JOHN CALLAGHAN: And are you aware or  
25 was it made aware to you how that decision was

1 made? Like how it is that it escalated to four  
2 times the recommendation from the scientists or  
3 from the experts?

4 DR. SHELLEY DEEKS: Yes. So I have  
5 explained about the change from 25 to 40.

6 JOHN CALLAGHAN: Right.

7 DR. SHELLEY DEEKS: Which I think --  
8 you know, personally I felt comfortable and gave  
9 feedback on the 40.

10 The 40 to 100, I am not aware, nor was  
11 I comfortable. However, I understand there was  
12 tensions between economics in lockdown versus, you  
13 know, the Public Health perspective.

14 JOHN CALLAGHAN: And --

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 So can I just make sure I understand  
17 what you are saying. This designation, when you  
18 reach it, when you reach the threshold, you lock  
19 down?

20 DR. SHELLEY DEEKS: Yes.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 And the threshold that Public Health  
23 established was significantly lower -- or that  
24 Public Health recommended was significantly lower  
25 than the threshold that was actually used?



1 DR. SHELLEY DEEKS: Yes, that is  
2 correct.

3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 Okay. Sorry, Mr. Callaghan.

5 JOHN CALLAGHAN: And I think that is  
6 one example, and can you sort of provide what you  
7 think would be good recommendations arising out of  
8 your experience so that -- you know, a parting gift  
9 to Ontario on your way to Nova Scotia?

10 DR. SHELLEY DEEKS: Yes. I mean, the  
11 example that I have just given you really builds on  
12 my previous discussion that I think it is  
13 imperative that Public Health advice is  
14 transparent, and that if you are fortunate enough  
15 to be in a province where they have an arm's length  
16 agency, that that arm's length agency should be  
17 expected to post any scientific and technical  
18 advice that they give to government, particularly  
19 as part of an emergency, when we are in a pandemic.

20 JOHN CALLAGHAN: And what about -- and  
21 maybe I'm plowing old ground here, but what about  
22 recommendations regarding Public Health Ontario's  
23 role and the Chief Medical Officer of Health's  
24 role, do you have any views for the Commissioners  
25 on that?

1 DR. SHELLEY DEEKS: And --

2 JOHN CALLAGHAN: And your  
3 observations -- I mean, just an overall,  
4 overarching observation.

5 DR. SHELLEY DEEKS: Yes. I think  
6 that -- similar to PHO, I think that the roles and  
7 responsibilities of the various players in the  
8 response needs to be very clear, particularly the  
9 role of the CMOH, the role of when you have a new  
10 agency, like Ontario Health, and the role of the  
11 Deputy Minister.

12 We have had -- as the response has  
13 progressed, there has been a number of new  
14 positions added, new ADMs added, which are needed.  
15 Don't get me wrong, everybody is working very hard  
16 and very long hours, but sometimes the addition of  
17 new individuals makes it that the roles and  
18 responsibilities are not clear.

19 And from an outbreak response  
20 perspective, roles and responsibilities need to be  
21 crystal clear and so that we reduce duplication,  
22 but also, there is a level of ensuring that the  
23 decisions -- there is an element of understanding  
24 how decisions were reached. I don't believe for an  
25 instant that every decision needs to be transparent

1 because that would be naive, but I think at the end  
2 of an outbreak or in this case a pandemic, one  
3 should be able to deem how decisions have been  
4 reached, and it should be clear.

5 I also think that there needs to be  
6 clear data governance and roles and  
7 responsibilities around data, which are really  
8 important to -- you know, we saw as the pandemic  
9 progressed that there were different sources of  
10 data and numbers and that created confusion.

11 And then the final thing, though, that  
12 I like to reflect upon is that, you know, Public  
13 Health is chronically underfunded, and the only  
14 time that Public Health seems to get in the  
15 consciousness of society is during a pandemic.

16 And, you know, I think that that  
17 absolutely needs to change to ensure that we are  
18 better prepared.

19 And then finally, long-term -- sorry,  
20 long-term care has also been chronically  
21 underfunded, and, you know, I don't think we can  
22 point fingers at this particular government in  
23 terms of, you know, what has happened in long-term  
24 care, but we really need to start to heed  
25 recommendations. There has been repeated

1 recommendations from the Attorney General.

2 JOHN CALLAGHAN: Auditor General.

3 DR. SHELLEY DEEKS: Sorry, Auditor  
4 General, and, you know, the long-term care IPAC and  
5 just funding needs to increase. We have all been  
6 touched by this pandemic, and that is something  
7 that I am very much hoping that this Commission  
8 will be able to really strongly recommend.

9 JOHN CALLAGHAN: Well, Dr. Deeks, thank  
10 you, unless there is anything further. Over to the  
11 Commissioners.

12 COMMISSIONER JACK KITTS: Dr. Deeks, I  
13 want to come back to your comments around Public  
14 Health Ontario advice must be given by an arm's  
15 length agency and be transparent.

16 Do we have the -- we have the agency,  
17 but I think you are indicating it is not really  
18 arm's length and certainly not transparent. Is  
19 that what you are saying?

20 DR. SHELLEY DEEKS: Yes, so we have the  
21 agency, but what I am saying is that there are  
22 rules that we need to follow in order to make our  
23 advice publicly available.

24 So I think that those criteria need to  
25 be examined after this and that there needs to be

1 more freedom for the agency to be able to post with  
2 full openness to the Ministry that we are doing  
3 that so that they are aware, but that we should be  
4 able to post our scientific and technical advice  
5 and speak to it.

6 COMMISSIONER JACK KITTS: Yes. The  
7 second part then has to do with your recommendation  
8 that there be really clear -- much clarity around  
9 who is making the decisions and who is accountable.

10 And so if we go back a couple of weeks,  
11 we were shown a slide on the Public Health model in  
12 Ontario for decision-making. Are you aware of  
13 that? They described it as a three-legged stool.

14 DR. SHELLEY DEEKS: I don't know the  
15 specific slide that you are referring to, but is it  
16 the PHO, Public Health Units, and the Ministry of  
17 Health?

18 COMMISSIONER JACK KITTS: Yes, Ministry  
19 of Health/Chief Medical Officer of Health in one  
20 leg.

21 DR. SHELLEY DEEKS: Yes.

22 COMMISSIONER JACK KITTS: So it says:

23 "This is Ontario's Public  
24 Health model and it's unique. It  
25 involves shared authority and

1                   accountability at both the  
2                   provincial and local and municipal  
3                   levels." [As read.]

4                   I think what you are saying is that the  
5                   shared authority and accountability of three --  
6                   actually, four different partners causes confusion  
7                   over clarity around authority and accountability.  
8                   Is that correct?

9                   DR. SHELLEY DEEKS: That is correct,  
10                  particularly during an emergency.

11                  COMMISSIONER JACK KITTS: Right, and  
12                  this does stand whether it is pre-COVID or during a  
13                  pandemic, this shared decision-making?

14                  DR. SHELLEY DEEKS: Uhm-hmm.

15                  COMMISSIONER JACK KITTS: Okay. Thank  
16                  you.

17                  COMMISSIONER FRANK MARROCCO (CHAIR):  
18                  I did have one or two questions.

19                  Were you ever given a reason why the  
20                  Public Health advice that you were giving, you had  
21                  to agree not to disclose it, if I understood you  
22                  correctly?

23                  DR. SHELLEY DEEKS: That pre-dated  
24                  COVID, so there wasn't a specific discussion during  
25                  COVID whether we were going to change. That had

1 happened prior to COVID. We just have a process  
2 whereby which we post advice and any advice that is  
3 provided at the request of the Office of the CMOH  
4 would be confidential to the Office of the CMOH.

5 We have negotiated a number of times --  
6 so again, pre-COVID -- to post that advice, but it  
7 needs to be a negotiation.

8 During COVID, there actually has been a  
9 lot of loosening of our ability to post  
10 information. We would normally have a 30-day  
11 notification period, and that has been waved. So  
12 we have been able to post information quite  
13 quickly, but we need to let the Ministry know in  
14 advance.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 And when you let them know in advance,  
17 there can then be negotiation over exactly what you  
18 post; am I understanding you correctly?

19 DR. SHELLEY DEEKS: Yes.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Are you aware that when Justice  
22 Campbell wrote the SARS report, one of the things  
23 he cautioned against was mixing the medical advice  
24 with political considerations?

25 DR. SHELLEY DEEKS: I am not -- I don't

1 specifically recall that, but I fully agree.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 All right. And is that what made you  
4 uncomfortable about what was happening, as far as  
5 Public Health Ontario is concerned?

6 DR. SHELLEY DEEKS: It was that, but a  
7 little bit more nuanced. It was that it wasn't  
8 transparent that the decisions were both,  
9 considering both Public Health as well as economic  
10 considerations.

11 COMMISSIONER FRANK MARROCCO (CHAIR):

12 I see. So what you are saying is it  
13 should be understood that the Public Health advice  
14 is being not exactly overridden but affected -- or  
15 the Public Health advice is being overridden by  
16 economic considerations because the shutdown  
17 threshold, for example, is being raised.

18 DR. SHELLEY DEEKS: Uhm-hmm.

19 COMMISSIONER FRANK MARROCCO (CHAIR):

20 Do you have any sense of how that  
21 affects long-term care based on your experience?

22 DR. SHELLEY DEEKS: Yes. So typically  
23 what we see is we see community transmission, and  
24 that then translates to increased transmission  
25 within long-term care. So there is usually a



1 delay, but once we start seeing cases in the  
2 community, we can be pretty much assured that there  
3 is going to be cases in long-term care.

4           And with the second wave and work in  
5 Europe showed -- our second wave had a different  
6 epidemiology. Well, it is still ongoing, but has a  
7 different epidemiology, but at the initial part it  
8 was more younger adults. That also happened in  
9 Europe. And there are data from Europe which  
10 nicely showed -- you can use the word "nice" --  
11 that the peaks in the younger adults would happen,  
12 and then a few weeks later, you would start seeing  
13 it spread out, spread over into older populations.

14           COMMISSIONER FRANK MARROCCO (CHAIR):  
15           Okay.

16           DR. SHELLEY DEEKS: And we saw that  
17 here as well in our second wave.

18           COMMISSIONER FRANK MARROCCO (CHAIR):  
19           So if I am a long-term care facility,  
20 do I need to know that they have set the bar higher  
21 than the Public Health authorities are recommending  
22 as far as a shutdown is concerned, or is it the  
23 public that you are referring to? I am trying to  
24 make the connection.

25           DR. SHELLEY DEEKS: I think it would be

1 both. It has implications for both, because if you  
2 have higher amounts of disease circulating in a  
3 community, and you are long-term care, there may be  
4 additional considerations for stricter measures in  
5 a long-term care to ensure that there is no spread  
6 from the general community into the long-term care.

7 So when I was speaking, I was referring  
8 to the general public, but I think there are  
9 implications for other policy makers as well, so in  
10 your example, long-term care.

11 JOHN CALLAGHAN: Just to follow on the  
12 Commissioners, was there a change after it became  
13 known that Public Health had a different  
14 recommendation than what was implemented? Did the  
15 government change their thresholds?

16 DR. SHELLEY DEEKS: Yes. So they  
17 changed on November 13th, I believe it was.

18 JOHN CALLAGHAN: After the November  
19 11th article?

20 DR. SHELLEY DEEKS: Yes.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 And the change was they were lowered?

23 DR. SHELLEY DEEKS: Yes, to the one  
24 that --

25 JOHN CALLAGHAN: The 40?

1 DR. SHELLEY DEEKS: The 40, which then  
2 also -- there was a Public Health Measures Table  
3 discussion, and we agreed on the new measures. So  
4 that should be available in the minutes.

5 JOHN CALLAGHAN: Ms. Coke.

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 Well, we are in pursuit of documents.  
8 Commissioner Coke.

9 COMMISSIONER ANGELA COKE: So I was  
10 just going to ask generally if there are other ways  
11 or areas that you feel Public Health Ontario could  
12 play more of a leadership role going forward? I  
13 know these things may depend on funding and  
14 resourcing and capacity, but are there other areas  
15 that you think you should be playing more of a role  
16 in terms of leadership around regular business or  
17 pandemic business?

18 DR. SHELLEY DEEKS: Well, I think that  
19 this is both regular -- the leadership roles that I  
20 have spoken to would be in both non-pandemic time  
21 and pandemic time.

22 I think probably like a -- it is  
23 difficult. I haven't actually put -- I am sure  
24 there are things. I just haven't really -- I can't  
25 articulate them right now. My apologies.

1                   COMMISSIONER ANGELA COKE: That is  
2 okay.

3                   COMMISSIONER FRANK MARROCCO (CHAIR):  
4                   Well, if you think of them, don't  
5 hesitate -- as I think I told everybody yesterday,  
6 you know, if there is something you think of after  
7 that you feel we should know or something you want  
8 to clarify, then by all means let us know, give it  
9 to Mr. Callaghan, and he will make sure that it  
10 comes in front of us.

11                   DR. SHELLEY DEEKS: Yes.

12                   JOHN CALLAGHAN: Can I ask a clarifying  
13 question, just because you are leaving, et cetera,  
14 and from what you have said, was there any  
15 reprimand or reprisal against you for speaking out?  
16 You don't have to answer if you don't want to.

17                   DR. SHELLEY DEEKS: Sorry, just --  
18 there was no official -- PHO was very, very  
19 supportive of my responding to the Toronto Star  
20 article and did give the Ministry a heads-up.

21                   There was no overt response and  
22 consequence, but I feel that there was an element  
23 of trust that was impacted by, you know, people at  
24 the various decision-making tables.

25                   And I felt -- and again, this is just

1 my perception, I felt that speaking out was very  
2 important to do, but that it actually did influence  
3 my ability to influence from within. Sorry.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Are you finished, Mr. Callaghan?

6 JOHN CALLAGHAN: Yes, I am.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 You know, Doctor, thank you. It is  
9 obvious to me watching you how difficult this is,  
10 and I'm sorry that we had to put you through this  
11 in a sense.

12 But it was very important for us to  
13 hear what you had to say, and we do very much  
14 appreciate you having the personal fortitude to  
15 come forward and tell us. It helps us in what we  
16 have to do.

17 So we'll try to be as -- we'll try to  
18 pay as close attention as we can to what you said.

19 DR. SHELLEY DEEKS: Well, thank you  
20 very much for the opportunity.

21 JOHN CALLAGHAN: And best wishes in  
22 Nova Scotia.

23 COMMISSIONER JACK KITTS: Yes. Thank  
24 you. Thank you very much.

25 COMMISSIONER ANGELA COKE: Thank you

1 very much.

2

3

-- Adjourned at 3:00 p.m.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

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 11th day of January, 2021.

17  
18 

19  
20  
21 \_\_\_\_\_  
22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR  
24  
25

**WORD INDEX**

**< 1 >**

**1** 7:23 28:5  
**1.0** 28:1  
**1:30** 4:1  
**10** 7:24  
**10:00** 1:16  
**100** 46:6 47:10  
**100,000** 44:14,  
23 45:8 46:7  
**10th** 29:23  
**11:30** 1:16  
**11th** 46:12  
57:19 62:16  
**13th** 46:16  
57:17  
**140** 26:24  
**150** 28:2, 6

**< 2 >**

**200** 28:6  
**2007** 6:7  
**2009** 5:24 6:10  
**2013** 24:5, 13  
**2015** 25:8  
**2018** 24:16  
**2019** 7:24 8:12  
9:8 13:5, 6  
**2020** 7:18 13:7  
14:3 22:6  
**2021** 1:16 62:16  
**22nd** 33:10  
**24th** 29:3 31:10  
**25** 44:14, 22  
45:7 47:5  
**26th** 33:5 34:18  
**27th** 7:19 15:23  
**29th** 29:5

**< 3 >**

**3** 32:13, 18  
33:9, 17, 23  
**3:00** 61:3  
**30-day** 54:10  
**30th** 14:2  
15:24 33:14

**< 4 >**

**40** 44:15 45:2,  
23 47:5, 9, 10  
57:25 58:1  
**4th** 34:19

**< 7 >**

**7th** 1:15

**< 8 >**

**8th** 29:7, 16

**< A >**

**a.m** 1:16  
**ability** 41:6, 22  
54:9 60:3  
**absolutely**  
29:20 32:4  
41:16 42:7  
50:17  
**academic** 4:18  
**accountability**  
17:25 53:1, 5, 7  
**accountable**  
35:17 52:9  
**acknowledge**  
41:15, 18  
**acting** 13:2  
**activities** 28:5  
42:19 43:25  
**actual** 8:7 22:2  
28:13 42:25  
**acuity** 28:5  
**acute** 22:18, 21  
**added** 49:14  
**addition** 5:16  
27:4 49:16  
**additional** 57:4  
**address** 24:8  
**Adjourned** 61:3  
**administrative**  
30:8  
**ADMs** 49:14  
**Adriana** 3:9  
**adults** 56:8, 11  
**advance** 54:14,  
16  
**advanced** 28:14  
**advice** 5:21  
18:7 19:8  
27:17 29:9, 10,  
13, 19 30:10  
37:3, 15, 16  
41:8, 24, 25  
42:5, 20 43:9  
46:10 48:13, 18  
51:14, 23 52:4  
53:20 54:2, 6,  
23 55:13, 15  
**advise** 19:2  
**advising** 45:3

**Advisory** 5:19  
17:13 18:24  
27:24 35:16  
**affairs** 22:5  
**after** 16:12  
41:21 51:25  
57:12, 18 59:6  
**age** 11:8  
**agencies** 41:23  
**Agency** 6:5  
40:12, 15, 16  
42:6 48:16  
49:10 51:15, 16,  
21 52:1  
**agenda** 36:18  
37:11  
**agree** 53:21  
55:1  
**agreed** 58:3  
**ahead** 31:5  
**Alison** 2:16  
**Allen** 10:23  
35:21 37:21  
**allowed** 43:18  
**allows** 19:16  
**alternatively**  
32:5  
**Alwin** 2:11  
33:15  
**amounts** 57:2  
**Analyst** 3:9  
**Anderson** 38:8  
**Angela** 2:4  
58:9 59:1 60:25  
**Angus** 38:7  
**announced**  
13:10 39:12  
46:5  
**announcements**  
13:15  
**answering** 25:6  
**answers** 23:5  
**anticipated** 7:3  
**antimicrobial**  
19:21  
**Antonia** 14:23  
**Antonietta** 15:8  
**apologies** 10:9  
12:25 58:25  
**apologize** 13:14  
15:9 33:18  
**apparent** 26:22  
**appeared** 35:16  
**appreciate**  
31:16 60:14

**appreciation**  
6:14, 19  
**approached**  
46:8  
**approximately**  
15:24  
**April** 27:18  
29:7, 16 34:10  
38:24  
**April/May** 38:21  
**area** 5:13  
16:16 20:21  
21:7 35:19  
**areas** 18:5  
30:8 58:11, 14  
**arising** 48:7  
**arm's** 40:15  
41:22 48:15, 16  
51:14, 18  
**article** 57:19  
59:20  
**articulate** 58:25  
**asked** 32:19, 20  
36:4 37:2  
42:19 46:9  
**asking** 20:20  
31:16  
**asks** 30:10  
**assess** 19:20  
27:2  
**assessed** 27:12  
**assessment**  
19:22 27:6  
**assessments**  
19:13, 15 26:23,  
24 27:8, 9  
**Assistant** 2:16  
**assume** 36:10  
**assuming** 30:14  
**assured** 56:2  
**asymptomatic**  
38:15, 18 39:3,  
13, 15  
**attending** 1:15  
**attention** 60:18  
**Attorney** 3:14,  
15 51:1  
**attrition** 9:3  
**Auditor** 25:14  
51:2, 3  
**August** 24:16  
**Australia** 5:10,  
13 6:7  
**authorities**  
56:21

**authority** 52:25  
53:5, 7  
**automatically**  
36:19  
**available** 11:23,  
24 19:6 21:11  
22:3, 24 39:13  
51:23 58:4  
**aware** 4:12  
20:12 22:8  
23:18, 19 24:7,  
18 26:4 29:8  
31:25 42:10, 14  
46:24, 25 47:10  
52:3, 12 54:21

**< B >**

**back** 6:10 9:7  
44:24 45:2, 7  
51:13 52:10  
**background** 5:6  
**backup** 36:8, 9  
**Badiani** 11:19  
**Bains** 10:24  
**bar** 56:20  
**base** 43:6  
**based** 19:6  
55:21  
**beds** 28:2, 6  
**belabour** 14:14  
**believe** 14:2  
18:1 27:8  
32:13 49:24  
57:17  
**best** 18:22  
19:5 20:23  
24:24 41:13  
60:21  
**better** 40:14  
50:18  
**Bianchi** 2:18  
**bigger** 11:6  
**bit** 5:5, 6 20:6  
30:18 32:10  
55:7  
**board** 17:21  
**Bobcaygeon**  
23:12, 18  
**body** 5:20  
35:16  
**bottom** 8:18  
**Bou-Mansour**  
14:16  
**box** 8:18  
**break** 20:5



**Brian** 8:16  
35:22  
**brief** 29:22  
**briefing** 18:2  
**build** 18:13  
**builds** 48:11  
**business** 58:16,  
17  
**butchered** 10:14

< C >  
**call** 7:23 8:12  
**Callaghan** 2:22  
4:3 5:2, 4, 23  
6:1, 11, 22 7:7,  
15, 20 8:11, 15,  
22 9:1, 11, 14,  
18, 20, 23 10:2,  
5, 9, 12, 17, 21,  
23 11:1, 4, 7, 11,  
14, 19, 23 12:2,  
5, 9, 16, 19, 24  
13:3, 9, 16, 23  
14:4, 9, 12, 21,  
25 15:3, 7, 13  
16:10, 19 17:4,  
15 18:8 20:5,  
10, 17, 24 21:18,  
23 22:4, 11, 19  
23:2, 13 24:2,  
25 25:13, 19, 21  
26:3, 7 27:16  
28:9, 17 29:2  
30:3, 9 31:4  
32:8, 23 33:4,  
20 34:5, 15, 25  
35:3, 6 36:7, 23  
38:11, 20 39:11,  
18, 22 40:1, 8,  
17 41:2 42:8,  
14 43:19 44:8,  
16, 21 46:19, 24  
47:6, 14 48:4, 5,  
20 49:2 51:2, 9  
57:11, 18, 25  
58:5 59:9, 12  
60:5, 6, 21  
**called** 12:17  
16:7 35:15 38:5  
**Callery** 9:18  
**Campbell** 6:16  
54:22  
**Canada** 5:9, 12,  
21 6:4, 5, 6, 10

40:16  
**Canada's** 5:19  
**Canadian** 24:15  
**candidate** 16:4  
**capacity** 19:15  
27:1 58:14  
**capacity-**  
**building** 18:19  
**CARE** 1:7 2:17,  
18, 20, 22, 24  
3:1, 3, 6, 7, 10  
19:8, 13, 19, 23  
20:4, 7, 13  
21:11, 12, 14, 16,  
20, 21 22:10, 14,  
18, 21 23:1, 4,  
10 24:1, 5  
26:11, 19, 23, 25  
28:2, 21, 22  
29:6, 24 30:2, 6,  
7, 13 31:3  
33:10 42:11  
50:20, 24 51:4  
55:21, 25 56:3,  
19 57:3, 5, 6, 10  
**care-associated**  
19:4  
**Cary** 15:12  
**case** 39:5 50:2  
**cases** 23:23  
26:22 44:4  
56:1, 3  
**categories** 21:8  
43:4 44:12  
**category** 19:12  
44:14  
**cautioned** 54:23  
**caveats** 39:4  
**Center** 6:8  
**CEO** 8:13 12:6,  
8 13:2 35:22  
38:8  
**certain** 11:8  
**Certainly** 5:7  
6:25 7:6, 10  
17:19 51:18  
**CERTIFICATE**  
62:1  
**certified** 5:11  
62:4  
**certify** 62:4  
**cetera** 26:13  
59:13  
**CHAIR** 4:21  
5:22 38:8

47:15, 21 48:3  
53:17 54:15, 20  
55:2, 11, 19  
56:14, 18 57:21  
58:6 59:3 60:4,  
7  
**Chaired** 37:13,  
20 38:6  
**challenge** 27:7  
**change** 15:22  
46:17 47:5  
50:17 53:25  
57:12, 15, 22  
**changed** 4:7  
9:5 22:24 57:17  
**changes** 13:7  
**chart** 7:24 9:6  
12:10, 12, 22  
14:14 15:5, 14,  
16, 18, 21  
**charts** 7:21 8:1  
9:21  
**Chief** 2:10, 11  
5:17 8:3, 6, 19,  
22 12:13 14:3,  
15 15:14 16:1,  
8 28:20 29:10  
30:12 31:7  
32:9 34:7, 8  
39:19 40:22  
48:23  
**Choonta** 3:9  
**Christine** 14:25  
**chronically**  
50:13, 20  
**Chung** 14:5  
**circulating** 57:2  
**circumstances**  
4:8  
**City** 31:10, 11,  
20  
**clarify** 16:5  
59:8  
**clarifying** 59:12  
**clarity** 52:8  
53:7  
**clear** 13:4 24:9,  
10 35:8 39:19  
49:8, 18, 21  
50:4, 6 52:8  
**close** 39:4  
60:18  
**CMOH** 30:21  
31:21, 23 32:4  
36:6 37:15

38:1, 3 42:1  
49:9 54:3, 4  
**CMOHs** 42:2  
**Co-Chair** 34:21  
38:3  
**Co-Chaired**  
37:19 38:7  
**Coke** 2:4 58:5,  
8, 9 59:1 60:25  
**colleagues**  
24:12  
**Colleen** 12:7, 20  
35:24 45:10  
**colour-coded**  
44:18  
**come** 4:8  
12:20 13:11  
29:7 51:13  
60:15  
**comes** 14:5  
59:10  
**comfortable**  
45:24 47:8, 11  
**coming** 6:16  
**Command** 33:1  
34:17 35:14  
37:11, 16, 25  
38:2, 4  
**commencing**  
4:1  
**comments** 51:13  
**COMMISSION**  
1:7 2:17, 18, 20,  
22, 24 3:1, 4, 6,  
8, 10 6:17 18:1  
39:9 44:6 51:7  
**Commissioner**  
2:3, 4, 5 4:21  
47:15, 21 48:3  
51:12 52:6, 18,  
22 53:11, 15, 17  
54:15, 20 55:2,  
11, 19 56:14, 18  
57:21 58:6, 8, 9  
59:1, 3 60:4, 7,  
23, 25  
**Commissioners**  
4:3, 17, 19 5:5  
6:24 7:9 13:18  
48:24 51:11  
57:12  
**Committee** 5:19  
18:24 19:5  
27:24

**communicable**  
5:14 8:19, 23  
**community**  
17:9 18:19  
21:14, 15 42:12  
55:23 56:2  
57:3, 6  
**COMPANY**  
62:22  
**compare** 7:2  
**competition**  
16:2  
**concern** 35:19  
**concerned** 55:5  
56:22  
**concurrent**  
25:16  
**conduct** 27:6  
**conducted**  
26:20, 25 36:25  
**conducting**  
26:22  
**conference**  
46:4, 6  
**confidential**  
43:15 54:4  
**confirmed** 29:25  
**confusion**  
50:10 53:6  
**connection**  
56:24  
**consciousness**  
50:15  
**consequence**  
59:22  
**consider** 31:15  
**consideration**  
41:17  
**considerations**  
54:24 55:10, 16  
57:4  
**considered**  
27:14  
**considering**  
55:9  
**consistent** 34:1,  
12, 21 37:17  
39:2  
**consultation**  
20:1 36:17  
**consulted** 28:19,  
25 32:12, 16  
36:11  
**contact** 20:6

<p>39:4 <b>contrast</b> 7:3 <b>contrasting</b> 17:16 <b>control</b> 5:14 15:15 18:25 19:3, 9, 11 28:1 <b>Coordination</b> 35:15 38:5 <b>Copes</b> 9:15 <b>copy</b> 27:9 <b>cord</b> 28:4 <b>Corporate</b> 2:11 8:9, 11 <b>corporation</b> 17:20 <b>correct</b> 5:24, 25 7:18 8:5, 13 11:20 17:11, 13 28:15 34:25 45:4, 6, 22 46:22 48:2 53:8, 9 62:12 <b>corrections</b> 34:23 <b>correctly</b> 53:22 54:18 <b>Council</b> 24:7 <b>Counsel</b> 2:18, 20, 22, 24 3:1, 13, 15, 17, 18, 19 14:22 <b>couple</b> 7:21 34:23 52:10 <b>course</b> 7:1 25:10 <b>courses</b> 21:24 28:13 <b>COVID</b> 18:4 23:18 25:24 37:24 40:18, 23 42:11 45:19 53:24, 25 54:1, 8 <b>COVID-19</b> 1:7 29:25 <b>create</b> 40:12 <b>created</b> 45:13 50:10 <b>creating</b> 40:15 <b>criteria</b> 51:24 <b>critical</b> 41:10 <b>Crowcroft</b> 9:9 <b>Crown</b> 17:20 <b>CRR</b> 62:3, 23</p>	<p><b>crystal</b> 49:21 <b>CSR</b> 62:4, 23 <b>current</b> 12:11, 12 <b>currently</b> 5:21 19:6 <b>cut</b> 33:18 <b>cutbacks</b> 13:11  &lt; D &gt; <b>Dan</b> 14:11 <b>Data</b> 34:19, 24 50:6, 7, 10 56:9 <b>date</b> 23:25 46:2, 3 <b>Dated</b> 62:16 <b>dates</b> 29:13 <b>David</b> 37:13 45:10 <b>David's</b> 38:1 <b>Dawn</b> 3:5 <b>day</b> 1:15 62:16 <b>days</b> 12:11 <b>deal</b> 24:4 <b>dealings</b> 20:25 21:2 <b>Deana</b> 3:20 62:3, 23 <b>decision</b> 32:11 39:15 46:25 49:25 <b>decision-making</b> 17:17 41:12, 13 42:21 52:12 53:13 59:24 <b>decisions</b> 32:9 49:23, 24 50:3 52:9 55:8 <b>decks</b> 4:9 <b>Deeks</b> 2:10 4:4, 5 5:3, 7, 25 6:3, 18 7:6, 10, 19 8:9, 14, 20, 25 9:10, 12, 16, 19, 22, 25 10:4, 7, 11, 16, 19, 22, 25 11:3, 5, 10, 13, 17, 21, 25 12:4, 7, 15, 18, 21 13:1, 6, 13, 22, 24 14:8, 11, 18, 24 15:2, 6, 10, 17 16:14, 21 17:14, 19 18:11 20:9, 15, 19</p>	<p>21:6, 22 22:1, 9, 16, 21 23:7, 19 24:10 25:4, 18, 20 26:2, 6, 16 27:20 28:16, 24 29:12 30:4, 17 31:17 32:17 33:3, 7 34:3, 13, 22 35:1, 4, 12 36:12 37:7 38:16, 23 39:17, 21, 25 40:5, 9 41:1, 3 42:13, 17 43:22 44:9, 20 45:5 46:23 47:4, 7, 20 48:1, 10 49:1, 5 51:3, 9, 12, 20 52:14, 21 53:9, 14, 23 54:19, 25 55:6, 18, 22 56:16, 25 57:16, 20, 23 58:1, 18 59:11, 17 60:19 <b>deem</b> 50:3 <b>defined</b> 28:5 <b>definitely</b> 32:21 41:4 <b>definitively</b> 29:17 <b>degrade</b> 8:6 <b>delay</b> 56:1 <b>deleted</b> 15:19 <b>demonstrate</b> 27:1 <b>Department</b> 7:13 <b>depend</b> 31:17 35:13 37:8 58:13 <b>depleted</b> 26:5 <b>Deputy</b> 2:16 6:7 14:3 16:1, 8 38:6 49:11 <b>Derek</b> 3:3 <b>describe</b> 17:16 <b>described</b> 52:13 28:13 47:17 <b>destroyed</b> 26:7 <b>detail</b> 29:19 39:7 <b>detailed</b> 29:18 <b>develop</b> 18:16 29:22</p>	<p><b>developed</b> 19:18 30:19 <b>development</b> 18:16, 21 21:11 <b>develops</b> 19:5 <b>dialysis</b> 28:4 <b>Diaz</b> 3:9 <b>differed</b> 23:5 <b>different</b> 13:12 24:3 45:17 50:9 53:6 56:5, 7 57:13 <b>difficult</b> 41:16 58:23 60:9 <b>difficulty</b> 23:5 <b>directed</b> 24:24 36:20 <b>direction</b> 31:6 <b>Directive</b> 32:13, 18 33:8, 9, 17, 23 <b>directly</b> 25:7 <b>Director</b> 3:3, 5 6:8 14:2, 6, 23 15:1, 8, 20, 25 16:3, 4, 9 <b>disclose</b> 53:21 <b>discussed</b> 36:3 43:17 <b>discussion</b> 7:2 36:18 45:23 48:12 53:24 58:3 <b>discussions</b> 35:10, 18 <b>disease</b> 5:14 16:25 17:2 18:24 23:20 25:12 27:24 57:2 <b>diseases</b> 6:6 8:23 25:24 <b>divert</b> 36:19 <b>divided</b> 18:4 32:10 43:3 <b>Doctor</b> 4:22 5:2, 4 9:24 60:8 <b>document</b> 7:23 24:13, 16, 19 41:23 42:25 43:1, 11 44:4, 7, 10 <b>documented</b> 39:8</p>	<p><b>documents</b> 19:6 29:15 44:6 45:9 58:7 <b>doing</b> 52:2 <b>Donnelly</b> 8:13 12:5 35:23 <b>downtown</b> 31:11 <b>drive</b> 42:21 43:4 <b>Drummond</b> 2:16 <b>duplication</b> 49:21  &lt; E &gt; <b>earlier</b> 14:7 23:14 28:10 <b>early</b> 22:17 23:9 24:13 40:13 45:20 <b>economic</b> 55:9, 16 <b>economics</b> 47:12 <b>education</b> 18:15, 18 21:10, 13 28:14 <b>effective</b> 13:25 43:8 <b>element</b> 49:23 59:22 <b>elements</b> 19:20 <b>embedded</b> 45:14 <b>Emergency</b> 8:23 16:11, 18, 20, 23 24:6, 22 25:1 48:19 53:10 <b>Emily</b> 14:3 15:25 16:7, 15 <b>employee</b> 32:12 <b>employees</b> 33:11 <b>employers</b> 33:10 <b>enable</b> 19:19 <b>enabling</b> 17:22 19:14 <b>ended</b> 32:24 35:11 <b>engaged</b> 4:24 <b>ensure</b> 41:24 50:17 57:5 <b>ensuring</b> 49:22 <b>Environmental</b> 14:6 30:7 <b>epi</b> 23:25</p>
--	---	--	---	---

**epidemiologic** 42:20 45:17  
**epidemiology** 22:24 56:6, 7  
**Eric** 3:17  
**escalated** 47:1  
**especially** 40:13 41:11  
**essentially** 46:19  
**established** 47:23  
**Europe** 56:5, 9  
**Eva** 10:21  
**evaluation** 26:20  
**eventually** 33:24  
**everybody** 39:16 49:15 59:5  
**evidence** 19:7  
**evolution** 6:25  
**evolved** 35:16 38:19  
**exact** 23:25 46:2  
**exactly** 13:14 54:17 55:14  
**examine** 19:24  
**examined** 51:25  
**example** 18:9 20:13 21:25 25:25 26:19 38:12 40:2 48:6, 11 55:17 57:10  
**examples** 42:9  
**Exchange** 15:8  
**excuse** 7:25  
**executive** 12:22 37:22  
**existing** 27:2  
**expect** 30:11  
**expected** 48:17  
**experience** 4:18 42:15 48:8 55:21  
**expert** 5:20 37:2, 19 38:18  
**expertise** 5:13  
**experts** 19:2 36:3, 5, 20 41:7 47:3  
**explain** 40:3  
**explained** 4:9

46:10 47:5  
**explaining** 4:5  
**explanation** 21:2  
**extent** 4:14 7:1  
  
< F >  
**facilitate** 33:16  
**facilitated** 36:24  
**facilities** 27:11  
**facility** 56:19  
**fact** 40:13  
**factor** 42:11  
**fail** 4:14  
**fall** 8:17 42:18 45:20  
**fast-forward** 46:1  
**February** 22:6, 13  
**federal** 6:13 39:23 40:7, 11  
**Fediurek** 16:17  
**feedback** 47:9  
**feel** 41:5, 20 42:1 58:11 59:7, 22  
**felt** 45:24 47:8 59:25 60:1  
**figure** 9:5  
**final** 19:12 50:11  
**finally** 50:19  
**Financial** 8:4, 6  
**find** 42:25  
**fingers** 50:22  
**finished** 60:5  
**Finley** 3:1  
**flavour** 37:6  
**focus** 22:12, 15, 16, 24  
**follow** 8:16 51:22 57:11  
**foregoing** 62:5, 11  
**form** 18:25 26:14  
**formal** 31:22  
**formed** 13:8  
**formulated** 37:14  
**forth** 62:7  
**fortitude** 60:14  
**fortunate** 48:14  
**forum** 35:18

**forward** 58:12 60:15  
**found** 29:15 33:8  
**frame** 29:14 38:21 44:2  
**Frank** 2:3 4:21 47:15, 21 48:3 53:17 54:15, 20 55:2, 11, 19 56:14, 18 57:21 58:6 59:3 60:4, 7  
**Franklin** 3:7  
**Frantz** 15:1  
**free** 36:14, 17 41:7 42:4  
**freedom** 42:2, 7 52:1  
**frequently** 36:2  
**front** 59:10  
**FTE** 28:1, 5  
**full** 52:2  
**fully** 26:17 41:15, 18 45:6 55:1  
**funding** 51:5 58:13  
  
< G >  
**Games** 25:9, 22  
**gap** 29:8  
**Garber** 9:11, 13 15:18, 24  
**Gary** 9:12 15:18  
**Geiger** 12:7, 20 35:24  
**General** 3:14, 16 4:10 18:13 25:14 41:8 51:1, 2, 4 57:6, 8  
**generally** 22:12, 20 28:13 58:10  
**gift** 48:8  
**give** 4:16 38:20 42:4 48:18 59:8, 20  
**given** 4:10 29:14 43:9 48:11 51:14 53:19  
**giving** 27:17 29:9, 10 53:20

**glad** 33:20  
**globally** 45:18  
**go-forward** 7:5  
**good** 48:7  
**goodness** 31:14  
**governance** 24:20 50:6  
**governed** 17:20  
**governing** 24:7  
**government** 39:23 48:18 50:22 57:15  
**Gowlings** 3:18, 19  
**greater** 44:14  
**ground** 48:21  
**group** 17:13 19:2 27:17 37:18  
**Gubbay** 10:10  
**guess** 25:17 36:16  
**guidance** 19:6 24:18 27:3 30:18 31:12, 13, 18, 19, 25 32:1  
**guidelines** 18:21  
**guiding** 36:7  
  
< H >  
**hand** 19:21  
**happen** 23:3 41:20 42:6 56:11  
**happened** 7:4 16:10 23:8 35:9 40:10, 17, 24 42:18 43:14, 23 46:1, 12 50:23 54:1 56:8  
**happening** 23:10 30:16 55:4  
**hard** 8:20 49:15  
**heads-up** 59:20  
**HEALTH** 2:9, 10 5:8, 9, 11, 14, 17, 24 6:4, 5, 6, 12, 15 7:8, 12, 13, 16 9:3 12:13 16:7, 24 17:1, 8, 12, 24 18:1, 10, 20 19:3, 17 20:1, 14 21:12 24:5 25:16

28:19, 20, 21 29:11 30:6, 7, 12, 13 31:4, 8, 19 32:5, 10 34:8, 9 35:2, 15, 17, 25 36:1, 3, 5, 22 37:9, 10, 11, 12 38:5, 6, 9 39:6, 20 40:16, 21, 22 41:14, 18 42:22 43:5, 11, 15, 23 44:10 45:8 47:13, 22, 24 48:13, 22 49:10 50:13, 14 51:14 52:11, 16, 17, 19, 24 53:20 55:5, 9, 13, 15 56:21 57:13 58:2, 11  
**Health/Chief** 52:19  
**Health's** 48:23  
**hear** 13:20 60:13  
**heard** 9:2 18:2 24:3 28:9 29:3  
**heed** 50:24  
**Held** 1:14  
**help** 4:11  
**helpful** 44:5  
**helps** 60:15  
**hesitate** 59:5  
**hierarchy** 42:3  
**high** 28:5  
**higher** 56:20 57:2  
**highest** 44:14, 22, 23 46:7  
**hit** 4:14  
**home** 33:10 42:11  
**homes** 19:8, 23 21:1, 3, 11 26:11, 19, 23, 25 27:5  
**Honourable** 2:3  
**hoping** 51:7  
**Hopkins** 13:19 15:23 16:3, 8  
**hospitals** 19:9 22:20, 22  
**host** 4:16  
**hours** 49:16

<p><b>houses</b> 18:23 <b>Human</b> 8:6 <b>hygiene</b> 19:21</p> <p>&lt; I &gt; <b>Ida</b> 2:18 <b>idea</b> 13:18 <b>ideally</b> 31:9 <b>identified</b> 23:17 <b>Immunization</b> 5:20 6:9 <b>impacted</b> 59:23 <b>impart</b> 4:13 <b>imperative</b> 48:13 <b>implemented</b> 57:14 <b>implementing</b> 40:14 <b>implications</b> 57:1, 9 <b>important</b> 50:8 60:2, 12 <b>improve</b> 19:24 <b>improvement</b> 40:25 41:4 <b>incidence</b> 43:2, 3 <b>include</b> 9:9 19:10 26:18 30:1 <b>included</b> 28:1 36:5 43:25 <b>including</b> 19:20 24:5 35:21 <b>increase</b> 44:3 45:21, 23 51:5 <b>increased</b> 44:11 45:19 55:24 <b>independence</b> 40:20 <b>independent</b> 40:12, 21 <b>indicating</b> 51:17 <b>indicator</b> 46:18 <b>individual</b> 23:9 27:5 <b>individuals</b> 29:25 49:17 <b>individual's</b> 35:19 <b>Infection</b> 15:14 18:24 19:9, 11 28:1 <b>infections</b> 19:4</p>	<p><b>infectious</b> 16:20, 25 17:2 18:24 25:11 27:24 <b>influence</b> 60:2, 3 <b>influenza</b> 24:4, 15 <b>influenza-like</b> 25:24 <b>information</b> 14:20 20:22 22:2, 23 30:1 35:10, 18 39:10 54:10, 12 <b>initial</b> 56:7 <b>initially</b> 36:19 43:10 45:7 <b>initiative</b> 21:21, 24 <b>injury</b> 28:4 <b>input</b> 30:11 32:19, 20, 22 36:4 <b>inspectors</b> 20:13 27:1 <b>instance</b> 31:20 37:8 <b>instant</b> 49:25 <b>intended</b> 6:15 <b>interest</b> 6:24 41:14 <b>internationally</b> 19:1 <b>intervene</b> 4:23 <b>interviewed</b> 46:8 <b>intimately</b> 40:1 <b>investigation</b> 4:6 <b>involved</b> 25:2 40:3, 19 <b>involvement</b> 6:13 <b>involves</b> 20:3 52:25 <b>IPAC</b> 15:25 16:20 17:2, 8 18:9, 14, 16 19:2, 12, 14, 18, 20, 24 20:13 21:3, 9 22:6, 17 26:13, 23 27:2 28:11 29:23 51:4 <b>issue</b> 27:11, 18 36:21, 22 37:8</p>	<p><b>issued</b> 33:25 34:11 <b>issues</b> 4:14, 17 18:17 25:22 36:2 42:16 <b>item</b> 36:18 <b>iteration</b> 44:15, 24 45:14, 16, 21, 22</p> <p>&lt; J &gt; <b>Jack</b> 2:5 51:12 52:6, 18, 22 53:11, 15 60:23 <b>January</b> 1:16 7:17, 19, 24 13:7 15:22 16:13 22:6, 13 62:16 <b>Jennie</b> 37:20 <b>Jennifer</b> 3:18 10:13 11:8 17:6 <b>Jessica</b> 3:7 13:19 15:23 <b>Jill</b> 16:17 <b>job</b> 40:14 <b>John</b> 2:22 4:3 5:2, 4, 23 6:1, 11, 22 7:7, 15, 20 8:11, 15, 22 9:1, 11, 14, 18, 20, 23 10:2, 5, 9, 12, 17, 21, 23 11:1, 4, 7, 11, 14, 19, 23 12:2, 5, 9, 16, 19, 24 13:3, 9, 16, 23 14:4, 9, 12, 21, 25 15:3, 7, 13 16:10, 19 17:4, 15 18:8 20:5, 10, 17, 24 21:18, 23 22:4, 11, 19 23:2, 13 24:2, 25 25:13, 19, 21 26:3, 7 27:16 28:9, 17 29:2 30:3, 9 31:4 32:8, 23 33:4, 8, 20 34:5, 15, 25 35:3, 6 36:7, 23 38:11, 20 39:11, 18, 22 40:1, 8, 17 41:2 42:8, 14 43:19 44:8, 16, 21</p>	<p>46:19, 24 47:6, 14 48:5, 20 49:2 51:2, 9 57:11, 18, 25 58:5 59:12 60:6, 21 <b>Johnstone</b> 37:21 <b>join</b> 38:25 <b>joining</b> 4:22 <b>Joshua</b> 3:19 <b>Julian</b> 11:16 <b>June</b> 33:5 34:18, 19 38:25 <b>Justice</b> 54:21</p> <p>&lt; K &gt; <b>Karas</b> 10:5, 8 14:3 15:25 16:8, 15 <b>Kate</b> 2:20 <b>Khan</b> 16:18, 23 <b>Kiel</b> 45:10 <b>kind</b> 38:9 43:13 45:13 <b>King</b> 3:18 <b>Kitts</b> 2:5 51:12 52:6, 18, 22 53:11, 15 60:23 <b>Knowledge</b> 15:8 18:21 26:11, 15 27:6 31:23 <b>knowledgeable</b> 40:2 <b>known</b> 57:13 <b>Kong</b> 2:11</p> <p>&lt; L &gt; <b>lab</b> 14:19 23:20 35:25 36:2 <b>Laboratory</b> 14:15 18:6 36:21 <b>labs</b> 23:17 <b>lapses</b> 19:11 <b>largest</b> 42:10 <b>late</b> 45:19 <b>Lead</b> 2:3 3:7 37:22 <b>leadership</b> 58:12, 16, 19 <b>leads</b> 16:16 <b>leave</b> 10:20</p>	<p><b>leaving</b> 7:8 59:13 <b>left</b> 8:4, 8 9:8, 13 10:19 12:13 35:24 <b>leg</b> 52:20 <b>Legal</b> 2:11 3:13, 15 <b>legislation</b> 17:22 <b>length</b> 40:16 41:23 48:15, 16 51:15, 18 <b>Lett</b> 3:3 <b>level</b> 5:10 6:14 25:19 32:2 40:7, 11 44:22, 23 45:25 46:7 49:22 <b>levels</b> 5:9 53:3 <b>LHIN</b> 31:5 32:5 <b>limit</b> 33:11 <b>linkage</b> 31:21 <b>Litsas</b> 15:5 <b>lived</b> 4:18 39:22 40:23 <b>local</b> 19:17 53:2 <b>locations</b> 33:11 <b>lock</b> 45:3 47:18 <b>lockdown</b> 44:18 47:12 <b>logistically</b> 42:5 <b>long</b> 49:16 <b>longer</b> 9:25 11:18 <b>LONG-TERM</b> 1:7 2:17, 18, 20, 22, 24 3:1, 3, 5, 7, 10 19:8, 13, 19, 23 20:4, 7, 13 21:11, 14, 16, 20, 21 22:10, 14, 25 23:4, 10 24:1, 5 26:10, 19, 23, 25 28:2, 21, 22 29:6 30:1, 5, 13 31:3 33:10 42:11 50:19, 20, 23 51:4 55:21, 25 56:3, 19 57:3, 5, 6, 10 <b>looking</b> 37:14 <b>loosening</b> 54:9</p>
---	---	--	--	---

lot 25:7 54:9  
lots 25:23  
loudest 37:3  
Louis 15:5  
lower 46:18  
47:23, 24  
lowered 57:22  
Luner 11:15  
Lynn 2:24

< M >  
made 40:25  
41:5 45:2, 11,  
13 46:25 47:1  
55:3 62:8  
magnitude  
27:11  
Mahoney 2:24  
maintained  
29:20  
makers 57:9  
making 32:10  
52:9  
manager 16:15  
manager's 16:16  
mandate 26:18  
mandates 17:21  
Mann 3:15  
Manson 9:21  
March 9:17  
14:2 15:24  
23:9 24:17  
26:11 27:18  
29:3, 5, 23  
31:10 33:9, 14  
Maric 14:23  
Marrocco 2:3  
4:21 47:15, 21  
48:3 53:17  
54:15, 20 55:2,  
11, 19 56:14, 18  
57:21 58:6  
59:3 60:4, 7  
Martalog 11:16  
masking 27:18  
28:18, 22, 25  
29:4, 5, 16 30:5  
Mathai 3:13  
Matt 38:8  
matter 28:22  
37:2  
McGrann 2:20  
McKeown 37:13  
45:10

means 59:8  
meant 6:19  
Measures 35:2  
36:1 37:9, 10,  
12 42:22 43:5,  
12, 15, 23 44:11  
45:8 57:4 58:2,  
3  
Medical 7:12  
10:20 14:1  
15:20, 25 16:3,  
4, 9 28:20  
29:11 30:12  
31:7, 19 32:9  
34:7, 9 39:19  
40:22 48:23  
52:19 54:23  
medicine 5:12  
MEETING 1:7  
20:3  
member 5:18  
members 45:24  
Mendaglio 10:14  
mentioned 21:8,  
16 27:25 35:5  
MEOC 24:12  
met 4:10  
Michael 3:1  
middle 8:18 9:8  
mid-March 23:8,  
12  
mind 26:12  
Minister 2:16  
38:6 40:4 49:11  
Ministry 3:13,  
15 17:24, 25  
20:7, 12 24:21,  
24 25:2 28:20,  
21 30:13 31:3,  
8 35:17 45:9  
46:3 52:2, 16,  
18 54:13 59:20  
minutes 58:4  
mixing 54:23  
model 52:11, 24  
Modelling 34:19,  
24 42:16  
modules 18:16  
21:10  
modus 4:6  
Moloughney  
9:23 10:4  
month 9:13  
morning 28:10

MOU 17:23  
mouth 37:5  
multidisciplinary  
19:2  
multiple 33:11  
municipal 53:2

< N >  
naive 50:1  
Nancy 15:11  
national 5:10,  
19 6:8  
nature 25:15  
Naylor 40:2  
necessarily  
27:10, 12 31:22,  
24 36:19  
needed 49:14  
needs 41:5, 16,  
20, 22 49:8, 25  
50:5, 17 51:5,  
25 54:7  
NEESONS 62:22  
negotiated 54:5  
negotiation  
54:7, 17  
new 7:16 9:6  
14:23 15:1, 6,  
11, 15 16:12  
38:10 46:17  
49:9, 13, 14, 17  
58:3  
nice 56:10  
nicely 56:10  
night 27:22  
non-disclosures  
43:16  
non-pandemic  
58:20  
normally 54:10  
notes 35:7  
62:12  
notification  
54:11  
notoriety 42:10  
notwithstanding  
45:1  
Nova 7:11, 13  
48:9 60:22  
November  
42:16 46:2, 12,  
16, 21 57:17, 18  
nuanced 55:7  
number 16:24  
17:21 18:12

24:3 32:18, 25  
43:8 46:13  
49:13 54:5  
numbers 50:10

< O >  
observation  
26:9 49:4  
observations  
4:13 6:23 49:3  
obvious 60:9  
occupied 28:2  
occurred 15:22  
October 44:1  
Office 30:21, 22  
31:21 32:3  
36:6 38:1 54:3,  
4  
Officer 2:10, 11  
5:18 7:12 8:4,  
6 12:14 14:16  
28:20 29:11  
30:12 31:7, 19  
32:9 34:7, 9  
39:19 40:22  
48:23 52:19  
official 59:18  
officially 7:17  
37:25  
old 15:13, 18  
48:21  
older 56:13  
ones 44:1  
45:15  
ongoing 56:6  
on-site 18:17  
20:2 21:13  
ONTARIO 2:9  
3:17 5:17, 24  
6:12 7:8, 17  
9:4 17:12  
18:10 20:14  
24:19 25:16  
28:19 38:9  
40:6, 14, 21  
48:9 49:10  
51:14 52:12  
55:5 58:11  
Ontario's 6:15  
17:8 48:22  
52:23  
on-the-ground  
19:15  
openness 52:2

operandi 4:6  
operational 8:5  
Operations 3:5  
8:7 14:15, 22  
15:1  
opinion 26:14  
40:23  
opinions 36:15  
opportunity  
4:16 33:12, 13  
60:20  
opposed 16:19,  
20 37:16  
Order 24:6  
29:17 32:14  
33:24 34:11  
51:22  
org 7:21, 24  
9:6, 21 12:12  
15:5, 13, 16, 18,  
21  
organization  
7:22 14:7  
organizational  
15:22  
organizations  
6:20  
original 24:23  
Originally 14:1  
15:20 35:23  
43:25 44:13  
outbreak 19:25  
23:10, 11 39:5  
49:19 50:2  
outbreaks  
19:16 21:16  
23:9  
outputs 41:21  
overall 49:3  
overarching  
49:4  
overridden  
55:14, 15  
oversight 26:18  
overt 59:21

< P >  
p.m 4:1 61:3  
Palin 3:5  
Pall 11:8, 11  
Palumbo 15:8  
Pan 25:8, 22  
pandemic 18:9,  
12 19:19 20:21,  
25 21:3, 7

<p>22:17 24:4, 8, 14, 15 25:3 28:8 29:1 32:24 38:10 41:11 42:4 48:19 50:2, 8, 15 51:6 53:13 58:17, 21 <b>panel</b> 37:20 38:18 39:1 <b>part</b> 12:16 13:4 19:22 39:5 42:18 48:19 52:7 56:7 <b>partake</b> 21:15 <b>participants</b> 1:15 2:14 <b>particular</b> 50:22 <b>particularly</b> 6:2 42:3 48:18 49:8 53:10 <b>parting</b> 48:8 <b>partners</b> 53:6 <b>partnership</b> 19:17 <b>patients</b> 28:3 <b>pause</b> 43:13 44:16 <b>pay</b> 60:18 <b>peaks</b> 56:11 <b>Peel</b> 13:20 <b>people</b> 4:8 7:21 15:9 23:4 38:15, 18 41:6 59:23 <b>percent</b> 43:7 <b>perception</b> 60:1 <b>period</b> 7:16 15:21 22:15 23:22 29:11 54:11 <b>persistent</b> 19:16 <b>person</b> 16:20 37:3 <b>personal</b> 60:14 <b>personally</b> 47:8 <b>perspective</b> 22:18 23:8 40:13 41:4 47:13 49:20 <b>pertaining</b> 29:15 <b>Peter</b> 8:12 35:23 <b>PHAC</b> 6:6, 20 <b>phase</b> 24:13</p>	<p><b>PHO</b> 5:18 17:19, 23 18:1, 23 19:3, 13 20:3 24:14 25:1 26:22 29:10 31:7, 16, 24 35:20 36:5, 10 37:21 41:5, 6, 7 42:19, 24 44:1 46:20 49:6 52:16 59:18 <b>PHO's</b> 6:19 <b>PHUs</b> 19:10 31:1 <b>physician</b> 5:8 16:15, 17, 18, 23 <b>physicians</b> 16:22, 24, 25 17:1, 2, 3 <b>PIDAC</b> 27:22 <b>PIDAC-IPC</b> 19:1 <b>piece</b> 34:4 <b>Pierre</b> 14:16 <b>pivotal</b> 23:11 <b>place</b> 7:21 12:10 13:5 23:21 62:6 <b>Plan</b> 24:6, 7, 15, 22 <b>planning</b> 24:19 <b>plans</b> 24:4 <b>play</b> 58:12 <b>players</b> 49:7 <b>playing</b> 58:15 <b>plowing</b> 48:21 <b>point</b> 14:15 36:11, 18 39:11 50:22 <b>pointed</b> 25:14 <b>Policy</b> 3:3, 7, 9 17:17 41:15 57:9 <b>political</b> 41:12 42:3 54:24 <b>populate</b> 43:11 <b>population</b> 41:18 <b>populations</b> 56:13 <b>portfolio</b> 16:6, 7, 22 <b>portfolio-wide</b> 16:6</p>	<p><b>position</b> 6:12 11:25 12:1 13:8, 25 15:19 16:5 20:23 38:10 <b>positions</b> 49:14 <b>positivity</b> 43:7 <b>post</b> 41:9 48:17 52:1, 4 54:2, 6, 9, 12, 18 <b>potentially</b> 41:12 <b>PowerPoint</b> 45:13 <b>PPE</b> 26:13 29:24 30:7 <b>practice</b> 18:20 19:5, 14 21:14, 15 <b>practices</b> 18:22 27:2 <b>pre-COVID</b> 28:1 53:12 54:6 <b>pre-dated</b> 53:23 <b>Premier</b> 39:12 <b>pre-pandemic</b> 17:7 20:8 22:17 24:11 30:20 31:2 <b>prepare</b> 29:15 <b>prepared</b> 50:18 <b>Preparedness</b> 8:23 16:11 22:7 25:1 26:19 42:19 <b>preparing</b> 25:8 27:22 <b>PRESENT</b> 3:12 <b>presented</b> 43:24 <b>PRESENTERS</b> 2:7 <b>President</b> 8:13, 17 13:2 <b>press</b> 46:4, 6 <b>pretty</b> 56:2 <b>Prevention</b> 15:14 18:25 19:3, 9 <b>preventive</b> 5:12 <b>previous</b> 12:22 18:2 48:12 <b>previously</b> 27:25 <b>primary</b> 18:5 <b>principles</b> 36:8 <b>prior</b> 6:2 18:8, 11 19:19 20:20,</p>	<p>24 21:3, 4, 7 54:1 <b>private</b> 14:19 <b>privilege</b> 43:20, 21 <b>proactive</b> 21:20 <b>proactively</b> 30:15 <b>proceedings</b> 62:5 <b>process</b> 54:1 <b>Proctor</b> 10:21 <b>professional</b> 18:15 21:10 36:22 <b>professionals</b> 28:2 <b>program</b> 19:20 <b>programs</b> 19:24 <b>progressed</b> 49:13 50:9 <b>projections</b> 46:13, 14 <b>pronounce</b> 9:24 10:2 <b>proposed</b> 13:11 <b>Protection</b> 2:10 5:18 12:14 16:7 <b>provide</b> 19:7 21:17 23:14 30:6 31:5 36:10, 17 37:15 42:19 46:9 48:6 <b>provided</b> 19:23 20:2 32:22 42:23, 24 46:10, 11 54:3 <b>providers</b> 21:12 <b>provides</b> 5:20 <b>providing</b> 31:12 37:16 <b>province</b> 18:3 22:7 27:15 29:7 31:15 32:1, 15 34:10 40:6, 10 44:19 48:15 <b>provinces</b> 42:6 <b>Provincial</b> 18:23 25:19, 24 26:4 27:24 32:2 53:2 <b>provisions</b> 44:18</p>	<p><b>PUBLIC</b> 2:9 5:8, 9, 11, 14, 16, 24 6:5, 12, 15 7:8, 11, 16 9:3 16:24 17:1, 8, 12 18:10 19:17 20:1, 14 25:16 28:19 31:4 32:5 35:2, 25 36:1, 3, 5, 22 37:9, 10, 12 39:6 40:16, 20 41:9, 14 42:22 43:5, 11, 15, 23 44:10 45:8 47:13, 22, 24 48:13, 22 50:12, 14 51:13 52:11, 16, 23 53:20 55:5, 9, 13, 15 56:21, 23 57:8, 13 58:2, 11 <b>publicly</b> 46:5 51:23 <b>pulled</b> 8:2 <b>pursuit</b> 58:7 <b>put</b> 9:6 17:5, 10 37:5 58:23 60:10  &lt; Q &gt; <b>question</b> 25:7 27:21 28:18 29:17 59:13 <b>questions</b> 4:11, 23 20:19 23:3 53:18 <b>quick</b> 45:3 <b>quickly</b> 54:13 <b>quite</b> 54:12  &lt; R &gt; <b>raised</b> 55:17 <b>random</b> 27:12, 13 <b>range</b> 4:17 <b>Rapid</b> 33:4 34:18 <b>reach</b> 47:18 <b>reached</b> 49:24 50:4 <b>read</b> 33:1 36:8 53:3 <b>ready</b> 5:1, 2</p>
--	--	--	--	---

**realized** 23:4  
28:7  
**really** 18:4  
26:20 28:7  
48:11 50:7, 24  
51:8, 17 52:8  
58:24  
**reason** 53:19  
**recall** 14:19  
20:17 23:24  
25:25 27:17  
32:12, 15 55:1  
**received** 45:9  
**recognize** 25:21  
**recognized** 19:1  
**recollection**  
25:17  
**recommend**  
51:8  
**recommendation**  
27:23, 25 34:8  
40:20 45:1  
46:20 47:2  
52:7 57:14  
**recommendation**  
**s** 29:24 39:8  
40:12 45:7  
48:7, 22 50:25  
51:1  
**recommended**  
29:4, 5 39:6  
44:1, 13, 21  
45:12, 15 47:24  
**recommending**  
39:2 56:21  
**record** 10:3  
**recorded** 62:9  
**records** 25:9,  
10 29:21 32:21  
46:3  
**reduce** 49:21  
**reference** 37:15  
**referring** 24:14  
52:15 56:23  
57:7  
**reflect** 50:12  
**regard** 30:9  
**regarding** 48:22  
**Region** 13:21  
29:4 31:6  
**regular** 58:16,  
19  
**related** 35:19  
**relates** 17:8  
22:6, 10 26:12

**relationship**  
17:25  
**relative** 42:2  
**relatively** 39:1  
45:24  
**released** 31:25  
33:9 46:18  
**relying** 27:7  
**remarkably** 23:6  
**remarks** 62:8  
**remember**  
13:13 28:18  
**remotely** 1:15  
**Rena** 14:5, 8  
**re-organization**  
12:17 13:5, 10  
**repeated** 50:25  
**report** 20:21  
37:24 40:2  
54:22  
**reported** 38:1  
**Reporter** 62:4  
**REPORTER'S**  
62:1  
**reporting** 23:23,  
25  
**reports** 24:1  
**representative**  
27:10, 14  
**reprimand** 59:15  
**reprisal** 59:15  
**reproductive**  
43:8  
**reps** 35:20  
**request** 18:18  
20:16 21:13  
30:11, 21, 23, 24  
54:3  
**requested** 32:2,  
3, 6  
**requests** 30:16,  
20 31:1, 3  
**require** 33:23  
34:4  
**required** 21:23  
34:6 38:15, 18  
**requirement**  
22:2 29:6  
31:22 33:25  
34:10, 11  
**requiring** 33:10  
**requisite** 26:11,  
15  
**Research** 6:9

**Resources** 8:7  
19:18  
**resourcing**  
58:14  
**respect** 23:16  
32:8  
**respiratory** 6:5  
**respond** 30:23  
**responding**  
19:10 30:15, 19  
59:19  
**Response** 8:24  
16:12 18:4  
19:16 24:6, 22,  
23 33:5 34:18  
42:23, 24 49:8,  
12, 19 59:21  
**responsibilities**  
16:13 49:7, 18,  
20 50:7  
**responsible**  
25:1  
**result** 6:21  
21:24 37:24  
**returned** 31:7  
**review** 29:18  
32:1, 4, 6, 7  
33:12, 14, 18  
**reviewed** 31:23  
**revised** 46:17  
**RN** 28:14  
**Rokosh** 3:5  
**role** 5:16 6:15,  
19 7:16 8:4  
15:15 16:11  
17:8, 16 18:10,  
13 21:19, 20  
39:19 48:23, 24  
49:9, 10 58:12,  
15  
**roles** 18:12  
49:6, 17, 20  
50:6 58:19  
**rolled** 31:13  
**room** 37:4  
**Roopa** 3:15  
**routinely** 31:2  
**RPR** 62:3, 23  
**rules** 51:22  
**< S >**  
**sample** 27:12,  
13  
**Santedicola**  
3:20 62:3, 23

**SARS** 6:2, 4, 14,  
21 7:1 39:23,  
24 40:19 41:21  
54:22  
**sat** 35:20 36:3  
**Schwartz** 8:16  
35:22  
**science** 5:15  
36:2 41:17  
46:15, 20  
**scientific** 18:6  
19:7 29:19  
30:22 36:8, 9  
41:8 42:4, 23  
48:17 52:4  
**scientists** 45:3  
47:2  
**scope** 27:10  
**Scotia** 7:11, 14  
48:9 60:22  
**screen** 17:5  
**secondment**  
11:22  
**Secretariat** 2:17,  
19, 21, 23, 25  
3:2, 4, 6, 8, 10  
**Secretary** 2:12  
**seeking** 19:24  
**self-**  
**assessments**  
19:14  
**self-explanatory**  
17:1  
**Senior** 3:9 6:12  
**sense** 55:20  
60:11  
**separate** 30:6  
44:4, 7, 10  
**September**  
42:18, 24 43:9  
44:13 45:12  
46:11  
**service** 30:8  
**set** 24:22  
56:20 62:6  
**sets** 17:24  
**setting** 22:18  
23:23 24:1  
**settings** 28:6  
**share** 36:14  
41:7, 23  
**shared** 52:25  
53:5, 13  
**sharing** 35:18

**Shelley** 2:10  
4:4 5:3, 7, 25  
6:3, 18 7:6, 10,  
19 8:9, 14, 20,  
25 9:10, 12, 16,  
19, 22, 25 10:4,  
7, 11, 16, 19, 22,  
25 11:3, 5, 10,  
13, 17, 21, 25  
12:4, 7, 15, 18,  
21 13:1, 6, 13,  
22, 24 14:8, 11,  
18, 24 15:2, 6,  
10, 17 16:14, 21  
17:14, 19 18:11  
20:9, 15, 19  
21:6, 22 22:1, 9,  
16, 21 23:7, 19  
24:10 25:4, 18,  
20 26:2, 6, 16  
27:20 28:16, 24  
29:12 30:4, 17  
31:17 32:17  
33:3, 7 34:3, 13,  
22 35:1, 4, 12  
36:12 37:7  
38:16, 23 39:17,  
21, 25 40:5, 9  
41:1, 3 42:13,  
17 43:22 44:9,  
20 45:5 46:23  
47:4, 7, 20 48:1,  
10 49:1, 5 51:3,  
20 52:14, 21  
53:9, 14, 23  
54:19, 25 55:6,  
18, 22 56:16, 25  
57:16, 20, 23  
58:1, 18 59:11,  
17 60:19  
**shift** 22:25  
**shifted** 22:25  
**Shoemaker** 3:19  
**short** 18:25  
**Shorthand** 62:4,  
12  
**show** 7:20, 22  
**showed** 56:5, 10  
**shown** 13:8  
52:11  
**shutdown** 55:16  
56:22  
**side** 8:5, 7, 10,  
11 46:20

<b>significantly</b> 47:23, 24	18:20	<b>Table</b> 33:1, 5	<b>thresholds</b> 42:20 43:2, 3, 4, 6, 8, 10, 24	<b>typically</b> 31:18 55:22
<b>similar</b> 49:6	<b>stand</b> 53:12	34:17, 18, 19, 20,	44:11, 17 45:11, 12 46:5, 6, 17, 18 57:15	<b>&lt; U &gt;</b>
<b>simulations</b> 25:3, 5, 8, 12, 23	<b>standing</b> 37:10	24 35:2, 10, 13, 14, 15 36:14	<b>time</b> 4:7, 15	<b>Uhm-hmm</b> 53:14 55:18
<b>single</b> 32:11 34:6	<b>Star</b> 46:8 59:19	37:9, 11, 13, 16	8:21 13:10, 12, 15 15:21 20:18, 20 23:22 24:25	<b>uncomfortable</b> 55:4
<b>site</b> 32:11 34:6	<b>start</b> 4:20	38:4, 5, 13, 14, 17, 22, 24, 25	29:14 36:18	<b>underfunded</b> 50:13, 21
<b>sitting</b> 32:24	50:24 56:1, 12	43:12, 15, 23	38:19, 21 39:12	<b>understand</b> 20:11 47:11, 16
<b>situation</b> 19:25	15:23 23:25	44:11 45:8, 24	40:4 44:2	<b>understanding</b> 6:25 17:18
27:14 37:3	44:3	46:15 58:2	50:14 58:20, 21	24:11, 12 34:1, 2, 14 49:23
38:8 45:18	<b>state</b> 22:5	<b>tables</b> 32:25	62:6, 8	54:18
<b>slide</b> 4:9 11:14	<b>Stenographer/Tra</b>	34:16 35:8	<b>times</b> 46:21	<b>understood</b> 53:21 55:13
52:11, 15	<b>nscriptionist</b>	36:4, 24 37:23, 25 59:24	47:2 54:5	<b>unfortunately</b> 26:17 29:14
<b>slightly</b> 44:12	3:20	<b>talk</b> 22:12 42:8	<b>timing</b> 13:14	<b>unique</b> 52:24
<b>small</b> 20:3	62:9	43:18	<b>Tina</b> 11:19	<b>Unit</b> 20:1 31:5 32:5
<b>society</b> 50:15	<b>stewardship</b>	<b>talking</b> 28:11, 12 34:4 44:17	<b>title</b> 8:17	<b>Units</b> 19:17 39:6 52:16
<b>somebody</b> 28:12 31:14	19:21	<b>Tamburri</b> 11:1	<b>today</b> 6:23 7:2, 8 29:3	<b>universal</b> 29:4, 5, 16 30:5 39:12
<b>sorry</b> 8:22 9:24	<b>stick</b> 21:4	<b>team</b> 20:3	<b>told</b> 23:13	<b>updated</b> 29:23
10:14 11:7	<b>stockpile</b> 26:4, 5	<b>technical</b> 18:7	33:23 34:7 59:5	<b>&lt; V &gt;</b>
18:22 33:8	<b>stool</b> 52:13	19:7 29:19, 22	<b>top</b> 8:4	<b>vaccine</b> 5:15, 21
34:3, 15, 25	<b>Strategy</b> 34:19	30:23 41:8	<b>topical</b> 18:17	<b>validate</b> 25:11
45:19 48:4	37:18 39:1	42:5, 20, 24	<b>Toronto</b> 29:4	<b>validated</b> 24:21
50:19 51:3	<b>stricter</b> 57:4	48:17 52:4	31:6, 10, 11, 12, 20 46:8 59:19	<b>Vanessa</b> 35:21
59:17 60:3, 10	<b>strongly</b> 42:1 51:8	<b>telephone</b> 19:22	<b>touched</b> 51:6	<b>various</b> 18:20 29:13 32:25
<b>sort</b> 4:10, 24	<b>structure</b> 24:23	<b>tend</b> 4:24	<b>train</b> 20:15	39:7 41:21
17:15 23:4	37:25 38:3	<b>tensions</b> 41:11	<b>training</b> 18:16, 18 20:11 21:9, 13	42:22 43:1, 24, 25 49:7 59:24
26:13 32:9, 11	<b>subject</b> 37:2	47:12	<b>transcribed</b> 33:22 62:10	<b>vented</b> 28:3
42:9 48:6	<b>subsequently</b>	<b>terms</b> 17:5, 7	<b>transcript</b> 62:12	<b>VERITEXT</b> 62:22
<b>sound</b> 33:5	35:22	25:23 29:12	<b>translates</b> 55:24	<b>version</b> 45:11
<b>source</b> 31:18	<b>successful</b> 16:4	30:19 35:9, 14	<b>transmission</b> 55:23, 24	<b>versions</b> 32:18, 19, 20 33:17
<b>sources</b> 50:9	<b>suggesting</b> 36:9	36:24 37:14	<b>transparency</b> 41:25	<b>versus</b> 41:13 47:12
<b>speak</b> 26:17	<b>suggestion</b>	39:2 50:23	<b>transparent</b> 39:14 48:14	<b>Vice</b> 5:22 8:17 38:7
52:5	32:14 33:24	58:16	49:25 51:15, 18 55:8	<b>Videoconferenci</b> <b>ng</b> 1:14
<b>speaking</b> 57:7	<b>summer</b> 14:1	<b>test</b> 39:16	<b>transcribed</b> 33:22 62:10	<b>videos</b> 18:17
59:15 60:1	<b>Sunil</b> 3:13	<b>testing</b> 18:6	<b>transcript</b> 62:12	<b>view</b> 26:10 38:14, 17, 22 40:18
<b>specialist</b> 28:11	<b>support</b> 18:7	23:17 34:18	<b>translates</b> 55:24	
<b>specific</b> 5:13	19:8, 23 21:17	37:20 38:13, 14, 15, 16, 17, 19, 22, 24, 25 39:1, 3, 12, 15 43:6	<b>transmission</b> 55:23, 24	
14:19 18:13	<b>supporting</b> 18:3	<b>thanks</b> 4:22	<b>transparency</b> 41:25	
25:11 30:1	<b>supportive</b>	<b>thing</b> 4:25	<b>transparent</b> 39:14 48:14	
36:21 52:15	59:19	27:21 32:24	49:25 51:15, 18 55:8	
53:24	<b>supports</b> 19:13	37:4 50:11	<b>true</b> 62:11	
<b>specifically</b>	<b>supposed</b> 36:10	<b>things</b> 6:16, 23, 25 9:2, 5 41:17	<b>trust</b> 59:23	
24:18 39:5 55:1	<b>Surveillance</b>	54:22 58:13, 24	<b>trying</b> 37:5	
<b>spinal</b> 28:4	6:8, 9 7:12	<b>thorough</b> 36:16	42:25 56:23	
<b>spirit</b> 41:21	18:5 23:16, 20, 21 34:20 37:18	<b>three-legged</b> 52:13	<b>turned</b> 26:12	
<b>spoken</b> 58:20	<b>suspect</b> 29:25	<b>threshold</b> 43:7	<b>type</b> 30:7 37:4	
<b>spread</b> 56:13	<b>sustained</b> 19:25	47:18, 22, 25	<b>types</b> 16:22	
57:5	<b>Sydney</b> 6:9	55:17	42:22	
<b>staff</b> 19:10	<b>synthesis</b> 18:21			
<b>stakeholder</b>	<b>system</b> 5:9			
30:25	<b>&lt; T &gt;</b>			
<b>stakeholders</b>				



**views** 4:16  
48:24

**visit** 20:1, 2

**visitors** 30:8

**voice** 40:21

41:5

**< W >**

**Wagner** 3:17

**walk** 4:11

**Walker** 6:17

**wanted** 25:15

**watching** 60:9

**wave** 26:24

56:4, 5, 17

**waved** 54:11

**ways** 58:10

**webinar** 28:12

**webinars** 18:17

**website** 41:9

**week** 44:15

**weekly** 43:2, 3

**weeks** 45:16

52:10 56:12

**Wellness** 7:13

**Williams** 30:22

38:3

**wish** 4:19

**wishes** 60:21

**witness** 28:10

**word** 56:10

**words** 36:25

37:5

**work** 6:23 18:3

33:10, 11 34:6

56:4

**worked** 5:8

35:9

**worker** 30:6, 7, 8

**Working** 37:18

49:15

**wrong** 49:15

**wrote** 54:22

**< Y >**

**Yaffe** 37:19

**Yasmin** 16:18

**yeah** 14:13

16:21 24:23

25:20 33:7

37:7 44:9

**year** 7:18 9:15

27:19

**yesterday** 59:5

**younger** 56:8,  
11

**< Z >**

**Zoom** 1:14