

Long Term Care Covid-19 Commission Mtg.

Meeting with Department of National Defence /
Government of Canada
on Friday, October 16, 2020



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7	MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION
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14	--- Held Virtually via Zoom, with all participants
15	attending remotely, on the 16th day of October,
16	2020, 10:00 a.m. to 12:27 p.m.
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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

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7 PRESENTERS:

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9 Brigadier-General Conrad Mialkowski, Commander

10 Joint Task Force Central, Department of National

11 Defence

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13 OBSERVERS:

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15 Colonel Ryan Smith, Chief of Staff, 4 Division,

16 Department of National Defence

17 Lieutenant Commander Robyn Barnet, Legal Advisor,

18 Department of National Defence

19 Major Sonia Connock, Public Affairs Officer,

20 Department of National Defence

21 Major Sasha Paul, Executive Assistant to Commander

22 Mialkowski

23 Robert Abramowitz, Counsel, Department of Justice

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1 PARTICIPANTS:

2

3 Alison Drummond, Assistant Deputy Minister,

4 Long-Term Care Commission Secretariat

5 John Callaghan, Counsel, Long-Term Care Commission

6 Secretariat

7 Derek Lett, Policy Director, Long-Term Care

8 Commission Secretariat

9 Dawn Palin Rokosh, Director, Operations, Long-Term

10 Care Commission Secretariat

11 Lynn Mahoney, Counsel, Long-Term Care Commission

12 Secretariat

13 Jessica Franklin, Policy Lead of the Long-Term Care

14 Commission

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17 ALSO PRESENT:

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19 Olivia Arnaud, Stenographer/Transcriptionist

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1 -- Upon commencing at 9:59 a.m. --

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3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Thank you for coming. We find ourselves in a funny
5 sort of space as a Commission. So let me just sort
6 of set the stage for you to start.

7 Typically, commissions are called into
8 existence, as you probably know, after something
9 has happened, and they look back at it, and they
10 try to explain to people and the public, usually,
11 what took place and why.

12 We're different because the pandemic is
13 not over. And so we've been called into existence
14 in the middle of something. So we've concluded
15 amongst the three of us that we should try to make
16 some -- we'll probably in the form of a letter, but
17 a brief response and an immediate response to the
18 Minister.

19 Typically, a commission in the
20 traditional sense would investigate, hold hearings,
21 write a report. This process can take a couple of
22 years. That seemed to us to be rather secondary to
23 try to lend our voice to some recommendations that
24 hopefully are -- can be implemented more
25 immediately. And whether we're the first to

1 articulate them or not doesn't really matter.
2 Maybe just lending our voice to something somebody
3 has said is helpful.

4 And so we would be -- apart from your
5 experiences, any thoughts that you felt that you
6 could properly share with us as to what could be
7 done immediately, we would be more than willing to
8 receive. I appreciate the nature of that in all of
9 its ramifications, Brigadier, but I just thought
10 I'd tell you where we're coming from.

11 We have a transcript; we have a
12 reporter, and we have -- we will eventually, within
13 a few days, put the transcript on our website.

14 So it's our attempt to try to make sure
15 that people can follow what we're doing and to lend
16 as much transparency to what we're doing, as we're
17 able to, given the speed with which we would like
18 to turn around some remarks, thoughts to the
19 Minister.

20 So with that, the other thing I guess
21 I'd tell you is I think we're here for a couple
22 of -- I think it's 10 to 12, if I'm not mistaken.
23 So we'll break any time around 11:15 or so, if you
24 let me know in terms -- if you're speaking, where
25 you find it convenient; if not, we'll just break

1 around then for ten minutes or so.

2 So with that, I guess, lengthy
3 introduction, we're ready when you are.

4 BRIGADIER-GENERAL MIALKOWSKI: Well,
5 thank you, sir. And if I could just perhaps kind
6 of identify -- certainly on behalf of our Chief of
7 the Defence Staff, General Jonathan Vance, and our
8 Deputy Minister of the National Defence,
9 Jody Thomas, thank you for the opportunity to come
10 before your Commission and have an opportunity to
11 give sort of a bit of an aperçu of what we were
12 involved in for 67 days inside, you know, seven
13 long-term care facilities within -- in essentially
14 the Toronto Area, as a request of the Province of
15 Ontario.

16 I would kind of state upfront that I am
17 certainly more than capable of speaking to
18 everything associated with the military support
19 provided to both Ontario Health and Long-Term Care,
20 but I am no means a medical expert. My background
21 is sort of a very traditional sort of Army
22 background in terms of I am the commander of what
23 we term Joint Task Force Central.

24 And that body, just to provide a bit of
25 background, is a domestic response body that is

1 comprised of the Canadian Armed Forces military
2 units within the province of Ontario.

3 Typically in a day-to-day fashion, that
4 is not my purview. My strict day-to-day job is to
5 be the Commander of the 4th Canadian Division, or
6 in essence, the Army units that are garrisoned and
7 do activities within the province of Ontario.

8 But whenever we have a domestic
9 operation within the province of Ontario, I put on
10 a different hat and respond to a different chain of
11 command -- and I'll explain a bit of that in the
12 presentation -- and in so doing, take on additional
13 responsibilities.

14 Primarily, they're a liaison with the
15 Province of Ontario, and quite intuitively, it's
16 command of those units that are apportioned to that
17 activity by both the Chief of the Defence Staff in
18 Ottawa as well as our Commander, Canadian Joint
19 Operations Command, who is in fact the commander
20 that I report to for any type of domestic
21 operation.

22 And in order to kind of give a bit of
23 perspective, my normal job as Commander, 4th
24 Canadian Division, that's roughly 15,000 men and
25 women and defence civilians across the entirety of

1 the province of Ontario.

2 But when it flips over to Joint Task
3 Force Central, it is anyone within the confines of
4 the province of Ontario, and that's roughly 40,000
5 folks. But just to put a bit of an expectation on
6 40,000 people, that's inclusive of other folks that
7 are housed and garrisoned within Ontario to include
8 the National Capital Region.

9 And I wouldn't make any sort of
10 assumption that a number of those headquarters
11 folks, some of them outrank me by considerable
12 margin. I don't have, sort of, command authority
13 over them other than sort of in terms of, like, a
14 force protection type of idea.

15 Typically, what would happen is within
16 that cadre of 40,000 people, we would generate
17 specific capabilities and then apply that to
18 whatever the request from the Province of Ontario.
19 And that's what we did in this case.

20 And in fact, previous to that, in
21 partnership with the Ministry of Health, we had
22 also done Operation GLOBE, which was the assisted
23 return of Canadians through Trenton and Cornwall,
24 Ontario, as they returned from various cruise ships
25 starting in February and ending sort of mid-March

1 to early April.

2 I would also like to just underscore,
3 it terms of it's the intent obviously of General
4 Vance and Deputy Minister Thomas that everyone in
5 uniform as well as defence civilians give full
6 coordination to your Commission. We certainly do
7 so voluntary, and we welcome any opportunity.

8 And as I said, as I'm not a medical
9 expert, I would certainly -- you know, within the
10 purview of your Commission, if you feel through our
11 exchange today that you would like to get some of
12 our military medical expertise, they are certainly
13 prepared and ready to come by at a future
14 appearance, if that suits the sort of direction and
15 the line of inquiry that you get from our exchange
16 today.

17 And if it doesn't happen today, in the
18 future, we're certainly standing by to have any
19 type of response that we can come and appear before
20 your Commission, and this also includes documentary
21 evidence. Of course, we have this presentation,
22 but we do also have a series of letter exchanges
23 that were executed between ministers, as well as at
24 the deputy minister level for the Province of
25 Ontario and my office and a few of the staff

1 exchanges that kind of document this whole thing.

2 And I'm not sure if that's of
3 particular value to the Commission, but we can
4 certainly provide that to you.

5 What I would also just --

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Well, let me answer that --

8 BRIGADIER-GENERAL MIALKOWSKI: Yes,
9 sir.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 -- before we go any further. All of that, the
12 documents and experts, will be particularly helpful
13 to us as time goes on, and we will certainly take
14 the Canadian Forces up on the offer that you've
15 made. And we really do appreciate it. It will be
16 a big help to us.

17 And the other thing: I'm calling you
18 "Brigadier." What's the appropriate way for me to
19 refer to you?

20 BRIGADIER-GENERAL MIALKOWSKI: So, sir,
21 that's appropriate. You can call me "Brigadier,"
22 "Brigadier-General." Colloquially, we can be
23 addressed as "General," although if you would, I'm
24 kind of the lowest grade of general out there, and
25 when you address "General," it's usually sort of

1 the top grade of general. But sort of in informal
2 means, we're all sort of just described as
3 "General."

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 All right.

6 BRIGADIER-GENERAL MIALKOWSKI:
7 Brigadier is from our British tradition, although
8 it is less and less used today, but I am certainly
9 open to that, sir.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 All right. Well, then, Brigadier, the only other
12 thing I would say is we've tended to ask questions
13 as we go along rather than trying to go back, so if
14 you don't mind, if we interrupt from time to time
15 with a question, that would facilitate us in making
16 sure we understand what you're saying.

17 BRIGADIER-GENERAL MIALKOWSKI: That's
18 absolutely perfect, sir. It also gives me a chance
19 to catch my breath, to be quite honest. And I do
20 apologize. I tend to offer a lot in sort of single
21 sentences, so please bear with me in my
22 presentation style.

23 One other thing that I would like to
24 just comment on before getting into the
25 presentation, if I could, is to give you visibility

1 on a couple of other activities that are proceeding
2 on the federal level that are similar in nature but
3 obviously not with the same terms of reference of
4 your Commission.

5 And the first one is the House Standing
6 Committee on Health, which is a House of Commons
7 committee, Parliamentary committee. Before
8 prorogation, it had passed a motion to produce
9 papers, and in that motion to produce papers, it
10 was requesting, among others, the Department of
11 National Defence and Canadian Armed Forces to
12 provide documents that were relevant to the
13 employment of Canadian Armed Forces within
14 long-term care homes in Ontario.

15 We conducted that even with
16 prorogation, which meant that that motion died on
17 committee floor. Since that time, the committee
18 has reconvened. Last Friday, it passed that motion
19 once again to provide -- or to have those documents
20 furnished to the committee, and we expect in the
21 next week or two the committee will make that
22 request of the Department of National Defence.

23 That body of documents is roughly
24 14,000 pages, and obviously, when it goes towards
25 the House Standing Committee on Health, when the

1 Secretariat and that committee reviews those
2 documents, they will then post that on the
3 Parliamentary website, so that it will have public
4 access, and I expect the window for that would be
5 probably within about two weeks, although, of
6 course, that is moderated by the activity of that
7 committee. That's sort of the first committee.

8 The second committee is one we're more
9 familiar with in uniform, and that is the Standing
10 Committee on National Defence, and that committee
11 has indicated that it too is interested in the
12 Canadian Armed Forces employment in long-term care
13 facilities in Ontario.

14 And while we haven't seen any motions
15 come from it yet, we believe that we will see
16 appearances by a number of folks in uniform on the
17 same sort of activities. And I just raise this so
18 you have an understanding of some of the other sort
19 of parallel activities.

20 Obviously, different focus in terms of
21 those Parliamentary committees and your Commission.
22 But there may be opportunities where some of that
23 documentation may be of value to your Commission.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 So the 14,000 documents that are going to go, you

1 expect, all things follow along the way they
2 normally do, be available within a couple of weeks,
3 if I understood you correctly, we would be able,
4 then, to simply access those online?

5 BRIGADIER-GENERAL MIALKOWSKI: That
6 would be one possible venue. The other one is we
7 could certainly provide you the same body of
8 documentation, I believe.

9 The issue with that may be a question
10 of volume, but I leave that to your decision-making
11 and, of course, the Secretariat's capabilities to
12 support you in reviewing such documentation.

13 It will encompass everything from sort
14 of strategic-level exchanges of letters down to the
15 email exchanges of people working inside the
16 facilities as part of their sort of daily
17 interactions. So it's a large body of
18 documentation.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 We have electronic document management capability,
21 and so, then, assuming that you have permission to
22 provide them, we would be interested in receiving
23 them. And we will make arrangements through the
24 executive director and through our counsel to find
25 a convenient way for that to happen, if that seems

1 reasonable to you.

2 BRIGADIER-GENERAL MIALKOWSKI: It
3 certainly does, sir, and we'll -- I'll definitely
4 make note of that, and perhaps at the back end of
5 our interaction today, just make sure I recap some
6 of these items that we kind of take on notice, if
7 you will, for further action.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 That's good for both of us, for all of us, I think.

10 BRIGADIER-GENERAL MIALKOWSKI: Yes,
11 sir. So I'm prepared to get into the presentation,
12 and as you recommend, certainly, just use as a
13 framework for discussion and an opportunity to
14 provide a bit of a structure to the conversation.

15 And, of course, I'm prepared to go in
16 any direction that interests any of you at any
17 time.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Well, we're ready to go, and it seems on my second
20 screen here, I have the presentation, I think. So
21 I don't know if I do, but we're ready, anyway.

22 BRIGADIER-GENERAL MIALKOWSKI: Okay,
23 okay. The title slide says "Support to Ontario
24 Long-Term Care" --

25 COMMISSIONER FRANK MARROCCO (CHAIR): I

1 have it. We have it.

2 BRIGADIER-GENERAL MIALKOWSKI: Okay.
3 Perfect. So I'll go to the first slide after the
4 title slide. It's just the agenda. And I realize,
5 in some ways, part of the process here is to
6 provide a bit of a milestone in appearing before
7 committee.

8 So we structured this with that in mind
9 to not only be the basis of our discussion but,
10 equally, be a marker for the public to be able to
11 see what it was that was presented to you this
12 morning.

13 So in essence, that is just the flow of
14 what we're looking at, with a focus on what I
15 understood to be how was it that the Canadian Armed
16 Forces got to be employed within the long-term care
17 homes, what did you observe, and the manner in
18 which we withdrew.

19 And drawing from that, perhaps we can
20 explore some of the other aspects of what the
21 Commission is interested in, particularly in our
22 employment.

23 We'll just go to the next slide, title,
24 "Military Support to Provincial Response for
25 Long-Term Care Facilities."

1 So in this one, I would just like to
2 point out, starting with the sort of first point,
3 the Joint Task Force Central, that organization,
4 responsible through me, we collaborated with the
5 Ministry of Long-Term Care in partnership with the
6 Ministry of Health and Ontario Health to provide
7 that temporary support at long-term care homes
8 facing this unprecedented challenge from COVID-19.

9 And the Canadian Armed Forces members,
10 we worked collaboratively with civilian partners,
11 helping to stabilize the situation. The key part
12 there is that collaboration, and we were always in
13 a supporting fashion present because of a request
14 from the Province of Ontario.

15 That assistance was unique to our
16 domestic operations history and demonstrated our
17 own agility how to face this challenge, i.e.,
18 Canadians, and really, part of the key to success
19 that we feel was we come as a discipline force
20 again any problem set that we approach, whether
21 it's here in Canada or abroad, which allows us to
22 adapt to the nature of the challenge that was
23 presented to us.

24 And in this particular case, we felt
25 that that was one of the defining features of our

1 support to the Province of Ontario during our
2 employment earlier this year.

3 So we worked in concert with the
4 frontline healthcare workers, and they were key to
5 the stabilization in the long-term care facilities.
6 It wasn't solely Canadian Armed Forces personnel.

7 We were sort of an added value to the
8 homes we were applied, because of course, across
9 the hundreds of long-term care facilities and, at
10 times, up to 200 in the province of Ontario that
11 were in, you know, a crisis mode during this period
12 of time, I would underscore that we were only in
13 five homes, present in the total of seven, but at
14 any one time in five homes.

15 And that is, you know, by comparative
16 value, a small percentage of the total problem that
17 Ontario faced and overcame at the time.

18 And, again, the value of our ability to
19 rapidly deploy and be employed is because we have a
20 long-standing, professional working relationship
21 with key partners in the Province of Ontario in
22 their Emergency Management structure.

23 And we're, of course, that agile and
24 adaptable force that can kind of be tailored to be
25 able to respond to the demands of the Province.

1 While all this of course happened earlier in the
2 year, we remained committed to being in a
3 high-readiness state to be ready to provide to
4 provincial partners.

5 And typically, that type of domestic
6 response capability, we normally line up against
7 problems to include forest fires, floodings, Ground
8 Search and Rescue in isolated communities,
9 particularly with our Canadian Ranger presence in
10 northern, isolated communities who, you know,
11 assist with the Ground Search and Rescue presence,
12 and then some of these unusual sets like going into
13 long-term care facilities.

14 The other part about putting as --
15 Canadian citizens into quarantine in advance of the
16 large, sort of, covert outbreak that we went
17 through earlier in the year.

18 And then of course, just to give that
19 other perspective, as I mentioned earlier about my
20 duties as Joint Task Force Central, we have six
21 regions across the country. Central is focused in
22 Ontario. So in your particular review and study,
23 I'm the one military commander that is responsible
24 to the Commission to be able to talk. There is no
25 sort of subdivision within Ontario where there

1 would be other regional commanders.

2 And as I mentioned, that role really
3 extends to sort of the command and control forces,
4 the apportionment of forces. Any of the technical
5 medical aspects would be best served by other
6 appearances by some of our military medical
7 expertise.

8 And when we get further into the
9 presentation, perhaps I will offer a couple of
10 recommendations that could assist in narrowing the
11 scope as to who I think would be perfect to come
12 before the Commission and provide an appearance.

13 That's the first slide. Any questions
14 that stem from this particular slide?

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Well, just one or two occur to me.

17 The long-standing -- there's obviously
18 a relationship between the commander and the forces
19 that are in Ontario and the Provincial Government,
20 based on what I'm seeing here.

21 Through what ministry, is it the
22 Solicitor General?

23 BRIGADIER-GENERAL MIALKOWSKI: It is
24 under the Solicitor General for Ontario, sir. And
25 further on in the presentation, I have a graphic

1 slide, which I can explain. It's sort of a
2 simplified framework, and it marries up sort of on
3 the levels of authority and how the request will
4 flow, both typically, and then I'll explain it with
5 a timeline as to how we got engaged in the
6 long-term care facilities back earlier in the
7 spring.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Okay.

10 BRIGADIER-GENERAL MIALKOWSKI: But to
11 sort of answer more directly: So my connection is
12 with the Deputy Solicitor General for Ontario,
13 Mr. Mario Di Tommaso. We have regular
14 communications whenever there's any type of request
15 for assistance, like, expectation in the Province.

16 But the more nuts and bolts of it occur
17 at the Provincial Emergency Operations Centre,
18 which is under the Office of the Fire Marshal,
19 which of course still is under the purview of the
20 Solicitor General for Ontario.

21 And we have a liaison officer who is
22 part of that body, and we have daily communications
23 with our regional Joint Operations Centre, and that
24 Provincial Emergency Operations Centre.

25 It expanded during COVID to also

1 include a special emergency -- a COVID emergency
2 response that the Province put together, and so we
3 not only had the Provincial Emergency Ops Centre we
4 could deal with, but we also had other provincial
5 officials uniquely responsible to COVID, and we
6 established point-to-point communications
7 throughout our employment in the long-term care
8 facilities with those officials.

9 At present, we're no longer active on a
10 daily basis with them because, of course, we're not
11 directly supporting the Province, but those
12 communications and lines of communications can be
13 re-established instantaneously if required.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Okay. The other question I had was really a bit
16 more general on that. But when did Canadian
17 Forces, when did it occur to everybody that there
18 might a problem with this COVID in Ontario or in
19 Canada, but since you're responsible for Ontario,
20 in Ontario? What would be -- in your mind, when
21 did the light go on?

22 BRIGADIER-GENERAL MIALKOWSKI: Yeah, so
23 I can certainly provide and have a timeline a
24 little further on in the presentation where I
25 started getting not only communications with

1 Mr. Di Tommaso but also the Deputy Minister for
2 Long-Term Care, Mr. Richard Steele. That was a
3 number of days prior to, but we had been following
4 along for a number of weeks with the Provincial
5 Emergency Ops Centre.

6 Part of it was due in no small part
7 because we had conducted that return of Canadians
8 from six different cruise ships, and they started
9 in early February in Trenton, Ontario, and then we
10 expanded from Trenton to also include Cornwall,
11 Ontario, and that really set the framework for that
12 sort of intimate communications, and at times,
13 daily communications.

14 So typically, at my level, we sort of
15 formalized it about once every week or so, but
16 there was certainly daily activity at the staff
17 level with my Regional Joint Operations Team and
18 the Provincial Emergency Ops Centre, as well as
19 then reaching across to Ontario Health.

20 The reason for that: While the whole
21 operation to bring those Canadians back to Canada
22 starting in early February, while that was a
23 federal activity because it was under the auspices
24 of the Public Health Agency of Canada, and they
25 were in the lead, and in fact, the Canadian Armed

1 Forces was supporting the Public Health Agency of
2 Canada, because the activity took place in Ontario,
3 naturally, we required a very strong connection to
4 the Province of Ontario because we relied on local
5 health officials, both in the Hastings and Prince
6 Edward County and public health unit, but also in
7 the Stormont-Dundas-Glengarry County in Eastern
8 Ontario health unit to support both of those
9 locations.

10 And also, we had the assistance of
11 Ontario Health providing a temporary medical
12 facility at Canadian Forces Base Trenton to be able
13 to provide sort of frontline healthcare for any of
14 the residents that we held in quarantine for that
15 14-day period because the Public Health Agency of
16 Canada doesn't have the sort of healthcare workers;
17 it's the Province that holds that residential
18 expertise.¹

19 And so from February on, we were very
20 closely aligned and continued to watch the problem
21 alongside the Province.

22 So as we started to see the slow sort
23 of incline of cases collectively with the Province,
24 we started to understand that there could be a
25 request for assistance. That started, I'm going to

1 say, at the final week of March. We certainly were
2 watching it together, and of course, a month later
3 would be the time that we went in. Our first
4 employment started on the 24th of April.

5 So for the period of about a month, we
6 were watching sort of in various ways how the
7 transmission and infection rate was starting to
8 increase and, you know, whether or not that would
9 be the initiation for a request for assistance from
10 the Province of Ontario.

11 Did that answer the question, sir?

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 It did, thank you. Yes. And I don't have any
14 further questions.

15 Commissioner Coke, Commissioner Kitts?

16 No, I think we're good to go,
17 Brigadier.

18 BRIGADIER-GENERAL MIALKOWSKI: Okay.

19 I'll just go on to the next slide, which is a
20 visual representation of that sort of framework for
21 Canadian Armed Forces support. I know I said
22 simplified, but there seems to be an awful lot of
23 graphic on there.

24 And, you know, as you expect, the
25 military, we not only like our acronyms, but we

1 certainly like our, sort of, boxes and wiring
2 diagrams.

3 I'll give, perhaps, a quick orientation
4 to the slide and then get into the explanation of
5 it.

6 So if we start from left to right, all
7 those boxes in green represent the Department of
8 National Defence and the Canadian Armed Forces.

9 In the centre, where it should be
10 because it's about supporting the Province, all the
11 boxes in blue are about the Province. And then on
12 the right is the federal Public Safety, so the
13 Department of Public Safety in Ottawa.

14 And the reason for that is by act of
15 parliament, any employment of the Canadian Armed
16 Forces flow -- when it comes from a provincial
17 body, and this is true across the country, flows
18 through the Minister of Public Safety and Emergency
19 Preparedness.

20 And that is the mechanism by which
21 Provinces request federal support writ large, and
22 then at the federal level, between those ministers
23 and deputy ministers, they then apportion what
24 federal department will service the request of the
25 Province of Ontario.

1 Where we start in this chart is in the
2 blue column with the Provincial Emergency
3 Operations Centre. There's a box there under The
4 Deputy Solicitor General. And the reason for
5 everything to start there is the Provincial
6 Emergency Operations Centre is, in fact, the focal
7 point for any type of federal assistance to the
8 Province of Ontario.

9 Inside that Provincial Emergency
10 Operations Centre are linkages to a regional Public
11 Safety director. And so if you look in that
12 Provincial Emergency Operations Centre box, and if
13 you flow all the way across to the red box, you
14 will see that Public Safety regional office.

15 And so it is through Public Safety that
16 any of these requests flow, although, that's sort
17 of the nuts and bolts of it from how the sort of
18 officials, both provincial and federal, put it
19 together because there's always a flow from
20 minister to minister, which is a natural course,
21 and that's through an exchange of letters.

22 So that PEOC there, in a normal case,
23 would deal with any type of Canadian Armed Forces
24 activity in the province of Ontario; however,
25 because this was a specialized request outside the

1 norm, it wasn't about floods and fires, which we're
2 very well attuned to. It wasn't about isolated
3 community evacuations, which we do, you know,
4 during threats, natural disaster, forest fires in
5 the north. It wasn't about a more routine ground
6 search and rescue that we conduct.

7 Because it was a very specific request,
8 we then have this other set of blue boxes in
9 between that Provincial Emergency Ops Centre and
10 regional office from Public Safety, that was this
11 Incident Management System for COVID response.

12 That was a unique body put together
13 under co-chairing by the Minister of Long-Term
14 Care -- or sorry, Deputy Minister of Long-Term
15 Care, Mr. Richard Steele, and the Deputy Minister
16 of Health, Ms. Helen Angus. And I'm sure that
17 those two officials have probably given you this
18 understanding about the Incident Management System,
19 or the IMS, for COVID response.

20 That became the provincial official
21 level, sort of, clearing house for all types of
22 activities, and it also coordinated the response
23 through the various public health units across
24 Ontario; in particular for us, you know, the public
25 health units and the public health network that

1 covered Toronto and the long-term care facilities
2 in Toronto, which is where we were employed.

3 So that body actually was the one that
4 was providing all of the detailed information to
5 the Provincial Emergency Operations Centre because
6 it was beyond the capability of the PEOC or the
7 Emergency Operations Centre. It was non-standard
8 to them. It was beyond their, sort of, regular
9 type of watch.

10 And that Incident Management System was
11 the means by which they were able to assign
12 priority to to watch the trend analysis and to
13 develop the plan as to how to deal with the crisis
14 inside those long-term care homes throughout the
15 spring and summer.

16 I'll pause there in case there are any
17 questions sort of about that, like, official level,
18 and by "officials," I mean, you know, sort of the
19 desk officers and staff officers both from the
20 Province in terms of this Incident Management
21 System put together by not only provincial
22 officials, but they also had public health experts
23 as part of that Incident Management System from
24 various public health networks that were advising
25 that expertise, and then the sort of standard setup

1 between the Provincial Emergency Ops Centre and
2 Public Safety at that level.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 The Incident Management System was in place, I take
5 it, when you were -- when the first request came
6 through. This system was -- this was how they were
7 dealing with the response?

8 BRIGADIER-GENERAL MIALKOWSKI: That is
9 correct. When we went with the request for
10 assistance to go into the long-term care
11 facilities, this system as described on this slide
12 and depicted was absolutely in place. That
13 Incident Management System was up and running and
14 was being co-chaired by the two deputy ministers.
15 That is correct.

16 And I mean, part of the body that met
17 with that Incident Management System, to my
18 understanding, again, like, we physically couldn't
19 go there because it -- even today, we wouldn't due
20 to COVID, but we had a series of calls not only at
21 my level, but as you can well-imagine, at the sort
22 of desk officer, working official level.

23 There were experts that advised this
24 panel; for example, at times, Dr. David Williams,
25 the Chief Medical Officer for Ontario would be an

1 advisor for this panel.

2 But their main sort of medical advisor
3 was Dr. -- and I'm sorry, his name escapes me, but
4 he is the president of the Health Sciences
5 Network -- sorry, health sciences -- yeah, Health
6 Sciences Network here in Toronto. Sorry, the
7 University Health Sciences. So the head of, you
8 know, Canada's largest hospital health network here
9 in Toronto was this sort of medical expert or chief
10 advisor in terms of that piece for that Incident
11 Management System.

12 So they really created a bespoke and
13 very active body. Again, our interface with it was
14 through certain officials as part of that, and we
15 were not engaged in the daily activities or
16 operations of that Incident Management System, but
17 it was the brain through which our ideas were sort
18 of sifted, and then decisions would come out of
19 that body which helped respond and frame how our
20 response was going to be conducted.

21 So in terms of any sort of formal
22 request for assistance, with the addition of this
23 sort of co-chair by the two deputy ministers and
24 the Incident Management System, everything else
25 flowed as it will for any other request for

1 assistance by the Province of Ontario to the
2 Federal Government.

3 So, again, back in the Provincial
4 Emergency Operations Centre, in concert -- because
5 the arrows go left and right -- on the green side,
6 that's just a graphic sort of expression of the
7 authorities and the chain of command on this
8 particular problem set that we faced when we went
9 into the long-term care facilities.

10 And I'll just maybe quickly speak to
11 the green side. So obviously, under the Minister
12 of National Defence, we've got the Chief of the
13 Defence Staff, and of course, the Chief of the
14 Defence Staff is also sort of with the deputy
15 minister of the provincial ministries and our own
16 Deputy Minister of Defence, kind of co-equals
17 there. But for the purposes here, we're just
18 depicting sort of the working relationships.

19 Because while, for example, the Deputy
20 Ministers of Health or Long-Term Care or the Deputy
21 Sol. Gen. can easily pick up the phone and speak to
22 the Chief of the Defence Staff, they would pick up
23 the phone and talk to me first because I'm sort of
24 the principal connection at their level.

25 And for unique calls, they would pick

1 up the phone and speak to the Deputy Minister of
2 National Defence and our Chief of the Defence
3 Staff.

4 Proceeding down that green block after
5 Minister and Chief of the Defence Staff is the
6 Canadian Joint Operations Command, and as I
7 mentioned, that commander is responsible for all
8 Canadian Forces operations around the globe,
9 whether here in Canada, whether it's continental,
10 like under NORAD, or whether it's an international
11 operation. That individual has command of all of
12 that activity.

13 We have a Task Force LASER. So just to
14 provide you the -- the name LASER is actually
15 assigned to a military contingency plan for a
16 pandemic response.

17 And when the military looks at a
18 problem, typically in advance, we will try to take
19 the problem apart and look at the contingent pieces
20 that will pose, like, military risk or potentially
21 public risk.

22 And so a number of years ago, we
23 unpacked the look at pandemic response in Canada;
24 that was LASER, and then we also looked at pandemic
25 response around the globe, and that one was called

1 VIRUS.

2 Early on in March, when the Chief of
3 the Defence Staff declared Operation LASER 20-01,
4 which is simply the date assigned to the
5 operation -- and this particular operation, we're
6 still in it today; we're still operating under Op
7 LASER 20-01 -- he decreed because of the pandemic
8 and it would affect the globe, we would ascribe
9 everything to pandemic response.

10 Whether it was domestic to Canada under
11 LASER or around the world under VIRUS, we would
12 simply call it Operation LASER because the pandemic
13 was going to travel around the globe, and we
14 couldn't simply sever the problem in two.

15 And so Task Force LASER uniquely looked
16 at the Canadian domestic response. And that --

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 If I can interrupt you for a minute?

19 BRIGADIER-GENERAL MIALKOWSKI: Yes,
20 sir.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 So 20-01, so that's January 20th?

23 BRIGADIER-GENERAL MIALKOWSKI: No, sir,
24 it's -- the "20" just is simply the year. So 2020,
25 the year we're in, and "01" is just the sequential

1 numbering of the operation from when it starts.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Oh, okay.

4 BRIGADIER-GENERAL MIALKOWSKI: Yeah,
5 I'm sorry for not explaining that.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 No, that's fine. That's fine. I understand.

8 BRIGADIER-GENERAL MIALKOWSKI: So we
9 could have -- potentially, you know, after the
10 first wave of COVID and after the Canadian Armed
11 Forces was no longer conducting operations inside
12 the long-term care facilities, we could have
13 potentially ceased that operation and then stood up
14 the next Operation LASER, but it didn't make sense
15 because it changed from pandemic planning to
16 response in Ontario and Québec and still planning
17 across the rest of the country.

18 And then we came out of Ontario and
19 Québec in terms of a presence, and that planning
20 still continues. So at that time it was determined
21 we would simply keep it as Operation LASER, 20-01
22 throughout.

23 Under that Commander Task Force LASER,
24 and that commander actually is in Kingston and has
25 a headquarters there known as the 1st Canadian

1 Division, then I fell under that commander as the
2 Commander Joint Task Force Central here in Toronto
3 and was responsive to that Commander Task Force
4 LASER throughout.

5 But to make it even more difficult, we
6 stood down Task Force LASER around the same time as
7 our initial report came out because it had been
8 imagined that the response of the Canadian Forces
9 would have been from coast to coast to coast and
10 would have required a degree of, sort of, fidelity
11 that did not materialize because we were able to
12 manage in time the response here in Ontario and the
13 response in Québec singly at my and my counterpart
14 in Québec's level, and then we could report back to
15 the Canadian Joint Operations Command.

16 So we removed that layer in mid-May.
17 It stood down and was then no longer part of this
18 activity.

19 And again, my connection from Commander
20 Joint Task Force Central box, you know, goes across
21 to Mr. Di Tommaso, the Deputy Sol. Gen., to
22 Mr. Richard Steele, the Deputy Minister of
23 Long-Term Care, and to Ms. Helen Angus, the Deputy
24 Minister of Health.

25 So that's the kind of connectivity

1 there at our level when we would have those sort of
2 interactions when required.

3 Typically, interactions on a formal
4 level were through letter exchange, and we have a
5 series of letter exchanges which document the
6 extension of the request for assistance because, as
7 I'll show you on the timeline slide coming up
8 shortly, the initial request for assistance
9 specified a period of no less than 14 and no more
10 than 30 days.

11 We were in Ontario long-term care
12 facilities for 67 days, so there were a period of
13 renewal and extension approved by the Minister of
14 National Defence and through the formal process by
15 the Deputy Solicitor General and the Government
16 Operations Centre advising the Minister. And I'll
17 get into that sort of structure momentarily. But
18 that -- those formal exchanges document that.

19 It also documents our shared
20 understanding when it was time to withdraw from a
21 home and put a team into another home. We were
22 limited to only five homes. Part of that
23 limitation was due to the capacity of the Canadian
24 Armed Forces to support this request, as well as
25 the request that was going on in Québec, and still

1 maintain our military public health system, both in
2 Canada as well as to our deployed missions abroad.

3 And so that -- because there was five,
4 and we went to five initial facilities and then
5 withdrew over time and then went into two others,
6 it kind of was -- we officially managed that
7 through a formal letter exchange, again, between
8 myself and the Deputy Solicitor General, enabled by
9 everyone starting from that Incident Management
10 System and the operations team and the Provincial
11 Operations Centre and that line that goes through
12 the Public Safety regional office.

13 That was an -- like an all-informed
14 network of those provincial and federal and
15 military officials that reviewed the status in each
16 of those homes and agreed to a series of
17 conditions, and I'll get to them later in the
18 presentation, that would describe stability and
19 looked to re-deploy our teams to other facilities.

20 And then just continuing on that
21 left-hand side, I'm going to pause for a second,
22 how I executed this activity inside of Ontario: We
23 established an operational unit we call Territorial
24 Battle Group 1. That group of people were Canadian
25 Armed Forces, Army Reservists from across Ontario,

1 who we had activated because we believe that the
2 capacity for military response would require
3 additional people in uniform to be ready.

4 So to give you a little bit of a sense,
5 normally, I keep a unit of approximately, sort of,
6 2- to 400 people on a high-readiness standby every
7 day to be able to respond in Ontario, and they are
8 able to respond on, sort of, a 12 to 24-hour basis,
9 and that could be for any sort of provincial
10 contingency.

11 Typically, it would be for forest fires
12 and flooding or anything that would be beyond the
13 capacity of the Province of Ontario. And of
14 course, it would need to go through the approval
15 process, which I'll use our example to describe
16 that in a little bit greater detail.

17 But we do keep those folks on a
18 high-readiness standby.

19 Under Operation LASER, we increased
20 that level to having two units of that size, and
21 then we also had a number of other units that were
22 put on even higher degrees of standby.

23 At one time, we had about 24,000 people
24 across the country who would have been able to
25 deploy within, sort of, 24 hours to 5 days to be

1 able to accommodate the various requests of the
2 Province. We thank heavens we never got there
3 because, you know, that would have been indicative
4 of a much greater problem than what we collectively
5 dealt with in the spring.

6 But we didn't really understand COVID
7 collectively as a country at that time, and so to
8 be prepared, Chief of the Defence Staff, through my
9 commander at the Canadian Joint Operations Command,
10 created this structure to be able to respond in
11 those six different Joint Task Force areas across
12 the country with that force of 24,000.

13 And it wouldn't matter where in Canada.
14 We had the capability to move those capabilities
15 around the countryside if it exceeded the capacity.
16 Say, in Ontario, if I didn't have what I needed, I
17 could rely on other areas to provide that
18 capability to me.

19 And, in fact, that's what occurred in
20 this particular example here in Ontario and also in
21 Québec because I typically do not have military
22 medical resources, sort of, under my finger 24 and
23 7.

24 They're owned by other commanders, and
25 they're responsive to those needs, not only from a

1 clinical level across our bases and garrisons and
2 wings, you know, in the idea of a medical facility
3 that treats people much like a public health
4 facility, like a hospital, but also the deployable
5 medical capability.

6 Day-to-day, I don't own that, but for
7 this particular piece, both myself and my colleague
8 in Québec, we were reinforced with medical teams
9 from around Canada to be able to deal with this
10 situation.

11 And that's why we nested all of that
12 under this unit Territorial Battle Group 1, which
13 took on military medical professionals and was the
14 body of a number of Army Reservists from across
15 Ontario, the framework of which was based on the
16 Army Reservists out of Toronto, because we
17 anticipated that we would have activity in Toronto,
18 and it made sense that we would use people with a
19 local knowledge as opposed to me bringing a unit
20 from another part of Ontario down to Toronto where
21 they may not understand -- you know, just getting
22 around in the city can be something.

23 So that's why we specifically created
24 this unit. We built it early. We put it in
25 Canadian Forces Base Borden. We kept it isolated

1 so that it would be excluded from any transmission
2 or infection and protected there in a -- like, not
3 on the base but out in a training area of the base
4 in a cadet camp to prevent any type of infection
5 getting to that unit.

6 And within that unit, we then built
7 these Augmented Civilian Care Teams, and those were
8 the teams that actually went into the homes and
9 were there to reinforce both the, sort of,
10 long-term care support and medical support in the
11 homes.

12 And they were the teams that -- with
13 medical expertise and assisted by what we call
14 general duty support or just military members who
15 could do jobs like portering, delivering food, to
16 do, you know, housekeeping, all those sorts of
17 things. That's how we, you know, created sort of a
18 bespoke solution to go into a -- like, a
19 non-standard task like going into long-term care.

20 I'll pause there with a view to sort of
21 explaining then the authorities flow as to how we
22 got in there.

23 COMMISSIONER FRANK MARROCCO (CHAIR): I
24 think we're good as far as questions are concerned,
25 so when you're ready to continue, we're ready.

1 BRIGADIER-GENERAL MIALKOWSKI:

2 Certainly, certainly. So in any type of request
3 for assistance, as you'd expect, there's a bunch of
4 parallel activities. And for Ontario, there's
5 parallel activities that will happen here in
6 Toronto obviously with provincial officials, and
7 there are parallel activities that happen in Ottawa
8 with federal officials.

9 In each and every case, the Canadian
10 Armed Forces, if it's going to be something that
11 relies on Armed Forces, we'll be involved, but not
12 every request for assistance from the Province of
13 Ontario requires the Canadian Armed Forces to
14 participate. There can be other federal
15 departments that help out in a non-standard or non,
16 sort of, Memorandum of Understanding way to achieve
17 something.

18 I mention Memorandum of Understanding
19 because there are standing Memorandum of
20 Understandings between the Canadian Armed Forces
21 and specific law enforcement capabilities where we
22 have, like, standing agreements that do not need to
23 go through this particular activity, because as you
24 can expect with the graphic chart, there are many
25 steps to proceed through here, all of them that

1 need to be done because they're part of the sort of
2 acts and legislation that govern Canadian Armed
3 Forces employment in Canada.

4 And also need to satisfy -- when we
5 come in support of a province or Ontario and
6 Canada, we need to make sure we're satisfying not
7 only the provincial legislation that governs our --
8 you know, that particular activity that we're going
9 to assist, but also the federal statutes that
10 govern federal activities in that domain.

11 So that is in no small part why there
12 is this system, and that is enshrined in practice
13 inside the Federal Government with use of the
14 framework of Public Safety on the right-hand side
15 which has a regional office, and in our case is
16 here in Toronto, the Government Operations Centre
17 in Ottawa, and of course the Office of the Minister
18 of Public Safety.

19 And that request, as it happened for
20 this particular one, the genesis of it was created
21 inside the PEOC, but it was fed by the Incident
22 Management System. And our awareness both of the
23 Joint Task Force Central and the Public Safety
24 regional office, we collectively created the
25 request for assistance to make sure it would not

1 only map towards military capabilities but also fit
2 within all of the sort of framework of those legal
3 statutes.

4 It's all compiled under the purview of
5 the Deputy Solicitor General, who then provides
6 that to the Solicitor General for Ontario. And so
7 she then caused a letter to flow across at her
8 level to Minister Blair, the Minister of Public
9 Safety and Emergency Preparedness, who then, you
10 know, with the team, and for COVID, there was a
11 special deputy minister-level team created in
12 Ottawa not reflected on this side that looked at
13 how federal capability would be apportioned across
14 the spectrum of requests.

15 And from there, the request flowed over
16 to Minister Sajjan, the Minister of National
17 Defence, who accepted the request for assistance,
18 sent that response back to the Minister of Public
19 Safety and Emergency Preparedness, where it flowed
20 back to the Solicitor General for Ontario, and then
21 from her down to the Deputy Sol. Gen.

22 And that kind of completed the flow of
23 the request, and from the request, that gave us the
24 authority to then go and be employed within the
25 long-term care facilities.

1 As you'd expect, there were like a
2 series of sort of -- not limitations, but there
3 were parameters in that letter exchange. There's
4 parameters of time expressed. There's parameters
5 of what type of activity, and I will -- I'll get
6 into that detail further on in the presentation.

7 But that provides sort of not only the
8 flow of requests for assistance and the
9 communication flow between the various bodies, but
10 hopefully, as the title said, gives a simplified
11 sort of view of how CAF support is managed
12 traditionally and how it was managed in the case of
13 our employment in long-term care facilities and
14 your particular focus on our employment and how we
15 got in there.

16 And I'll pause now for the questions.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Oh, yes, Commissioner Kitts?

19 COMMISSIONER JACK KITTS: This is a
20 really great illustration of how leadership,
21 accountability, information flow, authority was
22 created and obviously worked very well. It's a
23 governance chart, if you will.

24 Will you be giving us something similar
25 on management structure in the homes and how

1 leadership and accountability and alignment and
2 authority was established there as well?

3 BRIGADIER-GENERAL MIALKOWSKI: I do not
4 have a visual representation, and honestly, that
5 one might be a good one for a future appearance by
6 a military medical expert.

7 In particular, when we talk not only
8 about, sort of, standard of practice and quality of
9 care, which I am -- I can speak on in very generic
10 terms, but, I mean, I don't answer to a college; I
11 don't answer to an association.

12 And there's sort of that dual
13 responsibility for our medical folks in uniform
14 because there's the responsibility, of course,
15 given their profession -- nurses and doctors belong
16 to a college -- and our medical technicians also
17 have a sort of professional responsibility. It's
18 not as formal as a college, and some of them belong
19 to associations, but they still hold that same
20 professional responsibility as, you know, a medical
21 practitioner in Canada.

22 And then, there is, of course, the
23 military responsibility, and we hold people
24 accountable for their actions, for their reporting,
25 and we also hold them sort of accountable for a

1 bias of action to do something when they see
2 something that shouldn't be done, they need to
3 correct it and make sure that the means of
4 correcting it are available and understood and then
5 implemented.

6 COMMISSIONER JACK KITTS: Exactly. So
7 I think I speak for the other Commissioners when I
8 say, we would be interested in understanding how
9 the crisis was managed once the military arrived in
10 the homes.

11 BRIGADIER-GENERAL MIALKOWSKI:
12 Understood, sir. So I've got a bit of detail on
13 that, which I'll explain as I get to, and that
14 might satisfy your initial sort of inquiry, but it
15 probably speaks to the desirability to have someone
16 who can answer in detail that degree of information
17 in terms of how specifically inside the homes.

18 And we have an individual who can
19 absolutely address that. She would be one of my,
20 sort of, recommended folks to come to the
21 appearance.

22 So on that chart in the bottom-left
23 corner, that Augmented Civilian Care Teams, that
24 team was commanded by a senior nursing officer, a
25 major, and she was responsible to that commanding

1 officer of Territorial Battle Group 1 for all of
2 the medical activities, and in fact, all activities
3 inside the long-term care facilities because we put
4 everyone under, like, a medical practitioner.

5 And a senior nursing officer in
6 military terms was the most obvious choice because
7 the nursing officers understand -- well, we didn't
8 fully understand, sort of, resident care in a
9 long-term care setting because that's not our
10 forte, but they certainly, nursing officers,
11 understand how to, you know, treat patients on a
12 ward and the system of maintaining sort of a 24/7
13 presence within a medical setting.

14 And they also have those authorities
15 and obligations entrusted to them to be able to
16 administer to patients. Now, not all residents are
17 patients, of course, but there was a certain degree
18 of concurrency there in terms of putting that up.

19 So there was, you know, a sort of
20 mid-level military leader in the form of a major, a
21 commissioned officer, and underneath her in those
22 teams, she had a team senior nursing officer, like
23 a junior officer, and there were two nurses inside
24 of each team so that they could manage a 24/7 or at
25 least an expanded footprint. And they were the

1 ones who then had responsibility for each of the
2 home.

3 So a junior nursing officer and a
4 senior nursing officer assigned to each home and
5 then given medical technicians who could do, you
6 know, all of that sort of ward and resident medical
7 support.

8 And then we also had other folks, just
9 regular military members with no specific medical
10 training, but certainly, you know, part of formed
11 units and capable of taking direction and doing
12 activities, and they provided all that support
13 activity that goes on inside a ward or resident
14 setting to make sure that patients or residents are
15 sustained with the necessities of life.

16 COMMISSIONER JACK KITTS: Thank you
17 very much. That's very helpful. Thank you.

18 BRIGADIER-GENERAL MIALKOWSKI: So I'm
19 certainly taking note that that -- that particular
20 individual, and her name is Major Karoline -- of
21 course, Conrad, I'll get you her name.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 I'm glad I'm not the only person to whom that
24 happens to.

25 BRIGADIER-GENERAL MIALKOWSKI:

1 Absolutely. She commanded that team, and she, I
2 think, would be useful. And the other -- perhaps
3 they could co-share or co-appear before you --
4 would be a doctor in Ottawa who was responsible at
5 the level of our Directorate of Health Services
6 Operations, and that's a senior officer physician,
7 and that particular physician is responsible for
8 all operational health issues and the sort of
9 deployment of any medical support, be it in Canada
10 or otherwise, and their area of expertise is
11 exactly in doing operational medicine.

12 Typically, again, it's for us in
13 uniform in places around the world, under sort of
14 different circumstances than downtown Toronto, but
15 at the same time, that physician has the same scope
16 of duties in terms of making sure that all the
17 levels of medical support, you know, that need to
18 respect colleges and associations and interface
19 with hospitals, because we have military members
20 deployed around the countryside that do resident
21 activities and are also specialists inside of
22 hospitals to keep their skills high.

23 Like, that individual knows all that
24 framework and more, and I would suggest that those
25 two individuals come before you.

1 And I do now recall, it's Major
2 Karoline Martin, M-A-R-T-I-N. And the Colonel in
3 Ottawa -- he's moved on, but would absolutely be
4 available to you -- is a fellow by the name of
5 Colonel McGregor.

6 And those two individuals were
7 instrumental. And the other thing -- so Major
8 Martin, she's great because she can explain what
9 the teams did in terms of daily activity, how they
10 responded to incidents within those facilities
11 because she was part of the command structure over
12 top of those five facilities day-to-day and their
13 daily activities and their daily reporting back to
14 her.

15 And she was instrumental in harnessing
16 the understanding and the information that we then
17 turned into our formal report, which I provided up
18 the military chain of command on the 14th of May,
19 and then which I was authorized to share with the
20 Province and did so on the 24th of May.

21 And that was sort of the -- you know,
22 also both the Premier of Ontario and the Prime
23 Minister released that publicly on the 25th of May,
24 the Monday, that report and spoke to it.

25 So she is great, and the other

1 individual, Colonel Scott McGregor -- wait, no, I'm
2 confusing -- I'll get his name -- is also great
3 because the two of them can give that understanding
4 of what went on in Ontario.

5 But the colonel also was managing the
6 same thing going on in Québec and has a much better
7 understanding of that from a medical perspective,
8 and how it was delivered -- again, I can describe
9 in the same manner I spoke to you here how from an
10 overall military perspective things took place in
11 Québec, and we actually patterned ourselves and
12 developed off of each other as to how to respond.

13 So it was a very common approach in
14 both provinces, partly, not to confuse ourselves
15 because we were, again, doing something completely
16 unconventional in terms of putting military people
17 into a long-term care facility. Like, I never
18 imagined, you know, in my career going to the
19 recruiting centre that I'd ever do anything like
20 that and certainly had no exposure to that until
21 this point.

22 But more importantly, they also were
23 able to make sure that they respected those
24 military medical expectations, not only from
25 colleges and associations, but uniquely to that

1 particular province because our military folks may
2 belong, you know, to the college of physicians in
3 one province but do military practice in Canada
4 elsewhere or abroad. Like, these folks were the
5 experts in understanding what were those -- what
6 was the standard expected in the province.

7 And so I think the both of them
8 reporting and appearing to you in the future would
9 be ideal.

10 COMMISSIONER JACK KITTS: I agree.
11 Thank you very much for that excellent explanation.
12 Much appreciated.

13 BRIGADIER-GENERAL MIALKOWSKI: Okay. I
14 would move on to the next slide, but if there's any
15 other questions stemming from, sort of, this degree
16 of -- this framework of not only how we entered the
17 homes in support of the Province of Ontario, but
18 also, you know, continued to have the face-to-face,
19 daily, weekly, and formal interactions were all
20 patterned after this sort of overall structure.

21 And, again, less that particular piece
22 about the Incident Management System for COVID in
23 the centre and the two deputy ministers, it's the
24 same for everything else we do in terms of floods,
25 fires, or any other response inside of Ontario.

1 The one piece that is different than
2 this is, because we have an understanding with the
3 Ontario Provincial Police for Ground Search and
4 Rescue inside of northern and isolated communities
5 where we have Canadian Ranger patrols, and those
6 are part-time military members who are members of
7 the community living in those isolated communities,
8 but they will transition to Canadian Ranger service
9 to do Ground Search and Rescue typically because
10 the police and search resources do not exist in
11 those isolated communities.

12 And so that one doesn't follow this
13 because they happen when needed, but everything
14 else in terms of formal military support follows
15 this pattern.

16 And I also need to correct the
17 individual's name who should appear before you,
18 that colonel who is the former Director of Health
19 Services Operations. It's Colonel Scott Malcolm,
20 not McGregor. I -- there's a Scott McGregor who's
21 in uniform as well, and often I get them confused.
22 I apologize for that.

23 But Colonel Scott Malcolm is, in my
24 mind, an ideal individual to appear alongside
25 Major Karoline Martin to be able to explain the

1 medical pieces that consisted of our response in
2 the spring and early summer here in Ontario.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 We'll follow up. Thank you.

5 BRIGADIER-GENERAL MIALKOWSKI: Okay,
6 certainly.

7 If I now get into the timeline, and you
8 know, we can cover this as quickly or as
9 deliberately as required. In many cases, I've
10 already spoken to it in the slide. And I'm not
11 sure if you have the paper slide before you or just
12 the representation on the screen, but everything in
13 terms of timeline kind of connects back to this
14 graphical, simplified framework for CAF support and
15 can assist in explaining the timelines that I'm
16 going to go through.

17 But I would then go on to the next
18 slide, titled "Initiating CAF Support." And in
19 this particular one, the way that the formal piece,
20 our interchange occurred, as explained earlier, we
21 had worked together since early February in dealing
22 with COVID but in a different light in Ontario, and
23 that was the return of Canadian citizens or
24 Canadian-entitled persons to Canada during their
25 sort of -- some were on cruise ships. We also had

1 a group from Wuhan Province came back to Canada as
2 well.

3 So we were monitoring in concert with
4 the Province of Ontario, but the actual request for
5 assistance, so a document that was submitted in
6 letter form by Solicitor General Jones to the
7 Minister of Public Safety, Bill Blair, on the 22nd
8 of April. So that's the first formal date where we
9 had the request for assistance.

10 And as you can expect and given your
11 extensive background, you know that to build that
12 letter there was all types of interface at the
13 levels I described from that Emergency Management
14 System, Provincial Emergency Ops Centre, my
15 regional Gen Ops Centre, and of course, the
16 regional office of the Public Safety.

17 All of that work occurred in the days
18 preceding that, and in fact, it was the two days
19 prior, we actually sat down to start constructing
20 what that would look like in tandem with the
21 Province.

22 And on that same day, Minister Blair
23 sent to the Minister of National Defence,
24 Minister Sajjan, who approved on the same day, the
25 22nd, and it was with an initial electronic

1 approval, and then the formalization of the letters
2 followed up by the 24th of April back to the
3 Solicitor General that the CAF would support the
4 request.

5 And while, of course, these formal
6 letter exchanges are the legal authority, it never
7 prevented any of our coordination or initiation
8 work with the Province of Ontario. Work started as
9 soon as we had the request for assistance in.

10 The next area gives you an indication
11 of what was inside the request for assistance, and
12 it was a two-page document, and we'll furnish that
13 to you.

14 They asked for an initial period of
15 14 days and no more than 30 days. They were
16 looking for trained medical and associated support
17 staff to provide humanitarian relief and medical
18 support in the long-term care homes, and there were
19 four sort of principal areas: Liaison,
20 reconnaissance, to identify the employment,
21 protocols of CAF personnel.

22 Again, all of us were sensitive to that
23 military medical or Augmented Civilian Care Teams
24 were not attenuated to the needs of long-term care
25 residents. Certainly from a medical perspective,

1 they can deal with medical emergencies and also you
2 know, chronic medical conditions, but elder care is
3 not something that is practised a whole lot in the
4 Canadian Armed Forces.

5 Of course, tasked with the patient
6 management and medical care, which is intuitive to
7 why we were called in, general duties support, and
8 again, that is sort of our lexicon for those who
9 are non-medical staff but performing duties within
10 the homes.

11 And as I outlined, people who would
12 porter food, people who would help with cleaners
13 when the cleaners weren't available to make sure
14 that linens were changed, clothing were changed,
15 bathing, assisting with bathing, assisting of
16 porting and moving people, all things that have to
17 go on inside a ward setting or a resident setting
18 and then beyond.

19 In some cases, for example, the
20 housekeeping and maintenance staff were unavailable
21 in homes, and so we had troops in uniform doing
22 things like typical maintenance duties; not only
23 cleaning, but things like small repair to rooms and
24 electrical and that sort of stuff like changing
25 light bulbs that hadn't been changed because they

1 burnt out during COVID, and all that kind of stuff.
2 I mean, you know, minor, but the overall effect of
3 that improves the lives inside the care homes.

4 On the 23rd, that's where the Ministry
5 of Health and also the Ministry of Long-Term Care
6 in partnership with Ontario Health and each of the
7 individual homes confirms five -- the five sites
8 that would be supported.

9 So the Canadian Armed Forces, we did
10 not select the homes we went into; rather, we were
11 requested that, you know, both those ministries in
12 partnership with Ontario Health through that
13 emergency management -- the Emergency Management
14 system that was established for COVID, that they
15 knew which homes were in the greatest peril, and
16 those homes typically centered on Toronto.

17 We had identified to the Province that
18 we would deploy anywhere in the province, but if we
19 had an opportunity, we would prefer to concentrate
20 in a single area where we could make better use of
21 our own effect. And in terms of our own deployment
22 to an area and the real-life support to our teams,
23 we would prefer not to be dispersed across the
24 province if at all possible.

25 In the end, after the triage by the

1 Ministry of Long-Term Care, by the Ministry of
2 Health, and Ontario Health, those five homes all
3 centered on the Greater Toronto Area because those
4 were the ones that they assessed at the time on
5 that 23 of April to be the ones in the greatest
6 need.

7 As you know, over time, that re-est- --
8 adjusted elsewhere in the province, but at that
9 point, we had been committed, and that's why we
10 went into homes in Toronto, because it was
11 assessed -- or our understanding is that it was
12 assessed as the homes with the greatest need or had
13 the greatest potential for vulnerability given the
14 location and what the home itself in terms of
15 infrastructure and staffing and positioning was
16 going to experience.

17 After we got that, Mike Heenan, the
18 Assistant Deputy Minister of Hospitals in Capital
19 Division in the Ministry of Health discussed with
20 my operations director, Lieutenant-Colonel Sean
21 French, they communicated those five locations, and
22 of course, during the initial discussion between
23 Deputy Minister Helen Angus and the Chief of the
24 Defence Staff on their own call, the CDS had told
25 Minister -- or sorry, Deputy Minister Angus that we

1 would deploy to the hardest-hit homes; send us
2 where you need us the most.

3 And General Vance obviously set the
4 tone, and he said the same thing in Québec. And so
5 that's how the homes were selected on sort of the
6 merits of where the need was greatest required.

7 COMMISSIONER JACK KITTS: Excuse me,
8 Brigadier.

9 BRIGADIER-GENERAL MIALKOWSKI: Yes.

10 COMMISSIONER JACK KITTS: Just a point
11 of clarification: So I think I heard you say
12 earlier that you would go to the homes that are
13 hardest-hit, but they needed to be all in the same
14 similar geographic area; is that correct?

15 BRIGADIER-GENERAL MIALKOWSKI: Yeah,
16 so -- sorry, sir. We had requested of Ontario, if
17 at all possible, we would like to concentrate in a
18 single area, but we never put that as a formal
19 limit, or we said it's a desirable but not an
20 essential.

21 But the essential to us was actually
22 going to where the greatest need was.

23 COMMISSIONER JACK KITTS: Okay, thank
24 you.

25 BRIGADIER-GENERAL MIALKOWSKI: And the

1 assessment at that time, as conveyed to us by those
2 officials in Ministry of Health, Ministry of
3 Long-Term Care, Ontario Health, and that Incident
4 Management System for COVID, they said, we got it.
5 In the end, those five facilities were, in fact,
6 five long-term care facilities inside of the GTA.

7 COMMISSIONER JACK KITTS: Okay. Thank
8 you very much.

9 BRIGADIER-GENERAL MIALKOWSKI: Okay.
10 I'll move on unless there are further questions
11 with this particular piece. And I also have a
12 graphical timeline that will kind of encapsulate
13 all of these points.

14 So the next slide is entitled
15 "Deployment," and it notes sort of between the 24th
16 and 26th of April, which was a weekend, elements of
17 our response conducted site reconnaissance. So we
18 went and we visited Holland Christian, Altamont,
19 Orchard Villa, Eatonville, and Hawthorne to
20 determine -- well, first, it was to make contact
21 with the individual home.

22 It was to determine that the capability
23 we were bringing was one that they actually needed
24 because up until that point, we hadn't had
25 point-to-point communications with any of the site

1 management nor the medical authority present in
2 each of those facilities, and so we went and did
3 face-to-face, and in that vein, we then constructed
4 the teams that we would assemble.

5 And I mentioned this a little bit
6 earlier, but as we had done in Québec, we developed
7 these small teams that would look to the specific
8 needs of each home, so not every team was a carbon
9 copy or a cookie cutter of the same team.

10 We had a general model, and then we
11 would tailor it to be able to deliver a particular
12 impact in each of the homes, though, in general,
13 most of them looked quite similar to one another.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Did the different reconnaissance groups report back
16 in writing, or was it oral?

17 BRIGADIER-GENERAL MIALKOWSKI: That,
18 initially, it was oral, yes, sir, and it was done
19 from each of those sort of senior nursing officers
20 for each team, but they were accompanied by Major
21 Martin, the overall commander of the Augmented
22 Civilian Care Teams, and then my commander of that
23 Territorial Battle Group 1, so it had the formal
24 commanders as well as the individual team.

25 They didn't go to all homes

1 simultaneously; they went one-by-one to make sure
2 that the senior nursing officer and that local
3 commander had a good sense and could adjust the
4 teams as required to be able to deliver that care
5 inside of each facility.

6 And so they had heard everything
7 orally, and their initial report back to me, yes,
8 sir, it was oral in terms of what they were
9 providing.

10 And what I got, as you'd expect, did
11 not get into the nuts and bolts of how it was that
12 they were going to, sort of, address each problem;
13 rather, we talked in specifics about sort of what
14 their initial observations were in terms of the
15 need, and all five, as you'd expect, came back as
16 there was strong, urgent need to get folks into
17 those homes.

18 But equally, because we were not
19 attenuated to deliver, sort of, elder care, we did
20 two things that weekend. With the teams
21 themselves, Deputy Minister Steele of Long-Term
22 Care had identified to us that there was an
23 electronic, sort of, preparation module that you
24 could deliver online to folks going into long-term
25 care facilities to get an understanding as to, you

1 know, what is it that goes on in a long-term care
2 home.

3 And then each of the homes had their
4 own onboarding requirements to make sure that the
5 team that was being received understood the rules
6 and the practices and the residents and patients in
7 the homes before we actually went live with, sort
8 of, 24 and 7 care.

9 So there was a bit of time, and that
10 time was worked out by each particular home during
11 that reconnaissance to say, hey, we'll be ready to
12 onboard you on this date, and we'll be ready to
13 have you go live and integrated into our shift
14 schedule on this date. But it happened very
15 quickly.

16 Most of those -- most of our
17 deployments, as you'll see in the timeline, by the
18 28th of April, we were doing shift work inside the
19 homes. And the day before is when we did the sort
20 of onboarding at each of those places at the same
21 time as getting our troops out of Borden and down
22 into, like, real-life support nodes on the economy.

23 The hospitality industry, it was shut
24 down at this time. We got some hotels to open
25 where we could accommodate our folks because we

1 don't have a bunch of military quarters, or nor
2 would we establish, like, a field environment
3 living setting in downtown Toronto when things like
4 hotels could be contracted, opened up, and provide
5 the necessities of life to those folks who were
6 living in proximity to the homes to be able to
7 deliver their support in that sort of shift
8 schedule.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Okay.

11 BRIGADIER-GENERAL MIALKOWSKI: The only
12 other piece that I mentioned in terms of the
13 distance learning package is that bullet, 24th and
14 26th.

15 So we also needed to make sure that our
16 folks were fully trained on PPE and the, obviously,
17 risks to the COVID. I mean, intuitively, you know,
18 as a military force, we get things in terms of
19 biological warfare training, but we gave them,
20 through that military medical chain, the best
21 understanding of how COVID was, you know, spread,
22 transmitted, how infections manifest themselves,
23 again, based on the knowledge in April.

24 And we also ensured that not the -- the
25 military medical folks would understand infection

1 prevention and control procedures, but making sure
2 that the soldiers that went in to support also got
3 an understanding of medical infection prevention
4 and control, because it's a little different than
5 our training for biological warfare. Military
6 forces are attuned to biological warfare, but not
7 in this type of setting, not in a residential
8 setting looking after elders.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 All right.

11 BRIGADIER-GENERAL MIALKOWSKI: And I

12 think that I've given you a sense of this sort of
13 Territorial Battle Group 1, that senior officer
14 responsive to me who commanded these five teams who
15 also commanded the medical staff inside those five
16 teams.

17 And that body, that Territorial Battle
18 Group, that unit, over time had about 750 people
19 within it, and there was 678, I think, of that 750
20 who were directly connected over time from April to
21 July in one way, shape, or form in terms of being
22 in the homes or supporting the homes throughout
23 that entire 67-day period.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 Brigadier, if you're moving on to a separate topic,

1 is this a good time to take the ten-minute break,
2 or is there something that you want to finish
3 there?

4 BRIGADIER-GENERAL MIALKOWSKI: I think
5 it -- no, I think it is for me. I think we have a
6 natural break here with the deployment, so I think
7 ten minutes would probably do us all well.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Okay, fine. Ten minutes. Just you want to turn
10 off the camera and the mic, but don't disconnect
11 because we want to make sure you come back.

12 BRIGADIER-GENERAL MIALKOWSKI: Yes,
13 sir. I'm famous for disconnecting in inappropriate
14 ways, so thank you for your counsel, sir.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Okay.

17 -- Recess at 11:22 a.m. --

18 -- Upon resuming at 11:33 a.m. --

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 We, I guess, are reassembled.

21 So, Brigadier, we're ready when you
22 are.

23 BRIGADIER-GENERAL MIALKOWSKI: Yes,
24 sir. Perhaps one thing I should check with you,
25 sir, and the other Commissioners is, I believe that

1 I've got about half an hour in terms of the
2 remainder of the presentation and could abbreviate.

3 Because I'm mindful of your time and
4 the fact that you also might have, like, another
5 appearance or other business to attend to at the
6 conclusion of this, is that sort of -- if we keep
7 this and aim towards 12, 12 o'clock, or do you have
8 a little bit of flexibility? I just want to make
9 sure --

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 We have a little bit of flexibility, so if you
12 think you've got a half an hour left, then why
13 don't you just give us the half hour. We'll be
14 okay on our end.

15 BRIGADIER-GENERAL MIALKOWSKI:

16 Understood, sir. Thank you.

17 So then moving to the next presentation
18 slide entitled "Employment Timeline," which is now
19 viewing on the screen, much of this I've already
20 covered, but what this one seeks to do in a
21 graphical depiction is provide locations, times,
22 activities, and all of that sort of rolled up on
23 one slide.

24 And so in order to orient you to the
25 graphic, in the upper-left corner are those seven

1 homes across the GTA that we were employed in and
2 conducted support alongside the resident staff that
3 was there and some of the additional staff that was
4 brought in to help stabilize the situation in
5 addition to our presence.

6 In the upper-right, that is just a
7 graphical depiction to describe the team itself,
8 and I'll get into a little more of that. And then
9 the bottom portion shows over time with each of
10 those locations, you know, where we were and what
11 we were doing throughout that 67-day period from
12 the 22nd of April till the 3rd of July.

13 And so going to the upper-left very
14 quickly, as I mentioned, those initial five, and
15 then follow on two locations were all determined
16 out of that Incident Management Structure through
17 the Ministry of Long-Term Care, through the
18 Ministry of Health, and Ontario Health, and the
19 overall structure that was dealing with the crisis,
20 they're the ones that selected those GTA locations.

21 In the upper-right, this is just a
22 graphical depiction, a very generic one, as to what
23 a team looked like that went to each of the
24 long-term care facilities.

25 So as I mentioned, the top red box,

1 that is the nurse in command. So that's a senior
2 nursing officer. They add a second-in-command, and
3 then they broke into two shifts, a shift 1 and a
4 shift 2.

5 Almost every home initially, at least
6 the first five, they were operating on 12-on,
7 12-off shifts, which, for those that have done
8 shift work in this environment, becomes very
9 difficult over time, particularly for those in a
10 supervisory capacity or in charge because not only
11 do they have to do their medical duties for
12 12 hours, they also had a reporting regime that we
13 required of them to update, like, every day at the
14 end of their shift, and then they also had to
15 organize their shift handovers.

16 But of the medical folks there -- you
17 see the two nursing officers in deep red -- in the
18 pink depicts those medical technicians, and medical
19 technicians are like paramedics, but they're sort
20 of military-attuned paramedics.

21 So they do, like, combat casualty care,
22 they do battlefield evacuation, they do care in
23 forward areas in austere sort of treatment centres,
24 and they can also be employed in a ward in clinical
25 settings. And they are around the world in various

1 ways, shapes, and forms.

2 In this particular case, because our
3 Surgeon General, the Surgeon General of the
4 Canadian Armed Forces, directed that any activity
5 that was conducted at the home needed to have
6 medical oversight, we relied on the medical
7 technicians to also be the ones that monitored the
8 hour-to-hour activities of those general duty
9 personnel who were doing the non-medical but the
10 support tasks inside the homes.

11 And part of that goes back to the
12 question that was raised by Commissioner Kitts in
13 terms of the sort of standard of practice and
14 requirements of, you know, medical competency in
15 Canada. The Surgeon General reinforced that.

16 Because I mentioned to you before that,
17 you know, I could tap in to thousands of people,
18 the obvious question is, why, then, Commander
19 Joint Task Force Central, did you not have more
20 than five homes at any one time?

21 Our primary limiting factor was the
22 availability of medical staff across the country
23 and around the world to re-apportion them on to
24 this activity.

25 And it was in no small part because

1 what we didn't want to do is introduce teams
2 without sufficient medical oversight and medical
3 expertise -- sorry?

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Could you just repeat that last sentence? It broke
6 up for me, sorry.

7 BRIGADIER-GENERAL MIALKOWSKI: Oh, I'm
8 sorry, sir.

9 So as I mentioned, I had the ability
10 with numbers of people to be able to generate
11 greater numbers of teams, but my greatest limiting
12 factor was the fact that I didn't have that
13 sufficient military medical expertise to do the
14 correct oversight and clinical work inside of these
15 locations. And that's why I was only able to
16 respond at any one time in five facilities.

17 And it was a limiting factor. I think
18 you'd appreciate that the military medical
19 capability that we possess in the Canadian Armed
20 Forces is really geared to supporting us to do our
21 sort of medical clinical work when we're at a base
22 or garrison or a home setting.

23 We go -- we don't typically go first to
24 a downtown clinic; we typically go to a military
25 clinic, treated by our own, and then for any

1 outside specialists or, you know, greater sort of
2 clinical work, we go and rely on the public health
3 system.

4 And really, our orientation is to do
5 things outside of the country to make sure we have
6 our own military standard of care to deployed
7 operations. And that is a limiting factor in this
8 particular case because we simply couldn't generate
9 the numbers.

10 And the reason I say that is, so those
11 two nurses plus the medical technicians were about
12 12 people in each of these five teams. And the
13 total number I had, sort of, at any one time was
14 about 125 medical folks.

15 Of course, I had a much larger ability
16 to have other general duties and people who outside
17 the homes made sure that their day-to-day,
18 real-life support, you know, feeding, care, sleep,
19 laundry, all that stuff was looked after, plus the
20 command and control to make sure we were reporting,
21 accurately understanding going on in the home, all
22 that other support activity.

23 But the real work was conducted by
24 these teams, and again, each of them had about 12
25 medical practitioners -- the two nurses and about

1 ten technicians -- and they split themselves into
2 teams of six for a 12 and a 12 shift.

3 And then eventually, we got to a point
4 where it would stabilize in the home, and they
5 would go to an 8- or a 10-hour shift, negotiated
6 with the facility's own competent medical authority
7 and their own management, depending on what the
8 home was capable of carrying out in terms of
9 capacity.

10 Some homes were in dire situations
11 because their staff had been absolutely decimated
12 for a variety of reasons. Some of them were
13 suffering COVID, others needed to extricate to care
14 for others in their own families who were suffering
15 COVID, and any number of other instances.

16 And so each -- like I said, each home
17 is different, and the specifics of those, I think,
18 are best provided by, you know, Major Martin in a
19 future discussion.

20 The general duty shifts that were
21 added, so we would typically add to that 12-person
22 team about 30 to 40 additional military members
23 depending on the site and what was required to
24 sustain the team inside to help with residents in a
25 non-medical fashion inside, and then all the

1 exterior pieces required such as transport; in some
2 cases, they had cleaning; they had their own
3 infection prevention and contamination control
4 outside of the building which they managed; a whole
5 number of other duties.

6 And so that's where the variability
7 between teams existed, was in the non-military,
8 general duties. The medical teams all had the same
9 amount of medical personnel in each of them that
10 were apportioned to each of those homes when they
11 went in --

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 I'm just not clear, Brigadier. The 30 people that
14 were added, where would they come from?

15 BRIGADIER-GENERAL MIALKOWSKI: So they
16 came from that organization we built, sir, that
17 Territorial Battle Group. So they were --

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 They were Canadian military people?

20 BRIGADIER-GENERAL MIALKOWSKI: Yes,
21 they were. Yes. They were Army Reservists from
22 across the province of Ontario who came out for
23 this specific task.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Thank you.

1 BRIGADIER-GENERAL MIALKOWSKI: And then
2 moving down to the bottom area, it is simply --
3 gives you a graphic. So you see in time where we
4 were in each of those locations in the upper left,
5 starting on the far left with Bullet No. 1, which
6 corresponds to the little text beside each with the
7 date and then the activities that we conducted
8 throughout this time.

9 So as you see, initially during the
10 first sort of couple of days on the far left,
11 that's where we were conducting our request for
12 assistance, or RFA, activities, letter exchanges.

13 And as the box shows in the graphic,
14 that's where we were training our teams in terms of
15 making sure they formed as a team, because the
16 medical expertise came out from across the province
17 and around Canada.

18 They then joined up with a formed team
19 of those non-military, general-duty folks. They
20 trained together. They did the additional medical
21 training. They then did the onboarding training
22 that each home required so that they were oriented
23 to not only the specifics of the home but the
24 general sort of concepts of elder care.

25 And then we commenced on the 28th in

1 those five homes. As you see there, Holland
2 Christian, which is actually Grace Manor.

3 Holland Christian is a large complex in
4 sort of Western Toronto, Etobicoke -- it is -- it's
5 massive -- but we were in Grace Manor, which is the
6 most acute part of that long-term care facility;
7 Orchard Villa out in the East; Eatonville, as well
8 in Etobicoke; Altamont, which is also out in the
9 East; and Hawthorne, which is more central, close
10 to sort of Finch and the 400.

11 And so that's -- that timeline
12 indicates when we deployed. Bullet No. 5 is our
13 first extension, because as I mentioned, we were
14 authorized for 14 and up to 30, so the 14 was a
15 given. The Province of Ontario asked to extend
16 beyond the 14 to the 30 days, so we continued to do
17 that.

18 You'll see by Bullet No. 6, the 24th of
19 May, that's when we provided the observation report
20 to the Province.

21 Moving along to the 26th of May, that's
22 when we extended. Also, at the same time, we came
23 out of Holland Christian on a letter exchange of
24 the 24th. And then we reoriented a team to then
25 pick up the Downsview Long-Term Care facility near

1 the Downsview Airport and continued to do
2 extensions and transitions to include, finally,
3 Woodbridge Vista, which is just out in the western
4 end of Toronto, northwestern end, and then, you
5 know, terminated our activities on the 3rd of July
6 over that 67-day period from initial first shift on
7 the 28th of April until the 3rd of July.

8 And as we -- the reason we didn't
9 continue to have five homes covered was the
10 situation was stabilizing across Ontario into June
11 and July where we were no longer needed. By the
12 time we hit early July on the 3rd of July, Ontario
13 no longer required CAF support to help stabilize
14 those homes. And so we terminated the request for
15 assistance on the 3rd of July.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Would the nurses or the medical technicians have a
18 sense of the model that you needed in terms of what
19 it took to run the homes that they were in?

20 BRIGADIER-GENERAL MIALKOWSKI: They
21 certainly did, sir, through, I would say, their
22 experiential contact throughout their employment in
23 those homes.

24 Because each home, as you well
25 understand, they're different sizes --

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Yes.

3 BRIGADIER-GENERAL MIALKOWSKI: -- they
4 also have different layouts, different patient
5 rooms in a number of different facilities that
6 would kind of demand, you know, the degree of
7 staffing that would be required and, like,
8 understand as well the management structure, some
9 of which changed through, you know, ordinances by
10 the Province where management was transitioned in
11 some of these homes.

12 And the actual medical oversight in
13 some cases was ordered by the local public health
14 unit to be with an associated hospital.

15 So it really depended on each set, and
16 I don't believe from our experience in these seven
17 that that would be different from the whole number
18 of long-term care facilities that suffered
19 outbreak, saw a degree of that sort of transition
20 and changes in oversight depending on where it was
21 during the crisis.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Did the relationship with the local hospital, was
24 that -- did that succeed? Were those successful
25 relationships, or...?

1 BRIGADIER-GENERAL MIALKOWSKI: So I'm
2 not sure of the long-term view on that, sir, but
3 for the period of time that we were engaged in the
4 homes and saw that relationship, again, in a crisis
5 situation, we saw it as a very positive move and
6 saw positive changes in the homes that were
7 affected by that actual change of both management
8 as well as the imposition of the public health unit
9 and an associated hospital getting into the
10 business of resident care.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Okay. Thank you.

13 BRIGADIER-GENERAL MIALKOWSKI: And,
14 like, I would hesitate, again, as a non-medical
15 practitioner and with no background in long-term
16 care of what type of promise that would show in
17 other conditions and during a second or subsequent
18 wave.

19 But I think your question actually is a
20 good solid point, sir, and at the time in those
21 homes, it was a positive move towards success in
22 achieving stability because it brought a focus as
23 well as resources from that hospital to include
24 physicians that normally don't attend to these
25 residential homes on a frequent basis, or that was

1 our understanding.

2 But both physicians and, you know,
3 other medical expertise by specialist nurses was
4 then brought to bear, communicated with the
5 management as well as the senior staff present as
6 well as our own teams supporting, and we saw
7 noticeable change in sort of the effect of resident
8 care at that period of time.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Okay.

11 BRIGADIER-GENERAL MIALKOWSKI: This,
12 Commissioners, is all I have for this particular
13 slide. Unless you have any further questions, we
14 would move on to some points on the Observation
15 Report.

16 COMMISSIONER FRANK MARROCCO (CHAIR): I
17 think we can move on.

18 BRIGADIER-GENERAL MIALKOWSKI: So the
19 next slide just speaks to the Observation Report.
20 Now, I didn't include the details of either report
21 that I wrote on the 14th of May. We certainly have
22 the ability to provide that in detail.

23 I mean, it was publicly released by the
24 Premier and the Prime Minister, and you may have
25 already had an opportunity to read it. I can

1 certainly provide any emphasis on that Observation
2 Report, but the reality is everything that was
3 contained in that report was meant to be a window
4 and a milestone on the two issues of standard of
5 practice and quality of care that we observed in
6 those facilities at that time in early May from our
7 deployment on, sort of, the 28th of April to early
8 May.

9 And so to frame that, whenever we
10 conduct operations of any sort -- like, military
11 organizations are fixated on understanding the
12 situation of their subordinate levels. No matter
13 where you are on the structure, you always have a
14 duty to continually update your superiors with the
15 situation.

16 And that's true on operations overseas,
17 in -- you know, in difficult places around the
18 world, and we certainly bring that characteristic
19 to attention when we came and did the deployment
20 here in Ontario.

21 So we demand, as part of our military
22 culture, an obligation to report on activities that
23 are going on, particularly when they pertain to
24 what our mission set is about.

25 Equally, we sort of have a bias for

1 action. No one will sort of stand idly by. So
2 it's not just sort of observe, report, continue to
3 observe. Our culture necessitates observe and
4 report, and while doing the both of them,
5 simultaneous, do something about the issue you see
6 as best you can, and that is how I would describe
7 our bias for actions.

8 So I've just attuned towards the second
9 bullet there. So while we were providing that
10 medical care and support to the long-term care
11 facilities in those early days, we did observe a
12 number of medical, professional, and technical
13 issues by our nurses and medical technicians.

14 And so we reported that both up the
15 military chain. So each of those teams at their
16 shift level, they report in to their senior nursing
17 officer. That senior nursing officer was reporting
18 it to the Augmented Care Team Officer, that Major
19 Karoline Martin, who I believe will be a great
20 person to appear before you.

21 She, in turn, was reporting that up the
22 military medical chain because it has its own
23 obligations, as identified by Commissioner Kitts
24 earlier, and equally up the command chain, which
25 I'm responsible for.

1 And as we started to get, in the early
2 days, this piece, we always ensured that each of
3 the team at the shift level with their own shift
4 they were supporting were identifying those issues
5 and seeking local initiatives to correct it.

6 Then, at the team level in the home,
7 with the team management and the competent medical
8 authority at whatever level was present inside that
9 facility, they reported it.

10 Then Major Martin and the commander of
11 Territorial Battle Group No. 1, Lieutenant-Colonel
12 J.J. Stalker (ph), they then engaged the management
13 and oversight of each of those facilities and
14 brought forward these concerns.

15 All the while, we were formulating the
16 written report because from our perspective, while
17 it's useful to have a written report in order to
18 inform superiors -- and certainly at my level,
19 those are the types of interactions we typically
20 have beyond the verbal reporting because it lays
21 down sort of a greater degree of milestone and a
22 reference point to create larger action -- there's
23 always that bias for action at the lowest possible
24 level to correct what you can. And we did that
25 throughout with each of the homes.

1 And what I'm trying to get there is, we
2 did not in a vacuum simply observe issues, create a
3 report, and fire it off to our superiors without
4 trying to fix what we were seeing down at the
5 lowest possible level.

6 And the manner on how that occurred can
7 be described in some detail by Major Martin, and it
8 certainly was a characteristic of all of the
9 reporting that I received in my capacity as the
10 overall Commander for Ontario.

11 It was very clear that every sort of
12 piece that was being brought forward was trying to
13 be resolved at its own level. Sometimes it simply
14 couldn't because of a paucity of staff or of
15 resources like PPE. It simply wasn't there at the
16 time because our initial deployment in terms of
17 that -- the graphical sort of representation of the
18 first wave, we actually deployed at the end of
19 April when Ontario and the long-term care
20 facilities ultimately suffered sort of the greatest
21 impacts of the disease.

22 We didn't know it at the time. We just
23 went when we went. But over time, as the Province
24 reviewed, sort of, the make-up of the first wave
25 and its impact on long-term care homes, we kind of

1 arrived at the right time, which, to me, sort of
2 shows that how we got there worked because we
3 didn't come too early and weren't applied in
4 incorrect locations, and we didn't come too late to
5 actually not be of any value to be able to
6 stabilize those homes.

7 And hopefully that type of observation
8 could be borne out by -- separately by the Province
9 through your inquiries.

10 And you know, finally, the pieces
11 that -- like, our -- we believe that the overall
12 means of reporting helped increase that sort of
13 patient safety and constructive understanding of
14 the situation inside the homes across the military
15 chain of command because our intent had always been
16 to provide the formal reporting to the Province
17 because we were there at the request of the
18 Province.

19 And it would be, you know, completely
20 inconsistent with providing support and not
21 providing reporting as part of that support to the
22 Province. And that, of course, occurred on the
23 24th of May.

24 So the next slide is just a timeline
25 associated with each of those reports to give you

1 the sense of, you know, what we were observing.

2 So during that initial period, as the
3 first bullet points out, of 28th of April to the
4 3rd of July, our teams did observe a number of
5 military medical professional -- or, sorry, of --
6 my mistake -- of medical professional and technical
7 issues and communicated that to the long-term care
8 facility staff and management in each locations.

9 They were reserved continuously from
10 the outset at the team level, and in an effort to
11 immediately resolve issues, we focused on ones that
12 impacted right off the spot on resident care and
13 well-being.

14 And that was the focus of the teams.
15 It was to remove all degree of, sort of, immediacy
16 and emotion from the reporting, but simply to
17 catalogue, you know, what was going on while they
18 were effecting change inside the home itself.

19 And overall, as I mentioned, it was
20 about standard of practice and quality of medical
21 care. And the timeline that follows simply
22 indicates our formal communications interior to the
23 military and exterior to the Province.

24 So on the 7th of May, that's when I
25 received the first consolidated report from my

1 Territorial Battle Group Commanding Officer. And
2 we reviewed that together on the 8th, and I
3 directed that he provide me a formal, site-by-site
4 observational report. Because as you can imagine,
5 from shifts that were doing 12-on, 12-off, we were
6 getting lots of good reporting, identifying issues,
7 explaining the corrective measures that they were
8 doing in place, but we didn't have a very clear,
9 presentable picture that could be provided at, you
10 know, a strategic level with the Province of
11 Ontario, nor one that was quite clear in its
12 summation of issues that could be provided up my
13 military chain of command.

14 So we did -- we worked on that with
15 them, and by the 11th of May, they provided me that
16 report. And by the 14th of May, after the typical
17 sorts of review, I provided that letter, which then
18 became public later to my commander, the Commander
19 of Canadian Joint Operations Command.

20 Now, throughout that time, please don't
21 think that, you know, the formal reporting was done
22 in isolation, because clearly we were communicating
23 with our partners at various levels to state, hey,
24 we've -- we're noticing these issues, and we're
25 going to encapsulate it in a report, and we're

1 working hard at the local level to fix them. So
2 just be patient with us and stand by, and we'll get
3 that report to you.

4 And that was certainly shared with my
5 counterparts. They knew something was coming, and
6 what I waited on was authority to be able to
7 provide them that report because it was not clear
8 to me at the time that I had that authority, given
9 the fact that it had been a request for assistance
10 approved at a much higher level than myself.

11 But needless to say, at the local
12 level, and at the sort of -- the level of each of
13 the supervisors of those homes, whether they were
14 management or they were the competent medical
15 authority responsible for those homes, that was
16 being shared on a daily basis of what was
17 happening.

18 It really came as no surprise, I'll
19 add, because we shouldn't have a short memory that
20 this was the middle of a crisis, and the reason we
21 were in those homes was because it was crisis
22 conditions inside the homes.

23 And that was another motivation for us
24 wanting to make sure that we captured what was
25 happening at the time, not so much to have a

1 retrospective view of it view, but just to make
2 sure we laid down a milestone as to, here were the
3 conditions that we observed when we first came in,
4 with an intent to make sure we documented the
5 conditions of observation once we completed the
6 task with the Province.

7 And if there was -- if it was going to
8 be an extended, multi-month period of time, we
9 would obviously have periodic reporting because,
10 again, as I go back, it's part of our culture to
11 make sure we conduct these reports whenever we
12 conduct operations; all the more so because we were
13 operating in a very unfamiliar environment as we
14 did this.

15 And the sort of remainder of the
16 timeline on the 24th of May, I shared our report
17 with Deputy Minister Steele, and then once we
18 shared those reports, our Chief of Defence Staff
19 directed both to Ontario and Québec that we do
20 regular reporting up through a -- not only the
21 Province, but also through the military chain of
22 command.

23 And we did weekly Observation Reports
24 after that time: 14, 21st, 28th of June, and the
25 5th of July, which we were actually -- under the

1 Long-Term Care Act, the Director of Long-Term Care
2 Inspections, and presently, that's
3 Ms. Stacey Colameco. She has the jurisdictional
4 authority to receive that type of reporting, and so
5 we obliged by the statute and provided her with
6 those weekly observation reports on those dates,
7 reinforcing not only what the CDS directed but
8 making sure all the while that we were consistent
9 with Ontario's act because we were operating on
10 Ontario's behalf throughout that period of time.

11 And when we came to the back end of our
12 request for assistance, I sent a final Observation
13 Report addressing the same areas of concern, which
14 painted a different sort of picture because we were
15 no longer in crisis.

16 We had stabilized alongside our other
17 public health partners in those homes. And
18 overall, Ontario had stabilized in all of its
19 long-term care facilities. In fact, by this point,
20 many were being declared COVID-free.

21 I sent a final report. That final
22 report then went around the federal ring, and by a
23 number of days later, on the 4th of August after
24 the weekend, I was authorized to send that to
25 Mr. Richard Steele, the Deputy Minister of

1 Long-Term Care.

2 And that sort of gives the timeline of
3 both our initial and our final report during this
4 period. And I'll pause to take your questions.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 No, I think we're following along. It's quite
7 complete.

8 BRIGADIER-GENERAL MIALKOWSKI: Thank
9 you. Thank you, sir.

10 I'll just give a little bit of sort of
11 explanation to how it was that we would move from
12 one home to another or ultimately withdraw, and
13 that's on the slide titled "Extension, Transition,
14 Withdrawal."

15 So in any military operation, we always
16 look for the conditions that will allow us to
17 either move on to other activities within the
18 operation or ultimately cease the operation.

19 And knowing that our initial authority
20 had been for 14, then 30 days, and then
21 consistently extended by requests from the Province
22 by Minister Jones to the Federal Minister, Public
23 Safety Minister Blair, to the Minister of National
24 Defence, Minister Sajjan, down through the CDS,
25 these continuing extensions, we, you know, needed

1 to develop a means by which we would identify in
2 conjunction with officials and the Province of
3 Ontario and with the folks who were doing all the
4 practice inside the homes, not only provincial but
5 military, what were those conditions that needed to
6 exist to allow us to withdraw from a home.

7 And those are numbered on the slide,
8 you know, 1 through 4. What I would say is the
9 first two speak to the stabilization inside the
10 home itself during the crisis, and the second two
11 talk about the ability to regenerate capacity
12 within the long-term care facility.

13 And, again, the nuts and bolts of that
14 are best described by our medical team, but it was
15 a collaborative approach. So not only at my level
16 did I agree with the Deputy Solicitor General,
17 Mr. Di Tommaso, but it all occurred at the facility
18 level and then through the Incident Management
19 Structure. We shared the same view on these four
20 things.

21 So for us to leave, we had to agree at
22 the facility level between both management and the
23 medical authority, the competent medical authority
24 responsible for that particular home, and our team,
25 as well as at the official level inside the

1 Incident Management Structure, alongside Federal
2 Public Safety and my own regional Joint Operations
3 Team, and then again, at that deputy minister
4 level, we all had to agree that these four
5 conditions would be met.

6 And we did that in all seven cases, and
7 we formalized that with a letter of exchange
8 between myself and the Deputy Solicitor General,
9 Mario Di Tommaso. So the first --

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 If I can just stop you for a minute?

12 BRIGADIER-GENERAL MIALKOWSKI: Yes,
13 sir.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 The first of the four, Ministry of Health and
16 Long-Term Care assess that CAF support is no longer
17 required.

18 Did I understand you to say that that's
19 correct, but you also had to agree?

20 BRIGADIER-GENERAL MIALKOWSKI: Yes,
21 sir.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 You wouldn't know what -- yeah, all right. So --

24 BRIGADIER-GENERAL MIALKOWSKI: Yes,
25 sir. So what I would say is perhaps that first

1 bullet is kind of the chapeau that allows 2, 3, and
2 4 to exist. So if 2, 3, and 4, if you will, those
3 conditions are met, then the chapeau condition is
4 actually met.

5 So you're right in your analysis, sir,
6 that it's -- then, ultimately, because we're there
7 on a request of the Province, we cannot
8 unilaterally as a military say, we're complete, and
9 we're packing up shop, and we're going somewhere
10 else. We need to make sure the Province says, your
11 support is no longer required.

12 That's really what that one speaks to,
13 sir.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 All right. Okay.

16 BRIGADIER-GENERAL MIALKOWSKI: The
17 second one, it's about the capacity inside the
18 facility to actually manage their current COVID-19
19 cases. Not all of them -- like, we didn't have
20 declarations of COVID-free in all cases while we
21 were there. Many cases, we had left because the
22 home was able to manage it.

23 All the homes were different. They
24 have different wards, different rooms, different
25 sort of practices, and so they had to agree along

1 with our assessment, that they had sufficient
2 capability and capacity sometimes because of
3 staffing or infection prevention and control or
4 other resources or they then had the public health
5 unit and linked hospital now involved. All those
6 conditions would contribute to whether or not No. 2
7 was satisfied at the home level.

8 And then the last two really speak to
9 nuts and bolts. That infection prevention and
10 control was established and was being followed, and
11 they had all the resources to do it. They had the
12 education, they had the PPE, they had the
13 cleanliness, they had the separation of those who
14 were infected and those who were not. You know,
15 there was no commingling, there was all that whole
16 raft of medical expertise and activity.

17 And then, you know, really important
18 here, because we were valuable in terms of bringing
19 numbers, is they now had the staff that was
20 sufficiently trained and had been onboarded and
21 were able to execute duties in lieu of us being
22 there.

23 All four of those, we had to agree.
24 And you know, we reviewed this consistently. Daily
25 at the PEOC, we had daily assessment on each home

1 at that Provincial Emergency Operations Centre, and
2 it was fed by the Ministry of Health Operations
3 Centre, separate of the Provincial Emergency Ops
4 Centre.

5 And then, of course, Public Safety also
6 helped us with general updates, being the sort of
7 federal body that, you know, handles requests for
8 assistance, notwithstanding what we brought to the
9 table.

10 And then every week, we held that
11 meeting at the director level, so at the sort of
12 mid-management level, to specifically discuss
13 progress at each of those facilities based on the
14 daily updates. And we reported that daily, and we
15 shared that daily update amongst the provincial
16 bodies as well as the Public Safety body associated
17 at that Provincial Emergency Ops Centre.

18 So we had a shared understanding, a
19 shared picture of what each of these conditions
20 looked like in each of those homes. And when we
21 finally transitioned to a point where we believed
22 it to be successful, that's where the higher levels
23 than the director, it would percolate up through
24 the Ontario system to Deputy Minister Steele and
25 Deputy Minister Angus who then would ultimately

1 cause the Deputy Solicitor General and I to have a
2 formal conversation and a formal exchange of
3 letters to facilitate our withdrawal or transition
4 out of a home to another home, depending on where
5 we were throughout the crisis.

6 And I think that probably adequately
7 describes the information conveyed on this point,
8 pending your questions.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 We're good.

11 BRIGADIER-GENERAL MIALKOWSKI: The next
12 slide is simply a timeline that gives, like, a sort
13 of historical overview of the various extensions
14 and withdrawals from each of the homes. It is
15 simply a more deliberate repeat from that graphical
16 slide that had the timeline on the bottom to give
17 just a summary of each of those actions.

18 I'm not introducing anything other than
19 the specificity of dates here, but there's nothing
20 in addition to what we've covered in the previous
21 employment timeline.

22 But I'll give you a moment perhaps to
23 review, and if it causes any sort of questions or
24 further discussion.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 No questions from us.

2 BRIGADIER-GENERAL MIALKOWSKI: Thank
3 you, sir. And so what I'll go to, then, is our
4 final slide and really make sure as well, at the
5 back end of this, that I cover the points that
6 we've sort of raised in terms of follow-on activity
7 for the Canadian Armed Forces and Department of
8 National Defence and certainly take any of your,
9 you know, larger questions that were provoked not
10 only by our discussion but, you know, by your
11 appearances of others already to date.

12 So, I mean, the first point, we are
13 quite honestly very proud to have been called to
14 help Ontario and Ontarians in their time of need,
15 and the same is true of our colleagues in Québec.

16 Because, quite frankly, from a military
17 perspective and being relevant to Canadians in our
18 community, if we can't be called upon in the middle
19 of a crisis, then our value is both questionable,
20 and quite honestly, you have to wonder what it is
21 that we are actually all about.

22 And we believe that though small in
23 terms of our contribution, we were like a surgical
24 instrument that was put into a crisis at the right
25 place at the right time to be able to effect change

1 in some of the worst locations.

2 There certainly were other hard-hit
3 locations, but it is our belief given our
4 interactions with the Province of Ontario, I
5 believe, shared view with those public officials
6 that we were applied by them at the right time
7 based on their knowledge of the situation, and then
8 the results that we were able to achieve together
9 with those frontline healthcare workers who remain
10 inside those facilities and the public health
11 structure that supported it and eventually was
12 tuned towards formal linkages with hospitals as
13 well as public health units to overcome this
14 initial crisis.

15 You know, throughout, we were always in
16 a supporting role, and throughout, we were always
17 looking to stabilize, make sure the Province was
18 able to get back to a position where they did no
19 longer require our support, and then transition out
20 to make sure we got out of the way of the Province
21 to be able to allow their much larger system to
22 then bring further stability to the homes.

23 And we believe that, you know, shoulder
24 to shoulder in the homes, that that actually
25 worked, and we overcame the crisis together.

1 You know, I think I've made the point
2 throughout that military deployment to long-term
3 care facilities is a very non-standard military
4 task, but again, this is what we're here for.

5 At the end of the day, when there is no
6 other force, we become the force of last resort,
7 and we may not have the full range of capabilities,
8 but we will adapt to be able to do what we can do
9 in times of a crisis.

10 And obviously, that's our mandate, from
11 my domestic operations point of view.

12 And finally, it's mostly to reassure
13 each of you on this Commission that, you know, we
14 continue to be ready for other emergencies that
15 will materialize under COVID. It could be the
16 potential to go back into long-term care
17 facilities. And at least in that vein, we would
18 have some previous expertise and understanding, and
19 you know, based on that body of knowledge that now
20 exists with several hundred folks in Ontario and
21 several hundred folks in Québec who have done this,
22 and it can be for any other public emergency that
23 is required by the Province of Ontario.

24 But that having been said, what I would
25 emphasize is that our Minister of National Defence,

1 the Chief of Defence Staff, our deputy minister,
2 and my commander in Ottawa in terms of the domestic
3 operations response, we continue to do COVID-19
4 contingency planning under that Operation LASER
5 that I mentioned before. So it's not kind of just
6 we were used once and we were done.

7 We continue to consider the
8 re-employment of the Canadian Armed Forces in sort
9 of the traditional domestic ops role, but we also
10 do contingency planning and scenario play in terms
11 of what else we could be called upon to do,
12 because, you know, what we've done already to date
13 in terms of offering formal Public Health Agency of
14 Canada controlled quarantine zones, to employment
15 in the long-term care facilities is just, you know,
16 I guess, the first part of a new spectrum of a
17 range of employability which we have not yet
18 explored.

19 And we'll see what comes, you know, of
20 this pandemic. I mean, heaven forbid that it is in
21 a time of crisis, but ultimately, that's the
22 rationale and the raison d'être of our existence in
23 terms of protecting Canadians.

24 I'll stop there in terms of that. Sir,
25 ma'am, and sir, certainly in terms of our offer of

1 documentation, I owe you through your Secretariat,
2 confirmation as to whether or not we'll direct shot
3 the 14,000 or so pages of documentation that was
4 requested from a motion to produce papers by the
5 Standing House Committee on Health. We certainly
6 owe you that.

7 I will follow up with our team in
8 Ottawa in terms of the provision of two additional
9 witnesses. And I would recommend Major Karoline
10 Martin, who was the senior nursing officer in
11 charge of our Augmented Civilian Care Team because
12 she could speak to specifically the homes.

13 And then from a much wider perspective,
14 Colonel -- I'll make sure I get his name right this
15 time -- Colonel Scott Malcolm --

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Malcolm.

18 BRIGADIER-GENERAL MIALKOWSKI: -- who
19 was formerly our Director of Health Services
20 Operations, and he is in the lynchpin or was the
21 lynchpin as a practising physician for the -- not
22 only the apportionments of military medical care,
23 but as sort of the right arm of the Surgeon General
24 of the Canadian Forces, and the Commander of our
25 Health Services Group was the sort of agent behind

1 the scenes in all of this.

2 Equally, Colonel Malcolm has, like, a
3 connection to the Ontario College of Physicians
4 through his -- the duties, like an ex officio
5 capacity as that, a Director of Health Services
6 Operations and can explain all that duty to report,
7 medical professional piece in a far-greater
8 capacity than I've offered today --

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Well, Let me just --

11 BRIGADIER-GENERAL MIALKOWSKI: -- and I
12 believe --

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Let me just stop you there for a second.

15 BRIGADIER-GENERAL MIALKOWSKI: Yes,
16 sir.

17 COMMISSIONER FRANK MARROCCO (CHAIR): I
18 just ask the other Commissioners, would we like to
19 hear from those two witnesses, the nurse in charge
20 and Colonel Malcolm?

21 COMMISSIONER ANGELA COKE: I think that
22 would be very valuable.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Commissioner Kitts?

25 COMMISSIONER JACK KITTS: Yeah, I

1 agree. I think we could have lots of learnings
2 from what they did in terms of leadership and
3 operations in those homes.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 So, you know, Brigadier, we accept the offer -- we
6 accept the suggestion that we hear from them, and
7 if you can make arrangements for them to contact
8 us, we'll arrange a mutually convenient time for
9 that to happen.

10 BRIGADIER-GENERAL MIALKOWSKI: Yes,
11 sir, Commissioners, absolutely. And if I could
12 recommend perhaps they come like as a dual
13 presentation to you because I think one reinforces
14 the other.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Yes, that's fine.

17 COMMISSIONER JACK KITTS: Yeah.

18 BRIGADIER-GENERAL MIALKOWSKI: And the
19 other piece with their appearance before you is I
20 will inform them that the ability to perhaps
21 graphically represent some of those interactions in
22 terms of what occurred in the actual facility would
23 be helpful for your line of inquiry, particularly
24 in terms of what occurred inside the facilities.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Can I --

2 BRIGADIER-GENERAL MIALKOWSKI: Yes,
3 sir?

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 No, you go ahead, go ahead.

6 BRIGADIER-GENERAL MIALKOWSKI: I was
7 just going to say, those are the follow-up notes
8 that I took throughout our conversation in order to
9 make sure we come back to each of you in terms of
10 providing you some further information on the
11 topic.

12 COMMISSIONER FRANK MARROCCO (CHAIR): I
13 did have one question.

14 BRIGADIER-GENERAL MIALKOWSKI: Yes,
15 sir.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 One of the criteria for your withdrawal was the
18 staffing, really, the staffing.

19 Did you have a sense from your
20 perspective in the information you were receiving
21 why the staffing problem that you saw when you
22 first went there seemed to resolve itself or
23 diminish over the time you were there?

24 BRIGADIER-GENERAL MIALKOWSKI: You'd
25 probably get better, sir, from Major Martin. But

1 what I would offer was we believe in terms of a
2 retrospective look at this that, you know, during
3 the crisis, we did come at the right time, and
4 that's borne out by the rates of infection;
5 unfortunately, the casualty rate and the death rate
6 that we were seeing in the homes. And the overall
7 incidence of transmission, infection, not only in
8 the long-term care homes but in the wider
9 community, kind of all synchronized at that point
10 in time.

11 And part of the staffing difficulty in
12 these homes were that staff themselves were getting
13 the illness. They were infecting themselves, their
14 families. They were part of the transmission. A
15 few, unfortunately, also succumbed to the disease.

16 So there were pressures on those folks,
17 but over time, as everything started to stabilize
18 in the community, and in some cases, they overcame
19 the illness themselves and then were fit to return
20 to their normal duties.

21 In other cases, they were looking after
22 family members or other members of the community
23 who had fallen victim in their own homes.

24 And over time, they, themselves, were
25 able to return.

1 There was also a very coordinated
2 effort by the Province of Ontario to recruit, to
3 backfill folks, and so initially, we saw what we
4 understood to be called "agency staff" or those
5 that are temporary hires in -- you know, in various
6 sort of domains, mostly personal support workers,
7 who would then be infused to work in long-term care
8 facilities.

9 I mean, these personal support workers
10 could be employed in any range of public health,
11 but they were, you know, projected towards the
12 long-term care facilities.

13 And I think that action by Ontario,
14 coupled with the regenerative effect of people
15 being able to come back from either suffering the
16 disease or having others that they were caring for
17 recover from the disease was kind of a mosaic
18 effect of building strength back inside the
19 facilities and allowing staffing to return close to
20 normal levels.

21 But it wasn't just one thing. It was
22 the combined effect of that.

23 And my own sense of this was that a
24 large part was played by very deliberate efforts by
25 the Province to reinforce staff in those homes at

1 the time.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 All right. Well, thank you. I don't think we have
4 any further questions, and so let me say, if you've
5 completed your remarks --

6 BRIGADIER-GENERAL MIALKOWSKI: Yes,
7 sir.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 -- let me say on behalf of the Commissioners that
10 we very much appreciate your assistance, and we
11 appreciate the description of the chain of command
12 because, quite frankly, we were having some
13 difficulty with that, and we appreciate the fact
14 that you started off with letting us understand
15 where the support fit in the overall chain of
16 command.

17 I think on behalf of all of us -- I'll
18 speak for myself, but I think I speak for the other
19 two -- it was a source of some comfort to me as a
20 citizen when I found out that you were going into
21 these places that were having so much difficulty,
22 and it seems that that confidence was aptly borne
23 out by what happened.

24 So please accept the thanks of at
25 least, I think, three citizens of Ontario, citizens

1 of Canada for that.

2 We will look forward to the follow-up
3 that you promised us, and I won't forget your offer
4 to at least consider a request for other
5 assistance, should it occur to us. So we'll feel
6 free to bother you in the future, and you can feel
7 free to tell us that that's not possible, but we
8 will probably show up again.

9 In any event, thank you very much,
10 Brigadier. It's been extremely helpful.

11 COMMISSIONER ANGELA COKE: Yes, thank
12 you. Very thorough.

13 COMMISSIONER JACK KITTS: Yeah, thank
14 you.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Bye-bye.

17 BRIGADIER-GENERAL MIALKOWSKI: Bye-bye,
18 sir, bye-bye ma'am, sir.

19 COMMISSIONER ANGELA COKE: Take care.

20

21 -- Adjourned at 12:27 p.m.

22

23

24

25

FOOTNOTE

1 Page 24: It should be clarified that it was not under the authority of the Canadian Armed Forces (CAF) that civilians were held in quarantine.

CAF provided a quarantine facility at the request of another federal government department, but "we" were not holding them quarantine.

1 REPORTER'S CERTIFICATE

2
3 I, OLIVIA ARNAUD, CSR, Certified
4 Shorthand Reporter, certify:

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

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

13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.

16
17
18 Dated this 16th day of October, 2020.

19
20
21 

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24 NEESONS, A VERITEXT COMPANY

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