Long Term Care Covid-19 Commission Mtg.

Group Meeting - Families/Loved Ones
on Tuesday, January 12, 2021

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Video Conferencing, with all participants attending remotely, on the 12th day of January, 2021, 1:30 p.m. to 3:39 p.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

PRESENTERS:

Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 11

STAFF:

Angeline Hawthorn, Senior Policy Analyst for the Operations Branch, Long-Term Care COVID-19 Commission

Dawn Palin Rokosh, for the Operations Branch, Long-Term Care COVID-19 Commission

Lynn Mahoney, Counsel for Gowlings LLP

Ida Bianchi, Counsel, Long-Term Care Commission Secretariat

Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat

Adriana Diaz Choconta, Senior Policy Analyst for the Operations Branch, Long-Term Care COVID-19 Commission

Rose Bianchini, Senior Policy Analyst for the

Operations Branch, Long-Term Care COVID-19 Commission

Organization Staff

Nancy Johnson, Co chair, Ontario North Family Councils Network (ONFCN)
Roma Smith, Co chair, Ontario North Family Councils Network (ONFCN)

ALSO PRESENT:

Janet Belma, Stenographer/Transcriptionist

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

DAWN PALIN ROKOSH: So good afternoon, everyone. My name is Dawn Palin Rokosh, and I'm a Director with the Commission. This afternoon, I, along with Lynn Mahoney, who is counsel for the Commission, will be your facilitators for this session, where we'll be hearing from family and loved ones of long-term care residents in Northern Ontario.

Some of our other colleagues are also here and are helping with the meeting. They are Ida Bianchi, counsel with the Commission. We also have Jessica Franklin, team lead with the -- with the Commission, and team, and Angeline Hawthorn and Adriana Choconta Diaz, both senior policy analysts with the Commission secretariats.

I just want to make sure that everyone can hear me right now.

LYNN MAHONEY: Yes.

DAWN PALIN ROKOSH: Fantastic. You're all frozen on my screen, but as long as you can hear me, then that is fantastic.

Okay. So we have -- we have three Commissioners here today, and in a moment, I'll turn it over to Commissioner Dr. Jack Kitts who has

some opening remarks. Following this, we'll turn to the discussion of the two questions that we provided you with and we discussed last week. And Lynn and I will call upon participants in the meeting to answer the first question, and we'll call on you in order of your participant number. And then once we're finished hearing from all of you on the first question, we'll move to the second question.

As you know, this session is being recorded for transcription purposes, and the intention is to then put the transcript up on the Commission's website.

The Commissioners are very interested in hearing the input of all the family members and loved ones here today. And in order to give everyone enough time to speak, we would ask that you limit your answers to these questions to around four minutes each. I know that it may be challenging to tell us everything you want to tell us in responding to these questions in only four minutes, but we really have set this timeline to ensure that we can hear from everyone, and we know that you have really important stories and insights to share.

If for some reason you aren't able to cover everything that you had wanted to, then you can follow up with the Commission either in writing, or we can speak with you to make sure that you've been able to convey all that you wanted to to the Commission.

I'd like to now turn this over to Dr. Jack Kitts, Commissioner, to introduce himself and the other Commissioners and open the meeting.

So over to you, Dr. Kitts.

COMMISSIONER JACK KITTS: Thank you very much, Dawn.

And good afternoon, everyone. Welcome and thank you for agreeing to participate in this meeting with us today. I'm Dr. Jack Kitts, as Dawn said. I'm one of three Commissioners appointed by the Provincial Government to investigate the spread of COVID-19 in long-term care homes and the impact it has had on the residents, staff, and families.

I'm pleased to introduce my fellow Commissioners, Justice Frank Marrocco -- give a wave there, Frank -- and Commissioner Angela Coke who have joined us today -- Angela -- for this very important meeting.

Before we begin, I'd like to provide

just a bit of context about commissions in general and our commission specifically. I think you probably know that governments may set up commissions or inquiries after a tragic event occurs. Their purpose is to investigate why the tragedy occurred and to make recommendations on how to prevent a recurrence in the future. And this is generally achieved by collecting information, analyzing the data and information we've gotten, and developing recommendations to prevent it in the future.

Historically, commissions and inquiries have taken place after a crisis has occurred. Our commission is unique in that we are conducting our investigation during the crisis.

So today, we are continuing to gather information, and because the -- we're doing it in the mid -- in mid-crisis or mid-pandemic, we find -- we have found it necessary to provide interim reports to try and prevent further damages going forward in this current crisis.

Today, it's a very important part of our investigation at this point because we are learning how resident, staff, volunteers visit family members. We're into that section now, and

today, we're speaking to family members and loved ones. And your testaments to us is incredibly important, and that's why we wanted to hear directly from you.

Now, I think we understand that many of you may be nervous about participating in this meeting, and we really appreciate your courage in stepping forward to help us and help others both in the current pandemic and in the future.

Our hope is that the work of this commission will help ensure that such a tragedy is not repeated, and we believe that sharing your stories will help us, the public, and the Government understand why it is so important that this never happens again. So again, we are truly grateful for your participation this afternoon.

Now, before we begin, I would like to ask you to join me in observing a moment of silence in memory of those residents and staff of long-term care homes who lost their lives to COVID-19.

Thank you. And I will now turn it back to Dawn and Lynn to facilitate the session.

Dawn.

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

So we will begin with the question Number 1: Please tell us about your experience caring for a loved one in a long-term care home during the pandemic. How has the pandemic impacted you and your family member? Is there anything in particular that concerns you that you'd like to share with the Commission?

I'd like to begin by calling on Participant 1 to share their experience with the Commission.

PARTICIPANT 1: Just the business of being separated is very hard on me and my daughter because it's my daughter that's in the long-term care home. She has a brain injury. She's 65, but looks to about 40. And it's just she loves company. I'm not able to get up there and not -- I haven't seen her for weeks.

Luckily, the staff have been very good there, and they let her phone me. She can't use a phone herself, so they have to do that for her, and I appreciate it very much. But there are so many other things that aren't working out that well that -- you know, they need more staff. They really need more staff. Thank you.

DAWN PALIN ROKOSH: Thank you,

Participant 1. And can I just ask, your last comment that they need more staff, was that -- what was your perspective on the staffing levels before the pandemic hit compared with now?

PARTICIPANT 1: Hygiene. I've been in her room and found her toothbrush and somebody else's toothbrush in the same glass. Both residents in that room had this hair in the same hairbrush, clothes going missing.

You know, you don't -- and I don't think they think of who they're putting together. I think they should take a little bit longer look at who's in the room with that patient, like, pairing them up so that they can at least communicate and have some kind of a -- you know, a more pleasant life.

And, as I say, staff, I've never seen more than three people on that floor at any time that I've been in there, and there -- those three are running 'cause they have a lot of people in wheelchairs. They've got a lot wandering around, and, you know, getting in the wrong place. And you'll see a staff go zipping down the hall to get somebody out of a problem.

Although, I have to admit that the home

has not had one case of COVID-19 in it, and luckily, they haven't because they've done some trip-ups in that too. Thank you.

DAWN PALIN ROKOSH: Thank you very much, Participant 1.

I'll now call on Participant 2.

COMMISSIONER FRANK MARROCCO (CHAIR): You're on mute.

PARTICIPANT 2: I hope you don't mind, but I'm going to read this. It comes out much better if I put it down in writing first.

So we've all heard the comment, please don't send me to a home. Since COVID, I have come to understand the true magnitude of that statement.

First a little background: My husband and I have been married for 37 years. He has lived in long-term care for almost 6. At 74, he is not your normal older long-term care resident. He has severe MS, is wheelchair-bound, cognitively impaired, legally blind, partially deaf, and is totally dependent on me and a hired private PSW as well as staff at the home. We are joined at the hip.

Pre-COVID, I quickly realized that the long-term care system is broken. I initially

expected that the home would be able to meet my husband's needs and quickly realized they could not. The living conditions are less than desirable. The staff are often few and far between, and they are almost always working short.

This has a huge impact on the residents and staff. Not only are staff more stressed and rushed, but things are forgotten, left out completely; baths are postponed; teeth are often not cleaned; shaving is not completed; feeding is rushed; communication is difficult; and many more falls and ultimately untimely deaths occur, and this is with the very best efforts of staff and administration.

I attend to my husband sometimes two or three times a day, and I've done that for six years. I feed him, bathe him, clean his teeth, wash his hair, cut his nails. I've seen people ring for help for 15 minutes or more crying because they cannot get to the bathroom in time, calling out for help and falling because the help did not come soon enough. Staff is at a breaking point in spite of often loving their job.

Then COVID arrived. Family members were not allowed to see their loved ones for

approximately three-and-a-half months. There was no opportunity to say good-bye, explain, or let them know what was happening. My husband lost 37 pounds, stopped eating properly, lost interest in most things, declined physically and cognitively, and had to be medicated for depression.

Not only was it difficult for him but also for me. It caused a huge amount of stress. I cried often. I debated about bringing him home to live but soon realized after talking to the LHIN and CCAC and the home, it was not possible.

Inadequate home care and the inability to return him to the home if an emergency occurred all prevented it. I was told he would lose his room; there would be no guarantee that he would be able to return to the facility, and he would have to be admitted to the hospital if I could not manage him. All avenues were blocked.

Staff were overworked and worried but tried their best but continued on. Communication has been an issue at times. I had to ask the home after about two weeks into the virus to send something home to families to let us know what was happening, and they did so immediately.

Later on, all families received a

letter from the medical director indicating that, and I quote: (as read)

> "The use of hospital critical care units and ventilators for the elderly are ineffective and provide no benefit. The Ontario Long-Term Care Clinicians Expert Group have also advised us to essentially avoid hospital transfers that will be nonbeneficial or even potentially harmful."

This would, in effect, deny residents of long-term care the right to be transferred to hospital, a right which all other Ontario residents expect and rightfully deserve.

I received a phone call from the hospital which asked me with no preamble, have you picked out a funeral home for your husband? I was shocked. Staff at the home have work tirelessly and thus have had no outbreaks. This is partly luck but is mainly due to protocols put in place by staff including infection control measures. I cannot imagine how the staff will be able to cope if there is an outbreak of COVID.

I have described this experience as the worst

experience in my life. Thank you.

DAWN PALIN ROKOSH: Thank you very much, Participant 2, for sharing that.

Can I call now on Participant 3, please?

PARTICIPANT 3: Yeah, I'd like to read this. My name is [Participant 3]. I live in a city in Northwestern Ontario. I'm a primary caregiver to my mother who is currently residing in a long-term care facility here. My mom is 86 years old, blind, immobile, and confined to her bed. During mealtimes, she requires extra attention and care in order to ensure she is provided with an adequate amount of food.

Before COVID hit in March, my mom weighed 142 pounds. I was -- I would go up there almost daily to ensure she was fed. I live 20 kilometres away and would drive to see her each day to ensure she ate and had necessary snack required.

I would spend hours and hours of my time with her; however, when COVID hit and the long-term care facilities were closed to outside public, this all changed.

After the first wave settled down and family members could go back into long-term care

homes, I was shocked to see what my mother looked like. It was very apparent that my mother had lost a lot of weight and was very weak. She was very skinny, gaunt, and had lost colour. I requested that she be weighed, and shockingly, she was down to 104 pounds.

It is unfortunate, and during that -- my conversation with the staff and management, it was brought up to me that she was in end stages of life, and I needed to prepare for her passing.

With a little bit more investigation, I found the necessary care for mealtime wasn't being followed. There were times where food was being left in her room, and nobody was feeding her or taking the time to feed her. There were many times she wasn't provided a snack or didn't even receive proper care during COVID.

As I mentioned it before, my mother is legally blind and unable to feed herself. Various hot foods were left as well which would cause spills and messes in her bed.

My mom wasn't in end stages of life. She was severely malnutritioned. I spent the past five months going up there twice a day to feed my mother. I am there from five to eight hours each

day. I have ensured she has eaten and been taken care of. She is currently now 116 pounds and is more alert and stronger than when I was locked out.

Long-term care situation is broken and needs an overhaul. There is no real accountability, and as primary caregivers, it's frustrating and disheartening.

This is something that cannot wait as families are losing loved ones, and our seniors are not getting the care they need. This system is allowing our loved ones to be treated less than, and that is not right. Thank you.

DAWN PALIN ROKOSH: Thank you so much for sharing that, Participant 3.

PARTICIPANT 3: Thank you.

DAWN PALIN ROKOSH: I'll now call on Participant 4.

PARTICIPANT 4: Thank you for this opportunity. My decision to speak to you is not a criticism of the care provided by the staff of the long-term care facility my mom's in. I have the utmost respect and admiration for them, and I do bring issues with my mom's care directly to them so that we can work on solving them, so this is over and above.

My mom has many health issues and lots is from dementia, a progressive eye condition and arthritis, COPD with recurrent infections, and others.

At the onset of the first wave lockdown, my mom appeared to have adjusted well not to seeing us every day. During daily phone calls to my mom, weekly Zoom chats with her, emails from the home and pictures on Facebook, it appeared she was happy and doing well.

By mid-June, calls to her room were almost always unanswered. However, a health event mid-summer alerted us to a change in my mother. I believe it was the effects of the condition plus the restrictions from the pandemic which are isolation from her family, decreased mental stimulation; all activities that are largely supported by volunteers ended.

Staff from mom's unit, when time allotted, would sing songs and do very few activities with my mom in the hall with the other residents, and there were very few scheduled events for the residents because you needed to have six residents or less.

There was little to no physical

activity. She's in a small, very -- a very small private room. When the residents were allowed out of their room, I was offered an additional 15 minutes of activity once a week if staff permitted.

When meals were served in the unit's dining room, she would walk to this for each meal. At this point, she had been moved to a room closer to the desk and dining room and sleeping -- not sleeping was still an issue.

Her physical and health conditions continued to deteriorate, increasing the workload of the staff significantly.

At the end of November, she was moved to another unit, different staff room and routine, but the same staff workload issues and another significant adjustment for my mom and us. She lost her religious supports, and there was continuously overcautious infection control restrictions because we were in an area that had very few, if any, COVID cases.

How has it impacted me? I know the staff are unable to meet all my mom's care needs. They try their best, and they don't have enough time. They're not family. They don't know her as we do. It took a month after the September 9th

when the room -- in-room visitations were permitted again, and the visits were daily for more than five hours for my mom to start feeling secure and know that we hadn't abandoned her.

Our resumed presence definitely made a positive difference. I felt like I had my mom back but not the same mom prior to the March lockdown. Her medical conditions have progressed more rapidly since the July event. The remainder of her care not being provided by the PSWs is done by myself and my sister who are her primary caregivers when we are there, and that was missing for the first six months of the lockdown.

We do things like her breathing exercises for COPD, some of her personal care to maintain her dignity. We do activities with her in her small space in her room because that's where we're confined, playing cards, doing crossword puzzles, reading to her. And now, with the second wave, it really reinforces to her again that feeling of containment and imprisonment. Often when the phone rings, I'm stressed because I don't know what I'm -- they're going to be calling me about or if she's going to be calling me. Repeated questionings from her: Why can't we go out? Why

can't you have lunch with me? Why isn't my family, the rest of my family visiting? Because we are a very large family, and we have always been involved with my mom.

Is there anything that concerns me? Yes, the direct-care staff continue to decrease. There are no applicants for posted positions. The staff are mentally and physically tired. They often work double shifts and many shifts in a row.

Since September, about 15 staff, PSW staff have left the home. Some are working at our local hospital where the patient to PSW ratio is 6 to 1 compared to 10 to 1 or greater and worse at some homes.

Lost in the provision of care is meaningful communication with the resident and the sharing of information with the -- with the care providers. It seems to be like an assembly line, you know, just getting the work done because that's all they have time to do, and they don't get that all done.

We missed an entire summer of outdoor activities. The cool rainy season came early. The only outings for my mom are medical appointments, and she dreads every one of them.

During the night, she often feels like she doesn't know where we -- that she doesn't know that -- she doesn't think that we know where she is because she doesn't know where she is, and that's part of the disease.

She's stressed and distressed, and she requires much reassurance from the staff who have a ratio of 22 residents to 2 PSWs at night. This behaviour has remained frequent since the July incident. Thank you.

DAWN PALIN ROKOSH: Thank you so much for that.

Participant 5, I'd like to call on you now, please.

PARTICIPANT 5: Thank you. First, I'd like to thank the Commission for this opportunity to share our experience and to provide my input.

When visits to my mother's home were suspended in March, it was suggested by the CEO of the organization that we could maintain family interaction using Facetime. Virtual visits are certainly no substitute for in-person care of our loved ones. Many were in agreement with a lockout initially while more was learned about transmission of the virus in the hopes that a short, hard

lockout could keep our loved ones safe. But that proved not to be the case in many homes with the virus running rampant through homes and families not there to be the much-needed eyes and ears. And those were the words of our Premier; that was the role family served.

As the lockout dragged on, families became more vocal hearing about the tragedies happening at other homes and fearing their loved one may die without their comforting presence.

There was a strong feeling among many, including myself, that quality of life was more important than quantity. Keeping our loved ones safe but suffering from feelings of loneliness and abandonment was not good for them or us. I personally bore a great stress over the feeling of abandoning my mother who suffers from an advanced neurological disease. Mom counts on me to explain to staff her symptoms which include anxiety, depression, paranoia, and that elicits more compassion and understanding for her.

Bowel and bladder issues are other symptoms of her illness, and I have been a strong and persistent advocate for her trying to encourage patience from the staff who aren't knowledgeable of

her disease and frequently exhibit frustration towards her related to her care requests.

When staff understand that behaviours are a symptom of her disease, they can be more compassionate to our loved ones, and caregivers, we do our best to support and educate the staff.

I monitored reactions to her medication changes, changes in her eating habits and behaviours, and shared these observations with the care team. This important input to her care team was lost during the -- during the lockout period.

In addition to taking my mother to appointments, I assist her with walking and physio as her muscles have tightened from lack of walking. I provide a friendly and compassionate ear to her troubles and took her on outings for a change of scenery. That care did not happen.

The long separation from her support group of family and close friends was hard emotionally on my mother even though she was able to understand what was happening. The lack of friendly caring conversation left her more time to worry, wallow in her troubles, and generally decline due to lack of stimulating activity.

She felt like a burden to staff, many

of whom were new during the pandemic and didn't know her or understand her illness. It was often heart wrenching to do a Facetime visit seeing her so unhappy. She saw the unhappiness in other residents also, and she took that on herself.

The therapeutic recreation person worked hard to keep residents in touch with their family via Facetime and window visits leaving them little time to prepare activities for residents. Therapeutic rec time was sorely lacking for the residents as that staff was often assigned to feeding, window visits, too many -- too many duties for that staff.

When advanced in age and diminished in ability and maybe not as loveable as they once were -- I can say that about my mom -- it's the family caregivers who advocate for our loved ones and stand up for them when no one else does. And that's the word -- you know, I've heard that word long about being an advocate, and I realize now what that means. It was stressful for me not to be there to be my mother's friend and advocate and be the eyes and ears that were so sorely missing and ensure she receive proper care. Thank you.

DAWN PALIN ROKOSH: Thank you so much,

Participant 5.

I'd now like to call on Participant 6. We can help you unmute.

Angeline will assist.

Participant 6, I'm hearing that Angeline is actually helping another individual with a tech issue.

So, oh, you're good now.

PARTICIPANT 6: I'm good now?

DAWN PALIN ROKOSH: Yes. We can hear you, Participant 6.

COMMISSIONER FRANK MARROCCO (CHAIR): We can hear you now.

DAWN PALIN ROKOSH: Wonderful.

PARTICIPANT 6: Sorry. The red bar hadn't gone. Okay. So our family's and mother's pandemic journey was very short. On March the 11th, a long-term care facility asked families to select one caregiver for the resident. This was the last time I saw or spoke to my mom. On March 18th, the home was shut down to all care, and this ended my mother's interaction with my sister.

My mother was -- my sister was only able to talk to my mother one time by phone to let her know that we loved her, and my mom died on

March 31st. The night of my mom's death, my sister received a phone call around 1:10, and we were at the home by 1:15 or just shortly after. Unfortunately, we could not get to the floor unescorted. We waited for about three to four minutes while someone came to get us, and when they came to get us, they told us that our mom had died a few minutes before. We were very sad to have our mom gone from our lives. One of her children had been with her for almost every day except for a short period of time after the death of my sister since she entered long-term care in 2014.

We were, however, very grateful that my mom didn't have to live through the COVID restrictions, the problem with care, and the possibility of getting COVID because when I listen to you guys, I know my mom, with her dementia, would never have understood.

Our family found problems with care long before the pandemic which we can only assume deteriorated after the pandemic continued. Some of the problems that we saw were recreation programs that were curtailed because therapeutic recreation hours and staff had been cut, and if they had to do care, then there would have really been no

services.

Twice, I find used toileting products left on the floor of my mother's room. The smell of urine and feces in the hallway was often overpowering. Many staff appeared stressed and unhappy. They were rushed. On many occasions, there was only three PSWs to care for 35 to 36 residents. The staff clearly care about the residents and families, but they -- but they seem to find barriers in their way most of the time when they tried to do things.

In November 2019, the family asked for a referral to the occupational therapist and the wheelchair provider because we wanted to purchase a tilt wheelchair for my mother. My mother was not assessed and was not provided with a wheelchair until the end of January 2020.

There's only one OT for the whole of the long-term -- like, of the -- of the system that my mother was in. The most egregious care issue that occurred was when my mother developed a bed sore in January. We didn't learn of the skin tear until my sister saw the medical supplies in the room and asked what was happening. Mom had had the tear for over a week before we were informed. As

the bed sore progressed towards her tailbone, the family asked for the family physician and wound care specialist to see her. Finally, in mid-February, she was seen by the family practitioner who then referred her on to the wound care specialist. She was not seen until February the 21st, 2020.

One thing that my sister and I want to say is that we found the individual staff at the long-term care facility that my mom lived in were very kind and very caring, and they were always -- well, most of the time professional. They were always helpful within the parameters of what was possible. They would listen to our concerns, and they always worked towards solutions; however, what we did see was a system that is inadequate with huge problems. Thank you for listening.

DAWN PALIN ROKOSH: Participant 6, thank you very much, and I'm very sorry for your loss.

Can we now call on Participant 7?

PARTICIPANT 7: Yes. I'm trying to --

DAWN PALIN ROKOSH: We can hear you.

PARTICIPANT 7: You can?

DAWN PALIN ROKOSH: Yeah, we can hear

and --

PARTICIPANT 7: You can?

DAWN PALIN ROKOSH: -- and see you.

PARTICIPANT 7: I'm just trying to pull out -- pull up my document here.

DAWN PALIN ROKOSH: Perfect. Take your time.

PARTICIPANT 7: Why is it I can't pull it up?

DAWN PALIN ROKOSH: It's always -- it's always at moments like this that things decide not to co-operate.

PARTICIPANT 7: Oh, gosh. Okay. Hang on here.

DAWN PALIN ROKOSH: Is it coming up now, or would you like us -- we could go to Participant 8 and then come back to you.

PARTICIPANT 7: Okay. Go to 8, and then I'll go -- I'll work through the process.

DAWN PALIN ROKOSH: We will do.

PARTICIPANT 7: Thank you.

DAWN PALIN ROKOSH: So Participant 8, are you okay if we hear --

PARTICIPANT 8: Yeah.

DAWN PALIN ROKOSH: -- from you now?

Okay. Wonderful.

PARTICIPANT 8: Hi there. This is the reason I'm here today: It's my mother. She died on May 17th. I think she also died because of the lack of family help, if you will. This is another reason I'm here. This is just one of many pictures. I don't have time to put them all on, but there's a lot that went on at the home.

So I'm going to start. Firstly, I'd like to humbly thank the Commission for giving me this opportunity. It's very important for all of us to voice our opinions here.

My sister, she was the Power of Attorney and was totally dedicated and sacrificed her entire life for our beautiful mother to ensure she was safe and secure in a long-term care environment. However, this would prove to be a monumental and devastating task for both her and myself.

As I said, she died on May 17th. Now, my -- our concerns, there is zero transparency and accountability by both the Ministry of Health and Long-Term Care and the for-profit providers, in this case, Extendicare. Our family struggled with The Ministry of Health and Extendicare for eight

long years. For-profit long-term care and Ministry of Health entities are intertwined as one and will go to any lengths to hide wrongdoings and intimidate families.

What the Ministry of Health and long-term care profit providers like Extendicare tell everyone is absolutely not what is happening. Families have both of these entities to constantly challenge. Consequently, some families, they just give up.

At one point, I spent four consecutive months with my late mother at the F J Davie Home in Sault Ste. Marie. I spent six to eight hours every day, and I saw everything with my own eyes. I observed everything that could possibly aggravate or harm our mother even while she was sleeping.

She had dementia. What I saw with my own eyes is both tragic and even criminal in nature. I will go that far. Ministry of Health rarely believes what families tell them. Inspectors may be dispatched concerning the complaints; however, we were told by long-term care staff in that home that long-term care facilities are almost always, always given a heads-up by someone at the Ministry of Health before they get

there giving the long-term care home time to create the illusion of everything is wonderful. This is illegal, and it's just plain wrong. This is why both the Ministry of Health and for-profit long-term care providers are not trustworthy.

And the administrators, they build their procedures and reputations on inaccurate and faulty information intentionally to protect themselves from wrongdoing. I estimate inspectors see only 10% of the wrongdoings in long-term care. The inspection process is severely flawed and non-transparent. An overhaul is a monumental undertaking, but we absolutely need to change the status quo of desperation and continued tragedies.

I am 65 years of age. What I am saying is the system is so broken I am sure I will never see the likes of a fair and dignified system. For-profit rules and always will. I believe that 100%. It's that simple.

If anyone believes that Extendicare prioritised our mother's health over profits, they are delusional.

We, as a society, have been drowning in such long-term care wrongdoing and for-profit greed that we may never be able to save the system.

Pessimistic? Well, I say realistic because our family has lived how dysfunctional and very cruel the system is when families attempt to honestly advocate for their loved ones. Long-term care lawyers intimidate, bully, lie, and even ban family members to cover up the long-term care wrongdoings. My sister and I are the proof, eight years of documents and emails.

Just as a side note, home care is just as bad. I mention this because home care and long-term care go hand in hand. My friend is living this tragedy.

I, for one, will do everything in my power to prevent me from ever having to go into a long-term care facility. I will do anything, anything in my power. It is my opinion long-term care homes are just warehouses for seniors to go live an undignified existence and an undignified death all in the name of a profit.

U/T So I will have many documents that I will have prepared over the past eight years, and I will be sending this to the Commission, and this will verify our family's concerns from the last eight years. Thank you.

DAWN PALIN ROKOSH: Thank you very

much. Thank you very much for sharing that.

Participant 7.

PARTICIPANT 7: I'm ready.

DAWN PALIN ROKOSH: You're ready? Okay. Well, we'll turn it over to you, then.

PARTICIPANT 7: Okay. First off, I want to start by saying there's no complaints directly towards the home or the staff. Prior to the pandemic lockdown, my siblings and I would visit my mother every single day. We would alternate between us; that way, there was always someone visiting her daily. Our daily routine was talking to her, doing her hair, putting her makeup, going for walks, coffee breaks, and bringing whoever else wanted from her floor to come with us. We would participate in any activity that was going on for the day, playing bingo, going to music concerts, dancing at the concerts. There was so much activity going on. It was like a little village within the facility.

We would prepare her a change of clothes for the next day, take out her nightwear, prepare all her necessities during bath days, bringing her special treats, and we would also bring her soiled clothing home to wash.

We would also take her out for meals at local restaurants and often would take her out on weekends to the cottage which she absolutely enjoyed. She also had her weekly appointment at the hairdresser located within the facility.

During the pandemic lockdown, all the tender loving care she had known through her adult life came to a complete halt. All the entertainment and socializing were halted, even going to her weekly visit at the hairdresser. The staff was doing an amazing job with her care. There were no complaints in that area, but they could only provide limited TLC considering their very busy jobs and limited staff.

Dining with her friends in a dining room was halted as the new norm was eating their meals confined to their rooms or in front of their rooms in the hallways. This period was so extremely difficult on them as they hardly had any social contact with anyone.

The weather was still cold outside for most of the lockdown as we are located in the North, and some would say it's the North Pole; therefore, going outside was not even an option. Their only salvation was walking the hallways, and

not everyone can do that due to physical restrictions.

The period of the lockdown was from February. Our home had an earlier lockdown because of a respiratory outbreak, so that was from February to mid-August, an extremely long time without seeing their loved ones.

During this period, we saw a change in my mom as she was getting very lonely and depressed, although we would talk to her several times during the day. I cannot imagine the other residents that didn't have that luxury of talking to their families or loved ones.

Just as an example, a lady on my mother's floor has no telephone; therefore, communicating with her family was not an option. This poor lady was so withdrawn, and when I saw her after the lockdown was over, it was disheartening to witness. My mom missed us tremendously and did not truly understand why it was that we could not go and see her.

In mid-August, we were permitted to have outside visits, and that helped somewhat, but she couldn't understand why we couldn't touch, hug her, or console her, and why 6 feet apart? It is

not a human culture not being able to touch.

While the aim in protecting our seniors during the six-month lockdown, we removed their worth of wellbeing, inflicted loneliness, removed their dignity, removed their smiles. For the most part, residents residing in long-term care facilities, this might very well be their last stop.

Quality [sic] versus quality of life, quality no longer existed. Imagine if we were confined to a room for six months, restricted in eating our meals alone, excluded from seeing our loved ones, not able to socialize, being in a room day in and day out. How well would you be and feel by the end of the six months? One has to way in the quality versus quantity of life. Thank you.

DAWN PALIN ROKOSH: Thank you very much. Thank you so much, Participant 7.

I'd now like to call on Participant 9.

PARTICIPANT 9: Hi.

DAWN PALIN ROKOSH: Hi.

PARTICIPANT 9: As you can see -- at first, I want to say thank you for allowing me to participate in this, and it seems like this is, obviously, a systemic issue.

My experience caring for my dad during the pandemic has been difficult. It's been humiliating. It's been frustrating, and it's been taking a toll on all of my family. It has made us super vigilant, and we have difficulty accepting the answers we are given as to what transpired during the shutdown and now fear we'll never get to the truth.

The pandemic has impacted us as the effects of my dad testing positive in April has changed us forever. We worry more. Could he get it again? Would he survive again? Like, he's still alive. We didn't place our dad in a nursing home because we didn't want him. We made the difficult decision because we couldn't provide him the safety he needed, safety the home is supposed to provide.

My dad lost a lot of his abilities. His muscles atrophied to the point he can no longer stand. He was refusing to take his meds stating they were killing him with drugs. He got really nasty when they finally adjusted his meds, and I think he got so nasty because he went through withdrawals.

My sister and I now feed our dad his

lunch and supper since June 28th of this -- of 2020. We spend approximately three hours a day with him. Now he can actually eat independently with a little bit of assistance. When we got in in June, he wasn't even able to put fork to mouth. It was really bad. We honestly -- I -- we honestly believe had we not been able to enter when we did, he wouldn't be with us. He was failing to thrive.

My concern is that we keep getting inaccurate or misleading information when we ask questions like the day they called me telling me that he tested positive. I asked how he was doing, and they said, oh, he's doing fine. He's nice and calm. Little did I know, they injected him with Haldol. That's a pretty strong medication. Like, they -- and we didn't get the news about his positive testing 'til after it had been released to the news.

My concern -- my concern is also that restraints in the form of medications were used. His muscles atrophied to the point he can no longer stand up. So it leaves us wondering, was he sleeping in bed all day? Is that how they kept him calm, just keep him in his bed? He's wheelchair-bound, so was -- or was he catatonic

because of medication?

By preventing us from seeing our loved ones for a quarter of 2020 at minimum, nursing homes seem to have been provided a licence to provide services or not as they seen fit, and the result of which the residents and the loved ones, we will feel forever.

When I asked, there's many things that have happened, and I, too, have pictures of -- this is how we found my father this weekend that just passed. I have pictures of bruises and stuff as well. And when I asked the resident coordinator about the medication given to my dad the day he tested positive, she said this is her -- actually, I'm quoting: "This is the day that your father was put on isolation and had to remain in bed."

Testing positive for COVID doesn't mean you should remain in bed. It means you need to be isolated. Seeing as the manager of resident care believes that, it's my opinion so does the staff, and I fear that my dad was left in his bed for the two-week isolation period. That's how his muscles atrophied.

I also want the Commissioner to consider -- keep in mind that we went 44 days

without seeing our loved ones before I got to enter in, but yet COVID still got in. Not from us. We had gone 44 days without ever being able to enter that home.

Now my dad has issues with his eyes. Apparently, he can't have an optometrist. There's no optometrist that's available to him that will go into the home. So now I'm stuck with the decision, do I take him out when I know he will never be able to keep his mask on? He has dementia. He'll pull that off. He'll expose himself and potentially bring it right back into the nursing home. That's a real fear when they are supposed to be providing those essential services, and they're not.

My concern is also that no staff should ever be put in an unsafe position of having to care for excessive caseloads of vulnerable people. I believe a safe work environment would result in less burnout for those essential PSWs and resulting in better care for the residents. We -- and we shouldn't have to wait 'til 2024. It's time now.

DAWN PALIN ROKOSH: Participant -- oh.

PARTICIPANT 9: I can mention that we can't walk around with our loved ones when we go visit them now. We have to go directly in,

directly out. My dad, even though he had a one-on-one watching him constantly, and the one-on-one has certified that he will never let him out of his sight, my dad still managed to get into another resident's room, grab a pop out of that person's wherever, counter or refrigerator, whatever, and drank from it. That bottle was open. That's how contamination happens. These are the things that are happening. It's not acceptable. We are -- we are left --

DAWN PALIN ROKOSH: Participant 9 --

PARTICIPANT 9: -- disabled residents -- I'm almost done.

DAWN PALIN ROKOSH: Okay.

PARTICIPANT 9: We are left feeling that vulnerable, disabled residents have less protection than what's afforded to animals. When I bring my dog to doggy daycare, I can look at my phone and see what's going on, so how is it reasonable that I not have access to my dad, a vulnerable, disabled resident living in a home? Why?

DAWN PALIN ROKOSH: Thank you very much. Thank you very much for sharing that.

So we're going to move on to our next

participant which is either Participant 10 or 11. Participant 10, is it possible that you are an observer that we have misnamed as a participant?

PARTICIPANT 10: Yes, Dawn, I am on the Ontario North Family Council Network Executive, and I am solely observing and listening today.

DAWN PALIN ROKOSH: Well, thank you so much for being here and for your assistance in coordinating this. So I apologize for the confusion, but we're very glad that you're here as an observer.

And so I'll actually move to Participant 11 who is joining us on the phone.

So, Angeline, can you please unmute Participant 11.

PARTICIPANT 11: Hello? Hi, can you hear me?

DAWN PALIN ROKOSH: Yes, we can. Yes, we can.

PARTICIPANT 11: Hi.

DAWN PALIN ROKOSH: Hi. So we'd like to call on you in respect of the first question which is to tell us about your experience --

PARTICIPANT 11: Okay.

DAWN PALIN ROKOSH: -- in caring for a

loved one during the pandemic.

PARTICIPANT 11: Okay. Thank you. I would like to say, had I been able to join the Zoom meeting, I had some pictures, but I'm happy to be able to present this, and thank you for the opportunity.

DAWN PALIN ROKOSH: Thank you.

PARTICIPANT 11: March 14th, there was a lockdown declared. My mother was in the Extendicare nursing home. She's 86 years old, and she's the glue that holds our family together. My mom suffered a traumatic brain injury a few years ago that left her unable to speak without difficulty. Now, she cannot walk, feed herself, or even press a call button.

I immediately asked to speak with the home's manager upon lockdown being announced. I asked if we took my mom home and continued to pay for her room, would her room still be there for her at the end of the pandemic? I was told, no way; you take her home, you never -- she never comes back.

From there, I requested assurance that my mother would always be fed as my father and I feed her every day. I also asked if they could

give her a meal replacement pudding and make sure she had water and that they track this to ensure it happened as in the past, when there was a flu lockdown, my mother went way downhill.

I was promised they would ensure this didn't happen again. I requested that if there was any change in her health and her weight, that I be notified. From there, every time I called, I was told my mom was fine. The home never called me, not once.

At the end of June, I received a call asking for approval of a $100 prescription, not from the home but from the pharmacy. I said I would get back to them, and I spoke -- after I spoke with the home. The RN's response when I spoke to them was, oh, don't worry about that. Your mom did have some bad sores that went from her knees down to her feet on both legs, but that was back on March 23rd. She is fine now.

I asked why I wasn't notified, and the RN simply stated, I don't know why. You should have been called. In mid-June, Premier announced we can start visiting our loved ones. I called that day to schedule -- and schedule a visit, and I was told by the home it will take a couple of weeks

to work out a plan.

We had our first visit with my mom on July 2nd, outdoors, ten feet away, masks on. My mom has a traumatic brain injury, and both my parents are hearing impaired. Mom did not respond in any way. Her eyes remained closed. I asked, where are her glasses and her hearing aid? I found out her glasses had been broken for weeks, and they just forgot her hearing aid.

They had two blankets wrapped around her. This is in July. I asked for them to remove them, and they said that they could not. One visit allowed once a week for 30 minutes, imagine that. Week after week, mom wouldn't open her eyes hardly ever. When she did and she realized it was us, she struggled to get her little hand out from underneath those blankets, and she extended her hand and cried like a little child for us to please come to her and hold her hand. We were not allowed to. It was clear my mom was suffering from failure to thrive syndrome, no stimulation.

I was forced to maintain my composure, when inside, I wanted to run to her, hug her, and never let her go. I asked three times for them to remove the blanket off my mother.

My mom is very tiny to begin with, always has been, but she always has been hot, never cold, and this was, like I say, in July. The third time I had asked, I said, please remove the blankets; I want to see her body. The PSW complied, and it was very clear my mom had lost a lot of weight. It was later confirmed by the RN, after great reluctance, that my mother had lost 10% of her body weight. She was only 80 pounds to begin with. At this time, the RN finally confirmed that no meal replacements had been given.

At one of my weekly visits, I asked if the PSW was wearing an N95 mask because it looked just like mine. She said, no, hers was the same as mine. I asked her why she could touch my mom's face, and she responded, aren't you glad I can? She was very nice, but I said, no. No, I'm not. My mom wants to hold her husband's hand. She wants to hold me as I want to hold her. She is my mother. I am her child. That is why she is crying and begging us. Do you know what it is like to see your mom who is hanging on by a thread after months? Then you are not supposed to touch them.

My mom could not hear what I was saying half the time. My dad only went to these visits

two times at the home because he could not take it. He opted for a Facetime visit for 15 minutes a week. When I went to visit, I had to spend 25 of the 30 minutes trying to get my mom to open her eyes and respond by clapping my hands and snapping fingers and calling her name. I'd get told the visit is over.

Five minutes after, she'd finally open her eyes. It was over. See you next week. And my mom was inconsolable many of these times. I went home shaking and sometimes vomiting because it was so terrible. I felt like I was having an out-of-body experience. I couldn't sleep at night, a constant feeling of enormous guilt.

My concerns? Well, where do I start? Why are there no adult protective services? When did my mom lose her human rights, her legal rights? When did my dad and I lose our Power of Attorney rights? Mom pays to live there. No other landlord could tell you that you cannot leave the home or go to see your son who is dying and, as a matter of fact, has passed away now without ever seeing his mother or my mother being able to say good-bye to her child.

Why were we not notified of COVID

outbreaks until after we saw it on the news? When are the N95 masks coming? It's been ten months. They need respirators and N95 masks, not paper cheap masks. Every time, it's been employees bringing it in. It wasn't us because where my mother lives, we were not allowed inside. They just never let you in. That was their policy, but in other parts of Ontario, people were being allowed in.

Why has no action been taken? It's been ten months. For-profit, that's all I see, is everything that comes down to money in the Extendicare's pocket versus the care to the resident. It's always the money in the pocket, never care for the resident.

This is not to say that there aren't good people working in those homes. They are frustrated as well. These homes need to -- the for-profit homes, they need to be outlawed. It's criminal what's going on in there.

Like I say, why are other homes having visits in? We weren't allowed to see our mother unquote for months. Like, it was months from the time they locked down until we were even allowed to see her outdoors. I just have a lot of questions,

but we were forced to sit by and watch this or face the home not allowing us to see my mom at all. Thank you for your time.

DAWN PALIN ROKOSH: Thank you so much. Thank you so much for those comments. And thanks to all of you for the comments that you have made so far during this meeting.

Lynn, I'd like to turn it over to you so we can now proceed to our second question.

LYNN MAHONEY: Thanks, Dawn.

And thank you, everybody, for everything that you've said. It's been very enlightening and very powerful. Thank you very much.

So we're going to move on to Question 2 of the questions that we had sent to you. So I'm going to ask all of you to comment on this question, and we'll do the same thing. We'll go by participant number.

And so the question is, reflecting on your experience, is there anything that could have been done that would have made the situation better? What's the most important thing that the Commissioners need to know as they consider recommendations?

So it's really, the focus in this question is on recommendations. So as Commissioner Kitts had said at the outset, the very, very important work that this Commission has to do is to make recommendation based on hearing from voices such as yours who are -- who really are the voices of the -- of the residents in the long-term care homes. What can these Commissioners do? What recommendations can they make to make the system better and make these long-term care homes better going forward to prevent this crisis from recurring?

So if we could start with Participant Number 1, and I am going to remind you -- and I know we spoke about this in our preparation meeting, and I know how difficult it is, but I would appreciate if you can, and I know a lot of you covered even some of these comments about recommendations in your answer to Question 1, so to the extent that you can -- so that we can hear from everybody, that would be very helpful.

So let's start with you, Participant Number 1. If you could give us some thoughts as to recommendations that you have thought of that could make the system better.

PARTICIPANT 1: Well, of all the -- of meetings and that, they say that -- you know, are -- they come to look at the long-term care homes, they say they're watching them, that they come and they check them out. I don't think that ever happens because surely to God, they would see what's happening in there, and a list should be made up that these homes have to go by.

LYNN MAHONEY: Right.

PARTICIPANT 1: -- that, you know, and if they aren't going by them, close them up. I know we're -- it's short -- there's lot -- not enough space as it is.

LYNN MAHONEY: Right.

PARTICIPANT 1: But make them do it. Your hospitals have to. These people are not in the best of health when they go in there, so they're patients in a way, and they should be treated properly. Because I know that my daughter, one time, she had an accident here, and when I cleaned her up, I was astounded by the looks of her behind. She was excoriated. It was awful. I mean, that should never be.

So that's all I have to say. I mean, some of them are good. The one that my daughter is

in has some really good features. The staff are -- they need more training. A lot of them do. Most of the time, they're good people. But try and talk to a manager, oh, no; they don't have time for you. Ask them if they've got more staff or a worker, then get some. And that's all you hear. But you can't get through to the -- to the top guys in there because I don't know where they are, probably in Florida or something. Anyway, that's all I have to offer.

LYNN MAHONEY: That's very helpful. Thank you, Participant Number 1. And great comments about the inspection process of the homes, the leadership in the homes, and also, the staffing level in the homes. So thank you very much for touching on all of those issues.

Participant number 2, could I turn to you now for thoughts you have on recommendations that could be made to make the system better?

PARTICIPANT 2: First, I'd just like to say it's so disheartening to hear all of these stories. It's heart wrenching to hear them, actually, and I would agree with everything that is being said.

In light of the many things that

occurred during the pandemic, in particular, the deaths in long-term care, I believe the Ministry needs to act immediately to further address the issues. This is something that can't wait until a more grandiose plan can be rolled out in 2024, '25.

My biggest concern is being locked out again, especially in light of the announcement today of the state of emergency. Family representation should never be denied. There have to be safe ways to allow families to care for their loved ones. Essential caregivers should be allowed in under any circumstances. To deprive residents of their family is inhumane and, in my opinion, a breach of human rights.

Also due to the negative impact both physically and emotionally to residents and families of shutting down nursing homes, it should not be a province-wide directive. In our instance in the North, we have less cases. Staffing, of course, is a huge issue, and I believe it needs to be addressed immediately with a widely advertised massive recruitment program such as is being done in Quebec which highlights the benefits of working in long-term care including improved working conditions with more staff per resident per shift,

pay raises, full-time work and benefits.

With staffing levels so low, staff cannot care properly even before COVID. Care delayed is not good care. Staff need to be appreciated, recognized, and valued. The role of families is a huge issue. If there had been some type of role attributed to families, it would have been easier to continue to assume that role when the pandemic occurred.

The Ministry needs to redesign the Long-Term Care Act so that there is a guaranteed meaningful role for families as part of the team caring for a loved one. All too often, we seem to lose total control of our loved one once they enter long-term care. Family involvement needs to be expected, respected, and encouraged.

Sometimes, we are made to feel like outsiders and that the home knows best. At one point, I was even discouraged from feeding my husband. Many of us want a more meaningful role, a mandatory case conference once a year is inadequate. In times of short staffing or a pandemic, family members could provide a much need free workforce, if they so desire. Many of us are willing to learn protocols and procedures in order

to assist our loved ones safely and legally. Communication, perhaps there needs to be a designated person to do this, one who has the necessary skills and empathy, understanding, and compassion.

Leaving a loved one in long-term care is one of the most difficult things to do. Once the pandemic occurred, homes needed to understand the worry and the fear caused by the inability to speak to their loved ones and to visit them. Advanced notice of a lockdown needs to be given to the -- by the home as it is given to all other members of the public.

The announcement today was that the state of emergency starts on Thursday. We were told immediately that the home was in lockdown, so we had no opportunity to explain to our loved one or talk to them. Not doing so meant residents were confused, did not understand the pandemic, and often thought families had abandoned them.

I find that Ministry guidelines are often less clear and concise than they should be leaving the home to interpret them the way that suits their needs.

Residents and families need to come

first. Clear concise directives would lead to less variation and much less confusion. Homes should not be able to interpret them to meet their needs. Our residents lost last summer. We're not able to go out with family members or even out around the grounds in spite of the low risk in our area.

Due to the negative effect on residents, only those homes in high risk of transmission should be forced into lockdown. This process is such a severe measure and has a huge impact on residents physically and emotionally.

An easier way of allowing loved ones to leave the home to live with family during a pandemic or outbreak needs to be devised.

And the CEO at our home suggested I put this one in: All new homes should have single rooms to allow for family visits and to stop the spread of disease. Thank you.

LYNN MAHONEY: Thank you very much. There's a lot -- there's a lot in there, and thank you very much for taking the time to put that together.

Participant 3, can I ask you for your thoughts, please, on Question Number 2 on the recommendations? No. Now you are. Good.

PARTICIPANT 3: Thank you. I don't have much to say. I agree with everything that the participants are saying. My recommendations are that the homes be more transparent; more communication with the family members; don't try to hide stuff. When something bad comes up, just come forward and admit to it, and let's work on it together to try to correct it.

My biggest recommendation is -- and I really, really believe this -- that all resident rooms should be acquired with cameras, like, nanny cams so that the family members, if there is ever another lockout, we can still have access to our loved one. We can communicate with them. They know we're there. They know we're not abandoning them, and I really believe all rooms should have cameras in them for the safety of the loved one and the safety -- and for the PSWs and all staff up there. I think it's a win-win situation if those are put in. Thank you.

LYNN MAHONEY: Thank you very much, Participant 3.

Participant 4, can I move to you now, please, with your thoughts on recommendations?

PARTICIPANT 4: Thank you. They're

going to be very similar to Participant 2. She did an awesome job of articulating them.

So what could have been done better? Earlier access to our loved ones at the beginning of the summer. Everyone else was enjoying the outdoors while the residents were locked away in the home with the exception of scheduled one-half hour outdoor visits supervised maybe twice a week, not near enough.

Person -- foot care, personal service -- personal care services such as hair and religious services should have been deemed essential by at least June. Clear, prompt directives from the Ministry of Health and Long-Term Care and from the Public Health Ministry. It took six months to get clear, consistent definitions for essential workers and family caregivers, far too long. And even though they're more clear, there still seems to be differences from home to home in application of them.

At the onset of the latest lockdown, December 26, direction to the long-term care homes was the last to be communicated. It appeared as though it was forgotten until families and homes asked how is this going to impact on them.

Regional plans to account for areas that have had little or no cases allowing for more family and general visitor access to residents, not a one-size-fits-all approach; and also, safety in infection control practices that reflect standards agreed to from the events of SARS and Justice Campbell's SARS Commission report.

What recommendations should we consider? The long-term care home -- long-term care home pandemic plan and directives must be kept with review and revision at least every two years going forward to ensure if this or a similar circumstance arises in the future, there is an immediate plan.

Someone with great insight once said -- and there she is talking about the PSWs, they are angels in hell, markedly improved staffing levels including PSW to resident ratios that allow for not only personal care, but for meaningful contact with the residents based on their needs; continuing education of those care providers on resident conditions; clear directives from the onset with representation from frontline staff on committees and teams provincially that develop the plans if this is not current practice.

The confusion and indecision at the Provincial level makes it difficult for the homes. Current technology supports virtual attendance and participation. The Province needs to be clear, consistent, and prompt with their decisions and communication.

This is one for me: Consider negotiating with the large for-profit companies that receive financial assistance during this pandemic to share their policies and procedures, et cetera, with the not-for-profit homes. This will allow for consistent province-wide applications of the documents for care and for governance.

Consistently apply direction with regards to the types of masks and PPE used for suspected or confirmed COVID cases. The virus won't distinguish between workers or essential caregivers, so we should all be treated with the same -- with respect to testing, PPE, and training.

And just my observation from being in the home with my mom, and she has COPD, and she's had a couple of infections during this -- the lockdown since March. People who have injuries to their brain or their brain is deteriorating, they

do not know how to cover their mouth when they cough. They just cough and cough and cough, and so the -- like, when they say that N95 masks should only be used in hospital settings where they're being -- doing high-risk procedures like intubations and suctioning, et cetera, haven't watched a person who's in a long-term care facility cough like that.

They are -- actually, when they cough that forcefully, they are putting that virus out into the air; and so, therefore, the N95 mask application should be there for the staff and for the families when there's a suspected and confirmed case.

And also, a process for mask-fit testing of caregivers and education on the use of PPE for donning and removal, a multimodal approach for this education with video written and hands-on to prepare -- prepare us for that first case.

This will require more staff for education because members of the public and families have not had formal education for this in the past. Thank you.

LYNN MAHONEY: That was very helpful. Thank you very much, Participant 4. You covered a

lot of ground there, and it was very, very helpful. Thank you.

Participant 5, could I call on you, please?

PARTICIPANT 5: Hello. So I can't really boil down my response to the one important thing that is requested in the question. We really need to look at this pandemic, to me, and the future of long-term care. And it's funny because my phone keeps ringing, and I see it's my mother's home that's calling. It's, like, oh, no, I'll wait 'til this is over 'til I get -- and see what's going on there.

So the sudden lockdown without warning in March was cruel to residents and their families. The COVID case numbers were low in our region, and I feel the total lockout for so many months without explanation was an overreaction in our region.

Measures should be more regionally considered. When directive number 3 was finally updated to allow families in, input from the local public health unit still kept families from entering our home and providing care even when the home was not in outbreak.

So I am also a grandmother, and I feel

that we need to ensure that we as caregivers are safe in the home provided with the proper PPE, timely testing, and vaccines at the same time as staff, as someone has mentioned before me about the testing.

Caregivers provide care that relieve staff of some of their work such as feeding and provide vital emotional support which means less stress on the staff dealing with residents. I feel we need to be valued more and not seen as a constant problem to be dealt with at the home, which is how I feel sometimes.

I feel there needs to be stricter enforcement of the infection prevention and control measures, and we saw a lot of that nonadherence in our home by visitors as well as staff. And as a family counsel cochair, we comment on that regularly.

We know there was a lot of new staff unfamiliar to our residents and many new to working in long-term care. I feel that long-term care staff need better pay, much better training to understand the illnesses of our residents, and better working conditions to attract and retain good staff.

Our Government needs a better -- okay -- sorry. I said that.

Long-term care home operators also need to face more severe penalties for infractions, and this has been mentioned before me. Over the winter, I was reading the financial statements of one long-term care home operator, and I found this statement: (as read)

> "The revocation of a licence by authorities or the cancellation of a service contract due to inadequate performance by the operator has been historically infrequent and is usually preceded by a series of warnings, notices, and other sanctions."

So it doesn't seem like this present system of monitoring by the Province is working. Of course, we know that regular inspections weren't happening, and that needs to change. The Province said they were relying on incidents being reported by staff and families, but without families in the home, resident care concerns weren't being addressed.

We are fortunate that in my mother's

newer long-term care home, each resident has their own room even if you're paying the basic rate, and you share a bathroom, and there are smaller resident areas which can keep residents safely separated from others so reducing the possibility for transmitting illness.

So -- but at the same time, it's a large home, so it is feasible that a staff member could work on many different units. So I feel homes generally should be smaller to prevent this.

It's my understanding from following the media that more deaths occurred in older for-profit homes, and this should be reviewed. Instead of public subsidy of private homes, license for older homes should be allowed to expire. And from reading that financial statement I mentioned, this particular operator has many homes that are coming up to the end of their licensing period.

Fund instead not-for-profit homes which can put care ahead of profits. Having had a recent experience in our regional hospital with my mom, the difference in care between the two is pronounced. My mother commented on the care at the hospital, and she said, what a nice outing it was to go to the hospital due to the attentive care she

received there.

A study needs to be done to determine if this difference in care is a result of pay or working conditions. I feel, from my conversations with the long-term care staff, that both are factors.

Again, back to my reading of financial reports from this for-profit long-term care company, it shows that they are eager for the growth opportunities of a growing senior population. And referring again to that financial statement, the comment was that the redevelopment of older long-term care homes in their portfolio will proceed when the economics are favourable.

So we know that right now, the Province is preparing to hand out funding for new homes and redevelopment of older homes, so this is the time when they can, in my opinion, let a lot of those older licenses expire, their service is done, and instead, focus on not-for-profit homes which can put all their resources toward resident care.

So again, just a quick summary: End funding for the for-profit homes. Don't allow us to be locked out again because I'm having a fear of that right now, and ensure the continuation of

essential services such as foot care in the homes because a lot of us didn't realize that those things weren't happening. I just added those on as people were talking. Okay. Thank you.

LYNN MAHONEY: Thank you very much, Participant 5.

Participant 6, can I call on you for your thoughts of recommendations, please? No, you're still on mute. Now you're good.

PARTICIPANT 6: Now I'm good?

LYNN MAHONEY: Yeah.

PARTICIPANT 6: Am I good?

LYNN MAHONEY: Yes.

PARTICIPANT 6: Okay. So I just wanted to say I agree with all of the specific recommendations that people have made ahead, like, Participant 2 and 6 and 4 in particular.

So overarching my suggestions, because my mother died at the end of March, overarching my suggestions which tend to be mainly system-type suggestions is the -- my thoughts around healthcare.

I particularly feel that our acute care health system is functioning really well, and it says a lot to that that Participant 5's mother

thought that she was having a holiday in the acute care hospital.

The chronic care system isn't the greatest in the whole word, but the -- it's moving to a much sounder footing. Both of them are well supported by a primary care system. The orphan of healthcare is long-term care, and the pandemic has shown us that with absolute clarity. Like, they do not have enough money, and they are not getting enough attention.

Now, the next thing I'm about to say, many people do not agree with me, but I want to say it. Personally, I am not a fan of institutionalised care. Residential schools, you know, didn't work, and we are dealing with the problems that have stemmed from residential schools to this point.

In the 1960s, we moved developmental services into the community, and we watched individual people flourish and be able to contribute to society. In the 1980s and '90s, we did the same thing in mental health services.

Why did we possibly think that putting people in large institutions as the elderly population got larger and larger, why did we think

that that was a reasonable thing to do?

Sometimes, I think that people think that long-term care is just an apartment with nursing care instead of understanding and realizing that they are institutions just like the mental health services, just like the developmental services, just like residential care. And they are not a good way to deal with people.

Now, I'm not saying that long-term care and residential care won't be necessary at some points for some people, but we need to strengthen the home care program and the home care services so that people do not require long-term care except a few people at the very end of their lives.

Long-term care clearly needs to be better funded. As part of the increase in funding, I would like to see research projects that are funded by the Government, programs that are done by staff with that continuous quality improvement piece that has happened in chronic care because I think the staff are the ones that know where the staff -- and I would include the family councils that they would be allowed to do these pieces of research because they see where the problems are.

They should be allowed to access

funding, and they should be allowed to do these research projects to work towards solutions because I don't think this is something we're going to change really quickly.

The other thing that I would like to see is that I think that the issue around the PSWs has to be dealt with. PSWs have to be paid salaries that are commensurate with the work that they are expected to do. We need to place value on the work of caring for other people.

In conjunction with this, I really think it would be helpful if the PSWs had a registration system or a college so that that way, they could provide ongoing education and support to their members, and it could also be used to make sure that a PSW that has difficulty in one area and is asked to leave or her work is terminated or his work is terminated to go to another area.

And I think that it would -- yeah, and I think that there needs to be standards for the PSW, and I think they need to be supported to help them.

Basically, in closing, I just want to say that there also needs to be a pandemic plan in case. I didn't talk to the individual little

pieces because I wasn't really a part of it, but I think the other participants did, and I think that they have said it very eloquently. And I wanted to say thank you for letting me -- letting me speak.

LYNN MAHONEY: Thank you, Participant 6. Those recommendations were very thoughtful, and thank you very much for sharing those with us.

Participant 7, can I call on you for your thoughts on recommendations, please?

PARTICIPANT 7: Certainly. Thank you. Family caregivers should be deemed an essential service across the Province. The city I live in is currently in another lockdown, and we are fortunate as caregivers to be able to enter the home.

It is my understanding that this is not consistent within our Province, recommendations that volunteer and family caregivers should be able to enter the homes during a lockdown to give a helping hand to the residents. And some of the examples could be to provide cognitive stimulation, tidying up their rooms, rearranging their closets, styling their hair after bathing, take them for walks, go outside, having a conversation with them, making them feel important, asking them what they

would like, asking them what's on their minds, helping them place a phone call to their loved ones. These are just some examples that would help alleviate symptoms associated with loneliness and isolation. Added TLC is always a good remedy and a feeling of well-being.

Premier Ford announced back in November that rapid testing would be made available in LTCs and that it would be a game-changer, but we haven't seen the evidence of rapid testing in our location.

It's difficult to comprehend why we do not have these tests available for staffing, residents, and caregivers' visitors. I have a nephew that's an engineer and works at one of the mines in the North, and all workers have rapid testing performed before entering the premises. Why is it that we do not have the flexibility in long-term care homes?

With rapid testing on a regular basis along with vaccination, LTC homes could return to somewhat of a normal and restored confidence. According to the Province, these rapid tests produce results in minutes instead of days like the current testing system in place. This new testing initiative is critical for keeping vulnerable,

older adults safe while delivering the quality of life they deserve.

Lessons learned from other countries: In Australia, inspections in long-term care facilities are severe. Twelve homes were shut down in Australia in 2018. Zero were shut down in Ontario that year. No need to bring in the military in Australia. We need more inspectors in Ontario for better compliance in LTCs; have inspectors arrive without warning, surprise visits.

Premier Ford also announced extra funding for LTCs, funding towards hiring more staff within the next four to five years. Staffing levels are a key factor in senior care. It affects care on the most basic level. We are in a pandemic, and our staffing levels are inadequate.

On my mother's floor, there are only two PSWs per shift during the day for a total of approximately 27 residents. If a resident is in need of two PSWs for whatever reason, then the rest of residents that are buzzing for help need to wait. Level of staffing is too limited.

Comparing to Australia, residents receive bathing daily. In Ontario homes, only two baths or showers per week are required by law under

the LTC Home Act.

Recommendations: With regular testing, volunteers and family caregivers must be able to enter homes during lockdowns. Funding distribution now for hiring of more stuff; net funding distributed within the next four years; hiring of more LTC inspectors and have unannounced visits; limit tables to a couple of residents to maintain distance between individuals, but allow residents to dine with someone else, perhaps a roommate or a friend; and have rapid testing available in long-term care homes now. That's it. Thank you.

LYNN MAHONEY: Thank you very much Participant 7. Those -- that was -- that was very, very -- you know, it really kind of summed up a lot of the issues that the Commissioners have seen and heard about, so thank you very much for that. That was very helpful.

Participant 8, could I have your thoughts, please, on recommendations?

PARTICIPANT 8: Thank you. Well, my proposal to the Commission is to create a number of permanent regional committees that entirely consist of family members that are willing to work side by side with The Ministry of Health inspectors.

Family committees should be given authority to inspect long-term care facilities without notice just like the Ministry of Health inspectors.

Family committees would also join you, oversee the suggestions that your committee would put forth to the Ontario Government.

These committees could reach out to all families who wish to voice their opinions and share their horrible stories of their loved ones in long-term care. I, for one, would be humbly willing to be a part of this committee process. I have hundreds of positive contributory ideas to share from the past eight years.

Families are the glue that ensure a safe and secure existence and the survival of their loved ones. Family members are drowning in mental, physical, and financial overload because of the Ministry of Health incompetence and nontransparency and because the for-profit providers who bully, intimidate, and lie to families and to the Ministry of Health. This is a fact. We have proof.

Future development of brand-new long-term care homes must also include family input before they are built. We have many ideas that

would absolutely play an important role in increasing the quality of life for residents especially with dementia. To exclude family input would add to the continued status quo of failed long-term care homes.

Family members have lived the horrors alongside their loved ones, and they know. So if your commission does not recommend a permanent, independent committee that consists of family members, then all the important work that you are doing will be in vain, and families will continue to be wronged by long-term care administrators and ignored by Ministry of Health.

I also encourage everyone to advocate for complete legislative changes to the completely outdated Long-Term Care Act of Ontario. This is vital.

As Participant Number 4 said, cameras should be allowed in the residents' rooms in all the facilities so without worrying about being illegally persecuted by the long-term care profit providers. I know for -- I know for sure that Extendicare has intimidated us when we -- when we brought that forth to them. It's horrible.

I want to see what my mother's -- what

kind of care my mother's doing while I'm not there, but they are preventing that from happening, and that is just wrong.

Also, legislate that trespass orders illegally inflicted upon families by long-term care for-profit providers be abandoned immediately. They are permanently destroying hundreds of families in Ontario. It's criminal. I was wrongly banned from seeing my late, beautiful mother for the last three years of her life just for revealing -- just for revealing the wrongdoings and advocating to try to keep her safe. I will never get over this criminal act by Extendicare.

We absolutely need to at least double the presence of long-term care staff as most of the participants have said. This is -- this is not up for negotiation. This is a must. This has to be done. There has to be more education for the PSWs on the dementia part of it. Because there's increasing dementia in our society, they need to be more educated on dementia.

I implore that the Commission use the strongest language possible in their recommendations to the Ford Government because the recommendations are, in fact, only recommendations,

not legislation. There is no guarantee any recommendations will become reality especially under a Ford Government. Present and future Ontario governments, as in the past, if left alone to act on your recommendations, will surely continue to create a huge smoke screen as if they were implementing your recommendations, but in reality, most of them will never see the light of day.

This is our last chance to get this right. We owe this to all past, present, and future long-term care residents. As long as the government is left to deal with your recommendations at their own discretion, then absolutely nothing will change.

For-profit providers have been taking illegal advantage of this for decades. The Ministry of Health and the long-term care providers need constant and absolute oversight from an independent source.

In ending, I would like to say, from the late John Lewis, a U.S. House of Representative and civil rights leader said: Get in good trouble. Get in necessary trouble. When you see something that is not right, not fair, not just, you have to

say something. You have to do something.

So I thank the Commission for their time and their extremely difficult work. Thank you.

LYNN MAHONEY: Thank you Participant 8, those thoughts are -- they're very meaningful. Thank you very much.

Participant 9, could I ask you to give us your -- share with us your thoughts on recommendations?

PARTICIPANT 9: Like, I have the same issues. I'd like the Ministry not to give advanced notice that they're doing their investigation because that -- it's been proven that you see a difference on the floor. I see.

Continuity of care is a big thing for me. There's not enough continuity, right? There's not enough staff. And accessibility, we should never get locked out again.

I also ask the Commissioner to also think of these immobile residents, the ones that can't speak and that Facetime don't work for them, like, how difficult this was.

We need to end the shifts that are short, like short-staffed so everybody can get

their proper care.

I'm just going to go to the Long-Term Care Act. In section number 2, (1), it talks about emotional abuse as: (as read)

> "Any threatening, insulting, intimidating, or humiliating gestures, action, behaviours, or remarks included [sic] imposed social and isolation."

It appears that isolating residents from their loved ones for in excess of at least three months could be defined as emotional abuse as these actions imposed social isolation.

Section 5 defines neglect as: (as read)

> "The failure to provide a resident with the treatment, care, services, or assistance required for health, safety, or well-being and includes inaction or a pattern of inactions that jeopardize the health, safety, or well-being of one or more resident."

It appears the isolation -- residents from their loved one for, again, in excess of three

months could be defined as neglect as it failed to provide the assistance required for health and well-being of each resident and jeopardized the health of many of them.

We must always have access to our loved one. They are not in jail. I ask the Commissioner to consider somehow getting more qualified PSWs on the floors when their caseload is excessive. The vulnerable residents suffer the consequences. The PSWs shouldn't have to work unsafely neither.

And again, I will reiterate, we went 44 days without any of us seeing any of our loved ones, and COVID still got in, and my dad tested positive. So that only went in one way, and it's not hard to figure out how.

Yeah, we -- our -- the essential workers so far have been meeting the criteria of getting swabbed as being said, so we have proven that we can go in there and not spread it to our loved ones. It's the unknown, and the isolation is what causes much of our stress and anxiety. All the unknowns during this shutdown caused unnecessary stress and anxiety. This should never be repeated.

I ask the Commissioners to do all that

they can do so the wrongs can be righted or -- well, you can't really right it, but the right -- to right the wrongs and not -- and never repeat them. Thank you.

LYNN MAHONEY: Thank you very much, Participant 9.

Participant 11, could I ask you to give us your thoughts on recommendations, please?

PARTICIPANT 11: Yes. Thank you. Can you hear me?

LYNN MAHONEY: Yes, perfectly.

PARTICIPANT 11: All right. Thank you. Okay. Reflecting on this experience, this is what I believe could have improved the situation: The Ministry of Long-Term Care has a very long history of having turned a blind eye to serious wrongdoings by these for-profit homes.

The system has been broken for years now. I can personally testify to serious even criminal wrongdoings by these homes. No matter what the complaint was, even when the home was written up for serious infractions, absolutely nothing was done to fix the issue.

No consequences, no fines, no matter what. Where else would this ever happen? If any

one of us had starved our child, not provided proper medical care, that child would have been removed from our home in 2.2 seconds. If it was an animal we failed to provide the necessities of life for or we abused them, the Humane Society would remove them from our care.

But let this happen to a resident in long-term care, and you will be lucky to hear back from the Ministry. The Ontario Government has known this has been happening for years now. Nobody took action.

Upon request, I can give an enormous amount of proof of this, as can countless others. We need an independent task force to go into these homes unannounced. The Ministry needs to stop telling families that they will be going into the homes unannounced to investigate when in reality, they call the long-term care homes and tell them they are in town and literally give them the heads-up.

Our Government failed all of us, and worse yet, they failed the very people that built this country. I also believe open communication between residents, families, and management is a key component that is missing here.

Let me say it is downright terrifying for residents to tell their family when they have been mistreated. Having your family members disclose abuse or neglect and then having them beg you not to say anything because they fear what will happen to them, it is an awful dilemma.

And I would like to say that immediate action is needed. Our loved ones have suffered inhumane treatment during this pandemic. If personnel had been provided with N95 masks from day 1, many lives would have been saved. Ten months in, and our Province still doesn't have N95 masks for them or many other frontline workers for that matter.

This should never have happened, the Government lying and saying they have warehouses full of PPE and that there is no excuse for PSWs to be saying that they don't have them. Cheap paper masks don't work. They need respirators and N95.

The loneliness, the isolation, the neglect should never have happened. Families should have been allowed to take their loved ones home to care for them if they were willing to continue to pay for the room. And our loved ones would have been with their family, and the PSWs

would have had an easier time caring for those remaining.

For years, family councils have been begging for the Government to make a policy that clearly lists the details of maximum resident to PSW ratio. We are one of the only provinces that does not have this. This is key.

Also, there should be a National PSW Registry. As it is now, abuse can happen, and even when the PSW is fired, they can easily go elsewhere and claim more victims.

I would like to thank each and every one of you sitting on this committee for allowing me to advocate on behalf of my mother and father and brother. In the words of my father, at our age, it is not about the quantity. It is about the quality. Tomorrow may never come.

In the words of my mother, I am so sad; I am so lonely; it's not fair. You get to leave here. I never do.

And in the words of my dear departed brother who died during this pandemic and lockdown, I need my mom so bad; how can this be happening?

We need to abolish for-profit homes. These shareholders only care about their money, not

the residents. I am now forced to live the rest of my life knowing this is the way that my mother spent her end of life while I watch my dad shake like a leaf in fear. And I was forced to watch my brother die without being able to say good-bye to his mother.

We were mandated to have a negative COVID swab for the last two weeks -- just the last two weeks here, and it was implemented over the Christmas week, no way that we could possibly get tested again. I had already arranged for my father and I to be tested an extra time, but no way to get in there that quick because it was announced with no notice. This resulted in us not being allowed in as an essential caregiver to see my mom.

Meantime, our Extendicare home just started to test their staff every seven days. This just started today. And by the way, two of them have tested positive this past week. And I'd like to ask, are attestations being signed by staff every time they enter and leave the home as to where they have been and if they've been in contact with anybody in different zones and, you know, all that sort of thing like we are? We're asked to sign in and sign all those things when we come in.

And we're also asked even if we left the Province and such when we leave the floor and leave the building.

So I really don't understand, but I'm just thankful that you're here to listen to us, and I'm really hoping that you go for -- these people are depending on you. We are depending on you. It's the only glimmer of hope that we have. It's the only way that I can possibly go forward in my life and feel that I have done something for my mother and my father and even my departed brother because it is inhumane what has gone on here, and I mean that in the most sincere way. It's very, very tragic.

If we do nothing, we're saying it's okay what they did to our parents; it's okay what they did to our grandparents, and it's okay what they did to our brothers or sisters. It's not okay.

We need to do something. This has been going on -- my mother has been in these homes now for over five years. I can tell you that she has been drugged without our knowledge. She has had all kinds of things done to her. We need the Ministry of Long-Term Care -- actually, I think

they should be abolished. I think it needs to be a whole new legislation. I think it has to be somebody going in there that actually cares about these people and that they're accountable. It's like it's -- it's like these long-term cares are self-governing, and this is wrong. It's so wrong in so many ways.

I believe that there is lots of blood on our Government's hands, and I believe it with every fiber of my being, and I just ask that you really go forward, please, for all of us, for the -- for my mother who cries every day to me for every -- there's thousands of them up there. A person left out on a gurney just this past week, no clothing in the middle of winter done in Hamburg. This is unacceptable. It's as if we live in a third-world country. I keep having to ask myself if this is really happening or am I having a nightmare; can I just please wake up now?

But every day, I wake up to the same thing. So I ask you with all my heart and my sincerity for this Commission to please not just let our words fall on deaf ears. Please, we are counting on you. Our parents are counting on you, and literally, all of us needs this for the future.

Any one of us may be them tomorrow. We don't know. Disabilities and accidents can happen to anyone at any time. There are not just senior citizens living in there. There are people that have been victims of many different types of things. So I thank you for your time, and, again, I say, please, please, don't let this have been in vain. Thank you.

LYNN MAHONEY: Thank you very much, Participant 11. I -- to you and to all the participants, I applaud you for your courage. I applaud you for the emotional energy that you've put into preparing for today and to participating in this. I know it was -- I can only imagine how difficult it was for you.

So we really do appreciate the time that you took to gather your thoughts and to share your responses to these important questions with the Commissioners. Thank you all.

Before I pass it back to Commissioner Kitts, I would like to call on -- I'd like to call on Nancy Johnson. Nancy had a very important role in assisting us putting together this meeting today. Nancy is the cochair of the Ontario North Family Council's Network, and I'd

just like to call on Nancy to make a brief statement to the Commission.

NANCY JOHNSON: Thank you, Lynn. Can you hear me?

LYNN MAHONEY: Yes, perfectly. Thank you.

NANCY JOHNSON: Okay. Good. Thank you very much for this opportunity for all the work all of you have done at the Commission and the Commissioners, and thank you to all of the members that did show up. Most of the people here were members associated with our network, and your testimony was compelling and important.

Our organization is a grassroots, completely voluntary, unfunded, multibackground organization. We don't take positions. We respect the opinions of everybody that has expressed them here.

For instance, we don't take a position on for-profit or not-for-profit on registries or things like that, so I wanted to make that clear at the beginning. But I want to thank everybody, and we respect the opinions of everybody.

Our mission is to give voice to the frustrations of families, and so that's why we

approached the Commission. We made a submission, and we appreciate, especially with the exacerbation of the pre-existing conditions that we've been trying to shine a light on for years, it's important for you to hear, we thought, from people directly.

We do take a position, obviously, from our submission on two things and supported by what you've heard here. Our families need to stay in. They need to be in for personal, psychosocial reasons for their families and for the residents as well as the fact that so severely understaffed, the homes need that extra help.

And we have many people in our network who work very well with administration who have similar concerns as were expressed here.

If we are going to stay in, for everyone's sake, it is absolutely essential that these places be made safe to enter and to be in, and we've taken a strong position on that.

Therefore, the flaws -- we would like to see the flaws in the directives from the Chief Medical Officer of Health and the Government to be addressed. To date, they have been informed by the wrong experts sometimes misinterpreted by

bureaucrats which challenges home administration to comply and confuses staff and families. Medical doctors like those at Public Health Ontario are really valuable assets, experts on what the virus does to the body, experts promoting community health and et cetera, but they're not the best people to consult about the behaviour of a virus before it gets to the body and about protections to prevent harm.

As you wouldn't go to an engineer as your first choice in advising about how to do a tonsillectomy, why would you go to a medical doctor who doesn't have a specific specialty in occupational health and safety about ventilation and worker protection?

There is mounting evidence and compelling evidence that this virus is being inhaled, yet the doctors informing the directives do not entirely accept that, and the directives don't reflect proper protection from inhalation, and I could say a lot about the controversy, but suffice it to say, even if you aren't sure the evidence is certain, it's not only reasonable, but it's also compelling, so compelling as Justice Campbell advised us in circumstances such as these,

apply the precautionary principle; adopt higher protections until and unless evidence supports holding back; all to say in the interests of families and their loved ones in care, we need better informed Government direction. We need them -- we need to make these homes safe for workers in ways that also keep our essential family members safe; otherwise, sending them into unsafe places in close quarters with COVID cases threatens to add more logs to the fire.

So thank you for this opportunity. We ask that you -- Commissioners, we really appreciate it. We ask that you do what you can to keep our people in, but also do what you can to make sure the Government makes it safe for them to be there.

These places need to be safe. Lives depend on it. Thank you for all you're doing. We deeply appreciate this opportunity, and we hope it was of value to your efforts. Thank you.

LYNN MAHONEY: Thank you, Nancy. Thank you. That was -- that was very helpful.

Commissioner Kitts, I'll turn it back to you for closing remarks.

COMMISSIONER JACK KITTS: Okay. Well, thank you very much, Lynn. And thank you, Dawn,

and the rest of your team for bringing us together. This has been a very, very important and very informative meeting. So thanks to the whole secretariat for bringing this together.

I want to echo some of Lynn's comments about your -- and commend your courage and -- to step forward and your passion in really getting your points across. They're both compelling and inspirational, and I'm sure that is to many.

I can assure you that I speak for other Commissioners when I say that we have listened very carefully, appreciated your thoughtful and very heartfelt messages to us. You answered the questions very well. You provided us with a lot of understanding why this has been such an important investigation.

I can assure you that you have helped shape our thoughts and that we will consider very seriously the comments that you've made when submitting our report to Government. So thank you on behalf of Commissioner Coke and Commissioner Marrocco, and I hope you have a good evening. Thank you very much.

COMMISSIONER ANGELA COKE: Thank you.

LYNN MAHONEY: Thank you all very much.

Bye-bye.

-- Adjourned at 3:39 p.m.

REPORTER'S CERTIFICATE

I, JANET BELMA, CSR, Certified Shorthand Reporter, certify:

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

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

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

Dated this 13th day of January, 2021.

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