

Long-Term Care COVID-19 Commission Meeting

Group Meeting with Residents
on Thursday, March 18, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all
participants attending remotely, on the 18th day of
March, 2021, 2:00 p.m. to 3:28 p.m.

1 BEFORE :

2

3 The Honourable Frank N. Marrocco, Commission Chair

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS :

8

9 LONG-TERM CARE RESIDENTS :

10 Theresa

11 Florence

12 Kathy

13 Avril

14 Elsie

15 Marten

16 Ray

17 Rose

18 Beverly

19 Victor

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1 PARTICIPANTS:

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

4 Care Commission Secretariat;

5 Angeline Hawthorn, Senior Policy Analyst, Long-Term

6 Care Commission Secretariat;

7 Rose Bianchini, Senior Policy Analyst, Long-Term

8 Care Commission Secretariat;

9 Angela Walwyn, Senior Policy Analyst, Long-Term

10 Care Commission Secretariat;

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13 ALSO PRESENT:

14

15 Carissa Stabbler, Stenographer/Transcriptionist

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1 -- Upon commencing at 2:00 p.m.

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3 COMMISSION CHAIR FRANK MARROCCO:

4 Good afternoon, everybody.

5 DAWN PALIN ROKOSH: Hi there, everyone.

6 My name is Dawn Palin Rokosh, and I'm going to be

7 your facilitator this afternoon. I just want to

8 check with Angeline that we indeed have everyone

9 who we are expecting today.

10 Angeline, do you think everyone is set

11 up and ready to start?

12 ANGELINE HAWTHORN: I think everyone is

13 ready to go.

14 DAWN PALIN ROKOSH: Well, fantastic.

15 So we'll begin, then. And I want to start off most

16 importantly by wishing everyone here today a good

17 afternoon and welcoming you and thanking you for

18 joining today's discussion with the Ontario

19 Long-Term Care COVID-19 Commission.

20 We really appreciate your time and your

21 participation today. Hearing from residents in

22 long-term care in Ontario is very important to help

23 the Commission understand the firsthand experiences

24 you have had and also in understanding the impacts

25 of COVID-19 in long-term care homes.

1 My name is Dawn Palin Rokosh, and I
2 will be facilitating the session today. I'm one of
3 the directors supporting the Commissioners. And
4 I'm joined by my colleagues, who you've already
5 met, Angeline Hawthorn and Rose Bianchini, who are
6 both senior policy advisors at the Commission and
7 who are here to assist you if there are any
8 technical issues that you experience whatsoever.

9 We are also joined by some other
10 members of the Secretariat that is supporting the
11 Commission, and we have three Commissioners here
12 who are looking forward to hearing from you today
13 about your experiences.

14 So here's how the session today is
15 going to go: In a moment, we're going to hear from
16 Commissioner Marrocco. And then after that, I will
17 be asking you two questions, and we'll be using a
18 roundtable format.

19 So I'll call on you individually, and
20 you'll respond to the first question first, and
21 we'll go through all the residents on the call
22 today. And then we'll ask the second question, and
23 we'll go around the room, as it were, again.

24 I'd like to inform you that this
25 session is being transcribed today by Ms. Stabbler,

1 who you see on the screen. So the information that
2 you provide here today will be publicly available
3 in a transcript that we'll put on the Commission's
4 website, and therefore, the information that you
5 give us today is not confidential.

6 Now I'd like to invite our Chair,
7 Commissioner Marrocco to introduce himself and the
8 other Commissioners and to open the meeting.

9 Commissioner Marrocco.

10 COMMISSION CHAIR FRANK MARROCCO: Good
11 afternoon. There are three Commissioners, and we
12 are all here today: Commissioner Angela Coke and
13 Commissioner Dr. Jack Kitts. And the three of us
14 look forward to these meetings because they're the
15 best way we can get grounded in reality.

16 So many times the discussions we have
17 are from people presenting with slide decks or
18 talking about abstract principles, and it's very
19 easy, then, to get, actually, removed from what
20 you're interested in, which is long-term care in
21 Ontario.

22 So I want to thank you for agreeing to
23 participate, and hopefully the presence of all
24 three of us will reinforce with all of you that we
25 take this very seriously, and we take your voices

1 very seriously. And we want to make sure that our
2 report, in one form or another, reflects what we've
3 heard from the people who are in long-term care.

4 So without dragging my remarks out any
5 longer, because I'm not here to hear me, I think
6 what we should do first is pause for one minute and
7 observe a minute of silence for those who are no
8 longer with us and who were residents of long-term
9 care during the COVID crisis.

10 [Moment of Silence]

11 Well, I hope that's close to the
12 one-minute mark. It's a bit hard for me to figure
13 it out from the time on my computer, but I think I
14 got pretty close.

15 So we're ready to go, then,
16 Ms. Palin Rokosh, when everybody else is.

17 DAWN PALIN ROKOSH: Thank you so much,
18 Commissioner Marrocco.

19 So we'll start now with the first
20 question; which is, what impact has COVID had on
21 your life? Is there anything that could have made
22 things better for you and other residents?

23 And I'd like to ask Ray if he would
24 start us off here today and share his experience.

25 RAY: All right. That's okay. I'd

1 like to start off and tell you the impact it had on
2 the residents here. It's very depressing. It's
3 like a demeaning kind of a civilization anymore.
4 It feels like you're in jail almost, like you're
5 locked up.

6 We miss the volunteer; example, the
7 church groups that used to come in all the time,
8 the entertainment groups that used to come in, the
9 pet visits, things like that.

10 We miss interacting with the large group
11 program. Programs wouldn't come up all during
12 COVID. They're still not back to normal, and that
13 gets to be a little bit too much after a while.

14 You know, being able to attend in your
15 own areas with programs and visit friends in your
16 own area. It'd be nice if you could do that, but
17 even during COVID, we seem to be locked in our
18 rooms for 14 days, and it happens all too often.

19 We miss going out in the community,
20 going out shopping or out to church or out to a
21 movie, things like that. It's really tough,
22 impacting us a lot.

23 The biggest impact I can see is that for
24 a lot of the residents that are confused and don't
25 really understand what's going on, it's very hard

1 for them. They're wondering why aren't their
2 family visiting them, why aren't their kids coming
3 to see them. It's very hard to explain to them
4 about what COVID-19 is because they don't
5 understand. So it's extra hard for those people.

6 And I think it has a lot to do with
7 their health and welfare that they don't get to
8 interact with their families or friends, and that
9 really is a big concern.

10 So I think those are the main issues
11 that I've gotten from our residents here. They
12 just feel that the 14-day quarantine was used way
13 too often and seemed to keep us locked in our rooms
14 and gave you that feeling of loneliness and being
15 by yourself at a time when I think we needed each
16 other instead of being by ourselves all the time.

17 So that's -- I think those are the main
18 things. And I'd like to pass it on to someone else
19 now.

20 DAWN PALIN ROKOSH: Thank you very
21 much, Ray, and I'm sorry for the experience you and
22 the other residents have had, but I thank you very
23 much for sharing it with us.

24 And now I'd like to call on Beverly and
25 ask Beverly if she could share with us the impact

1 that COVID-19 has had on you and whether there's
2 anything that could have made it better for you and
3 the other residents.

4 BEVERLY: Well, I really enjoyed the
5 last person and the information he gave because it
6 just dawned on me that I came into the long-term
7 when COVID was starting, and I just found that
8 there's a lot of people that are not positive
9 anymore about their experience.

10 My husband has dementia, and he can't
11 understand why he can't go outside right away or --
12 it's just been a very negative experience, meant to
13 be positive, don't get me wrong, but it's turned
14 out to be very difficult.

15 And I also would like to have more
16 information about long-term care and how it
17 concerns me. You know, I would like to know what's
18 happening, and what's happening with the vaccines,
19 stuff like that.

20 DAWN PALIN ROKOSH: And so, Beverly,
21 when you talk about having more information, would
22 it be most help -- are you talking about
23 information from your long-term care home or
24 information from the Province and local medical
25 officials? What would be most helpful?

1 BEVERLY: I find that it's much easier
2 to get information about the province than it is
3 about the information in our local nursing home
4 here. So that's what I would like. I would like
5 more information about my home. Just basic things.

6 DAWN PALIN ROKOSH: Okay. Thank you
7 very much, Beverly. That's very helpful. So we'll
8 come back to you for the second question.

9 Can I call now on Victor and ask if
10 Victor can speak to us about the impact that
11 COVID-19 has had on your life and whether there is
12 anything that could have been done to make the
13 situation better for you and other residents.

14 VICTOR: First, I would like to tell
15 the people in this home, Rockcliffe, because we
16 were very fortunate, the first round we hardly got
17 brushed by the COVID. But in the second round, it
18 hit us hard and every -- including me. Most of us
19 got hit hard by the COVID.

20 We were -- most of the year I was on
21 lockdown, and it's very depressing when you're in
22 lockdown. I have a problem with mobility, walking,
23 and the less walking I do, the more stiff my legs
24 become.

25 And my experience is these people here

1 are making every effort, but we need help from the
2 Ministry. We need to hire more PSWs. We are very
3 short. And then you all made some rule that they
4 can only work in one place, and therefore the
5 income is cut, and they're scrambling.

6 And to me, it's very difficult for
7 them, and then we feel it because I get very
8 depressed quickly. But the good thing is I don't
9 stay depressed very long. But it's very
10 depressing.

11 And I had the COVID-19, and I got the
12 best care here, and I am grateful to God for these
13 people. They are the best. But apart from me, I
14 am not speaking on behalf of me alone. I speak on
15 behalf of the whole home here. They had to be
16 working around the clock.

17 And the director of environmental
18 services had to double up on the cleaning and the
19 spraying of the wards. You know, if you were here,
20 you would see this place was like a war zone. He
21 just worked and worked and worked. I don't know
22 when he got rest.

23 And then he got the COVID too, you
24 know. Most of the people who helped us, they got
25 it. And the second round was very bad. It's a bad

1 fellow. I call it a fellow.

2 But we were able to manage it because
3 we have a great team here at Rockcliffe, a fabulous
4 team led by Denise. And that is what gave us this
5 hope because I have hope. I came out of it.

6 I would say I felt the effects of it a
7 month, but then I was still on lockdown. And when
8 I thought I was coming out to go in the dining room
9 to eat, still on lockdown.

10 So I've been on lockdown for a very,
11 very long time, and it is depressing when you eat
12 in your room, you sleep in your room. You know,
13 it's very depressing. But they have helped us in
14 many ways.

15 As I say, guys like Ken Wilson and the
16 team here, this team, they have worked fabulous to
17 keep us clean. I mean, they've cleaned the
18 bathrooms, the toilets, you know, to keep us well.
19 And it's an amazing job they have done, but we need
20 more people. We need more PSWs, you know, and that
21 means more money from you guys.

22 I'm a very practical man. I'm an
23 engineer by training, so I have to be practical.
24 We need more PSWs no matter what anybody says, and
25 it means more money they need. Please give them

1 what they need, and that would be my answer.

2 I was very depressed at one stage. The
3 first gentleman who spoke, I echo his feelings, you
4 know, but I saw all people, you know, led by
5 Ken Wilson ably. And they had to be working
6 overtime, and I don't even know if the place here
7 had money to pay them for what they did.

8 You know, I would wake up some
9 mornings, and there's a man spraying the walls, you
10 know. Not easy for them. And we need to recognize
11 the ladies cleaning the bathrooms, the toilets, the
12 sink basins, you know, we have to be very grateful.

13 And you guys, I would like to suggest
14 something for all the homes in Ontario. The PSWs,
15 you should honour one once a quarter. Give them a
16 weekends in a hotel. You know, you can pick a
17 hotel for that. You don't have to pay -- cost you
18 any money, but just to show appreciation, one PSW
19 from each home should get a weekend at the hotel
20 like Inn on the Park or somewhere for the weekend.

21 You should also have more interactions
22 when this COVID is behind us and the variants. We
23 should have meetings between the homes once the
24 thing is totally clear, whether it's a year,
25 18 months, whatever.

1 But we will have meetings, I hope, with
2 you before that. You're very pleasant on the eye,
3 so I am happy to see you, and God bless you and
4 keep you going. And that's me.

5 DAWN PALIN ROKOSH: Victor, thank you
6 so much for sharing that. That was really helpful,
7 and I am so glad to hear that you have recovered
8 from COVID-19 and so --

9 VICTOR: I got really good care, really
10 good care.

11 DAWN PALIN ROKOSH: Well, it's so
12 important, and I think, you know, this is great
13 feedback and also great information on
14 recommendations.

15 And we're going to come back to you on
16 that, and everyone here on the call, when we deal
17 with question 2 because the Commissioners are
18 interested in hearing your input as they consider
19 recommendations to government of how government
20 should proceed to make things better.

21 So thank you so much, Victor. I really
22 appreciate that.

23 And now I'd like to call on Marten to
24 ask for Marten to share your experiences of how
25 COVID-19 has impacted your life and whether there's

1 anything that could have made things better for you
2 and the other residents.

3 Marten, I'll just note that it looks
4 like you're on mute, so if you can just -- yeah,
5 perfect. Go ahead.

6 MARTEN: Okay. Well, basically, I
7 reflect what the other persons have said, but I
8 have looked through the two questions, and I have
9 basically thought about it seriously, and I have
10 come up with this: If there's any health threat,
11 we, the elderly are the more affected people due to
12 our aging immune system.

13 So it is no surprise to me that the
14 death toll of the pandemic is the highest of our
15 age group and, consequently, in long-term care
16 facilities.

17 My experience at Elm Grove care home at
18 the beginning of the outbreak was shock and
19 surprise as lockdown procedures were immediately
20 implemented. Room isolation is very restrictive.
21 Being cut off from all contact and activities with
22 others is a hardship.

23 To strictly rely on your own
24 entertainment in isolation electronically for weeks
25 and months on end is very challenging to gratify

1 one's desires but vital in the prevention of the
2 spread of the very contagious COVID-19 virus and
3 its variant.

4 I am very grateful for the excellent
5 care and precautions taken by all staff and
6 management with extra isolation methods,
7 sanitation, disinfection, health monitoring, virus
8 testing, and finally, inoculation in connection
9 with the Sinai Health care and guidelines by the
10 Ontario Ministry of Health.

11 I especially welcome the home's weekly
12 written updates on the status of the home's
13 standing and action taken during the isolation. It
14 eased the anxiety of the shocking and scary media
15 announcement on long-term care facilities.

16 Reflecting on the still ongoing
17 experience, I have come to the conclusion that for
18 my situation, at this time of my life, Elm Grove
19 long-term care is the safest and best care facility
20 to me to weather the storm and have a safe haven
21 under the very trying circumstances.

22 The statistics and accreditation will
23 verify the quality of care of the home for the
24 elderly in Elm Grove. I thank the Long-Term Care
25 Commission for their invitation and the work to

1 improve the condition in Ontario long-term care
2 facilities. Thank you.

3 DAWN PALIN ROKOSH: Marten, thank you
4 so much for those really thoughtful comments. We
5 really, really appreciate them, and I'm absolutely
6 so pleased that you feel that you've been in a very
7 safe place throughout this ordeal. Thank you very
8 much. I'm going to come back to you when we are on
9 the second question.

10 MARTEN: Thank you. Yes.

11 DAWN PALIN ROKOSH: Okay. Thank you.

12 Now I'd like to call on Elsie, please.
13 Elsie, we'd like to hear from you about what impact
14 COVID-19 has had on your life and whether there was
15 anything that could have been done to make things
16 better for you and the other residents.

17 ELSIE: We had very, very good care,
18 and really I don't think there's much more they
19 could have done.

20 My nephew caught the virus, and he said
21 it's pretty bad, but he's doing all right. And not
22 being able to see him and see your children, let me
23 tell you, that's difficult.

24 And we used to go out, like, and have a
25 pizza once in a while or go out for coffee. Now we

1 don't do that anymore. We just sit around. But
2 they're doing the best they can, I guess.

3 DAWN PALIN ROKOSH: Yeah, it is, I can
4 imagine, really, really difficult to not be able to
5 see your children and --

6 ELSIE: Yeah, well, you know, my
7 daughter used to come every weekend. Now nothing.
8 The people inside are nice and the nurses.

9 DAWN PALIN ROKOSH: Okay. Is there
10 anything else you'd like to share about your
11 experience now or --

12 ELSIE: No, not really. I'm getting
13 worried about my nephew having it. It hasn't
14 affected me. You know, I was here in the nursing
15 home when this whole thing started, so it just --
16 it was the isolation, stay in your room. That's
17 hard.

18 DAWN PALIN ROKOSH: Yeah.

19 ELSIE: We used to have a movie or all
20 kinds of activities, you know. There's nothing to
21 do, but we'll get through it.

22 DAWN PALIN ROKOSH: Well, wonderful.
23 Thank you very much for sharing that, and I can
24 imagine that it would be very difficult being shut
25 down and then also worrying about your nephew.

1 But I really appreciate you sharing
2 that with us, and we'll come back to you in the
3 next round for the second question, Elsie. Thank
4 you very much.

5 I'd like to now call on Theresa to
6 please share with us how COVID-19 has impacted your
7 life and whether there was anything -- anything
8 could have been done to have made the situation
9 better for you and the other residents.

10 THERESA: Well, I happen to be in a
11 232-resident home, and they have taken excellent
12 care of us. We went over the things -- changes
13 they made. Some of us didn't like some of the
14 things that happened, but it was for our own good.

15 The tables immediately were changed to
16 two sittings per meal in order to space us all out
17 6 feet apart. This was the idea. Then the tables
18 and chairs were sanitized before the second
19 seating. We usually got into the dining room
20 between 8:45 and sometimes later. It was an
21 inconvenience for us ones that went second, but it
22 was necessary.

23 Hand sanitizing became necessary,
24 washing our hands and -- when we entered the dining
25 room and when we came out. And then also, we

1 weren't allowed off the floor, going out anywhere.
2 At first, not even to a doctor's appointment or a
3 dentist appointment, which are now allowed.

4 And also at the beginning, there was --
5 visitation was cut off, and after a couple of
6 months, we started having window visits, our
7 visitors outdoors and us sitting at the window
8 downstairs on the same level.

9 And masks were required if we had to go
10 off the floor for therapy, for instance.

11 Vaccines, we were one of the earliest
12 nursing homes to receive our two vaccines.
13 Temperatures were taken every day twice a day.
14 We've now cut down to once a day. But never had a
15 case, not a single case.

16 The store and coffee shop closed, but
17 the store is going to reopen next Monday.
18 Activities were cut down considerably. We weren't
19 allowed to be in groups.

20 But the activity person sometimes came
21 to the door with a basketball net and a ball. We
22 tossed it in, and then go on to the next one. And
23 then they'd come back and tell us who had the best
24 score.

25 Or they'd come with word searches for

1 us. We'd have to search for the words or whatever.
2 Or they came with a board for darts, and it was
3 sponge, and then we threw -- we didn't throw a
4 dart. We threw something else that would stick to
5 the -- it had Velcro on it, and it would stick to
6 the boards.

7 We found all sorts of little
8 activities. There wasn't a lot of it, like what we
9 were accustomed to, something going on every day,
10 all day long, in the evening, but we got by.

11 And temperatures were taken twice every
12 day. Now they just do once a day. The store and
13 coffee shop were closed.

14 And one of the things most of us miss
15 was church because we always had mass in our chapel
16 five days a week, not on Mondays and not on
17 Saturdays. And we really miss that.

18 But I was able to do a -- I had been
19 doing a prayer group every Monday when there was no
20 church. I'd done that for many years before
21 because there never was church Monday. I had the
22 prayer group here.

23 So I continued that at first with just
24 no more than five people. Then I was asked to stop
25 it. Well, the nuns used to come down, but then

1 they were ordered not to come off their floor.
2 They couldn't come down and visit. And they used
3 to bring communion for us. And that only lasted
4 three weeks, and they wouldn't allow the nuns to
5 come off their own floor.

6 But one of those workers, staff came to
7 me one day and said, "Well, why don't you do that
8 prayer group? Everybody is wanting it." And I
9 said, "Well, I'm not allowed." And she said, "Oh,
10 I'm going to make it part of my program."

11 So we started it up again, and we're
12 still going strong. We have it every Tuesday
13 morning now because -- yeah, one of the activity
14 girls does the portering, and we used to -- first
15 we were just having five, and then we went up to
16 ten. But that would only be eight others besides
17 myself and the activity person.

18 And -- but we have just been super
19 great with everything here. And I have to admit
20 that I did miss my -- I have six children, and they
21 are scattered, some of them, in other parts of
22 Ontario, and so -- and lately at times, their areas
23 haven't been that great, so I haven't seen my
24 family really that much.

25 But they do their best to see me as

1 much as they can. And I do miss the children,
2 visits with my children and grandchildren and great
3 grandchildren.

4 But I think the home has been just
5 super great, couldn't have wished for better care.
6 But we were short of staff, very short of staff.
7 At times some of the girls for one shift would stay
8 and work the second shift.

9 And I didn't realize it. I was just
10 told today that sometimes they even worked into --
11 a few hours into the third shift before they had
12 someone come in to replace them.

13 I don't believe we've got a home
14 anywhere in the area that has staff like what we
15 have. They're very, very dedicated and have taken
16 just super great care of us. I don't think I have
17 anything more.

18 DAWN PALIN ROKOSH: Theresa, thank you
19 so much for sharing that and giving us a sense of
20 your experience during the pandemic. I really
21 appreciated hearing about the prayer group that you
22 managed to keep going with -- in collaboration with
23 one of the staff people there. That probably had a
24 really big positive impact on other residents.

25 Is your church services up and going

1 again?

2 THERESA: Not yet.

3 DAWN PALIN ROKOSH: Okay.

4 THERESA: I was going to -- when it
5 comes to things we could do, I've got something I
6 have to say about that as well.

7 DAWN PALIN ROKOSH: Okay. So why don't
8 I come back to you for the second question when we
9 ask about your suggestions that you have to share
10 with the Commissioners. Would that be okay?

11 THERESA: Yes. We certainly need more
12 staff, but I think that somehow or other we should
13 be able to get more staff.

14 DAWN PALIN ROKOSH: Okay. So what I
15 will do is I'm going to come back to you, Theresa,
16 in a few minutes. I'd like to call on a couple of
17 the other participants, and then we'll come back to
18 you to hear more about your perspectives on the
19 need for more staff.

20 THERESA: I have other things I'd like
21 to say too, again, about church is another one.

22 DAWN PALIN ROKOSH: Okay. Can we come
23 back to you when you cover those things off?

24 THERESA: Sure.

25 DAWN PALIN ROKOSH: Okay. I'll come

1 back to you in a few moments. Thank you very much,
2 Theresa.

3 THERESA: You're most welcome.

4 DAWN PALIN ROKOSH: Rose, I'd like to
5 call on you now, please, to share your experience
6 of the impact that COVID-19 has had on your life
7 and also whether there was anything that could have
8 been done differently to make the situation better
9 for you and other residents.

10 ROSE: I think the greatest impact on
11 my life was not being able to see the other
12 residents and my friends, going into lockdown and
13 being separated.

14 I find the lockdown hard, as anybody
15 else does, but I have many interests. I like to
16 catch up on my books, the Toronto Star, and I like
17 to do some work on puzzles and stuff. So I keep
18 occupied.

19 And my nieces are very good. They
20 phone me, and I talk to them on the phone. My
21 eldest niece, when I had an emergency in October,
22 she -- I had to call the hospital, but she was very
23 supportive.

24 And when I found out I had the COVID, I
25 was devastated because I'd done everything they

1 told me to do and take all the precautions and keep
2 my door shut, and I still got it. So I kind of --
3 when I found out that I had it, I guess I -- it
4 just hit me.

5 I said, "I can't have it. I don't see
6 how I" -- but then they told me they would be very
7 supportive, the nurse, and I don't have a fever.
8 And I got nauseous, but I didn't have -- I wasn't
9 too sick with it.

10 So they were very supportive, the staff
11 to me. They kept me updated. And everybody had
12 their temperature taken frequently and their oxygen
13 level, and that was helpful.

14 But then another impact it had on me,
15 it was not so much staying in my room, just not
16 seeing others, was the fact I couldn't -- I have
17 very bad feet. I couldn't get to the chiroprapist.
18 I used to go downtown every month. And my feet are
19 not doing too well.

20 And then my dentist too. I used to go
21 every three months. They aren't too great, and I
22 broke two teeth, so I couldn't go. But I was in
23 touch with him, and he said if it got worse, he
24 would send me antibiotics. I have to go in April.

25 So I found that hard because my teeth

1 are bothering me and my feet. But that was one of
2 the impacts it had on me.

3 So as far as church goes, we couldn't
4 go down to the chapel. But we had it virtually on
5 a special channel on the TV, so we can watch that.
6 And I would watch other ministries on the TV, quite
7 a few other ministries, so that was helpful to me.

8 And I think the only thing they could
9 have done better, when someone had a breakout of
10 the virus, just to try and help the other people,
11 how much longer -- how many more 14 days we had to
12 stay in.

13 I don't know, for privacy reasons, I
14 guess they couldn't say who passed away. They did
15 tell the family somebody had passed away but not
16 who.

17 So I wondered how my other friends were
18 getting along and somehow -- I don't know if they
19 were all the virus or if somebody else got the
20 virus, do we have another 14-day. That could have
21 been sort of updated, but now they're doing a very
22 good job.

23 In October before the mask mandate,
24 people were going out with a drive with their
25 family, and they were told not to stop anywhere,

1 but we don't know if they did or not. And they
2 could have brought the virus back.

3 That was before the mandate of the
4 mask. We never had any outbreaks from March up
5 until November. And maybe that was a factor in
6 that. I don't know.

7 Anyway, they're doing a very good job
8 now. The protocols are good, and the staff are
9 very helpful. And they bring the meals to our
10 room, and I think they're doing a very good job,
11 all of them. They're really helpful.

12 So I don't know if I have anymore to
13 say right now.

14 DAWN PALIN ROKOSH: Well, you've given
15 us a really good perspective on your experience,
16 Rose, so thank you very much. Sorry, I want to
17 make sure you heard me there because there was a
18 bit of an echo. But thank you very much for
19 sharing all of that with us.

20 And I'm so pleased to hear that you
21 have recovered but also that you feel the protocols
22 are in place. And hopefully you'll get more time
23 to interact with your friends soon, but we have
24 taken away your point about not having the
25 information about the other residents and how that

1 was difficult. So thank you very much.

2 I'm going to come back to you for the
3 next round of questions, Rose.

4 And now I'd like to call on Florence,
5 please. So I understand that Florence is on the
6 phone only, not video.

7 Florence, can you hear me right now?

8 FLORENCE: Yes.

9 DAWN PALIN ROKOSH: Hi, Florence. Good
10 afternoon. I'm hoping you could share with us what
11 impact COVID-19 has had on your life and whether
12 there's anything that could have been done to make
13 things better for you and other residents.

14 FLORENCE: Hello. I just wanted to say
15 a few things. We've already had our vaccine, both
16 needles here, and we've needed to -- more staff,
17 very much staff, and we miss our volunteers coming
18 in.

19 I'm missing family. I don't get to see
20 my family because they live a long ways away. And
21 we need to have more resident -- oh, we do have
22 resident council, a huddle, they call it, every
23 once in a while, and see if we can keep up with all
24 the stuff that's going on.

25 And we really appreciate this, but we

1 just miss a lot of things. We don't get to enjoy
2 ourself like we used to. I guess that's about it.
3 Maybe the other girls got something else to say.

4 DAWN PALIN ROKOSH: That's wonderful.
5 Thank you, Florence.

6 And is that -- who wants to speak next?
7 Avril or Kathy? Hi, Avril.

8 AVRIL: Hi. How are you today?

9 DAWN PALIN ROKOSH: Fine, thanks. How
10 are you?

11 AVRIL: COVID affected me just like
12 everything else in general because we don't get to
13 hear an awful lot about it, but I listen to my
14 radio a lot, and I do hear some local, you know.

15 But it's not the same as if we had a
16 speaker come in or some -- you know, that would
17 speak to all of us and tell us all of -- more about
18 it.

19 I, myself, like I said, I'm 95 years
20 old, but I still would like very much to hear more
21 about this COVID thing.

22 DAWN PALIN ROKOSH: Okay. That's very
23 good. And would you like to hear more from the
24 long-term care home that you're in, or would you
25 like to hear more from the government?

1 AVRIL: Both. I'm greedy. I can
2 afford to be greedy.

3 DAWN PALIN ROKOSH: Okay. Yes,
4 absolutely. Okay. Thank you for sharing that,
5 Avril.

6 Is Kathy there, and does Kathy want to
7 also share? Hi, Kathy.

8 KATHY: How are you today?

9 DAWN PALIN ROKOSH: Fine, thanks. And
10 how are you?

11 KATHY: I'm very well, thank you.

12 DAWN PALIN ROKOSH: Good.

13 KATHY: We have residents council once
14 a month, and we get to figure out what we're going
15 to do, what kind of stuff we can do. But with this
16 COVID that came in, we can't do a lot of stuff
17 anymore, not like we used to. And we really miss
18 that and the volunteers especially.

19 DAWN PALIN ROKOSH: Okay. Thank you
20 very much, Kathy. Anything else you'd like to add?

21 KATHY: Not really.

22 DAWN PALIN ROKOSH: Not right now?
23 Okay. Well, this has been very helpful to hear
24 about your experience. Thank you very much. We'll
25 come back to all three of you for the second

1 question.

2 I think everyone has had a chance to
3 speak now. Angeline, I just want to make sure,
4 because we have a number of participants today, I
5 want to make sure that my list is correct, that
6 we've captured everyone for the first question.

7 ANGELINE HAWTHORN: Yes, we certainly
8 have. We're ready to move to question 2.

9 DAWN PALIN ROKOSH: Okay. Wonderful.
10 So thanks to all of you for what you have shared so
11 far in the session about your experiences.

12 Clearly this has been a very
13 challenging time for everyone and challenging in
14 different ways, and you've really helped the
15 Commission understand the different ways that
16 COVID-19 has impacted your lives.

17 And now as the Commissioners are
18 considering what recommendations they should be
19 making to government in their final report, we
20 would love to hear from you about, in your view,
21 what is the most important thing that the
22 Commissioners need to know as they consider making
23 recommendations.

24 So if you do have ideas on
25 recommendations that you'd like to share with the

1 Commissioners, and some of you have already
2 mentioned some, then this would be the time to
3 share it.

4 So I'd like to -- we're going to
5 proceed in the same way we did for the first
6 question, and so I'd like to come back to Ray and
7 ask Ray if he could please share with us anything
8 he'd like Commissioners to know as they consider
9 recommendations.

10 Ray?

11 RAY: Yeah. There are a couple of
12 things here that I'd like to share about upcoming
13 recommendations.

14 With the warmer weather coming, the
15 Commissioners have to recommend, they've got to
16 open up the guidelines for visits. Outdoor visits
17 have to take place in the warmer weather.

18 I think they could open up the number
19 of visitors. Last summer we were only allowed one
20 visitor. I think we can open that up to at least
21 two this year with the vaccinations going around.

22 Still, I'm maintaining, wear your mask,
23 do the 6 feet between individuals, still adhere to
24 all that, but definitely really open up the rules
25 for outdoor visiting a lot more than they were last

1 summer.

2 Also, I think the Commissioners have to
3 remember that when they make these suggestions,
4 that they have to remember that we are still
5 resident, and we're still -- we have interests out
6 in the community.

7 So they've got to lax the rules. I
8 mean, we still like to go out for lunches or out to
9 a movie or out shopping, things like that.

10 So as things begin to open up more, I
11 think they have to relax the rules for the
12 long-term care homes and how we go about getting
13 out into the community or how we go about getting
14 visitors this summer. But they have to open up
15 those rules and relax them a little bit.

16 We've got to start getting a little
17 more positive in our approach to this. There seems
18 to be a lot of negativity right now, and that's not
19 good. It's not good for our health or our welfare.

20 So I think we need to start being more
21 positive, and we need to start getting out more,
22 relaxing the rules, but also maintaining the
23 integrity to keep the COVID away. Still maintain
24 your 6 feet, still maintain your mask.

25 But the other things I think they're

1 going to have to open up a little bit more, make
2 things a little more positive for us. Okay?

3 DAWN PALIN ROKOSH: Okay. Ray, thanks
4 very much for sharing those suggestions and key
5 considerations. I really appreciate it.

6 RAY: Thank you.

7 DAWN PALIN ROKOSH: Thank you. I'd
8 like to call now on Beverly to share with us
9 anything that she would like the Commissioners to
10 know and consider as they are thinking about
11 recommendations to government.

12 BEVERLY: Well, that's kind of
13 difficult because if you have -- if you make
14 certain rules -- if you make certain rules and then
15 change them and make them more relaxed, then you
16 get a problem where, you know, where do you
17 continue? Where do you keep on with these --
18 these...

19 I just find it difficult because you
20 can't have it both ways. You can't have -- you
21 just can't have... but the rules do drive you
22 crazy. And I just -- I'm finding it hard to catch
23 my words because it's so difficult to do, you know,
24 to make the situation better.

25 You have to -- you have to make rules,

1 and rules are what makes the place run better. I
2 don't like the rules, but I'm the one that has to
3 understand that that keeps you safe.

4 DAWN PALIN ROKOSH: Right. Yeah, I
5 think I understand what you're saying, Beverly,
6 that the rules are difficult and aren't great, but
7 you still need them to keep you and everyone else
8 safe; is that right?

9 BEVERLY: Yes.

10 DAWN PALIN ROKOSH: Okay. Beverly,
11 thanks so much for sharing that. I think that's a
12 really important point.

13 I'm going to now call on Victor to
14 speak next. Victor, the question is in your view,
15 what is the most important thing that the
16 Commissioners need to know as they consider
17 recommendations?

18 VICTOR: Well, Director, I would say we
19 need to have some more staff. One of the
20 participants there said people are doing two shifts
21 and two and a half. We had that in this home too.
22 We never had two and a half, but many people did
23 two shifts to keep us safe.

24 A lot of people got -- when they got
25 infected, they never came back. We had to go to

1 agencies. When you go to the agency, it's not the
2 same like the staff that works here and are trained
3 and know you and so on, know your needs. And
4 therefore, it's a different thing dealing with the
5 agency person as opposed to somebody who is here on
6 staff.

7 All staff here are trained regularly by
8 the team. The management team trains them
9 regularly, so they're well trained. So when we
10 have to use agencies, it's not the same.

11 I would like to recommend we get more
12 staff definitely. I would like to say I got the
13 COVID. I was one of the people who wore the mask
14 always, did the 6 feet distance, 2 metres. I did
15 all the necessary things.

16 And as a public health engineer, I was
17 shocked when I got the COVID-19 because I never
18 expected to get it. It really shocked me. But I
19 worked with the team, and I came through it because
20 my -- I have cancers with metastases, and my immune
21 system was greatly compromised. I use a BiPAP
22 machine every night, and you know what that does
23 for your breathing.

24 And I came through it. These people
25 saw me through it, but it was not easy on them.

1 Somebody here was telling me recently in Holland
2 and other countries it's a one-to-one relationship
3 with the PSWs. I know we can't afford that here,
4 but we need to increase what we have.

5 We get, you know -- we keep the same
6 6 foot spacing, wear the mask, and be very clean,
7 keep clean, and, of course, we have an amazing team
8 cleaning this building, you know, and our beds and
9 so on. We have to be grateful to them. I know
10 they're not here listening to this, but I am
11 telling you they're an amazing team. We are
12 grateful for that.

13 And I think you people know what we
14 have been through as somebody who had the COVID,
15 and I am very fearful of the variants, especially
16 the English variant because, as I said to you, my
17 immune system is very weak, and therefore, I have
18 to be very careful every day. So I know what it's
19 like. You understand?

20 And I would like to see you guys tweak
21 the things a little bit, tweak it. I know you
22 don't have money to do an amazing amount of new
23 stuff like they do in Holland.

24 But one of the things I love about
25 Canada: I worked in the Federal Government here.

1 You look all over the world, and you pick out best
2 practices. You remember that word? I would hope
3 you all would do that.

4 Look at Holland. Look at other
5 countries. Pick out best practices. And that is
6 my recommendation. And, Director, keep doing a
7 great job. And thank you for speaking to me today
8 on behalf of Rockcliffe Care Community.

9 And I never saw the questions before.
10 I'm speaking to you extemporaneously. Okay?

11 DAWN PALIN ROKOSH: Well, I can't thank
12 you enough, Victor, for what you shared with us
13 today. And you could have surprised me that you
14 didn't have the questions in advance.

15 But you've given us some very concrete
16 takeaways, and we will take those seriously in the
17 follow-up, so thank you very much.

18 And just a word on the gratitude that
19 you have expressed to -- about the staff that are
20 working so hard in your long-term care home: In
21 the next few days, this transcript is going to be
22 up on the Long-Term Care COVID-19 website, and so
23 if you want, you could direct them to read those
24 comments, as they will be made public.

25 VICTOR: Or if we got it printed and

1 therefore we can read it to people because not many
2 people here can use the computer, you see, so this
3 is a problem.

4 DAWN PALIN ROKOSH: Okay. So we will
5 follow up in the same way that we reached out.
6 Angeline, in fact, is going to follow up and make
7 sure once that transcript is up, that you know and
8 then maybe --

9 VICTOR: And then make copies of it.
10 And thank you for speaking to me. I appreciate it
11 very much.

12 DAWN PALIN ROKOSH: Thank you so much,
13 Victor. Thank you very much.

14 And now I'd like to call again on
15 Marten. And, Marten, we're asking you, in your
16 view, what is the most important thing that the
17 Commissioners need to know as they consider
18 recommendations?

19 MARTEN: Basically it's support,
20 support monetary-wise for PSWs, for medical staff,
21 and information. I think the most important thing
22 in what I heard from the other residents is that
23 the information is not passed on to the residents.

24 Now, at Elm Grove, we are fortunate
25 that they put out a bulletin. They brought all

1 these questions up, that we could ask questions and
2 give it to the PSWs and have them answered so that
3 we understood really what's happening.

4 I think what most people do not
5 understand is that the virus, even though we are
6 having now medication for it, the inoculation, it's
7 the spread of the virus even if you don't, you see,
8 have it.

9 And you are a carrier, but, you see,
10 you have no symptoms. If you go out and have close
11 contact with other people, then you transfer the
12 thing. And it's the spread of the virus that we
13 have to prevent.

14 That's why we have isolation, and
15 people do not understand that concept. They have
16 to have the isolation to prevent the spread. And
17 until everybody is immunized, you see, and there's
18 no variant anymore, you see, we can't relax the
19 rules. That's the thing.

20 So my recommendation is support the
21 homes, monetary-wise, medication, everything that
22 is humanly possible. You know, that's my
23 recommendation to the Commission.

24 DAWN PALIN ROKOSH: Marten, thank you
25 so much.

1 MARTEN: Okay. I'd also like to add
2 I'm very grateful to all the PSWs, the frontline
3 workers that really put their lives on the line to
4 help us. They are our heroes, and they need all
5 the credit they deserve. Thank you.

6 DAWN PALIN ROKOSH: Very well said,
7 Marten. Thank you so much. Thank you very much
8 for that.

9 MARTEN: You're welcome.

10 DAWN PALIN ROKOSH: Okay. Now I'd like
11 to call on Elsie again, please. Elsie, the
12 question we're asking you is, in your view, what is
13 the most important thing that the Commissioners
14 need to know as they consider recommendations?

15 And I think you're on mute right now,
16 so if you're able to take yourself off mute, we'll
17 be able to hear you.

18 ELSIE: Well, more staff, if we had
19 more educated persons. We've got some of the best
20 here, but, you know, they can't be everywhere at
21 once. And there's two sisters that work here, and
22 it's like a different place when they're not here.
23 You know, we really miss them.

24 But they're nurses. You know, they
25 know what they're doing, and they know how to treat

1 you. You feel so much better just when you talk to
2 them. You know, you're so alone in this.

3 It's okay to talk about this and that,
4 but you're still -- you're alone. You're you, and
5 that's it. If you've got someone that comes in
6 with a happy face and treats you just a little bit
7 better, makes you go a long way.

8 But I think, you know, we feel sorry
9 for ourselves being locked down, but we've never
10 had a case in our home, so I think they're doing an
11 excellent job.

12 I've got other problems besides that.
13 They check you for this COVID thing, and stuff I've
14 been living with for two years and didn't know
15 anything about they found through the other. So it
16 really helped me. You know, I mean, all these
17 things that I had and didn't know, so it helped me
18 in a strange way.

19 I'd rather not found out, but still,
20 you know, and I -- seems if you live that long, you
21 figure, well, things are going to be good now, but
22 it seems when people get a certain age, things
23 should get easier for them, not harder.

24 But I guess we shouldn't complain. I'm
25 89. I still have a long way to go. I think that's

1 all I have to say.

2 DAWN PALIN ROKOSH: Well, thanks very
3 much, Elsie. And I agree with you, that things
4 should get easier, and let's hope on some level
5 they do start to get easier particularly insofar as
6 COVID is concerned.

7 But I thank you very much for
8 everything you've shared here today. We really
9 appreciate it and wish you all the best as well.

10 ELSIE: Thank you.

11 DAWN PALIN ROKOSH: Thank you. I'd
12 like to call on Theresa again, please.

13 Theresa, I think -- oh, yes, you're
14 being un-muted, and the question is in your view,
15 what is the most important thing the Commissioners
16 need to know as they consider recommendations?

17 THERESA: Two things: One, staff. We
18 do need more staff. They have to allow more money
19 to come into the funding so that they can pay the
20 staff because it's really sad how hard the girls
21 have to work.

22 They're so good that they won't leave
23 us stranded without help, so they stay and work
24 extra hours. And it's most important that the
25 Commission gets that money to the long-term care

1 homes.

2 The other thing that I had was church.
3 Like, our chapel is in the nursing home, but it's
4 still a chapel. It's still a church. And there's
5 rules for church, so we do have to observe the
6 spacing.

7 It could be every second row and that
8 second row in between not used the way we do in
9 other churches. Because my son got permission to
10 take me out on my 85th birthday to church because
11 he thought that would be the most important gift I
12 could get with going to church on my birthday.

13 And the churches are well-spaced. We
14 could be the same way and have every second row and
15 whatever. It's one-third of the amount that the
16 church would hold. There's seats in between.
17 There would be an X for them where they could sit.

18 And instead of five days a week, maybe
19 they could have it four days a week. They could
20 have one floor on Monday, another floor on
21 Tuesday -- no, another floor on Wednesday and
22 another floor on Friday. And then on Sunday, they
23 could take a list of names. People can go and
24 register, and when they reach the amount, they
25 don't take any more names. So those were my two

1 chief requests.

2 DAWN PALIN ROKOSH: Okay. Thank you so
3 much, Theresa. I really appreciate you sharing
4 those.

5 THERESA: Thank you.

6 DAWN PALIN ROKOSH: Thank you. I'd
7 like to call on Rose now, please, if it's a good
8 time. Rose, please will you share your view on
9 what's the most important things you want the
10 Commissioners to know as they consider
11 recommendations.

12 ROSE: Well, I just want to commend,
13 first of all, the staff here. They've been giving
14 us meals and looking after us so well. I don't
15 know how short-staffed they are because I'm really
16 independent and look after myself pretty well, but
17 the recommendation I'm going to give is -- hello?

18 DAWN PALIN ROKOSH: We still hear you.

19 ROSE: Anyway, I think I want to
20 commend the staff and the managerial staff
21 downstairs because they keep up with the protocols
22 and keep us informed and the dietary staff and
23 meals they bring.

24 But one thing I would suggest is the
25 government should pay more, the PSWs, not just

1 during this pandemic but always. They work so
2 hard, and I would recommend a push to the
3 government for that. They said they were going to
4 do it, but I don't think they did.

5 Anyway, another thing I understand is
6 not everybody -- residents got the vaccine. I
7 don't know if it's a health issue or ethnic issue.
8 I don't know how you could -- you can't force
9 people to take it. But I don't know if we can make
10 a recommendation to push that.

11 And then some of the staff, one staff
12 said she's not going to get it because she's afraid
13 of the reaction, but I think there's a group
14 working with the staff, PSWs, to help them
15 understand and to help them to get over their fear
16 or their ethnic or their language difficulty. That
17 is something I would push, more people getting the
18 vaccine.

19 And I think that's about it. I think
20 that's the recommendation for the government to do
21 more, to help the people in the community that
22 don't get much pay. Give them more pay so they
23 don't go to work and spread it in the community and
24 spread it to the nursing homes too.

25 Anyway, I just -- I think getting the

1 vaccine, everybody getting them is most important.
2 I had it twice. I had some reactions, but other
3 than that, I was glad to get them. Glad they're
4 available in this country.

5 DAWN PALIN ROKOSH: Absolutely. And
6 thank you so much for those recommendations, Rose.
7 They were very clear, and we will take those away.
8 So thank you very much.

9 ROSE: You're welcome.

10 DAWN PALIN ROKOSH: I would now like to
11 call on Florence -- Florence first and then your
12 other counterparts, the other residents who are
13 there too.

14 FLORENCE: Yes, we need to be able to
15 get out and associate and go out for lunch in the
16 public and spending time with our family at home
17 more and to improve family visiting, flexibility
18 for outdoor visiting.

19 We definitely need more help at this
20 building. They keep it very clean, and they make
21 us some nice meals and try to do everything for us
22 that they can, and they don't go home unless we're
23 waited on.

24 They don't get paid for these extra
25 hours either. And we need more PSWs, RNs, activity

1 director, PTA, people that wash our clothes, and
2 people that cook for us and everything like that.
3 They all deserve to have more money all the time,
4 not just through COVID.

5 And the government should be paying for
6 our medication. Like, there's things they don't
7 pay in the medication, and we don't have money to
8 pay it, and then they just bill us and bill us and
9 bill us. We can't pay it, so what are we going to
10 do?

11 I thank you for that time very much.
12 I'll hand you over to some of my partners.

13 DAWN PALIN ROKOSH: Okay. Wonderful.
14 Florence, thank you so much for that. Now, do we
15 have Avril? Hi, Avril.

16 AVRIL: Hi.

17 DAWN PALIN ROKOSH: Do you want to
18 share any suggestions or anything important you
19 want the Commissioners to know as they consider
20 recommendations?

21 AVRIL: Yes, there are a couple. We
22 have a very, very good activity group here, and we
23 do need more, and we need more including Saturday
24 and Sunday.

25 Saturday and Sunday are two of the very

1 longest days of the whole week for every one of us
2 residents because there is -- and when you don't
3 have any company coming and no one is coming and
4 going, you've got nothing to talk about, no one to
5 visit or talk with.

6 You naturally turn to residents. We
7 are lucky there. We have a very friendly bunch,
8 and we are a very large facility which helps also.
9 I think it's 51 or 52 that we have for patients.
10 And everybody seems to be quite active and well,
11 you know.

12 We do need assistance now and then,
13 every one of us, of course, and therefore we need
14 more help, more experienced help.

15 I'll turn you over to my friend Kathy.

16 DAWN PALIN ROKOSH: Avril, thank you so
17 much. Thank you. And hi again, Kathy.

18 KATHY: Hello.

19 DAWN PALIN ROKOSH: What would you like
20 the Commissioners to know as they consider
21 recommendations?

22 KATHY: We have 20 acres here and one
23 level, and we've got a big country, windows, big
24 windows to watch all that, small animals and stuff
25 outside.

1 So it's just amazing that, you know,
2 the cleaners, the people that cook for us and the
3 activity director, she does an emaculate job. She
4 takes us on trips. We go to the chocolate factory,
5 to the wine factory and stuff like that, but that
6 was way before COVID, and now we're just at a
7 standstill and hoping that those days will come
8 back.

9 So I think everybody needs more money.
10 The staff, they just don't need more COVID pay,
11 they need more pay in general all across the board.
12 Okay?

13 DAWN PALIN ROKOSH: Okay. Kathy, thank
14 you so much.

15 KATHY: Thank you for listening to me.

16 DAWN PALIN ROKOSH: Well, I want to
17 thank you, and I want to thank all the other
18 participants who are here today and have
19 participated.

20 And I also want to thank -- I know in
21 many cases, there are staff that are supporting
22 your participation here today, and I want to
23 recognize and thank them as well for their support
24 in making -- in supporting your participation
25 today.

1 Your participation has and will become
2 part of the historical record on what has happened
3 in long-term care homes in Ontario during COVID-19,
4 and so it's very important what you have shared
5 with us today.

6 I'd like to ask Commissioner Marrocco
7 to say a few words in closing. Commissioner?

8 COMMISSION CHAIR FRANK MARROCCO: Well,
9 thank you. Thank you, all, again for
10 participating. One of the things it did was it
11 reenforced, for me anyway, the impact of the
12 lockdown on people.

13 And it's very easy to talk about that
14 in the abstract, and it's much better to hear from
15 people describing what that's like on a realtime
16 and a real way, and we were able to do that.

17 And we're also able to take away your
18 recommendations especially concerning staffing
19 because so many of you have emphasized that, and
20 that is a message that we have heard from others.
21 And so after a while, you have to be pretty thick
22 not to appreciate that staffing is an issue that
23 has to be addressed.

24 And so thank you. Thank you very much
25 for your candid observations about what this has

1 been like for you and how -- hopefully we'll never
2 go through this again, but how this might be
3 improved going forward.

4 So on behalf of the Commissioners,
5 thank you very much, and we'll do our best to
6 reflect some of your thoughts in our report.

7 And I hope when you all get a copy of
8 it and you get a chance to read it, you'll see that
9 this was time well spent. So thank you all very
10 much.

11 COMMISSIONER ANGELA COKE: Thank you,
12 everybody.

13 COMMISSIONER JACK KITTS: Thank you.

14 DAWN PALIN ROKOSH: Okay. Thank you,
15 everyone. Best wishes and have a wonderful rest of
16 your day.

17

18 -- Adjourned at 3:28 p.m.

19

20

21

22

23

24

25

1 REPORTER'S CERTIFICATE

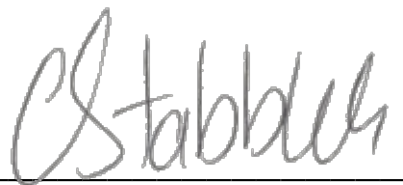
2
3 I, CARISSA STABBLER, Registered
4 Professional Reporter, certify;

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

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

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

16
17
18 Dated this 18th day of March 2021.

19
20 

21 _____
22 NEESONS, A VERITEXT COMPANY

23 PER: CARISSA STABBLER, RPR
24
25

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