

# Long Term Care Covid-19 Commission Mtg.

Group Meeting  
on Wednesday, January 13, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 13th day of  
January, 2021, 2:00 p.m. to 3:30 p.m.

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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7

8 PRESENTERS:

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10 LONG-TERM CARE RESIDENTS:

11 Sandy M.

12 Bob N.

13 Myrna J.

14 Robert K.

15 Maria S.

16 Lori W.

17 Ann D.

18 Joanne A.

19 Dee Lender, Executive Director, Ontario Association  
20 of Residents' Councils

21 Melissa McVie, Education and Home Support

22 Facilitator, Ontario Association of Residents'

23 Councils

24

25

1 PARTICIPANTS:

2

3 Alison Drummond, Assistant Deputy Minister,

4 Long-Term Care Commission Secretariat

5 Ida Bianchi, Counsel, Long-Term Care Commission

6 Secretariat

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

8 Care Commission Secretariat

9 Angeline Hawthorn, Senior Policy Analyst, Long-Term

10 Care Commission Secretariat

11 Adriana Diaz Choconta, Senior Policy Analyst,

12 Long-Term Care Commission Secretariat

13 Rose Bianchini, Senior Policy Analyst, Long-Term

14 Care Commission Secretariat

15

16 ALSO PRESENT:

17 Deana Santedicola, Stenographer/Transcriptionist

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

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3 MELISSA McVIE: So thank you so much  
4 for everyone's patience there. Good afternoon and  
5 welcome, everyone.

6 This is Melissa for those on camera,  
7 Melissa McVie from the Ontario Association of  
8 Residents' Councils.

9 Thank you so much for taking the time  
10 to participate in today's discussion with the  
11 Commissioners from the Ontario Long-Term Care  
12 COVID-19 Commission.

13 Before we get started, you'll notice  
14 that all phone and audio lines have been muted in  
15 an effort to eliminate background noise and  
16 distractions while we hear some of the opening  
17 remarks from the Commissioner and the Commissioner  
18 team.

19 Following their introduction, we will  
20 open the lines, but we ask you if you have the  
21 capability to mute your own line or your phone  
22 connection when you are not speaking.

23 This session is being recorded for  
24 transcription purposes, and the information you  
25 provide today will be publicly available and

1 therefore not confidential.

2 I will circulate the Commission contact  
3 information following today's session should you  
4 wish to have specific details that you wish to  
5 communicate in confidence.

6 So the Commissioner will be posing two  
7 questions to the group today, and we'll be using a  
8 roundtable format for sharing. You'll be each  
9 invited to take a few moments to share aloud.

10 A secondary option is to communicate  
11 with me using the chat box feature on your device,  
12 so whichever you prefer.

13 At this time, I would like to invite  
14 Commission co-facilitator, Ida Bianchi, to formally  
15 introduce our Commissioner guest this is afternoon.  
16 Thank you so much for being here, Ida.

17 IDA BIANCHI: Thank you, and thanks for  
18 offering to host this meeting for us. It is a real  
19 pleasure to meet the residents in the long-term  
20 care system.

21 My name is Ida Bianchi, and I am one of  
22 the lawyers for the Commission.

23 Some of my other colleagues are here  
24 helping out with the meeting, and they are working  
25 behind the scenes. I'll just acknowledge them.

1 Alison Drummond, who is the Assistant Deputy  
2 Minister of the Secretariat that supports the  
3 Commission, Adriana Diaz Choconta, and Angeline  
4 Hawthorn, and I'm sorry if I have missed any of my  
5 other colleagues because they are not on the  
6 screen.

7 So Melissa did go over that we are  
8 preparing a transcript. So Deana, the  
9 transcriptionist, is also working in the  
10 background, and we will be putting your comments up  
11 on our website through the transcript.

12 During the meeting, I'll be identifying  
13 you only by your first name, so if you are worried  
14 about having your last name on the transcript or  
15 the home that you live in, just don't share it in  
16 your comments when you answer our questions.

17 The Commissioners are very interested  
18 in hearing all of the input from residents here  
19 today. In order to give everyone time to speak, we  
20 would ask that you limit your answers to these  
21 questions to around four minutes.

22 I know that is not a lot of time, but  
23 we have to set this time limit to make sure that  
24 everyone in the meeting can speak.

25 If there are things you want to say and

1 you weren't able to tell us today, you can share  
2 them with us in writing after today's meeting, or  
3 you can reach out, and we can set up a telephone  
4 call. We certainly don't want to miss anything  
5 that you feel is important for us to hear, so by  
6 all means, reach out after the meeting.

7           The Commissioners are required to  
8 submit their final report to the government on  
9 April 30th, so if there is anything else you wanted  
10 to share with them after this meeting, please be  
11 sure to get it into us by the end of this month.  
12 And I would like to now turn it over to  
13 Commissioner Angela Coke.

14           I should note that all three  
15 Commissioners are here today, Commissioner Jack  
16 Kitts and Commissioner Frank Marrocco, but  
17 Commissioner Coke is opening the meeting on behalf  
18 of all three of them.

19           COMMISSIONER ANGELA COKE: Thank you,  
20 Ida, and thank you, Melissa.

21           And good morning -- or good afternoon,  
22 rather, to everybody. Really thank you for  
23 participating in this meeting. As Ida mentioned,  
24 there is three of us on the Commission, myself,  
25 Angela Coke; Frank Marrocco is here with us today;

1 and Dr. Jack Kitts.

2 Now, as you know, this Commission was  
3 set up to investigate the spread of COVID-19 in  
4 long-term care homes, including how residents,  
5 staff, and families were impacted.

6 Now, governments often set up  
7 Commissions or inquiries when tragic events occur,  
8 and their purpose is to investigate what happened  
9 and why, and how to -- you know, make  
10 recommendations to make sure this doesn't happen  
11 again.

12 Most of these Commissions are set up  
13 after a tragic event has occurred. Ours is a  
14 little bit different in that we are carrying out  
15 our work in the middle of this ongoing crisis, and  
16 given the urgency of this situation, we have been  
17 carrying out our investigation primarily by  
18 interviewing people and organizations who have the  
19 information that can help with our mandate.

20 We have been able to work pretty  
21 quickly, and as you may know, we have put out two  
22 sets of interim recommendations already to assist  
23 the government in dealing with the pandemic as it  
24 is unfolding.

25 But as I mentioned, one of the key

1 areas or issues that we have been asked to  
2 investigate is how residents, staff, family  
3 members, and others were impacted by the spread of  
4 COVID in long-term care homes. We have already  
5 heard from resident and family associations and  
6 union representatives about the devastating impact  
7 of the spread, but we need to hear from you  
8 directly.

9 And we are very, very grateful that you  
10 have agreed to participate in this meeting. I  
11 cannot stress enough to you the importance of  
12 hearing from you your personal experiences and your  
13 voices.

14 Before I turn it back to our  
15 facilitators, I would ask you to join me in  
16 observing a moment of silence for the residents and  
17 staff of long-term care homes who have died from  
18 COVID-19.

19 [Moment of Silence.]

20 COMMISSIONER ANGELA COKE: Thank you.  
21 Ida, over to you.

22 IDA BIANCHI: Thank you, Commissioner  
23 Coke, and thanks again to all of you.

24 So I'll reiterate the first question,  
25 which was sent to you already, and I'll just say it

1 loud and clear.

2 What impact has COVID had on your life?  
3 Is there anything that could have made things  
4 better for you and other residents?

5 I would like to start with Sandy.

6 SANDY M.: Could you repeat that again,  
7 please?

8 IDA BIANCHI: Of course.

9 SANDY M.: What impact it has had on my  
10 life?

11 IDA BIANCHI: Yes, and is there  
12 anything that could have made things better for you  
13 and your residents?

14 SANDY M.: Well, to start off with, the  
15 home that I am in has a perfect record. There is  
16 nobody that tested positive. Therefore, we should  
17 just keep on doing what we are doing, which is very  
18 important.

19 And also, I would like to thank our  
20 staff for being caring enough to prepare themselves  
21 before they come here so that they do not transmit  
22 anything inside the building. I am very thankful  
23 for that.

24 I would also like to give an example  
25 here of yesterday evening, I coughed, and I was

1 short of breath. I asked for my puffers, and the  
2 next morning, I was put in isolation, which, as far  
3 as I am concerned was unnecessary, but is a  
4 follow-through that this particular long-term care  
5 home takes.

6 So as I said, we should be doing more  
7 of what this long-term care home is doing and  
8 keeping our perfect record, which I hope I do not  
9 jinx by saying this.

10 Other than that, we miss our families  
11 and everything else, but that is something we are  
12 going to have to bear. Other people have issues to  
13 bear too.

14 So I don't know what more they can do  
15 here. They are doing everything they can, and the  
16 main thing is they are following the instructions  
17 from Public Health. It is not a big issue if you  
18 just follow the rules. Be careful and tell -- and  
19 just follow exactly. Wash your hands, all the  
20 procedures laid down for us, because it is working  
21 here.

22 I don't know what else to say. I am  
23 comfortable with the area I am in.

24 IDA BIANCHI: Okay.

25 SANDY M.: I hope that all the other

1 homes are going to soon be in the same position.

2 IDA BIANCHI: Okay. Thank you, Sandy.

3 I would like to call on Bob next. Bob,  
4 would you like me to repeat the question?

5 BOB N.: Please do.

6 IDA BIANCHI: Okay. What impact has  
7 COVID had on your life? Is there anything that  
8 could have made things better for you and other  
9 residents?

10 BOB N.: Not really. I am in the same  
11 home as Sandy, so the home is really good.

12 IDA BIANCHI: So Sandy told us that the  
13 staff always comes to work ready to make sure that  
14 they are not passing anything on to residents. Is  
15 there something else you can tell us about the home  
16 that they are doing that you think is helping to  
17 protect you from the spread of the virus?

18 BOB N.: No, not really.

19 IDA BIANCHI: Okay. Is there anything  
20 else you would like to share S Bob?

21 BOB N.: Not at this point, no.

22 IDA BIANCHI: Okay. I'll just move on  
23 to the next resident then. Maria.

24 MARIA S.: We were good up until  
25 November, and we had been clean, and they were

1 doing everything that needed to be done, but it did  
2 get in and then it spread like wildfire.

3 I was fortunate enough that I was in  
4 one of the units that wasn't, until this past week.  
5 We had a staff test positive, and then a resident.

6 Our home, we did the swabs right away,  
7 as soon as they found out, and we are, again,  
8 negative.

9 But the most difficult part for me was  
10 the initial -- when we initially got it, the two  
11 home areas, they were isolated and the rest of the  
12 home was open. So we had some run of the building  
13 and stuff like that, but then when it started to  
14 spread, the whole building closed down.

15 Now, we are eight home areas of 25  
16 people. Two of the home areas never got anything,  
17 and it was really difficult. I understood the  
18 isolating for the two weeks. Everybody has been in  
19 their rooms for that period of time. But following  
20 that, the two home areas that still didn't have  
21 anything had to remain in their room for eight  
22 weeks, and it was horrible. We had -- you weren't  
23 able to talk to anybody, to see anyone. There was  
24 absolutely no programming. Through Christmas and  
25 New Year's, we sat in our rooms. You were allowed

1 one member or one essential worker, as they called  
2 it, because for me I can't have my family because  
3 they have young kids, so they won't come in.

4 But the isolation was terrible. I  
5 mean, we have life enrichment, but no programming  
6 was done. We were fortunate enough the community  
7 got together and our courtyards were decorated, so  
8 at least some of us had something to look at which  
9 helped it out a little bit.

10 Everyone has been doing their PPE and  
11 the due diligence as far as washing and cleaning  
12 and wearing their PPE, but I mean, once you get it,  
13 I guess for some -- we were out for three days, and  
14 I was able to go visit to some unit. I'm about the  
15 only resident in the entire building who is able to  
16 go about because I have a power wheelchair, and I  
17 am cognitive. I don't suffer dementia. It is just  
18 medical. And I did go speak to some of the other  
19 residents who I hadn't seen for a long time. Of  
20 course, I just stayed outside the doors, had a mask  
21 on. There wasn't any contact of any sort.

22 I also spoke to some of the other  
23 staff, and they said, once the COVID hit some of  
24 the residents, it hit them really hard, and it is  
25 like they dropped like flies. It was so bad.

1                   So we knew what the seriousness of it  
2 is. Staff are getting tested every week, and  
3 everybody right away, they go and check to see to  
4 make sure they are negative, because everybody is  
5 worried, staff, because they don't want to get the  
6 residents infected. The residents never had the  
7 COVID spread been because of a resident. It has  
8 always been staff, or in the initial, it was a  
9 family member who -- and in the beginning, you  
10 weren't asked -- they didn't have to prove that  
11 they had had the test. So they came in. They  
12 tested positive, didn't know it, and said they had  
13 had negative tests and that way gave it to a  
14 resident and then it spread around.

15                   It has been a long haul. Now, because  
16 we had a staff member test positive again, we had  
17 the tests done right away. We just got the results  
18 yesterday. Everybody is negative. But again, we  
19 have to remain in our room for another two weeks.  
20 It has been ten weeks already.

21                   It is inhumane to leave people in their  
22 rooms without any contact with anyone for that long  
23 a period of time. Those that have dementia, I  
24 don't think it is any easier for them, because a  
25 lot of them, they sit in their rooms. The only

1 time they have any contact with anyone is with  
2 feeding and with dressing. So it has been a long  
3 haul of loneliness and no interaction except with  
4 your staff, and again, that is limited interaction.

5 One of the problems we also had were  
6 when staff were getting sick and they had to be off  
7 for the 14 days, we were running short on staff, so  
8 then we were running with two staff. And then it  
9 got to the period where we weren't getting our  
10 showers, and when it was almost two weeks without a  
11 shower, then I put my foot down, because there is a  
12 lot of people who are in wet briefs. We didn't  
13 have a float on nights. So for two months, I  
14 believe, in that period we had three times where we  
15 had a float staff. All the other nights, residents  
16 weren't being changed.

17 So then the morning staff are coming  
18 in, and a lot of the time it was two staff. Of  
19 course, then they have to get everybody up, get  
20 everybody dressed, nobody got washed, and then the  
21 showers didn't happen, and that is when I put my  
22 foot down and said, No, this is not acceptable.

23 It took a couple of days. They were  
24 getting a few staff in. We have been using agency  
25 people too.

1           So there has been a lot of -- a lot of  
2 problems, and I'll just be glad when it is all  
3 over. I don't want to talk more than my four  
4 minutes. Sorry. But that is just the basics of  
5 what is going on.

6           IDA BIANCHI: Okay. Thank you, Maria.  
7 Thanks so much for sharing that. Joanne, do you  
8 want to go next?

9           JOANNE A.: Sure. So the home I am in,  
10 I would say just the confinement is the biggest  
11 complaint that I hear of, that we can't leave the  
12 premises, go home. But, I mean, we are all in the  
13 same boat.

14           I do find some of my older friends in  
15 here, older residents, they seem to be really  
16 declining. Like I have one friend, she is 85. She  
17 plays Scrabble, watches Jeopardy, reads, has  
18 visitors, but with the limited visiting and no  
19 volunteers are allowed in, so she doesn't have her  
20 Scrabble partner and other people that spend time  
21 with her.

22           So I think, you know, if we could have  
23 a few volunteers allowed in that are careful the  
24 way our staff is, that would be really, really  
25 good.

1                   And the other thing I notice is staff,  
2 they are getting seriously tired. Because there  
3 are no volunteers in here, all the staff seem to be  
4 that much busier, and with no end in sight. And I  
5 am worried about the burnout of the staff.

6                   That is sort of it, yeah.

7                   IDA BIANCHI: Thanks, Joanne. I am  
8 going to turn to Ann. Ann, did you sort out your  
9 volume problems?

10                  ANN D.: Yes.

11                  IDA BIANCHI: Okay. Great. Would you  
12 like me to repeat the question to you?

13                  ANN D.: No, I am okay with it. I  
14 think these ladies have really just spoken exactly  
15 what I was going to speak, and that is that I find  
16 the treatment since this has started has been  
17 inhumane towards people. We are not being treated  
18 like human beings. We are being treated like we  
19 are all residents who are incapable of taking care  
20 of ourselves.

21                  And now some of the people in these  
22 homes cannot take care of themselves. I am not  
23 disputing that. What I am saying is that they are  
24 putting everybody under one lump roof, and they are  
25 wrong because many of us -- and I am fully

1 functioning, able to walk around, have a mind of my  
2 own, very cognitive, and, boom, you know, we don't  
3 trust you to go out on your own. We don't believe  
4 you can take care of yourself. I have been through  
5 a lot in my life, and they are now telling me that  
6 I don't know what I am doing.

7           So I think it is a disgrace the way  
8 that they have handled it. I think that they have  
9 taken abuse of their power by saying that we are  
10 just going to lock down the home. You are not God,  
11 and yet you are acting like it. It is -- basic  
12 human rights have been taken advantage of, and I am  
13 really just over it.

14           So that is the way I feel about it. I  
15 am seeing people in my place go down. You can see  
16 the life is just draining out of their faces.  
17 Every day it is getting worse and worse until  
18 finally it is -- and they are just not the same  
19 person they were two weeks ago, and they are not  
20 the same as they were two months ago.

21           And it is just -- it is taking this  
22 situation, which is horrific, and putting it in a  
23 different level. They are making us feel like we  
24 can't take care of ourselves, that they'll take  
25 care of us, but you know what? We are not the ones

1 that are bringing the COVID in. It is magically  
2 appearing, or as somebody mentioned, a family  
3 member brought it in, or it -- it doesn't matter.  
4 But we are not bringing it in. The residents are  
5 not bringing it in. Yet, we are being penalized  
6 just because we are a resident.

7 I am tired of paying this much money to  
8 be penalized, quite frankly. I would rather them  
9 paying me to do it. No joke. I think that I am --  
10 I think they are killing people more than they are  
11 helping people.

12 IDA BIANCHI: Okay. Thanks, Ann.  
13 Thanks for your input.

14 Robert. Would you like me to repeat  
15 the question, Robert?

16 ROBERT K.: Pardon?

17 IDA BIANCHI: Would you like me to  
18 repeat the question?

19 ROBERT K.: No, I know what the  
20 question is.

21 IDA BIANCHI: Okay.

22 ROBERT K.: I find that most people  
23 have basically the same concerns that I have, and  
24 my situation may be different because I am not a  
25 spring chicken anymore and I am a paraplegic since

1 2015, so I'm really restricted to anything I can do  
2 in the wheelchair. Nothing else. I can't do...  
3 [inaudible].

4 Now, I am being persecuted from I call  
5 this mental and physical isolation. I lost my  
6 appetite totally. I can't eat, and I lost about 20  
7 metric pounds since about the last year. I tried  
8 to make up what...[inaudible]...and I used to be  
9 able to do that, but now I just can't -- I can't  
10 look at the food. I think it is a mental reaction  
11 to being locked up like an animal and unable to  
12 have a conversation because the staff is busy, and  
13 most people that I meet out in the hall, they have  
14 different interests, and it does not help.

15 As far as the staff is concerned, I  
16 think 99 percent are trying to do their best, which  
17 isn't always perfect, but they are trying. And  
18 there is only one or two people that maybe should  
19 be in a different profession.

20 But you find that everywhere. And  
21 unfortunately, the staff here, the management  
22 staff, keeps telling me there is nothing they can  
23 do. So that is questionable, but that is the  
24 answer I get.

25 Coming to the showers, I have many

1 occasions where I didn't get a shower three times  
2 in a row, three times. Now, I don't think that is  
3 acceptable.

4 Now, as far as -- my wife had moved in  
5 next to the apartment, and I can't even go and see  
6 her because of the draconian rules. She is taking  
7 the test every week.

8 So I used to -- I have a problem. I  
9 can't read anymore, so I can't read and write, and  
10 I am very limited in recreational activities.

11 So the only thing I do is play chess,  
12 but you know yourself, this isn't a chess-playing  
13 country, so I had a problem before finding  
14 partners. Amy was very helpful. She arranged some  
15 volunteers for me to play with, infrequently, but  
16 play all the same, and now they can't come in  
17 anymore.

18 So I am feeling isolated mentally and  
19 physically. I feel like my brain is in a straight  
20 jacket. And I don't know whether other people feel  
21 the same way, but that is what bothers me most. I  
22 feel like I want to break out, and I don't know  
23 how.

24 IDA BIANCHI: I am very sorry to hear  
25 what you and the others are going through, Bob. I

1 am very sorry to hear this.

2 ROBERT K.: Well, you see, I have a  
3 computer program that allows you to play chess  
4 against the computer, but because of my vision  
5 problems, I am nearly blind. I have macular  
6 degeneration. So I can see your movement, but I  
7 don't see your features, and that is how bad it is.  
8 So that is why I can't read and write. So when I  
9 go on the computer, the images are rather small, so  
10 I have trouble thinking between them. So when I  
11 make my move, the computer moves so fast, I don't  
12 know what move.

13 [Court Reporter intervenes for  
14 clarification.]

15 IDA BIANCHI: Amy, is Bob finished? Is  
16 there anything else you would like to say, Bob?

17 ROBERT K.: I have a problem with the  
18 food.

19 ANN D.: I am right there with you,  
20 Bob.

21 ROBERT K.: I force myself to eat, and  
22 I don't enjoy it.

23 IDA BIANCHI: All right. Is there --  
24 can I just repeat what Deana said, that if you are  
25 not speaking, can you mute your microphone?

1 Because it is hard for her to hear, and in order  
2 for the transcript to be clear, we need for Deana  
3 to be able to hear things better.

4 All right. I am going to call on Myrna  
5 next. I think Myrna is on the telephone.

6 MYRNA J.: Can you hear me?

7 IDA BIANCHI: Yes, we can.

8 MYRNA J.: Okay. I have heard a lot of  
9 things that are going on in other places, elderly  
10 places, and where I stand, it has been pretty good.  
11 We haven't had any cases yet, knock on wood, and I  
12 think what really helped here is we have a  
13 screening person at the door and everyone has to be  
14 screened. They can't come in, but they screen all  
15 the workers and all the nurses and all the staff.  
16 They get screened when they come in, and when they  
17 leave, if anything -- the temperature is high, they  
18 have to stay home, I guess.

19 But other than that, we have been doing  
20 really fine here, and I'm sorry about the ones that  
21 have passed away. I feel really bad for their  
22 families because it is not a very nice thing to  
23 have to lose someone to this COVID disease that is  
24 going around.

25 So other than that, I am feeling for

1    them people that have spoken already, for the  
2    things that they are going through now, and I just  
3    pray that things will get better in the future.

4    That is all I have to say. Thank you.

5                   IDA BIANCHI: Thanks, Myrna.

6                   Okay. I am going to turn to Lori, who  
7    I think, Melissa, you said that you would be  
8    sharing Lori's thoughts because she has shared via  
9    chat; correct?

10                   MELISSA McVIE: Yes. Thank you, Ida.  
11    This is Melissa McVie speaking on behalf of Lori  
12    W., and for the first question, Lori wanted us to  
13    know that she was displaced when her long-term care  
14    home experienced an outbreak and residents had to  
15    be separated and cohorted in different areas of the  
16    home.

17                   She shares that the solitary  
18    confinement in someone else's room early on in the  
19    pandemic was difficult, and having someone else in  
20    my room using my personal things, I feel violated.  
21    We were only permitted to take a couple of changes  
22    of clothing, and there was a change of season  
23    during the time, and it was uncomfortably hot.

24                   With the furniture from the previous  
25    occupant, I had only two feet of space to live in

1 and maneuver my motorized chair.

2 And those are the comments from Lori.  
3 Thank you, Ida.

4 IDA BIANCHI: Okay. Well, has Lori  
5 answered the second question?

6 MELISSA McVIE: Yes.

7 IDA BIANCHI: Okay. So why don't we  
8 lead off, because unless I missed someone -- and  
9 forgive me if I have -- I think we are ready to  
10 move on to the second question. Is that right,  
11 Melissa?

12 MELISSA McVIE: Yes. Would you like to  
13 read that question aloud, and I can share the  
14 response?

15 IDA BIANCHI: Of course. Yes, I will.

16 In your view, what is the most  
17 important thing that the Commissioners need to know  
18 as they consider their recommendations?

19 MELISSA McVIE: These are the comments  
20 from Lori W.

21 I think it is important to remember  
22 that it is unfair to make blanket rulings without  
23 considering the extenuating circumstances of  
24 individuals. Remember too not all residents of  
25 long-term care homes are seniors, and so our needs

1 differ.

2 Thank you.

3 IDA BIANCHI: Okay. I would like to  
4 pose that question next to Sandy.

5 SANDY M.: Well, as far as I am  
6 concerned, we are being neglected in a lot of ways  
7 that I feel we don't get the proper input to  
8 different things that are being put out there by  
9 the government and the Commissioners and all this.

10 Nobody bothers to come and give us a  
11 questionnaire of how we feel about things. It is  
12 just always put to us, this is the way we are going  
13 to do things, and you are going to abide by it, is  
14 the feeling I get. I would love to have the  
15 opportunity to fill out a questionnaire or do  
16 exactly what we are doing now and get some input  
17 from the different homes.

18 As I stated earlier, I'm one of the  
19 fortunate ones to be in a home that has been taking  
20 this very seriously with the screening at the door,  
21 everything.

22 And I still would like to go back to  
23 the fact that the workers are the ones that are  
24 being very diligent about coming in to work  
25 prepared and caring about the people in here.

1           But I would like to have more input on  
2 some of the issues that are put forward, and the  
3 first thing you know, this is it. Friday -- if we  
4 are lucky, we'll be told on a Friday, come Monday,  
5 this is going to be the policy.

6           Okay, it is in our best interest,  
7 granted, but all of their input and policies are  
8 not the best in the world. There is nothing wrong  
9 with taking a little bit of input and dotting the  
10 odd "i" and "t", to fine tune it a bit so that  
11 people that are directly involved have a say in it.  
12 That is all I have got to say for now.

13           IDA BIANCHI: Sandy, while you were  
14 speaking, Dee Lender said that the Residents'  
15 Councils have dissolved, I guess, during this  
16 pandemic. Has your Residents' Council been able to  
17 meet during the pandemic?

18           SANDY M.: Yes, we have been. We are  
19 keeping up with our monthly meeting. In fact, this  
20 month we had an issue with the kitchen, and we had  
21 to call a meeting, an ad hoc meeting, so -- to  
22 discuss what was going on and get the right  
23 procedures in place to find out why the incident  
24 happened and what they are going to do to correct  
25 it.

1                   But we have not given up on our  
2 meetings, no. They are held every month.

3                   IDA BIANCHI: Okay. Thank you. Bob,  
4 are you able to answer the second question? Would  
5 you like me to read it to you again?

6                   BOB N.: Yes, would you repeat it?

7                   IDA BIANCHI: Of course. In your view,  
8 what is the most important thing that the  
9 Commissioners need to know as they consider making  
10 recommendations?

11                  BOB N.: Well, in my personal view,  
12 what they need to know is -- that is a difficult  
13 question.

14                  IDA BIANCHI: Do you want to take a  
15 moment to think about it, Bob, and we'll come back  
16 to you?

17                  BOB N.: Yes, please.

18                  IDA BIANCHI: Okay. Maria.

19                  MARIA S.: Communication. I think  
20 communication in all areas. It seems like  
21 administration and staff always know everything  
22 and -- communication. Things aren't being  
23 communicated to residents.

24                  A lot of us are cognitive, are well  
25 aware of what is going on. I mean, it is like your

1 ears are always out there because you want to know  
2 what is going on, and people are the last one --  
3 everything is hush hush. Like, excuse me, I'm a  
4 cognitive resident. I know what is going on. I  
5 would like to know ahead of time. Don't leave me  
6 out in the cold.

7           And again, if there is something they  
8 can do about the isolation or the decision-making.  
9 When you are in a home area that is clear for eight  
10 months and then you are locked in your room for  
11 eight weeks when you are still clean and with no  
12 interaction, no programming, no anything, it is  
13 horrible. It is really terrible.

14           But communication for me all around I  
15 think has been very important, and for Sandy to say  
16 our home, we did have COVID, but believe me, they  
17 have been doing this screening right from day one  
18 and using all the PPE and all the hand cleaning and  
19 everything. That was never neglected at any time  
20 and is still very much. Even though we are clean,  
21 they are still putting on all their PPE.

22           IDA BIANCHI: Thanks, Maria. Joanne?

23           JOANNE A.: Can you repeat the question  
24 for me?

25           IDA BIANCHI: Of course. In your view,

1 what is the most important thing that the  
2 Commissioners need to know as they consider their  
3 recommendations?

4 JOANNE A.: That the residents are  
5 getting depressed, majorly depressed. They need to  
6 take that into account, and I know that, you know,  
7 we are closed up and society is closed up, but they  
8 need to be able to move around freely and have some  
9 of their programs back.

10 Maybe we need, you know, another staff  
11 member. I heard -- I know PSWs and nurses are in  
12 short supply, but that is what I see, is just  
13 depression. I see people that are not eating,  
14 getting sad. It is heart-breaking.

15 IDA BIANCHI: Joanne, are you able to  
16 raise these issues through the Residents' Council  
17 in your home?

18 JOANNE A.: Yes, yes, I could. Yeah, I  
19 haven't yet.

20 IDA BIANCHI: And is your Residents'  
21 Council still meeting regularly?

22 JOANNE A.: Yes, we are. I will  
23 definitely do that.

24 IDA BIANCHI: And how is your Council  
25 meeting?

1                   JOANNE A.: We have a couple of people  
2 that join by technology. So we have about five  
3 people in our meetings. You know, some of them  
4 really don't have a lot to contribute, but as far  
5 as cognitive people, there is a handful of us.

6                   MARIA S.: Ida, I did forget to say our  
7 Residents' Council, I think, has met once in the  
8 whole period of time, and for the rest, we have not  
9 had any Residents' Council meetings. So even if  
10 you were to bring something up with Residents'  
11 Council, we don't have a final say, because I have  
12 been on Residents' Council, and if issues come up  
13 that I see, I try to bring them up, but again, it  
14 is, yeah, we are looking into it, we are looking  
15 into it.

16                   JOANNE A.: Yeah.

17                   MARIA S.: I have even gone as far as  
18 to call the Public Health, write letters out to the  
19 Ministry, Doug Ford and all that, but everybody,  
20 yeah, we are looking into it.

21                   There is no answers given. It is just  
22 like, yeah, we are look into it.

23                   JOANNE A.: Yeah, there is definitely  
24 no quick response.

25                   DEE LENDER: So this is Dee Lender

1 speaking. There was Maria S. and Joanne A.

2 JOANNE A.: Yes.

3 DEE LENDER: Thank you.

4 IDA BIANCHI: And Maria, are you  
5 finding that your support folks, the staff person  
6 who is supposed to support the Residents' Council,  
7 is helping?

8 MARIA S.: Number one, the girl who  
9 usually facilitates the Residents' Council, she has  
10 been off indefinitely. There has been nobody to  
11 replace her. We have been just told yesterday that  
12 she retired, so they are having another facilitator  
13 step in, and we are supposed to have a meeting  
14 within the next few weeks, and also one of the  
15 members of the Residents' Council has also passed  
16 away, so that brings our numbers down somewhat too.

17 So, yeah.

18 IDA BIANCHI: Okay. Thanks, Maria.  
19 Ann, would you like to be next to answer the second  
20 question?

21 ANN D.: I feel that they are taking  
22 liberties with us, and they are simply making our  
23 already tenuous position worse. They are not  
24 looking at the big picture. They are not looking  
25 at the other end. They are just saying, yeah, we

1 are going to take care of it. We'll fix  
2 everything, don't worry. Just stay in your room  
3 and don't move. I feel like I am in jail. That is  
4 exactly how I feel. I am in jail, that I have done  
5 something wrong.

6 And you know what? I am retired. I  
7 haven't done anything wrong. I have paid taxes. I  
8 just -- I don't know. If I knew how to explain it  
9 to you, if I knew how to put it in words, I would  
10 say it. I just don't. I got nothing.

11 IDA BIANCHI: Does your home have an  
12 active Residents' Council?

13 ANN D.: No. No. They brought -- our  
14 President passed away early last year and so they  
15 decided to have an election. They elected me. I  
16 took the position, and after one meeting, I quit  
17 because they are just -- it is like talking to a  
18 wall. I don't -- I can't do it and won't do it.  
19 This whole thing is -- I have lost what little  
20 dignity I have left. I am not about to lose the  
21 rest of it. I literally don't think...

22 MARIA S.: Can I interrupt for one  
23 moment, Ida?

24 IDA BIANCHI: Yes. Is that Maria?

25 MARIA S.: Yes. The Residents'

1 Council -- and I have been here -- it will be three  
2 years in February. I feel that even being on  
3 Residents' Council that Residents' Council is being  
4 done because it has to be done. I don't feel it is  
5 being very effective. We have just a small group  
6 of people on the Residents' Council, and then when  
7 people were brought to meetings, the last year, I  
8 am going to say, there has been between six to  
9 eight members. Part of it is that, so they are not  
10 even bringing people down for those meetings.

11           There might be one person that may have  
12 something to say. I find even being on Residents'  
13 Councils, most of the times when issues are being  
14 addressed, that it was me bringing them up. So to  
15 me, it has almost been redundant to having a  
16 Residents' Council, and I felt that the person who  
17 was being the facilitator wasn't doing a very good  
18 job as far as bringing the Residents' Council in,  
19 but to me, it wasn't meaningful at all. It was  
20 just something that was being done because it had  
21 to be done on paper.

22           ANN D.: I think the intention of  
23 Residents' Council --

24           DEE LENDER: That is Ann D. Speaking  
25 now.

1 IDA BIANCHI: Thanks.

2 ANN D.: I believe that the Residents'  
3 Council had a place at one time. Right now, I  
4 think that anything the Residents' Council has to  
5 say to anybody about anything will simply be, yeah,  
6 we'll get back to you, and that will be the end of  
7 it. Why bother? It is a waste of time.

8 I am not saying Residents' Councils are  
9 wrong. I am simply saying in this day and age, if  
10 we can't go out of our room, what makes us believe  
11 we can actually effect a change of any kind?

12 IDA BIANCHI: Thanks, Ann.

13 SANDY M.: This is Sandy. Could I  
14 interrupt, please?

15 IDA BIANCHI: Sure.

16 SANDY M.: It is regarding Residents'  
17 Council.

18 IDA BIANCHI: All right.

19 SANDY M.: Okay. At our facility here,  
20 there is quite a few people that would like to have  
21 input at these meetings, but they have no way to  
22 get to them, and our LEA here can only porter so  
23 much. The rest, they just don't get here because a  
24 lot of the times the staff are too busy to porter  
25 them to just a meeting.

1                   So I have gone to the rooms and asked  
2 them if they had any complaints and issues that  
3 they would like to have brought up, that their name  
4 would not be mentioned or anything, but still they  
5 seem very timid or almost afraid to come forward  
6 and bring their issues ahead. I don't know whether  
7 it is a case of being come back on them or  
8 anything. I don't know. I can't speak for them,  
9 because all I can do is bring their issue to the  
10 Council, but that is me putting their issue on the  
11 table instead of them coming themselves and putting  
12 their issue forward. I don't know why.

13                   ANN D.: They are afraid.

14                   DEE LENDER: That is Ann.

15                   ANN D.: Sorry.

16                   IDA BIANCHI: Okay, I would like to now  
17 turn to Myrna. Sandy, if there is something you  
18 want to add, and we have time for it at the end --  
19 thank you, Joanne. Thanks for coming.

20                   MYRNA J: The Residents' Council here,  
21 we haven't had a meeting because the head of the  
22 Council, Residents' Council, has been sick and in  
23 and out of the hospital, so we have not had any  
24 meetings for quite some time, and like they say, we  
25 ask things to get done, and they never get done.

1 We ask for this and for that, and at the end of the  
2 meeting, it is forgotten about, I think.

3 So I really don't know whether  
4 Residents' Council does any good or not. To me, it  
5 is just a waste of time.

6 Thank you.

7 IDA BIANCHI: Myrna, that was you;  
8 correct?

9 MYRNA J.: Yes.

10 IDA BIANCHI: Okay. Can I pose the  
11 question to you, the second question, and have you  
12 speak to that, if you want to. In your view, what  
13 is the most important thing that the Commissioners  
14 need to know as they consider their  
15 recommendations?

16 MYRNA J.: Is that for the COVID thing?

17 IDA BIANCHI: Yes.

18 MYRNA J.: Yeah. I think that they are  
19 doing the best that they can. It is just that the  
20 people are not following what they recommend for us  
21 to do. Like people have parties over the holiday  
22 weekend, over New Year's and Christmas, getting  
23 together, and the thing just went right out of  
24 control.

25 And I don't know how they can get the

1 people to understand how important this is and how  
2 it is something to think about, and they think that  
3 they don't have to listen, I guess. I don't know.  
4 But I don't know what they can do. They are doing  
5 all they can, and people are not doing what they  
6 should be doing. That's it. Thank you.

7 IDA BIANCHI: Sorry, I just had to  
8 unclick myself. Robert, would you like me to  
9 repeat the last question to you?

10 ROBERT K.: I agree with most people  
11 about the conversation. It is very important in  
12 all areas of communication. I have a question to  
13 the lady Commissioner. What is she the  
14 Commissioner of?

15 COMMISSIONER ANGELA COKE: So as I  
16 mentioned, the three Commissioners on the COVID --  
17 the Long-Term Care COVID-19 Commission, as I said,  
18 looking into how we can ensure that these types of  
19 things do not happen again and, you know, making  
20 sure that we hear from yourselves, people who have  
21 been directly impacted, that we understand what the  
22 experience was and how we can help provide  
23 recommendations to improve and change the situation  
24 going forward.

25 ROBERT K.: Who are you working for,

1 the government?

2 COMMISSIONER ANGELA COKE: We are  
3 appointed by the government, but we are an  
4 independent Commission.

5 ROBERT K.: Who signs your paycheque?

6 COMMISSIONER ANGELA COKE: As I said,  
7 the government appoints us, but we are an  
8 independent Commission. They do not dictate our  
9 work, and we are non-partisan. We do not -- we are  
10 not here working on any particular government  
11 interest. We are working in the public interest.

12 ROBERT K.: My question is, whenever we  
13 are presented with a new rule, and I ask a  
14 question, I get the same answer, that it is the  
15 Department of Health. Who is the Department of  
16 Health?

17 IDA BIANCHI: Robert, could you repeat  
18 what you said, please?

19 ROBERT K.: Whoever makes these -- who  
20 writes them up in detail? Because there is a  
21 chance to interpret the rule differently by  
22 different people, and that is the problem I come up  
23 against.

24 IDA BIANCHI: The Commissioners --  
25 Robert, the Commissioners will be writing their

1 final report and making their recommendations to  
2 the government. And that report is due at the end  
3 of April.

4 ROBERT K.: Who makes the  
5 recommendations?

6 IDA BIANCHI: Our Commission makes  
7 those recommendations.

8 ROBERT K.: Who?

9 IDA BIANCHI: The Commission that was  
10 set up by the government to look at the spread of  
11 COVID-19 in long-term care homes, and Commissioner  
12 Coke who just spoke, as well as Commissioner  
13 Marrocco and Commissioner Kitts, are doing the  
14 investigation, and they will be making the  
15 recommendations.

16 ROBERT K.: Well, what I would like to  
17 see is that those people that write the rules for  
18 me and management come in and live under those  
19 rules for a couple of weeks and then re-evaluate,  
20 because it is easy to write the rule and say that  
21 is the way we are going to do it or else. But  
22 living under those rules is a different story.

23 ANN D.: If I can make a comment. It  
24 is Ann Donaldson again. My feeling is the  
25 Commission needs to understand that the Ministry is

1 killing people. They are blatantly killing people  
2 in retirement homes. They are just not -- they are  
3 not dealing with this correctly. They are saying,  
4 Follow our rules. Do what we say. And, you know,  
5 if a few people get sick, that is fine. It is  
6 okay.

7 No, it is not. You have got to  
8 understand that they are making a huge mistake.  
9 Somebody needs to hold them accountable.

10 IDA BIANCHI: Thanks, Ann.

11 ROBERT K.: Just think of the present  
12 conditions of our so-called freedom. Have you ever  
13 tried it? Have you ever tried to live like we have  
14 to live under all these rules? I don't think so.

15 IDA BIANCHI: Thank you, Robert. I  
16 think that is important for us to hear, and what we  
17 can do is share the information that you provided  
18 in this meeting in the report so people can  
19 understand what happened to the residents.

20 So I am grateful that you are sharing  
21 this information and your perspective with us.

22 MARIA S.: Can I intervene for a  
23 moment? It is Maria speaking.

24 IDA BIANCHI: Okay.

25 MARIA S.: I guess I have got a real

1 big concern. This is a Commission. You are all  
2 getting together and the recommendations aren't  
3 going to go through, and you are not going to hear  
4 about them until the end of April. Meanwhile, we  
5 are sitting in our rooms and not having any  
6 interaction, any programming. We are being  
7 isolated.

8 In other words, this could be happening  
9 for another how many more months, and we could be  
10 sitting in our rooms for how many more months, and  
11 I think that is one of the things I addressed with  
12 the resident care nurse last night, that now we are  
13 in our rooms again until the 22nd. That is ten  
14 weeks. Then somebody else could come in again, and  
15 somebody else could come in, contract it again, and  
16 here we go. Will we be put in indefinitely in our  
17 rooms? I think this is inhumane. It is wrong.  
18 The isolation, like the rest of us have all said,  
19 is killing us. It is hard. There has got to be  
20 some other way of dealing with this.

21 ANN D.: Somebody needs to hold the  
22 Ministry accountable.

23 DEE LENDER: That is Ann speaking.

24 ANN D.: Yes. Sorry. Yeah, they need  
25 to be held accountable, and they need to be told in

1 such a fashion that if we don't get a response of  
2 yes, we are going to look into it, we'll research  
3 it, we'll get back to you, I am saying bullshit.  
4 Do it, listen, stop picking on us.

5 IDA BIANCHI: Thank you, Ann.

6 MYRNA J.: This is Myrna speaking. I  
7 am saying that they have put the recommendations  
8 before us, and the people have to listen and do  
9 what they want us to do, and this COVID-19 won't  
10 spread if people do what they are supposed to do.  
11 Thank you.

12 IDA BIANCHI: Thanks, Myrna.

13 BOB N.: Ida, Bob here.

14 IDA BIANCHI: Bob, yes, we are back to  
15 you now. I'm sorry, I forgot that we hadn't heard  
16 from you on the second question.

17 BOB N.: Okay. The second question I  
18 am going to let -- I am going to put it aside for a  
19 second, and I would like to speak about the  
20 meetings we have every month at the Residents'  
21 Council.

22 The Residents' Council have been set up  
23 in our part of the world where I live to be -- it  
24 is a big joke. We have been at it, well,  
25 personally for three months, and we have been

1 harping about the food for three months, and the  
2 answer is always the same, we are trying, we are  
3 trying, we are trying. In the meantime, our food,  
4 we look at it, and we turn around and walk away  
5 sometimes because it looks terrible. And I don't  
6 know what they do with a roast beef. A pot roast,  
7 I have never seen a pot roast burn since I came  
8 here, and I have never seen as much fish on a menu  
9 as I came here.

10 The first six months I was here prior  
11 to the COVID, the food was excellent. The COVID  
12 came, and the institution was put in charge of an  
13 hotel in case the hospital had to use it for extra  
14 beds. Well, then our food cut in half because they  
15 needed to share the food with the hotel.

16 Well, that is not fair to us. We still  
17 pay the same thing.

18 IDA BIANCHI: Bob, if there is  
19 something that the Commissioners -- do you think  
20 there is something the Commissioners need to know  
21 as they make their recommendations based on the  
22 experiences you have had in your home?

23 BOB N.: No, thank you.

24 COMMISSIONER JACK KITTS: Ida, can I  
25 ask a question, just for clarification. I think I

1 have heard -- and I just want to get your feedback  
2 from the residents. I have heard that the  
3 isolation is really problematic. It is really --  
4 many of you have talked about being in a straight  
5 jacket, being in jail, being depressed.

6 So the isolation is a real problem for  
7 you, and I think the last conversation with Maria  
8 and Ann and others, we get into why do we have to  
9 stay in our rooms if it is outside, and why can't  
10 we re-start the programs if there is no COVID in  
11 the home.

12 Is that what I heard? Did I hear that  
13 correctly? I am not sure if one of you would like  
14 to clarify what recommendation you would like to  
15 see around removing the isolation and returning to  
16 allowing you to come out of your rooms and  
17 participate in programs?

18 MARIA S.: In our home, we are eight  
19 home areas, and each of those home areas is  
20 isolated from the other home areas. Therefore, the  
21 infected areas, if they have to remain in  
22 isolation, that is fine, but those of us who are  
23 not infected and are clear, where we can at least  
24 be out of our rooms and mingle amongst and eat with  
25 the others in our own home area when nobody has

1 been sick, instead of remaining in your room. This  
2 is -- we are going on to week ten now.

3 COMMISSIONER JACK KITTS: Okay. Thank  
4 you, that is very clear. Thank you.

5 IDA BIANCHI: All right. We have a few  
6 more minutes before the close of the meeting. Is  
7 there anything that anybody would like to say  
8 before we close out?

9 SANDY M.: Yes. This is Sandy  
10 speaking.

11 IDA BIANCHI: Okay.

12 SANDY M.: It might make a big  
13 difference in some of these homes some of these  
14 powers to be or management as they are called, if  
15 they were to come here and walk a mile in our  
16 shoes. They get to go home at the end of their  
17 so-called eight hours a day. We stay here all the  
18 time. They don't know what we go through. And  
19 when it is brought up at Council meetings and  
20 everything else, we'll look into it. That is the  
21 standard answer. I think it was Maria that brought  
22 that up.

23 I am sure they all go through a course  
24 where the residents, the first thing you say is,  
25 We'll look into it. I'll get on that right away.

1 But nobody gets on anything right away. You  
2 complain about the staff. They are so  
3 short-handed, it is ridiculous. When that is  
4 brought up, management says they have a union.  
5 They are offered overtime. These are human people.  
6 They can't work three shifts in a row and expect to  
7 come back day shift the next day. Come on, it is  
8 about time some of these managers got together, and  
9 if they want to have their good laugh, but they  
10 don't have to stay here. And every time we are  
11 short-handed here, on staff, on the floor, that  
12 affects each resident directly because they do not  
13 have the opportunity to spend with their PSW, their  
14 caretaker, that day. I am getting pissed off here.

15           Anyway, they don't have the time to  
16 so-called spend with us. Like our shower time is,  
17 go get your shower, get down, I got three more to  
18 shower. Well, okay, why don't we split it up more.

19           But we are told we'll look after the  
20 staffing. Well, you better start doing a better  
21 job as far as I am concerned, and like I say, my  
22 point is they get to go home at night, have their  
23 drink, put their feet up, all their worries are  
24 gone. We are still in here. And as Maria  
25 mentioned, a lot of us are in isolation. Do you

1 think this is the new fashion for today or what?  
2 It is because I coughed one night and asked for my  
3 puffers. I'm in isolation.

4 In the real world, I would not be in  
5 isolation. Somebody might ask me, Oh, are you  
6 getting the flu? You got to remember that there is  
7 such a thing as the flu that has been around since  
8 I have been around, every spring, every fall. But  
9 now it is COVID right away.

10 Like I say, it would be nice for some  
11 of these powers to be to spend a week in a home and  
12 see the joys and the benefits of being in here.  
13 Wanting to see your family, but you can't. Wanting  
14 to have different things to eat at night or  
15 something, but you can't because you've got to wait  
16 72 hours. Does COVID die in 72 hours, or is there  
17 somebody in that room that picks all these COVIDs  
18 off and puts them in a barrel and ships them out?  
19 Who makes these rules? Why are they there for 72  
20 hours? Nobody has told me this. It is helping,  
21 though.

22 MARIA S.: Can I interrupt --

23 IDA BIANCHI: Thanks, Sandy. Dee, did  
24 you want to add something?

25 MARIA S.: I wanted to intervene for a

1 second, if that is okay. Yes, communication has  
2 been an issue and a questioning about being in our  
3 rooms. You go to the head and the administrator  
4 says, Public Health has the last word. So then I  
5 call Public Health. Public Health says, Have you  
6 talked to your administrators? Yes, I have. And  
7 they said Public Health has the last word. Who has  
8 the final word as to what is going on and what the  
9 protocol and what the directives are? You kind of  
10 wonder when you are hearing that, from one person  
11 passing the buck to the other, and here we are in  
12 the middle, being in limbo, having to suffer  
13 through this all, but nobody is giving any  
14 direction or taking the bull by the horns and  
15 saying, Okay, this is the way it is, this is why.

16 IDA BIANCHI: Thanks, Maria. I am  
17 going to turn it over to Dee Lender, the Executive  
18 Director of the OARC, who wants to say a few words  
19 before we finish off the meeting.

20 DEE LENDER: Thank you. The first  
21 thing is I do know Melissa has a couple of comments  
22 to read from Lori with regards to some  
23 contributions, so let's do that first, and then I  
24 will give some closing comments.

25 IDA BIANCHI: Okay.

1                   MELISSA McVIE: Thank you, Dee. These  
2 are comments from the chat box as relayed by Lori  
3 W.

4                   I feel that quality of life is just as  
5 important as quantity. I want to know if residents  
6 are swabbed and tested negative, why are we  
7 banished to our rooms?

8                   Thank you.

9                   DEE LENDER: Thank you, Melissa. Thank  
10 you, everyone. I will not take the liberty of  
11 dismissing us. I'll leave that to Ida. But what I  
12 did want to say -- it is Dee, the Executive  
13 Director of OARC -- is one, I don't want to speak  
14 for you resident leaders, but what I heard, and I  
15 wanted to circle back, was that you have said that  
16 the people who are in the power and authority to  
17 make decisions should have the obligation to live  
18 in long-term care for a certain amount of time to  
19 experience what you see, what you smell, what you  
20 feel, what you experience, so that policies and  
21 rules that are made are made with informed  
22 experience.

23                   And I think that that is something that  
24 I have heard in the work that we do with residents  
25 for years, and that has really come to the top in

1 the last year with this experience of COVID, as  
2 rules and directives have come down through  
3 government that are so disconnected to the  
4 psychological and emotional and physical well-being  
5 of residents.

6 So I don't want to speak for you, but I  
7 would just ask with maybe a yes or a no, did I get  
8 that accurate?

9 MARIA S.: Well said.

10 BOB N.: Yes.

11 SANDY M.: Yes. I agree a hundred  
12 percent. Thank you.

13 ROBERT K.: Yes. That is what I said  
14 before. It is one thing to write up rules, but you  
15 have to try and live under them and see how it  
16 affects people.

17 IDA BIANCHI: Thanks very much, Dee,  
18 and with that, I think we have come to the end of  
19 our time. I want to say on behalf of the  
20 Commission, thank you. Thanks to the OARC for  
21 doing a lot of work to help us convene these  
22 meetings. And thank you to each and every one of  
23 you that spoke today.

24 What Dee just summarized sort of  
25 articulates the reason why we wanted to hear from

1 some of you, to bring your voice into the  
2 discussion and to share your perspectives both in  
3 the transcript and in the Commission's final  
4 report.

5 Thank you very much, and I'll just turn  
6 it back over to Commissioner Coke, if there is  
7 anything that she would like to add.

8 COMMISSIONER ANGELA COKE: Just to add  
9 to what Ida has said, thank you to everyone who  
10 helped organize the session today. To all the  
11 residents, I say a very special thank you for  
12 participating, for coming forward, for sharing your  
13 stories, for sharing your very challenging lived  
14 experiences and your recommendations. You have  
15 provided some very valuable insight for us, and  
16 this will really help in terms of us coming up with  
17 our recommendations. Very grateful for your help  
18 with that.

19 And again, thank you and have a good  
20 evening.

21 IDA BIANCHI: Thank you. Good-bye.

22

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

24

25

1 REPORTER'S CERTIFICATE

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

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

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

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

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

17  
18  
19 

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

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

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