In the Matter Of:

Long Term Care Covid-19 Commission Mtg.

MEETING WITH SEIU

October 15, 2020

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1 MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION
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6 --- Held Virtually via Zoom, with all participants
7 attending remotely, on the 15th day of October, 2020,
8 1:01 p.m. to 3:03 p.m.
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13 BEFORE:
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15 The Honourable Frank N. Marrocco, Lead Commissioner
16 Angela Coke, Commissioner
17 Dr. Jack Kitts, Commissioner
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20 PRESENTING:
21
22 Sharleen Stewart, President of SEUI Healthcare
23
24 Vickram Sooknanan, PSW
25

1 PRESENTING (cont'd):
2 Jocelyn Barras, Registered Practical Nurse
3
4 Ricardo McKenzie, Long-Term Care Director of
5 SEIU Healthcare
6
7 Denis Ellickson, Counsel for SEUI Healthcare
8
9 Raymond Seelen, Counsel for SEUI Healthcare
10
11 Matt Cathmoir, Head of Research, SEIU Healthcare
12
13 Michael Spitale, Advisor to the President of
14 SEIU Healthcare
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18 PARTICIPANTS:
19 Jessica Franklin, Policy Lead, Ministry of
20 Long-Term Care
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22 Alison Drummond, Assistant Deputy Minister,
23 Long-Term Care Commission Secretariat
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1 PARTICIPANTS (cont'd):
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3 John Callaghan, Lead Counsel, Long-Term Care
4 Commission Secretariat
5
6 Lynn Mahoney, Counsel to the Ministry of
7 Health and Long-Term Care.
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9 Sukhmani Virdi, Articling Student, Caley Wright
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11
12 ALSO PRESENT:
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14 Judith M. Caputo, Stenographer/Transcriptionist
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1 -- Upon commencing at 1:01 p.m.
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3 COMMISSIONER MARROCCO: Good afternoon,
4 everybody.
5 Well, we have the three Commissioners,
6 Commissioner Angela Coke and Commissioner Dr. Jack
7 Kitts and myself, we're the Commission and we're
8 here.
9 Who's speaking for you, and are you
10 here.
11 MS. STEWART: Hi, good afternoon. I'm
12 Sharleen Stewart, I'm the President. I'll be
13 speaking, along with counsel, and of course the
14 team is going to add in if and when needed.
15 COMMISSIONER MARROCCO: Sure, that's
16 fine. Is everybody here that you're expecting,
17 Ms. Stewart?
18 MS. STEWART: They are, yes.
19 COMMISSIONER MARROCCO: I'll sort of
20 say what I've said to others that have come here,
21 that we find ourselves as a commission in a bit of
22 a unique position, because typically a commission
23 is created after an event has happened and it looks
24 back at the event and tries to explain the event to
25 the public, because the public want an explanation.

1 And they usually do that by means of an
2 investigation, hear public hearings, and a report.
3 And that process can take a couple of years. If
4 you look at other inquiries and how long they've
5 taken, you can see what I mean.
6 We find ourselves in an odd position
7 because we've been called into existence in the
8 middle of something; it's not over. And so we have
9 decided that the first thing we should try to do is
10 see if there aren't some immediate recommendations
11 that we can make that would be constructive and
12 applicable now, rather than writing a report,
13 however detailed it is, two years from now.
14 So we are very interested in
15 recommendations that we might make at the present,
16 of an immediate nature, that would be constructive.
17 So that's kind of where we're coming from.
18 In terms of process, we've tended to --
19 I mean, we don't -- it's more or less informal, not
20 completely, but we tend to ask questions as you go
21 along rather than trying to go back at the end and
22 bring people back to some point to ask a question.
23 So we've tended to interrupt with
24 questions, if that's okay. It works for us.
25 And probably take a ten-minute break,

1 maybe hour, hour and ten minutes from now or
2 something like that. If there's a convenient point
3 for that, let me know.
4 So with that, we're ready when you are.
5 MS. STEWART: All right, wonderful.
6 Well, definitely sounds good, and we're definitely
7 ready and willing to answer questions anytime you'd
8 like.
9 I want to start off by saying, good
10 afternoon to you, Judge Marrocco and the fellow
11 Commissioners. We really want to thank you for
12 spending time with us today.
13 My name, as you know, is Sharleen
14 Stewart, and I am the President of SEIU Healthcare.
15 And you've met some of the folks by name that I'm
16 joined with today, but I want to point out what
17 they do for the organization.
18 So we have, Ricardo McKenzie, who, as
19 he's stated, is the Director of Long-Term Care.
20 Ricardo manages and delivers all aspects of
21 servicing for our long-term care sector and the
22 members. He's also the chief negotiator for their
23 collective agreements.
24 He's the primary contact for the
25 long-term care employers and their bargaining

1 agent, and he played a big role in defending and
2 protecting the frontline workers during the most
3 difficult time of their careers over the past eight
4 months. There were lots of labour relations issues
5 going on as well.
6 You've got Matt, Matthew Cathmoir. As
7 he said, he's director of research. Matt provides
8 support for the entire organization through
9 providing us the data and important information
10 that guides for strategic decisions in the Union.
11 Matt was tasked with trying to collect real-time
12 information and stats during the first wave and has
13 contributed to our presentation today as well.
14 Michael Spitale, as mentioned, is the
15 advisor to the president. Michael works with me in
16 my capacity as President of the Local Union, and in
17 the work that I do on a national and international
18 level. He attended most meetings with me, and in
19 particular, attended almost all of the Government
20 meetings and calls that I had.
21 So they're here to contribute to the
22 presentation. And I'm really pleased as well to
23 have with us two frontline workers and member
24 leaders of our union. As you've met, Vickram
25 Snooknanan, he's a personal support worker in

1 Midland Gardens which is a senior living home.
2 We also have Jocelyn Barras, who is a
3 registered practical nurse at Cooksville Care
4 Centre, which is a Mica (ph) Care Centre Home.
5 These two workers are here today
6 despite the very real threat of retaliation for
7 speaking publicly about a system that left them
8 insecure, vulnerable, and frightened. Workers
9 deserve the kind of whistleblower protection that
10 doesn't -- or doesn't discourage any of them from
11 participating in a public process like this.
12 So I've asked them to tell us when they
13 are uncomfortable answering any questions. And I
14 know that you appreciate their value in these
15 discussions and understand their concerns about
16 retaliation.
17 So I'm so grateful for their dedicated
18 work and service. And, Vickram and Jocelyn, thank
19 you so much for being here today and for what
20 you've done and continue to do for us.
21 MR. SOOKNANAN: Thank you.
22 MS. STEWART: I also --
23 Go ahead.
24 MR. SOOKNANAN: I just said, thank you.
25 It's nice to be part of this process.

1 MS. STEWART: Vickram, thank you.
2 I've also asked my team to jump in and
3 supplement my statements with further specifics or
4 notes if they need to. All of us were very much
5 involved in the long-term issues and the work that
6 need to be done to fix and improve them.
7 So finally supporting us today is our
8 legal counsel, Denis Ellickson and his team from
9 Caley Wright.
10 MR. ELLICKSON: Good afternoon. Thank
11 you for hosting us. We appreciate the opportunity
12 to give you this presentation.
13 I'm Denis Ellickson. I'm legal counsel
14 at Caley Wright. I'm joined today by my
15 colleagues, Raymond Seelen and Sukhmani Virdi.
16 MS. STEWART: So we're going to begin
17 with the slides we've got and that were sent to you
18 early.
19 -- OFF THE RECORD DISCUSSION --
20 MS. STEWART: So we'll start off with
21 the presentations here. It's a little bit awkward
22 for me, I'll be relying on you, Michael, to be
23 moving things through.
24 So I want to start off by telling you
25 who SEIU is. SEIU is a union that represents only

1 health and community care workers. We have been
2 doing this work for over 70 years and pride
3 ourselves in the fact that we are an exclusive
4 bargaining agent for workers who are primarily in
5 health and community services.
6 We represent over 60,000 frontline
7 healthcare workers from across the Province of
8 Ontario. Our members work in hospitals, long-term
9 care and retirement homes, home care and community
10 services, as well as paramedics.
11 We are the largest union in the nursing
12 home sector and proud to represent staff ranging
13 from nurses to physiotherapist, environmental
14 service workers, to food service workers. And we
15 are the largest representative of personal support
16 workers in the province.
17 The perspective we bring today is their
18 perspective and the experience of those 60,000 hard
19 working women and men.
20 And I want to start off by apologizing,
21 if apology is the right word. Right from the
22 outset, again, what has been truly a very emotional
23 discussion for us given the difficulties of the
24 past year. Sometimes the stories on the experience
25 will re-trigger those difficult memories. Even

1 myself getting prepared for this, brought back some
2 memories early on that were pretty hard for me
3 myself, and I know for sure for the members that
4 you're going to hear from.
5 So our emotions aren't directed at any
6 of you on the Commission, but rather the residue of
7 the broken system that has to date held no
8 decisionmaker accountable for misuse and failures
9 that left thousands of our members sick and three
10 of them dead.
11 As SEIU, we regularly service our
12 members to better understand the conditions they
13 face on a system level. So I'd like to share with
14 you a report of the working environment they were
15 in that left them physically and financially
16 vulnerable.
17 As recent as 2019, conditions in
18 long-term care were getting worse, not better. The
19 silver tsunami was in our site. We knew it was
20 coming, and we should have prepared earlier.
21 Nearly 70 percent of our members told
22 us the workplace had been constantly short-staffed
23 for the past year or longer.
24 59 percent of the staff report working
25 short almost all of the time, that means there was

1 almost never enough staff to deliver quality care
2 for vulnerable seniors.
3 Our union fought back against the
4 system largely run by for-profit corporations that
5 prioritized shareholder dividends over staff and
6 resident well-being. This is why we confronted the
7 CEOs of the corporations in the spring of 2019 and
8 asked them to use those profits to increase
9 staffing levels; they said no.
10 It's why we went to Queen's Park to ask
11 the Government to fix the system. They ignored us
12 and instead proposed cuts to long-term care.
13 In 2019, 60 percent of our members
14 described a system that required them to almost
15 always work short-staffed. A system that requires
16 them to work through coffee, lunch, and dinner
17 breaks. They often work overtime without the
18 overtime pay, because these workers refuse to leave
19 the residents unattended to.
20 This system is built on the
21 exploitation of those workers. In particular,
22 women, women of colour, and immigrants. Half of
23 our members describe working through physical pain
24 and injuries caused from the demands of the job.
25 Some report being the only personal support worker

1 for up to 38 residents.
2 Ontario's long-term care system is a
3 system where turnover is high. Recruitment is near
4 impossible, and retention is a challenge.
5 Workloads are heavy, conditions are
6 unsafe, and wages are low. There is very little
7 job security and no incentives to stay.
8 For example, it has become a
9 competitive system where personal support workers
10 search for and seek out employers who provide more
11 full-time hours, higher pay, which encourages
12 leaving to chase greater economic security based on
13 sector or employer.
14 Ontario's long-term care system is
15 broken, and unlike the pandemic, it is clearly
16 flat-lining as workers leave the system,
17 exacerbating a retention problem being added on to
18 an already critical recruitment problem.
19 Workers are burnt out, frightened, and
20 feel like they have been exploited further during
21 this pandemic.
22 Confined to one job, without being
23 provided full-time work, and the one home they are
24 being forced to work in, they are being required to
25 train and orientate transitory agency staff, while

1 those agency workers are allowed to work in more
2 than one home.
3 I'd like to respectfully acknowledge
4 the topic of the Commission's recommendations.
5 We went through Wave 1 with the
6 Government ignoring lessons and recommendations
7 from the dozens of reports from the past. Some
8 reports and committees that I, too, contributed to
9 and sat on over the years. In our experience, the
10 excess of reports and recommendations will not
11 drive action. What drives action is political
12 will, accountability, and transparency.
13 There have been some 45 separate
14 reports with over 300 recommendations for long-term
15 care between 1999 to present. The most recent
16 being the long-term care staffing study report
17 delivered to the Premier this summer.
18 I'm hoping that the work of this
19 Commission is we'll have the ability to drive real
20 change for a broken system that opened everyone's
21 eyes.
22 There are so many workers, residents,
23 and families relying on you to give them answers
24 and transparency into the failed decisions that
25 left their loved ones vulnerable and exposed to

1 COVID-19.
2 Many of those families have told me
3 they hope the loss of their loved one will not be
4 in vain, if their death has finally exposed the
5 truth behind the decisions that contributed to
6 their death, and finally force our politicians to
7 fix the system that left workers and families and
8 their communities at risk. Unfortunately, those
9 families and workers see a system that has instead
10 doubled down on exploitation of women and handed a
11 larger share of the operational pie to for-profit
12 corporations that have paid over $1.5 billion to
13 corporate shareholders in the past decade.
14 At the outset of this pandemic, lessons
15 from the SARS Commission were ignored. Perhaps
16 more significant among them, a failure to adopt the
17 cautionary principle. My point is, we know what
18 needs to be done; the only outstanding element is
19 action on the part of the Government to simply do
20 it.
21 The Commission recommended the adoption
22 of precautionary principle, don't wait for a
23 scientific conclusion before implementing worker
24 safety, procedures, guidelines, and processes.
25 During COVID-19 pandemic, guidelines issued by the

1 Provincial Government had consistently assumed
2 without scientific support that there is no basis
3 to conclude that COVID-19 is transmitted by
4 airborne particles. Evidence is mounting that this
5 may be the case, and if so, Provincial Government
6 will have to put numerous lives, mainly healthcare
7 workers, at risk. And we'll go on to talk a bit
8 about -- even now, today, everyone isn't wearing
9 masks.
10 Some of the frustrating meetings that
11 we had, and many of the unions started off jointly
12 and collaboratively, meeting with the Government,
13 sending letters, just asking to please err on the
14 side of caution.
15 I remember talking to one employer
16 earlier on, which we will emphasize later, but how
17 they weren't following the directives and the
18 guidelines when people were coming back. It was
19 the March break, if you remember. Some of the
20 things that they said about not providing surgical
21 masks, not even the N95s, was that it was going to
22 scare the residents. Well, I can tell you stories
23 about how frightened residents were when they saw
24 their neighbors leaving in body bags. I said why
25 not err on it, assume that everybody can spread

1 this virus before we even knew that it was
2 asymptomatic. They failed and did not adhere to
3 the Commission's report.
4 So I don't want to call these
5 recommendations; I call them the "Campbell Report".
6 So I don't want to call these recommendations; I'm
7 calling this less actions, interim and long-term
8 actions.
9 It's what we need to save lives and fix
10 a system that works for everyone, both the workers
11 and vulnerable families.
12 First, we have nine interim actions we
13 can take now:
14 Penalties for breaking government
15 directives and violation of standards, including
16 refusal to distribute appropriate PPE supplies to
17 its staff;
18 Consistent communications and protocols
19 between government and Public Health;
20 No new builds awarded to for-profit
21 nursing homes or operators;
22 Universal wages and wage increases for
23 all job classifications;
24 Transition part-time work to full-time
25 jobs;

1 Increase staffing levels above current
2 levels announced by government;
3 More frequent, unannounced, in-person
4 inspections;
5 Immediate and consistent cohorting of
6 residents and staff when outbreaks occur;
7 Mandatory communications of infectious
8 disease protocols to staff and families, and
9 immediate notice of outbreak to all stakeholders.
10 Now among others, there are six
11 long-term actions that must be taken to support
12 staff and vulnerable families:
13 Complete phase-out of all for-profit
14 nursing homes in Ontario;
15 Minimum target of four hours of care
16 per resident, per day;
17 Doubling of staff to resident ratios;
18 End contracting-out of services like
19 laundry and food preparation;
20 End contracting-in of transitory agency
21 staff;
22 Solving recruitment and retention
23 challenges by increasing the number of full-time
24 jobs with higher wages and benefits like pensions
25 and paid sick leave.

1 As you better understand the system,
2 you'll recognize that care suffers the more staff
3 exploitation occurs.
4 Judge Marrocco, I mentioned earlier,
5 this is emotional for us because the losses are
6 real. What so many fail to realize is that the
7 residents these long-term care workers take care of
8 are like family to them. To some of the residents,
9 the workers are their family because no family
10 visits them. Long-term care workers lost people
11 they truly loved. They grieved and continue to
12 grieve the loss for the last seven months. They
13 are watching the second wave hit us and are asking
14 themselves whether they can do this again. Many
15 have said, No. Which we all need to be concerned
16 about.
17 SEIU lost three members: Christine
18 Mandegarian, Arlene Reid and Sharon Roberts.
19 Christine Mandegarian passed while
20 hospitals were closed to visitors. Her husband and
21 two children were not permitted to see her
22 beforehand due to the risk posed by the pandemic.
23 She was the first personal support worker to lose
24 her life to the pandemic, and tragically she was
25 not the last.

1 Her daughter told me that the family
2 pleaded with their mother not to go to work, to
3 stay home and stay safe. Christine replied, "My
4 residents need me. My coworkers need me." She
5 went to work every day and pleaded with her
6 employer for proper PPE to keep herself safe, the
7 residents she cared for safe, and to keep her
8 children safe when she returned home.
9 She died, and her husband was in the
10 hospital two days later after being infected by his
11 wife with COVID. Those two children were grieving
12 the loss of their mother and terrified that their
13 father would die, too. All because their mother
14 went to work.
15 Arlene Reid passes away suddenly in her
16 home. Arlene's daughter has described her mother's
17 passion for her work as a long-time passion that
18 stemmed from back home in Jamaica with helping her
19 great-grandparents during their time when they were
20 sick. She was just an amazing, phenomenal woman.
21 She goes above and beyond in everything she does, a
22 dedicated hard worker. Arlene leaves behind three
23 children.
24 Sharon Roberts, one of her coworkers,
25 Gilletta, said of her, "she treated these residents

1 like family. She was amazing to them." At the
2 time of her passing, 65 of her coworkers at
3 Downsview Long-Term Care have also tested positive.
4 Sharon was a migrant to Canada, and she had no
5 family.
6 And this story is one of many, and it
7 tells the story of how these workers had nowhere to
8 go, no help. The Union provided services to them
9 over and above what was normally required. We
10 opened up counseling telephone lines, we supported
11 them with Workers' Compensation forms, and provided
12 a lot of mental-health support.
13 When we tried to reach out to Sharon's
14 family, we couldn't find any. We asked the
15 employer for next-of-kin, which they didn't even
16 have on file. We managed to find a family member,
17 after hours, that lived in New York. And of
18 course, it was her cousin who Sharon was like a
19 sister to. Because of the border being closed,
20 their family was in New York, not knowing at all
21 what was happening to their loved one. Sharon was
22 found at home by the police, she had died at home,
23 not found by family.
24 So SEIU, not the employer, worked with
25 the family and provided all the arrangements for

1 Sharon to be transported to a funeral home and
2 cremated. And her body still waits for the day
3 that her family from New York can come and pick her
4 up.
5 Where was the employer? They certainly
6 didn't want to contribute anything, and those were
7 two employers, Downsview and Extendicare. All of
8 those personal support workers were women, and they
9 were all women of colour.
10 And it wasn't a coincidence; it was a
11 consequence of a system that was reckless with the
12 lives of these dedicated women. No one should say
13 good-bye to their families in the morning as they
14 leave for work and arrive home infected with a
15 pandemic that could kill them and their families.
16 It is the employer's responsibility to
17 keep employees safe. They failed, and they are
18 continuing to fail.
19 That's why I've asked Vickram to join
20 us today to share his personal experience from the
21 frontline of this pandemic.
22 Vickram.
23 MR. SOOKNANAN: Hi.
24 COMMISSIONER MARROCCO: Vickram, just
25 before you start. Were you able to -- did they

1 ever articulate a rationale for not making the
2 equipment available, the PPE available?
3 MS. STEWART: Most of the responses
4 from the employers was that they did not have the
5 supplies and that they were following directives,
6 or they were following guidelines, or they were
7 following Public Health recommendations.
8 Whatever they answered, they went to
9 the lowest denominator that made them, I guess,
10 made their neglect of not providing it same
11 rationale to them. But overall, they said they did
12 not have the supplies and they were following
13 directives from the Chief Medical Officer.
14 COMMISSIONER MARROCCO: Do you think
15 that there's anything to the idea they were
16 following directives from the chief medical -- you
17 must have looked at them, the directives that they
18 claimed they were relying on.
19 MS. STEWART: Yeah, and we get into
20 that later, talking about some of the directives,
21 yes.
22 COMMISSIONER MARROCCO: Why don't we
23 wait until you get into it then.
24 MS. STEWART: All right, sure.
25 COMMISSIONER MARROCCO: I can

1 understand somebody saying, We don't have any. I
2 don't know if that's true or not, but I can
3 understand somebody saying, I don't have any. It's
4 the directive piece of it that -- well, I'll wait
5 until you get there.
6 MS. STEWART: Okay, thank you.
7 Vickram.
8 MR. SOOKNANAN: Hi. My name again is
9 Vickram Sooknanan. I am a PSW working full-time at
10 Midland Garden.
11 All I can say is like, thank you,
12 everybody, for having me here and to speak on
13 behalf of PSW in long-term care.
14 Even before I go into before pandemic --
15 I want to talk a little bit about what was
16 happening as a PSW, what I was experiencing before
17 pandemic.
18 Before pandemic, we were having really,
19 really, short of staff. So we would end up working
20 one staff short, two staff short. What that means,
21 in the morning time, if we have the six PSW on the
22 unit, I have 11 resident. When we're short one
23 PSW, I have 13. In the evenings, when you work,
24 and if you're short, you have 14; if you're short
25 one. And in the night if you're short, you have

1 30.
2 We had a very hard time in my facility
3 hiring and keeping new staff. When they come in,
4 they will be like, Oh my God, you mean I have to do
5 all this work for this amount of pay, and I'm not
6 even making any benefits? And they would just
7 leave. We have a very, very hard time retaining
8 any new staff.
9 So we were experiencing the staff
10 shortage.
11 The workload for us, it's a lot. I
12 went many days not taking a break. I went days
13 where I even forgot to go to the washroom. I mean
14 something as important as going to the bathroom, I
15 would even forget to go to the bathroom because the
16 demand of the care of my resident, they constantly
17 needs me. And I feel guilty when a resident pulls
18 a call bell and says they want to go to the
19 bathroom or they need some assistance, for me to
20 just say, Oh, no, you need to wait.
21 Because, I mean we work with them, we
22 have -- you're told not to have any kind of
23 relationship, but I mean these are people I care
24 for, I've been working at that facility for
25 12 years, these residents became like my family.

1 And they could be my mother, my grandmother.
2 So whenever they need help, just -- I
3 know I can take my break, and when I'd go to my
4 manager and say, "Look, we need help, we need
5 help." She's like, "Well, you have to take your
6 break, your break is your responsibility."
7 And I would say, "Yes, I know it's my
8 responsibility. But if I don't go and help my
9 resident, then they end up having a fall or they
10 end up getting hurt or they end up having behaviors
11 which then in turns I get called down into the
12 office and being disciplined," it's like, "Oh, you
13 should have went to the toilet with the resident."
14 But nobody is actually looking at the big picture
15 of why we're having this situation with staffing.
16 As time went by, the complexity of
17 resident care has demanded mental health, dementia,
18 Alzheimer's. So the resident care was more
19 complex. It's like we're dealing with, as I
20 started 12 years ago, where the resident was more
21 cognitive, they were mostly able to follow care
22 plans, directions. Now because of all the
23 complexity of their diagnosis and with mental
24 health, it's very, very, very challenging.
25 I would end up getting like physically

1 and verbally abused. And you know we are made to
2 feel that it is part of our job, which I think it
3 is not. So we were having a lot of issues which we
4 were -- I was voicing, I was advocating. But
5 unfortunately, we felt those voices went unheard.
6 Then pandemic came.
7 When pandemic came, it was quite a
8 confusing time for us as the staff on the unit,
9 because we find the communication wasn't very
10 clear. We didn't know what we're supposed to do;
11 like there was different directives that was coming
12 from Public Health, Ministry, and it was like the
13 direction we were getting from our facility.
14 They were telling us, oh, we don't have
15 anything to worry about, that we have PPE. And we
16 were worried that should we be wearing masks. I
17 was asking that, "should we be wearing masks,
18 should we not be wearing masks?"
19 They were saying, "no, we don't need
20 masks" at the beginning. Then we got directed that
21 we need masks, and we were only allowed one mask
22 per shift.
23 So we were given a mask, so we would
24 take that mask with us and wear it throughout our
25 shifts. We'd still go to the break rooms, we'll

1 put our masks down, and then we'll pick up the same
2 mask and wear it continue going from resident to
3 resident.
4 And as time kind of went on when
5 pandemic was declared, we were told that whenever
6 we have -- we were still taking in new admission
7 when pandemic was cleared. We were told when we
8 have a new admission, we should isolate them for
9 14 days.
10 So I have a new admission on my
11 assignment. He came in, I put him on isolation,
12 then three days later I was told by doctor, he's
13 like, okay, if he's not showing any symptoms, then
14 he doesn't need to be in isolation.
15 So then I took him off of isolation, I
16 brought him into the common area among other
17 residents. Then two days later I was told, oh, he
18 still needs to be in isolation.
19 So the direction that was coming to us
20 on the front floor, the staff, it was very, very,
21 very, very confusing.
22 When I would ask my home, like, what is
23 our pandemic plan? What is our plan? Like we're
24 already having staffing issues, like how are we
25 going to plan to deal with this? Because already a

1 lot of coworkers that were scared, they were
2 already staying away from work. There were people
3 who had, a lot of coworkers of mine who had
4 underlying health issues or had family members at
5 home that had underlying health issues, were
6 staying away. Because, unfortunately we both work
7 two jobs, I work two jobs as my career as a PSW. I
8 work in home care as well. So it's like we do that
9 to try to make ends meet, but a lot of my
10 coworkers, I was lucky in the sense that I had an
11 extra room in my home, is that when pandemic was
12 declared, I went into that separate room, I stayed
13 away.
14 It was really hard for me because I
15 couldn't even hold my two-year old, I couldn't kiss
16 him, and I couldn't stay home either because that
17 was not an option. I still had the bills that was
18 coming in, I still had responsibility to take care
19 of. So I would isolate. Even when I was home, I
20 was wearing a mask and I was praying to God that I
21 don't get sick and I don't bring it home to my
22 family. And unfortunately for a lot of my
23 coworkers, they didn't have a space to actually go
24 home and isolate. So a lot of us, we were caught
25 between a rock and a hard place. Because it was

1 like, do we come to work and take this illness home
2 to our family and ourselves, or are you worried
3 about how are we going to pay our bills?
4 And as time went on, then the mandatory
5 swab came in where the employer has to swab every
6 resident and every staff member, which came out in
7 May. They first started the mass swabbing in my
8 facility on May 7th; I got swabbed. On the Friday
9 was my day off, I wasn't feeling well, I checked my
10 results online, it was negative. And then after
11 that, I was really, really, really sick. I'm not
12 going to lie, I thought I was going to die. And
13 when I continued o not feeling well, so I called my
14 family doctor and I was like, I'm not feeling well,
15 and he was like, Well, go to the hospital.
16 I went to the hospital, I got a second
17 swab, and then I was confirmed I was COVID
18 positive.
19 The lack of compassion that I received,
20 not even one manager or anybody from my facility
21 that I worked for 12 years, not one call to find
22 out how I was doing. I only got a call once from
23 the head office, some support services person that
24 I've never talked to, never met. Not one of them
25 called me to find out, okay, are you okay? Do you

1 need anything? Nothing at all.
2 They brought in agency staff. I work
3 in my facility over nine-year as a part-time, and I
4 made full-time hours with no benefit before I
5 became full-time. And even with a full-time job
6 that could not still pay, I still did home care
7 until my son was born.
8 Then they brought in agency staff,
9 which was okay, because most of our staff was
10 getting sick, because the infection was just
11 spreading through the facility. Like we had 100
12 and something, almost at the end of it was 100 and
13 something resident that was positive, over
14 60-something staff that was positive.
15 And so they brought in agency staff.
16 And all of a sudden the SEUI had the funds to
17 create all these temporary full-time position. And
18 they offered benefits right away, no waiting
19 period, benefits was offered right away. And we
20 were like, who were the staff, the poor staff? We
21 were like, Oh my God, you had that potential to
22 create full-time position and you had that
23 potential to give us benefits and you just chose
24 not to? Which was like kind of an insult to us.
25 It's like we've been here, we've been working for

1 years and years, and this is how you treat us, like
2 no compassion.
3 And I find the way that they
4 communicate to us during the pandemic is like, if
5 you go to one of my managers or you go to my EV or
6 my DOC was like, I would go and ask them a
7 question, and they would not even give you a
8 response. They'd say, "Okay, I hear you, I will
9 take it back to head office".
10 It seems somehow all the communication
11 that was happening to us was being controlled. We
12 were only being told what they want to be told to
13 us. I don't know if they were doing that because
14 they were scared that maybe that we would have just
15 left and not come back to work. So I don't know.
16 And with the PPE, it's like at one
17 moment they were saying we don't need the isolation
18 gowns and all of that, but yet when the doctors
19 then came on to the unit for doing doctors rounds,
20 they were equipped with N95s and the isolation
21 gowns.
22 So I went back to my acting DOC and I
23 said, How is that fair? I said, One minute you're
24 telling us that we don't need an N95 and we don't
25 need these PPE, but yet the doctors was coming in

1 are equipped with PPE, with N95. Like what is the
2 message?
3 And I always advocate and I said, I
4 know we're getting directives from Public Health, I
5 know we're getting it, and you guys are saying
6 you're following those directions, but I said, What
7 is stopping you or stopping your employer to go
8 above and beyond?
9 Because if I was a PSW, I could never
10 be 6 feet away from my resident. I'm really close
11 when I'm giving care. So I said, Shouldn't I be
12 wearing N95 or something to cover my face, because
13 if a resident is suspected to have COVID and if
14 they're coughing and if they're sneezing, I'm right
15 in their proximity when that droplet is expelled
16 into the air? Like I mean, but they keep telling
17 me that, you know, they're following all of the
18 Public Health protocols and all of the directives
19 and that our company has all these infection
20 control experts.
21 So eventually we at our facility, we
22 kind of got to the point where we didn't even want
23 to argue anymore. It was just like we kind of
24 conceded. It's like we didn't even know what else
25 to say. So we just -- most people, they decided to

1 stay away. Some people who could afford to stay
2 away, they stay away. Who couldn't, they stayed.
3 And another insult to injury for us as
4 support worker was that we've been advocating for
5 about what the condition is like in LTC; nobody
6 ever believed us or didn't think we were
7 trustworthy or whatever we were saying wasn't true,
8 until when the Army came out and went into these
9 facilities, when they were called into one of these
10 facilities, and they were coming back and putting
11 these reports about how bad it was in long-term
12 care. Then everybody all of a sudden was like, Oh
13 my god, there's a problem in long-term care. And
14 we were like, No, there was always a problem in
15 long-term care.
16 It's like our work as frontline workers
17 was not believed or valued, and I don't understand
18 it, is that you are trusting us with your loved
19 ones, somebody that's very important and precious
20 to you. And if we're telling you something, then I
21 think we should have a say. It's like why would we
22 be dishonest about it. And so that was another
23 part of something that was hard for me.
24 Another thing that was really, really
25 hard for me was that, as a PSW, whenever a resident

1 passed away, we don't put them in a body bag. I
2 was at home recovering from COVID, and I would have
3 my co-worker call me and they're so upset. They
4 said you have to watch -- they had to watch the
5 residents die and then put them in a body bag. So
6 I could not imagine any -- I just cry with them
7 over the phone, because that was like really,
8 really hard to hear. That you care for these
9 residents, and then you watch them die, and they
10 had to put them in a body bag like they were
11 nothing.
12 So it was pretty, pretty hard.
13 As a worker, do I have faith that
14 things are going to change? To be totally honest,
15 I don't think so. Because right now everybody are
16 saying we're heros. We don't want to be called
17 heros. Give us the tools, show us respect, value
18 us. Give us the tools that we need that we can go
19 and care for our loved ones.
20 I have my grandmother who's 88, we need
21 to find her a long-term care facility, but we're
22 scared because, like given what's going on, it's
23 like, we're all going to need it somehow, somewhere
24 later on in our lives. And if we don't start
25 taking care of it. And to me, it's like these are

1 seniors who built our country, that worked so hard,
2 that pay their taxes and contributing to society,
3 and this is how we're treating them.
4 So it was -- it's really hard. It's
5 not getting any better. I mean, financially for a
6 lot of us, we're still suffering because we're not
7 allowed to have a second job. Even, as I said,
8 even working full-time hours, it's still not
9 enough.
10 MS. STEWART: Thank you, Vickram, very
11 much for saying that.
12 MR. SOOKNANAN: Thanks.
13 MS. STEWART: So as COVID-19 hit us,
14 there were some key dates early in the pandemic,
15 and we want to share some of the actions that SEIU
16 took.
17 COMMISSIONER MARROCCO: Can I, just
18 before you start. This part-time/full-time, what's
19 your view? Obviously you said, create more
20 full-time. But we've been told there is a role for
21 part-time and that it's the proportion that's off.
22 What's your view?
23 MS. STEWART: Yeah, absolutely. I mean
24 right now it's disproportionate. You always need
25 part-time work to fill the high demanding times.

1 And full-time staff like to have weekends off, so
2 there's always a need for part-time staff. But the
3 proportion is backwards. There are much more
4 part-time and agency staff in there than there are
5 full-time. And full-time just makes sense.
6 I mean, you've heard Vickram. He's
7 dedicated to his profession. He wants full-time
8 work. He wants to have sick time and benefits,
9 like all of us do. We go into profession, we want
10 full-time work, we want benefits, we want to be
11 able to raise a family, not have to work three and
12 four jobs to seam together the wages of a full-time
13 job, and then to retire with dignity. And that is
14 what's disproportionate here.
15 We're not saying full-time only, but
16 we're saying there's a crisis, there is a clear
17 shortage of full-time staff.
18 And when the reason for that is to save
19 money and not to provide continuity in care, it's,
20 yeah, it's questionable. So we're not saying only
21 full-time, but the proportion is not right. There
22 should always be more full-time employment.
23 COMMISSIONER MARROCCO: And you said
24 "to save money". So is the view there that the
25 benefits, that the money that's saved is that you

1 don't have to pay benefits to the part-time staff;
2 like is that the savings that's sort of driving the
3 behaviour?
4 MS. STEWART: Yes, wages for full-time
5 staff, because they accumulate their seniority
6 faster, get to the top rate. And the benefits are
7 expensive, would add to the total cost, yes.
8 MR. MC KENZIE: I'd just add to that,
9 I'll add to that, that in most of these for-profit
10 long-term care homes, majority, about more than
11 60 percent of the staff are part-time workers.
12 And these employers go about by just
13 creating part-time work, as Sharleen said, because
14 it is cheaper to hire people on a part-time basis
15 than to higher them on a full-time basis, mainly
16 because of benefits, paid sick leave, etcetera,
17 pension and that kind of stuff. The part-time
18 workers, it is a lot cheaper because they don't get
19 those benefits.
20 I just wanted to -- I feel compelled to
21 share this story of a member who contacted me in
22 the beginning of the first wave of the outbreak.
23 This member work at Elm Grove Nursing Home, it's in
24 downtown Toronto, one of those for-profit homes.
25 This woman called me, and she was really shaken up,

1 she was crying. And I asked her, "What's going
2 on?" She told me her husband passed away. "How
3 can we help?"
4 And she said to me that her husband was
5 so scared of getting sick that he decides that he's
6 not going to leave the house, he's going to stay in
7 the house. And she goes to work every day.
8 Unfortunately, she contracted COVID, she came home,
9 and he got it from her. Not too long after, he
10 passed away.
11 MS. STEWART: Thank you, Ricardo. Just
12 on the note about the full-time versus part-time
13 and the cost. Whenever we have this conversation
14 with the employers, mostly during bargaining, we
15 ask the rationale, because we figure it's because
16 full-time benefits. But yet it doesn't make sense
17 because when their need, like you heard Vickram
18 say, when the need is there, they find the money.
19 They bring in agency staff which costs more than a
20 full-time staff person because they're paying an
21 agency. And we're starting to see, particularly
22 now, much more agency staff than even their own
23 employees in these workplaces.
24 If you take a look at the WSID cost of
25 those employers would have to be paying because

1 shortage of staff, the injuries are higher. I
2 mean, from the business perspective, especially for
3 for-profit corporations who think about making
4 money, it doesn't make sense that they're wasting
5 money instead of securing full-time jobs for
6 workers who want it and would cost definitely some
7 sustainability in the workplace and in their
8 careers. It would encourage them to stay.
9 Part of the problem with the pandemic
10 is that these workers have to work in more than one
11 place, which obviously is like a petri dish and
12 spreads the infection, whether it is the flu or the
13 pandemic. That in and of itself is a reason why we
14 would want to have full-time work for people, to
15 keep them committed to one place. Many of them
16 don't choose to work three jobs, they just want the
17 full-time wages.
18 COMMISSIONER MARROCCO: Was it always
19 this way, or did it evolve to this from something
20 else?
21 MS. STEWART: We've always had a
22 problem securing full-time work, but it has
23 annually gotten worse, and worse, and worse.
24 MR. CATHMOIR: Sharleen, would it be
25 okay if I provide a little bit more context to this

1 discussion?
2 When we were preparing for the last
3 round of negotiations, we did some turnover
4 statistics, looking at all of our central nursing
5 homes, so about 95 long-term care homes.
6 We found there was a 48 percent
7 turnover on average. Now this includes both full
8 and part-time. But when we separated out the
9 full-time workers, the full-time only had about a
10 12 to 14 percent turnover rate.
11 In addition, so the time spent that we
12 looked at was 2016 to 2019. So a 3-year span. So
13 among that 48 percent average that we found, that's
14 not going to include the people who came and left
15 within this three-year span. So it's a very
16 conservative measure and it just shows how high the
17 part-time turnover is, so can also add additional
18 costs from the employer's perspective.
19 During COVID, we decided to look as
20 well at a sample size of some of our for-profit
21 providers, just to see, okay, we know part-time
22 workers work multiple positions. What we did is we
23 looked at November 2019 hours, for part-time PSWs,
24 and then looked at May 2020 hours for part-time
25 PSWs when the One Workplace was enacted.

1 And for example, Extendicare Homes, we
2 saw part-time PSWs picking up an additional
3 30 percent of hours. So they went from working
4 97.7 hours in the month of November to 127.9 in the
5 month of May. So these people are working
6 part-time jobs out of necessity. And the
7 significant increase in hours during COVID because
8 they're limited One Workplace further emphasizes
9 that point.
10 COMMISSIONER KITTS: Can I just ask a
11 question for clarification?
12 I think you've talked about the
13 for-profit homes and the part-time/full-time. Are
14 you saying that the not-for-profit and municipal
15 homes don't have the same issues with
16 full-time/part-time?
17 MS. STEWART: They're all experiencing
18 shortage of staff. But as you see, it gets better
19 in the not-for-profits and gets even better in the
20 municipal homes that they have -- yeah.
21 COMMISSIONER KITTS: Do you know what
22 those ratios are?
23 MS. STEWART: Yeah. Matt, do you have
24 those?
25 MR. CATHMOIR: The not-for-profits and

1 the for-profits, when it comes to part-time/full-time,
2 it's kind of similar, 62 percent part-time,
3 38 percent full-time.
4 I mean, the argument there,
5 not-for-profit homes only operate one home, whereas
6 they lack that -- you know, economies of scale
7 represent, you know, owning double digits, like
8 20-plus homes, right, you can create that scale a
9 little easier from a full-time perspective.
10 And then a municipal -- I can pull the
11 municipal stats and provide them during this
12 presentation. They should be better than the
13 not-for-profits and for-profits, and they also
14 experience much less turnover than their
15 counterparts.
16 MS. STEWART: Yes, we've got to stats
17 in the other slides, too, that we can talk about
18 when we get there.
19 COMMISSIONER MARROCCO: Is it wrong, I
20 mean, what's driving it in the not-for-profit
21 sector? What's driving them to part-time? If the
22 ratios are both the same, even if they're a little
23 different, but if it's the same trend -- if, then
24 I'd be curious what it is about the not-for-profit
25 sector that's pushing it in that direction.

1 MR. SPITALE: If I can just offer one
2 thing, there. As you'll see later in the
3 presentation -- and, sorry, you might hear that a
4 few times, "you'll see it later".
5 COMMISSIONER MARROCCO: That's fine.
6 MR. SPITALE: The staffing levels are
7 quite worse compared to not-for-profit. And so the
8 simple reality of having more staff in a workplace
9 is preferable to working in a facility where you're
10 at greater risk of injury, because there's fewer
11 staff.
12 So some of it's quantitative and some
13 of it is qualitative in terms of the conditions in
14 the workplace.
15 COMMISSIONER MARROCCO: That's okay.
16 If you're going to come to some more -- I'll
17 remember the point, so go ahead.
18 MS. STEWART: Okay, great. So I think
19 we're on slide 12.
20 So we took the announcement of this
21 pandemic seriously and engaged government ministers
22 to take necessary action to keep workers secure,
23 both physically and financially.
24 I can say early on it felt like we were
25 being heard, as days passed, it was clear our

1 frontline experience was almost always ignored. As
2 a union with tens of thousands of workers on the
3 frontline relaying information to us in real-time,
4 you'd think the opposite would be true. But,
5 unfortunately, the decisions made, like
6 Dr. Williams, were never available to us. The
7 decision makers, sorry, like Dr. Williams were
8 never available to us, which was also communication
9 was a real problem throughout this pandemic.
10 We had a brief call with him with the
11 other unions on March 16th, that was the one and
12 only time, it's listed there. All the unions that
13 I know that they presented in front of you, and we
14 talked about this and wanted to use all of our time
15 to the best use. So I know that some of this
16 information they've shared with you about, we were
17 all sounding the same alarm bells and asking
18 absolutely the same questions.
19 We asked to talk to Dr. Williams and
20 were never given the opportunity to, except the one
21 brief call on March the 16th. And our urgent calls
22 to action were increasingly being ignored even as
23 the deaths increased.
24 COMMISSIONER MARROCCO: At the risk of
25 interrupting you yet again. When did you first, as

1 a union, as an institution, sort of figure out that
2 this was going to be a problem for your members?
3 That COVID-19 was going to be a problem in
4 long-term care homes?
5 MS. STEWART: As early as January for
6 me, February. We had a conversation before the
7 first outbreak in Ontario, with the Ministers,
8 which I think it's on there, too.
9 And we said, there's a serious crisis
10 here in long-term care. The flu season, we're in
11 it right now, where workers are told to choose One
12 Workplace. And I said, if this comes to be what we
13 are hearing it is, you're not going to have enough
14 staff to take care of this.
15 And asked them about the fact that you
16 know these workers work in multiple sites; what are
17 you going to do about that?
18 It was so frustrating because even by
19 the looks of their faces, they knew that they had a
20 problem. And the unions all knew, we knew that
21 there was a problem with PPE.
22 We came right out and said, "do you
23 have a problem with PPE?" The millions of N95
24 masks that were expired, we were told that from our
25 frontline before we were told from the Ministries.

1 We would tell them that information, and just by
2 the look of it, they knew we knew they were in
3 trouble.
4 And we asked them, "Work with us.
5 These frontline workers work in crisis conditions
6 all the time, we can make this work". But instead,
7 we were pushed aside.
8 So as early as February, I could say if
9 it ended up to be what we were seeing on the news,
10 that we were seriously in trouble. Because this
11 system is in a crisis already.
12 Like Vickram said, when the Army came
13 in and said all of these things, I think the most
14 surprised person out of anyone was the Premier. It
15 certainly wasn't workers in the homes, or the
16 unions. So we were saying early that there's a
17 problem.
18 Even with the workers working from site
19 to site, from home care to long-term care, from
20 hospital to long-term care, they knew they had a
21 shortage. They were, I guess, just holding their
22 fingers crossed and hoping that it didn't hit the
23 homes the way it did.
24 So March 23rd, again, we had the call
25 with the Minister of Long-Term Care. Here you go

1 right there, I told her we didn't have enough
2 workers for inevitable lockdown for Ontario's
3 nursing homes. With wide variances in pay, again,
4 I even said to her, you've got almost like a
5 bidding war going on right then. Even before the
6 directives came out to work in one place.
7 We told her that they didn't have
8 enough workers for an inevitable lockdown, and that
9 the variances in pay would leave some facilities
10 even more short-staffed once they were forced to
11 pick just one facility.
12 So because there's such a discrepancy
13 in pay among these workers, particularly personal
14 support workers, and they knew they had to choose
15 one job, they went to the workplace that gave them
16 the most hours and gave them the highest wages.
17 And I was strongly encouraging the Ministers to
18 do -- we'll talk about this -- well, it's here --
19 what British Columbia did.
20 Right away they implemented the
21 universal wage rate. That stopped the
22 competitiveness of -- some homes were in dire
23 straits before, they had as little -- on some
24 shifts, where on a normal day, which is a short
25 staff day, they would have 24 workers on a shift;

1 it got down to having six on that shift. I mean,
2 there's nothing but danger going on there.
3 A universal wage rate, where everybody
4 got paid the same, would have kept people at least
5 in the home, and we could have spread the crisis
6 out, but they didn't do that. And when they forced
7 them into One Workplace, we said, "You better make
8 sure they're kept whole. Give them the full-time
9 work. This pandemic is going to require full-time
10 work."
11 They still to do this day are not
12 providing full-time work to those workers who had
13 to choose one job. That's why 30 percent of SEIU
14 PSWs and frontline long-term care workers have left
15 since May and aren't coming back. So we're in a
16 worse condition than we were back in January.
17 I think we can move on to slide 13. We
18 made reference of finding and shared our concerns
19 with everyone, from the public officials to the
20 media, to the police, to the chief coroner, even to
21 the ombudsman.
22 SEIU conducted an analysis of 16
23 struggling homes and 9 successful homes with few or
24 no outbreaks. And I do want to emphasize that, and
25 I've said that in every opportunity I can, there

1 were homes that went over and above what was
2 required by those directives. They didn't have the
3 outbreaks. Why won't we learn from them?
4 Of the 16 struggling homes, they
5 included homes at: Altamont, Anson Place,
6 Chartwell Gibson, Downfield Long-Term Care,
7 Eatonville, Guildwood, Manoir Marochel, Birchwood
8 Villa, Woodbridge Vista, Millacare (ph), Markhaven
9 Homes for Seniors, Midland Gardens, Hawthorne Place
10 Care Centre, West Park, Humber Heights and
11 Shelburne Residence, and more than that.
12 Among the nine best homes were: Yee
13 Hong Markham, Yee Hong McNicoll, Yee Hong
14 Mississauga, Yee Hong Scarborough, a John Melville
15 Home (ph), Sunset Manor, Central Manor and Trillium
16 Manor.
17 As we enter into the second wave, we're
18 seeing the same responses to our ask to work
19 collaboratively and together. The bad homes are
20 resisting any opportunity and invitation to do
21 that, and some of the ones who have good outcomes
22 are stepping up and working with us.
23 And, again, our findings illustrated
24 again throughout this, and we've got lots of stats
25 on that, and we will share of all of that. Our

1 findings illustrated that the for-profit homes were
2 the worst performing homes in the pandemic. And
3 among the best performing homes, four were
4 not-for-profit and five were municipally run.
5 Early in March we attempted to work
6 with the employers, we were constantly shut down.
7 They refused to provide information to us that
8 would provide evidence that they were following the
9 directives and the infection control and prevention
10 of measures, but they refused.
11 And again, I'll ask to share some of
12 their experiences with you.
13 MR. MC KENZIE: Hello, thanks Sharleen.
14 We have, for example, Sienna, one of the biggest
15 for-profit corporations in the province.
16 We sent a letter to them asking them to
17 let us know what are their infection control
18 protocol? What about their workplace safety
19 policies that they have in place?
20 They basically responded to us by
21 saying, we are following government directives.
22 Matter of fact, I have with me here, a letter that
23 was sent to the staff of all communities for Sienna
24 owned and operated by Sienna, and those are nursing
25 homes and retirement homes. The letter, I'll just

1 read you the first paragraph of the letter.
2 There's something there that really jumps out at
3 me. They said at the beginning of the letter,
4 first paragraph:
5 "We wanted to provide an update
6 in terms of our preparedness. We
7 continue to closely monitor emerging
8 updates and follow Public Health
9 instructions issued by Canadian
10 authorities. Although, the overall
11 risk in Ontario and BC is still low,
12 we are well prepared and confident
13 in our ability to respond
14 appropriately should this situation
15 arise."
16 This was definitely not true, this
17 is one of the home that used to provide us with the
18 information they requested, and they did worse in
19 terms of controlling their outbreaks in their home.
20 When later on, in the first wave, the
21 Ministry, the Government had to take over
22 management of some of their homes. Including
23 Altamont, Camilla Care, and others.
24 COMMISSIONER MARROCCO: What is the
25 date of that letter?

1 MR. MC KENZIE: This is March 5th.
2 COMMISSIONER KITTS: When you have
3 concerns about staff health and safety, who do you
4 deal with at the home? Who is it that you feel is
5 accountable, responsible for a response?
6 MR. MC KENZIE: We contact the
7 administrator of the homes, but we quickly learned
8 that the administrators, they're restricted to what
9 they can say to us.
10 As a matter of fact, they have been
11 told that they are not to respond to any question
12 from the Union, and they direct us to someone in
13 their corporate office that has no idea what's
14 going on in the home to respond to all the
15 questions. And, that basically means, they're not
16 responding to us.
17 On top of that, they also hire past
18 associate to respond to us. And thus, he doesn't
19 know what's going on in the home. And basically
20 what he said, "the homes are following Ministry
21 guidelines", that's it. Leave us alone.
22 COMMISSIONER KITTS: Would you say that
23 there was something different about the directors
24 in the successful homes than others?
25 MR. MC KENZIE: Absolutely. When we

1 sent our request letter, for example,
2 not-for-profit homes, Yee Hong, for example, they
3 provide us a complete list of what they're doing in
4 order to protect their staff.
5 I'll give you an example. Before the
6 pandemic was declared in Canada, in Ontario, that
7 employer, Yee Hong, put out a memo to their staff
8 saying, if you have traveled to mainland China, or
9 to Hong Kong within the last 14 days, you are to
10 isolate yourself for 14 days, and we will pay for
11 your quarantine payment.
12 Not only that, that employer went above
13 and beyond and implemented universal mask wearing
14 before the Ministry made it as a guideline. So
15 they, for whatever reason, knew that this is going
16 to be bad, somehow. And it just went above and
17 beyond. Provide all their staff, everybody who
18 comes into the building, with a mask.
19 And people who come in from China,
20 because a lot of their workers have origins in
21 China, they said, "you come back from China, please
22 quarantine for 14 days, we would pay for that
23 quarantine".
24 COMMISSIONER KITTS: Okay, thank you.
25 COMMISSIONER COKE: Can I just ask, at

1 this time, what was the involvement, if any, with
2 the Ministry of Labour?
3 MR. SPITALE: I think, Commissioner, in
4 maybe five slides from here, Denis is going to take
5 us through that in some great detail.
6 COMMISSIONER COKE: Sure.
7 MR. SPITALE: Thank you.
8 MS. STEWART: To deal with some of the
9 issues with the Ministry of Labour is, we were all
10 trying to find out, including workers in the
11 workplace, information and regular meetings with
12 the health and safety committees, they weren't
13 being held.
14 Then there got to be a point where
15 there was such little staff in workplaces they
16 couldn't find time to have health and safety
17 meetings. So we were getting information from
18 nowhere.
19 A lot of the information we were
20 getting, and unfortunately even the workers were
21 getting, came from the media at one time instead of
22 transparent information to us.
23 So again, we'll get into how we
24 complained and brought in the Ministry of Labour.
25 But even the health and safety meetings were not

1 being held.
2 Okay. So slide 15, I think we're at.
3 Starting with the precautionary principle that
4 tells us that safety comes first. That responsible
5 efforts to reduce risk need not await scientific
6 proof.
7 As the timeline continued, our concerns
8 ranged from Government's unwillingness to adopt
9 that principle, to uphold PPE and infectious
10 disease control measures, to homes lying about
11 being secure, to government directives being wholly
12 inadequate.
13 And again, the masking, some of the
14 stories that the parties said, when we tried to
15 deal directly with the homes, we were directed to
16 go somewhere else, because they were told not to
17 talk to us.
18 I already mentioned with Bob Bassen, I
19 had a conversation with him, and said, "For heavens
20 sakes, why not give them surgical masks and treat
21 everyone as if they were infected." And again,
22 subsequently weeks later, they found out that this
23 could be contracted asymptomatically.
24 There was times, as Sharon Roberts who
25 we talked about earlier, a few days before she

1 died, that workers -- there was over 60 of them
2 infected -- they did a sit-in in the kitchen of
3 that home. They all refused to go to work unless
4 they have masks and N95s, because there were
5 hundreds of infected people, workers and residents
6 in there. All of a sudden the masks came out of
7 storage, they got their N95s.
8 Again, I think it was when Mandegarian
9 died, she was the first personal support worker to
10 die. That home provided N95 masks for about a
11 week, until it seemed like the media and the
12 spotlight was off of them, and then the workers had
13 to beg and scrounge for masks.
14 There was one point, my neighbour next
15 door had vans and vans full of masks and N95s, I'm
16 talking to him. "Where are you getting this?" "Oh
17 we have a supply here up in Barrie."
18 And yet every conversation we were
19 having with the Ministries, they were telling me
20 they couldn't get a hold of it.
21 He, too, was watching what he thought
22 was absolute mistruths on the TV and offered me
23 boxes and boxes of protective equipment that I
24 delivered to homes like Sharon's, that had such
25 enormous outbreak both in the workers and the

1 residents.
2 I got a call from Bob Bassen and
3 Associates telling me to cease and desist, not to
4 be delivering masks anywhere, even though I had
5 boxes of them in my car.
6 When agency staff were going in, they
7 were told at the doors, take off those masks
8 because our workers here don't have them, and we
9 don't want them to be frightened and start asking
10 us for masks when home care workers are wearing
11 masks. It was unbelievable the way that they did
12 not provide. And now recently we're seeing a
13 repeat of that.
14 Last week I was told that there's an
15 outbreak here in the north. And the workers,
16 again, the resident was taken to the hospital,
17 confirmed COVID there and died. And the workers
18 back in the hospital had to break the lock on the
19 supply cabinet to get proper PPE, because they did
20 not know and was not provided information about who
21 that resident had come in contact with.
22 It is just unacceptable and totally
23 negligent that these workers had to do that to get
24 personal protective equipment.
25 Slide 16, again, we share this

1 illustration of healthcare workers, again, not only
2 breaking down locks and trying to get boxes of
3 personal protective equipment from their unions --
4 and again, Jocelyn is going to share a story with
5 you -- but when they were told they had to wear one
6 mask, and for some of them it was for a week.
7 Their gowns, you had to ration the gowns.
8 So they took it upon themselves to put
9 garbage bags over their gowns to try and preserve
10 them. This was taken in a lunchroom of a
11 Chartwell Home, where the employer thought it's
12 fine. Talking about scaring residents with masks?
13 It's fine to wear garbage bags over your gowns
14 instead of us providing you with those gowns.
15 Imagine employees of Chartwell, a
16 corporation run for-profits publicly traded with a
17 market cap of over $2 billion, and employees were
18 forced to wear garbage bags over their gowns in an
19 effort to extend the life of those rationized PPEs.
20 Jocelyn, I'm going to ask you to share
21 your story.
22 MS. BARRAS: Good afternoon, my name is
23 Jocelyn Barras.
24 I'm a full-time RPN. I have been
25 working for more than ten years in Cooksville Care

1 Centre. I am currently the nurse coordinator in
2 the transitional unit, or they call it the
3 behavioral unit. I have underlying condition and I
4 am a mother of four.
5 I was so scared about getting sick and
6 my family sick. I remember in January 2010, when I
7 hear it all over the news, and I started panicking
8 and buying N95 online, because at that time, the
9 N95 is available when you order it online.
10 Cooksville Centre, gave us training
11 before COVID pandemic, about hand hygiene as well
12 as donning and doffing our PPE. At that time, I
13 was still working part-time at Trillium Hospital
14 and we had similar training there.
15 In March 2020, I remember I start
16 making my own note. March 23rd, when my employer
17 Cooksville Care Centre mandated to the staff to
18 choose one job as per Public Health advice, and I
19 choose my full-time job, that is Cooksville. And
20 not only me, most of the staff in Cooksville has
21 two job.
22 During that time, I was also assigned
23 to do the screening in our home, and I'm not
24 wearing any personal protective equipment or any
25 mask. And I ask my director of care, if I can wear

1 a mask during that time when I do the screening.
2 And she answered me back, "if you use mask, I will
3 send you home".
4 We don't have an outbreak at that time,
5 in March, but all the staff, including myself, are
6 scared and ask the employer to give us mask on a
7 daily basis, but they ignore it.
8 April 7th we have officially outbreak
9 in our home. And the employer supplied the
10 surgical mask for only the staff who providing
11 direct care to the residents. Every day, the
12 direction keep changing, until the Public Health
13 mandated to all staff to use surgical masks.
14 I remember when April 16th, when the
15 employer provided us that accommodation to the
16 staff, for the hotel. Because most of us, we are
17 scared to bring the virus in our home. And as I
18 mentioned earlier, that I have an underlying
19 condition, and I am a mother of four.
20 We are on outbreak in April, is
21 specific to our unit second floor and I'm working
22 there as a full-time RPN. Most of the staff are
23 scared to get infected. We ask for N95 to protect
24 residents and also ourself. But our employer
25 provide us only nine fitted N95. They instructed

1 us to wear non-fitted N95 and reuse it. So what we
2 instructed, like after we use the N95, we spray
3 alcohol to use it the next morning.
4 But most of us, we develop allergy,
5 like sneezing, itchiness, after two to three days
6 reusing the mask.
7 We also used double mask, because they
8 only giving us one mask, we scared to -- we prefer
9 the N95, that's why we double the mask. We use the
10 N95, and on the top of that, we use the surgical
11 mask. And then when the labour came to our home
12 and ordered, they're asking why we're doing double
13 mask. And the employer, including myself, because
14 I am one of the SEIU representative there, so we
15 explained how we are scared to get the virus if we
16 are not wearing N95.
17 Because at that time, there is a debate
18 the virus can be droplet or either airborne. So
19 the labour consented us to use double masks. But
20 after a couple of days, they took it back and say,
21 we are not allowed to use double mask, because of
22 the Public Health mandate.
23 Can you imagine how scared the staff
24 providing care without a proper PPE? The second
25 floor we have 79 residents, approximately

1 90 percent of our resident is COVID positive, and
2 most of the staff also got infected.
3 As a nurse, I observe the symptoms of
4 the residents with COVID is difficulty swallowing.
5 Most of the residents are total assistance for
6 feeding. And because of difficulty swallowing,
7 mostly they are coughing during meal time, and we
8 are so close to their faces and mouth, and at that
9 time, there was a big debate if the COVID is
10 droplet or airborne. And we need the N95 fitted
11 mask just to protect against the airborne.
12 I repeatedly asked the Cooksville
13 management to provide N95 to us and the rest of the
14 staff. They receive a donation of unfitted N95,
15 which actually they call it KN95 mask, and only
16 give them when a worker requested. I could see
17 that they had a fitted N95 locked inside the
18 administrator office at that time.
19 One day I was called into the
20 management office, and they were threatening to
21 send me home if I keep wearing my N95. I bring my
22 own N95 and I brought it for myself just to protect
23 me and my family. I called my union rep and they
24 step out on my behalf. But I was so scared, and I
25 had to choose between my health and my job, but my

1 employer insist that I have to follow the Public
2 Health recommendation to use surgical masks.
3 Level 1 surgical masks we're wearing, the whole
4 time of our outbreak, with a patient.
5 Even the Labour Council, they came in
6 our home, and didn't even know what is Level 1, 2
7 and 3 mask, when I ask. Because until now, we
8 don't have in place, we don't have protocol. When
9 we are going to use Level 1, Level 2, Level 3 mask?
10 All the time, all the time of the outbreak we
11 wearing Level 1 mask, that's why we have so much
12 staff infected, we have so much residents infected
13 and die in our home.
14 The most difficult and hard time, and I
15 can't forget and I am traumatized. When the
16 resident died, and no one's family beside them.
17 And we, including myself, I wrap, I wrap the dead
18 body in a plastic bag, in the black bag and push
19 them out in our home. That is the most devastating
20 in my life I experience. And I know I am not
21 protected that time.
22 And I couldn't understand why the
23 Government and the employer called us hero? And
24 yet they left us unprotected and work without
25 proper PPE. And most of us at that time

1 understaffing, underpaid. We fighting this for
2 long, with the SEIU, but until now we don't have --
3 we don't get the action from the Government. We
4 are physically, emotionally, psychologically,
5 financially distressed until now.
6 MS. STEWART: Thank you very much.
7 Thank you Jocelyn.
8 MS. BARRAS: Thank you so much.
9 MS. STEWART: Do we want to do a time
10 check? Justice Marrocco?
11 COMMISSIONER MARROCCO: Just let me
12 know when ten minutes makes sense. I typically
13 take it around now, give everybody a chance to
14 regroup a bit, figure out what the balance of the
15 presentation would be like.
16 MS. STEWART: Sure, that sounds good.
17 COMMISSIONER MARROCCO: Ten minutes.
18 Just mute the sound turn off the camera. Don't
19 disconnect or you may not be back.
20 MS. STEWART: Just a time check, we
21 have until when?
22 COMMISSIONER MARROCCO: I thought until
23 3:00.
24 MS. STEWART: Okay, great. Thank you
25 very much. We'll see you in ten.

1 COMMISSIONER MARROCCO: Okay.
2 -- RECESS TAKEN AT 2:21 --
3 -- UPON RESUMING AT 2:32 --
4 MS. STEWART: We're going to move along
5 quickly here. We're going to start back on slide 18.
6 So if I can, I'd like to take a moment
7 to demonstrate the reactionary approach to this
8 pandemic on the part of the Government and the
9 Chief Medical Officer and Directives.
10 On March 22nd they issued Directive 3,
11 to restrict residents from leaving and employers to
12 limit staff on location wherever possible. Which
13 basically meant it would be ignored.
14 Eight days later, they issued a second
15 version of Directive 3, which on March 30th only
16 started to address PPE and screening instructions;
17 but no mandatory masking and no cohorting.
18 Another eight days later, they issued a
19 third version of Directive 3, which on April 8th,
20 made cohorting mandatory in long-term care homes.
21 Working in a single home did not become mandatory
22 until April 14th, more than three weeks after the
23 first version of Directive 3. But healthcare
24 workers continued to work at non-healthcare jobs
25 and the one job site did not apply to agency staff.

1 So a fourth version of Directive 3 was
2 released on April 25th, which for the first time,
3 contained recommendations, but not requirements,
4 that LTC staff and visitors wear masks at all
5 times.
6 These delays caused death, they
7 caused an enormous amount of confusion and they
8 were all avoidable.
9 Slide 19, by May the 5th, our third
10 union member had died from failures to protect
11 workers against COVID-19. We made additional
12 public statements about the criminal negligence
13 causing that third personal support worker in our
14 union to die. We wrote to the Provincial
15 Government to request a public inquiry and to
16 conditions into long-term care homes.
17 We wrote to the Toronto and Peel
18 Regional Police Departments to initiate
19 investigations for criminal negligence regarding
20 the deaths of Christine Mandegarian, Arlene Reid
21 and Sharon Roberts. And we wrote to the office of
22 the chief coroner to request an inquest.
23 To our knowledge, no action has been
24 taken by the police or the coroner. The system was
25 failing us, and we were exploring every avenue to

1 remedy the failures to support our members.
2 On May 4th, SEIU wrote to the Minister
3 of Labour, Mr. McNaughton, and requested that the
4 Ministry must investigate every long-term care
5 facility where an outbreak had occurred; issue of
6 charges and orders against every employer that is
7 not in compliance with the occupation Health and
8 Safety Act; and take any other actions necessary to
9 ensure that the objectives of the Act were
10 achieved.
11 The Ministry of Labour failed to
12 respond to this letter until June 10th, 2020. The
13 Minister's response read like a boilerplate form
14 letter. Certainly not a response to an emergency
15 where frontline workers and seniors were dying in
16 these workplaces.
17 I'm going to pass it now over to Denis
18 and he'll share his work with SEIU.
19 MR. ELLICKSON: Thank you, Sharleen.
20 So I've been asked, Commissioner
21 Marrocco and Commissioners, to give you some
22 background and take you through the various Labour
23 Board applications that the SEIU filed. But I also
24 think it's very important to understand the
25 environment that we were in at the time.

1 I think the last slide is emblematic of
2 the responses the Union was getting to sounding the
3 alarm bells on the crisis in long-term care in the
4 plight of the frontline care workers. Given who
5 that response was from, it's particularly
6 discouraging and stunning, in my submission.
7 But I believe the picture has been
8 painted for you. The Union's requests, its pleas,
9 it's entreaties to the Government and to the
10 long-term care operators to do something about the
11 situations in those homes were going unheeded.
12 As a result, I think it's impossible to
13 overemphasize the sense of desperation and urgency
14 the SEIU felt as the weeks went by and the pandemic
15 worsened.
16 You've heard about some of the
17 deplorable conditions in those workplaces, and the
18 Union was acutely aware of the suffering that their
19 members were going through, and those of the
20 residents. I believe Commissioner Coke, you asked
21 the question, where was the Ministry of Labour?
22 Well, that desperate situation got
23 worse when the Ministry of Labour inspectors
24 decided to stop doing in-person inspections of the
25 long-term care homes. That occurred, we believe

1 sometime after the Government enacting the
2 emergency measures provision and declaring an
3 emergency on March 17th. As a result of the
4 Ministry of Labour not doing in-person inspections,
5 no orders of compliance were issued for several
6 weeks during the critical month of April.
7 And with no orders, there were no legal
8 avenues available to the Union to enforce the
9 health and safety legislation in Ontario. And I'll
10 give you one example, and it is a really good
11 example. It's what happened in April in the
12 Camilla Care Community. Camilla Care is a Sienna
13 home that had one of the highest rates of infection
14 in the Province.
15 Numerous complaints of unsafe working
16 conditions were made to the Ministry of Labour.
17 Despite the outbreak and the numerous complaints,
18 no in-person inspections were done by the Ministry.
19 Instead, and this was common, the inspector would
20 conduct a phone interview. You can't call it an
21 investigation, certainly.
22 The inspector noted, in this particular
23 case with Camilla, a number of issues, including
24 overall unsanitary conditions, PSWs being required
25 to treat both infected and uninfected residents, a

1 perfect recipe for further contamination.
2 Cohorting was listed in the order as
3 quote, "in process". And the statutorily mandated
4 Joint Health and Safety Committee, the committee
5 devoted to upholding health and safety requirements
6 in the workplace, had not met since February. So
7 over two months had passed since that vital
8 committee had met.
9 Notwithstanding those very obvious red
10 flags, the Minister's inspector's report indicated
11 her investigation was "in progress". No orders
12 were issued, which meant there was nothing to
13 appeal, and no way to get the issues in front of an
14 enforcement body in a timely fashion or at all.
15 The concerns raised in those complaints
16 and the concerns raised by the SEIU, were validated
17 by the group at Trillium Health Partners. Trillium
18 Health, of course, was called in to oversee the
19 running of Camilla care in late April.
20 Now what they saw was exactly what the
21 complainants were saying. There was no cohorting;
22 no signage indicating who was positive;
23 cockroaches on the residents floors and in the
24 kitchen; staff wearing garbage bags as PPE;
25 improper use of actual appropriate PPE; and

1 numerous other issues, all subsequently documented
2 in their report.
3 If the Ministry of Labour had done an
4 in-person inspection, she would have seen all of
5 these issues. All of the complaints would have
6 been validated and compliance orders issued.
7 In all, at Camilla, over 60 of the
8 Union's members, mostly PSWs, tested positive by
9 approximately June of this year.
10 So I can't overstate this. The impact
11 of the Ministry of Labour inspectors not showing up
12 at the homes was, the dangerous working conditions
13 were allowed to continue, and the Union had no
14 conventional way to pursue any remedies to rectify
15 the situation.
16 It was the death of Christine
17 Mandegarian on April 15th that was really the
18 tipping point for the Union. As I had indicated to
19 you, the environment the Union was in, was an
20 environment of desperation. All of its requests
21 and calls, all of its pleas had gone unheeded.
22 People were now dying, as well as being infected.
23 So as a result, the SEIU filed
24 complaints with the Ontario Labour Relations Board,
25 alleging a violation of various provisions of the

1 Occupational Health and Safety Act against three of
2 the worst performing LTC operators.
3 Sienna Altamont and Eatonville Care
4 Centre and Anson Place. In each of the
5 applications that the Union brought, alleged that
6 the employers had violated the Occupational Health
7 and Safety Act but not providing sufficient or
8 proper PPE, that they had failed to provide
9 instruction and training in relation to health and
10 safety of the Union's members, and had otherwise
11 failed to take all reasonable precautions to
12 protect the health and safety of the workers.
13 After those initial three applications,
14 a further seven or nine applications were brought
15 against other bad performing homes.
16 These applications could charitably be
17 called a novel legal strategy. In fact, it was
18 unprecedented, but certainly necessitated by the
19 circumstances and the Union's desperation. There
20 was frankly nowhere else to go. All doors had
21 either not been opened or slammed shut in the
22 Union's face.
23 In the applications, the Union was
24 seeking various remedies. First and foremost, the
25 Union was seeking an order that the Labour Board

1 direct the Ministry of Health and the Ministry of
2 Long-Term Care to immediately place each of the
3 homes under their control.
4 These homes were simply not able to
5 control the spread of the disease to either
6 residents or workers. The Union was also seeking
7 orders in relation to the provision of the PPE,
8 staffing, training on the use of PPE, and infection
9 control. As well as an order directing the
10 employers to communicate with the Union in relation
11 to the number of infections.
12 A big part of the issues the Union was
13 facing, as Sharleen has addressed is, there was
14 simply no communication, or if there was any
15 communication, it was boilerplate language that was
16 not at all responsive to the issues, or provided a
17 meaningful way to address those issues.
18 Our initial three applications were
19 served on the Ministry of Health, the Ministry of
20 Long-Term Care, and of course, on the Ministry of
21 Labour. Each of those ministries took the position
22 that the Labour Board was without jurisdiction to
23 either entertain the application, and most
24 importantly, had no jurisdiction to grant the
25 remedy sought.

1 Not one of the Ministries' response
2 expressed any concern for workers health and
3 safety. And in fact, didn't acknowledge that there
4 were even issues in these three long-term care
5 facilities.
6 I expected that response from the
7 long-term care operators who said they're following
8 all directives, and there's no violation. But it
9 was particularly distressing to see those responses
10 from those ministries that were responsible, not
11 only for workers' health and safety, but for the
12 residents' health and safety.
13 COMMISSIONER MARROCCO: Did you ever
14 get a sense of why the Labour Board -- the
15 inaction, and why they wouldn't take action?
16 MR. ELLICKSON: We've never got -- you
17 saw the snippet of their response dated June 10th.
18 We have never got a meaningful response as to why
19 they stopped the inspections, or why they -- to use
20 Justice Campbell's words -- sidelined themselves.
21 But that's exactly what they did.
22 They had not just sidelined themselves,
23 they took themselves out of the game altogether by
24 their actions. Anecdotally, we've heard that the
25 inspectors were afraid to go into the homes,

1 because they thought they might get infected.
2 So it was all right for the SEIU's
3 members to go into the homes, but you could not
4 expect the inspectors to do the same. So that
5 refusal, that failure to attend, really created a
6 situation where the Joint Health and Safety
7 Committees could not function, and the health and
8 safety laws provided under the Occupational Health
9 and Safety Act were not being enforced.
10 With the assistance of the Labour
11 Board, and after a very late night, the SEIU was
12 able to obtain consent awards against the three
13 homes on April 24th.
14 The terms of the award required the
15 Ministry of Labour to restart their in-person
16 inspections on a weekly basis for a two-month
17 period, with or without any complaints being filed.
18 That was very, very significant for us.
19 The award required the inspector to
20 issue a report within 24 hours of her or his visit.
21 Required the homes to inform the Union and
22 employees of positive cases and deaths; that was
23 another very significant issue.
24 And required the homes to assess their
25 supply of PPE on an ongoing basis.

1 It required the homes to make all
2 reasonable efforts to obtain appropriate PPE,
3 including N95 masks.
4 And to otherwise take all efforts to
5 ensure that they are reasonably staffed.
6 For the SEIU and its members, this was
7 a critical and necessary victory. As a result, we
8 saw the in-person inspections return, and within
9 three days of the Board's order on the very first
10 visit to a home by a Ministry of Labour inspector,
11 nine compliance orders were issued against Anson
12 Place. And the same result ensued with each of the
13 other homes against whom we've brought these
14 applications, identical situation.
15 You'll recall, Sharleen referred to a
16 slide as early as April 17th, the SEIU was
17 requesting the Government to assume management, to
18 take over, take control of a number of the more
19 problematic homes. In each of the applications we
20 brought to the Labour Board, that was the first
21 remedy sought.
22 Those requests had been utterly
23 rejected by both the Premier, and the Ministry of
24 Health, as well as the Minister of Long-Term Care
25 and the Ministry of Labour.

1 Finally, it was not until May 12th that
2 the Provincial Government passed an emergency order
3 that would give the Ministry of Long-Term Care the
4 authority to issue a management order.
5 Notwithstanding, the emergency order
6 was passed on May 12th, the Province delayed for a
7 further 13 days before issuing any management
8 orders.
9 With respect to Eatonville Care Centre,
10 one of the first three homes we issued an
11 application against, the Ministry of Long-Term Care
12 did not issue an order against Eatonville until
13 40 days after the initial request was made.
14 Similar delays punctuated each and every other
15 request.
16 On slide 27, we have listed the SEIU
17 represented homes against whom the Government
18 issued management orders, as well as the date such
19 an order was requested by the SEIU.
20 Then we have the date the Government
21 finally acted, and then the number of days between
22 those dates. In other words, the delay is in the
23 last column on the right.
24 On the last slide of my portion of this
25 presentation, we have listed the number of new

1 cases during what we have called "the reporting
2 period", which corresponds roughly with the date
3 the SEIU requested the Government assume control of
4 a home, and the date the Government actually did
5 so.
6 In that reporting period, we have also
7 listed the number of new cases and the number of
8 deaths.
9 It begs the question, it's been
10 suggested by people a lot smarter than myself, that
11 ideology perhaps played a role in all of this.
12 It's difficult to dismiss that out of hand when you
13 consider the evidence.
14 The SEIU would make a proposal whether
15 it be for a universal wage hike, pandemic pay, or
16 management orders. And those requests would go
17 unheeded. And then a week, two week, 40 days
18 later, the Government would then proceed to do
19 exactly what the SEIU had suggested. We don't have
20 any answers as to the reasons for those delays.
21 They're just staring us in the face.
22 Thankfully, however, the management
23 orders had been largely in reforming the
24 problematic homes. During the periods following
25 the issuance of a management order, new cases and

1 deaths have generally slowed. In many cases, there
2 had been no new infections in the period following
3 the issuance of the management order. But of
4 course that action came far too late.
5 I'm going to, Commissioners, summarize
6 my portion of this, and of course I welcome any
7 questions.
8 Prior to April 20th, the SEIU had been
9 left with nowhere to turn in the pandemic. The
10 SEIU, of course, represents four PSWs and other
11 frontline long-term care employees than any other
12 organization in this province.
13 The SEIU knows better than anyone what
14 frontline workers are experiencing during this
15 pandemic. Yet, the Union's concerns have
16 repeatedly not been heeded.
17 The Union has been sidelined by the
18 Ministry of Labour, the very body that is supposed
19 to protect its members. By the Ministries of
20 Health and Long-Term Care, which is supposed to
21 protect residents. And by the employers who are
22 supposed to be the Union's partners in labour
23 relations.
24 There was no adherence to the
25 precautionary principle. There was no

1 collaborative effort by the Ministry of Labour and
2 the Ministry of Health to promote a culture of
3 safety in healthcare.
4 There was no collaboration with the
5 Union or the workers. The Ministry of Labour was
6 completely absent.
7 All of these lessons that were supposed
8 to have been learned from the report of Mr. Justice
9 Campbell had been ignored. We are repeating
10 history. And the result is that the number of
11 deaths and positive cases of both residents and
12 workers has exploded.
13 In that regard, we can advise you that
14 over 1,500 of the SEIU's members have contracted
15 this disease. And, of course, three members have
16 paid the ultimate price.
17 We are extremely hopeful that this
18 Commission's work will be the catalyst for real
19 change in long-term care. I'm happy to answer any
20 questions that any of you may have.
21 COMMISSIONER MARROCCO: I think it's
22 pretty thorough, and don't seem to be any
23 questions. So I think there are none. All right.
24 MR. ELLICKSON: Thank you. Sharleen is
25 just going to make some concluding remarks.

1 COMMISSIONER MARROCCO: That's fine.
2 MS. STEWART: Thank you. Thank you,
3 Denis.
4 So I'd like to raise our serious
5 concerns about accountability for decision makers.
6 And in particular, for-profit corporations who have
7 a fiduciary duty to shareholders.
8 In the first six months of this year
9 alone, as workers died and residents died, those
10 big nursing home chains paid out an additional
11 $116 million. Our system has failed to hold any
12 operational decisionmaker accountable in any real
13 way.
14 Despite this span by well-funded
15 industry, for-profit operators have 17 percent
16 fewer staff than other facilities. They pay less
17 than other employers, and they have almost three
18 times the death rate as municipal homes. And they
19 prioritized dividends over staff in the middle of a
20 pandemic, all without penalty or accountability.
21 I bring this up because your commission
22 is perhaps the only real chance we have in exposing
23 a failed system, and the only real chance to reveal
24 how decisions are made to cut corners and left
25 people to die.

1 Judge Marrocco, I must tell you Wave 2
2 seems like déjà vu from Wave 1. We're sending
3 letters to employers again to remind them of their
4 duty to keep workers safe.
5 We're getting little information back
6 from the big operators. In fact, Chartwell and
7 Sienna sent back letters with identical wording
8 that basically leave us in the dark.
9 Commissioners, we are here to make an
10 appeal to you, to use every tool you have to
11 deliver justice for families and workers. The only
12 iron ring we've seen is around the decisionmaking
13 by government and long-term care operators.
14 Do we need action? Yes, absolutely.
15 But we also need to know what the Government knew
16 and when they knew it. We need to know why they
17 made decisions that ignored facts and previous
18 recommendations.
19 We need to know how financial
20 considerations were made instead of Public Health
21 considerations. We need those documents to be
22 tabled for everyone to see in plain sight. And to
23 date, there has been zero accountability.
24 I'll close with what Justice Campbell
25 wrote:

1 "It is also hard to find blame,
2 because blame requires
3 accountability. Accountability was
4 so blurred during SARS, that it is
5 difficult even now to figure out
6 exactly who was in charge of what.
7 Accountability means that when
8 something goes wrong, you know who
9 to look for it and you know where to
10 find them. That kind of
11 accountability was missing during
12 SARS and remains blurred even today.
13 What we need is a system with clear
14 lines of authority and
15 accountability to prepare us better
16 for the next infectious outbreak."
17 The COVID-19 pandemic is in a sense
18 the SARS pandemic on a much greater scale. There
19 is some truth to Justice Campbell's statement in
20 2003. The healthcare system was caught off guard
21 by an arguably unforeseeable crisis. It is perhaps
22 unsurprising that Minister Campbell was unable to
23 find accountability in most circumstances, but
24 those are not the circumstances that exist today.
25 We are now 17 years past the SARS

1 crisis, and 13 years past the release of Justice
2 Campbell's report. If there is not a clear line of
3 authority and accountability today, it is because
4 those with the political power and economic
5 self-interest want it that way.
6 We humbly ask of you to deliver
7 accountability and bring transparency to decisions
8 made by both the Government and the long-term care
9 providers. It's that justice we feel will force
10 real change and action.
11 In our view, this presentation is
12 really just the tip of the iceberg. We intend to
13 provide you with further comprehensive written
14 submissions to demonstrate the extensive problems
15 that our members have encountered.
16 We would also like to provide you with
17 all the documents that support our submissions and
18 which have been referenced by us today.
19 Before I conclude, do you have any
20 other questions?
21 COMMISSIONER MARROCCO: Well, no. But
22 we would be pleased to receive that. You know,
23 there's no particular formality surrounding
24 presentation of them. If you get them to our
25 counsel -- Mr. Ellickson, if you can communicate

1 with our counsel, that's as good a way as any to
2 make sure we get them to the executive director,
3 we'd be pleased to receive it.
4 I do have one request, I guess. If you
5 have a website, would you mind if we put a link on
6 your website to ours, so that if your members are
7 trying to figure out what we're doing from day to
8 day, they can at least find our website.
9 MS. STEWART: Absolutely, yes.
10 COMMISSIONER MARROCCO: Well, thank
11 you. I didn't want to cut you off, I take it you
12 were finished.
13 Thank you very much, this is very
14 helpful. Sorry, Commissioner Coke?
15 COMMISSIONER COKE: Actually, I just
16 wanted to thank Vickram and Jocelyn for their
17 participation today.
18 COMMISSIONER MARROCCO: It is very
19 helpful for us, as you can appreciate, Ms. Stewart,
20 sometimes these things are dealt with in a sort of
21 dry way with charts and numbers. The human factor
22 sometimes can get obscured by that.
23 The endorsement Commissioner Coke said,
24 I'm sure Commissioner Kitts feels the same way.
25 COMMISSIONER KITTS: I do.

1 COMMISSIONER MARROCCO: It grounds us a
2 bit in what we're doing and it's helpful.
3 So thank you all. Thank you for your
4 time, and thank you for your very thoughtful and
5 helpful presentation. We will do our best. Thank
6 you very much.
7
8 -- Hearing adjourned at 3:30 p.m.
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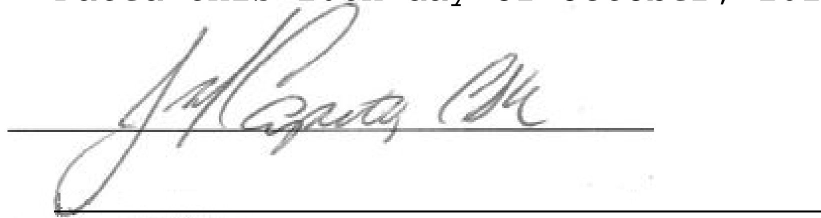
1 REPORTER'S CERTIFICATE
2
3 I, JUDITH M. CAPUTO, RPR, CSR, CRR,
4 Certified Shorthand Reporter, certify;
5
6
7 That the foregoing proceedings were
8 taken before me at the time and place therein set
9 forth;
10
11 That all remarks made at the time
12 were recorded stenographically by me and were
13 thereafter transcribed at my direction;
14
15 That the foregoing is a true and
16 correct transcript of my shorthand notes so taken.
17
18
19 Dated this 16th day of October, 2020.
20

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23 NEESONS, A VERITEXT COMPANY
24 PER: JUDITH M. CAPUTO, RPR, CSR, CRR
25

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