

Court File No. CV-22-00684908-0000

ONTARIO

SUPERIOR COURT OF JUSTICE

B E T W E E N:

**MICHAEL HEYNSBROEK, JASON BLANCHARD, VALERIE
D'AMBROSIO, ANDREA DEWHURST, ADAM FEVREAU, JASEN
GANNON, PAUL GIROUX, VERA GORICA, KIMBERLEY HAMM,
JOSHUA KONOPASKY, DELILAH LIBURDI, MELISSA MARLEIN,
DENISE MORAND, BRANDY ROBERT, NATALIE SEAL, PAUL
ZETTEL, CRAIG PATTERSON, JOHN JOURNEY, FLORIN BELCIUG,
JANE DOE, WENDY ANGIONE, DOMINIQUE SCHILLER, PRISCILLA BUCK,
JEAN MARC SMITH, ISAM BASHIR, JESSE MICELI, YOUSOUF MUHAMMAD and
JANE DOE II et al.**

Plaintiff/Responding Party

- and -

THE CORPORATION OF THE CITY OF WINDSOR

Defendant/Moving Party

**RESPONDING RECORD OF THE PLAINTIFFS
TO THE MOVING PARTY
MOTION TO DISMISS**

March 20, 2023

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**RESPONDING RECORD OF THE PLAINTIFFS
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ONTARIO

SUPERIOR COURT OF JUSTICE

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Plaintiff/Responding Party

- and -

THE CORPORATION OF THE CITY OF WINDSOR

Defendant/Moving Party

**WRITTEN REPRESENTATIONS
(ON THE DEFENDANT MOTION TO DISMISS)**

March 20, 2023

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PART 1: INTRODUCTION AND STATEMENT OF FACTS

1. The lives of all Canadians have been impacted by Covid-19 pandemic which began in the latter part of 2019. The pandemic touched the very heart of Canadian democracy and the rule of law set out in the Canadian Constitution and Charter of Rights and Freedoms. What is very clear is that except for the invocation of *Canada's Emergencies Act* RSC 1985, c 22 (4th Supp) enacted on February 14, 2022, by the Prime Minister, the guaranteed rights of all Canadians are fully protected by our Judicial and legal system. It is for this simple reason that *Section 24(1) of the Canadian Charter of Rights* mandates that an application can be made to any court of competent jurisdiction where there has been a breach of any Charter Rights. The argument of the Applicant is that this Honourable Court is not the Court of competent jurisdiction. Instead, the Applicant argues that the constraints of labour law and practice remove the jurisdiction of this Court to address Constitutional and Charter issues. In response, the Respondent below demonstrates that in both the factual and legal basis for the Plaintiffs' claim, this Court is the most competent jurisdiction and potentially the only jurisdiction to fully address the issues raised. Further, the Respondent strongly argues that the test laid out in *rule 21 of the Ontario Rules of Civil Procedures* has not been met by the Applicant and this provides further basis for dismissal of this Application.
2. This claim raises Constitutional issues, both procedural and substantive, in relation to the Governmental Action taken by the City of Windsor in firing employees, with a focus on the mayor's decision of January 04, 2022. This action of firing the city employees was

Ultra Vires the powers statutorily delegated to the City of Windsor by the Ontario Municipal Act, 2001, SO 2001, c 25 and the Canada Constitution Act, 1982. The claim also raises further Constitutional challenges in the failure to accurately apply the directives and mandates of the Chief Medical Officer of the Province of Ontario, and further failure to interpret and apply the provincial guidelines, resulting in breaches of *sections 1, 7, and 15 of the Canadian Charter of Rights and Freedoms. Canadian Charter of Rights and Freedoms*, s 1 s 7, s 15, Part 1 of the *Constitution Act*, 1982, being Schedule B to the *Canada Act 1982 (UK)*, 1982, c 11.

3. At the heart of the claim is the fact that on January 04, 2022, Mayor Drew Dilkens announced: *“In keeping with public health measures announced yesterday, the City of Windsor is required to close some facilities. We have also returned to a work-from-home scenario for most of our employees consistent with the new rules.”* (Emphasis supplied).
4. While the mayor mandated that city staff work remotely as prescribed by the province of Ontario, he simultaneously fired the Plaintiffs. This denied them the opportunity to work from home and earn their livelihood for survival in the middle of a global pandemic. The Plaintiffs claim that the decision made by the City of Windsor to fire the Plaintiffs especially on January 04, 2022, was Ultra Vires the legal and Constitutional powers granted by the Constitution Act 1982, the Municipal Act 2001 and provincial mandates and guidelines. The legal issue as to whether a mayor can act outside of the powers granted by statute regulations or policy is a question of importance not only for the Plaintiffs but for all Canadians.

Statement of Facts

5. The COVID-19 pandemic is a global pandemic of coronavirus disease emerging in late 2019, caused by a virus known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) .
6. In response to the growing global spread of COVID-19, the World Health Organization declared a Public Health Emergency of International Concern on or about January 30, 2020, followed by the declaration of a pandemic on March 11, 2020.
7. The Government of Ontario in response to the pandemic on July 21, 2020, enacted **The Reopening Ontario Act**. The Reopening Ontario Act (A Flexible Response to COVID-19) granted the provincial government powers to extend, amend, and revoke Emergency Orders outside of a State of Emergency. ¹
8. On September 14, 2021, as part of the Ontario Reopening Act 2020, the Province of Ontario enacted the **ONTARIO REGULATION 645/21**, made under the Reopening Ontario Act 2020 (a flexible response to Covid-19). This regulation dealt with vaccinations and proof of vaccinations for businesses and organizations. It is now unequivocally clear and accepted, as indicated by the Chief Medical Officer, that the province neither intended nor provided any Municipality with the power to fire employees for failure to be vaccinated or failure to disclose their private medical records with respect to vaccination status.

¹ Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, S.O. 2020, c. 17

9. On September 17, 2021, the City of Windsor enacted the Vaccination Policy HRHAS – POL – 0002. The Policy was presented and voted on at Council as an adoption of the provincial guidelines. The essence of the Policy, however, was to force all employees to submit to vaccination and provide proof that they were fully vaccinated by November 15, 2021. The Policy went further by punishing the Plaintiffs in a manner designed to cause the greatest pain and suffering possible, in the middle of a pandemic.
10. The Plaintiffs made the decision for religious, medical, scientific, conscience, privacy, and other reasons that they would not be fully vaccinated or share their private medical records by November 15, 2021. The City of Windsor began a strategy to target the Plaintiffs to coerce them to submit to vaccination using all measures possible. The most egregious example occurred on January 04, 2022. On this date the province of Ontario imposed a provincial lock down as part of the strategy in dealing with the pandemic. The City of Windsor, as required by the Municipal Act, announced that employees of the City of Windsor would now be working from home until further notice. On January 04, 2022, in the same breath and without any legal authority, rationale, or logic, the mayor also announced that the Plaintiffs were fired. At the time of the firing the mayor acted contrary to even the very guidelines adopted by his own Counsel.
11. The Policy developed by the City of Windsor and its implementation was carried out in a unilateral manner not part of any Collective Bargaining Agreement, Memorandum of Agreement separate and was developed separately from the normal labour requirements. For example, according to the President of CUPE Local “*vaccination programs must be voluntary, no employer should ever have the ability to make decisions about vaccination for*

workers that should be a decision made by people themselves after they have had a good accurate discussion and if necessary, consultation with their doctor." To date no evidence has been provided by the Defendant to demonstrate that the firing of the employees was part of any Collective Bargaining Agreement or understanding with the respective Union representatives. and, in fact, was developed by the City of Windsor to the exclusion of the respective Union representatives. The decision to fire was not only arbitrary, capricious, without any logical reason or part of any guidelines or mandate provided by the province, but ultra vires the power of the mayor.

12. As a matter of fact, on September 16, 2021, City Council discussed the legal implications for adopting the Covid 19 vaccination policy. In that meeting The City of Windsor Solicitor Shelby Askin Hager in the discussions held by the City of Windsor Council declared that "We are Obligated to follow the mandates and directions of the Minister of Health" (7:05)
13. Pursuant to clause 6.11.3 of the Policy, the City dictated that *"these employees would be placed on an unpaid leave of absence and will not be permitted to use sick time, vacation days, floating holidays, banked overtime, management overtime, or any other pay or time off options instead."* The decision by the City of Windsor to place the Plaintiffs on unpaid leave of absence and to further deny the use of *"sick time, vacation days, floating holidays, banked overtime, management overtime, or any other pay or time off options"* was a form of punishment carried out by the City of Windsor. This again is a further example of the punitive approach taken by the City of Windsor to cause the greatest harm and pain and suffering to the Plaintiffs, in breach of their Constitutional and Charter Rights.

14. On January 04, 2022, the City of Windsor took further steps to punish the Plaintiffs. The City of Windsor fired 19 (nineteen) out of the 28 (twenty-eight) named Plaintiffs on January 04, 2022, Ultra Vires any legal authority and in breach of their Constitutional and Charter Rights. The remaining Plaintiffs were fired by the City on the following dates:

- Isam Bashir on November 24, 2021
- Jane Doe II in December 2021
- Vera Gorica on December 03, 2021
- Wendy Angione on January 21, 2022
- EnWin Employees in February 2022
- Priscilla Buck on June 09, 2022

15. On February 14, 2022, Premier Doug Ford announced to a welcoming Ontario that the province would be ending its COVID-19 vaccine passport system starting on March 01, 2022. Premier Doug Ford also declared that Ontario would lift proof of vaccination requirements for all settings at this time.²

16. The following quote by Dr. Kieran Moore, the Province of Ontario's Chief Medical Officer on February 17, 2022, is demonstrative of the intent of the Provincial mandate:

We have not mandated immunizations (vaccinations). We have mandated that organizations have immunization policies "say let's get immunized, get educated regarding the benefits and risks of the vaccine and or have a testing strategy." So that mandate to have an immunization policy, it's my intent, together with

² <https://toronto.ctvnews.ca/doug-ford-says-plan-in-works-to-remove-ontario-s-vaccine-passport-system-1.5777857>

negotiation with partners, to have them removed by March 1. And I think that's prudent it follows the removal of proof of immunization for other venues. So, I think it's timely to remove them for businesses. There may be mandates by organizations that are not government that would want to have a testing strategy continue, especially if they have a high-risk setting. And I'll just also be particular that there was mandate for vaccination in long term care facilities by the Minister that is separate as it wasn't a directive by the chief medical officer health office. (Emphasis supplied)³

17. The City of Windsor refused to follow the further Provincial Guidelines for a further period of 8 (eight) months despite the mandate of the province that ended the requirement of proof of vaccination on March 01, 2022. The issues before the Court require Judicial interpretation and remedies external to any potential issues under the Collective Bargaining Agreement. To adopt the Defendant's position would place not only the plaintiffs, but the entire community of the City of Windsor at risk for breach of their Constitutional and Charter Rights.
18. The Plaintiffs' Claim was filed on August 16, 2022. The Claim included an order for mandamus that the City of Windsor follow the Provincial Guidelines. The City of Windsor complied with this request on November 09, 2022, by rescinding the Policy.
19. Following the rescission of the Policy, the City of Windsor developed a unilateral approach outside of the Collective Bargaining Agreement by dispatching an offer to rehire directly to each Plaintiff. The Plaintiffs respectfully submit that this is first, a recognition and admission by the City of Windsor that the firing of the Plaintiffs in the first place was illegal. Secondly, in bypassing the Union, the City of Windsor again demonstrated that

³ <https://www.cbc.ca/news/canada/toronto/ontario-covid19-february-17-22-1.6354796>

there was no intention throughout the entire process to be part of the Collective Bargaining Agreement.

20. On December 15, 2022, the City of Windsor dispatched rehire offers to the named Plaintiffs in this Claim, save and except those that were previously employed with EnWin and Adam Fevreau who received his offer on February 02, 2023. The rehire offers directly stated that the *“Windsor City Council revoked the City’s Covid-19 Vaccination Policy on November 09, 2022. This means that City employees are no longer required to provide proof that they are fully vaccinated.”*.

PART II: LEGAL AND FACTUAL ISSUES

Motion to Strike

21. The essence of the Defendant's motion to strike is the position that this Honourable Court has no jurisdiction to address whether the mayor acted Ultra Vires his statutory and legal authority as this decision was made in the context of a labour relationship between the Plaintiffs and the Defendant. The Plaintiffs on the other hand have demonstrated that there is a factual and legal basis for the Honourable Court to decide whether the mayor acted Ultra Vires his authority. The Defendant has filed over 1100 pages of materials although none of which address or raise the issue as to whether the mayor acted Ultra Vires his legal authority and breached the constitutional rights of the plaintiffs.

22. The Defendant's main argument presented before this Court is that labour arbitrators have exclusive jurisdiction over any dispute which arises, expressly or implicitly, from a collective agreement. The Plaintiffs submit that the pith and substance of the Claim before this Honourable Court is outside the scope of the Collective Bargaining Agreement. The Defendant has failed to provide any evidence where the Collective Bargaining Agreements address breaches of the Constitution Act, the Municipal Act, The Canadian Charter of Rights and Freedoms and Provincial Mandates and Guidelines.

23. It is in the context of the above that the Defendant brings the motion to strike this claim before this court. The legislative basis for a motion to strike in the Ontario Superior Court of Justice is Rule 21.01 of the Ontario Civil Procedure rules, which provides:

21.01 (3) A defendant may move before a judge to have an action stayed or dismissed on the ground that:

Jurisdiction

21.01 (3) A defendant may move before a judge to have an action stayed or dismissed on the ground that,

- a. **the court has no jurisdiction over the subject matter of the action;**
- b. the plaintiff is without legal capacity to commence or continue the action or the defendant does not have the legal capacity to be sued;
- c. **another proceeding is pending in Ontario or another jurisdiction between the same parties in respect of the same subject matter; or**

Action Frivolous, Vexatious or Abuse of Process

- a. the action is frivolous or vexatious or is otherwise an abuse of the process of the court, and the judge may make an order or grant judgment accordingly.
- b. **another proceeding is pending in Ontario or another jurisdiction between the same parties in respect of the same subject matter;**⁴

⁴ R.R.O. 1990, Reg. 194: RULES OF CIVIL PROCEDURE

22. On a motion to strike under Rule 21.01(1)(b), the burden is on the moving party. A claim can only be struck “if it is plain and obvious, assuming the facts pleaded to be true, that the pleading discloses no reasonable cause of action” — in other words, where a claim is “certain to fail because it contains a radical defect”. The Notice of Application must be “read generously”.

23. Given the mandatory language of Rule 21.01(1)(b), the jurisprudence on motions to strike, and the fulsome allegations in the Plaintiffs’ Claim, the Defendant at the very least should be required to file a Statement of Defense rather than attempting to use the Motion to Strike as a means of dismissing this Claim especially when the Claim raises issues of public and national importance.

24. Neither complexity, nor novelty, justifies striking a claim. As McLachlin C.J. explained: *“The law is not static and unchanging. Actions that yesterday were deemed hopeless may tomorrow succeed.”* The threshold is *“whether, assuming the facts pleaded are true, there is a reasonable prospect that the claim will succeed. The approach must be generous and err on the side of permitting a novel but arguable claim to proceed to trial”*. The Supreme Court recently reiterated this principle, refusing to strike novel claims where the law was “unsettled”. Where constitutional rights are involved, the threshold for striking claims is “particularly high”.

25. It would be manifestly unfair and improper to deprive the Plaintiffs the opportunity to advance this Claim. The circumstances of this case, particularly having regard to the public importance of the issues in question and the legal complexity of the issues raised require judicial intervention. The constitutional issues raised go to the heart of Canadian democracy and will not be addressed in any other forum.

26. The Defendant argues that a dispute arises from a collective agreement when its “essential character” concerns a subject matter within the ambit of the collective agreement, viewed broadly. The Plaintiffs submit that the essential character of this dispute is not within the ambit of the Collective Bargaining Agreement.

27. The City of Windsor has an obligation to act within the powers given by the Constitution and the Law. On January 04, 2022, the City of Windsor punished and terminated the unvaccinated and undisclosed workers without any legal authority to do so. The City acted Ultra Vires the Constitution Act, section 92(8) which assigns to provinces exclusive legislative authority regarding “Municipal Institutions in the Province”. The Municipal Act of Ontario 2001 mandates that the city’s policies and regulations must be in accordance with the Provincial Mandates and the Health Directives mandated by the Province of Ontario. These are the essential character of this claim before this Honourable Court

28. The Defendant further argues that Courts do not have overlapping or concurrent jurisdiction with a labour Arbitrator is not correct in law. The jurisprudence is clear that the factual circumstances must be considered in assessing jurisdiction. The facts presented in the Statement of Claim and the Affidavit before this Honourable Court demonstrate that the Charter issues raised are outside of the Collective Bargaining Agreement and thus the Court has the jurisdiction to consider these issues.

29. The Defendant further states that if a dispute is within the jurisdiction of a labour arbitrator and the provincial labour relations regime, then the Court has no jurisdiction to consider it. In the Claim before the Court, the facts demonstrate that at no time has the Constitutional and Charter issues raised in this Claim formed the basis of any arbitration process. In fact, the evidence before the Court is to the contrary. The Plaintiffs before this Court are not raising any issues addressed by the Collective Bargaining Agreement.
30. The facts presented in this Claim demonstrate a unilateral approach by the City of Windsor rather than the normal labor process which would have required negotiations with the Union Representatives as a starting point. These negotiations would then be further concretized in a Memorandum of Agreement. To date no Memorandum of Agreement has been presented by the City of Windsor establishing a process under the Collective Bargaining Agreement to address the issues raised in this claim.
31. The Defendant argues that the dispute in this Action relates directly or inferentially to the interpretation, application, and administration of the collective agreement at issue and in particular, the City's management right to implement workplace policies (including the Policy) and to discipline and terminate their employees. To the contrary, none of the Collective Bargaining Agreement attached by the Defendant on pages 86, 606, 683, 803, and 987 address the issue raised in this claim..
32. The argument of the Defendant fails to take into account that while Arbitrators must not apply provisions which they determine violate the Charter, they do not have the power

under section 24(1) of the Charter to remedy any Charter violations as they are not a Court of Competent jurisdiction as defined under Section 24(1) of the Charter.

33. The Defendant has submitted arguments on the grounds of res judicata, issue estoppel, and/or abuse of process. To date no evidence has been provided to demonstrate that the mayor acted within his legal authority.

34. The arguments of Abuse of Process have no merit. At the core of our democracy and our legal system is the right of all Canadians to come before a court of competent jurisdiction to seek a remedy where their Rights have been infringed. This court is a court of competent jurisdiction as defined in s.24(1) of the Canadian Charter of Rights and Freedoms and the proper forum to bring this claim.

35. Rules and Statutes

1. Rule 21.01(1)(b), 21.01(3)(a), 21.01(3)(d), and 25.11 of the Rules of Civil Procedure, R.R.O. 1990, Reg. 194
2. *Canadian Charter of Rights and Freedoms*, s 7, s 15 Part 1 of the *Constitution Act*, 1982, being Schedule B to the *Canada Act 1982* (UK), 1982, c 11.
3. Such further and other grounds as counsel may advise and this Honourable Court may permit.

THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the motion:

1. All pleadings in this matter;

2. Affidavit of Jasen Gannon and exhibits attached hereto; and
3. Such further and other evidence as the lawyers may advise and this Honourable Court may permit.

March 20, 2023

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Lawyers for the Defendant/ Moving Party

Court File No. CV-22-00684908-0000

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MICHAEL HEYNESBROEK

et al

(Plaintiffs)

and

THE CORPORATION OF

THE CITY OF WINDSOR

(Defendant)

ONTARIO

SUPERIOR COURT OF JUSTICE

PROCEEDING COMMENCED AT TORONTO

RESPONDING RECORD OF THE PLAINTIFFS

TO THE DEFENDANT'S MOTION TO DISMISS

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Solicitor for the Plaintiffs

TAB

2

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN

**MICHAEL HEYNSBROEK, JASON BLANCHARD, VALERIE
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JANE DOE II et al.**

Plaintiffs

and

THE CORPORATION OF THE CITY OF WINDSOR

Defendant

SUPPORTING AFFIDAVIT OF JASEN GANNON

I, Jasen Gannon, of the City of Windsor, in the Province of Ontario, MAKE OATH AND SAY
AS FOLLOWS:

BACKGROUND

1. I am a Plaintiff in this lawsuit before this Honorable Court. I have been an employee of the City of Windsor since October 29, 2018. I was terminated by the City of Windsor on December 18, 2021, and then, I received an offer to return to work on December 15, 2022. I accepted that offer as a recognition by the City of Windsor, as admitted in the offer document, that my firing was illegal. I have personal knowledge of the matters deposed to in this Affidavit except where the same are stated to be made on information and belief, and with respect to such matters, I believe the same to be true.

2. I have been a member of the “Canadian Union of Public Employees Local 543” local 543 all of Huron lodge {hereinafter referred to as “CUPE 543”} since my first day of employment with the City of Windsor on October 22, 2018. I also served as a member of the CUPE 543 Executive Board from July 13, 2020, until my resignation on October 14, 2021. A copy of my notice of resignation is hereto attached as “**Exhibit A**”.

THE POLICY ENACTED BY THE CITY OF WINDSOR HRHAS – POL – 0002, (THE POLICY)

3. On September 17, 2021, the City of Windsor enacted the HRHAS – POL – 0002, (hereinafter the “Policy”) that required all employees to prove that they were fully vaccinated by November 15, 2021, or be accommodated through a medical or religious exception.⁵
4. The Policy stated at clause 6.11.1 that “*Employees who elect not to submit documentation showing they are fully vaccinated or are in the process of becoming fully vaccinated and are without a documented medical or human rights accommodation plan in place will be placed on an unpaid leave of absence starting November 15, 2021*”.
5. The policy of the City failed to follow the mandates issued by the Province of Ontario. The major difference is that the Ontario mandate required that if a worker refused to get the specified vaccinations, he/she should be accommodated. Furthermore, the policy stated that Human Resources would review the status of the employees on leave every 13 weeks (or more often if necessary) to assess the continued need for leave. This review would include any changes regarding the pandemic, medical advice, legislation, and the employee’s vaccination status or disclosure thereof.

⁵ Appendix A of the Moving Party Application on Motion to Strike

6. On September 16, 2021, I was informed by the City of Windsor that I would be placed on unpaid leave of absence for not declaring my vaccination status. On December 3, 2021, I received a letter from the City, warning me that if I did not get vaccinated (first dose) by January 04, 2022 and (second dose) by February 01, 2022 my employment would be terminated by February 15, 2022.⁶
7. On January 4, 2022, my employment with the City of Windsor was terminated. At the same time other employees who were vaccinated or provide proof of vaccination were allowed to work remotely mostly from home.⁷

THE “POLICY” IS NOT PART OF THE COLLECTIVE BARGAINING AGREEMENT CUPE 543

8. Under the Collective Bargaining Agreement CUPE Local 543 regulates the labor relationships between the City of Windsor and its employees. The process to amend any provision of a Collective Bargaining Agreement requires that the City must issue a document named Memorandum of Agreement which requires consultation and approval by the Union. The Position of the President CUPE Ontario has always been that “*vaccination programs must be voluntary; no employer should ever have the ability to make decisions about vaccination for workers. that should be a decision made by people themselves after they have had a good accurate discussion and if necessary, consultation with their doctor.*” A copy of the transcript where the president states that vaccinations are voluntary are attached as **Exhibit B**.

⁶ Appendix B of the Moving Party Application on Motion to Strike

⁷ Exhibit C- dismissal letter-

9. The standard procedure for the approval of the memorandum is that it must first be sent to the administrative assistant of the Union and is then passed to the Executive Board. The Executive Board will then have a meeting to discuss the Memorandum of Agreement. If the Memorandum is approved, the Executive Board will dispatch the document to the City for final approval.
10. The Memorandum of Agreement is the concretization of the process for extending the Collective Bargaining agreement to address or expand issues formalized by the parties. Due to the Covid-19 pandemic, for example, the City of Windsor and Union Local 543 negotiated Memorandum of Agreement 2020-035. This Memorandum of Agreement was enacted and negotiated as a response to the outbreak of Covid-19 in the City of Windsor and formed part of the Collective Bargaining Agreement. A copy of this Memorandum of Agreement is hereto attached as **Exhibit C**.
11. The Memorandum of Agreement 2020-035 detailed several alternatives including working from home, as well as a clear statement of the duration and application of the agreement. *Furthermore, this Memorandum of Collective Bargaining Agreement states in Article 7 that this agreement shall expire when the Covid 19 pandemic has been deemed to be ceased by the Medical Officer of Health in Windsor.*

HOW THE “POLICY WAS ENACTED”

12. In my role as a Union leader, I have reviewed the Collective Bargaining processes for Unions Cupe Local 543, Cupe Local 82, Windsor Professional Fire Fighters’ Association (“WPFPA”) Automated Transit Union, and (“ATU”) Ontario Nurses’ Association (“ONA”), and all the documentations associated with it. Specifically, I have been able to establish that there is no evidence that the Policy HRHAS – POL – 0002 enacted by the City of Windsor became part of the Collective Bargaining Agreement. This is in line with the history and enactment of this policy in that the City of Windsor decided to take a unilateral approach rather than follow the normal rules developed in the labor process. As a result, there were no negotiations between the City and the Union as to the goals and

content of the policy. Further, in the absence of the required negotiations no Memorandum of Agreement was executed. As a member of the Union Executive Board, I confirm that we were unaware of the Policy until it was implemented and announced publicly by the City of Windsor.

13. CUPE Local 543 and other unions aggressively sought to establish a consultation process with the City of Windsor. The Unions were denied this opportunity at every turn. There is an audio interview with the mayor where he ties his decision to what was happening in Toronto. A transcript of this audio recording is hereto annexed as **Exhibit D.** (https://omny.fm/shows/am-800-cklw/morning-drive-46c1d55f-5668-41a9-8622-c4e2c617c5c2?in_playlist=am-800-cklw!the-morning-drive)
14. On August 20, 2021, Mayor Dilkens declared that Windsor council was considering ‘matching and mirroring’ the city of Toronto’s mandatory vaccination policy for all city staff. The unions were concerned that the City had no intention of considering their needs. In fact, The Windsor Police Association (WPA) was expecting a mandate to be put into place but had not received any direction from the service or City. “It’s definitely a balancing act and we need to be part of the conversation,” said WPA president, Shawn McCurdy. (<https://windsor.ctvnews.ca/windsor-council-considering-matching-and-mirroring-toronto-s-mandatory-vaccination-policy-for-all-city-staff-1.5555227>). A copy of the article is hereto attached as **Exhibit E.**
15. On August 21, 2021, Mayor Drew Dilkens declared that they were looking at what it would take to provide a pathway for those who were fully vaccinated to come back to work, and for those that would need to undergo testing. The proposed plan included that staff that were not vaccinated or refused to disclose their status would face mandatory COVID-19 testing twice a week and would be mandated to share the test results with the hospital. These proposals never happened. Instead, the unvaccinated and undisclosed employees were terminated. <https://www.iheartradio.ca/am800/news/city-of-windsor-considering-a>

[policy-for-vaccinated-employees-1.15834764](#). A copy of the article is hereto attached as **Exhibit F**.

16. On August 24, 2021, Union leaders reacted to proposed City of Windsor Vaccination Policy. President of CUPE Local 543, David Petten stated that “The union wants to be a part of this decision. I think that's probably the best way to make these types of initiatives successful is that if you bring all of the stakeholders around the table then hopefully, we can come up with something that works for everyone.” Petten added that prior to the mayor’s announcement, they did have one meeting with senior administration staff on the topic and hoped that that continues. <https://www.iheartradio.ca/am800/news/union-leaders-react-to-proposed-city-of-windsor-vaccination-policy-1.15924784> A copy of the statement is hereto attached as **Exhibit G**.

On August 23, 2021, Windsor City Council passed a motion at its in-camera meeting the day before, directing staff to develop a policy modelled on the one in place for employees of the Ontario government, which required anyone who did not disclose that they were fully vaccinated to be tested twice a week. A copy of the article is hereto attached as **Exhibit H**. <https://www.cbc.ca/amp/1.6150200>(<https://windsorstar.com/news/local-news/windsor-to-mandate-vaccination-or-twice-weekly-testing-for-covid-19for-city-employees-or>).

17. On September 16, 2021, the City of Windsor Solicitor Shelby Askin Hager in the discussions held by the City of Windsor Counsel declared that “We are Obligated to follow the mandates and directions of the Minister of Health” (7:05). A copy of the transcripts where the Solicitor of Windsor stated that the City of Windsor should follow the provincial guidelines is attached as **Exhibit I**.

18. On March 9, 2022 Dr. Kieran Moore released a statement which said: “the period of highest COVID-19 risk is over and that means vaccination policies are “no longer necessary.”<https://toronto.citynews.ca/2022/02/17/vaccine-policies-no-longer-necessary-march-1/>. A copy of this article is hereto attached as **Exhibit J**.

Further on March 2022, Dr. Kieran Moore stated “*We have not mandated immunizations. We have mandated that organizations have immunization policies. So that’s typically get immunized, get educated on the benefits and risks of the vaccine, and/or have a testing strategy.*” A copy of the transcript is hereto attached as **Exhibit K**.

19. I resigned as a Union member of the Executive Board because I strongly believed that my constitutional and Charter rights had been violated. I was alone with no support from my Union on this issue. In fact, as a Board Member I was devastated that I was left to fight alone to protect my basic human rights and dignity.

20. On December 15, 2022, the City of Windsor sent a letter including an offer to rehire to most of the Plaintiffs. In the letter the City of Windsor included certain stipulations to accept the offer to return to work. This letter is a clear indication that the city acknowledges that the decision taken on January 4, 2022, to terminate the employees was done illegally. This is not the normal process followed under any collective bargaining or labor process.

21. I make this Affidavit in support of this Claim against the City of Windsor for the breach of my Constitutional and Charter Rights and for no other improper purpose. I humbly request the assistance of this Honourable Court in addressing the injustices that I have suffered and also to help the residents of the City of Windsor to protect their Constitutional Rights.

SWORN by Jasen Gannon of the City of Windsor
in the Province of Ontario, before me at the
City of Toronto, in the Province of Ontario,
on March 20, 2023, in accordance with
O. Reg. 431/20, Administering Oath or Declaration Remotely

DocuSigned by:

Julian Castro Ortiz

BA093A15477944D.....

Commissioner for Taking Affidavits
Julian Castro Ortiz
Barrister and Solicitor LSO #77258V

DocuSigned by:

Jasen Gannon

804EEA83D6E5434.....

Jasen Gannon
Signature of the Deponent

This is “**Exhibit A**” mentioned and
referred in the Affidavit of
Jasen Gannon

Affirmed this 20th day of March 2023

DocuSigned by:

BA093A15477944D...

.....
A Commissioner for Taking of Affidavits

From: JH Gannon

<jhgannon@hotmail.com**>**

Date: October 14, 2021 at 13:18:00 EDT

Subject: Resignation

Good afternoon,

Please consider this notice as my formal resignation letter from the CUPE 543 Member-at-Large position, Union Steward role and all subsequent committee involvement. I will hand-over the union building keys by next week.

Thank you,

Jay Gannon

This is “**Exhibit B**” mentioned and
referred in the Affidavit of

Jasen Gannon

Affirmed this 20th day of March 2023

DocuSigned by:
Julian Castro Ortiz
BA093A15477944D...

.....
A Commissioner for Taking of Affidavits

CUPE Ontario

CUPE Ontario COVID-19 Vaccine Webinar



CUPE Ontario



Add a comment...

Transcript

0:05

- Thank you for joining us tonight on this CUPE Ontario webinar on vaccination.

0:12

There's been huge interest in this webinar tonight. And so as people come on and join us,

0:19

we're just gonna take a few moments, make sure, for those of you who are online, that you have a comfortable place to sit.

0:27

You might wanna have a piece of paper and a pen to make notes, or for those of us

0:32

who are more tech-savvy, a note is some kind of other ways of making notes with a tablet or whatever.

0:38

We're looking very forward to the webinar tonight. And it's an important opportunity to hear

0:44

from some leaders in our union but also some experts about vaccination as well.

0:52

We had, as I said, a huge number of folks who pre-registered. And so there are hundreds of folks

0:58

who are joining the webinar and we're just gonna make sure that they have as much time as possible for people to onboard

1:05

for the webinar. We are gonna spend as much time as we can tonight hearing questions from all of you.

1:12

And I just wanna welcome you again. I am Fred Hahn. I am the president of CUPE Ontario.

1:17

I wanna welcome you to this webinar that CUPE Ontario's doing on the question of vaccination.

1:23

We're joined by a number of our leaders and some expert staff as well as experts from the community

1:29

on this question tonight. We have hundreds of folks who are joining us during this webinars.

1:35

So we're just making sure that all those folks can onboard before we start officially.

1:41

We're also broadcasting this live on Facebook so that as many people as possible can see it.

1:48

I wanna suggest that you get a pad of paper or something to write notes down, or a tablet, your laptop, some other way to make notes,

1:55

if you find that useful, get yourself comfortable and we're gonna get going.

2:00

We know that there's been a lot of questions about vaccination, including questions about safety

2:06

and effectiveness and your obligations in the workplace. This webinar is an opportunity

2:12

for our members in CUPE Ontario to ask those questions and to debunk myths about vaccines.

2:19

Before we get started, I wanna note that we have simultaneous translation happening tonight,

2:24

both translation into French, but also translation in to American Sign Language on tonight's call.

2:32

If you wanted to listen in French, and, in fact, I'm gonna ask everyone on the webinar to do this,

2:38

if you move your mouse, you'll notice at the bottom of your screen, a globe icon to the far right.

2:45

Some of you might be on tablets, you'll see three dots. You wanna pick that interpretation

2:51

and pick English to hear in English but also French to hear in French.

2:57

If you see the three dots, there'll be an option called Language Interpretation. Again, you'll wanna be able to,

3:02

for those of you to hear in English, please select English. For those of you who wanna hear in French,

3:08

please press French. The reason we're doing this is that if we have questions asked in French, we'll be able to hear those questions translated

3:15

to us in English and we'll be able to have a full conversation that way.

3:21

I also wanna make sure that those of you who are relying on ASL interpretation can know that you can pin the ASL interpreter in your screen

3:30

so that they become larger. And you can see that interpretation more clearly for those of you who rely on that.

3:38

Today, we're gonna be hearing from Michael Hurley who's the president of CUPE Ontario's Council of Hospital Unions.

3:43

He'll talk about rollout and supply. And so the disruptions that's happened there.

3:49

Many people have questions about who will be vaccinated and when. Michael will give us an overview

3:55

of the Ontario government's prioritization plan and how that's been impacting healthcare workers,

4:01

how it might impact other members and how we need to, why we need

4:07

a comprehensive vaccination plan that leaves none of us behind. The COVID-19 pandemic has had significant impact

4:14

on racialized communities. Yolanda McClean is CUPE Ontario's Second Vice-President.

4:20

She's also joining us tonight to talk about how vaccines factor into this,

4:25

including vaccine hesitancy within black racialized and indigenous communities.

4:31

And she's gonna highlight some of the available options to ensure that governments are responding to these concerns of historically marginalized folks.

4:40

And finally, we're gonna hear and be joined by Dr. Tara Moriarty, an Associate Professor of Infectious Diseases

4:46

at the University of Toronto. Tara has been conducting daily Zoom meetings with anyone who wants to join to answer everyone's questions

4:55

about vaccines against COVID-19. Tara will give us some insights into the vaccine

5:01

and address some of the concerns that people have about them. And following the remarks of our panelists,

5:06

I'm gonna pass things over to Candace Rennick who is the secretary treasurer of CUPE Ontario. She will introduce the Q&A section

5:15

for all of us tonight. We're also joined tonight by a CUPE lawyer, Saranjit Cheema and he'll be here to answer legal questions

5:24

around workplace issues. We're also joined by CUPE's Health and Safety Representative Paul Sylvestre who's here to talk to us

5:31

if there are questions about health and safety. And wanna welcome them and thank them

5:37

for joining us tonight. We do have questions that were submitted in advance of registration

5:43

but you can also ask questions tonight using the Q&A function at the bottom of your screen.

5:49

That is the way that people are gonna ask questions. And we have people monitoring the Q&A, we're gonna get to Q&A as soon as we can.

5:55

I wanna thank all the speakers for being part of tonight's webinar, for lending their expertise to help us through this incredibly urgent issue.

6:02

And I wanna emphasize that the concerns people have about the impact of the vaccine on their health

6:08

are understandable. I also wanna start by summarizing the principles that we've been approaching the question of vaccination

6:15

from in CUPE Ontario, that those principles have been guided by our work with the Ontario Council of Hospital Unions.

6:23

And we've been encouraging these principles to be adopted throughout our national union

6:29

in relation to questions on the COVID-19 vaccine. First, we unequivocally support vaccination.

6:37

We know that our collective responsibility to one another means that we have to do all we can

6:43

to protect our coworkers, to protect those we support at our workplaces, our families and our communities.

6:52

We will push governments to ensure that vaccination is comprehensive.

6:57

All of the workers out of facility, no matter what their job classification along with all of the residents, our patients,

7:03

our clients, all the visitors, volunteers all of these folks have to be vaccinated in a comprehensive way to achieve the full benefit

7:11

of vaccination. Vaccination programs must also be voluntary.

7:17

No employer should ever have the ability to make decisions about vaccination for workers.

7:22

That should be a decision made by people themselves after they have had a good, accurate information

7:29

and, if necessary, in consultation with their doctor. Some people should be exempt from vaccination
7:36

due to severe reactions or other reasons that the vaccine might be contraindicated for some people.
7:44

And any discussion of vaccination, really, cannot be divorced from the ongoing need
7:50

to ensure real and appropriate personal protective equipment is dealt with in all of our workplaces
7:57

that treats COVID-19 appropriately as an airborne virus and ensures that all workers
8:03

in those workplaces are protected against that exposure in the best possible way.
8:09

I also wanna say unequivocally, as soon as I am able to, I am gonna get vaccinated
8:16

and I am encouraging everyone else that I can speak to, that I know to get vaccinated too.
8:24

It is part of what we must do for each other. With that, I'm gonna pass things on to Michael Hurley
8:29

who is the president of the CUPE's Ontario Council of Hospital Unions.
8:35

Michael. - Thank you very much, Fred. And thank you very much for joining us this evening. I just
wanted to reinforce CUPE's position
8:45

in terms of encouraging vaccination. This really is an issue of our collective responsibility
8:51

to one another. And the union does appreciate that there are who cannot or will not take the vaccine.
8:59

We are going to support all of our members, absolutely. And Saranjit can answer questions around that.
9:06

But we encourage people to take the vaccine and we've written to the Ministers of Health
9:11

and Long-Term Care. And we've emphasized the points which Fred just reviewed that any program
should be, has to be voluntary,
9:19

that it has to be comprehensive. It can't only be the people who are most directly
9:26

in contact with patients or residents who are vaccinated. For example, in healthcare, it has to be
everybody.
9:32

In fact, a recent study of cleaners found the people with the highest count of antibodies
9:37

were actually the cleaners in a facility. They weren't the ICU nurses because the ICU nurses tend to
actually be better protected
9:43

with protective equipment. We're also asking for exemption
9:49

for people who have religious or medical reasons for not being vaccinated. We're asking for people to
be paid in the event
9:56

that they have one of those rare allergic reactions. And we're asking the government, again, for pay for people who have to isolate or quarantine

10:04

or take sick leave as a result of COVID. I'm sure you know as well as we do

10:11

that there are now supply problems with the vaccine and, in particular, caused by the retooling

10:18

of the Belgium plant of Pfizer and by some restrictions by the European community

10:25

with respect to vaccination exports. The last that we were told this would impact

10:32

the vaccination program in Ontario by a minimum of two weeks but quite possibly longer.

10:40

The government has reiterated to us that their priority for vaccination remains

10:46

the high-risk populations, including the staff working

10:51

in long-term care, high-risk retirement facilities. So the residents and the staff and the essential visitors

11:01

in those facilities and also in the First Nations communities, the people who are elderly, who are in residences

11:10

are also targeted as a priority. And we have asked the government to deal with the issue

11:17

which has been reported of queue jumping where, for example, hospital administrators move

11:24

to the head of the line to get the vaccine ahead of other people. Obviously there is a delay in arrival of the vaccine.

11:35

This is going to set back this vaccination program. And as a result, people are gonna have to wait longer.

11:45

And we're asking the government to be clear that there will be a logic and an order

11:50

in the distribution of the vaccine and that it will be comprehensible. And we hope that that will be the case.

11:58

As of last night, 335,412 vaccine doses

12:05

had been given out in over 479 long-term care facilities and 540 retirement homes.

12:13

The vaccine has also been moved to 14 health units which did not have vaccine supply until this point.

12:22

So in terms of what the government's plan is on the priority for vaccination for the population,

12:33

and for the workforce, in the first phase which was to have gone to April

12:38

but which may now be pushed back, as I mentioned, healthcare workers and vulnerable populations

12:45

in long-term care facilities and retirement homes, and those people who are elderly

12:52

in First Nations communities, remote communities are the priority for vaccination.

12:59

In the next phase, which was originally to be from April to July,

13:06

the other healthcare workers, for example, the hospital workers, the paramedics, et cetera,

13:14

are up and our other essential workers, including farm workers, police, school board workers,

13:23

and teachers, et cetera. And in the general population, people over 75 followed by people, 50 to 75,

13:33

and of course, people with underlying immune conditions, for example, people with autoimmune issues

13:42

will be advanced ahead of people who are in good health,

13:47

who are in one of those age groups. But I'd like us to, and as soon as we have more knowledge

13:57

of the government's plan around the vaccinations, we're gonna share that with you.

14:02

But I would just say, particularly, to the healthcare workforce, while we have delays in the vaccine

14:10

and given that we're now dealing with variants, which are more highly contagious,

14:17

it's more important than ever that we insist on our rights to be equipped properly

14:23

in dealing with this vaccine in the workplace. There are issues which Paul Sylvestre, the health and safety specialist

14:30

can talk to you about in terms of engineering controls, but CUPE Ontario and OCHU have shipped out to Locals,

14:36

purse cards, wallet cards, and now posters in both official languages which linked to the directive

14:42

which sets out the rights of employees in these situations.

14:48

Regulated health professionals have a right on their own judgment, clinical expertise

14:53

on seeing a resident or a patient to make a clinical determination that they have a right to access this equipment

14:59

and others do in outbreak, et cetera. I'd just like to mention to you that as of yesterday,

15:05

17,250 healthcare workers in Ontario contracted COVID.

15:10

That's up almost, that's doubled more than doubled in the last three months.

15:17

And we now have 20 dead. And that's up, it's not doubled, but it's getting close.

15:23

So this issue of personal protective equipment, particularly in dealing with the variants is so important

15:29

while we're waiting for the vaccines to arrive. There are many other people, including Dr. Moriarty

15:35

and Saranjit and Paul who can answer your technical questions about some of these areas.

15:41

And again, as soon as we have more information on the government's change plans in terms of any distribution of the vaccine,

15:47

we'll get that information to you. - Thank you so much, Michael. Just really wanna underline

15:54

how important the issues of keeping yourselves and your coworkers safe at work are.

16:01

We're now gonna move to Yolanda McClean, who is our second vice president. I'm gonna pass things over to Yolanda.

16:07

- Thanks Fred. Black, racialized and indigenous people have felt the impacts of the COVID-19 pandemic

16:15

more significantly than others. Not all jurisdictions collected race-based data

16:21

but as an example, as reported by the CBC, in November of 2020, racialized people in Toronto

16:28

comprised of 79% of reported COVID cases while making up 52% of the population.

16:37

Racialized people accounted for 71% of COVID hospitalizations.

16:44

Black and racialized people disproportionately work in lower wage jobs including healthcare that Michael just talked about

16:50

but also other frontline services. Lockdown measures and fines are disproportionately impacted black and racialized folks.

16:58

But while this pandemic has had a disproportionate impact on black and racialized communities,

17:04

the government's response has not taken this into account or responded efficiently at all.

17:12

Not only has the pandemic harmed black, racialized and indigenous people in terms of COVID diagnoses and outcomes,

17:19

we may also face a second wave of harm when it comes to this vaccine hesitancy.

17:26

The experiences of equity-seekers in the medical system have been studied and documented.

17:33

Many have had poor experiences with accessing medical care and having our symptoms taken seriously.

17:40

We cannot ignore the fact that there has been systemic racism in our medical system.

17:46

Our current crisis cannot be divorced from our history. And black, racialized and indigenous people

17:54

have been the subject of unethical medical testing and interventions.

17:59

This and so, it's also the reluctance is very normal.

18:06

That's why we're making sure that our members have access to the information. And hopefully, tonight, that will help

18:12

and sharing your stories and asking your questions. It is only through two-way conversation like this

18:20

and like tonight, that we can help those around us become more comfortable with voluntarily taking

18:26

the vaccine to protect themselves and those around us. We are in this together.

18:32

And that includes black, racialized and indigenous folks. And I wanna be clear.

18:38

While we're holding tonight's call and while others like our doctor that's joined us, continue to work to open up conversations

18:44

with the broader public, our government has failed us. For a year, we have all known that the way

18:51

out of this pandemic is going to be vaccines. We must hold all of our governments,

18:57

all of our levels of our government accountable for their failure to develop and launch a broad public health campaign

19:04

about the vaccines and the vaccine safety. This campaign should have put resources

19:11

into outreach to our black, racialized and indigenous communities.

19:17

There are community organizations which have already been and willing to do the outreach.

19:23

They've got the education. They can even deliver the vaccines and trusted organizations in their communities.

19:30

They are the best equipped to do this critical work. They've done it in the past and they can do it again.

19:36

And in the absence of a campaign, the community is stepping up to educate and support one another.

19:43

I acknowledge the real concerns many of you have about this vaccine. You should not feel ashamed about those concerns

19:50

but I do encourage you to ask questions on tonight's call. If you're unable to ask questions tonight,

19:57

you can visit the CUPE Ontario website to find more information about how to access Dr. Moriarty's sessions over Zoom

20:04

where you can ask questions of medical professionals including asking questions in confidence.

20:12

I also wanna end just by saying that I know that vaccines can seem scary

20:17

but I also know that with our limited options, it's the best way to protect those around me,

20:23

including those who are most at risk. And I thank you for this opportunity.

20:29

Back to you, Fred. - Thanks so much for that, Yolanda. And thanks so much for this important message

20:37

of incorporating the reality for many of our frontline workers who are black, racialized

20:43

and indigenous members. It's incredibly important part of this conversation. I'm gonna pass things

along now to Dr. Tara Moriarty,

20:51

who's an Associate Professor of Infectious Diseases at the University of Toronto.

20:56

As a reminder, you can find information about joining Dr. Moriarty's Zoom sessions

21:01

by visiting cupe.on.ca. Tara has been so generous with her time,

21:07

not just with us but with so many others. Thank you for joining us tonight, Tara.

21:13

- Well, you're most welcome. And thank you for having me here.

21:20

I started these Zoom sessions on January 4th, mainly because, at that point,

21:25

I was getting extremely worried about vaccine rollout. And I was getting extremely worried

21:31

because there didn't seem to be an accompanying education campaign or any kind of information that was available.

21:38

I'm an infectious disease researcher but I'm also an essential caregiver. And my partner and I took care of my mom.

21:46

And before that, my dad, for nearly 10 years both of whom had dementia.

21:51

And we couldn't take care of my mom anymore by the summer of this year

21:56

and she moved into a retirement home. My dad was in long term care for the last year of his life.

22:02

So I'm very familiar with the setting. And I've also been reporting on long-term care

22:07

and retirement home cases and deaths across the country for quite a few months.

22:13

And I was extremely worried. So I got up in the morning on January 4th

22:18

and I thought I don't see anything happening. Just screw it. I'm just gonna start Zoom sessions

22:26

and see if anyone needs them. And if I can help in any way because in that setting where the early vaccination

22:35

was targeted to long-term care and that setting, every delayed vaccination

22:43

or vaccination that doesn't happen could cost a life. And so I knew that there wasn't an hour to spare

22:50

in that setting. And what I realized was that there was a gaping need for this.

22:56

I wasn't seeing it. I would be someone who would know about it because of what I do for a living.

23:01

And I had no idea how badly this resource was needed. So we've been doing sessions every night.

23:07

And then during the day we do sessions for any organization that wants them. There are approximately 50 volunteer scientists,

23:15

doctors and pharmacists now who have joined up to help give these sessions.

23:21

We are now, as of today, CISEPO which is a nonprofit organization,

23:26

is giving us or allowing us to use their Zoom platform so people can call in with 1-800 number

23:32

which allows them to protect their anonymity even more. And it's also important for people without internet access.

23:38

So what we've realized is that even though there's more information going out on paper

23:44

and everything else, still, we are human beings. And what we have seen in these sessions

23:49

over and over and over again is that for many people, myself included, it helps to be able to talk.

23:57

It helps to be able to ask the questions when you think of them and to, perhaps, be anonymous,

24:03

if you want to, not necessarily do it in the context of your workplace 'cause people might be afraid to ask questions

24:09

in their workplace and look stupid or uninformed or have people judge them.

24:14

So we do this every night for a couple of hours and multiple sessions during the day.

24:21

And we're gonna keep doing it until we're not needed any longer. And I would say, if any of you are part of any community

24:28

that would welcome or benefit from anything that the scientists, doctors and pharmacists

24:35

who joined up to do this, there's any way that we can help, we will completely adapt to whatever

24:41

a community's needs are. And we will do exactly what's needed

24:46

if we understand it well enough and we will be there and we're there to serve and to support everyone who's going through this,

24:53

especially starting a long-term care, which is one of the most horribly impacted

25:00

and least supported settings in this epidemic and all essential workers.

25:05

So we are here if anyone needs us and we will be here until we're no longer needed.

25:14

And that's it. So I want to thank you for letting me be here.

25:19

- We're very glad you're here with us. And I just really wanna thank you. And I know folks wanna hear from you more

25:25

and I know we wanna get through and get to the questions. That's really what the heart of this is all about.

25:30

So I'm gonna turn things over to Candace Rennick who is our secretary-treasury, my co-officer in CUPE Ontario, Candace.

25:38

- Okay, thanks so much, Fred. And thanks to all of you for joining us tonight. This is the most important part of the Zoom call.

25:44

It's an opportunity for us to hear directly from you. I just wanna say I know we see people

25:49

are raising their hands. The way to ask a question this evening is to type out your question in the Q&A.

25:55

We're not gonna be acknowledging hand-raising. So please type in your question in the Q&A.

26:03

So as was mentioned, this is your chance to ask questions directly of the panelists. If you have concerns regarding the legality

26:10

of not taking the vaccine, specifically for those who cannot take the vaccine for medical or religious purposes or questions

26:18

about the employer's duty to accommodate who can't take the vaccine, we have a CUPE lawyer here

26:23

and a health and safety representative on hand to support those questions.

26:29

We've also have some questions that were submitted in advance on the registration page.

26:34

So we'll be taking those questions, some of them but as a reminder, again, you can use the Q&A button

26:41

to pose your question. Please write your question there. We will pick some questions and ask you to come on to the line live

26:48

so you can ask your question directly to the call. You will see a request to unmute your microphone

26:55

before you get brought online live. So there will be a slight delay by the time the technician makes that request

27:02

and you click Accept. So we are asking for people's patience tonight as we move through this process.

27:08

We do have a lot of questions and participants tonight. So we are asking you to please keep your remarks concise

27:17

so that we can take your question and move on to as many as possible. We have already dozens of questions

27:23

that have come into the Q&A chat. We're asking you to please include your local name,

27:30

your name as well as your local. And while we do appreciate that there will be specific questions

27:36

related directly and specifically to your own workplace, we are asking that you direct those questions

27:42

to your national representative or a member of your executive board. For those of you who joined after the call started,

27:49

we wanna remind you that if you require ASL, please click the three dots icon at the top right video

27:56

of the ASL interpreter's video and select pin. This will ensure that you can always see the interpreter.

28:05

But before we start, I wanna ask you a quick polling question. You will see the poll pop up on your screen

28:10

and you can choose one of the three options. The question that we're asking you tonight is

28:17

when you're offered the vaccine, do you plan to receive it? If you do plan to receive the vaccine,

28:25

you're going to say yes. If you don't plan to receive the vaccine, please say no.

28:30

And if you're not quite sure yet, we're asking you to indicate that as well. So again, the results are coming in line live.

28:37

If you do plan to get the vaccine, say yes. If no, you're not getting the vaccine, the answer is no.

28:43

And if you're still not sure yet, the answer is not sure. So we'll give you three more seconds.

28:50

Two seconds, one second. We'll cut it off. So it looks like 57% of you have indicated

28:59

that you will be getting the vaccine. The rest of you are saying you're not sure.

29:04

And the answer is no. So we are hoping that this call does help to alleviate some concerns that you might have.

29:16

Sorry. I feel like I can't get my notes back, Darius.

29:24

Yeah, sorry, Darius. I've completely lost my notes, which have all the questions on it

29:30

that I'm gonna ask you. So I don't know why my notes have disappeared but we hope that you are able to,

29:38

we hope that you're able to find some answers during this webinar tonight and hopefully, get some answers that you need so that when the time comes,

29:46

you are ready to take the vaccine. And I don't know why this is happening.

29:53

So I apologize profusely to everybody. - Candace, I have a copy of it

29:59

if you want me to drop it in the Slack. - No, no, it's not that. It's just I have it as well. I just can't seem to get it.

30:06

Okay, so we're gonna move to some questions that have come in on the chat.

30:11

So let's go to the first question. It's going to be from Terry Batley.

30:18

So Terry, you are gonna have to accept the technician's link to say that you wanna come onto the line live.

30:27

Terry, you are on the line. Please go ahead and ask your question.

30:34

- [Terry] My first question was as far as the vulnerable populations,

30:41

where are those with disabilities and the caregivers that provide them their care

30:47

in their private home on the list, as well as those

30:53

that would be providing care in group homes? - Okay. Who wants to take that question?

31:04

- Michael? Go ahead. - I can do that Candace, if you want. - Please.

31:13

- Because of the deaths in long-term care, we got 3,400 deaths of residents in long-term care. We have 11 staff dead in long-term care

31:20

and retirement homes. So the first priority for the government

31:25

for vaccination is long-term care in high-risk retirement homes and the residences

31:33

for elderly and indigenous people on First Nations communities,

31:39

particularly the northern remote ones. Other healthcare workers, including people working

31:45

with people who are in group homes or with developmental disabilities are the next down.

31:52

And that's based upon your likelihood of exposure.

31:59

So you could expect that paramedics and people who are working

32:05

in a complex continuing care facility for people who are developmentally disabled would be prioritized ahead of hospital administrators,

32:13

for example. So healthcare workers, generally, are the next group.

32:19

There's half a million of them working in long-term care hospitals, et cetera. Social service workers are working in these occupations.

32:26

And then we get to the people who have weakened immune systems.

32:31

We have people over 75. We have other essential workers which could include police

32:37

and could include teachers and school board employees. And it could include other social service workers,

32:45

farm workers, and people, 50 to 75 followed by the rest of the general population

32:54

and unfortunately, Terry, as you know, the vaccination schedule has been set back because of delays

33:01

in the arrival of some of these vaccines, first Pfizer and now there's problems with Moderna.

33:07

So everything is backed up a little bit and we need to be patient but we also need

33:14

to be scrupulous in terms of our using whatever precautions we can to protect ourselves

33:20

while we're waiting for vaccine, those of us who are working in environments where we are at risk.

33:25

And that includes, of course, school board employees. It includes social service workers, it includes people working with people

33:31

with developmental disabilities and other healthcare workers.

33:36

- Thank you. - Okay. That's great. Thank you so much, Michael. Many members from different sectors

33:42

wrote in to ask about the timing of getting the vaccine. Casey, for example, from Local 5404 wrote

33:49

when can you central workers outside of long-term care, retirements and hospitals get vaccinated?

33:56

And what about the severely immunocompromised people that we support, when will they be eligible

34:01

to be vaccinated? Michael, did you wanna take that one as well?

34:07

- Well, I thought I just did that one, Candace, I think.

34:14

Immediately, it's long-term care retirement and the populations they look after

34:19

including indigenous and first nation reserves followed by other healthcare workers, including social service workers working in group homes

34:26

and with people with developmental disabilities, et cetera, people with compromised immune systems, older Ontarians,

34:33

other essential workers, including, for example,

34:39

school board workers followed by the general population. So the problem we have is that everything

34:45

is pushed back a little. Exactly how long, we're not entirely sure. - That's great. Thank you--

34:51

- I may be able to add a little bit more, Candace. The province has outlined they have a timeline

34:57

for which is called Phase Two, which is a lot of frontline essential workers,

35:02

which is supposed to be rolling out in March to July of 2021.

35:08

That is, as Michael said, contingent on supply. They're looking at receiving, from the federal government,

35:16

15 million doses between the months of April and June. So hopefully, that supply will come. And as Michael mentioned, it's going to be targeted

35:24

towards a whole slew of frontline workers outside of healthcare who have not been addressed

35:31

in the first phase rollout and other individuals who have high-risk conditions

35:37

or who are severely immunocompromised will be. And their caregivers as well will be included

35:45

in that second phase rollout, which I said is scheduled for March leading

35:50

through July, 2021 before that. And after that, hopefully, if everything goes smoothly,

35:56

then it will be rolled out to the general public during the summer. - Great, okay. Thank you, Paul.

36:02

We're gonna go to another live question now. We're gonna ask Leila Paugh to come on the line.

36:09

Give Leila a second to accept the technician's request for her microphone to be turned on. I see Leila has joined us.

36:15

Go ahead, Leila. - [Leila] Hello, my friends. I'm Leila Paugh. I'm a paramedic with CUPE 911 and a proud member

36:22

of the CUPE Ontario Indigenous Council. So I have a question and it was more along the lines of what can I do to help protect myself

36:30

while waiting for the vaccine? - Tara, do you wanna take that?

36:38

- Sure. Yes. Well, I mean, you need to continue doing

36:43

what we are all being recommended to do. So keep your distance, try to stay out of indoor areas

36:52

especially if they're poorly ventilated, where there are lots of people. Wash your hands constantly.

36:59

Mask, again, try to stay out of crowded settings without great ventilation.

37:07

And certainly, in a hospital, for example, the air exchange rates are pretty fast in most places

37:16

where people work but there are issues in a lot of other settings, but we have to keep doing exactly what we've been doing

37:23

all along. And I also wanted to point out, with these vaccines, we don't know yet, we know that they're 100% effective

37:31

in protecting against death. And they are about 95% effective

37:36

in preventing severe symptoms. But we don't know yet if these vaccines

37:42

are going to prevent the spread of COVID, of the virus that causes COVID from one person to another.

37:50

There are early data out of Israel and other places that suggest that looks like it's what is happening.

37:56

We would expect that this might happen, but we probably won't know until the spring, whether they're actually going to prevent spread,

38:04

which means that we don't know yet if even if we're vaccinated, we could still infect others who are not vaccinated.

38:11

So we need to continue with all the measures that we've been using to date.

38:17

And I would imagine that your local, the health and safety expert

38:23

or people who are providing advice for your specific workplace settlement setting would be the ones who would best understand

38:30

what the issues are that you would be facing in the way that you work. And they would have more specific recommendations

38:38

other than the general ones. Does that help, Leila? I'm sorry I can't be more specific.

38:45

- [Leila] No, that does help. It provides a lot of clarity and it just cements that what we've been doing

38:50

has been right all along. So we'll just continue doing what we're doing. - Thank you, Leila.

38:56

- All keep pretending. Yeah, we have to keep-- - Paul, is there anything you wanna add, Paul?

39:01

- Sure, and it's just everything Dr. Moriarty said is perfect.

39:07

This is not the time to be taking our foot off the gas as far as protections in the workplace and measures and procedures,

39:14

especially in light of the new variants. And especially in the general sense

39:20

that we believe that we haven't been provided enough protections. So we wanna ensure that we keep pushing

39:27

for the protections. Don't take your foot off the gas. And if you see any dangers or hazards that are new,

39:34

that are upcoming, that are maybe something you're not sure about, we workers have a right

39:39

to talk to our supervisors and employers and ask questions to try and improve those,

39:45

those measures and procedures. And if you're not satisfied with the answer, you can always reach out to a health and safety committee member

39:51

or the local or the executive to try and understand better how we can ensure those measures and procedures

39:59

are all carried out in the workplace. - Great. Thank you. This next question came in from many CUPE Ontario members.

40:07

The question is will it be mandatory to get the vaccine in order to work?

40:13

What happens if, due to other health reasons, like previous severe allergic reactions,

40:19

members can't get the vaccine and what happens to those folks who don't have a medical reason,

40:25

but just don't wanna get the vaccine? I'm gonna turn that over to our legal representative, Saranjit, go ahead, Saranjit.

40:33

- Thank you very much, Candace. So anytime we're dealing with vaccinations, we can look at two different situations.

40:39

We have a unilateral employer policy or we have a negotiated policy where the union

40:44

and the employer have come together to make some sort of decision. And either case, those policies have to comply

40:51

with the Human Rights Code, the Occupational Health and Safety Act and labor law generally. So on the first two, when it comes to Human Rights Code,

40:59

individuals may require accommodation based on medical grounds either they have allergies

41:04

or they may have issues with pregnancy or other advice they've been given by their doctor.

41:09

So it's very important, if you do have a medical condition or you have medical concerns with regards with COVID-19 vaccination that you go to your doctor.

41:17

It's very important to get that medical advice at the front end. And that way, you're prepared in advance.

41:23

If you require an accommodation, be it either medical or religious, very important to go to your local executive

41:29

and let them know that you require an accommodation so they can make sure they have those conversations with the employer and ensure that your rights are protected.

41:37

There's also a general consideration that employer policies have to be what's called reasonable.

41:42

What is reasonable is largely dependent on where you work and the type of work that you do.

41:48

An arbitrator which is an adjudicator and labor law analogous to a judge,

41:53

they'll look at a policy very differently if it's maybe in a long-term care home with direct care versus a municipal office worker

42:00

or a transit worker that may not have direct contact with individuals in the public.

42:07

So really important when you are looking at whether or not you have to take the COVID-19 vaccine

42:13

or whether or not it can be a part of your employment. And those are two very important differences.

42:20

Now, an employer can't force you to take it; however, they may make it a condition of your employment.

42:26

And if it is a condition of your employment, it has to abide by the Human Rights Code, it also has to be reasonable and also has to be in line

42:34

with your collective agreement. Many of you will be in workplaces that already have vaccination policies.

42:40

Your local may have already negotiated a vaccination policy. So it's very important to know what's in that policy

42:46

to ensure that you are provided, perhaps reassignment, you're allowed to make use of leave,

42:51

if you have the ability to make use of that at that time. So those are the top line things you always wanna go to.

42:58

Is there a human rights code basis for accommodation? Is there otherwise a problem

43:04

with health and safety for you in particular? Is it in line with your collective agreement?

43:10

And finally, is the policy reasonable overall? There's also generally, there's a general rule

43:16

of what's called work now and grieve later, but there are exceptions to that, for example, health and safety.

43:22

If what the employer is requiring you to do is fundamentally endangering your safety, for example, you have an allergy to this particular vaccine

43:31

or another vaccine, the Work Now and Grieve Later, wouldn't work for you. You would want to make sure that you make use

43:36

of your ability to reject unsafe work or reject unsafe policies

43:42

if you do have an allergy. And there's also issues where the grievance procedure may not be able to provide you

43:48

an adequate remedy. Once you've taken the vaccine, there's no real way to go back,

43:54

which is why it's important to be proactive. And I think that covers, Candace, the three parts of that question.

44:00

- Great. Thank you so much. Go ahead, Tara. - Could I be able to add a clari (mic cuts out),

44:06

sorry, just about allergy. I just wanted everyone to know that, in particular, the two vaccines that have been improved

44:14

in Canada right now, the Pfizer and Moderna actually have a really

44:22

excellent safety record for allergies. So, in fact, there are almost no allergies

44:28

that would preclude getting these vaccines. So you can have environmental allergies, food allergies,

44:38

insect allergies, drug allergies, all kinds of allergies. And these two vaccines, because of the way they're made

44:45

are extremely safe under those conditions. Of course, if you have an extreme allergy,

44:51

you'll wanna talk to your doctor and let the vaccination team know but they're prepared for allergies.

44:57

These typically occur within 15 minutes of the vaccination, if they're going to occur,

45:03

but they'll observe you. And you're always observed for 15 minutes after vaccination. They'll keep you longer to keep an eye on you.

45:11

But the only known allergy to this vaccine is a compound called polyethylene glycol or PEG.

45:19

PEG is in a huge number of the products that we use every day. It's in makeup, it's in food, it's in medical products,

45:27

medical solutions, it's everywhere. It's extremely rare.

45:35

There are only five new each year in the US which is a large country

45:42

and they're still rare that most physician, pharmacists, others have never actually seen it in their career.

45:49

And people who have PEG allergies, by the time they reach adulthood,

45:55

will absolutely know about them because there'll be so many things that they can't do, eat, consume.

46:02

And it's a very specific, easily diagnosed allergy even if it's rare. So I just want to let everyone know that.

46:09

There's a lot of fear around allergy, but these two vaccines, in particular, have been fantastic that way

46:16

because they're made with far fewer ingredients than many previous vaccines.

46:22

And so allergy, unless you have a PEG allergy, is not something to worry about for yourselves.

46:30

And I often hear questions about if I'm diabetic, if I'm on blood pressure medication,

46:35

there are no issues with any other medications. And the only thing would be people who are

46:42

on very high dose corticosteroids, for example, as part of cancer therapy,

46:48

they would often be quite ill to begin with so they should speak with their specialist. And in that case, it's not a dangerous situation.

46:57

It's that the immune-suppression that comes from the corticosteroids is likely to make the vaccine less effective.

47:04

So you'd have to be extra careful, if you were vaccinated, to not assume that you were protected because your immune response

47:12

might be suppressed. But I just wanted to clear that up about the allergies is that there's quite a,

47:19

it's not true but there's a lot of information concerned about this that needs to be clarified.

47:24

And in our nightly Zoom sessions, we can answer any questions you want about allergies.

47:31

- Great. - Thank you, Candace. - Okay. Thank you. We're gonna go to another live question.

47:36

We're gonna ask Leila Meskine to come on the line to ask a question.

47:42

Leila, is there, go ahead, Leila. - [Leila] Thank you, Candace

47:48

and thank you very much, everybody. I'm Leila Meskine. I'm from CUPE 4207 Brock University.

47:56

And my question tonight is what can we say about this growing movement of misinformation

48:04

to encourage people not to take vaccine? And what can we do about it?

48:09

- That's a good question. Tara, did you wanna take that? And maybe after, I'll go to Fred as well?

48:16

- I think every single one of us needs to be involved

48:22

in helping get good information out to people. Make sure that you're using good trusted sources

48:31

for your information. And try to talk to family and friends

48:37

who may be concerned. Send them the links to our Zoom calls. There are all kinds of places where you can find

48:45

debunking of a lot of the common myths. And I believe that there may be information on the CUPE site as well related to this.

48:51

And if not, we are happy to provide any resource that you can but we all need to be trying to help others

49:02

get good information, but not be judgemental about it. Recognize that the large majority of people

49:08

who aren't sure just aren't sure. They need more information. They need to be able to make a good decision

49:14

for themselves and others. And we must be respectful of that and not dismissive or angry with people who choose

49:24

or aren't sure about vaccination. People need to be supported and they deserve that support.

49:31

- Great. I'm gonna go to Fred. And then right after Fred, Yolanda. Go ahead, Fred. - That's great, Tara.

49:37

And I'll just quickly add that look, we're in this situation because, well, not just a situation about vaccination.

49:44

The situation we are in the second wave, we're here because of a political failure by our provincial government.

49:51

They had an obligation to be doing public health education when we knew vaccines were coming,

49:57

we knew that for months this was coming. They've completely failed to do that, just like they failed to adequately contact-trace,

50:04

just like they failed to adequately bring in regulations in workplaces, just like they've failed in so many ways.

50:09

When we're surrounded by that kind of thing, it can breed in us a cynicism.

50:16

It's understandable for us to have that cynicism. And I encourage it, frankly, when it comes to the Ford Conservatives.

50:22

But this is not about being cynical about the way in which we can be part of a solution here.

50:30

The provincial government has been failing to do its role but we can actually be part of a solution here,

50:37

not just by advocating at work to have the proper PPE, pushing our supervisors, taking every possible precaution

50:46

in our collective agreements, advocating and using our rights, not just to keep us safe but to keep the public safe.

50:54

That's part of what we can do. What we can do is help to share this information

51:00

about vaccination, share information about these webinars that Tara and others are doing.

51:08

It's why we're doing this webinar tonight. And just keep repeating the message over and over

51:15

that our union understands how how to support our members. But one of the ways we support each other

51:22

is to make sure we have the right information, that we are empowering people with the right knowledge,

51:27

not the misinformation that is there and encouraging us to do what we must do

51:34

to be part of helping to solve this for ourselves and for our communities.

51:40

- Yolanda? - Yeah. Thanks. I just thought I would also add to that piece.

51:45

I was thinking like in 2013, the flu vaccination,

51:52

the rate in an area like Scarborough, North Scarborough like Malvern area where it's predominantly racialized folks,

51:59

like only 10% of folks took the vaccine at that time. And they took it because they didn't trust the system

52:08

or they also didn't trust who was actually giving out the vaccine at the time. And it is a bit like this is historical discussion

52:16

about this that is also included in the conversation about racism and fears of getting sick

52:23

once you have the vaccine and also distrust and our communities

52:31

and our organizations, black, racialized and indigenous folks, absolutely 'cause it's historical, have every right

52:37

to have those feelings inside, but it is incumbent amongst ourselves to be more educated, to talk about it more,

52:45

and then once those folks, in 2013, also had that education and had folks that looked like them

52:52

prepared to educate them and give them the vaccine then the rates of the vaccine increased immensely.

53:01

We do have organizations, we do have communities that are able to do this work and we have to go to our government

53:08

and tell them like we're afraid for different reasons, lots of them are personal, lots of them historical

53:15

and to find ways to do this better so that we have the vaccination.

53:20

Friends have told me they're not getting it because they just don't trust. But it's all about being educated

53:27

and having the discussions and talking to folks around them to encourage them about getting the vaccine

53:33

and our communities that can do it, they've done it before in the past that have raised the rates of having it done.

53:40

And I think we can do it again. - Great. Thank you, Yolanda.

53:45

Okay. So next question. With the emergence of COVID-19 variants being much discussed in the news,

53:52

people have questions about the variants and the effectiveness of the current vaccines against them.

53:58

So how effective are the vaccines we have in Canada against the new COVID-19 variants?

54:06

Tara, did you wanna take this one? - Sure, so right now the evidence we have

54:15

is that the mRNA vaccines, the Pfizer and the Moderna are slightly less effective

54:24

against the so-called UK variant. But the difference is small enough

54:30

and these vaccines are so effective, so much more effective than actually anyone hoped

54:36

they would be, that it is not a huge change.

54:42

There are more concerns about the South African variant, but still, these vaccines are inducing an immune response

54:52

that's strong enough that it's good enough. So they're so good to begin with that we have some wiggle room because of these variants,

55:00

even though the vaccines aren't quite as good against them as they are in the older versions of the virus.

55:08

But, of course, the thing that everyone fears that scientists fear is that if we don't get case numbers

55:15

under control around the world, that as we introduce vaccinations

55:20

and as there are tons and tons and tons of people who are still infected that you're going to select for,

55:28

or you're going to, there are always mutations that arise naturally in all of us, as well as viruses.

55:35

And that over time, we're gonna start seeing variants, new variants emerging that are,

55:43

against which the vaccines are less effective. And so we need to not only vaccinate people fast

55:51

but we need to get case numbers under control by every measure possible. And right now, the most effective measure,

55:58

until we have mass vaccination is the simple public health measures that we're all following right now.

56:04

So we've gotta do both, and we've also gotta really push to bring those case numbers down as absolutely low

56:10

as possible or we're at great risk of something like that happening. We don't know if it will,

56:16

but certainly it would be problematic if it did.

56:21

That being said, Moderna, for example, has started,

56:26

so they've started, mRNA vaccines are very quick to make, the original scientific part of them.

56:33

So they've started making vaccines to recognize these variants and they will be getting ready

56:38

to put them into trial. So this technology is so fast that they may be able to go to trial with them.

56:46

So they've already started that process just in case they're needed. And then all are just gonna have to hope

56:53

against hope and keep using good public health measures.

56:59

- Great. Thank you so much. We had a number of people email in about questions

57:04

and concerns around pregnant women taking the vaccine or women planning to get pregnant.

57:10

Is it safe for pregnant women or those planning to be pregnant to take the vaccine, Tara?

57:18

- So the Canadian, so there are multiple associations

57:23

or colleges of obstetricians and gynecologists that have released statements on this issue.

57:30

One is the Canadian Association, one is the Royal College of Obstetricians and Gynecologists

57:36

in the UK, in the US as well. And all have stated that there is no evidence

57:44

that these vaccines are harmful or pose a risk to pregnant women or breastfeeding women

57:53

or women who are planning to become pregnant. And that based on previous experience

58:00

with mRNA vaccines, it's highly unlikely that there would be. However, we still don't have full evidence yet

58:09

about safety so many women, throughout the world,

58:15

who are healthcare workers and are at great risk have actually chosen to be vaccinated.

58:20

And they are being monitored, so we're gonna know more over time.

58:25

So right now this is, we can't say with certainty that they are safe

58:30

because there's not the evidence to support that but there's also no evidence that they are of any danger

58:37

and it's unlikely that they would be. But this is very much a choice for individual women to make

58:44

in consultation with their doctor. The other thing I want to highlight on the other side of that

58:50

and the reason these societies have all come out with these statements is that pregnancy itself

58:55

is a risk factor for more severe COVID. So pregnant women are 10% more likely to be hospitalized

59:02

with COVID and are more likely to end up in the ICU. And there have been worse birth outcomes

59:09

associated with COVID. So that is a very real and not a trivial risk

59:14

compared to what doesn't look like a a very big risk of the vaccination.

59:19

So this is why many female healthcare workers have chosen and wanted to be vaccinated

59:29

to protect themselves from COVID. This is a decision to make. The other thing about fertility, you commonly hear people

59:36

say that the vaccines affect fertility. There is zero evidence to support this claim.

59:44

This is misinformation. I guess, I don't know if you call it an urban myth

59:50

or whatever you call it. It's all over the place. It's completely untrue. And some of the statements have been made saying

59:58

there's no mechanism to support it. The vaccine doesn't cross the placenta.

1:00:06

Doesn't affect, it's not gonna affect viability of the fetus.

1:00:12

And this has been fabricated out of, like it's completely fabricated,

1:00:18

but there's been a lot of work that these societies have had to put in to push back against that

1:00:23

and say there's nothing true that's being said about it. However, we do know that COVID itself, actually,

1:00:30

there have been some studies that have found that COVID does appear to affect male fertility.

1:00:37

There has been no comparable evidence that's being found for female fertility.

1:00:42

But that's a really common thing that's out there that's just not true.

1:00:47

It's not supported by evidence. So it's not something to worry about. - Great. Okay.

1:00:53

After this next question, I'm gonna start taking people live, just a reminder to try to be as concise with your comment

1:00:59

as possible and to the panelists, concise responses. We have 140 questions and only 30 minutes left to go.

1:01:07

Many members wrote in with concerns about the length of time that they're now being asked to wait

1:01:13

between the first Pfizer vaccine and the second shot. This is a result of the governments having to delay access

1:01:23

to frontline workers because of the supply problem. We have been assured by government and by Dr. Yaffe

1:01:29

who participated in a call that Michael and I were on, they said that the delay time now between the shots

1:01:36

is gonna be going from 21 days to up to 42 days. That has been clinically tested and tried

1:01:43

and is considered perfectly safe and still effective. The government does have research and science studies

1:01:50

on that that can be made available. That was one of the questions I wanted to just provide an answer in that regard.

1:01:57

We're moving on now to Kisha Bokhari. Gonna ask for Kisha to be brought on the line.

1:02:03

And Kisha is there. Please go ahead, Kisha. - Hi, I had asked to remain anonymous,

1:02:11

but I hadn't done it properly but I wanted to ask Saranjit,

1:02:16

you spoke about religious grounds for exemption and medical grounds.

1:02:22

I know in school, children can be exempted also based on conscientious grounds.

1:02:29

Would that be the same in the workplace if someone were to decline the vaccine?

1:02:37

- You have to route it back to one of the enumerated grounds under the Human Rights Code be it either religion,

1:02:42

creed, disability. So it would have to route back to one of those enumerated grounds.

1:02:48

So it'd be a very personalized issue on whether or not, particularly the conscientious ground

1:02:54

can be rooted in one of the enumerated grounds in the human rights code. So definitely a conversation for you to have

1:03:00

with your local and your national representative outlining for them the reasons that you believe

1:03:06

or the reasons that you cannot take the vaccine for on your conscientious grounds. And they'll be able to advise you

1:03:12

on whether or not there is a human rights space, exemption or processing go through (indistinct).

1:03:20

So maybe very personalized. - Great. Thank you. My apologies to you, Kisha. We're gonna go to the next question.

1:03:28

It's from Heather Stewart. Heather is gonna be brought on the line here.

1:03:34

Just give the technician a second to get her up for us.

1:03:42

Oh, it looks like she is not coming on. She might be disconnected.

1:03:50

Okay, so we're gonna go to another question.

1:03:56

How about we go to Jennifer Bailey?

1:04:01

Give the technician a second to get Jennifer Bailey on the line, please.

1:04:11

Okay and Jennifer Bailey is also not on the line.

1:04:17

How about we go to Michelle Johnston? Is Michelle Johnston on the line?

1:04:28

Yes! Michelle Johnston is on the line. Go ahead, Michelle. - [Michelle] I have other questions with regards

1:04:33

to getting the second shot. I'd received the first shot of the vaccine due to being a central caregiver

1:04:39

for my grandmother in a nursing home. I'm due to get the second shot this Saturday.

1:04:44

And I'm just concerned because of the shortage. If I wait too long, do I have to start over again

1:04:51

to get another shot and then do the whole process over? So I'm just not sure where to go from there.

1:05:00

- Tara, did you wanna take that? - So if they haven't canceled yet, just hang on. (laughs)

1:05:07

You might be fine. Many people who have been canceled have already been canceled.

1:05:13

So what I would say at this point is that it's unlikely you would start over.

1:05:23

Most experts would say that if you go out to about 42 days after the first shot, you probably are fine.

1:05:32

They're gonna be monitoring this as this goes ahead. None of us expect, well, we're in a real world experiment, so it's being monitored.

1:05:38

And what would be most likely to happen if people didn't have a level of immunity that we would want

1:05:45

after the second shot is you'd get a third booster later on. So you wouldn't go back to the beginning and start over

1:05:52

but you would probably be put into the line and given a third booster and, scientifically, anyway,

1:06:00

there's good reason to think that this would actually work fine. But, of course, we don't know yet.

1:06:07

We don't know well enough. But otherwise just hang on. (laughs) Hopefully, you're not gonna get the call this week

1:06:14

and you're gonna get the second shot. - [Michelle] Fingers are crossed. Thanks so very much. - Yeah, no problem. - Okay. Thank you so much.

1:06:20

For now, I'm gonna go to Todd Canning. Can we get Todd on the line, please?

1:06:25

Todd is there. Go ahead, Todd.

1:06:31

You're on mute, Todd. - Hello. - Go ahead.

1:06:37

- Sorry, Candace. - That's okay. - [Todd] I'm multitasking here. My question, I'm president

1:06:42

of Education Support Workers Local with York Region District School Board. My question is regards to the notion of students

1:06:51

whose parents may not want them to take the virus or the vaccine rather, and what implication

1:06:58

that means for workers and working in the environment where PPE seems to be minimal,

1:07:06

according to the guidelines, just a medical mask and shield.

1:07:12

Now they're exploring in Toronto District School Board with the notion of N95s. So it's sort of a broad question,

1:07:19

but I'm getting some queries from workers whose anxiety is quite high in working in the classroom

1:07:27

so close because classrooms were never built even in new schools for social distancing.

1:07:33

Thank you to everybody. This is fantastic. We need to do- - Thank you.

1:07:38

Thanks, Todd. Do you wanna add to that, Tara? - I think Paul might be good person

1:07:44

but what I was gonna say is that, I don't know if this is gonna help with anxiety or not but it is extremely unlikely that children

1:07:52

will even be in line for a vaccine until late summer. This is gonna be a non-issue until then.

1:08:03

So perhaps we'll have a lot more information about a lot of things by then.

1:08:08

So that might be a good time for people to, getting into the summer, for people to start worrying

1:08:14

or thinking about this. But for right now, there's absolutely nothing that we can do about it 'cause they're not gonna get vaccinated

1:08:20

until the end of the summer anyway at best, with the current schedule. So it might just be good to wait until closer to then

1:08:32

and then think about it at that time. But I completely understand your worry. It's not a great setting.

1:08:38

- Great. Thank you so much. I am now gonna ask for Ryan Flamand to be brought on the line.

1:08:46

Ryan is on. Go ahead, Ryan. - [Ryan] Hi, I'm from Local 65.

1:08:53

A member of mine just wanted me to ask this evening, she wasn't able to attend.

1:09:00

She's concerned because she gets tested regularly not only for her employment as a healthcare worker

1:09:06

but also because she visits her father in long-term care. - Together as a group, how do we actually achieve power

1:09:15

in our workplaces? It's that collective action. And so it is important that others become vaccinated

1:09:22

to protect you just like it's important for you to become vaccinated to protect others. Just like it's important for me to wear a mask

1:09:29

to protect myself but also to protect others, just like all of these measures, I think,

1:09:35

on some level now you know, I'm a trade union leader, we're all union members but one of the things

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I think about a lot is the way in which the collective nature of the work we do in a union

1:09:46

is actually quite key to a global health pandemic and the collective response we should take

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to support one another through these challenging times. And that's the importance of having all

1:09:59

of your coworkers supported to feel like, not only can they get through this together

1:10:05

but that we can do everything together that we can to protect ourselves and each other

1:10:11

and the people we come in contact with at work and the people we come in contact with in our communities.

1:10:17

That's why I said earlier it's part of that collective responsibility we share as union members,

1:10:23

but also as just folks who live in communities who care about each other.

1:10:31

- That's great. Thanks so much. And for those of you who are asking about information regarding Dr. Moriarty's nightly Zoom calls,

1:10:36

you can find that information on the CUPE Ontario website. It is there and readily available.

1:10:42

Just for the technician, I'm going to go to Grace Hammill, and then after Grace, we will go to Ed Thomas.

1:10:49

So Grace, please go ahead. You're on.

1:10:58

- [Grace] I'm hoping my headphones are working, good. I'm from Local 4948 and Library Service Workers,

1:11:08

and we asked some questions in regards to the right to refuse. Is the right to refuse still valid

1:11:15

if you're instructed to work with others that have refused to take the vaccine

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due to their own personal beliefs?

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- Paul, do you wanna take that one or Saranjit?

1:11:31

- Your refusal to work with someone who hasn't received the vaccine is entirely dependent

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on the precautions that are in place already. If the precautions aren't going to protect you.

1:11:45

And if this person is likely

1:11:51

has not been screened or there are people that you're engaging with the public

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where you have no idea if they've come into contact with someone with COVID-19 or if they are positive or if you're providing,

1:12:04

I know you're a library worker but those who provide care to people with COVID-19, if there's a risk

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that that is involved then that risk has to be assessed in each circumstance

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to determine what protections have to be in place to protect you. And just on the grounds that a person

1:12:27

has not had a vaccine might not be enough to, for the Ministry of Labor to uphold a work refusal.

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But if you have a reason to believe

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that the protections that are in place right now are not protecting you, you certainly have

1:12:48

the right to engage the work refusal process, but a lot of that, whether or not the ministry

1:12:55

will uphold that decision is based on determining if the protections that are currently available are enough.

1:13:02

So if you have any concerns and you feel as if you're not in danger

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at the present moment, it's good to have a conversation with someone who's really familiar with the workplace protections like a member

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of the Joint Health and Safety Committee because they are engaging with the employer to always try and find the best possible precautions

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that are available. And if some of those precautions aren't there and there's a likelihood that you could get COVID-19,

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they'll be there to counsel you and to help you understand if those precautions are enough.

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- Great. Thank you. Okay, next, I'm gonna go to Ed Thomas,

1:13:45

and then after Ed, we're gonna go to Donna Lamb. So Ed, you're on, please go ahead.

1:13:56

And you are on mute, Ed.

1:14:07

Okay, maybe we'll let Ed get his technical difficulties figured out and we will bring on Donna Lamb.

1:14:16

Donna, you just need to unmute yourself. And then you're good to go.

1:14:24

Go ahead, Donna. - [Donna] Oh, I'm just trying to remember what my question was.

1:14:29

If a person chooses not to get the vaccine, will they always be at risk for the COVID?

1:14:36

Will this virus ever be gone? - Probably not, probably not.

1:14:47

This virus is around. Unless we can eradicate it in every part of the world,

1:14:55

it will likely be around with us for a long time. And vaccination is probably one of the only ways

1:15:04

that we will be able to prevent people from getting it constantly.

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It's just like measles is not eradicated around the world. And if we're not careful and our vaccination levels go

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below a certain percentage of the population, measles comes roaring back. And so that is likely what will happen with COVID-19

1:15:28

or COVID-20 or whatever-- - And we have the strains. - But that's really. Yeah, exactly.

1:15:36

Yeah. No problem. - Thank you. - Okay. That's great. Before we go to our next question,

1:15:42

there are multiple questions coming in about people with allergies, multiple kinds of allergies.

1:15:47

And is it safe for people with multiple kinds of allergies to take the vaccine? Several questions on a range of allergies.

1:15:54

Please go ahead, Tara. - Yes, so the only allergy that is a concern

1:16:01

for these vaccines is polyethylene glycol or PEG.

1:16:07

And it is so rare that there are only five new people each year diagnosed in the US.

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And we don't even see a new case of it every year in Canada, because we're a smaller country.

1:16:19

It's extremely rare. Anyone who has this allergy would know

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long before adulthood. So if you can take,

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it's in most over the counter medications, it's in Tylenol, it's in cold medications.

1:16:37

I mean if you take over the counter medications, you're probably fine for PEG.

1:16:42

But there are no allergies, no drug allergies, no environmental, food or insect

1:16:49

or any other kind of allergies that are a problem for the two mRNA vaccines.

1:16:55

We don't know for the others yet but these mRNA vaccines are fantastic that way.

1:17:01

So I hope that really puts a lot of people's worries to rest. - Great. Thank you so much.

1:17:07

We're gonna go next to G Fourkiotis. I'm sorry if I have not pronounced that properly

1:17:14

but G Fourkiotis, go ahead. - [G] Hi, my question is can the employer make people

1:17:20

with current accommodations return to in-person work once you've been vaccinated?

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- Is that a question for Saranjit, perhaps? - I think it would largely depend

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on why you were accommodated with the work from home, if it had to do with a medical condition,

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was it a physical restriction and whether or not those accommodations are still needed in order to protect your rights,

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be it, is it disability, is it religious, is it physical, does it have to do with COVID-19

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or perhaps some other responsibilities that you have, with family status accommodation, for example.

1:17:58

So what you you'd wanna look at is why was the original accommodation needed and whether or not those factors continue to exist

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and if they continue to exist, there's a case being made that the accommodation should continue and there will be, of course,

1:18:12

a conversation around undue hardship. And undue hardship, it's a legal principle, it's relatively opaque but it's pretty much

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an arbitrary line that eventually an arbitrator would draw saying the employer has done enough

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and the next step is unreasonable. And we're always trying to push to make sure

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that as much accommodation is provided so individuals have the rights protected under the code.

1:18:38

So at a high level, you wanna understand what were the factors that led to that accommodation being needed and whether or not those factors

1:18:45

continue to exist. And then you'll be able to have an answer on your personal circumstance.

1:18:50

- Great. Thank you so much. We're gonna now go to Mary-Rita.

1:18:56

Mary, give Mary a second to come on. Mary, you are on the line.

1:19:01

Please, go ahead. - [Mary-Rita] Hi. I'm Mary-Rita. And I'm a Local 4092, which is CUPE flight attendant.

1:19:09

And I just wondered is anyone on the panel hopeful for a Canadian-developed vaccine,

1:19:15

especially with all the delays that is happening right now?

1:19:21

- That's a good question, Tara, please go ahead. - I can respond to that.

1:19:27

So we do have a couple of Canadian vaccines that have made it through preclinical.

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So this is the stage before it even goes into humans, and one that is in the very first stage.

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They are probably at least a year out if they work.

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So lots of vaccines will fail

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after that initial first or second there. The problem is that like everyone else,

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when all this started last spring, everyone was going as fast as they could. But as we know in research, 90% of experiments fail

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and everyone was just going in parallel on their best ideas they had

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and we were just hoping that something was gonna work. So we don't have a guarantee that these will work.

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And although it is possible, there may be some measures taken

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to be able to produce some of the vaccines in Canada. And some of the old, there's an old research facility

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in Montreal that's being refurbished with the possibility of it being used to make vaccines

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for an existing vaccine owned by or patented by another company that might allow production elsewhere.

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So we don't know, but we're pretty far out with the Canadian versions.

1:21:00

- Great. Thank you so much. We're gonna go to Marie-Michele Vaillancourt.

1:21:06

Marie-Michele, go ahead. - [Marie-Michele] Okay. Hi.

1:21:11

I was wondering what's the difference between the RNA messenger vaccine from Pfizer and Moderna

1:21:21

and the more traditional ones.

1:21:28

- Very quickly, mRNA vaccines are, first of all, they've been around for a long time.

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They've been used and developed for cancer treatment and versions of them were used to try

1:21:43

to develop vaccines for SARS as well as MERS, which was another coronavirus that came along.

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They're different than previous vaccines in that previous vaccines,

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they tended to be part based on making a tiny part of the virus outside

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and then approaching for example, or some little piece of it and then injecting it into people,

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just like we would if we got a splinter and we introduced something into our bodies that caused an immune response, the same idea,

1:22:21

and our bodies would react to that and we would develop an immune response. With some of these methods, there are some materials

1:22:29

and some things that are in these tiny pieces of the viral product, that can themselves

1:22:38

cause some allergic reactions in others, which is part of why some of these vaccines

1:22:44

cause allergic reactions. The mRNA vaccines, mRNA is like a photocopy

1:22:52

or a Post-it, or it's kind of like a wanted poster image

1:22:57

of the face or the code of the virus.

1:23:04

It's highly unstable. So one of the tricks you're making these vaccines was to get it into these little fatty droplets

1:23:10

that we could put into our body, inject where it wouldn't break down right away.

1:23:16

Once it gets into our cells and our cells start making a little bit of that viral product,

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not the whole virus, just a tiny little piece of it and then that drives the immune responses.

1:23:28

So they're much cleaner. They have far fewer ingredients in them that could cause cross reactions.

1:23:36

But in addition, one of the great benefits of them is that technically they're extremely fast to develop

1:23:42

and test new ones at the very early, basic wet lab scientific stage.

1:23:49

The trials and everything take exactly the same amount of time as other vaccines.

1:23:55

But that early stage we can do it much faster than historically, we used to for other vaccines.

1:24:01

But otherwise, some of the immune responses are quite similar.

1:24:06

The other really good thing about the mRNA vaccines is that they've been highly effective in older adults

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and many vaccines aren't which is why sometimes older people have to have high dose flu vaccine, for example.

1:24:19

And so these vaccines have turned out to be really good at causing immunity in older adults.

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So this is also why we're lucky that they came along now in terms of protecting older adults.

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Most of us are probably going to see the other vaccines unless where essential caregivers or working with,

1:24:39

or in those high priority groups. And those vaccines are probably going to be good enough

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for most of us. There is some possibility that if someone may have an allergy to some of the more traditional vaccines

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that they may have access to the mRNA ones. But we just don't know yet. That hasn't been sorted out because there is

1:24:59

no other vaccine that's been approved yet in Canada. So once there is or if there is,

1:25:06

then we'll have to have those conversations then. - Great, okay.

1:25:11

Thank you very much. We promised you that we would keep it to 90 minutes tonight. We are at the time limit.

1:25:16

So I wanna thank all of our panelists but I'm gonna turn it over to CUPE Ontario president, Fred Hahn, to say some closing remarks.

1:25:24

Fred? - Thanks, Candace. I just wanna say thanks to all the panelists. I wanna say thanks to all of you for tuning in.

1:25:29

I know this is, we answered as many questions as we could tonight, but there are many more. I wanna encourage you and remind you,

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that if you go to the CUPE Ontario website, cupe.on.ca, you will find information

1:25:43

about how to access Dr. Tara Moriarty and the work that she is doing with others

1:25:48

so that people can ask more questions. You can share that through your workplaces. I wanna say thank you to our interpreters,

1:25:55

both our ASL interpreters and our French language interpreter tonight.

1:26:00

And I really wanna thank all of you. These are challenging days, but I know all of us on this call recognize

1:26:07

that our members are part of working frontline in our communities to keep our communities going and to keep our communities safe.

1:26:14

You are all doing incredible and vital work. I am so proud to be in the same union with all of you.

1:26:21

These are difficult and challenging days but I know that we can get through this together.

1:26:26

Always know that you can rely on your local union, on your national staff rep on specialists in CUPE,

1:26:32

that we will try to provide and connect resources like the ones to Dr. Tara Moriarty and others in the community.

1:26:38

And just a heartfelt thank you to you all for joining tonight, for the work that you're doing.

1:26:44

And please, take care, stay safe and have a good night.

English (Canada)

This is “**Exhibit C**” mentioned and
referred in the Affidavit of
Jasen Gannon
Affirmed this 20th day of March 2023

DocuSigned by:

BA093A15477944D...

.....
A Commissioner for Taking of Affidavits

2020-033

MEMORANDUM OF AGREEMENT

BETWEEN

THE CORPORATION OF THE CITY OF WINDSOR
(Hereinafter referred to as the "Corporation")

AND

LOCAL 543, CANADIAN UNION OF PUBLIC EMPLOYEES
(Hereinafter referred to as the "Union")

The Corporation and the Union are committed to the health and safety of its employees, while providing services to the community. As such, the Parties agree as follows:

1. a) The Corporation shall determine the staffing required to ensure the efficient operations of services.
- b) Where possible and at the sole discretion of the Corporation staff will be given the opportunity to work from home. Every effort will be made to assign impacted staff, unable to attend work due to Covid-19, duties at home.
- c) Where possible and at the Corporation's sole discretion, the staffing requirements shall be on a rotational basis, with the first rotation being scheduled from the least senior to the most senior. If possible, those employees who have already worked shall be in the next bi-weekly rotation
- d) Each Department shall develop a schedule conducive to their needs and operation, including hours and shall provide the Employees with the Schedule. The Parties agree to waive Article 16, Point #3 in the Letter of Intent dated February 4, 1992 and any Memorandum of Agreement that alters or amends the Working Conditions in Article 16.
- e) For purposes of this Agreement, the work week shall be Monday to Sunday, 40 hours per week, 37.5 hours per week 35 hours per week or 33.75 hours per week, with two (2) consecutive days off. Any hours the Employee works beyond the schedule identified above in a week, shall be considered overtime.
- f) Shift premium shall be paid in accordance with the Collective Agreement.
2. a) Those employees who are not at work must be available and in condition to work when called.
- b) If an Employee refuses to come into work or the Corporation is unable to contact them at the contact information on file effective the date of this Agreement or the Employee does not return the call, on two (2) occasions, the Employee shall be placed on a Personal

CONFIDENTIAL
543, Local Members

Page 2 of 4

Leave of Absence without pay for the duration of this Agreement (Employee can choose to use sick time (if applicable), vacation time or banked overtime), unless the reason is beyond the control of the Employee and the Corporation agrees, at which time they receive one (1) more chance.

3. a) Employees, whether at work or at home may be reassigned/redeployed to classification/duties that the Corporation deems them qualified for and the Corporation



requires them to do. Employees will be qualified in order of Corporate seniority, starting with the least senior employee in their department.

◀ Untitled

10:45 AM

70%



at the contact information on the effective date of this Agreement or the Employee does not return the call, on two (2) occasions, the Employee shall be placed on a Personal

Page 2 of 4

Leave of Absence without pay for the duration of this Agreement (Employee can choose to use sick time (if applicable), vacation time or banked overtime), unless the reason is beyond the control of the Employee and the Corporation agrees, at which time they shall receive one (1) more chance.

3. a) Employees, whether at work or at home may be reassigned/redeployed to a classification/duties that the Corporation deems them qualified for and the Corporation requires them to do. Employees will be qualified in order of Corporate seniority, starting with the least senior employee in their department.
- b) The fact that the Corporation has deemed an employee qualified for a classification/duties is specific to this agreement only.
- c) If required an Employee may be assigned to perform duties in Local 82 if nobody in Local 82 is available and the work is deemed required to be done by the Corporation.
4. a) When an employee is reassigned/redeployed to a different classification/duties in Local 543, they shall receive their regular rate of pay, including when assigned to work in Local 82, as per 3(c) above.
- b) Employees shall be notified of a change of shift or hours in accordance with Article 16.02, unless the change is required due to an emergency agreed to by the Parties. Should it not be agreed to and Management still deems it to be an emergency, the Employee shall be paid overtime and 2(b) above shall not be enforced.
5. Employees shall be paid their regular biweekly wage for the duration of this agreement, regardless of the job they are performing.
6. The Parties agree to discuss any terms and conditions of this agreement as follows:
7. This Agreement shall expire when the COVID-19 pandemic has been deemed to have ceased by the Medical Officer of Health in Windsor
8. This Memorandum of Agreement is made without prejudice or precedent and without admission of wrong doing by any Party, and shall not be raised at any future arbitrations, proceedings or hearings, so long as the terms and conditions of this Agreement are being followed.

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Morning Drive - Mayor Dilkens

Mon, Mar 20, 2023 . 2:08 PM 9:07 Owner: Cheryl Yakem

SUMMARY KEYWORDS

vaccinated, policy, windsor, city council, working, workplace, vaccine, border, doug ford, city, numbers, september, testing, october, united states, unwind, mayor, board, precautions, drew

1 Speaker 1 0:00

Joining us for chat about all things local and international as well as Windsor Mayor drew Jenkins drew our numbers for COVID. Kind of not through the roof, but like a little startling over the weekend 90 something back down to I think 34. Yesterday, the fourth wave is here as the mayor of the city, like, Are you sitting in your office going Yikes, this is not good.

2 Speaker 2 0:26

Well, you know, I'll tell you, it's a little bit frustrating only because we have vaccine available. So people, the majority of folks who are actually testing positive, who need to go to the Assessment Center, who are attending hospital are actually those who are unvaccinated. And so the frustrating part is that we have the tool we have the resources available now to make sure that we can protect these people. And the fact that they are choosing not to get vaccinated, just it's disheartening, because there's there's there's no reason for them to get sick. And so I just encourage everyone, get your vaccine, take the precautions, the Delta variants is nothing to, you know, to laugh at it. It's serious virus but I know all those folks out there who are vaccinated, they want to get back to normal, they want to move on with their life and go on vacations and, and you know, do all the things that they're used to doing. And it's going to be very, very difficult, I think, for any government now to to walk backwards and think about a lock down in the future. So please, please, please if you're not vaccinated, get

0:00



1x



9:07

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announced yesterday that municipal employees were in Windsor, you're encouraging them to obviously get Vax, vaccinated as we're hearing on AM 800 The workplace vaccination policy came out yesterday. So I don't know I see mandatory workplace vaccination policy for all city employees by September 7. But for those who are not vaccinated, bi weekly testing will be required. See, the whole mandatory thing? Why did you not go decide to not go to the next step, just just do like a real mandatory policy that if you if you're not vaccinated, you don't work.

2 **Speaker 2** 2:18

So when city council did yesterday, Mike and Lee approve this unanimous list, ask administration to draft the policy with respect to workplace COVID vaccinations in the workplace. And so they will spend the next couple of weeks preparing that policy looking at what the federal government is doing, look at what the provincial government is doing, looking at what the city of Toronto is undertaking. And all of the big five banks, you know, this is a place where we're all going to get to, and when City Council cities prepare policy for our workplace, 2500 employees distributed across many, many sites throughout the city, and come back to us and show us what this policy is this this space, and this issue is changing hourly. So I would expect by September 7, when this when this work is done, things could change dramatically between now and then. And then what will happen on September the seventh, or shortly thereafter, city council will review the policy, likely of you know, approve a sensible policy, and then there'll be a time period for implementation. So for perspective in the city of Toronto, the policy that they've implemented, takes effect at the end of October, you know, much different situation with 40,000 employees on their end. But at the same time, we've got to have the process in place to manage the flow of information to be able to manage the testing, and everything else that will be required. So this is a first step. And I think it's fair to say, we know we're gonna get there without you know, hopscotching around and trying to, you know, appease everybody, it's like, let's just get there, let's come up with a policy that's going to make this work that's going to be effective that gives vaccinated workers in our workplace, the comfort that those are interacting with inside the workplace are safe. And for the public who is coming in, they know that our staff is safe as well.

Yeah, and I mean, sooner rather than later. Yeah, I mean, because you're saying maybe the end of October, but some of the modeling, of course, that's being announced by the province. And there's some confusion over those numbers saying up to 1000 cases a day in Ontario by like the end the the end of the first week in September. So by the end of October, we could be like, you know, up to our elbows in COVID variant cases and people in the hospital.

2 Speaker 2 4:32

Yeah, I agree. And I'm not, I'm not suggesting that we will do and make our policy effective at the end of October. I just use Toronto as an example where they have a big workforce, and it's going to take them that amount of time to put all the systems in place to do the testing. We'll do what's right for us and we'll choose the date that's right for us and Windsor. And City Council also said Please, to all of our agencies, boards and committees, the police and Edwin and all of the other organizations that we send board members over to for both organizations all consider a similar policy as well. And it's worth noting that organizations within the city of Windsor like transit, Windsor, y que je Windsor International Airport, because those two bodies are federally regulated, they already have an obligation to set a policy in place. So they're diligently working on that to meet the the federal requirements that were spelled out just a couple of weeks ago.

3 Speaker 3 5:21

Okay, well, more thing. We've been wondering this, and it's trending on Twitter this morning. Where is the premier? Where is Doug Ford? Have you heard from him lately?

2 Speaker 2 5:33

I haven't talked to the premier for more than a month. So I gosh, I hope the guy is getting a good vacation. It's been a rough 18 months for him and anyone who's in a leadership role. So I hope he's having a, you know, time to unwind. And as you say, the numbers look like they're ramping up for the fourth wave. It's going to be a difficult time for government and anyone in leadership, and I



6:03

Okay, well, I'm not done yet. I got other questions.

3 **Speaker 3** 6:06

Sorry. Sorry to get in the way. Go, go. Go right ahead.

1 **Speaker 1** 6:11

What? No, what's one of the processes now that have to take place in order to replace Dr. Wajid Ahmed, who is in charge of our local health unit? I mean, you know, are you now looking for somebody else?

2 **Speaker 2** 6:24

Well, we're not involved with that directly as a city council. So we appointed several city councilors to sit on the board of the health unit, and there's county representatives, and there are provincial representatives. And so that board needs to undertake recruitment. And I would expect, you know, being in the middle of a pandemic, as soon as they get word from Dr. Ahmed, that he's leaving, that there, they're working diligently to get a posting out and to do a recruitment sooner rather than later. In and then

3 **Speaker 3** 6:49

also in more, okay,

1 **Speaker 1** 6:53

young, I'm getting on it. The border, the border is a huge issue. And I know that you're saying, you know, the US government needs to treat the border between Canada and the US and Mexico and the US differently. Well, 1,000%. But is Joe Biden gonna listen to you on that?

2 **Speaker 2** 7:09

I don't, I don't know. You know, clearly they have issues. Clearly, there are geopolitical issues right now at the federal government, the United States with what we see happening in Afghanistan, and they're dealing with with that, and

were crossing the border seeking a better place, a better life in the United States. And I know, their teams are, you know, seeing numbers like they've never seen and dealing with that. And that's a problem. But if the hope is that the United States is going to find some resolve to open their borders, and it's going to be harmonious, the North and South, northern and southern border, and you know, we're going to wait until all of that takes place, I fear, the border here will be closed longer, when it doesn't need to be. And we have great vaccination rates here, we're working to make them better, but they're certainly higher than the United States. And we can follow the rules in Canada or in the United States, we can wear a mask, we can keep distance, you know, we can we can take all of the same precautions. And so really, the United States needs to find a pathway and communicate a pathway, much like Doug Ford did, you know, back in May, when he said, here are the three stages that we're gonna go through to reopen and he put the numbers in place and the metrics and the percent of people that have to be vaccinated before we move forward, if they would just transmit what those rules are. I think everyone could sort of look at that, except that and then know we're working towards some reopening framework, but the ongoing closures is, is it's hard to swallow I think for a lot of folks who are still waiting to reunite with their family who may not be able to come to Canada at this time. Okay, Mike, stay



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by your good now because Dan McDonald is coming on in a minute. You're
good. Thanks, Drew. Troops Elkins, Windsor Mayor every with us every Tuesday
and we'll talk to him again on Thursday. We'll see you could ask questions. Leah
wants to to ask that.

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Windsor council considering 'matching and mirroring' Toronto's mandatory vaccination policy for all city staff



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Updated Aug. 20, 2021 5:20 p.m. EDT
Published Aug. 20, 2021 2:06 p.m. EDT
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WINDSOR, ONT. -

A day after the City of Toronto announced mandatory vaccinations for all municipal employees, the conversations in Windsor are picking up steam. Windsor Mayor Drew Dilkens says council will meet Monday in-camera to discuss the issue.

"I would expect that we are tracking very quickly towards matching and mirroring what's happening at the federal level, the provincial level and at other municipalities across the country," says Dilkens, who says the decision will ultimately lie with council.

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“I’m not going to make this decision,” he says. “I want council to be behind it.” In Toronto, Mayor John Tory announced all city staff will be required to be fully vaccinated against the disease by Oct. 30.

Dilkens says the conversations are already taking place at a high level and will likely evolve over the coming week.

“I think you have a lot of the majority of folks who are being vaccinated who do not want to be held back, that this was not an effort in vain,” Dilkens tells CTV Windsor. “The way to do that is to try to apply as much common sense pressure on individuals who are on the sideline to get the vaccine or get tested. One way or another, there’s got to be some obligation to get us all over this collective hump together.”

The mayor acknowledges it’s not a decision to be made abruptly, but says time is of the essence, with the rising case counts and the prevalence of the more highly contagious Delta Variant.

He also acknowledges a system would have to be put into place to manage any mandatory vaccine program that will ensure effectiveness.

“It’s not a simple thing where you can just make a decree and it’s done. There has to be many processes put in place to make sure it’s effective,” Dilkens says.

It’s a conversation Windsor’s medical officer of health is fully behind.

“I think that’s definitely a great move and we know that vaccination is the number one defence you can have against COVID-19,” says Dr. Wajid Ahmed.

“Having a much broader policy that is everywhere, it just makes it easy from an implementation perspective, from a safety perspective. And I truly want to support everyone who is moving in that direction, because it’s the right thing to do.”

Union leadership at CUPE 543, CUPE 82, The Windsor Police Association and The Windsor Professional Firefighters Association are also actively engaging with members and speaking with provincial and federal union leadership about what the next steps might look like.

“There are members, and it’s a good percentage, that are absolutely against the vaccination and they’re entitled to their opinion. And they’ve made it crystal clear they have a personal choice,” says CUPE local 82 president Rob Kolody. “It may be a minority, but we do have an obligation to fight for that. And their rights are as important as everyone else’s.”

Kolody says in the meantime, respecting each other’s opinions on the matter is key as divisiveness will not be helpful in establishing a policy or framework that will respect people’s rights and collective agreements.

“There’s going to be members that actually believe there should be a mandated vaccination,” he says, noting a system could be developed that puts safeguards in place without mandating vaccines and removing personal choice from individuals. “But we will see what the powers to be will make that decision.”

The Windsor Police Association (WPA) is expecting a mandate will be put into place but has received no direction from the service or city.

“It’s definitely a balancing act and we need to be part of the conversation,” says WPA president, Shawn McCurdy.

Dr. Ahmed recognizes there will be push back from employees who feel it’s their right to choose.

“I truly hope that people understand that there are certain obligations. You can have your own personal choice, but when you’re talking about your own choice impacting others, you have to take consideration,” Dr. Ahmed says. “You can not do that and put others at risk.”

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CITY OF WINDSOR CONSIDERING A POLICY FOR VACCINATED EMPLOYEES

RUSTY THOMSON

Published date: Thursday, August 12th 2021 - 10:16 am

Modified date: Thursday, August 12th 2021 - 10:16 am



Photo: (AM800 file photo)

The City of Windsor is looking at a return-to-work policy when it comes to COVID-19 vaccinations involving city employees.

Mayor Drew Dilkens told AM800's The Morning Drive that they're looking at what it would take to provide a pathway for those who are fully vaccinated to come back to work, and those who aren't might have to get testing.

Dilkens says they're looking at the mechanics of [what's being done at Windsor Regional Hospital](#).

"It's a little more complex in a city system because you have 2,500 employees who are spread through different facilities," he says. "Someone has to manage the flow of information based on those who are vaccinated and track records."

Dilkens says they're also looking at the legalities of tracking the flow of information and vaccination records.

"We would certainly want to take a leadership role, to the extent that helps other businesses say 'you know what? The city is doing it, the hospital is doing it, maybe we should consider doing it.' That may be an effort to help get more people vaccinated which is our ultimate goal," he says.

Anyone who works or volunteers at Windsor Regional Hospital has until Sept. 7 to disclose their vaccination status.

Staff who are not vaccinated or refuse to disclose their status will face mandatory COVID-19 testing twice a week and must share the results with the hospital.

Those who fail to follow the new mandate could lose hospital privileges or even their jobs.

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UNION LEADERS REACT TO PROPOSED CITY OF WINDSOR VACCINATION POLICY



AM800 NEWS

Published date: Tuesday, August 24th 2021 - 9:11 am
Modified date: Tuesday, August 24th 2021 - 9:13 am



Photo: (AM800 file photo)

Union leaders representing city workers and Windsor police officers are responding to a proposal from the City of Windsor for a **mandatory COVID-19 vaccination policy**. President of CUPE Local 543, David Petten, believes it's wise for the city to proceed cautiously on this because it's such an important topic.

"It's important that we get it right. Providing that option right now I think works best until we have more information in terms of our members that are vaccinated or unvaccinated or still in the process," he says.

Council has approved a motion directing administration to put together a policy that would include city workers and extend to the Windsor Police Service and Enwin.

Windsor Police Association President Shawn McCurdy says as things stand, it's still a voluntary decision for members, but they have had preliminary discussions with their senior administrative staff.

"Obviously we have to keep in mind public safety, our members safety, and we also have to balance that with our members rights and freedoms under the charter," he says. "So, I can tell you that we're working with our senior administration to come up with a policy." The proposed policy would see bi-weekly testing required for those who are unvaccinated.

Petten says his members are keenly interested in vaccinations, like many in the community.

"We have members that are supporting vaccinations, we also have members that have potential medical issues that would make getting a vaccination difficult for them. And of course we also have members who have certain religious beliefs that are not comfortable at this point getting a vaccination," he says.

McCurdy says he's heard from officers on both sides of the fence of the issue, which is why they need a policy that balances public safety with an individuals choice.

"In here at the police service my understanding is we've had a high vaccination rate amongst our members, similar to what's gone on across the province," he says.

"However there are those members who might be medically exempt or would like the right to choose to make that decision."

CUPE Local 543 represents roughly 1,200 employees, and Petten says the union wants to a part of this decision.

"I think that's probably the best way to make these types of initiatives successful is that if you bring all of the stakeholders around the table then hopefully we can come up with something that works for everyone," he says.

Petten adds that prior to the Mayor's announcement they did have one meeting with senior administration staff on the topic and hope that continues.

The Police Association of Ontario is giving guidance and seeking legal advice in regards to vaccination policies, and McCurdy says they may see something in the coming days.

"I imagine we will have something in place in the coming days in regards to that.

Nothing official here at the Windsor Police Service yet that's mandatory, but we are actively communicating in regards to it," he adds.

Mayor Drew Dilkens says council has asked administration to bring the policy back September 7.

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Local News

Windsor to mandate vaccination or twice weekly COVID-19 testing for city employees

Julie Kotsis
Published Aug 23, 2021 • 3 minute read

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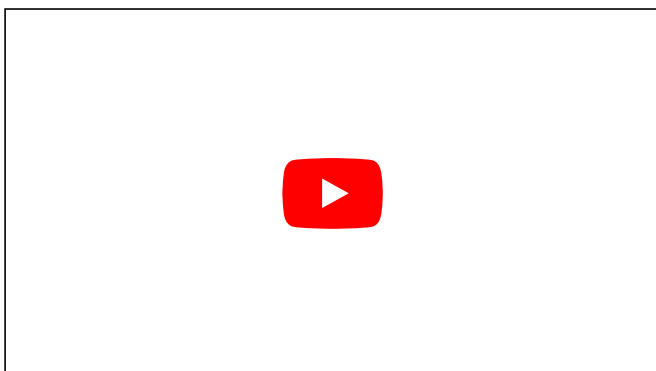


Gemma Fontanin, a nursing student at the University of Windsor, administers a COVID-19 vaccine at a pop-up vaccine clinic in Windsor, Ont., Aug. 23, 2021. PHOTO BY GUY LAWRENCE FOR THE WINDSOR STAR

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Windsor will soon require all city employees to be vaccinated or to submit to bi-weekly testing.



With a unanimous vote during a special city council meeting Monday, city councillors directed administration to draw up a mandatory workplace vaccination policy for all City of Windsor employees.

“In order to take a leadership role, we wanted to make sure that, from a city council perspective, that administration was preparing a policy,” said Mayor Drew Dilkens.

“They’re going to have a policy back no later than September the seventh to city council and then council will decide whether that policy hits the mark and when the policy should be effective.”

Dilkens said there is a responsibility as an employer to make sure employees are coming to work with the “best protection, which is being vaccinated or undertaking testing that shows that they are free of the virus before they come into the workplace.



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“This is really a workplace issue,” he said. “Because we have 2,500 employees and they’re distributed across many different worksites, it’s complex to track this type of information.

“But we need to set the systems in place to do that, recognizing that we’re probably going to be dealing with different variants of COVID for the coming years.”

In a statement Monday, the County of Essex said all of its staff must have at least one dose of COVID-19 vaccine by Sept. 7, and must be fully vaccinated with two doses by Oct. 30.

The policy applies to everyone employed by the County of Essex, including all who work with Essex-Windsor EMS and Sun Parlor Long-Term Care Home.

As well, the policy applies to all contractors and visitors to County of Essex facilities.

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Mike Galloway, County of Essex CAO, said the step is being taken for the health and safety of county employees and the community at large.

“A fourth wave of COVID-19 fuelled by the Delta variant is at our doorstep, and vaccination is our most effective weapon against severe illness and death,” Galloway stated.

“This is how we can save lives and reduce the pressure on our health-care system.”

Exceptions to the policy will be made, but only for employees who have a medical exemption or “a bona fide religious objection under the Ontario Human Rights Code,” the County of Essex stated.

In Windsor, some city employees — such as those at Transit Windsor and Windsor Airport — are federally regulated and already must comply based on federal rules, according to the mayor.

STORY CONTINUES BELOW

Dilkens pointed out other municipalities, such as the City of Toronto, and some private employers have already developed mandatory vaccination policies.

Windsor is looking to establish a framework, modelled on a provincial directive for Ontario Public Service employees, that will apply to city employees who fall under provincial jurisdiction.

Agencies, boards and commissions — Dilkens said for example Enwin Utilities and the Windsor Police Service — will be asked to consider the same type of policy.

“So this really just puts a little more pressure out there to say, if we’re all going to do this, let’s provide a framework that we all agree to ... so that people in the workplace understand what the policy is and that it’s not too different from place to place,” he said.

STORY CONTINUES BELOW

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The policy will also have to include what the repercussions are if someone refuses.

“There are legal opinions that say employees could lose their job at the far end of the spectrum if they refuse to undertake this type of testing. That’s not where we want to go clearly,” Dilkens said.

“What we want to do is just make sure we have sensible protocols in place, recognizing we’re still in the middle of a global pandemic.

“As people come back to the workplace, I think it’s fair that we have policies in place that make sure that co-workers have comfort.”

Dilkens said he believes the majority of city employees will be fully vaccinated when they return to work for those who don’t want to get vaccinated or have human rights exemptions or medical exemptions, “we are sensitive to that.

“And the policy will spell out what that looks like moving forward,” he said. “But at the end of the day, we want to take a leadership role.”

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Speaker 1

And it's just switching over from the health unit meeting to this meeting. So he'll be along very, very quickly, if you will, call the special meeting of council to order any disclosures of pecuniary interest on this agenda, then noted moving into committee the whole move by councilors Jack and Gill all in favor post and that's carried any requests for referrals, referrals or withdrawals.

00:00:24:17 - 00:00:55:20

Speaker 1

Then noted presentations and delegations. We have four on the list. First up regarding at 10.1 the COVID 19 vaccination policy is dependent to be local. 543 President Good afternoon, Dave. Hello, Mr. Mayor. So I just wanted to say thank you to you, Mayor Dilkens and members of the Council for giving me the opportunity to address you this evening on a vitally important issue for our community and certainly for my members.

00:00:56:08 - 00:01:21:12

Speaker 1

I am sure I speak first of all, when I say that our community is anxious to move beyond this pandemic. People are tired of dealing with this issue and all the disruptive and sadly devastating impacts it's had in our collective will be. So we are appreciative of council's efforts to help us move beyond one to process my comments by saying that I know on this topic I believe that we share the same common goal.

00:01:21:16 - 00:01:48:25

Speaker 1

However, where we differ at times is in the method we use to achieve that goal. For our part, to be national, to be Ontario, and to be five for three are proponents of vaccination, and we have encouraged our members to participate in educational webinars. On the topic of vaccination and vaccination policy, we know how important it is to provide the best information possible so that everyone can hopefully make an informed or more informed choice on vaccination.

00:01:49:09 - 00:02:16:20

Speaker 1

There is a lot of information out there that our members and our community are being bombarded with, and understandably, it can be hard to separate what is real and factual from what is false and harmful. So good education that addresses the many concerns that people have is paramount. We have stated to administration and indeed to the public that our number one priority is the health and safety of our members and indeed the community we serve.

00:02:17:05 - 00:02:42:09

Speaker 1

However, if we can satisfy that concern, then our next consideration is what options we can explore that makes it the least harmful or least disruptive to our members and in particular their livelihoods and the services we provide. The report to counsel speaks about breaking the virus's chain of transmission and suggests that testing is less adequate or desirable than vaccination.

00:02:42:26 - 00:03:11:00

Speaker 1

However, where I feel this policy and report requires more investigation is if there is a viable system where both vaccinated and unvaccinated people can safely carry out their work duties. I feel that the policy before you, which some may say constitutes a choice, does not really feel like a choice for people living paycheck to paycheck. As some of my members do, I'm not an expert in human behavior, but I've learned a few things during my lifetime.

00:03:11:00 - 00:03:34:18

Speaker 1

And when it comes to people feeling forced to make a choice, oftentimes they dig in rather than comply. And that's what worries me about this policy. What we would advocate for is to remove the suggested timeline and to have a more

00:03:35:27 - 00:04:00:20

Speaker 1

This is the policy that has been implemented by upper tiers of government, both provincial and federal and indeed a number of municipalities. And in the case of Huron Lodge, is the current practice as required by the Ministry's directive number six. And although the administration was the city of Hamilton as a municipality having a similar policy, it appears they are following through with a policy of education and mandatory testing for the unvaccinated.

00:04:01:15 - 00:04:30:00

Speaker 1

I believe what would be more fruitful and more likely to achieve our goal is to offer robust educational program to dispel the untruths about vaccination. And if we can maintain a safe working environment for all to explore the possibility of mandatory mandatory testing policy, it seems to be working if you're in Lodge and other workplaces. I don't want to see people without income or services to be disrupted unnecessarily because of this policy in its current form.

00:04:30:13 - 00:04:52:06

Speaker 1

So I will conclude with this thought. Throughout this pandemic, many of you have praised my members and indeed all city staff for their dedication and contribution to a all hands on deck approach to keeping our community moving forward. It has been very difficult and very taxing, to say the least. But they stepped up and they did it. When it comes to this issue.

00:04:52:07 - 00:05:22:10

Speaker 1

Let's make sure that we're implementing the least harmful policy that maintains our safety and well-being. Truly. All city staff deserve our best efforts to move us beyond COVID 19. Thank you for your time. I appreciate it. Thanks very much, David. Rob Collodi, a local local 82 president. Good afternoon. Good afternoon, everybody. Thank you, Mayor Dilkens and Council for the opportunity tonight as president and importantly for outside workers.

00:05:23:08 - 00:05:55:06

Speaker 1

I think tonight really what I'm asking council to look at in adding in to the policy that was offered up by the department is an ability to have testing within it for people that are choosing not to be vaccinated. I think after speaking with most of the associations and the unions, that's what we're looking at. We all understand there needs to be a policy put in place, but there should be an option for people that are choosing not to be vaccinated.

00:05:56:03 - 00:06:22:29

Speaker 1

And we're looking to have some form of testing in there. What it looks like we can have that discussion, but we absolutely believe that there should be some form of testing. And I know I was reading through the report and under the employee relations risk factor, it's listed as low risk. And I would suggest once you hear from the associations in the unions, we're probably not in the low risk factor for sure.

00:06:23:27 - 00:06:49:05

Speaker 1

We're going to probably be looking at something much different than that. And I know it's suggested that we're going to have issues regardless, and I don't know that that's the case either. If we can get some form of testing in here, we can all we can all be together on this issue. And I think it'd be a great opportunity for everybody to get together on it, have the policy put in place to keep people safe.

00:06:49:14 - 00:07:13:08

Speaker 1

we're asking is at some form to have testing for people that are unvaccinated in this policy. And I won't keep too much time here, but that's what we're looking for from our local. I think you're going to probably hear the same thing from all the other associations and unions.

00:07:14:02 - 00:07:36:10

Speaker 1

We didn't have much time to prepare for this, I don't think, given the councilors did so. And but in the end of it all, we want to see some type of testing for unvaccinated people. Thank you. Thanks very much for your comments. Next. Chris Martin, the president of the Windsor Professional Firefighters Association. Hi, Chris. All right, Mayor. Good evening, everyone.

00:07:36:22 - 00:08:08:07

Speaker 1

I guess it goes without saying the reason why I'm addressing city council this evening, and I strongly believe a huge oversight will occur by the city's decision to not include testing the testing option for the employees who wish not to be vaccinated with the city's COVID 19 vaccination policy. Regular testing for employees who wish not to be vaccinated is a proven accepted option in a number of municipalities and workplaces around Ontario, the municipalities of Wolf and Hamilton to name a couple.

00:08:09:00 - 00:08:35:19

Speaker 1

For Windsor not to include this option in their COVID 19 vaccination policy shows a disregard for a very effective policy, which would satisfy all safety concerns for our citizens and employees while respecting the city of Windsor's employee's decision not to get vaccinated. It has been accepted medical evidence by every medical authority, not whether you're vaccinated or not. The person can carry the virus.

00:08:36:07 - 00:09:02:03

Speaker 1

Knowing this simple fact clearly reveals that if you truly want to provide a safe working environment for all employees and citizens for the City of Windsor, knowing that a person is carrying the virus is the best evidence for stopping transmission, the necessary safety precautions can take place. Knowing that variable your recognizing non-vaccinated people as a threat, as a to a safe work environment.

00:09:02:03 - 00:09:25:23

Speaker 1

That is what this vaccination policy is kind of showing. I will not get into whether your assumption is correct or not, but you do have a method to eliminate that assumption by providing testing for people who wish not to be vaccinated, which will fulfill your responsibility to provide that safe work environment. This option of testing must be added to the policy.

00:09:25:27 - 00:10:05:21

Speaker 1

We can debate the science regarding the different aspects of the COVID virus and that for days as people are doing. This is simple. There is an acceptable method of testing available for employees that people who wish not to be vaccinated, which will satisfies everyone's concerns and accomplish the goals, providing again, that safe work environment, not just an option I do believe will be without a doubt a poor decision that will cause unknown but certain future problems for the city of Windsor's employees and families and citizens.

00:10:05:21 - 00:10:17:07

Speaker 1

Please reconsider adding a testing option. And thank you for your time. Thanks very much, Chris. And Gail Jones, president of Canoe. Good afternoon, Gail.

Speaker 2

I good evening. Your worship and counsel. I really appreciate the opportunity to speak tonight. I I'm here to the president of Canoe on behalf of the nonunion employees of the corporation, many of whom are high level professionals and managers in our workplace. We have the same joint concerted priority with the city. We want to provide a safe, welcoming, equitable work environment for employees, and we still want to provide the same high level services to the public, our customers.

00:10:50:17 - 00:11:10:03

Speaker 2

But I'm here tonight to speak to this policy because we don't want to see our members fail. We have great concerns that this policy is adopted, as is without further consultation, revisions and a discussion regarding the risks and resources required to implement it. And that is what possibly could occur. And I don't think any of us want that here.

00:11:10:15 - 00:11:45:06

Speaker 2

It's a very important topic. We understand the need for urgency, but we cannot allow swiftness to trump thoroughness, proper consultation processes and attention to detail. Canoo participated in several information sessions regarding this policy. Initially, the corporation advised that we were developing a policy that would start with the survey and include a system which would encourage members through education feedback to be vaccinated and then would provide for accommodation as well as testing of unvaccinated and partially vaccinated staff.

00:11:45:25 - 00:12:17:14

Speaker 2

That approach was thorough and addressed health and safety concerns in a much less obtrusive fashion and is totally in line with what most of the other majority of municipalities and public organizations are doing that we've reviewed. The corporations we note that are taking an approach along this line with testing and education are Hamilton Peel Region, Sarnia, University of Windsor Thunder Bay, City of Mississauga, Kitchener, Regina, Waterloo, Cambridge, Niagara Region, Aurelia and City of Wealth, just to name a few.

00:12:18:13 - 00:12:45:11

Speaker 2

This obviously looks like a well-researched, thorough approach, and given the amount of municipalities proposing and adopting this approach, why are we not adopting a similar approach? That is the predominant approach of Ontario municipalities? On September 7th, we were surprised to find out the Who's approach shifts dramatically and that testing would no longer be included. And we were given very little time.

00:12:45:11 - 00:13:06:09

Speaker 2

We finally received a copy of the policy on Monday, September 13th, and were given just over a day and a half to provide input. Yesterday, H.R. advised that given some concerns that input an update to the policies would not be considered prior to council approval. We agreed that the city is a leader in the community and must set the tone.

00:13:06:09 - 00:13:30:13

Speaker 2

It's very important. However, it should also be cognizant of the important and divisive nature of this topic and the need to ensure full opportunity for discussion and consultation. Additionally, to compound things, we want to note that other members a group of health and safety advisors in human resources who weren't our members were not given the opportunity to provide input on this policy.

00:13:31:02 - 00:13:51:21

Speaker 2

These are a group that is likely the most knowledgeable in our preparation about COVID health and safety measures, and they did not get input likely due to the speed at which this went through, not because there probably wasn't a desire,

00:13:52:00 - 00:14:17:25

Speaker 2

They do so much, there's only about six of them in the corporation. They deal with accommodation. WSIB, Merit matters, and they've dealt with so much throughout this pandemic. Putting the extra responsibility on them is not reasonable. We have to look at what additional resources need to be done to help address this going forward. If we're going to put this policy in place, it needs to be addressed or it will not be safe.

00:14:18:04 - 00:14:37:20

Speaker 2

Also, it's our understanding that very little meaningful input was sought from the corporate managers, and these are the ones that deal with our corporation and know it backwards and forward on a day to day basis. If all of a sudden on November 15th, we don't get the desired effect and a bunch of people are put up on unpaid leaves, what are we going to do in certain areas?

00:14:38:03 - 00:15:02:03

Speaker 2

We're already dealing with temporary staffing concerns and we are not be able to keep up with them. We don't have enough people in our employment pool to deal with even the vaccination clinics, let alone trying to deal with filling those vacancies. These are things we must consider. The testing option would really allow to balance some of that. So ask for employee relief.

00:15:02:16 - 00:15:25:26

Speaker 2

So. So these are all things that should be noted and consider. We're considering risk on this policy. So I'll ask you today to either defer this and allow for more consultation or to at very least include the testing component and consider the resources needed and staffing to ensure we can thoroughly implement any policy appropriately that we put in place.

00:15:26:03 - 00:15:28:02

Speaker 2

Thank you so much for the opportunity to speak.

00:15:28:26 - 00:15:36:06

Speaker 1

Thanks very much. For members of Council, that concludes the delegates for this evening. Questions of the delegates. I have Councilor Julian.

00:15:40:09 - 00:15:42:21

Speaker 2

My question is to administration. Mr. Mayor.

00:15:43:05 - 00:15:55:19

Speaker 1

Thank you. Questions of the delegates of Administration and Councilors Jack or City Councilor Shashank. Was that for the delegates? Yes, it is. But please.

00:15:55:29 - 00:15:58:08

Speaker 3

Thanks very much and good evening, everyone.

00:15:58:08 - 00:16:02:04

Speaker 1

00:16:03:20 - 00:16:04:24

Speaker 3

Dave, you sort of spoke.

00:16:04:24 - 00:16:06:04

Speaker 1

About outreach there.

00:16:06:17 - 00:16:08:04

Speaker 3

What is to be done so.

00:16:08:04 - 00:16:45:08

Speaker 1

Far locally outreaching to other members of 543? And, Rob, if you want to chime in on that as well, to what kind of outreach have you done in regards to vaccinations and the are you talking about the Public Health Ontario message that it was quite clear that they should be vaccinated and moving forward? So so certainly for us, I mean, and this would probably include Rob as well, but we're basically working through our upper tiers of QBE that kind of have the expertise and knowledge and the resources to be able to provide appropriate information.

00:16:45:09 - 00:17:14:13

Speaker 1

So, for instance, a recent webinar that was hosted by the Ontario had legal experts, health and safety experts, and also an infectious disease expert to be able to address our members and to try to answer some of those questions that, you know, people seem to be struggling with both our members and people in public in terms of some of the misinformation that's out there.

00:17:14:21 - 00:17:38:26

Speaker 1

And I'll tell you, so the last meeting that we had or the webinar that Ontario provided, it lasted for an hour and a half because that's what it was scheduled for. But there were thousands of people on that because of folks across Ontario, and there was over 2300 questions that were posed, which obviously there's no way even in a lifetime, maybe you'd be able to answer all those questions, but definitely not in an hour and a half.

00:17:39:06 - 00:18:14:23

Speaker 1

So we rely on our our upper tiers of QBE to be able to put together those information packages. They have fake news and other resources like that that our members certainly have access to to be helpful in providing the right information. Thanks, Dave, and I appreciate that. So so. So no local meeting, no town hall meeting or anything or the email blast out to the members in regards to this to date or as I said, that we're sort of waiting for this policy to happen first.

00:18:15:16 - 00:18:41:07

Speaker 1

Well, as was kind of mentioned by Gail, it kind of fell upon us rather quickly. We had some preliminary discussions with administration, but we had not seen the actual policy. And so we received that very recently. We did send out information to our members ultimately to provide input as we were asked to provide input by Wednesday. And so we did that.

00:18:42:12 - 00:19:18:03

Speaker 1

And, you know, we were actually having a town hall tomorrow evening for our members to walk through whatever Policy Council decides on. And because we thought this is actually going to happen Friday morning. And so we're

give us a confirmation later. But what do you think from the union side of the House is the vaccination rate amongst the local 543 members and local 82 members?

00:19:18:12 - 00:19:39:17

Speaker 1

And what what would your percentage number be? So. That's a really good question. And I know administration has put a survey out there to get that information. We also put out a survey to our members to try to get a better understanding of vaccinated versus unvaccinated and perhaps some of the reasons why one might not get fully vaccinated.

00:19:40:14 - 00:20:09:02

Speaker 1

But the only the only problem with surveys is that it's just picked up by people who are or or answered by people who are interested in the topic usually. So it's not something that is a statistical measure that you can rely upon. But what I can say is that there were quite a few members that answered that survey that suggested that they were not vaccinated or fully vaccinated.

00:20:09:10 - 00:20:34:23

Speaker 1

And there were also members who suggested that they did not wish to become vaccinated. But in terms of my guess that a percentage I'm assuming that we're a microcosm of society and, you know, we're probably trending somewhere close to where Windsor rates are trending right now. I would assume. Okay. Thanks, Dave. And I know that, you know, the figures today was about 81 and a half percent with one dose and close to 75 with two doses.

00:20:34:23 - 00:20:56:29

Speaker 1

So you might be looking at anywhere from 10 to 20% of your members here are moving forward. And you really feel that testing is is an option that that the unions really would like to go forward? Well, I think it's been explored by other municipalities in adopted by other mass valleys. And it's also, you know, been adopted by the provincial government.

00:20:56:29 - 00:21:28:08

Speaker 1

And as I mentioned, directive number six, which applies to our long term care facility at your lodge, That is a mixture of education and also mandatory testing. The federal government has come out with a similar policy. So what we're saying is, you know what, let's let's make sure we do our homework and we put forward the least harmful proposal to members, and that allows them to continue to do the good work that they do for our community.

00:21:28:08 - 00:21:50:12

Speaker 1

And if we put in the right policy, then hopefully that then allows for us all to be safe in our work environments. And and of course, in consideration of the public, we serve as well. Okay. Thanks, Dave. Then you worship, That's all I have a lot of questions for administration at the appropriate time. Thank you, counselor. Any other questions of the delegates?

00:21:50:12 - 00:22:19:22

Speaker 1

Councilor Mackenzie. Thank you. Your worship, I guess, Dave or Rob, thank you for being here this evening as well. And Chris as well. And Gail, actually all of them. I have a couple of it'll be the same question for all of you. I'm able to ask you to run through your answers when we look at it. So Councilor Kaushik asked about, you know, the the rate of vaccination within your within your membership.

00:22:20:26 - 00:22:48:09

Speaker 1

And I think that those numbers are not 100% clear. But even just based on the feedback that you've been getting from your members in direct contact, how would you quantify or what would you care? How would you characterize the

00:22:48:09 - 00:23:00:04

Speaker 1

How effective could I the education piece, be in convincing some of those folks who are currently choosing not to vaccinate ultimately to to make that choice?

00:23:02:15 - 00:23:38:03

Speaker 1

Maybe I'll ask you to start, Dave. Okay. You know, I'm I'm I think knowledge is power. And so I'm certainly highly supportive of good education. And I think that that would be very helpful here, especially as, as I mentioned in my statement, you know, all the misinformation that's out there about vaccines and the efficacy and the safety of those vaccines, I think it would be, you know, very important for the city to engage in it in a in a good educational program for for members.

00:23:38:03 - 00:24:04:06

Speaker 1

But it has to be something more than a five minute video that that people are instructed to to watch. It has to be something that's robust, that speaks to the concerns that they have. And, you know, I've I've had members that have contacted me crying on the phone because they think they're about to lose their livelihood. But they're, you know, fearful of getting this vaccine.

00:24:04:06 - 00:24:38:07

Speaker 1

The this vaccine in I, I don't question their sincerity. I feel the sincerity in their concern and their worries. Unfortunately, I'm not an expert to be able to, you know, suggest that, you know, that their fears are not warranted. But I think if if the city with its resources can, you know, have the appropriate experts and to be able to address members or to provide opportunities for members to have one on ones with experts, I think that would be helpful.

00:24:38:07 - 00:24:59:17

Speaker 1

And it's not that it's needed for all city workers or or my entire membership, because obviously there's a proportion, as Councilor Kaushik alluded to, it's not that we're not talking necessarily about thousands, I don't think, or I hope not, but we are talking about a percentage that might need that little extra support to get them to where they need to be.

00:25:00:17 - 00:25:13:07

Speaker 1

So if I were to bottom line, I do think a robust education campaign could be effective in moving people from giving people the appropriate level of information they would require in order to feel comfortable vaccinating. I believe so, yes. Okay, Rob, same question.

00:25:16:00 - 00:25:50:13

Speaker 1

Thanks for the question. I, I would love to see the educational behind it. People, again, they need the information and far too often we're getting information. We all know it on Facebook. You'll see something come through and it'll be completely off the wall. So the proper educational absolutely. I would support 100%. We can get to the point where maybe people are fully vaccinated within our workforce by doing that, but also maybe phasing it in at some point with starting with testing and getting that educational so that people are getting the proper information.

00:25:51:02 - 00:26:19:14

Speaker 1

And again, it is about getting the proper information of people. So absolutely, I would support that. Gail or Chris, would you care to chime in because I'll take that. It was a little different for firefighters, obviously. I think a lot of you were

00:26:20:01 - 00:26:42:21

Speaker 1

So I don't know all of you were aware of that. Actually, Steve, our chief, our guys were getting vaccinated on the ridge. We were driving around the reach, getting vaccinated. There was a high in the province promoted vaccination so to the if of the international with so there was a high kind of educational push rate at the first phase.

00:26:42:21 - 00:27:09:01

Speaker 1

So I don't know the numbers, but I assume the vaccination rates are high and the fire department are ready. There would be a smaller percentage of people that are not vaccinated. The educational rollout you have right now, a lot of the firefighters are deep into that just because we're a medical responding department. So but I, I encourage all kinds of knowledge.

00:27:09:01 - 00:27:40:04

Speaker 1

I'd like to see, you know, my members get as much information as they can so we can make informed decision effective. It's going to be with the remainders. I'm not sure I can answer that at this time. I and thanks for that, Chris. I guess in through you, your worship. I guess what I'm trying to trying to gauge is the extent to which even in just the correspondence that you've been getting from your members and I'm not suggesting that you had a role to play in sort of untangling some of the myths that that some folks are, because you're not an expert in that field.

00:27:40:04 - 00:28:11:14

Speaker 1

No, nor am I. But, you know, just in terms of that feedback or the is there is it folks who just are making a fear among your members a clear choice that that is educated, that understands the science behind it and choosing not to do it? Or is it is it from what you can glean, you know, the result of the choice that some folks are making or maybe a majority of the folks that are choosing to not vaccinate, Is it is it in your perspective or from your perspective based?

00:28:11:26 - 00:28:40:26

Speaker 1

You know that an education campaign would really benefit those folks, all the remaining the people I've talked to today, there is a group of people that talk to me on a regular basis. So I mean, to say that they're not educated like I mean, they do follow it up the best they can with the information they can. But again, a robust educational thing right now with the remaining members, which is a little percent in the fire department right now.

00:28:41:08 - 00:29:04:06

Speaker 1

And of course, I'm going to encourage anything it takes. But like I said, the effectiveness, I would still there'd be a number of members that I think, you know, would still believe what they believe. So that's why for me, the reason I'm asking for the testing, right? Because I don't know, like, I mean, every day, obviously we go differently.

00:29:04:06 - 00:29:26:06

Speaker 1

So when we respond to the public, even if we do medicals, you know, we're in our PPE, right? So we have a mask on. We have our own. You'll see us in the same way, you know, personal protective gear that we have with as your mask. So we're not really like, you know what I mean? We're completely protected from all kinds of viruses from because of the barriers.

00:29:26:20 - 00:29:51:27

Speaker 1

So the testing was more for, you know, to allow an acclimation for, you know, my members. You know, that's why I

know, when I die, I just want to give the members that are not vaccinated every opportunity to come to terms or, you know, the policy and everything.

00:29:52:05 - 00:30:05:01

Speaker 1

And that's why it was so important for me to have the chance to be part of it. Just for those remaining members that are hesitant. Thanks, Chris. Gayle, you're the feedback that you're getting from folks that you represent.

00:30:06:09 - 00:30:34:29

Speaker 2

Thank you, Counselor. I guess from my I guess from my standpoint, I'm going to kind of echo with what the other gentleman said here tonight, that an education campaign is, could it be effective with some of my members? Yeah, possibly, because the one thing I don't want to do is stereotype every person that is potentially partially vaccinated or unvaccinated or doesn't want to share their vaccination status.

00:30:35:09 - 00:31:04:03

Speaker 2

There can be different reasons for that. But there are some that I do think that a through education campaign could be helpful to and very welcoming, and they could they can really welcome that. I also think in addition to that, it's the responsible, proper step for the corporation to take. I reviewed many, many municipalities, as I noted, and every single one of them had an education component of it.

00:31:04:28 - 00:31:27:20

Speaker 2

There's a reason for that. So racism to do, even if some people aren't going to listen, if we have that available, it's showing that the corporation of the City of Windsor is taking every set they can to be to to teach, to be fair, to be responsible, and to give every opportunity to their employees to learn, because we're trying to keep people safe.

00:31:27:20 - 00:31:33:03

Speaker 2

That's what we're trying to do at the end of the day. And if education helps keep some people safe, it's the right step to take.

00:31:33:22 - 00:32:11:19

Speaker 1

I think, scale and and to be clear and I'm sure you've read the policy, it does indicate that there will be a an education component to to this and I certainly if it is indeed adopted and I certainly be asking questions to our administration on that front. One other question that I do have is I wonder to what extent and I understand that some of what's being articulated is the result of your members or some of your members, you know, expressing their concerns with respect to the policy and being the mandatory vaccination component to it.

00:32:12:01 - 00:32:44:28

Speaker 1

How many have you had? Many members also express concerns who are vaccinated about working alongside colleagues who have chosen not to vaccinate. And I'll just open that up to whoever would like to respond to that. I can start actually, if it's okay. Councilor, we've had a couple questions in regards to that, but I think that's mitigated by the testing, right?

00:32:45:25 - 00:33:08:02

Speaker 1

Because if somebody is coming in in the morning and they're getting tested, it's going to indicate whether they have COVID or not. So actually they're safer by that person being tested daily who hasn't been vaccinated rather than somebody that's vaccinated coming in. They don't know whether they have COVID, because we all know that they can't

00:33:08:21 - 00:33:31:20

Speaker 1

They're not tested that morning. So once you explain it in that fashion to the member, I've had two members in the entire local that have said, what about if I'm working with somebody that is unvaccinated? And once you explain that fashion to them, they start seeing that, you know what, that makes sense. And then you start looking and peeling it back, getting tested.

00:33:31:20 - 00:33:53:06

Speaker 1

It makes sense. It really does. It's it's a compromise. And I think every union and association in this corporation could fully support the policy that was being put forward by H.R.. And I'll go back when this was first rolled out to us, Gail pointed it out. It did have testing in it. We were all on board with that.

00:33:53:06 - 00:34:16:15

Speaker 1

We had a great conversation with h.r. And then it started becoming well, it's going to be too difficult to do. We all know it's going to be difficult to do, but we're not talking about a huge percentage of the corporation that's going to need the testing and it is going to be difficult. The last 18 months have been difficult and it's making it even further, separating and dividing.

00:34:16:15 - 00:34:38:20

Speaker 1

When you talk about having people that are essentially going to be terminated and it says unpaid, But let's be real here. How long is the unpaid going to go on? When when is 13 weeks become 26 and then they're just terminated? We don't know what is the cut because COVID is not going away next year. We thought it was not going to be here.

00:34:38:20 - 00:34:59:08

Speaker 1

This. But we know sitting here right now, we're going to be dealing with this for the next year or two years in some fashion. And then you're talking about people that for 20 years they might have 20, 25 years. They're going to be sitting at home, all that knowledge, all that experience. And it just seems to me that we can all be on the same page.

00:34:59:23 - 00:35:27:27

Speaker 1

We can all support this across the board, which is not normally typical of all the unions and associations administration, council. Everybody could support this if it had simply had testing in it. So when else want to comment? Well, I guess I'll I'll jump in. Yeah, I have had I'd like to say that there's two sides to this issue.

00:35:28:15 - 00:35:57:00

Speaker 1

But what I've learned rather quickly from my membership is that there's about 100 sides to this issue. We have members that are concerned about working along side on vaccinate IT members, but we also have members who are fully vaccinated that support testing of unvaccinated members. And we have people that believe that everyone should be tested, whether you're vaccinated or not, because they believe that's the safest approach.

00:35:57:20 - 00:36:24:21

Speaker 1

So, you know, we've basically, like I said, we have so many different viewpoints on this. But my my point is and I think the others have similar points in that if there is a way that allows us to be safe at work and offer testing, that allows unvaccinated members to still be able to do their work, that's what we would like to be explored by by administration.

00:36:25:02 - 00:36:56:08

And as as Rob's, you know, I speak so truthfully about is the knowledge that these people have. These are yeah, I know we may all have a stereotype of what we think an unvaccinated person is, but I can tell you that we have some very dedicated and caring workers for the community who feel that at this time they are not able to get vaccinated based on on the information that they have on the issue.

00:36:56:18 - 00:37:14:25

Speaker 1

And so, you know, it would be such a loss for the city. And I would hate for services to end up being disrupted because, you know, we're not exploring those other potential options that keep us all safe each day. Gail or Chris.

00:37:14:25 - 00:37:42:17

Speaker 2

I guess all go, I haven't had a lot of people reach out. I echo what they've said. Everyone that reaches out to me is a very different, very different opinion there. There are a few that feel very strongly about vaccination and have vocalized that to me. There are a lot of people in comparison that reached out to me that are scared on earth of losing their jobs.

00:37:42:27 - 00:38:20:25

Speaker 2

People that have been dedicated employees and professionals in our corporation, people managing our departments that are scared of losing their jobs right now, their fear or non willingness or not wanting to get vaccinated has nothing to do with not wanting to keep other people safe. And I think if we put something in place that allowed us to make sure the other coworkers in the workplace were safe and we didn't become more trusted than we need to be and what we put in our policy allowing that testing, I think that's the best way to go forward.

00:38:21:13 - 00:38:51:23

Speaker 1

Thanks again. And answer your your question before they the topic of the vaccination policy came out, there was no divide much in the fire department. You didn't hear about it too much. We were continuing we have obviously the screening. It was two guys months ago got vaccinated. Was it an issue? Sure is. The policy came out and all of a sudden these fears came and then like you said, there was a little bit of a divide beginning.

00:38:52:03 - 00:39:11:17

Speaker 1

It's not very prevalent in the fire department right now, but I'm not going to say I haven't heard that question. But when it was brought up earlier and I think I brought it up myself, think we both know that whether you're vaccinated or not, you could carry the virus. Right. And they're using that as saying, well, you know why?

00:39:11:25 - 00:39:36:26

Speaker 1

Because I thought there was going to be a testing aspect of it for the people who didn't want to get vaccinated for their concerns about the vaccine. But they're saying, like, you know, well, you know, the people who are vaccinated could do it. So they're starting to buy. I think if you could get the testing in there, you know, because obviously there's a concern in your policy about the people that are not vaccinated.

00:39:36:26 - 00:40:13:07

Speaker 1

And if that testing can get in there, I think that will kill like a of that issue of that, you know, that divide or segregation starting. Thanks, Chris. Thank you. Worship. I do have questions for administration thank you other questions for the it's just important. Thank you. And maybe I'll start with David. There's a lot of discussion tonight in the way the conversation is going is just sort of safety at work.

00:40:13:07 - 00:40:35:15

Speaker 1

herd immunity. And part of this is a responsibility to the broader community. And I think as unions, all four of the owners have always been forward facing in the community, always ahead with helping out the community.

00:40:35:27 - 00:41:02:21

Speaker 1

One of the goals and we saw it when vaccine passports were mandated, you know, vaccination rates skyrocketed the next day. So one of the goals of this policy, as well as others, hopefully that follow suit is to create the herd immunity and to reach that 90%. Does what what what position is the union take in trying to achieve that goal?

00:41:02:21 - 00:41:28:20

Speaker 1

Because it's not just about ensuring a test goes so far. It just tells me today that the people working on site are safe. It doesn't tell me that they will contribute to that percent and keep the broader community safe. And it actually delays hitting that herd immunity and allows for more variants to come in and it slows the effect of the vaccine for everyone else.

00:41:29:01 - 00:42:02:17

Speaker 1

And I think I think we all even just judging by the conversation so far agree on the science we just came from health Utah meeting where we went through again a lot of the sites. So I'm wondering where the unions stand on so far as the herd immunity and encouraging them through this policy to get vaccinated, not just to show up at work and to ensure that the workplace is safe on any given Monday, but to ensure that the larger picture we reach of herd immunity start with day by day story.

00:42:03:09 - 00:42:35:03

Speaker 1

Thanks, counselor. You know, I certainly you know, we are certainly cognizant, cognizant of the importance that, you know, we have as many people vaccinated in our society as possible. I think where we start to draw concern, though, and this is, you know, kind of typical philosophy in life is, you know, we we feel that the best way to achieve compliance is is through education.

00:42:35:03 - 00:43:23:25

Speaker 1

And and through inviting people to be a part of the solution as opposed to, you know, delivering an option that feels forced. We are talking about some some, you know, people putting something in their body and that obviously causes extra concern for people. We kind of feel that we can get there with with good education. But, you know, if we're going down the lines of people feeling that they're being forced to do this and, you know, I'm not talking necessarily the legal concept of being forced, but but the feeling that if I can't enjoy my my livelihood or I can't support my family, you are not really giving me a choice.

00:43:23:25 - 00:43:44:11

Speaker 1

And I really don't think in the end that that's actually going to get us to that herd immunity. I believe that, you know, we are not at the end of this virus. We are not in a position to be able to say, if you do this, we can guarantee that things are going to get better. I don't think we're at that point yet.

00:43:44:11 - 00:44:36:07

Speaker 1

We're a global community. It depends on much more than Windsor writes getting to that level in order to be able to protect, you know, our community and communities abroad. I mean, this is a global pandemic. It requires global consideration. And we all know about the disparities in the world. And access to vaccines in other countries is limited. Those are those are, you know, probably some of the more important areas that we should be focusing on is making sure we're providing vaccines to other communities around the world, as opposed to here where we are enjoying relatively

00:44:36:07 - 00:45:00:01

Speaker 1

need to be, but kind of forcing someone to into that position, I don't think serves society well at all. And and so that's that's kind of where we kind of draw the line or raise the concern. So just let me follow up and before even others want to chime in, you mentioned, you know, the education piece, and I'll agree with you.

00:45:00:01 - 00:45:30:26

Speaker 1

And as Councilor McKenzie pointed out, there is an education component to this. And what you have been struggling with, the education piece across different area codes, things like that, where there's uptake if we were to put a date on it. I mean, right now it's it's a November if we were to to extend it to give the time for the education, would you still be against it Because this is this is where the conundrum comes in because if we're for the education piece, then eventually there's a deadline and.

00:45:30:26 - 00:45:54:25

Speaker 1

So whether the deadline is November 15th, December 15th or January 1st, for sure, there has to be an understanding that we're not talking about opinions here. We're not talking about 100 different views on this. There's science that tells us something that is absolutely correct here, and we're not going to be able to dance around that. Getting that message out to members obviously, is important.

00:45:55:05 - 00:46:25:15

Speaker 1

If we had that time, would you then concede to a date where mandatory vaccine is fine for your members? So I think probably I need more information, to be quite honest. I need to know what numbers we're actually dealing with and I don't think we have that understanding yet. And I think that will inform or could better inform some of the decisions that Council will make is if we actually know the numbers that we're dealing with in terms of being vaccinated and the reasons why they're not vaccinated.

00:46:25:15 - 00:46:58:24

Speaker 1

And, you know, we haven't really discussed this so far tonight, but obviously we all recognize that there are human rights code considerations here in terms of exemptions for medical issues and and based on creed. So so I would like to have a better understanding of what you know, what aspect of society are we dealing with in terms of being able to say, okay, these are the folks that need exemption, these are the folks that would benefit from tailored education?

00:46:58:24 - 00:47:32:21

Speaker 1

Right? I'd like to have a better understanding of that. But I still believe in other, you know, other areas of society in terms of other governments and things like that have also done their homework. And they believe that testing is a way to be able to allow us all to safely exist in the workplace. And if you can provide me with with science and information that suggests that, no, that is not a good approach, then you know what, I will jump on board.

00:47:33:07 - 00:48:05:22

Speaker 1

But right now, given that other municipalities and other levels of government see this as a viable approach, then I can't I can't suggest that I would be on board for a mandatory vaccination approach until that science kind of proves otherwise. You hope that answers the question. Yeah. Okay. Thank you, Robert. David. Sorry. Other questions of the delegates. The administration.

00:48:05:22 - 00:48:09:05

Speaker 1

00:48:10:24 - 00:48:50:01

Speaker 2

Thank you, Mr. Mayor. Through you to Vincente. Mahalo, if I may, in regard to the education piece, which is part of the the proposed policy, could you then change a kind of give us a, I guess, a map of how that's going to be rolled out and Councilor, thank you for the question. Um, when we sent out the employee survey, one of the questions that we asked the employees was about their preferred way of learning about COVID and how they would like to participate in an education session.

00:48:50:11 - 00:49:20:17

Speaker 2

And so we've gotten some feedback from the employees in terms of the type of learning that they would like and some of the information, some would like in-class training, educational video, one on one sessions with a medical professional group, Questions and answers. So we're getting all the feedback from the employees and putting some work together in terms of making sure we provide as much information as we can to the employees in various different methods.

00:49:20:17 - 00:49:50:25

Speaker 2

For sure. Are we able to partner with the Windsor-essex County Health Unit to provide some of this education? Yes, we are. They have a number of videos and education sessions and they'd be willing, I'm sure, to come in and assistance with the educational piece. Perfect. In terms of the the timelines for the requirement, which is it's November 15, Am I correct?

00:49:51:27 - 00:50:28:04

Speaker 2

Yes, that's correct. Are you feeling confident that you're going to be able to have everything in place, the proper personnel that are trained to make sure that the policy is adhered to, that we have that educational component under way and that the timing is right. We'll have the educational component underway, will have that out to the staff and we should be ready to go for that the member 15th deadline and provides us enough time to make sure that we have the information in place.

00:50:28:15 - 00:50:58:04

Speaker 2

We have started working with our i.t department as it relates to how the information for the vaccines will be downloaded so that the employees can provide us the information on their vaccination status. And so we have no concerns in terms of staffing to be able to deal with exemptions for whatever reason. And we're confident that we're going to be able to deal with that as a corporation.

00:50:58:25 - 00:51:15:27

Speaker 2

We'll have to deal with those on a 1 to 1 basis as they come in and take a look to see what the exemptions might be and what the staff are looking for in terms of that. But as far as the staff that will review that, we don't have a problem in terms of the numbers that we may see.

00:51:16:20 - 00:51:35:24

Speaker 2

And from the surveys that we received, we've had have a small number of employees who indicated that they were going to be asking for exemptions. So I think we're okay in terms of making sure that we can review that information with the individuals. Thank you. I have a motion at the appropriate time, Mr. Mayor.

00:51:36:28 - 00:51:38:06

Speaker 1

00:51:40:04 - 00:52:00:09

Speaker 3

Thank worship through you to administration. Vincenzo, With respect to the November November 15 date, it's about two months away. Why not earlier? Considering all the other mandates that we see in the private sector and other levels of government, I think a lot of people are going to expect that the people are going to get vaccinated while before November 15th.

00:52:00:09 - 00:52:04:14

Speaker 3

So why is our date date set for the 15th of November two months from now?

00:52:05:26 - 00:52:32:16

Speaker 2

What we wanted to do was to provide enough time for our employees to review the policy, take the education courses that are available and go and be vaccinated. So there's timelines between going through your first vaccination shot and your second vaccination trial. So we wanted to make sure that we allotted enough time for the employees. We didn't want to all of a sudden say, you know, come tomorrow or next week you have to be vaccinated.

00:52:32:16 - 00:52:37:14

Speaker 2

So we tried to be flexible in terms of providing employees enough time to deal with it.

00:52:38:11 - 00:53:06:03

Speaker 3

Right. And as it relates to the information in the report that we received and how this is something that is not intended to be on the books forever and that it will be removed when when, when we deem it necessary, How will that be addressed or how would that be determined? And if in the future, if there are needs for a third shot, a booster shot, would this policy cover that or would we have to do an amendment to this policy?

00:53:07:07 - 00:53:36:09

Speaker 2

We've tried to make the policy flexible to deal with some changes in the future, such as the booster shot. However, as it is with this pandemic, changes happen very rapidly. Sometimes, which is one of the reasons why we left it flexible. But there's also indication within the policy that we would review it and make any changes that might be might come forward from the ministry or from the health unit, because, you know, we can't think of everything in terms of this pandemic.

00:53:37:15 - 00:53:42:01

Speaker 3

Yeah, very true. Okay. Thank you. Worship.

00:53:42:01 - 00:53:44:07

Speaker 1

Thank you, counselor. Tessa.

00:53:45:15 - 00:53:52:15

Speaker 3

Thanks for worship and it's been a good discussion so far. If administration could give us the.

00:53:52:25 - 00:54:04:09

Speaker 1

The results of the vaccination surveys as to the approximate amount of city employees that aren't fully vaccinated.

00:54:04:09 - 00:54:20:01

Speaker 2

I can start counselor, with that information. We sent out the survey out, and so far we've had over 1200 employees respond to the survey and over 83% have indicated that they're fully vaccinated, that.

00:54:21:06 - 00:54:23:21

Speaker 1

Raises just go ahead, please.

00:54:24:01 - 00:54:31:10

Speaker 2

I was going to say with approximately 14% that are either not vaccinated or would rather not answer no.

00:54:31:13 - 00:54:34:00

Speaker 1

Okay. So 83, 14 and three.

00:54:34:11 - 00:54:36:07

Speaker 3

Okay. That's interesting. And that's pretty much.

00:54:37:01 - 00:54:46:06

Speaker 1

Kind of coincides with the Windsor-essex County number here in that, you know, that 81, 82, 83% at least with first vaccines and whatnot. Can you.

00:54:46:29 - 00:54:48:00

Speaker 3

Give counsel.

00:54:48:00 - 00:54:57:18

Speaker 1

And the people at home sort of an overview of the testing that's going on at Huron Lodge that's been mentioned? How does that process work?

00:54:57:18 - 00:55:11:00

Speaker 2

The testing is done onsite and the nurses are the Ahrens adherent lodge, do the testing for the staff and for visitors that go in during lunch, so they do it right on site.

00:55:11:18 - 00:55:12:00

Speaker 1

Okay.

00:55:12:12 - 00:55:13:19

Speaker 3

So, so say.

00:55:13:19 - 00:55:27:00

Speaker 1

For example, if an employee works 8 a.m. to 6 p.m. that day, they have to arrive at approximately 730, I'm guessing, for their test and then wait for the results. Is that so how it works there?

Speaker 2

They have various times where employees can get tested as well as somebody can go on their lunch, they can go on their break, they can go before work, they can go after work. So it's not every day that they get tested. It's a couple of times a week that they get tested and the tests are good for a few days.

00:55:49:29 - 00:55:57:06

Speaker 1

Right. So two times a week. But so they could start their shift technically without being tested on a Tuesday or Friday.

00:55:57:27 - 00:55:58:19

Speaker 2

Technically.

00:55:59:04 - 00:56:10:06

Speaker 1

Okay. All right. And the cost to the corporation of that testing, what would be an approximate cost of each test that's given the transit.

00:56:11:03 - 00:56:20:20

Speaker 2

I am not certain of the cost of the tests right here. And I don't I don't want to say for sure one way or the other. I don't believe there's a cost, but I'm not sure.

00:56:21:07 - 00:57:04:01

Speaker 1

Okay. Okay. That's all we have for now. Thank you. Thank you, Councilmember. And thank you, Worship. You start with the education campaign. And I know Councilor Jean-Jacques asked about what we're planning on doing. I put in a call a few weeks ago to some folks that just want us to fix the health unit and just to sort of ask about what what it's like in that in their workplace, particularly in the context of the fourth wave emerging.

00:57:04:12 - 00:57:30:05

Speaker 1

And what was indicated to me is they're swamped. What I heard in transit was that you said you think that they that they would be that the health unit would be available or have the resources or capacity to support an education campaign to help that that we would undertake through this process. I'm going to ask again, are you are you sure about that?

00:57:30:05 - 00:57:35:12

Speaker 1

Because I don't know if that's the case.

00:57:35:12 - 00:58:05:19

Speaker 2

They have sent us already some videos and some reading material that we can use. So in terms of assisting us, they can provide us information and provide us. I'm not necessarily thinking that they would come to the corporation to do one on one sessions. We would get others to do that for us. But in terms of a video and reading material and information that they currently have as part of the help of the education that I was speaking of.

00:58:06:05 - 00:58:31:08

Speaker 1

Okay, So they're existing resources that would be made available to us, right? Okay. So that that makes sense to me. But still, having said that, we haven't really given much consideration to what that would look like from start to finish. We don't have a sort of a program in the box. Somebody says they we approved this policy, somebody says they're choosing not to vaccinate.

00:58:51:15 - 00:58:40:28

Speaker 1

Then we know this is going to be step one step two, step three. This is what they will go through in terms of that that that program that's not been created at this point. Correct.

00:58:41:25 - 00:59:09:00

Speaker 2

We have a number of videos that available and that we're going to make ready for employees. I don't think the educational piece will be step one. Step two, because there's so many different backgrounds or reasons why people take don't take the vaccine or take the vaccine. There's going to be a variety of sessions and a variety of videos and a variety of promotional material for the staff.

00:59:09:22 - 00:59:18:01

Speaker 2

So it's not so much just one, two, three. It depends on what the issue is for the employee. So we need to make the variety of items available.

00:59:19:28 - 01:00:14:25

Speaker 1

Okay. In terms of we met in early September, provided the direction for administration to come back with the policy and as a component to that, there was an understanding that there would be engagement with with the unions around what that policy is going to look like, what their concerns may be. What I've heard from some of the delegates is that it looked like the conversation was going towards a policy where there would be accommodations made for not only folks who fall within the medical exemptions or a religious exemption, but also potentially some form of accommodation for for folks who are simply choosing as a matter of conscience to not vaccinate.

01:00:14:25 - 01:00:53:08

Speaker 1

And then again, just gleaned from the comments I heard from the delegates, there is a there was almost an abrupt change in a pretty short window of time. So I whether it's I don't know Vincenzo and I know Jason, you just turn the camera on. Perhaps you want to address that. He just walked me through that. How that conversation or those conversations evolved over the time period between today's date and the previous meeting where we we set on to this this trajectory and through through your workshop, I'll get started and then I'm happy to continue to provide some further detail.

01:00:53:29 - 01:01:28:27

Speaker 1

I Think there is a misunderstanding about the way consultation and engagement works? I think the concept was to sit down with the unions and the associations to discuss the issue of vaccinations. We had heard from other municipalities that this was happening and all kinds of ideas were being floated at the time, including the option of testing. I think if we gave the perception that we had landed on our official administrative recommendation, you know, I apologize to the association executives for that.

01:01:29:08 - 01:01:57:27

Speaker 1

That was not the intention. And I think the nature of this problem is that it has continued to develop rapidly over the last several weeks, including counsel's engagement with the issue at the end of August. And we've done our very best to try to work together. Could we have more time to engage with different stakeholders? Always. But I think the desire and the needs of the community are a way that kind of perfect engagement process.

01:01:58:19 - 01:02:39:04

Speaker 1

So we've we've done everything we can to try to engage with the associations, and we will continue to do that as we

just wrong. Okay. And my last question, thank you for that, Jason. Through your worship. So there's it's the points been raised that different municipalities are doing different things and we're somewhere on the sort of more aggressive end of of requiring the mandatory vaccination.

01:02:39:04 - 01:03:04:21

Speaker 1

Could you quantify for me, too, or I don't know if we we know what percentage of of communities in Ontario that are adopting a policy that's similar to ours. Is it the majority? Is it are we? I don't know. Where would we fall it if based on the your understanding of what's happening in other communities, this year? Was it.

01:03:04:28 - 01:03:33:04

Speaker 1

It's a great question cancer and our understanding based on a quick data search in the last few days is that about 43% of the disparities maladies that we were able to determine are in the vaccinate or test policy category. There are about seven municipalities Greater Sudbury, Ottawa, York, Kingsville, London, Oakville, Toronto that are either vaccinate or unpaid leave or vaccinate or terminate.

01:03:33:04 - 01:03:57:10

Speaker 1

There's a there are a number of those five that are in the no vaccine policy. Like they've actually made a decision. They won't be passing a policy and. Then there are others that have left their policy open to determine the consequences after that. So Newmarket, for example, would fall into that category. They just said that they will be reviewing if you don't comply with the policy, and they haven't been specific about what that looks like.

01:03:58:06 - 01:04:32:25

Speaker 1

So, you know, there are a number of there are a number of large municipalities like London, Toronto, that have gone further than we have. So we have attempted to find a middle ground that we think is appropriate for the context of this community. And that's why we've recommended the leave. Okay. And my last question would be to what extent that we quantified the risk that we might abs we might have in terms of exposure if we were to adopt a policy that was weaker than is.

01:04:32:26 - 01:04:50:04

Speaker 1

And by week, I should say that's different. That would include testing. To what extent would we have some vulnerability or exposure, legal exposure, if we were to adopt a policy that wasn't at the at the level that that that we're that we're contemplating requiring here today that's being recommended.

01:04:50:29 - 01:05:09:09

Speaker 2

You members of council. It's an interesting question and it's difficult to know what the answer would be because everybody is developing these policies right now. But one of the things that that we are really considering, I mean, one of the things we do need to consider, of course, is that we're obliged to follow the instructions and the direction of our medical officer of health.

01:05:09:22 - 01:05:34:15

Speaker 2

I think at this point they've been pretty unequivocal that they a vaccine policy is preferred, vaccination is preferred. One of the things that that we do note and that we are seeing is that if someone is a close contact of someone who's a positive case, if you are vaccinated the and you're asymptomatic or you have no symptoms, then the quarantine and isolation requirements are different.

01:05:35:06 - 01:05:59:17

And so that does ultimately have an effect on the workplace as well in terms of predictability and so on and perhaps stability. But with respect to knowing what the legal ramifications would be, obviously our obligations as administrators, as legal counsel and yours, as as the board of directors for the corporation is to to take all steps possible to keep people safe under the Occupational Health and Safety Act.

01:05:59:17 - 01:06:30:18

Speaker 2

So but this is an evolving area. It's just not something we know what the outcome would be. At the same time, to echo Mr. Rainer's comments, we've we've chosen this path as the, you know, the safest for the city, not venturing into the area of terminating people, because we really don't want to do that. But at the same time, you know, taking them out of the workplace and until such time as we decide this policy is and isn't needed, you know, hopefully, hopefully things improve.

01:06:30:18 - 01:06:33:05

Speaker 2

But realistically, it's not looking that way any time soon.

01:06:33:29 - 01:06:56:20

Speaker 1

Okay. And I'm sorry you worship. I know I said last question. I'm going to do one more. What are the risks? We heard that services be impacted. What have we that we assess what we feel like those risks might be with respect to service delivery if we adopt the the policy that's been recommended? You were should the members of council I wish we had the crystal ball to give us some specifics on this.

01:06:56:29 - 01:07:22:11

Speaker 1

We would be using it probably for other purposes if we had that crystal ball. What we were weighing was the risk of outbreak in our teams and and the real realization when you look at the schools and what's happened in just the last two weeks and weighing that against the risk of losing the number of people that have indicated that they may not choose to get vaccinated and those terrible choices to make.

01:07:22:11 - 01:07:41:26

Speaker 1

But but when we weigh those, it's quite clear the highest risk is business continuity, challenges to provide essential services to our community by having outbreaks in our community. And and I don't think it's okay or enough to say, well, we haven't we haven't gone down yet. You know, the ship's been sailing for the last two years or, you know, 18 months.

01:07:41:26 - 01:08:01:02

Speaker 1

Therefore it will continue to slide. In this case, I think the delta is ripping through our communities, it's ripping through the globe. And we have to do everything we can to keep our people safe. And and that's that's the unfortunate balancing act that the administration has done. And that's why we've recommended what we have. Definitely challenging all of us.

01:08:01:02 - 01:08:26:20

Speaker 1

Okay. Thank you, Mr. Rayner. Shelby and everyone is responding. My questions, your worship questions of administration. Don't Councilor guilt think that your worship and my question is do many things that she mentioned that 83% of the employees are vaccinated. Are they both union and nonunion or.

01:08:28:10 - 01:08:42:06

Speaker 2

We sent the survey out to all of our employees. We did not ask if they were unionized or not. You know, these are

01:08:42:21 - 01:09:11:16

Speaker 1

It is important to make some response, maybe more so that we can count it. And a couple of answers are I received it. And another is like I know it's asked is the continuity of duty is like if in case we needed what kind of things we are going to be preparing for that to give the services back to the community like that is what I know.

01:09:11:17 - 01:09:21:13

Speaker 1

Yes. And responded to that one. And what other options we are putting in consideration for. And worst scenario case.

01:09:22:20 - 01:09:52:05

Speaker 2

We have cancer. We've prepared through Emergency Manager or the CCG, the community control group under emergency response structure. We have prepared several layers of different of continuity and contingency plans to address the potential risks of at that time losing employees due to due to illness. And that would apply under these circumstances. We continue to monitor, we continue to meet regularly and adjust our services.

01:09:52:05 - 01:10:07:05

Speaker 2

Obviously, we want to adapt or reentered new services to the greatest extent possible, but we do have continuity plans that that contemplate a pretty severe worst case scenario. If if saying was necessary to consider.

01:10:08:02 - 01:10:45:21

Speaker 1

Okay. Thank you, Shelby. And the last question is like in the money, sounds like what kind of money are looking to make either in the keeping fight to overcome this challenge just your worship the members of council. So in terms of the vaccinate vaccination policy that's before you, from a financial perspective, there isn't any direct costs associated other than perhaps obviously it's individuals maybe on leave.

01:10:46:00 - 01:11:07:23

Speaker 1

And then those jobs are replaced by other individuals during a period of time, temporarily. Then certainly those salary budgets will cover those costs from a broader perspective. Again, we're continuing to track the COVID related pandemic costs, and the upcoming third quarter report will provide an update for council and projections through year end. So that should be coming sometime in late October.

01:11:08:20 - 01:11:16:07

Speaker 1

Okay. Thank you, Joe. Thank you. Thank you. Councilor Sleiman.

01:11:16:07 - 01:11:51:07

Speaker 3

Thank you. Your version is think my question, basically go to Vincenzo. Vincenzo, have you been getting any any call or lot of calls from employees kind of complaining about vaccination? Are they complaining about the principle of it or not enough consultation with them? If you can give and just give us an idea what what what the the reason like then some people, they are not happy with it.

01:11:51:07 - 01:12:07:03

Speaker 2

Councilor, I can honestly say I haven't received any calls personally from employees as it relates to being vaccinated or not being vaccinated or this policy. So I haven't received any calls directly from employees.

Speaker 3

Have you get anything possibly from the union leadership about? It's not about consultation, it's about how to devise the policy in consultation with them. Have you get any of this?

01:12:25:08 - 01:12:34:19

Speaker 2

As the executive had indicated, we've had a couple of meetings with the Union executive to discuss the policy.

01:12:34:19 - 01:12:46:19

Speaker 3

They want the the executive. But what they actually are looking for is this more consultation or more education or more feedback.

01:12:46:19 - 01:13:06:08

Speaker 1

I think they I think they expressed what they were looking for when they made their presentations, and that was really wanting to change the policy to make it more of a prove vaccination or get testing.

01:13:06:08 - 01:13:18:19

Speaker 3

Yeah, I was just wondering whether it's really the principle of it or some in the policy that they didn't like. That's what I'm trying to get to really. Maybe the principle they haven't been consulted long enough for now.

01:13:18:19 - 01:13:32:20

Speaker 1

I don't think it's really about consultation, Councilor. I think what they were saying is that they want members to be put on unpaid leave. If they don't get vaccinated, they would rather have a procedure where if they're not vaccinated, they agree to a testing scheme.

01:13:32:20 - 01:13:34:10

Speaker 3

Your worships. Thank you very much.

01:13:35:10 - 01:14:08:09

Speaker 1

Mr. Morrison that your worship and you know I'm concerned about safety for residents and so if if chief fire left red is there from fire is he available on this call. Thank you. Thank you. Yes, I am Councilor. Thank you, Chief. So just a comment from from the fire side of safety. Do you feel that you're the chief?

01:14:08:21 - 01:14:35:07

Speaker 1

There's a high enough vaccination rate within the firefighter group of employees that you could carry on and provide safety to to the residents of Windsor? Well, thank you, Councilor. So as as President Matt and I stated earlier, you know, it's hard to get an exact number, but We think that the rate of vaccination amongst the fire services is high.

01:14:35:27 - 01:15:07:19

Speaker 1

That being said, we do have a number of people that have expressed concerned to him that about the vaccination policy at this point in time. And you know and basing this on anecdotal evidence because they don't have any hard numbers I think we would be able to continue service as it is. It may require additional overtime. But I do have a class of recruits that is made up of ten and they will be hitting the floor on November 19th as their last day of training.

01:15:07:19 - 01:15:22:18

So it would be the following week. So at this point in time, I don't have any reason to believe that the policy would affect us to the point where we would have to reduce service. But again, you know there's there's no crystal ball to be able to tell for sure.

01:15:25:00 - 01:15:51:17

Speaker 1

Thank you very much. And and I guess to the other side is is there anybody from Windsor police is the chief available for that same question regarding police services. Yes. So that this policy does not apply to Windsor police. Okay. And so the board is meeting a week today. There will be a discussion about, the same type of policy.

01:15:51:17 - 01:16:16:15

Speaker 1

In fact, whatever the motion is, if I assume it's the administrative recommendation, I would ask for consideration by the mover and seconder that that whatever is approved be forwarded by administration to all affiliated agencies, boards and commissions for their consideration to do the same. Thank you very much. Your worship. That's all my question. Coulson Gotcha. Yeah, thanks. Your worship.

01:16:16:15 - 01:16:37:06

Speaker 1

And one last question and maybe to Jason and Shelby. Have you seen or heard of any any type of coexistence with the unions elsewhere in Ontario where, you know, the union locals will pay for the testing or co-pay? The testing with that, with the municipalities Is is any of that type of system in place? Are you aware?

01:16:38:17 - 01:16:59:23

Speaker 2

I can begin and perhaps miss the halo has a has an idea whether this does or does not exist yet? I'm sure in some organizations there may be something I don't know what is going on within municipalities. I think though, one of the larger obstacles to this is the is simply the logistics around monitoring all of these things on an ongoing basis.

01:17:00:17 - 01:17:27:14

Speaker 2

That's that's also a large large issue. And I don't know if Mr. Marlowe has further detail. I have not heard about the cost sharing of payments with other, you know, between the unions and the Vanessa polity as Shelby has indicated, there is issues in terms of administrating the testing and trying to get enough testing for your staff.

01:17:27:14 - 01:17:31:24

Speaker 2

So those are the concerns that we're looking at.

01:17:31:24 - 01:17:40:05

Speaker 1

Thank you for the questions of administration direction, please, Councilor.

01:17:42:11 - 01:17:59:15

Speaker 2

Thank you, Mr. Mayor. I'm going to move the recommendation with the addendum that what whatever council approves is forwarded to all boards, agencies and commissions for consideration, and I'll speak to the motion if I get a support.

01:18:00:02 - 01:18:02:10

Speaker 1

Thank you. It's moved and supported. Council Chair.

01:18:03:00 - 01:18:35:09

Thank you, Mr. Mayor. It's my opinion that this policy is realistic considering the rate of infection capita here in Windsor, which has been high rate from the beginning of the Pandemic's third Beginnings 18 months ago, the reality of allowing things to slide is very clear. We just have to look at Alberta over the last couple of days to see what happened and when.

01:18:35:17 - 01:19:06:00

Speaker 2

Premier Kenney decided that it would be a summer of openings for Alberta, they were convinced that they were in a good spot and the hospitals have been inundated. It's a it's a very, very thing to watch. And so here in Windsor, I think we have to take every step possible to make sure that we mitigate in any way business impacts, education impacts.

01:19:06:00 - 01:19:41:21

Speaker 2

We're seeing schools close and more importantly, making sure that our hospital capacities are not impacted in a dangerous way. So many people are looking at the cancellation of all these elective surgeries. People are in pain. They're looking for knee replacements and hip replacements. There's too much at risk. And so I think the policy that we have looked at carefully is reflective of exactly what's needed here in this community.

01:19:42:09 - 01:19:44:23

Speaker 2

Thank you.

01:19:44:23 - 01:19:46:21

Speaker 1

Councilors. Francis and Christopher.

01:19:47:20 - 01:20:12:19

Speaker 3

Thank you, worship. I agree with Councilor Jack. I support the motion. I think it's a reasonable motion. You're looking at a policy that's months out. The provincial requirements are going to be way before that. The the secondary provincial passports coming to us in October. So that will be before us. You have the the main financial institutions, you have the hospitals, you have a number of the private sector moving in this direction.

01:20:12:29 - 01:20:36:18

Speaker 3

And, you know, we're essentially following suit. I don't think we're leading in this regard. I think we're following suit. And I think that's a reasonable policy that we're more moving forward today. Can it even be further and more aggressive? I think so. But I agree with Councilor Jack. I think we've got do everything we possibly can do because we're still in a crisis mode here.

01:20:37:14 - 01:20:57:18

Speaker 3

Too many businesses are affected by this. Too many educators are affected by this. Too many hospital staff are affected by too many families are affected by COVID. So, you know, testing and vaccination are not the same thing. You know, I mean, I'd be the first one to say, yeah, let's go for testing. About a year ago when we didn't have a vaccine vaccine.

01:20:57:24 - 01:21:17:03

Speaker 3

But now that we have vaccines that are approved, I believe as of today by Health Canada and with respect to education, we've had 18 months worth of education, 18 months of this. I don't know what, another eight weeks will do or convince anyone who might not want to be convinced, regardless of what you put in front of them.

01:21:17:23 - 01:21:39:20

But we are in a crisis and as elected officials, we don't have the luxury of ignoring that or putting it off or delaying it in any way. We have to show clear and decisive leadership. And let's be frank, nobody wants to do this, but this is something I believe we have to do. And this is literally where we're at right now, 18 months into this crisis.

01:21:39:28 - 01:21:48:24

Speaker 3

So because we have to do this, I believe, and it's the right thing to do for the community safety and the community good. I fully support this motion.

01:21:50:22 - 01:22:14:14

Speaker 1

As representing thank you for worship and have dealt with this a lot in my in my law practice consulting with clients. And from a personal point of view, it's it's a bit easier to explain the state of the law right now on this on these policies than it is being in this position to to actually impose this policy.

01:22:15:09 - 01:22:42:17

Speaker 1

So I lead the guiding principles. And one of the principles, the overarching principle that we have to all adhere to as council members and directors of the board of the corporation is our duty to keep the workplace safe. And that's a paramount duty, and it's a duty that applies to staff employees, but also the general public. And so that of course, is is being balanced with other interests.

01:22:42:17 - 01:23:37:15

Speaker 1

There's privacy concerns. There's articulated in the policy exceptions under the human Rights Code or medical exemptions that could apply. And so when we drill a little bit further, we go into the efficacy and and veracity of the vaccine and the established science. So we know that vaccines work. We know that they greatly mitigate the risk and the spread of the virus and mitigate it not just for those who can contract COVID, but also for those who work in environments where COVID may be spreading into, you know, when when we're further looking at this, this balancing of competing interests, I do agree with some of the points that were raised by the delegates.

01:23:37:24 - 01:24:07:06

Speaker 1

I think it was Miss Jones that talked about testing being less intrusive. I don't think anyone would disagree that if the test alone was just balanced, certainly testing is less intrusive. But to counter Francis's point, testing and vaccination are two very different things. And vaccination is the most effective, best way for us to mitigate the spread of this virus.

01:24:07:16 - 01:24:29:07

Speaker 1

And again, back to the overarching principle of keeping the workplace safe for its employees and for the general public. And that weighs a lot on me, more than just the interest of finding a balance that's less intrusive and so for all those reasons, it's a tough decision, but it's the right decision and it's a decision that we should make today.

01:24:29:07 - 01:24:59:18

Speaker 1

We shouldn't delay because as mentioned by others and as we all know, the spread of this virus is rapid and the breadth and depth of it is increasing by day. So for all those reasons, I'll support the policy. Thank you. Thank you. Councilor Bartlett. Thank you. First, I want to start off since we're talking about your policy for employees, I think we should take the moment to actually thank the employees.

01:24:59:18 - 01:25:17:21

Speaker 1

And, you know, there's an irony here that many of them were part of the the clinics and the vaccination efforts across

of the effort of these employees. So first, I wanted to say thank you to our members.

01:25:17:21 - 01:25:38:23

Speaker 1

If thousands of employees across the corporation for doing the work they do on a day in, day out basis and being on the front lines of some of this for the last year and a half, I think the the issue is somewhat clear. And without I think this is an important enough issue to to go over and restate some of the comments as many of the councilors have pointed out.

01:25:38:23 - 01:26:00:10

Speaker 1

This is a thorough policy. This is a policy that includes education, that includes the time off to allow for education as well as time to get the two vaccinations. I think it allows for the time for for the unions to work with administration and the health unit to get the education that people need and to feel comfortable with this.

01:26:00:23 - 01:26:26:07

Speaker 1

I do think that there are still people out there that are confused by the messaging that have not had time, that there are issues that keep them from getting vaccinated. I think this gives the time and the effort to actually reach that point. And I think it's fair across all of that. And I think it's also fair that we are not, you know, contrary to what Mr. Collodi said, we are not letting anybody go in this policy.

01:26:26:07 - 01:26:48:17

Speaker 1

If the choices are made that after 13 weeks, 26 weeks, 39 weeks, 52 weeks, if this continues to be an issue that choices that person is the person's choice. And I think unequivocally what we need to understand, what we need to support here is that vaccines are the only way out of this pandemic. It's been said over and over.

01:26:48:17 - 01:27:09:10

Speaker 1

It's not just from our local health unit. It's been said from doctors across the world that the only way out of this pandemic is to get vaccinated. So this isn't just about the health and safety of the actual moment and the day at work. This is a broader issue. The community, we need to hit that 90% vaccination rate.

01:27:09:18 - 01:27:33:13

Speaker 1

I get calls every day from businesses that are struggling, keeping their doors open because people are not getting vaccinated. So every effort that we do to actually allow people not to get vaccinated hurts the overall and holds us back. And I think, you know, some of the comments were that we are maybe one of the more aggressive in the province.

01:27:33:21 - 01:27:53:28

Speaker 1

This is one time I have no problem leading the way and saying that our aggressive attitude is the is the way to go. And so we are not doing anything to disrespect the employees. We are just looking for the expectation that they are doing their part to keep the entire community safe. And it can't be underscored. There is no conversation.

01:27:54:05 - 01:28:25:04

Speaker 1

There are opinions on what that goal and what the need is. This is one of the things that when we talk about respecting people's opinions, respecting creed and those types of things, the human rights aspects are baked into this policy as they would be no matter what anything else is a matter of opinion and choice. And you can choose not to do it, but you can't choose, you know, what's accurate, what's right and what's wrong and what's actual science is telling us.

01:28:25:04 - 01:28:49:10

So I think this is a great step forward. I will actually look forward and I hope more and more workplaces do this because as we saw, as soon as passports, mandatory vaccination passports were presented, the vaccination rates surge the next day. That's what we need here. We need an effort across this community. We need to hit 90% and we need to be able to move on.

01:28:49:18 - 01:29:12:18

Speaker 1

As Mr. Patton said, you know, when we're talking about the global community, the only way we can actually get to helping the global community is if we reach the 90% and are able to lead on those efforts. Until then, it will only hold us back. This isn't going away any time soon, but we need action now. So I will be in Louisiana actively supporting the motion.

01:29:12:18 - 01:29:44:23

Speaker 1

On the motion. Councilor Morris, thank you for your worship and I certainly will be supporting the motion. And my only concern is for the employees of the corporation. And I and I am actually really concerned that November 15th is letting this slide a little too long. And I really hope and pray that we don't lose employees in this in that time span because, you know, I really I really do care.

01:29:44:23 - 01:30:15:13

Speaker 1

And I know I now I think we've quit. We've said don't worry every the health unit everybody has put out a lot of education. I listened to the chief of staff, Dr. Shot, from the hospital. He's on every every week on the radio and. You know, I think the education period is kind of past us, but I really do worry about our employees.

01:30:15:13 - 01:30:42:20

Speaker 1

And I just hope that we don't lose employees, you know, by waiting till November 15th. I hope that people do move quickly on this. There is a policy that we will pass tonight, and I hope that encourages people to say, you know, let's not worry about the latest day that I could possibly do this, because that could cost somebody their lives.

01:30:42:20 - 01:31:29:13

Speaker 1

And I really, really hope that that that's not the case. I'll leave it at that. But certainly I will be supporting emotion. Thank you. Counselor Mackenzie, I think your worship, I am going to support this motion. I've spent the last couple of weeks engaged with members of our labor community discussions around what what their expectations are and the fact I'd like to first just echo the comments from Councilor Bordo and I in terms of thinking all of our employees for the work that they've done throughout the pandemic the true heroes in our community in terms of providing the services.

01:31:29:25 - 01:32:02:02

Speaker 1

And whatever happens here in this debate and discussion changes of my opinions about the work that they have done to serve this community over over the course of the pandemic outstanding. However, today, this is about a step that this council is taking to protect the public. And I think that that is our highest priority as elected body is to take decisions and make decisions that are in the greatest interest of the public we have.

01:32:02:02 - 01:32:30:24

Speaker 1

And when I'm faced with decisions that are a technical in nature, highly technical in nature that fall into the public health realm, I turn to our public health officials and locally, provincially, nationally. And those folks are unanimous in their view that vaccination is the most efficacious way for us to move through the pandemic and put the pandemic behind us.

Speaker 1

Not everybody understands that at this point. I know that there's been comments from folks saying that we've gone as far as we can with respect to public education. I vehemently disagree with that position. We have a lot of work to do in the public education space. People still are confused about some of the impacts, their own individual health impacts if they choose to vaccinate.

01:32:57:00 - 01:33:37:06

Speaker 1

And those those concerns need to be addressed respectfully and alleviated in a way that is understandable and without any sense of impatience. We need to continue to once again not just protect the public and the public we've chosen to vaccinate, but also the folks who've chosen not to vaccinate. And I think that as moving forward with this policy achieves that, provided we continue to remain committed to that public education piece, not just for our own employees who are choosing not to vaccinate, but for the public generally, so that they can have a stronger understanding that it is safe to vaccinate, and that by vaccinating you, not only you're making yourself safe, you're you're making the

01:33:37:06 - 01:34:09:11

Speaker 1

community safe or safer for everyone who is in it, including own family members. So I'll be paying close attention to what that what that education campaign looks like moving forward. And it's my hope that we'll be able to even extend some of that and improve or increase our our outputs with respect to helping the public to understand the importance of vaccination and how how vaccinating is is the safest thing that they can do for their own individual health and for the community's health.

01:34:09:25 - 01:34:41:26

Speaker 1

So for those reasons, I'll be supporting motion. And but I do appreciate the work and the interventions that we've heard here today from folks in our labor community. And I look forward to to continue forward to work with all of you. Thank you. Thank you. Councilor Schultz, Coshocton Slinger. Yeah. Thank you. Wish to make this quick. I really appreciate the the position union leadership have been put on representing their their their members and I would expect the same thing from my union membership just to stick up for what what I believe in.

01:34:43:01 - 01:35:08:12

Speaker 1

I on the other hand, I have to take a look at it through a communal lens for the entire for the entire population of the city. And then further and beyond. It was mentioned numerous times tonight about about herd mentality and reaching that that magic 90%. And and it's only then that will we actually be able to move forward and and that's what I've got to focus on.

01:35:08:21 - 01:35:31:24

Speaker 1

There's been a lot of great comments tonight about about the work that your membership has done and really moved us forward and protected and protected us. And and I have to echoed that sentiment. It's, you know, with or without your membership, we would not be in the position we're in now. But we have a responsibility to to the society as a whole.

01:35:31:29 - 01:35:46:18

Speaker 1

And and it's my responsibility to actually help us move forward with that. And that is why I will be supporting this motion. Thank you. Thank you. Kelsey, Kesha.

01:35:46:18 - 01:35:47:23

Speaker 3

Well, thanks for your worship and.

Speaker 1

It's certainly been a very enlightening discussion, no doubt about it. And I really want to thank the mayor and administration for actually putting this meeting together that I think this was a good discussion that need to be held publicly. And I appreciate what the delegates had to say on on their position here. And it's it's something we're going to have to move forward with.

01:36:08:25 - 01:36:44:08

Speaker 1

There's no doubt, you know, when you see what just happened with the vaccine, passport uptake on how vaccines were doubled once this was announced and an effective date, you know, coming next week, it just it just makes sense. And I think the Councilor Bordelon hit it on the head, you know, earlier when he asked the question the herd mentality and and you know with that herd immunity would that really get to that point if testing was remain in place And I don't think it will because, because I know for a fact that some of the people out here at large who are vaccinated are certainly frustrated with some of the people that are unvaccinated because

01:36:44:08 - 01:37:09:09

Speaker 1

they're concerned about themselves and coworkers, but also the residents as well. And we have to look at the big picture. But there are total residents in the city employees. So it's really important that we move forward on this. I think I think 60 days to November the 15th is quite fair. You know, you would think there would have been enough education on this to date because as Councilor Francis said, it's almost 18 months in here, but let's make sure that we do.

01:37:09:18 - 01:37:18:19

Speaker 1

In a co-op co-op with the unions and the employees and make sure we get as much out there. But it's something we need to do. Thank you. Thank you, Councilwoman.

01:37:20:05 - 01:37:47:21

Speaker 3

Yeah, thank you. You Worship. Actually, listening to my colleagues on council, actually, I agree with a lot of these points. Matter of fact, almost every one of them, it makes a lot of sense. Not the one connected really caught my attention. Got to be about a few weeks ago. We have some employees who have been vaccinated, fully vaccinated them and their families and everything else.

01:37:48:04 - 01:38:11:23

Speaker 3

And they are working side by side with employees who are not vaccinated. And some of them, they made comment. It's not a complaint they were saying is just not fair. That's number one. And I think what Renaud Bertolini mentioned, the fact that you get out of this pandemic, we really have to have at least 90% or more of vaccination.

01:38:11:23 - 01:38:33:18

Speaker 3

And I fully agree. And I think it should be the case. I really agree with the motion and with the second there, and I agree with a lot of these point about the vaccination, what we have to do. So I'm going to support the motion wholeheartedly. Thank you, worship.

01:38:34:01 - 01:39:09:09

Speaker 1

Thank you. Councilor Gil, thank you, your worship. I'm also going to support this motion. We have a hearing and learning for the last 18 months. Is but other things are today is the discussion is forward and I and I feel that this motion brings the like the priority to be all to be vaccinated because and anything is like it doesn't matter like it works or not works with something that we have to take either any disease or anything we take in medicine.

Speaker 1

So if we like, we have to take a medicine to move on and make our lives more workable and enjoy our life inside whatever. And we are sick from a couple of months and I will encourage everyone to get their share if they're regard to everyone next to them and for them, but next to them that way. It is always helpful if we can concern both our family, our future, and both our neighbor, and that is the way we should be looking at to be predictable and healthier.

01:39:49:22 - 01:40:08:25

Speaker 1

And everybody can do it. And I'm going to support this motion to thank you. Thank you on the motion. So members of council, you've all been really great points. And just this is just one of those issues that I guess is part of the pandemic we have to deal with. And no one relishes the thought of having to do something like this.

01:40:09:17 - 01:40:34:19

Speaker 1

But today is actually a pretty good day because not because of this policy, but because Health Canada actually approved formally the vaccines that all reputable scientists for months and months and months, regardless of which news source you look at, every reputable scientist around the planet has been saying these vaccines are safe. And in our own country. Health Canada has formally given approval today to the vaccines and Pfizer.

01:40:35:05 - 01:41:00:24

Speaker 1

And so it's a good day that I think of the if there's 100% of the population and we have 85% that are vaccinated, there will be a few percent that have legitimate medical or religious reasons that they will not get vaccinated. And then we're dealing with plus or minus plus or -10% of the overall population. And I think some were sitting on the sidelines just saying, you know, it's it's not formally approved by Health Canada.

01:41:00:24 - 01:41:25:29

Speaker 1

This will help move many people over that line. And then I think there are some that are just obstinate and will refuse to do this because it's being recommended by the government and and they just don't want to be put in a position to have to do something like this. And so those folks I mean, this society, I think if you look across what's happening in the United States now and happening throughout Canada, the education is out there each and every day.

01:41:26:18 - 01:41:46:15

Speaker 1

But you're starting to see vaccine passports will be more difficult to travel. It'll be more difficult if you're unvaccinated to go into restaurants and suppliers and to go to the cineplex and to enjoy the the daily comforts of life that we all want to get back to. And so I think employers do have a responsibility. And you see the federal government taking steps.

01:41:46:24 - 01:42:13:02

Speaker 1

You see our provincial governments across the country taking steps like this. And now municipalities and different employers are also required to take steps that will, I guess, further enunciate to staff that there is a shared responsibility that we all have during the declared state of emergency in the middle of a global pandemic to do what is right so that we can all move forward, get out of this corporate fog and get back to the life we were meant to live.

01:42:13:25 - 01:42:34:21

Speaker 1

And so this policy, I think, sends the right tone and count some words and asked specifically about police. I think this policy should apply to police. I think we have to have a common framework across the corporation for all of our employees. And so I look forward to that discussion next week at the police board to get to this point as well.

01:42:34:21 - 01:42:57:09

And so, you know, we can look at other municipalities, but when we look at our own to see what they're doing, but we look at our own municipality, we see that we do have the highest case count in the province. And so that that forces us to look at, I would submit, more drastic action or tougher action than perhaps what some other municipalities are doing, because we have to face the facts that we have in front of us.

01:42:57:09 - 01:43:19:15

Speaker 1

And so, you know, I get to a union perspective. You have to represent that portion of your your membership that is a little concerned about this. But the good news is you've got probably 85% of your membership that is supportive of this type of thing they've done, which been asked of them during the pandemic. They've got vaccinated and now we just need to get the rest of those folks.

01:43:19:27 - 01:43:59:03

Speaker 1

Hopefully 90% to herd immunity so that, again, we can move forward, we can put this all behind us and get back to doing the things that we all enjoyed doing. So thank you for this deliberation debate tonight. And Mr. Clarke, a reported vote has been requested. Your worship members of council. The motion on the floor moved. Councilor Marciniak, seconded by Councilor Francis, is the administrative recommendation that the COVID 19 vaccination policy attach is Appendix B approved at the evidence brief risk of COVID 19 transmission from vaccinated cases dated June 2021 and be prepared by Public Health.

01:43:59:03 - 01:44:23:27

Speaker 1

Ontario b Receipt for information that the information sheet vaccination policy attached as Appendix C be received for information and further that the final notice of Council decision on this matter be forwarded by administration as soon as possible to all affiliated agencies, boards and commissions for their consideration to do the same will begin the roll call for the vote.

01:44:23:27 - 01:44:50:03

Speaker 1

Councilor Costantini support Councilor Jack Support. Councilor Morrison. Art Councilor. Councilor McKenzie. Support Councilor Holt. Support Councilor Gill Ward. Councilor Sleeman Support Councilor Francis.

01:44:52:06 - 01:44:52:18

Speaker 3

Porte.

01:44:54:05 - 01:45:32:19

Speaker 1

Councilor Cash Support. Councilor Wallin Support and Mayor Dilkens Support. Carry me Animals. Thank you. That concludes the regular business items, Bylaws First and second reading Moved by councilors Holt and Cash Act. All in favor oppose and that's carried moving back in the formal council session moved by councilors McKenzie and Morrison all in favor post and that's carried third and final reading of the bylaws moved by Councilor Sleeman bordering on favor oppose, and that carries and motion to adjourn moved by councilors Constante and Francis favorite post.

01:45:32:19 - 01:45:34:16

Speaker 1

Let's thanks everyone. Have a great night.

This is “**Exhibit J**” mentioned and
referred in the Affidavit of

Jasen Gannon

Affirmed this 20th day of March 2023

DocuSigned by:

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A Commissioner for Taking of Affidavits

Ontario's top doctor says vaccine policies 'no longer necessary' come March 1



Dr. Kieran Moore, Chief Medical Officer of Health

By The Canadian Press

Posted Feb 17, 2022, 4:35PM EST.

Last Updated Feb 17, 2022, 5:35PM EST.

Ontario's top doctor wants to end workplace COVID-19 vaccination policies by early next month.

Dr. Kieran Moore says he's reviewing letters of instruction sent last year to various sectors including hospitals and post-secondary institutions, which required that they develop immunization policies.

Most sectors were instructed to require people get regularly tested for the virus if they are not vaccinated, but many took their policies further and required all workers get the shots.

Moore says he thinks the period of highest COVID-19 risk is over and that means vaccination policies are "no longer necessary."

He says they would ideally lift on March 1, when proof-of-vaccination rules are set to lift for customers in businesses and other indoor settings.

Moore noted that a vaccine mandate for long-term care workers came from the minister responsible for that sector, not the chief medical officer. He also did not specifically mention whether a vaccinate-or-test policy would remain for school employees.

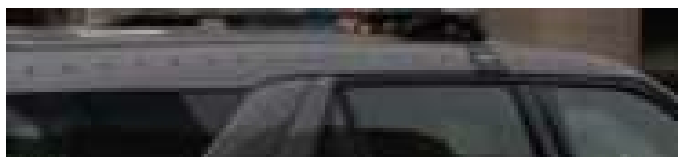
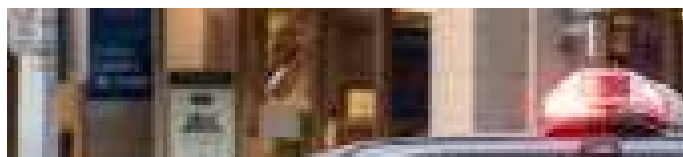
When it comes to masking, Moore says he will look to have an announcement those mandates as it relates to public spaces and schools by mid-March.

"If and when we transition it would be a mandate to mask to a recommendation to mask," said Moore. "I would certainly hope that vulnerable members of our community that are at risk for this virus, that are immune suppressed and transplant patients in public spaces would continue to mask."

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This is “**Exhibit K**” mentioned and
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Jasen Gannon

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Julian Castro Ortiz

BA093A15477944D...

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A Commissioner for Taking of Affidavits



0:15 / 22:35

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Ontario's top doctor provides COVID-19 update – February 17, 2022



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In Toronto, Dr. Kieran Moore, Ontario's chief medical officer of health, provides an update on the COVID-19 situation in the province. Show more
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Transcript

0:00

hi everyone thanks for joining we're

0:02

going to get started now today we have

0:04

Dr Moore here so I'll turn it over to

0:06

him for some brief remarks

0:08

good afternoon

0:12

it's been a little over two years since

0:14

Ontario reported its first case of covid

0:17

19. and in these two years we have

0:20

fought to reduce transmission

0:22

of this virus and minimize its severe

0:25

outcomes such as hospitalization and

0:28

death

0:29

we have seen the way we live work and

0:32

socialize change the public health

0:34

measures that have been implemented have

0:37

been necessary and have saved lives and

0:40

they have come at a cost to our mental

0:42

health our well-being and our

0:43

livelihoods I want to thank ontarians

0:46

for their sacrifices I know it has not

0:49

been easy

0:51

El

1:00

maisel

1:02

represents

1:08

the subsistence

1:20

well we know covid-19 is not going away

1:23

we are in a very different place than we

1:26

were two years ago we have greater

1:28

knowledge and experience in how this

1:30

virus behaves and what works to stop its

1:33

transmission we have tools that we have

1:36

not had before we have highly effective

1:39

vaccines that have changed the course of

1:41

this pandemic and we have effective

1:43

treatments for those at risk of getting

1:44

very sick our vaccination rates are

1:47

amongst the best in the world with over

1:49

90 percent of ontarians age 12 and over

1:52

with two doses we continue to make

1:55

progress in our vaccination campaign for

1:58

our 5 to 11 year olds 54 percent have

2:01

one dose in over 24 percent have two

2:05

doses

2:06

in over 6.7 million ontarians have

2:09

received their booster dose

2:12

many

2:13

of you heard the call for Arms by

2:16

rolling up your sleeves you have not

2:18

only protected yourselves from serious

2:20

illness and hospitalization you have

2:22

also helped our dedicated Frontline

2:24

healthcare providers by reducing the

2:27

burden on our health care System

2:29

while the risk remains this commitment

2:31

has paid off and means that we can

2:34

continue to ease some of the public

2:36

health restrictions today and again on

2:39

March 1st

2:40

deviled

2:56

reduce

3:13

the premiere of the Mars

3:15

easing measures allows our society to

3:18

start enjoying the things that improve

3:20

our well-being

3:22

but it also means continuing with

3:24

Ontario's staged phased cautious and

3:28

evidence-based approach this includes

3:30

keeping our Mass on a while longer and

3:33

that health and safety plans are in

3:35

place to keep public spaces safe for all

3:38

of us

3:39

as we move forward covid-19 vaccines

3:42

continue to remain a Cornerstone of our

3:45

plan to manage this virus as of 8 A.M

3:48

tomorrow February 18th Ontario is

3:51

expanding booster dose eligibility to

3:54

youth aged 12 to 17. appointments can be

3:57

booked through the provincial booking

3:59

system and provincial vaccine contact

4:02

center as well as pharmacies

4:04

administering the Pfizer vaccine

4:07

Pfizer

4:38

appointments can be booked for six

4:40

months or 168 days after a second dose

4:45

boosters are an effective means of

4:48

reducing your likelihood of becoming

4:49

seriously ill from covet 19. there's

4:52

also now good evidence that vaccination

4:55

Cuts your risk of developing long covid

4:58

syndrome in half

5:00

even if you have had covid in the past

5:02

getting vaccinated is still recommended

5:05

as it provides better protection against

5:07

future infection and it's never too late

5:11

to get vaccinated with your first second

5:13

or booster dose

5:16

we have in observed continued

5:19

improvements in stabilization and key

5:21

public health and health system

5:23

indicators the percent positivity

5:25

continues to decrease and new admissions

5:28

to hospital and ICU have been declining

5:30

week over week

5:32

these are there are also continued

5:35

decreases in the number of outbreaks in

5:37

high-risk settings such as hospitals and

5:39

Long-Term Care Homes once again I want

5:42

to thank ontarians for their incredible

5:44

sacrifices your Collective efforts have

5:46

allowed us to get back to where we are

5:48

today our plan to get here has always

5:52

been data driven and the decisions that

5:54

we make will continue to be based on the

5:56

best science and evidence the risk

5:58

remains

5:59

and we must remain Nimble in our

6:02

response and be ready to respond to new

6:04

risks in a manner that minimizes severe

6:07

outcomes and impacts on our health

6:09

system while limiting any further

6:11

disruptions of every person's daily

6:14

lives thank you merci

6:17

lines for questions just a reminder it's

6:19

one question one follow-up over to the

6:21

first question please

6:24

your first question comes from Richard

6:25

Southern with City News 680 please go

6:28

ahead

6:29

hi Dr Moore thanks for taking my

6:31

question doctor aside from yourself

6:33

ontarians have turned to the premier for

6:35

advice on what to do during the pandemic

6:37

this past Tuesday the premier suggested

6:40

there was little value in further rounds

6:42

of vaccination without pointing out that

6:45

it reduced hospitalizations the premier

6:47

said quote we also know that it doesn't

6:49

matter if you have one shot or 10 shots

6:52

you can still catch covid 19. doctor do

6:55

you think that comment was appropriate

6:56

coming from the premier well I can

6:58

understand his concern and it's about

7:00

the protection of the vaccine against

7:02

transmission and it has been excellent

7:05

against all the original strains against

7:07

of covid so Alpha Beta Gamma Delta it's

7:11

less effective against omicron against

7:13

transmission the good news is for this

7:15

vaccine that the protection is excellent

7:19

against severe outcomes and I think that

7:21

is what really needs to get highlighted

7:23

a third dose is over 90 effective

7:27

against admission to Hospital admissions

7:29

at the Intensive Care Aryan and or death

7:31

two doses is still excellent but three

7:33

doses are better two doses is around

7:35

eighty percent effective against severe

7:37

outcomes hospitalization ICU and death

7:40

so I think that's the story that really

7:42

needs to get told yes the vaccine with

7:44

three doses around 60 percent uh

7:47

protective against getting symptomatic

7:49

covid-19 disease but it's excellent

7:52

against the severe outcomes

7:54

follow-up

7:56

as we begin to loosen some restrictions

7:58

today we're learning that Wastewater

8:00

analysis shows that the reduction in

8:03

cases has plateaued can you speak to

8:06

that and does that give you any concern

8:07

right now doctor no I mean I think

8:10

that's excellent news if you look at the

8:11

epidemic curve of that data it really

8:14

shows we've reached our Peak several

8:15

weeks ago and that correlates to our
8:18
rise in admissions to hospital which
8:21
peaked in the third week of January and
8:23
they've been coming down ever since so
8:25
yes they're plateauing but they're
8:28
plateauing at a very low level and hence
8:31
I do think that the the peak and risk
8:34
and Peak and activity of Omicron is
8:36
behind us there remains a risk there
8:38
remains a risk of transmission every day
8:41
and hence the need to continue to wear
8:43
our masks at present but we'll we'll
8:45
review the evidence of when we can
8:46
further reduce that public health
8:49
measure of of masking in public spaces
8:51
and everyone should make a risk
8:54
assessment especially if you're
8:55
vulnerable to this virus if you're
8:57
elderly or immune suppressed please
9:00
continue to come forward and get
9:01
vaccinated as it protects against all
9:03
the severe outcomes but

9:05

I think the worst is behind us but there

9:09

is an ongoing risk I don't think and

9:12

I've had conversations with those

9:13

experts from the science table will have

9:15

a significant Rebound in activity or

9:17

impact on our health care System I do

9:19

think the worst is behind us

9:21

next question

9:23

your next question comes from Charlie

9:25

Pinkerton with Queen's Park briefing

9:27

please go ahead

9:29

hi good afternoon uh Dr Moore

9:32

um as part of the government's plan to

9:35

end its mandatory-proof vaccination

9:37

system on

9:39

um March the first um of the

9:41

understanding that uh the vaccine

9:43

mandates and soft vaccine mandates for

9:45

other professions will continue

9:49

um have you begun thinking about when

9:52

these should be ended

9:54

um and you know if so could you sort of

9:55

explain your where you currently stand

9:59

um on on these requirements

10:01

well thanks very much for that question

10:03

yes we're reviewing all directives and

10:05

letters of instruction that we put in

10:06

place across multiple sectors uh in

10:09

Ontario we do uh think the the highest

10:13

risk is behind us that we're heading

10:15

into a lower risk environment and that

10:18

the need for vaccination policies across

10:22

Ontario's sectors whether it's health or

10:25

in colleges and universities is no

10:28

longer necessary so we've started those

10:30

conversations just in the last couple of

10:31

days of when we will remove the

10:34

immunization policy requirement for

10:36

colleges and universities for other

10:38

workplace settings as well as in the

10:40

Health Care system I do think we should

10:42

align their removal with the removal at

10:45

a population level so on March 1st that

10:47

may be early for some organizations but

10:49

that's my goal is to have those

10:50

immunization policies removed by the

10:53

first they have done their uh their

10:56

intended purpose was to improve

10:58

immunization to further protect

11:00

ontarians I thank all on ontarians that

11:02

have come forward to get vaccinated but

11:04

they have served their purpose to

11:05

protect us and as any public health

11:08

measure they have to be removed in a

11:10

timely manner

11:12

follow-up

11:14

yes sorry sorry am I following you

11:16

correctly then that these other again

11:18

what I'd ask about the the other vaccine

11:20

mandates for professions essentially

11:23

um that they could be gone as soon as

11:26

March 1st and then just on top of that

11:30

you know various Public Health measures

11:32

have come and gone during the pandemic

11:34

of course
11:35
um once the proof vaccination system
11:38
goes away being likely the you know most
11:41
significant more one of the most
11:43
significant measures brought to date by
11:45
the government do you ever see yourself
11:47
recommending it return or or is that it
11:51
for the system
11:52
so I just want to make sure we're on the
11:54
same page we we have not mandated
11:57
immunizations we have mandated that
11:59
organizations have immunization policies
12:01
so that's typically uh get immunized get
12:04
educated regarding the benefits and risk
12:06
of the vaccine and or have a testing
12:08
strategy so that uh recommend that
12:10
mandate to have an immunization policy
12:12
will uh it's my intent together with no
12:15
negotiation with Partners to have them
12:17
removed by March 1st uh and um I think
12:21
that's prudent it follows the removal of
12:23
proof of immunization uh for other

12:26

venues so I think it's timely to remove

12:29

them for businesses it there may be

12:31

mandates uh by organizations that are

12:35

you know not government that would want

12:38

to have a testing strategy continue

12:40

especially if they have a high risk

12:42

setting and I'll just also be particular

12:46

that the that there was a mandate for

12:48

vaccination in long-term care facilities

12:50

by the minister that is separate as it

12:54

wasn't a directive by by the chief

12:57

medical officer Health office

13:04

Kenzie Suter with the Canadian press

13:06

please go ahead

13:08

hi Dr Moore I wanted to talk about the

13:11

the pace of the reopening plan uh the

13:13

latest version had 21 days between each

13:16

step and you've said repeatedly that's a

13:18

good and cautious way to monitor the

13:21

impact of each step but now we're less

13:23

than two weeks away before all capacity

13:25

limits and the vaccine certificates end

13:27

we're not going to have that much time

13:29

to moderate the impacts of the changes

13:31

today so could you just explain what the

13:33

rush is with this especially looking at

13:35

the the Wastewater data

13:37

well the Wastewater data has come down

13:40

significantly so we we are now if you

13:43

recall we put Public Health measures in

13:45

on January 5th we then open schools on

13:48

the 17th so there was roughly you know

13:51

12-day separation uh we then further

13:53

opened the economy again on the 31st so

13:56

another two-week separation we then made

13:59

a a 17-day separation so we're always

14:03

following the data and the science I'm

14:05

just so pleased that our hospitalization

14:08

rates are coming down very rapidly they

14:11

went up rapidly and and now they're

14:13

coming down in a very quick descent and

14:15

remembering hospitalization is a later

14:17

signal so I do think the risk is less at

14:20

a population level I I do think where

14:22

the worst is behind us in I think

14:25

following the data any public health

14:27

measure should be as short as possible

14:30

it limits people's freedoms and rights

14:32

and we have to be responsive uh to to

14:35

that and the implications of public

14:37

Health measures so we've always said

14:40

that they should be proportionate to the

14:42

risk and balanced in their response and

14:45

I think

14:46

shortening it by three to four days this

14:49

time from the 21st to the 17th was

14:51

reasonable and and because we're having

14:53

such a rapid dissent and I do anticipate

14:56

that we won't have any significant

14:57

Rebound in Risk to hospitalization that

15:00

we can continue

15:02

at a two-week march to March 1st to open

15:06

up more broadly

15:08

follow-up

15:10

yeah I'm just wondering as well about um

15:13

you know last year we lifted

15:14

restrictions at around this time with a

15:16

plan to not enforce them province-wide

15:19

again and then in a couple months we had

15:21

a hard lockdown basically in April

15:23

because of the pressures on the health

15:25

system and I know you've said you know

15:27

we have vaccines now things are

15:28

different but what's the plan in the

15:31

event that there is a new new variant

15:32

that strains the health system again

15:34

like the unexpected can happen as we

15:36

know so what is the the backup plan

15:39

would restrictions have be brought back

15:41

or we looking regionally or kind of what

15:44

um yeah could you just explain more the

15:45

thinking of kind of if things don't go

15:48

the way we want or these Trends don't

15:50

continue well I am optimistic

15:53

um that we're on the right path and want

15:55

to thank all ontarians for the

15:57

sacrifices they've made you're

15:58

absolutely right we're in a much better

16:00

position now with 90 of our 12 and up

16:03

population having had at least two doses

16:05

6.7 million ontarians having had three

16:08

Doses and now having wide availability

16:11

of other Therapeutics including

16:13

outpatient oral treatments much better

16:15

position now I absolutely don't want to

16:18

have to go back and and impose any

16:21

public health measures

16:23

um you're basically asking are we ready

16:25

if there's a new variant we've got a

16:28

very robust surveillance system we can

16:31

expand our PCR testing capacity if

16:34

necessary to try to deal with a new

16:36

strain or variant we've got plenty of

16:39

Public Health experience and health

16:41

system infrastructure now in place more

16:43

ICU beds more treatment options for

16:46

patients so I think we're in a much

16:47

better position now I also think

16:49

internationally we have more people

16:52

immunized at an international level we

16:54

still have a long ways to go at least 40

16:57

percent more of the global population

16:59

should get access to vaccines and that's

17:02

an international effort once we get that

17:05

the risk of new variants emerging should

17:08

decrease but we have a a robust

17:11

surveillance system both provincially

17:13

and nationally I trust our public health

17:15

agency of Canada to be monitoring the

17:17

international scene as well for any new

17:19

variants and to be able to put in travel

17:21

restrictions if and when necessary we've

17:24

learned plenty in the last two years of

17:26

how how to reduce the risk and I think

17:29

the science behind this is much better

17:31

than we've ever had

17:33

last question unless someone else joins

17:35

the queue

17:37

your next question comes from Jeff Gray

17:39

With The Globe and Mail please go ahead

17:42

oh hi Dr Moore I just wanted to ask

17:44

about the timeline for for lifting masks

17:48

um you know you've mentioned I guess the

17:50

two-week period between restrictions

17:52

that when they're lifted and so on to

17:54

see for the impacts I think you've

17:56

mentioned also a possible level of uh

18:00

ten a rate of 10 uh per 100 000 in

18:03

infections can you is there a criteria

18:05

on when you would look at lifting masks

18:07

and would you do it across the board or

18:09

would we leave them in schools and on

18:11

Transit and hospitals or can you talk a

18:13

bit more about when that's coming and

18:14

what it'll look like well thanks very

18:16

much it's a great question Jeff and

18:17

we're actively working on that we want

18:19

to open up on the 17th and make sure

18:21

that that's done safely uh further

18:24

opening on the first and monitor the

18:25

data as we've done in a phase staged

18:27

approach it's worked well for us in

18:29

Ontario uh and two weeks after that we

18:31

review any other public health measures

18:33

including masking uh if if and when we

18:36

transition it would be from uh you know

18:39

a mandate to mask to a recommendation to

18:42

mask I would certainly hope that

18:44

vulnerable members of our community that

18:46

are at risk for this virus that are

18:47

immune suppressed or transplant patients

18:49

in public spaces would continue to mask

18:51

and we may review masking for public

18:54

spaces like and Transport Systems like

18:58

Subways buses Etc to ensure that

19:00

everyone's confident to use those

19:02

resources so if you'll bear with us

19:04

we're going to follow the data follow

19:06

the evidence and anticipate that we'll

19:08

be reviewing uh masking in public on the

19:12

second to third week of of March and

19:15

make decisions for all public spaces

19:18

including schools in that time frame

19:21

follow-up

19:27

malls and Retail and so on but but it

19:31

might possibly remain in certain

19:33

settings even after that time

19:35

but we absolutely want to look at the

19:38

risk at a population level

19:40

and make sure that we're in a safe place

19:43

across Ontario across all regions

19:46

because this will be removing it for all

19:48

ontarians and we know there are some

19:49

Regional differences even right now in

19:52

omocron activity is higher in the north

19:54

and Northeast so but you have our

19:57

assurance that we're going to review all

19:59

measures including masking and we'll

20:02

make the removal at a population level

20:04

when it's the safest time for ontarians

20:06

but ensure that those that are

20:09

vulnerable feel confident to continue to

20:11

wear them to best protect themselves we

20:14

all need a break from them

20:16

but reminding ourselves that we may need

20:19

them again in the fall if Omicron comes

20:22

back and obviously all the other

20:24

respiratory viruses are going to want to

20:26

come back given we haven't been exposed

20:28

for many years against them last

20:30

question

20:33

your final question comes from Randy

20:35

Rath with chch TV please go ahead

20:39

yeah hi doctor

20:41

um I'm wondering if you're saying that

20:44

the the necessity for um vaccine

20:48

mandates in workplaces is is gone on on

20:51

March 1st should people that were fired

20:54

that lost their employment because they

20:56

refused to get a a vaccination should

20:58

they be rehired

21:00

well I would leave that up to the

21:01

individual Corporation our policy and

21:04

recommendation was to have an

21:06

immunization policy whether you

21:08

vaccinate or get tested if they've gone

21:12

forward and had a mandate which was not

21:14

our Direction I would leave it up to the

21:17

individual Corporation to negotiate that

21:19

with their Workforce

21:21

follow up and this is the last question

21:24

would you Doctor feel confident

21:27

that I'm unvaccinated person

21:31

could go and work in a long-term care

21:34

facility now

21:36

well that's a good question I I think

21:38

we've improved the infection prevention

21:39

and control practices uh significantly

21:42

in long-term care

21:44

I think as we head to low endemicity and

21:49

low risk environments in that setting we

21:51

should absolutely review all measures

21:54

that have been put in play but infection

21:57

prevention control practices so masking

21:59

and hand hygiene all those practices

22:02

that work so well before we have vaccine

22:05

have to be monitored you need good
22:07
quality assurance that they're
22:09
maintained and the workforce is educated
22:11
in them realize their benefit and I
22:14
think that's one of the biggest lessons
22:15
learned from our long-term care
22:17
activities is how to ensure ongoing
22:21
sustained benefit of the Baseline
22:24
infection prevention control practices
22:26
to best protect their clientele
22:29
thanks everyone

English (auto-generated)



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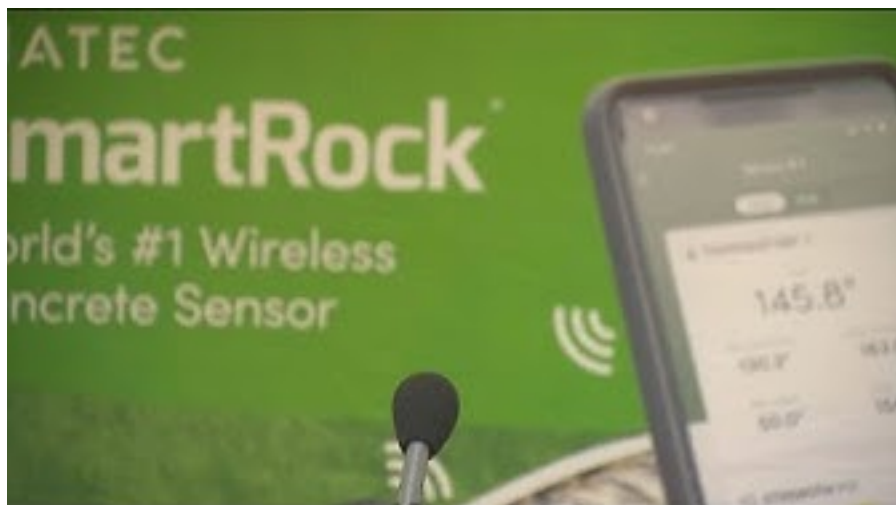


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Court File No. CV-22-00684908-0000

BETWEEN

MICHAEL HEYNESBROEK

et al

(Plaintiffs)

and

**THE CORPORATION OF
THE CITY OF WINDSOR**

(Defendant)

ONTARIO

SUPERIOR COURT OF JUSTICE

PROVEEDING COMMENCED AT TORONTO

AFFIDAVIT OF JASEN GANNON

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