CORRESPONDENCE – June 2020

a) Date: 2020 May 20

Topic: Basic Income for Income Security during COVID-19 Pandemic and Beyond

From: Simcoe Muskoka District Health Unit

To: Prime Minister Trudeau, Minister Chrystia Freeland, Minister Morneau

Background:

On May 20, 2020, the Board of Health for Simcoe Muskoka District Health Unit wrote to Prime Minister Trudeau as well as Minister Freeland and Minister Morneau in support of the Canada Emergency Response Benefit (CERB). The Board of Health raised concerns about Canadians who do not qualify for measures such as CERB are left vulnerable to household food insecurity and other negative consequences of income insecurity. The Simcoe Muskoka District Health Unit urges the federal government to take action and evolve CERB into legislation for an effective long-term response to problems of income insecurity, persistent poverty and household food insecurity.

Recommendation: Receive.

b) Date: 2020 March 13

Topic: Appointment of Dr. Miriam Klassen
From: Christine Elliott, Minister of Health
To: Board of Health, Huron Perth Health Unit

Background:

On March 13, 2020, Minister Elliott wrote to the Board of Health for Huron-Perth Health Unit approving the appointment of Dr. Miriam Klassen to the position of Medical Officer of Health for the newly constituted Huron Perth Health Unit.

Recommendation: Receive.

c) Date: 2020 June 9

Topic: Ontario Health reporting inaccuracy COVID-19 Enhanced Surveillance of Long-Term

Care

From: Mr. Mitch Towlan, Chair of the Board of Health, Grey Bruce Health Unit

To: Mr. Bruce Lauckner, Transitional Regional Lead West, Ontario Health & CEO for Erie

St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington

LHINS

Background:

On May 5, 2020 the Premier stated in the media that some Health Units and their Medical Officer's of Health were performing in a less than optimal manner. This was after receiving erroneous data from Mr. Lauckner. Mr. Lauckner confirmed on May 7, 2020 with the Board Chair, Warden of Bruce County and Warden of Grey County and other of his error in reporting to the Premier. He noted that he would immediately communicate with the Premiers Office to ensure that the correction of the data would occur. The Health Unit is requesting a written response, confirming that the error was reported to the Premier and that the correction was completed.

Recommendation: Receive.



May 20, 2020

The Right Honourable Justin Trudeau, P.C., MP Prime Minister of Canada Office of the Prime Minister 80 Wellington Street Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P. Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

The Honourable Bill Morneau, P.C., M.P. Minister of Finance 90 Elgin Street, 17th Floor Ottawa, ON K1A 0G5

Dear Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to convey our strong support for the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

While we commend the federal government for the economic measures that have been put into place to support Canadians during this unprecedented time of the COVID-19 pandemic, we also know that many are falling through the cracks. Measures such as the CERB, the Canada Emergency Student Benefit (CESB) and the Canada Emergency Wage Subsidy (CEWS), though necessary and very important, have left many Canadians, who do not qualify for or not able to access these programs, vulnerable to household food insecurity and the negative consequences of income insecurity and poverty such as inadequate or unstable housing, and poorer mental and physical health, including chronic diseases. A basic income would address these gaps, offering support to the most vulnerable Canadians.

Before the COVID-19 pandemic, many Canadians were already experiencing household food insecurity. In 2017-18 approximately 4.4-million (1 in 8) Canadians reported being food insecure, including 1.2 million children under the age of 18. As a result of COVID-19, this number is predicted to increase as many individuals are facing precarious employment, have had their hours reduced or have lost their jobs altogether. Many are relying on food banks and other charitable programs, however, this only meets the need on a temporary basis and is not a long term solution.

☐ Barrie: 15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520 FAX: 705-721-1495 ☐ Collingwood: 280 Pretty River Pkwy. Collingwood, ON L9Y 4J5 705-445-0804 FAX: 705-445-6498 ☐ Cookstown: 2-25 King Street S. Cookstown, ON L0L 1L0 705-458-1103 FAX: 705-458-0105 ☐ Gravenhurst: 2-5 Pineridge Gate Gravenhurst, ON P1P 1Z3 705-684-9090 FAX: 705-684-9887 ☐ Huntsville: 34 Chaffey St. Huntsville, ON P1H 1K1 705-789-8813 FAX: 705-789-7245 ☐ Midland: A-925 Hugel Ave. Midland, ON L4R 1X8 705-526-9324 FAX: 705-526-1513 ☐ Orillia: 120-169 Front St. S. Orillia, ON L3V 4S8 705-325-9565 FAX: 705-325-2091 Examples of key Canadian initiatives that demonstrate the positive impact of basic income-like programs on health and well-being include the Old Age Security and Guaranteed Income Supplement through Canada's public pension system, the Canada Child Benefit, and the Newfoundland Poverty Reduction Strategy.

Basic income pilots for working-age adults in Canada have also led to promising findings, including the Mincome pilot in Manitoba and the recent Ontario Basic Income Pilot. The research study, Southern Ontario's Basic Income Experience released in March 2020, is based on Ontario's pilot. This pilot was implemented in three Ontario cities in 2018 by the provincial government, and the project was terminated in 2019 following a change in government. While the formal pilot evaluation was cancelled, this research study made use of surveys of individuals from Hamilton, Brantford and Brant County who had been enrolled in the pilot (217 individuals participated out of 1000 enrolled households), and interviews with 40 participants. Some of the key findings cited by participants in this report include improvements in physical and mental health; increased labour market participation; moving to higher paying and more secure jobs; reduced household food insecurity; housing stability; improved financial status and social relationships; less frequent visits to health practitioners and hospital emergency rooms; improved living standards; and an improved sense of self-worth and hope for a better future.

Additional evidence supporting the potential of a basic income for reducing the prevalence and severity of household food insecurity is presented in: <u>Implications of a Basic Income Guarantee for Household Food Insecurity</u>, a research paper prepared for the Northern Policy Institute based on the Ontario Basic Income Pilot.

Moving forward during and following the COVID-19 pandemic is an opportune time for the federal government to take action to evolve the CERB into a basic income. This would provide income security to all Canadians during the economic challenges of the pandemic itself, the post-pandemic recovery, and into the future. This is particularly pertinent given the dramatic shifts in the labour market in recent decades, such that full-time permanent employment is no longer the norm. The current CERB has helped demonstrate the logistical feasibility of delivering a basic income, and it could be readily evolved into an ongoing basic income for anyone who falls below a certain income floor. There is evidence of growing support for this concept, as outlined in Appendix A. The Basic Income Canada Network has outlined key features of basic income design for Canada, which we support.

The SMDHU has been a strong proponent of basic income repeatedly since 2015. This includes having sponsored a resolution at the Association of Local Public Health Agencies (alPHa) general meeting endorsing the concept of basic income and requesting the federal and provincial governments jointly consider and investigate a basic income policy option for reducing poverty and income insecurity (2015), and expressing support and input into the Ontario Basic Income Pilot (2017). SMDHU has also been encouraging advocacy for income solutions to household food insecurity through our No Money for Food is Cent\$less initiative since 2017.

In keeping with this, we strongly recommend your government take swift and immediate action on the evolution of the CERB Benefit into legislation for a basic income as an effective long-term

response to the problems of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau Chair, Board of Health

AD:CS:cm

Encl. (1)

cc. Hon. Doug Ford, Premier of Ontario
Simcoe and Muskoka MPs and MPPs
Simcoe Muskoka Municipal Councils
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

Appendix A: Examples of Support for Basic Income in Response to COVID-19 and Beyond

On April 21, 2020, 50 members of Canada's Senate wrote a <u>letter</u> to the federal government calling for a restructuring of the CERB into a minimum basic income to "ensure greater social and economic equity", especially for those who are most vulnerable. In support of this letter, Senator McPhedran's Youth Advisory Council, the Canadian Council of Young Feminists, in collaboration with the Basic Income Canada Youth Network, sent their own <u>letter</u> to the federal government.

In our region, Simcoe North MP Bruce Stanton has expressed agreement that it's time to consider basic income. He is quoted as saying "Based on my reading of this, like Senator Boniface, I am persuaded that it could be very good public policy" (News Story).

The Ontario Dietitians' of Public Health (ODPH) have also written a <u>letter</u> to the federal government stating "We ask that you take immediate action to enact legislation for a basic income guarantee as an effective long-term response to the problem of persistent poverty and household food insecurity as well as shorter-term consequences of the economic fallout of the COVID-19 pandemic".

The Board of Health of the Kingston, Frontenac, Lennox and Addington Health Unit in Ontario also passed a motion requesting the federal government to provide a basic income support to all Canadians (News Story).

June 8, 2020



Bruce Lauckner Transitional Regional Lead West, Ontario Health CEO for Erie St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington LHINs

Dear Mr. Lauckner,

Re: Ontario Health reporting inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care

On the May 7, 2020, Bruce-Grey COVID-19 Update Call you debriefed myself as the Board of Health Chair and Warden of Bruce County, and Paul McQueen, Warden of Grey County among others on the status of the Grey Bruce Health Unit (GBHU) with regards to the Enhanced Surveillance of COVID-19 testing in Long-Term Care, as directed by the Ministry of Health, and the data reporting inaccuracy that took place.

In your debrief, you spoke very highly of Dr. Ian Arra as the Medical Officer of Health (MOH) for the Grey and Bruce Counties, and of the GBHU performance. You attested that the GBHU has met and exceeded the Ministry of Health's expectation by reaching testing targets before the required deadlines.

You also explained what led to presenting inaccurate testing data to the Premier erroneously reflecting suboptimal performance of a number of the health unit in the South West Ontario Health Region. The reported number of swabs completed was substantially lower than actual number by a wide margin. For the GBHU, the inaccuracy showed 5% completion rate instead of the actual 45% at the time.

You explained that data from the Ontario Laboratory Information System (about 2 week old data) was possibility used instead of the diligently reported data by these health units on a daily basis.

The inaccurate data resulted in the Premier's statement in the media on May 5, 2020 describing the less than optimal performance of these health units and their MOHs. The Premier's statement was appropriately proportionate to the data that was presented.

You indicated in the meeting, what you had confirmed with the MOH on May 6, 2020, that the data inaccuracy was immediately communicated to the Premier's Office and that correction of the data was to follow.

No further communication has been forth coming from yourself as the CEO or your office representatives regarding this data inaccuracy, nor if the issue has been reported to the Premier's Office for knowledge and correction.

We respectfully request a written response confirming and outlining the following points. First, that the data inaccuracy was appropriately reported to the Premier's Office and the correction was completed. Second, and equally important, that mitigation measures have been implemented to prevent such inaccuracy from occurring in the future.

Yours truly,



Mitch Towlan

Chair of the Board of Health Grey Bruce Health Unit 101 17th Street East Owen Sound ON N4K 0A5 Phone: (519)376-9420, Ext. 1241

CC

Office of the Premier
Minister of Health
Minster of Long-Term Care
MPP Lisa Thompson
MPP Bill Walker
Chief Medical Officer of Health, Dr. David Williams
Boards of Health – Ontario

Ministry of Health

Office of the Deputy Premier and Minister of Health

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eApprove 72-2019-33

Ms. Kathy Vassilakos Chair, Board of Health Huron Perth Health Unit 653 West Gore Street Stratford ON N5A 1L4

Dear Ms. Vassilakos:

I am writing with respect to the Board of Health's appointment of Dr. Miriam Klassen to the position of Medical Officer of Health for the newly constituted Huron Perth Health Unit.

I am pleased to approve the appointment of Dr. Klassen as the Medical Officer of Health for the Huron Perth Health Unit.

This approval is granted in accordance with Clause 64(c) of the *Health Protection and Promotion Act.*

Sincerely,

Christine Elliott

Deputy Premier and Minister of Health

Christine Elliatt

c: Dr. Miriam Klassen, Medical Officer of Health, Huron Perth Health Unit Hon. Lisa M. Thompson, MPP, Huron-Bruce Randy Pettapiece, MPP, Perth-Wellington

Dr. David Williams, Chief Medical Officer of Health