

Board Correspondence September 2020

Date	From	Subject
June 8, 2020	Grey Bruce Health Unit	Ltr to Ontario Health – OH reporting inaccuracy COVID-19 Enhanced Surveillance of LTC.
June 19, 2020	Haliburton, Kawartha, Pine Ridge District Health Unit	Ltr to Minister of Health – endorsement of 2020 Municipal Cost Share of PH funding from Eastern Ont. Health Unit and correspondence regarding reconsideration related to PH Modernization from alpha.
June 19, 2020	Haliburton, Kawartha, Pine Ridge District Health Unit	Ltr to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance – Basic income for income security during covid-19 pandemic and beyond.
June 19, 2020	Office of the County Warden	Ltr to Deputy Minister and Minister of Health – clarification on Ministry’s criteria to move to stage 3 – <i>Framework for Reopening Our Province</i> .
June 25, 2020	Peterborough Public Health	Ltr to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance – Basic income for income security during covid-19 pandemic and beyond.
June 29, 2020	Porcupine Health Unit	Ltr to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance – Basic income for income security during covid-19 pandemic and beyond.
July 16, 2020	Renfrew County and District Health Unit	Ltr to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance – Basic income for income security during covid-19 pandemic and beyond.
July 16, 2020	Renfrew County and District Health Unit	Ltr to Minister of Health – endorsement of 2020 Municipal Cost Share of PH funding from Eastern Ont. Health Unit and correspondence regarding reconsideration related to PH Modernization from alpha.
July 16, 2020	Renfrew County and District Health Unit	Ltr to Minister of Health – endorsement of the alpha’s Response to the PH Modernization Discussion Paper.
July 27, 2020	Municipality of Chatham-Kent	Ltr to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance – Basic income for income security during covid-19 pandemic and beyond.
July 30, 2020	Municipality of Chatham-Kent	Ltr to Minister of Health and Minister of Justice – decriminalization of Personal Possession of Illicit Drugs.
August 19, 2020	Simcoe Muskoka District Health Unit	Ltr to Deputy Premier – request for immediate provision of the funding allocations to local boards of health regarding <i>COVID-19 Extraordinary Expenses</i> and for <i>School-Focused Nurses</i> .
August 25, 2020	Windsor-Essex County Health Unit	Thank you letter to THU for the knowledge, expertise and pandemic support in response to call for assistance.

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.

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

519-376-9420

1-800-263-3456

Fax 519-376-0605

Yours truly,

A handwritten signature in black ink, appearing to read 'Mitch Towlan', with a stylized, sweeping flourish.

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**



June 19, 2020

The Honourable Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3
(Sent via email to: christine.elliottco@ola.org)

Dear Minister Elliott

RE: Endorsement of correspondence regarding the 2020 Municipal Cost Share of Public Health Funding from Eastern Ontario Health Unit and correspondence regarding COVID-19 and Reconsiderations Related to Public Health Modernization from the Association of Local Public Health Agencies

At its meeting held on June 18, 2020, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit) passed the following motion:

“THAT the correspondence sent by the Eastern Ontario Health Unit to the Minister of Health regarding the 2020 Municipal Cost Share of Public Health Funding (attached), and the correspondence sent by the Association of Local Public Health Agencies to the Minister of Health requesting consideration of a pause on the Public Health Modernization initiative (attached) be endorsed; and THAT the provincial share of public health funding be reinstated to its previous level; and THAT a letter of support be sent to The Honourable Christine Elliott”.

The Board Health agrees with the Eastern Ontario Health Unit and the Association of Local Public Health Agencies that the Public Health Modernization process should be deferred until after the COVID-19 response is examined and that public health funding should be restored to its previous level for 2020.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Doug Elmslie
Chair, Board of Health
DE/aln/ed

Cc (via email): Dr. David Williams, Ontario Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Association of Municipalities of Ontario (AMO)
Jennifer Moore, CAO, Northumberland County
Mike Rutter, Chief Administrative Officer, County of Haliburton
Ron Taylor, Chief Administrative Officer, City of Kawartha Lakes
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

Attachments: 2

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200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

Cornwall, February 12, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto ON M7A 1E9

Dear Minister Elliott:

RE: 2020 Municipal Cost Share of Public Health Funding

At its meeting on January 30, 2020, the Eastern Ontario Health Unit (EOHU) Board of Health unanimously passed the following motion number 2020-1393:

***WHEREAS** the Ontario Government's Public Health Modernization Consultation process is still ongoing and in fact delayed;*

***WHEREAS** the Public Health Modernization Consultation process does not address public health funding models including municipal cost-share;*

***WHEREAS** without prior consultation nor discussion with health units or municipalities and before a new public health structure model has been devised and implemented, the municipal public health funding share for 2020 has been increased to 30% and now extends to include programs not previously cost-shared with municipalities;*

***WHEREAS** the 30% share across all programs, including those previously not cost-shared will result in significant and likely unsustainable increase of close to 50% to the EOHU's 3 obligated, mostly rural municipalities which have a limited tax base;*

***WHEREAS** the EOHU's obligated municipalities have planned for a 2020 modest overall contribution increase of up to 2% which is less than their new 30% cost-share formula 2020 contribution, even offset by verbally confirmed one-time transitional funding by the Ministry of Health;*

***THEREFORE, BE IT RESOLVED THAT** for the calendar year of 2020 the provincial Ministry of Health reverse the 30% cost-share formula and return to previous years' municipal share of 25% applicable only to previously shared mandatory programs;*

and

***FURTHERMORE THAT** copies of this motion be forwarded to local municipalities, the Wardens Caucus of Eastern Ontario, the Association of Municipalities of Ontario (AMO), ROMA, local MPPs, MPP Steven Clark, all Ontario Boards of Health, the Association of Public Health Agencies (aPHa) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.*

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www.EOHU.ca • 1 800 267-7120 • www.BSEO.ca

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Si les renseignements sont requis dans un autre format, veuillez appeler au 1 800 267-7120 et faire le 0.

Thank you for your attention to this important public health issue.

Sincerely,



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy: Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
Warden's Caucus of Eastern Ontario
Association of Municipalities of Ontario (AMO)
ROMA
City of Cornwall
Ontario Boards of Health
Association of Public Health Agencies (alpha)
Office of the Chief Medical Officer of Health
Jim McDonell, MPP, Stormont - Dundas - South Glengarry
Amanda Simard, MPP, Glengarry - Prescott-Russell
Steven Clark, Minister of Municipal Affairs



Association of Local
PUBLIC HEALTH
Agencies

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

www.alphaweb.org

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

March 6, 2020

Hon. Christine Elliott
Minister of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott,

Re: COVID-19 and Reconsiderations Related to Public Health Modernization

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to urge you to consider pausing the Public Health Modernization Initiative until the COVID-19 emergency is declared over in order to ensure that the response can be analysed, evaluated and incorporated into the consultations.

After a long period of uncertainty within the public health sector, we were indeed very grateful for your January 31 news release that included your praise of public health's "remarkable responsiveness" to the 2019 novel coronavirus and your expression of confidence that dedicated public health professionals are keeping Ontarians safe.

As we noted in our submission to the Public Health Modernization consultation paper, commitments to strengthening Ontario's public health system in response to the Walkerton, SARS and H1N1 health emergencies (including increased provincial responsibility for funding, strengthened role of the Chief Medical Officer of Health and creation of The Ontario Agency for Health Protection and Promotion) have led to measurable improvements to the Ontario public health sector's capacity to detect and respond to emerging threats. The swift collective and thorough response to the COVID-19 epidemic is a clear application by Ontario's public health sector of the lessons learned from the 2003 SARS outbreak.

This is not to say that activating our emergency response mechanisms has become a simple matter. Emergency response is by its very nature incredibly resource intensive and requires a high degree of ingenuity and nimbleness to adapt the response to a constantly evolving situation. Unfortunately, this can have a measurable impact on the equally important health protection and promotion activities that Ontario's dedicated public health professionals carry out every day to keep Ontarians well.

As we also noted in our submission to the Public Health Modernization team, the capacity for most public health units has been steadily eroding over the years largely due to the Ministry putting caps (often 0%) on annual budget increases that are necessary to cover the costs of delivery of new programs, annual CPI increases and honouring collective agreements. This erosion will be significantly and immediately compounded by the Province's abrupt and unjustified decision to immediately shift 5% of the cost-shared and 30% of previously 100% provincially funded public health programs to municipalities.

It is often said that public health is at its best when it's invisible to the public. In other words, its most important and effective contributions to population health are in fact those day-to-day health promotion, disease prevention and surveillance activities that we know will protect people from ever-present threats to their health and well being. In the Ontario Public Health Standards, this province has one of the world's strongest foundations for these contributions. The chronic inadequacy of resources to meet our daily obligations is regrettably brought into stark relief when they need to be diverted to emergency response duties.

As the response to COVID-19 has progressed, the PH-EMS Modernization team has recognized the need for local public health to focus on its work without distraction and postponed further face to face consultations with local public health in addition to extending the deadline for written submissions. We are respectfully asking that you reinforce this by providing official direction to pause the modernization process at least until the COVID-19 emergency is declared over, a full analysis of the response has been conducted and the lessons learned have been applied.

In addition, we are asking you to immediately reverse the download of the provincial portion of the public health funding envelope to restore the degree of financial certainty required to ensure that the both the extraordinary response and routine public health activities remain robust.

We see this test of public health as an important opportunity to take a collective step back and reconsider the approach that is being taken towards Ontario's public health sector, as a keener understanding of its purpose is re-entering the public and political discourse. We are eager to assist you in achieving your vision of a "coordinated public health sector that is nimble, resilient, efficient and responsive to the province's evolving health priorities" and we look forward to continuing the vital Public Health Modernization discussions that have already begun.

In the meantime, we are once again asking that the public health aspect of the PH-EMS Modernization endeavour be deferred until such a time as the COVID-19 response can be examined in retrospect and inform those discussions, and that the provincial share of public health funding be restored to its previous level at least until the discussions have concluded.

We would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,
alPHa President

COPY: Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Adviser, Public Health Modernization



June 19, 2020

The Right Honourable Justin Trudeau
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland
Deputy Prime Minister
Privy Council Office, Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

The Honourable Bill Morneau
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
Sent via email: bill.morneau@parl.gc.ca

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

Re: Support for Basic income for all Canadians during the COVID-19 pandemic and beyond

At its meeting held on June 18, 2020, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed and endorsed correspondence from the Board of Health for the Simcoe Muskoka District Health Unit recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.

Inadequate income and household food insecurity results in poor health outcomes and higher health care costs. In the midst of the COVID-19 pandemic, that means increased susceptibility to severe complications of and death from COVID-19 and higher demands of an already strained health care system. A basic income guarantee is an essential component of a long-term solution to effectively eliminate poverty and household food insecurity and a short-term strategy to the economic consequences of the COVID-19 pandemic. The Haliburton, Kawartha, Pine Ridge District Health Unit's Board of Health supports the recommendations made by the Board of Health for the Simcoe Muskoka District Health Unit.

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200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

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Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

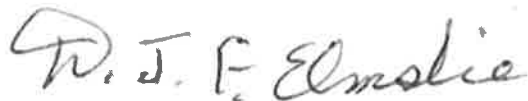
LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

The Right Honourable Justin Trudeau
The Honourable Chrystia Freeland
The Honourable Bill Morneau
June 19, 2020
Page 2

We appreciate your consideration of this important public health issue.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie, Chair, Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit

DE/st/ed

Attachments: The Board of Health for the Simcoe Muskoka District Health Unit's letter dated May 20, 2020
Haliburton, Kawartha, Pine Ridge District Health Unit's Basic Income Guarantee Position Statement
(September 14, 2016)

cc: The Hon. Andrew Scheer
Mr. Jagmeet Singh
Ms. Jo-Ann Roberts
M. Yves-François Blanchet
The Hon. Premier Doug Ford
The Hon. Christine Elliott, Minister of Health
Dr. David Williams, Ontario Chief Medical Officer of Health
MP Philip Lawrence
MP Jamie Schmale
MPP Laurie Scott
MPP David Piccini
City of Kawartha Lakes
Haliburton County
Northumberland County
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health



Office of the County Warden
789 Broadway Street, Box 3000
Wyoming, ON N0N 1T0

Telephone: 519-845-0801
Toll-free: 1-866-324-6912
Fax: 519-845-3160

June 19, 2020

BY EMAIL

The Honourable Christine Elliott
Deputy Premier & Minister of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 2J3

Attention: The Honourable Christine Elliott, Deputy Premier and Minister of Health

Re: Clarification on Ministry's Criteria to Move to Stage 3 in the - *Framework for Reopening Our Province*

On behalf of the Board of Health for Lambton County, I want to take this opportunity to thank you for your leadership during the COVID-19 pandemic. We also thank you for recognizing the hard work of our public health professionals and frontline heroes who have worked tirelessly on the ground to contain this deadly virus.

At its recent meeting on June 17, 2020, Lambton County Councillors (Board of Health) expressed concern about the lack of publicly available criteria that the province will use to advance public health unit jurisdictions from Stage 2 to Stage 3 of the Ministry's document ***A Framework for Reopening our Province***. In follow-up, we are requesting that you share the criteria that the Ministry of Health will rely upon to move into Stage 3 and ensure that this information is communicated early so that it is clearly defined and understood.

Knowing the province's criteria is important to all our community stakeholders who need to have advance notice to safely plan and prepare for reopening their businesses, agencies and organisations. The need to fully understand the province's criteria is an important next step for responsible reopening and this information needs to be publicly available.

Please know that the Board of Health for the County of Lambton is a committed local partner in working with the province to emerge from this crisis. Thank you for your attention to this important matter.

Sincerely,



Warden Bill Weber
County of Lambton



Dr. Sudit Ranade
Medical Officer of Health

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Monte McNaughton, Minister of Labour, M.P.P. Lambton-Kent-Middlesex
The Hon. Bob Bailey, M.P.P. Sarnia-Lambton
Dr. David Williams, Chief Medical Officer of Health
The Hon. Lianne Rood, M.P. Lambton-Kent-Middlesex
The Hon. Marilyn Gladu, M.P. Sarnia-Lambton
Lambton County Councillors
Dr. Sudit Ranade, Lambton County Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services, County of Lambton
All Ontario Boards of Health

June 25, 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
justin.trudeau@parl.gc.ca

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

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
bill.morneau@parl.gc.ca

Dear Prime Minister, Deputy Prime Minister and Minister Morneau:

Subject: Endorsement of the letter from Simcoe Muskoka District Health Unit, *Basic Income for Income Security during COVID-19 Pandemic and Beyond*

I am writing on behalf of the Board of Health for Peterborough Public Health to express support for recommendations from the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, for the “evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.”

As mentioned in the letter endorsed by SMDHU, from the Ontario Dietitians in Public Health, there is a lack of evidence that charitable food distribution systems can lower household food insecurity rates. Basic income is an evidence-based strategy to address poverty and household food insecurity in Canada.

Poverty and household food insecurity are severe problems in Peterborough. For example, half of single mothers in Peterborough are food insecure, worrying about running out of money for food.¹ Also, many residents have little income left over after paying rent: Peterborough has the highest percentage of renting households with unaffordable shelter costs in Canada, and over half of local renters are housing insecure.² There are also significant income challenges faced by rural communities, including those in the Peterborough County. Of note, net farm incomes in Ontario were almost 50% lower in 2019 when compared to 2017, highlighting risk of poverty for farmers.³

During the COVID-19 pandemic and beyond, local residents and all Canadians require adequate incomes to meet basic needs and live with dignity. Basic income is a strategy that has been shown to facilitate critical outcomes including housing stability, household food security, and improved physical and mental health. Basic income would also allow for flexibility of Canadians to meet needs in ways that are reflective of their cultures and traditions. A basic income is what our country needs to address impacts of COVID-19 and other adversity we will face, to allow for an equitable, healthy, and resilient future.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Local MPs
Opposition Critics
The Association of Local Public Health Agencies
The Ontario Public Health Association
Ontario Boards of Health

¹ Peterborough Public Health. (2019). Limited Incomes Report: No Money for Food is Cent\$less. Retrieved from: <https://www.peterboroughpublichealth.ca/reports-and-data/>

² United Way Peterborough and District. (2019). Housing is Fundamental. Retrieved from <https://www.uwpeterborough.ca/housing-is-fundamental/>

³ Statistics Canada. (2020). Net Farm Income (x1000). Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3210005201>

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.ⁱ 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: 705-445-8498	□ 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
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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: *Implications of a Basic Income Guarantee for Household Food Insecurity*, 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 letter 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 letter 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 letter 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 29, 2020

The Right Honourable Justin Trudeau, P.C., M.P.
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:

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

The Board of Health for the Porcupine Health Unit strongly supports a basic income for all Canadians to ensure everyone has a sufficient income to meet their basic needs. As such, the Board of Health endorses the enclosed correspondence to the federal government from Simcoe Muskoka District Health Unit, dated May 20, 2020, Timiskaming Health Unit, dated June 9, 2020, the Ontario Dietitians in Public Health, dated May 9, 2020 and Canada's Senate, dated April 21, 2020. These letters request that the federal government change the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

The measures taken during COVID-19 to support Canadians are an important opportunity to address the economic disparities that impact health. Income insecurity impacts the health of the population. This includes housing instability, food security, poorer physical and mental health outcomes as well as chronic health conditions. Food insecurity is an important public health issue in the Porcupine Health Unit (PHU) area. The PHU is located in Northeastern Ontario and serves communities in the Cochrane District as well as Hornepayne, in Algoma District. Geographically, the PHU is the largest of the 34 health units in Ontario. As the most sparsely populated of all the health units, about one-third of the PHU area is rural. There are many demographic and socioeconomic factors that make the PHU district unique in the province, including a higher Francophone and Indigenous population in addition to a higher unemployment rate, a higher percentage of those not completing high school and lower life expectancy.⁽¹⁾

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

E-mail:
info4you@porcupinehu.on.ca
Web site: www.porcupinehu.on.ca

Branch Offices: Cochrane, Hearst,
Hornepayne, Iroquois Falls,
Kapuskasing, Matheson,
Moosonee, Smooth Rock Falls

Furthermore, access to affordable, nutritious foods is a challenge, especially in the smaller communities in the region. Many of the communities only have one grocery store and some do not have a grocery store and must travel to other communities to purchase food. The PHU has experienced a 10% increase in the cost of healthy food since 2015. In 2019, the cost of the Nutritious Food Basket was approximately \$25 higher per week than the Ontario provincial average. When the cost of healthy eating is added to local rent rates and various income scenarios are compared, year after year this survey demonstrates that many residents in the PHU area living on a low income are unlikely to have sufficient income to purchase a basic healthy diet for themselves and their families.

Food-insecure Canadians are much more likely than others to have serious physical and mental health problems⁽⁴⁾, and they are less able to manage these conditions. Research shows that severe food insecurity can reduce a person's life expectancy by 9 years, as well as pose a significant cost to our health care system.

We strongly recommend your government take immediate action on developing the Canada Emergency Response Benefit into legislation for a basic income as an effective long-term response to the problems of income insecurity, poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,



Sue Perras
Board Chair, Porcupine Health Unit

cc: *Hon., Doug Ford, The Premier of Ontario*
Mr. Charlie Angus, MP – Timmins – James Bay
Ms. Carol Hughes, MP – Algoma – Manitoulin – Kapuskasing
Mr. Gilles Bisson, MPP – Timmins – James Bay
Mr. Guy Bourgouin, MPP – Mushkegowuk - James Bay
Municipal Councils
Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health
Ontario Public Health Association

1. Porcupine Health Unit. Health Status Report 2020 (Draft); 2020 [cited 2020 May 29].
2. Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>.
3. Mohammad Ferdosi, Tom McDowell, Wayne Lewchuk, Stephanie Ross. Southern Ontario's Basic Income Experience [Internet]. 2020 [cited 2020 May 25]. Available from: <https://labourstudies.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf>
4. Nutritious Food Basket [Internet]. [cited 2019 Mar 1]. Available from: <http://www.porcupinehu.on.ca/en/your-family/nutrition-food-basket/>



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

July 16, 2020

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2
justin.trudeau@parl.gc.ca

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

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
bill.morneau@parl.gc.ca

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

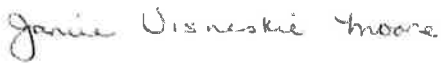
Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On June 30, 2020, at the Regular Board meeting for the Renfrew County and District Health Unit, the Board of Health approved a motion to endorse Timiskaming Health Unit's letter of support for the attached correspondence of Simcoe Muskoka District Health Unit, dated May 20, 2020.

Simcoe Muskoka District Health Unit (SMDHU) called for the federal government to *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,



Janice Visneskie Moore
Chair, Board of Health

Attachments

- c. Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies—Loretta Ryan
Ontario Boards of Health
Honourable John Yakabuski, M.P.P.—Renfrew-Nipissing-Pembroke
Honourable Chery Gallant, M.P.—Renfrew-Nipissing-Pembroke
Local Municipalities
AMO/ROMA



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

July 16, 2020

The Honourable Christine Elliott
Minister of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 2J3
email: christine.elliottco@ola.org

Dear Minister Elliott,

Re: Endorsement of correspondence regarding the 2020 Municipal Cost Share of Public Health Funding from Eastern Ontario Health Unit and correspondence regarding COVID-19 and Reconsiderations Related to Public Health Modernization from the Association of Local Public Health Agencies

At the Regular Board meeting held on June 30, 2020, the Board of Health for Renfrew County and District Health Unit agreed to support the following motion by the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit):

“THAT the correspondence sent by the Eastern Ontario Health Unit to the Minister of Health regarding the 2020 Municipal Cost Share of Public Health Funding (attached), and the correspondence sent by the Association of Local Public Health Agencies to the Minister of Health requesting consideration of a pause on the Public Health Modernization initiative (attached) be endorsed; and THAT the provincial share of public health funding be reinstated to its previous level; and THAT a letter of support be sent to The Honourable Christine Elliott”.

The Board of Health for Renfrew County and District Health Unit agrees with the Eastern Ontario Health Unit and the Association of Local Public Health Agencies that the Public

Health Modernization process should be deferred until after the COVID-19 response is examined and that public health funding should be restored to its previous level for 2020.

Sincerely,

Janice Visneskie Moore

Janice Visneskie Moore
Chair, Board of Health

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Association of Local Public Health Agencies (ALPHA)



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

July 16, 2020

The Honourable Christine Elliott
Minister of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
email: christine.elliottco@ola.org

Dear Minister Elliott,

Re: Endorsement of the Association of Local Public Health Agencies' Response to the Public Health Modernization Discussion Paper

At the Regular Board meeting held on June 30, 2020, the Board of Health for the Renfrew County and District Health Unit unanimously agreed to support the following motion by the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit:

"THAT the Association of Local Public Health Agencies' response to the Public Health Modernization Discussion Paper be endorsed and THAT a letter of support be sent to The Honourable Christine Elliott".

Sincerely,

Chair, Board of Health
Renfrew County and District Health Unit

cc: Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Ontario Boards of Health
Association of Local Public Health Agencies

July 27, 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
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
Sent via email: bill.morneau@parl.gc.ca

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

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

At its meeting held on June 17, 2020, the Chatham-Kent Board of Health received correspondence to the federal government from Simcoe Muskoka District Health Unit, dated May 20, 2020, Timiskaming Health Unit, dated June 9, 2020, Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020. These letters request that the federal government transition the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 response and beyond. The Board also endorses the May 11, 2020 resolution by the City of Kitchener to establish a universal basic income.

Income is one of the strongest predictors of health, and it makes sense that focusing on population health interventions to address socioeconomic factors will impact health outcomes far greater than individual focused interventions.

.../2

Previous to COVID-19, Chatham-Kent residents have experienced lower median household incomes, higher rates of poverty (with more than one in four children living in low income), lower rates of post-secondary education, higher proportions of the population working in lower wage manufacturing, retail, and service occupations, as well as higher rates of lone-parent families, seniors, and people living alone. Socio-economic factors vary across the Municipality with some communities and neighbourhoods facing a higher degree of material deprivation than others. An examination of local chronic disease health inequities has shown significantly higher rates of chronic disease-related health care utilization and death in the most materially deprived areas compared to the least deprived areas of Chatham-Kent. Annual analysis of the local cost of a nutritious food basket has continued to illustrate how little money a family of four on a social assistance budget would have left to cover the costs of childcare, rural transportation, and other basic needs, after paying for shelter and healthy food. Furthermore, the most recent calculation of Chatham-Kent's living wage well exceeded \$16 per hour, and local costs of living have increased since that time.

As a result of the COVID-19 pandemic, we can anticipate the exacerbation of existing disparities, creating an even wider gap between those with opportunity and those without. Local concerns around homelessness, poverty, food insecurity, transportation, mental health and addictions, child and partner violence, and the needs of Indigenous people have been amplified.

The Board strongly recommends your government take immediate action to evolve CERB into legislation for a basic income as an effective long-term response to the issues of income security, poverty, food insecurity, and overall community health and well-being.

Sincerely,



Joe Faas
Chair, Chatham-Kent Board of Health

C: Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies
Ontario Boards of Health
Honourable Dave Epp, MP, Chatham-Kent-Leamington
Honourable Rick Nicholls, MPP, Chatham-Kent-Leamington
Honourable Monte McNaughton, MPP, Lambton-Kent-Middlesex
Chatham-Kent Municipal Council

July 30, 2020

The Honourable Patty Hajdu. P.C., M.P.
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Sent via email: Patty.Hajdu@parl.gc.ca

The Honourable David Lametti
Minister of Justice and Attorney General of Canada
Department of Justice Canada
284 Wellington Street
Ottawa, ON K1A 0H8
Sent via email: David.Lametti@parl.gc.ca

Dear Minister Hajdu and Minister Lametti:

RE: The Decriminalization of Personal Possession of Illicit Drugs

This builds on the Board's September 2018 endorsement of a similar motion from Toronto Public Health. In making this endorsement, the Board joins a growing movement to pursue a public health approach to drug policy.

Opioid use and its related harms is a growing problem here in Chatham-Kent. From 2003 to 2017 the rate of emergency room visits for opioid poisoning among Chatham-Kent residents increased 225% and the rate of hospitalizations increased by 45%. Since the declaration of the COVID-19 pandemic, there have been an increasing number of calls to local EMS and emergency department visits related to opioid overdoses.

Evidence from other countries that have pursued decriminalization, demonstrate, that in order for it to be effective, this approach must be accompanied by investments in harm reduction, treatment, and mental health supports and services. ¹

The Board strongly supports the decriminalization of personal possession of illicit drugs together with comminuted commitment of resources to effectively address problematic substance use and reduce related harms in our community and calls on the federal government to create a national task force to research drug policy reform.

Sincerely,



Joe Faas
Chair, Chatham-Kent Board of Health

C: Association of Local Public Health Agencies
Ontario Association of Chiefs of Police
Honourable Dave Epp, MP, Chatham-Kent-Leamington
Honourable Rick Nicholls, MPP, Chatham-Kent-Leamington
Honourable Monte McNaughton, MPP, Lambton-Kent-Middlesex
Chatham-Kent Municipal Council

¹ Hughes, C. and Stevens, A. (2011). Harm Reduction Digest (44) A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs. Drug And Alcohol

August 19, 2020

The Honourable Christine Elliott
Deputy Premier
Minister of Health and Long-Term Care
Hepburn Block
80 Grosvenor Street, 10th Floor
Toronto, ON M7A 2C4

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I commend the provincial government for its leadership in bringing COVID-19 under control throughout Ontario. Through the definitive leadership of the provincial government, and with the concerted action of local public health units, Ontario has achieved a cumulative incidence of disease that is less than half of our neighbouring states, and a daily incidence at present that is less than 10% of theirs. The rapid action of the province putting in place public health measures in March, and their careful withdrawal since that time have been essential to our success. Also essential has been the redirection of almost all the resources within local health units to enable the timely identification of cases and their contacts for home isolation, management of outbreaks in workplaces, Long Term-Care facilities and retirement homes, and the provision of guidance and direction to municipalities, businesses, organizations and the general public supporting physical distancing, hand hygiene, and face coverings. All of these actions have enabled our communities to flatten the curve without which we would have had the same experience as our neighbouring jurisdictions to the south.

Local public health units, with the leadership of their boards of health, are completely dedicated to the successful control of COVID-19 moving forward until our provision of mass vaccination and with it the hoped-for end to the pandemic. If necessary, we will continue this struggle for years.

In order to continue to be successful, additional resources are needed, and the promise of additional resources by the province has been very much appreciated. This includes the \$100 million to public health communicated earlier in the year (the *COVID-19 Extraordinary Expenses*), and recently the \$50 million (500 nurses) for the public health support to the recommencement of the schools (the *School-Focused Nurses*).

This additional funding will be essential to enable the success of the local public health response to the pandemic; however, its timely provision is also critical to our success. Through communication with Ministry of Health staff we have learned that the *COVID-19 Extraordinary Expenses* will be provided late in 2020 as reimbursement for extraordinary expenditures related to the pandemic response. This approach requires boards of health to take on these expenditures throughout the year without certainty as to the actual amount that they will be reimbursed. Some boards do not have reserve funds, and others have depleted their reserves

Barrie:
15 Spurling 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

already in their response (including our Board of Health). Without the provision of the funds at this time, these boards will not be able to maintain the level of their response needed to fully control COVID-19. In addition, the boards have been instructed to proceed with hiring the additional *School-Focused Nurses* without having the additional funding at this time required to do so; those boards that do not have remaining reserve funds will not be in a position to do so until they receive these additional funds.

Local public health has performed extraordinary work with the province to flatten the curve, and to enable the opening of the economy and soon the school system. This is a critical time for us all as we strive to maintain these achievements while avoiding a resurgence of cases that would threaten these gains. Therefore, the Board of Health urges the immediate provision of the funding allocations to local boards of health regarding the *COVID-19 Extraordinary Expenses* and for the *School-Focused Nurses* in order to enable a response by local public health units that is unobstructed by local financial shortfalls.

Thank you for your consideration of this request, and for your exemplary leadership.

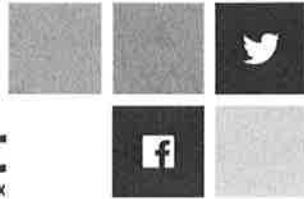
Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:CG:cm

cc. Dr. David Williams, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka



August 25, 2020

Dr. Glenn Corneil
Acting Medical Officer of Health & CEO
Timiskaming Public Health
2247 Whitewood Ave., Unit 43
New Liskeard, ON P0J 1P0

Dear Dr. Corneil:

On behalf of the Windsor-Essex County Health Unit, we would like to take this opportunity to thank you and your staff for providing your knowledge, expertise, and support during this pandemic. We truly appreciated your rapid response to our call out for assistance and for sharing your valued resources at a time when you too are dealing with competing priorities and the needs of your local communities.

We have learned much throughout this pandemic and continue to learn as we assess and evaluate our response and our capacity to deal with ongoing pressures of COVID-19. Perhaps not a new learning but a renewed acknowledgement of the value and importance of public health. We were humbled and appreciative of our neighbouring health units and those across Ontario who were willing and able to support us during a very difficult time to ensure that the public health needs of our communities remained at the forefront of this pandemic.

We sincerely thank you for your assistance and are grateful for our partners in public health.

Warmest regards,



Dr. Wajid Ahmed, MBBS, MAS, MSc, FRCPC
Medical Officer of Health



Theresa Marentette, RN, MSc
CEO, Chief Nursing Officer