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## PROVINCIAL POLITICS

# What Doug Ford and Ontario got right – and wrong – in four months of fighting COVID-19. We asked seven experts to weigh in

By **Mary Ormsby** Feature Writer

**Kenyon Wallace** Investigative Reporter

Sat., July 18, 2020 | ⌚ 1 min. read

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The first frantic months of battling COVID-19 gripped Ontario in a way that will have lasting impacts for years to come.

We witnessed the virus's lethal capacity as it killed nearly 3,000 people — most of them seniors in long-term-care homes — across the province. We saw disruptions to the way we live and work and experienced financial hardships from which we will not soon recover. Researchers say new infections are currently in a lull but warn that the virus may surge again unless measures, such as masking and physical distancing, remain in place.

So what hard lessons have been learned?

The Star spoke to seven epidemiologists to analyze the province's responses to COVID-19 from March through June. We gave the researchers a timeline of decisions made by Doug Ford's government, plus other key moments, and asked them to comment on actions they considered good, poor or somewhere in between.

There were some common themes. Ford came across as a premier with a common touch who listened to his medical advisers and was effective in communicating how dangerous the virus is.

The epidemiologists also identified troubling practices, such as early testing strategies focused only on symptomatic people and a lack of data transparency and access to that information.

Their wide range of science-based perspectives provide context to help shape our understanding of the government's early responses.

## Our panel of experts



### Dionne Aleman

Industrial engineering professor at University of Toronto



### Ahmed Al-Jaishi

Epidemiologist and PhD candidate in Health Research Methodology, McMaster University



### Susan Bondy

Associate professor at University of Toronto's Dalla Lana School of Public Health



### Todd Coleman

Assistant professor in the department of health sciences at Wilfrid Laurier University



### Raywat Deonandan

Associate professor at University of Ottawa's faculty of health sciences



### Colin Furness

Assistant professor at University of Toronto's faculty of information



### Nancy Lightfoot

Professor in the School of Rural and Northern Health at Laurentian University

## February and March

**LATE FEBRUARY**    **Reported cases: 16**    **Reported deaths: 0**

Positive tests in Ontario begin trickling in, mostly travellers who'd been abroad. Testing begins but for many weeks focuses on only highly symptomatic patients; many with symptoms are told to stay home by public health officials or testing centres to recover on their own, unless their situations became critical.

### New daily COVID-19 cases in Ontario





SOURCE: DAILY ONTARIO PUBLIC HEALTH UNIT REPORTS,  
COMPILED BY THE TORONTO STAR

STAR GRAPHIC

March 2 **Reported cases: 18** **Reported deaths: 0**

Health Minister Christine Elliott unveils Command Table, a “single point of oversight providing executive leadership and strategic direction” to guide response. It’s led by Dr. David Williams, chief medical officer of health; Helen Angus, deputy health minister; and Matt Anderson, president and CEO of Ontario Health.



*“Waiting until March to announce a command/decision structure for COVID is remarkable. Contingency planning should have begun in January (which is what the University of Toronto did for its operations). There seems to have been very little advance planning, and this seemed to carry over into the decision-making process.”*

**–Colin Furness**

March 11 **Reported cases: 44** **Reported deaths: 0**

A 77-year-old man becomes first known person to die of COVID-19 in Ontario. The news is made public six days later. Also on this date, Elliott and Minister of Long-Term Care Merrilee Fullerton say the health of long-term-care residents is “our number one priority” and that Command Table experts will guide the long-term-care sector.

March 12 **Reported cases: 61** **Reported deaths: 0**

Ford encourages “families and their children” to travel on March break. “Co

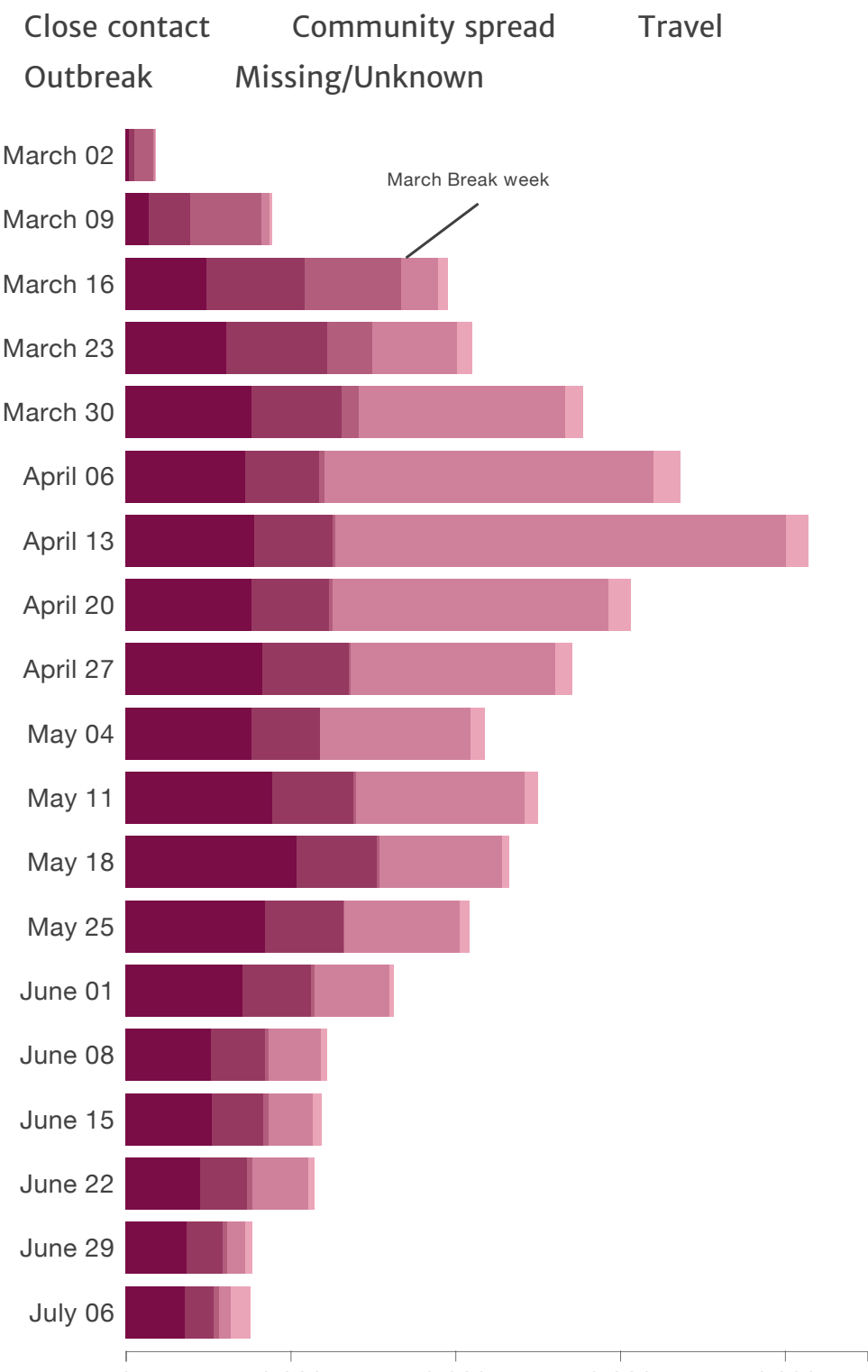
7/20/2020

What Doug Ford and Ontario got right – and wrong – in four months of fighting COVID-19. We asked seven experts to weigh in | The Star

Ford encourages families and their children to travel on March break. Go away, have a good time, enjoy yourself, and we're going to be monitoring the situation as it changes every single day," Ford said. "But I just want them to enjoy themselves now." The next day Toronto's medical officer of health recommended all residents who travel outside Canada self-isolate for 14 days.

# New weekly COVID-19 cases in Ontario by method of exposure

Tap over the legend or bars to view breakdown.



0 1,000 2,000 3,000 4,000



*“Failure to prevent international travel during March break was catastrophic. In fact, the encouragement of people to travel exacerbated that error tremendously.”*

**–Raywat Deonandan**



*“The very first thing I thought of was Doug Ford telling everyone to go and travel for spring break, even though it was obvious that COVID was a global emergency and time was already ticking down to the point where Canada would be in a state of emergency, like so many other countries already were (and we were, just five days later).”*

**– Dionne Aleman**



*“During the two- to three-week period around the March break, Ontario saw nearly 1,000 confirmed travel-related COVID-19 cases. Around that same time, the reproduction number was between 2 and 3, meaning each infected person would typically infect at least 2 to 3 people. This decision to allow/encourage people to travel likely accelerated the initial spread of the virus in late March and early April.”*

**–Ahmed Al-Jaishi**

**March 13**    **Reported cases: 83**    **Reported deaths: 0**

Probation reporting/incarceration restrictions eased for low-risk and intermittent inmates in adult correctional facilities in Ontario to reduce infection exposure to staff and other inmates.

**March 16**    **Reported cases: 192**    **Reported deaths: 0**

Visits to long-term-care homes restricted to essential visitors based on Williams’s advice; Elliott and Fullerton say “decision was not made lightly” and “the health and well-being of Ontarians — especially long-term-care residents who are more vulnerable to such diseases, as well as their



*“A major concern for me has been inhibiting one or two family members to visit older family members in retirement and (long-term-care) homes. Equally, having to die alone without one or two family members is heartbreaking. Can we not provide these people with personal protective equipment to make this possible?”*

**–Nancy Lightfoot**

March 17 **Reported cases: 279** **Reported deaths: 1**

Ford declares state of emergency; schools, licensed child-care centres, public libraries, theatres, concerts and all bars and restaurants (except takeout/delivery) ordered closed.



*“There is one thing here to praise: closing schools. It was a brave move, and done in the nick of time.”*

**–Colin Furness**

Also on this date **Reported cases: 319** **Reported deaths: 1**

Canada closes U.S. border to non-essential travel. Ford publicly agrees with Prime Minister Justin Trudeau’s decision.



*“Premier Ford’s steadfast and vocal support of the travel ban with the U.S. has been on the money. Although the ban is not up to him, it is important*

*to have Ontario's political support behind such a major decision impacting the Canadian economy, and particularly Ontario's."*

**-Dionne Aleman**

March 23 **Reported cases: 703** **Reported deaths: 6**

Ford mandates closure of all non-essential workplaces (but segments of construction, manufacturing allowed to remain open in government list posted March 24).



*"There have been a lot of grand statements made by the government, but the actions don't always line up. For example, the "non-essential" construction ban basically boiled down to any project with a permit up to two weeks after the ban could continue. So, hardly a ban at all."*

**-Dionne Aleman**



*"Letting pie shops (etc.) stay open as essential businesses was a mistake. We should have been more disciplined, and closed more things down, that would have shortened the lockdown considerably."*

**-Colin Furness**

Also on this date **Reported cases: 703** **Reported deaths: 6**

Ontario launches interactive online COVID-19 self-assessment/screening tool and takes steps to ensure long-term-care homes can "respond to, prevent and alleviate an outbreak" by redeploying staff; using volunteers for work and deferring or cancelling vacations, absences or other leaves.

March 25 **Reported cases: 1,007** **Reported deaths: 13**

Ontario's Action Plan (economic and fiscal update) to respond to COVID-19 released. Includes financial and resource support and investment for front-line health workers.

March 28 **Reported cases: 1,635** **Reported deaths: 21**

Province issues new emergency orders to support long-term-care homes, including "a new approach to deploying its highly qualified inspectors" and

increasing a new approach to deploying, including, quipped inspectors and measures to free up staffing and resources. Province cites lessons from SARS in 2003. Fullerton says “we will not stop acting to keep long-term-care residents and staff safe and secure.” Also on this date, government issues emergency order prohibiting organized public events and social gatherings of more than five people; funerals can have up to 10 people at a time. “These are extraordinary times that demand extraordinary measures to stop the spread of COVID-19 and protect our people.” — Christine Elliott.

**March 31      Reported cases: 2,690    Reported deaths: 61**

School closures extended until March 31. (Eventually, home learning stays for balance of school year.)

**End of March      Reported cases:    Reported deaths:**

Health ministry quietly stops reporting number of patients who tested negative for COVID-19.

## End of March notes

“The other two things that stand out to me happened before your timeline: Ford’s decimation of public health budgets, rollback of sick leave, and failure to perform LTC inspections. He basically went out of his way to create a fertile ground for pandemic disease spread. Every negative development and instance of poor performance by (public health units) can be directly traced back to those three decisions.” -Dionne Aleman

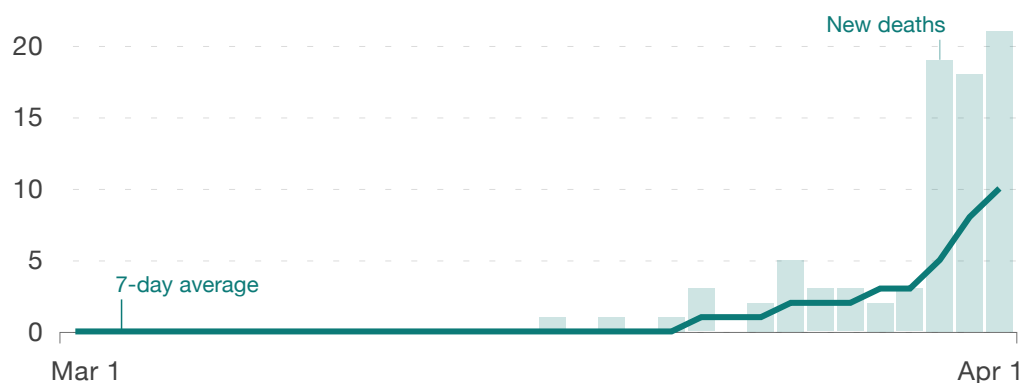


# April

April 1 **Reported cases: 3,028** **Reported deaths: 82**

Province admits it's not up to date on number of deaths; public health units report more deaths than province on daily basis. Lags blamed on the units.

## Daily COVID-19 deaths in Ontario, March 1 to April 1



SOURCE: DAILY ONTARIO PUBLIC HEALTH UNIT REPORTS,  
COMPILED BY THE TORONTO STAR

STAR GRAPHIC



*“I gnash my teeth because if local public health is blamed for not being ready, there were provincial structures that were supposed to guarantee that.”*

**–Susan Bondy**

April 3 **Reported cases: 3,911** **Reported deaths: 112**

Province releases modelling for potential ranges of infections and deaths. Between 3,000 and 15,000 virus-related deaths predicted “over the course of the pandemic” with current public health measures in place, compared to 100,000 deaths with no actions taken. No mandate from province for public to use non-medical masks.



*“Not mandating masks at the provincial level is a major error: Dr. Williams stating repeatedly that he’d like people to do it voluntarily is a simple*

*failure of leadership. Not all areas of the province need mandatory masks right now, but they do need to be prepared — including having stockpiles to distribute — and certain contexts, such as GO Trains, do need a mandatory policy.”*

**-Colin Furness**



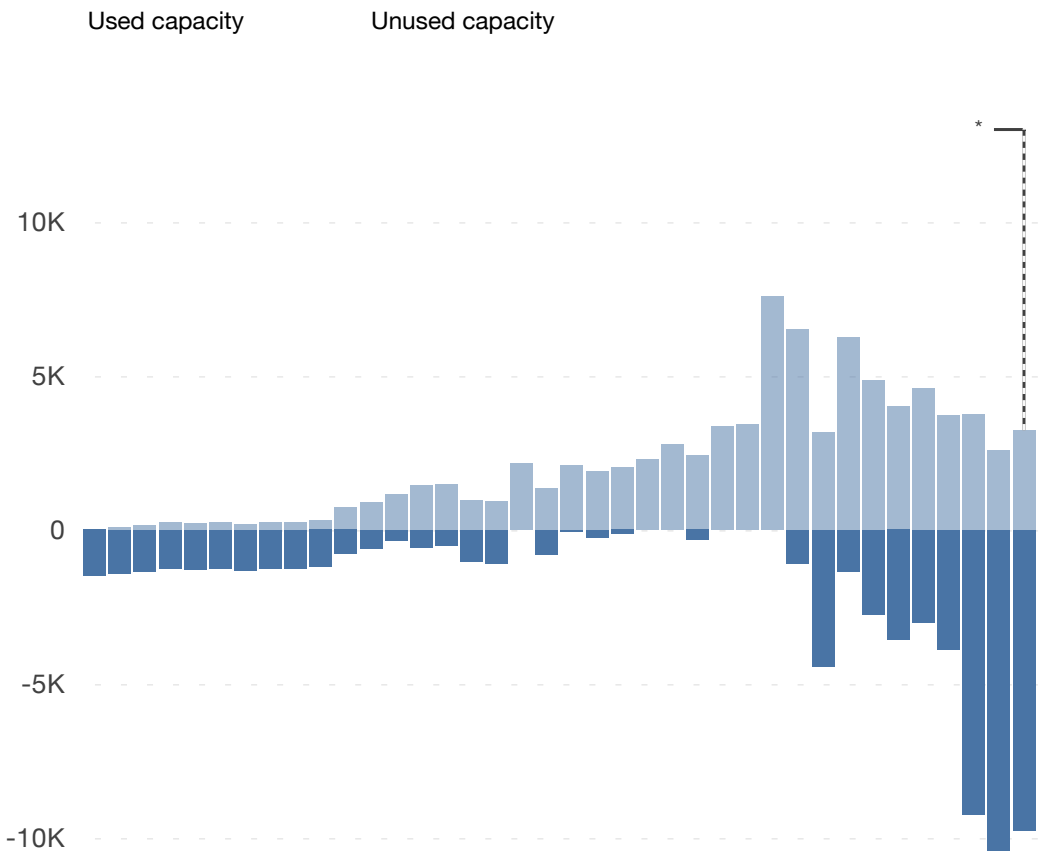
*“The early discouraging of mask usage stands out (but) I understand why they did it: at the time, we were all stuck in the clinical “masks as PPE” paradigm. It took a new perspective to realize that for most people, a bit of cloth over our mouths and noses can serve as a population-level transmission mitigation tool.”*

**-Raywat Deonandan**

April 7      **Reported cases: 5,621**    **Reported deaths: 193**

Toronto Star reports province testing at less than one-quarter capacity; processing less than 4,000 daily when it can process 13,000.

Ontario’s coronavirus testing capacity



Mar 1

Apr 7

\* Province says Ontario labs can process 13,000 tests daily

SOURCE: DAILY ONTARIO PUBLIC HEALTH UNIT REPORTS,  
COMPILED BY THE TORONTO STAR

STAR GRAPHIC



*"When testing is low, public health officials are not able to contain the virus and it makes their job impossible. It is akin to driving a semi-truck in the dark without headlights."*

**- Ahmed Al-Jaishi**

**April 8      Reported cases: 6,020      Reported deaths: 215**

Star reports Ford has brought in "troubleshooter" Dr. David McKeown, former Toronto chief medical officer, to advise on public health testing.

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**April 10      Reported cases: 7,010      Reported deaths: 269**

Expansion of testing to include hospital inpatients, long-term-care homes, retirement home residents, first responders, essential workers, homeless shelters, prisons, group homes and remote Indigenous communities.



*"Screening and testing programs clearly based on available scientific evidence are a vital part of this system, detecting and sorting people into those who do and do not have the disease. It is important to note that Ontario's previous pandemic plans*

*(e.g. for influenza pandemics) have indicated that testing is an important consideration.”*

**–Todd Coleman**

**Also on this date    Reported cases: 7010    Reported deaths: 269**

Ford announces Ontario will double tests processed daily to 8,000 by April 15, 14,000 by April 29.

**April 15    Reported cases: 9,522    Reported deaths: 446**

Ford restricts long-term-care staff from working in more than one facility, retirement home or health-care setting.



*“A strong focus on the oversight of long-term-care/retirement homes and ensuring staff work in one long-term-care, versus several residences, is good.”*

**–Nancy Lightfoot**

**April 16    Reported cases: 10,051    Reported deaths: 500**

Toronto Public Health builds its own “nimble” tracking system, CORES or Coronavirus Rapid Entry System, with provincial approval. Board of Health chair Joe Cressy calls province’s 15-year-old system “outdated and clunky.”

**April 20    Reported cases: 12,473    Reported deaths: 656**

Ford announces updated virus modelling shows “the wave of new community spread cases of COVID-19 in Ontario appears to have peaked” and province is trending towards best-case scenario.

April 22 **Reported cases: 13,664** **Reported deaths: 759**

Toronto Public Health starts collecting, tracking race-based COVID-19 data to better identify vulnerable neighbourhoods.



*“The government has been less transparent on the types of data (e.g. race data, location of test and case data, comorbidity data, etc.) being collected and in turn sharing the data with the public and public health units. For example, neighbourhood data for COVID-19 hot spots can increase the public’s awareness of the risks, which in turn might increase propensity for people to go and get tested.”*

**-Ahmed Al-Jaishi**

Also on this date **Reported cases: 13664** **Reported deaths: 759**

Ford says he will ask Canadian Armed Forces to help deal with outbreaks in hardest-hit long-term-care homes.

April 27 **Reported cases: 16,129** **Reported deaths: 1,002**

Armed forces medical personnel begin assisting at five homes seeing many deaths: Eatonville Care Centre in Etobicoke; Hawthorne Place in North York; Altamont Care Community in Scarborough; Grace Manor in Brampton; Orchard Villa in Pickering. Government unveils three-stage plan for reopening province, saying it “will consider factors such as the risk of the spread of COVID-19 and the ability to implement protective measures to keep workplaces safe.”

## Confirmed COVID-19 deaths in Ontario long-term-care homes

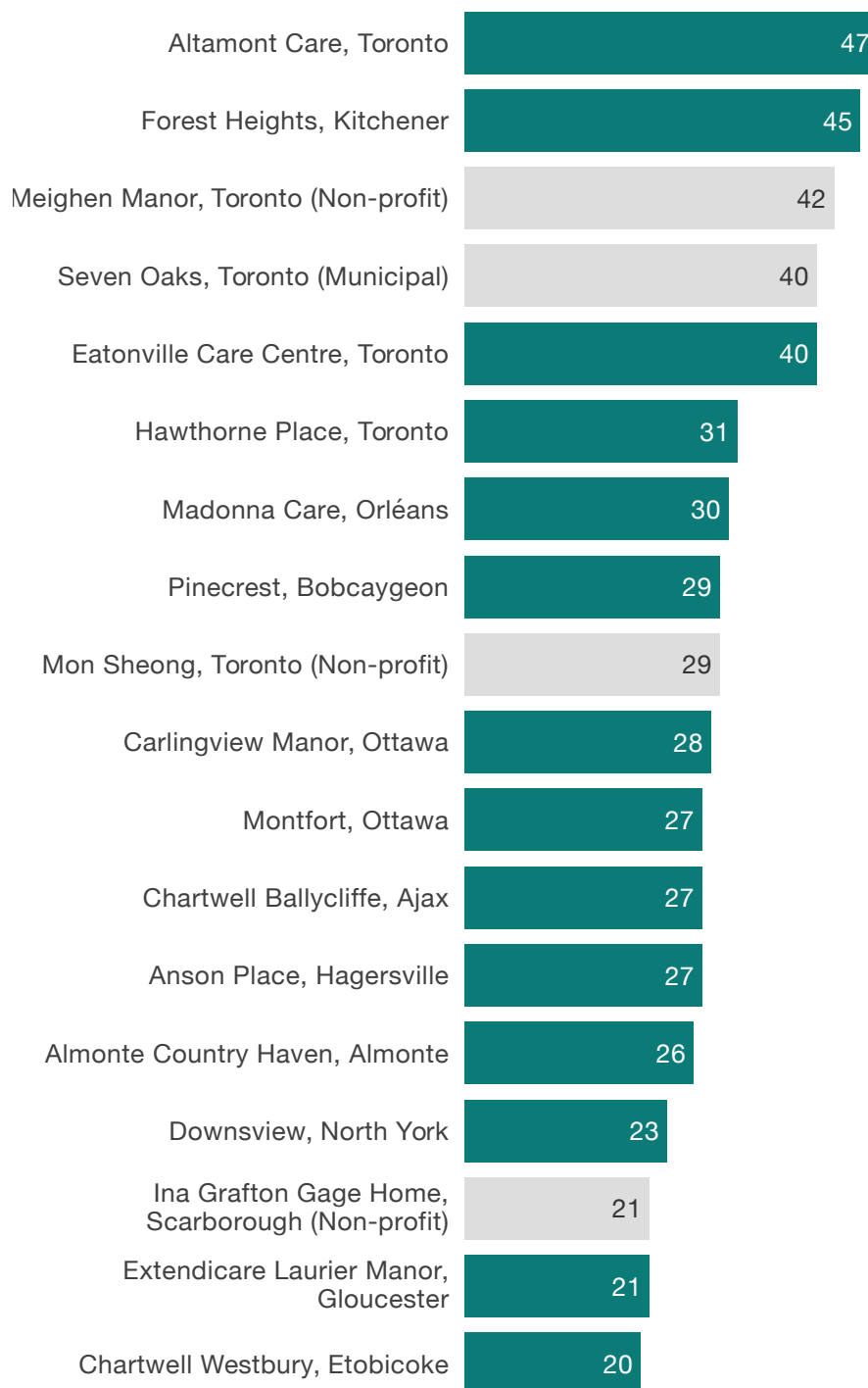
Of Ontario’s 20 deadliest COVID-19 outbreaks, 16 are in for-profit facilities. Figures accurate as of May 8, 2020

Orchard Villa, Pickering

66

Camilla Care, Mississauga

48



## End of April notes

“Vulnerable populations: We really let down our LTC residents. It’s hard to say this is an Ontario failure because this happened everywhere. But Ontario was slow to recognize the role played by low-status, low-pay, racialized, marginalized PSWs as COVID vectors. Even when pledging to protect seniors, the government was blind to the needs of our marginalized populations. We still don’t have a provincial homeless protection strategy, and I see very little done to prevent COVID from reasserting itself into these vulnerable populations again in the fall.” — Colin Furness

# May

**May 4**    **Reported cases: 19,229**    **Reported deaths: 1,427**

Government allows certain businesses to reopen subject to health and safety guidelines. Businesses include landscaping, golf courses, marinas and auto dealerships.

**May 6**    **Reported cases: 20,040**    **Reported deaths: 1,544**

Williams announces Ontario will begin collecting race-based and socio-economic data on cases after weeks of rejecting calls to do so. “Not just for the sake of having it collected, but then how are you going to use that to change your policy and target your programs to the unique settings,” said Dr. David Williams.

**May 7**    **Reported cases: 20,522**    **Reported deaths: 1,591**

Star reports Ontario refuses to release data on all causes of death, including COVID-19, for January-April in 2019 and 2020; all other provinces and territories release it. the data. Ontario data not used in StatsCan’s provisional excess-deaths update in mid-May.

**May 19**    **Reported cases: 24,929**    **Reported deaths: 2,018**

Ontario announces independent commission into long-term-care homes.



*“Doing active, vigorous and mandatory saturation testing of LTCs and other contained environments would have helped enormously. B.C. gave us something of a template to work from, so*

*ignorance is an excuse that can be supported only so far.”*

**– Raywat Deonandan**

**May 21    Reported cases: 25,768    Reported deaths: 2,091**

Ontario announces first phase of funding for research projects, such as vaccine development, diagnostics and drug trials.

**May 22    Reported cases: 26,260    Reported deaths: 2,113**

Star reports Ontario can't say where more than two-thirds of COVID-19 cases originate on any given day.

**May 24    Reported cases: 27,072    Reported deaths: 2,164**

Ford pleads for people to “please go get a test” after numbers miss target for seventh straight day. He even asks asymptomatic people to get tested. Public health units push back a little, saying people must make appointments.

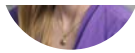
**May 26    Reported cases: 27,809    Reported deaths: 2,218**

Canadian Armed Forces report about conditions at five Ontario long-term-care homes made public. Findings include cockroach infestations, residents left in soiled diapers, wandering patients and force-feedings. “I was sad. I was shocked. I was disappointed. I was angry. I believe we are talking about a situation that clearly is a reality associated with COVID-19 but has also existed for quite some time.” — Prime Minister Justin Trudeau



*“Talk about an independent, external evaluator with academic freedom. Obviously our pre–*





*existing health bureaucracies and leadership wasn't capable or had disinhibitions."*

**–Susan Bondy**

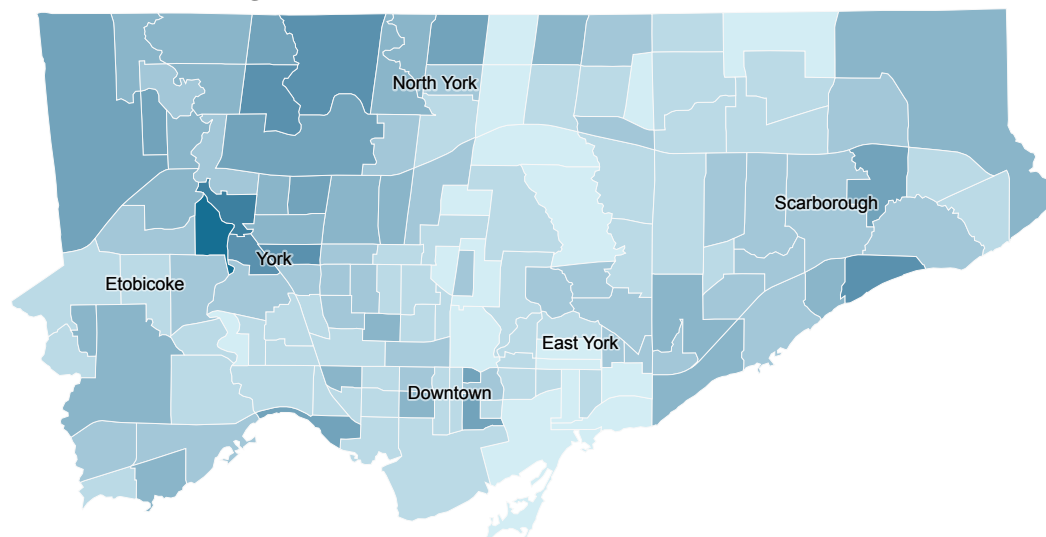
**May 27**    **Reported cases: 28,130**    **Reported deaths: 2,246**

Toronto releases geographical breakdown of virus "hot spots" showing high concentrations in northwest, northeast. "I believe releasing (the data) to the public will do far more help than harm." — Mayor John Tory Also on this day, the Star reports Public Health Ontario quietly reclassified more than 5,000 cases previously thought to have no known source of transmission.

## The Toronto neighbourhoods with the highest burden of COVID-19

Total reported cases of COVID-19 per 100,000 residents as of May 26

 *on each neighbourhood for details*



Cases of COVID-19 per 100,000 residents

100   200   400   600   800   1000   1200

SOURCE: TORONTO PUBLIC HEALTH

STAR GRAPHIC

**May 29**    **Reported cases: 28,892**    **Reported deaths: 2,297**

Ontario expands testing to include asymptomatic people concerned with exposure and increases surveillance of vulnerable populations (such as seniors). "Ontario now has the most open and robust testing criteria in the entire country. In fact, anyone who feels they need a test will be able to get a test." — Doug Ford



*"Testing of only 'highly symptomatic' individuals"*



*Testing of only highly symptomatic individuals in February into end of May (assuming the “highly” symptomatic categorizations are similar to the ‘severe’ and ‘critical’ categories represented in the first epidemiologic evidence from China) represented a crucial misstep on the part of the government, as it was in direct contrast to scientific data available at the time related to how COVID-19 presented itself in those infected.”*

**-Todd Coleman**

### End of May notes

“As an epidemiologist, I’m focused on data and access to data. We’ve known for two decades that our infection data collection system is slow and outdated. We had started the process of modernizing it post-SARS (in 2003), but that got halted for some reason. As a result, we have case details being transmitted from office to office literally by fax machine in some circumstances. The delays in testing and reporting were unforgivable.” — Raywat Deonandan

“The testing strategies employed in Ontario could have potentially excluded a significant proportion of individuals with milder symptoms, significantly hindering prevention efforts of public health officials, leading to additional transmission. Further, communication about who was, and who wasn’t, eligible for a test, as well as consistent underutilizing of testing services could potentially have contributed to larger than necessary infections in April and May, and delays in epidemic curve reductions.” — Todd Coleman

# June

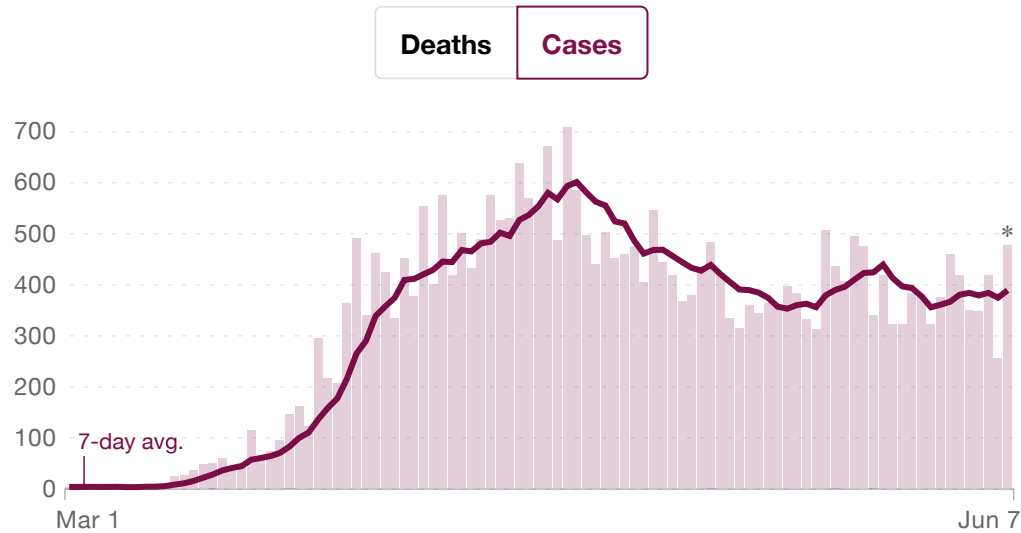
June 1      **Reported cases: 30,044**    **Reported deaths: 2,336**

Public learns approximately 700 confirmed cases in Toronto area were not reported to public health, CBC reports. Staff at William Osler Health System and Mount Sinai hospital (whose lab processed the tests) failed to confirm with each other that the information had been reported.

## Reported **cases** and **deaths** in Ontario

Total reported cases	Cases reported on Jun 7	Total reported deaths	Deaths reported on Jun 7
32,298	476	2,485	20

## New **cases** reported each day in Ontario



\* June 7 reported case total includes 267 previously unreported cases from Toronto. [See here for more.](#)

SOURCE: DAILY ONTARIO PUBLIC HEALTH UNIT REPORTS, STAR GRAPHIC  
COMPILED BY THE TORONTO STAR



“The other thing that really rattles me is we



*The other thing that really irritates me is ... we don't have a data system that pulls together laboratory results, communicates up and down with local public health, long-term-care facilities. Supposedly we've had enough political attention and money spent on it and yet it hasn't worked."*  
**-Susan Bondy**

**June 2    Reported cases: 30,460    Reported deaths: 2,356**

Ontario extends declaration of emergency until June 30.

**June 4    Reported cases: 31,153    Reported deaths: 2,419**

Dr. Jane Philpott named special adviser to support design and implementation of the new Ontario Health Data Platform. Platform will provide researchers, health partners access to anonymized data "to better detect, plan and respond to COVID-19."

**June 12    Reported cases: 33,595    Reported deaths: 2,553**

Ford announces 10-person social "circles" permitted.

**June 15    Reported cases: 34,231    Reported deaths: 2,579**

Ontario expands data information collection to include reporting of race, income, language, household size for those who test positive. "We recognize that some Ontarians may be at greater risk of COVID-19 infection. This includes racialized Ontarians and individuals with lower incomes. Collecting these data will help guide decisions as work continues to stop the spread of the virus and protect some of our most vulnerable people." – Christine Elliott



*"There is a major overarching theme: failure of information use. We didn't collect data that we needed to collect, such as occupation of cases, in order to gauge occupational risk. Post-mortem testing would have let us understand who the virus is killing. Random sample testing would have given us a baseline understanding of spread. We could provide better feedback to the public about the geography of cases to help people gauge risk when they step out the door."*

**-Colin Furness**

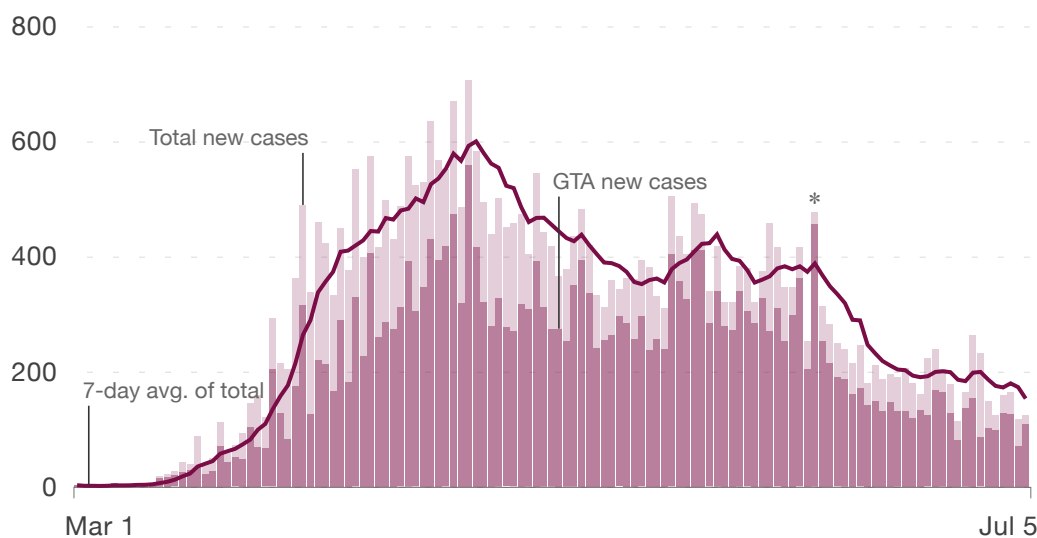
**June 18**    **Reported cases: 34,802**    **Reported deaths: 2,604**

Ontario announces enhanced case and contact management plan including new app, COVID Alert. Plan expectation is test, trace and isolate cases quickly.

**June 19**    **Reported cases: 35,008**    **Reported deaths: 2,613**

Province (except Toronto, Peel, Windsor-Essex) moves to Stage 2 of reopening: restaurants, hair salons and malls can open, with safety measures.

## New cases reported each day in Ontario and in the GTA



\* June 7 reported case total includes 267 previously unreported cases from Toronto.

[See here for more.](#)

SOURCE: DAILY ONTARIO PUBLIC HEALTH UNIT REPORTS,  
COMPILED BY THE TORONTO STAR

STAR GRAPHIC

June 24      **Reported cases: 36,013**    **Reported deaths: 2,677**

Toronto, Peel begin Stage 2 based on “positive local trends” including “lower transmission of COVID-19, ongoing hospital capacity, public health capacity to do rapid case and contact management and a significant increase in testing.”



*“In Ontario, the initial multi-stage plan was fine in that no calendar was given, just objectives. What is unclear is what metrics are being used to drive decision-making. And why some sectors were being grouped the way they were. For example, allowing housekeepers into your home was fine, but you couldn’t visit your grandparent. That was confusing. It seemed that some of the decision making was driven by lifestyle and economic needs more than epidemiologic realities. And that’s fine, but some transparency would have been appreciated.”*

**– Raywat Deonandan**



*“At the outset of the pandemic response, the premier pledged ‘full transparency’ with Ontarians. And while Mr. Ford continuously invokes ‘expert advice’ to explain decisions for Ontarians, it is often unclear who is providing the expert advice and the metric(s) being used to inform decisions to reopen the province. Often, the government’s decisions do not seem to be informed by up-to-date science and data.”*

**–Ahmed Al-Jaishi**

Also on this date **Reported cases: 36013** **Reported deaths: 2677**

Province announces “three-point plan” to stop outbreaks among migrant farm workers in Windsor-Essex region. (Three farm workers died after catching the virus.) Plan includes: expanded, ongoing testing; access to benefits and supports; and allows positive asymptomatic workers to continue working “as long as they follow the public health measures in their workplace to minimize the risk of transmission to others.”

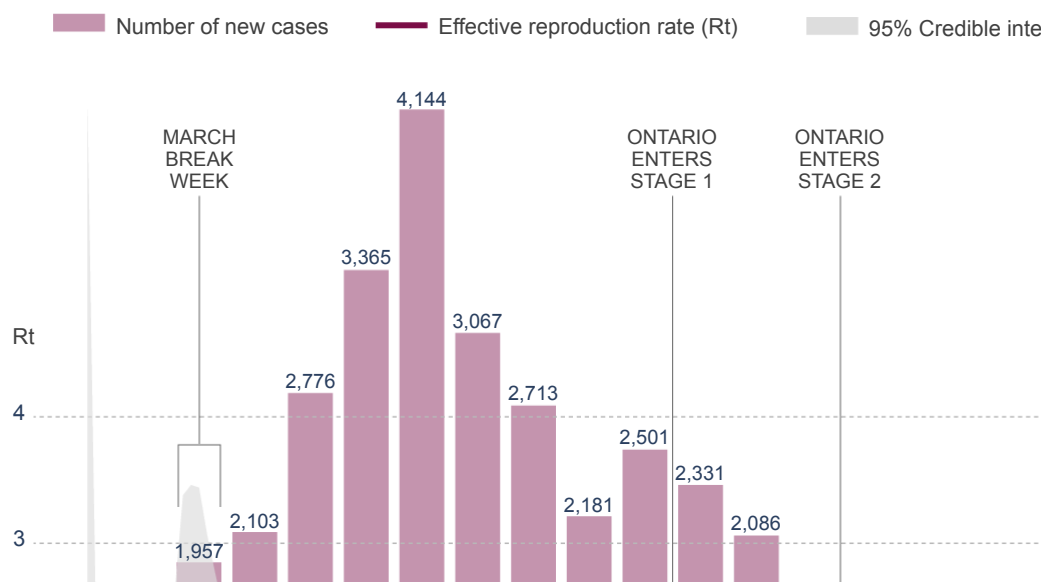


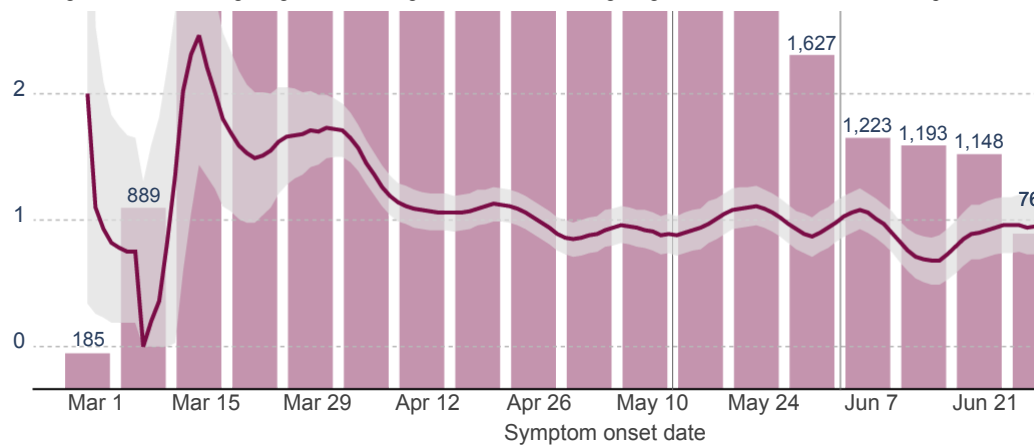
*“In late June, the province finally responded to the agricultural outbreaks in Windsor-Essex by implementing their ‘three-point plan.’ However, their response was less than adequate and did nothing to address the poor working and living conditions. One of their guidance statements recommend that asymptomatic workers continue to work if they ‘adhere to public health measures in their workplace.’”*

**-Ahmed Al-Jaishi**

June 26 **Reported cases: 36,305** **Reported deaths: 2,692**

## Weekly COVID-19 cases in Ontario





\* $R_t$  is the number of people a typical infected person will infect. There is a 95% probability (or chance) that the true value of  $R_t$  falls within the 95% credible interval.

SOURCE: PROVINCE OF ONTARIO. DATA ANALYSIS  
AHMED ALJAISHI.

AHMED ALJAISHI  
(TWITTER: @AALJAISHI)

## End of June notes

“I think that Doug Ford and the health units, which are sort of local government, they’ve actually worked miracles in terms of changing the way we do things at a faster rate of speed than we’ve ever done. Usually government, policies, procedures, practices, data sharing, it all works really slowly ordinarily. We weren’t ready but we got ready. We did the right thing and I don’t think that there’s any position where the Doug Ford government really, if you judge them in the shoes that they were standing in at the moment, I can’t see that they made any complete mistakes.” — Susan Bondy

## Parting Thoughts



**Dionne Aleman**





"I would say C-plus, but then I look at the U.S., and think "B." It's all relative."



### Ahmed Al-Jaishi

"Overall, I would give the province response to COVID-19 a B-minus. To the premier's credit, he made the tough decision to close schools, parks, non-essential businesses, and restricted social gatherings. These measures successfully curbed the exponential growth of infections in Ontario. However, as the province continues to reopen, we cannot grow complacent about COVID-19 and must do more to keep the infections low by mandating masks, maintaining physical distancing in public, limiting social gatherings or small social circles, continue to do testing and contact tracing for everyone, and maintain proper hand hygiene."



### Susan Bondy

"Doug Ford appears to me to be totally from the gut. He will tell you when his opinion is formed by personal experience."



### Todd Coleman

"The one key area that I can provide commentary on as it relates to government action during the COVID-19 pandemic period is that of the testing strategy, which was, at least at start of the pandemic, flawed. Specifically, there was a disconnect between established scientific/public health science and what was done in terms of SARS-CoV-2 testing."



### Raywat Deonandan

"Frankly, I feel the premier did well in that he listened to experts and projected a calm and serious demeanour. The problem is that he was not getting the best advice early on. Our failure to protect LTCs, to make testing more efficient, to be more transparent with information, and to provide consistent one-source messaging were astounding, and someone needs to be held accountable for those missteps eventually."



### Colin Furness

"They get a C. And where I teach, B-minus is the minimum grade to pass. But this is a midterm, unofficial grade, because the year isn't over yet. We have been rescued, to a large degree, by hot and humid summer weather. The real test will be coping with a second wave in the fall. I don't see consistent evidence that our provincial government has learned from its mistakes."



### Nancy Lightfoot

"I am reluctant to criticize any particular government and prefer to put our collective experience going forward together. We know going forward that we should limit international travel very quickly should something like this occur again and practise strict physical distancing. Also, I would be careful in shutting down most of health care; cancer, cardiac and other care should continue under strict guidelines. We will see what the impact of delaying these will have on morbidity and mortality."



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