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Official Report of Debates (Hansard)

Thursday 21 April 2011

Journal des débats (Hansard)

Jeudi 21 avril 2011

Standing Committee on Finance and Economic Affairs

Better Tomorrow
for Ontario Act
(Budget Measures), 2011

Comité permanent des finances et des affaires économiques

Loi de 2011 sur des lendemains
meilleurs pour l'Ontario
(mesures budgétaires)

Chair: Pat Hoy
Clerk: Sylwia Przezdziecki

Président : Pat Hoy
Greffière : Sylwia Przezdziecki

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Thursday 21 April 2011

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Jeudi 21 avril 2011

The committee met at 0831 in room 151.

SUBCOMMITTEE REPORT

The Chair (Mr. Pat Hoy): The Standing Committee on Finance and Economic Affairs will now come to order. The first order of business is to have the report of the subcommittee read into the record. Ms. Pendergast.

Ms. Leeanna Pendergast: Your subcommittee on committee business met on Thursday, April 14, 2011, to consider the method of proceeding on Bill 173, An Act respecting 2011 Budget measures, interim appropriations and other matters, and recommends the following:

(1) That the committee hold public hearings in Toronto, at Queen's Park, on Thursday, April 21, 2011, during its regular meeting time, as per the order of the House dated Wednesday, April 13, 2011.

(2) That the clerk of the committee, with the authorization of the Chair, post information regarding the committee's business once in the Globe and Mail newspaper on Saturday, April 16, 2011.

(3) That the clerk of the committee, with the authorization of the Chair, post information regarding the committee's business in English and French on the Ontario parliamentary channel, on the Legislative Assembly website and with Canada NewsWire.

(4) That interested people who wish to be considered to make an oral presentation on Bill 173 should contact the clerk of the committee by 12 noon on Tuesday, April 19, 2011.

(5) That, following the deadline for receipt of requests to appear on Bill 173, the clerk of the committee provide the subcommittee members with an electronic list of all the potential witnesses who have requested to appear before the committee.

(6) That, if required, each of the subcommittee members supply the clerk of the committee with a prioritized list of the witnesses they would like to hear from by 3 p.m. on Tuesday, April 19, 2011. These witnesses must be selected from the original list distributed by the committee clerk.

(7) That groups and individuals be offered 10 minutes for their presentations, followed by up to five minutes for questioning by committee members.

(8) That the deadline for receipt of written submissions be 5 p.m. on Thursday, April 21, 2011.

(9) That the research officer provide the committee with a summary of witness presentations by 5 p.m. on Tuesday, April 26, 2011.

(10) That amendments to the bill be filed with the clerk of the committee by 5 p.m. on Thursday, April 28, 2011, as per the order of the House dated Wednesday, April 13, 2011.

(11) That the committee meet on Thursday, May 5, 2011, during its regular meeting time for clause-by-clause consideration of the bill, as per the order of the House dated Wednesday, April 13, 2011.

(12) That the clerk of the committee, in consultation with the Chair, be authorized to commence making any preliminary arrangements necessary to facilitate the committee's proceedings prior to the adoption of this report.

The Chair (Mr. Pat Hoy): That's the subcommittee report. Are we agreed? Agreed.

BETTER TOMORROW FOR ONTARIO ACT (BUDGET MEASURES), 2011

LOI DE 2011 SUR DES LENDEMAINS MEILLEURS POUR L'ONTARIO (MESURES BUDGÉTAIRES)

Consideration of Bill 173, An Act respecting 2011 Budget measures, interim appropriations and other matters / Projet de loi 173, Loi concernant les mesures budgétaires de 2011, l'affectation anticipée de crédits et d'autres questions.

ATKINSON CENTRE FOR SOCIETY AND CHILD DEVELOPMENT, OISE–UNIVERSITY OF TORONTO

The Chair (Mr. Pat Hoy): Now we will move to our first presentation of the morning, the Atkinson Centre for Society and Child Development, University of Toronto, if you'd come forward. Good morning. You have 10 minutes for your presentation. There could be five minutes of questioning. In this round it will come from the official opposition. Just state your name for our Hansard and you can begin.

Ms. Zeenat Janmohamed: Good morning. I'm Zeenat Janmohamed and I'm from the Atkinson centre. I want to thank the committee for this opportunity today.

You've got my presentation in front of you. I'd just like to highlight a few key points and hopefully have a short discussion as well.

The Atkinson centre has been a research centre at the University of Toronto for about a decade now. It was established primarily to do research and policy work in early learning and family development. We have three main research initiatives right now.

The first one is the Kids, Families and Places Study, which looks at the influences around neighbourhoods, families and child care contexts on children's development. The second one, and one that's more well known, is the Toronto First Duty project, which we have led the research and evaluation on for the last 10 years. That's models of integrated early learning and extended day. The third: We're also involved in the new evaluation project around full-day kindergarten.

We've recently also established an Atkinson centre Early Years Task Force that's comprised of experts from school boards, municipalities, research organizations and practitioners, as well as labour organizations, because we felt it was really important to have an external group address some of the issues that were coming up around full-day kindergarten, the extended day, as well as the needs of younger-age children.

I'm here this morning to share three major points with you around the government's consideration around amending the Education Act to allow for third party operators to deliver the extended-day programs.

I'll start with the findings from Toronto First Duty. As a research and evaluation project that has involved a decade of research, we have some pretty critical lessons to share with you. The most important I think is the value around a seamless approach with one operator for kids between the ages of preschool right into school age who start the day with a group of educators and end the day in a seamless program where they do not have to have that many transitions. That's a program that has, for a decade, had a team of early childhood educators, kindergarten teachers and family support workers working together to deliver a program that's developmentally enriched and is appropriate for young kids. What we found was that the integrated model increased the quality of the program.

The government of Ontario has shown really important and significant leadership around the implementation of full-day kindergarten so far. We're really happy to hear about the extension of that program going into 2011 and 2012. But I think that this is a time where that leadership needs to be extended into the delivery of extended-day programs that are delivered by school boards.

This is an opportunity for the Ontario government to continue that leadership program and demonstrate that that kind of cohesive approach is absolutely important for children's development and absolutely critical to parents' ability to work and parents' ability to be in school.

Improving that access to high-quality programs should be a priority for government. There's no jurisdiction anywhere where a mixed delivery system meets the needs of more than 30% of children and families. Only 30% of children and families in Ontario have access to high-quality programs.

It's only in jurisdictions where you have public delivery of all programs where you can guarantee some reasonable access to quality. Like in education, families have an entitlement to those kinds of programs, and we believe that child care, extended-day programs and a seamless early learning approach ought to be considered as an entitlement program.

If governments do not respond to the reality of today's families—we're all working. Many of us are also in school. I think it's a missed opportunity to support the workforce of today and tomorrow.

Secondly, the point I want to make is, the delivery of the extended-day program should be delivered by school boards with the right kinds of supports and mechanisms in place. We have about eight school boards in Ontario right now, both public and Catholic, as well as the French boards, that are offering the extended-day program. These school boards have shown initiative, I think, in a time where they're essentially swimming against the tide.

There are a lot of pressures on school boards. I see that later this morning Catherine Fife is coming in. She's president of the Ontario Public School Boards' Association and also participates in the Atkinson task force where we recognize that there are significant pressures on school boards, but there are also school boards that are demonstrating the feasibility of a blended extended-day program that provides a seamless early learning program for young children.

In northern Ontario, there is a school board that has actually delivered the entire program and has done it by adjusting their schedule to meet the needs of the children and families and, at the same time, create new early childhood education jobs.

In southern Ontario, there's an urban school board that's offering the seamless program fully, from 7 in the morning right up until 6 in the evening. These are school boards that need to be supported, but they're also school boards from which we can learn some important lessons, and I think that's where the government can play a leadership role.

0840

The Atkinson task force is going to be writing up case studies to demonstrate what school boards are doing successfully and where there are some challenges. We're not in any position to pretend like there are no challenges in place—of course there are—but we have a system of public education in this province which enables that kind of province-wide feasibility, that kind of province-wide mechanism to implement a full-day early learning program.

Finally, my last and my most significant concern is around the possibility of privatizing early learning programs in our public education system. Why would the Ministry of Education, which up until very recently worked closely with school boards to offer extended-day programs, now be open to third party operators without any kind of provision in place to ensure that that would only be to the non-profit sector, if necessary? It seems

inconceivable to me to privatize our publicly funded education system. In the same way, it's unconscionable that you would be open to an early learning program that's privatized in our public education system.

The Atkinson Centre is a research centre. We ground our work in evidence-based policy recommendations. We know from decades of research that a public system offers consistency and seamlessness without differentiating between child care and learning. There's a significant amount of Canadian research—Gord Cleveland, Michael Krashinsky, Martha Friendly—that demonstrates to us the link between poor quality and for-profit programs. With a government that's able to provide so few reassurances—and we've seen that in recent media reports around the quality of programs in the private sector—why would you take that risk and not opt for the option where you know you will get some level of quality?

I think that Ontario has made some important strides in developing education systems that are publicly operated and publicly accountable. Every child in this province can enter a school and be guaranteed an education when they turn six. Over 95% of parents with four- and five-year-old children have their children enrolled in kindergarten programs, and you know that the demand for the full-day program is significant.

This is an opportunity, I think, to entrench those principles of universality and accessibility that extend to the full-day, seamless approach of the early learning program that was envisioned in the Pascal report, With Our Best Future in Mind. We believe that that kind of program will support the holistic development of children.

So I'd leave you with two final recommendations. The first is that the Ministry of Education, the Ontario government, should ensure that extended-day and summer programs are operated by school boards. My second suggestion to you is that if you must go with third party operators, you should amend the amendment—I'm not sure what the language is on that, but you should ensure that there is only non-profit provision of extended day programs in our public schools. Thank you.

The Chair (Mr. Pat Hoy): Thank you. This round of questioning will go to the official opposition. Mr. Miller.

Mr. Norm Miller: Thank you for your presentation. I know Mr. Barrett also has questions.

So essentially you're pushing for the before- and after-care programs, or the full-day learning, to be only run by school boards, the point being that seamless care is better than having to switch, having different people looking after or being with the kids. I assume it's more ideal to have that scenario.

I don't disagree with that. I suspect that the cost of running it maybe has something to do with the changes that are being proposed. I know I've met with organizations like the YMCA that in the past have run many before- and after-school programs before full-day learning came along. Certainly they talk a lot about the cost. They say that they can run the whole-day program at a more reasonable cost than the school board can even run the before-and-after programs.

You said you think it should be considered as an entitlement program. Are you factoring in the cost of running the programs at all in your thoughts?

Ms. Zeenat Janmohamed: I have two responses to that. Those agencies that claim to be able to offer low-cost programs are offering low-cost programs on the backs of the educators. The salaries in those agencies are significantly lower than they would be in the public system. As an advocate who happens to be a researcher, I'm not interested in supporting a program where people don't get paid what they deserve to get paid.

My second point is that if the extended-day programs are in fact operated by school boards, there is a huge opportunity and a significant need for agencies like the Y to take up, in a more fulsome way, the delivery of programs for younger-age children and their families. We have a huge need for that, and we have far too many children whose families need to use unlicensed, unregulated care, where we know—and I don't need to point out the examples to you—that sometimes that care is dangerous. For me, in my conversations with those kinds of operators, my question back to them—and this is actually happening in Ottawa. There are huge non-profit agencies there that have made a conscious decision not to enter into the extended-day program because they see that that's a school board responsibility now. However, they're re-engineering their agency to meet the needs of younger-age children. So I think that there's a role for that kind of work that needs to be done.

Mr. Toby Barrett: Briefly, which northern school board and which urban board are you referring to, which schools—

Ms. Zeenat Janmohamed: The northern school board is Rainbow District—

Mr. Toby Barrett: Rainbow?

Ms. Zeenat Janmohamed: Yes. And our urban is Ottawa-Carleton public school board. It's happening in Simcoe, Waterloo, the French boards; London is under consideration. The Toronto school board has not made its decision yet. So there are a number of other school boards that are thinking about it but need some support and direction.

Mr. Toby Barrett: You make reference to having school boards operate programs for children four to 12, and savings can be passed on for the underserved zero to three-year-olds.

Ms. Zeenat Janmohamed: Yes.

Mr. Toby Barrett: But you're not talking about zero to three-year-olds in the public school system, are you?

Ms. Zeenat Janmohamed: I'm not opposed to that idea if it's feasible, but I do think that at this point, the reality of the school boards is that the focus will be on 3.8 and up.

Mr. Toby Barrett: And it's unconscionable that early learning programs in schools should be privatized. But, actually, it's the other way around, isn't it? Right now, the parents who take their child to a private sector daycare service—we're seeing the trend as going the

other way, where the school board will be taking that over, the way you're—

Ms. Zeenat Janmohamed: That's true for the four- and five-years-olds' full-day kindergarten program but it's not true for the other age groups. What I see in this amendment is an opening for significant private operators entering our school systems because there will be a temptation to go for the lowest-paid—or, rather, the lowest-cost—program. With that comes some concern and sometimes some danger. I think that we have to be careful about that opening.

Mr. Toby Barrett: So the public approach is higher costs. Where are the savings? Where do you find the savings? Elsewhere?

Ms. Zeenat Mohamed: The savings come from—I'll use Ottawa as an example. They opened up their extended-day programs to four-, five-, six-, seven-, eight- and nine-year-old children. The programs are fully enrolled. There are significant demands, and when you have that level of consistent enrolment it means you have adequate revenue to support the program.

Mr. Toby Barrett: So it's cheaper to do it that way?

Ms. Zeenat Janmohamed: I wouldn't say cheaper; I would say it's cost-effective.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

TRILLIUM ENERGY ALLIANCE INC.

The Chair (Mr. Pat Hoy): It's my understanding that our next presentation from SEIU does not have their people here—is that correct?—and would switch with Trillium Energy Alliance. If you're still agreed, we'll hear from Trillium Energy Alliance Inc.

Thank you very much for coming early and accommodating the committee. We appreciate that. You have, as you may have noticed, 10 minutes for your presentation. There could be five minutes of questioning. This time, it'll come from the NDP. Just state your name before you begin.

Mr. Jeff Mole: My name is Jeff Mole.

I'd like to start with a quote from Sir Adam Beck: "The gifts of nature are for the public." Speaking about Ontario, he said, "Nothing is too big for us. Nothing is too visionary."

In our vision, Ontario communities will develop local energy resources for the benefit of all.

0850

A co-op is a business run by a group of people who get together to develop a business that meets their needs and provides member benefits. Our members need a sustainable way of developing renewable energy resources, and they benefit by being in control of the projects and the process. The public also benefits because surplus revenues are used to create jobs and build sustainable communities.

I'm the founder of Ontario's first non-profit renewable energy co-operative corporation in Muskoka. Trillium Energy Alliance Inc. is a group of experienced community power enthusiasts using that template to develop 49 copies of the model in every region of the province.

We have built a model that proves the concept works. The province can help by clearing away the financial hurdles that stand in the way of successful community power projects.

I'm asking the committee to consider including the following in the Ontario budget:

—a loan guarantee program to enable public-benefit organizations to fund environmental costs for the development of renewable energy projects;

—a loan guarantee program to enable public-benefit organizations to fund the capital costs of developing renewable energy projects;

—a grid capacity guarantee program allocating $1 million per megawatt of public-benefit community power to fund the capital cost of building or upgrading the transmission capacity to deliver our product;

—an increase in the budget of Infrastructure Ontario to specifically allocate $100 million to permit loans to public-benefit organizations that require capital for the development of renewable energy projects; and

—a one-time allocation of $500,000 to enable Trillium Energy Alliance Inc. to fund the costs associated with developing 50 public-benefit community power co-operatives in Ontario.

According to the Brundtland commission, sustainable development means that which meets our needs "without compromising the ability of future generations to meet their own needs." It is not sustainable to allow private corporations to acquire the tangible benefits from public energy resources.

The feed-in tariff program represents a big investment on the part of energy consumers of Ontario. We need a feed-in tariff program in Ontario. With it, we can ensure that energy projects are financially viable and will benefit communities. Without it, communities will not be in a financial position to build the infrastructure needed for future generations.

The co-ops we develop will use cash flow provided by the energy consumers of Ontario to service the debt and associated operating costs. By law, any surplus would be used to enhance the well-being of the community.

We have a business case that we think helps the government get better value from the feed-in tariff program and makes the program more sustainable. There are hurdles, but they are not difficult to overcome.

I hope that all parties will work together to develop policies that support community power. I expect that all parties will see the benefit in supporting policies that pave the way to enabling community power for Ontarians. Implementation of these policies will undoubtedly clear away most of the hurdles that we have identified.

We have a dedicated board of directors with considerable experience in community power projects across the province. We need the support of the province to help us facilitate public-benefit community power. Specifically, I'd like you to consider if it makes sense to help public-benefit co-operatives own these projects so sur-

plus revenues can flow through to help enhance the well-being of host communities for now and for future generations.

If so, here's what else we need: We need the government to level the playing field between private-benefit power developers and public-benefit community power developers. We need directives from the Minister of Natural Resources, the Minister of Energy, the Minister of Municipal Affairs and the Minister of the Environment. We need the Minister of Natural Resources to tear up applications made by private-benefit corporations for public land under the old site release program. We need the right of first refusal to develop public resources for the benefit of all. We need priority access to the grid, ahead of private developers. The government can help us ensure that surplus revenues from the FIT program are used to help ensure the sustainability and well-being of local communities across Ontario.

I welcome the opportunity to answer your questions and share how we plan to work with your constituents to facilitate public-benefit community power. I verily believe that the measures described here today will mean a better tomorrow for Ontario.

Thank you for your time.

The Chair (Mr. Pat Hoy): Thank you. We'll go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Mr. Mole, thanks very much for the presentation this morning.

Mr. Jeff Mole: Thank you, Mr. Tabuns.

Mr. Peter Tabuns: I assume that you've looked at the experience of other countries. Can you tell us how community power, community-based co-ops, have helped facilitate the development of renewable power in places like Germany or Denmark?

Mr. Jeff Mole: To be honest with you, I haven't looked hard at Germany and Denmark. I know they do rely on the co-operative model. The difference that we're proposing with a lot of what's being done around the world is that most co-operatives are selling shares, so the shareholders benefit. What we're doing—we don't have any shares to sell. We have no investors. This is not a get-rich-quick scheme or a retirement plan for certain investors. This is truly for the public benefit, so we need to finance these projects using debt. That's the only way that we can do it, and as long as we have access to that capital—and by providing us with these loan guarantee programs, we will now be able to go to outside sources and get the financing that we need to get these projects out of the ground and producing clean energy for Ontario. I hope that answered your question.

Mr. Peter Tabuns: That does. And you've been talking to people across Ontario, if I understand your presentation correctly.

Mr. Jeff Mole: Yes, absolutely.

Mr. Peter Tabuns: What has the response been?

Mr. Jeff Mole: I've heard the word "brilliant" numerous times. It's quite easy to recruit board members. We need to recruit 300 to 500 board members to sit on these boards across the province. These are members of the public from the communities who are interested in supporting community power, who want to do the right thing. They're there to provide oversight for the corporation so that it acts responsibly, and to make sure that the public is engaged in the process. But quite clearly, there is a great deal of support for this initiative.

Mr. Peter Tabuns: I don't have further questions. I thank you for that. It's very useful.

The Chair (Mr. Pat Hoy): And thank you for your submission.

SEIU HEALTHCARE

The Chair (Mr. Pat Hoy): Now, is SEIU Healthcare ready to present? Very good. Good morning. You have 10 minutes for your presentation, and there could be up to five minutes of questioning. This time it would come from the government. I'd just ask you to state your names before you begin, for our recording Hansard.

Mr. Eoin Callan: My name is Eoin Callan, and I'm joined by Abdullah BaMasoud. Thank you to the Chair and thank you to the committee for the opportunity to appear this morning. We certainly appreciate it.

We're with SEIU Healthcare, which advocates on behalf of 50,000 front-line health care workers in Ontario, folks who work in hospitals, nursing homes, retirement homes and out in the community in the home care sector. It's diverse, membership-based, predominantly female, from a variety of backgrounds. It includes nurses, personal support workers and other medical professionals.

As an organization, we're committed to forging a constructive partnership with health care providers, with government and with business to find innovative solutions that drive quality and value while maintaining our public health care system.

In this submission, we'd like to make a recommendation regarding schedule 15 in Bill 173, an amendment to the Freedom of Information and Protection of Privacy Act. It's a small and fairly discreet line in the overall budget bill, but it's one that has garnered considerable attention. During the course of today, you will likely hear from others—from nurses, from patients, other important stakeholders in our hospital system—about this aspect of the bill.

0900

I want to start by dialling the clock back for a moment and praising the Broader Public Sector Accountability Act, which received royal assent on December 8, 2010.

The accountability act took an important step towards rebuilding public trust, after a series of revelations that alarmed and offended taxpayers' sense of fairness. Members of the public in Kitchener, Chatham, Humber, Parry Sound and Markham had begun losing confidence after a series of revelations about hospital CEO pay and lavish spending by hospital executives and hospital consultants revealed by the Auditor General and disclosed by government. The outsized salaries of hospital CEOs and millions spent on junkets for consultants left Ontarians questioning whether they were getting value for money out of their investments in health care, investments of

their tax dollars, and whether funds were being handled appropriately. So the Broader Public Sector Accountability Act promised to restore that trust by introducing transparency and accountability.

At the time the Broader Public Sector Accountability Act was introduced, the Minister of Health in this Legislature described it as a process of pulling out the fridge: It's not something you want to do, there might be a mess back there, but at the end of the day, it has to be done. You have to bring sunlight and you have to be ready to expose and to clean up misuse of public funds that would otherwise erode public confidence.

The act included an important measure: It ensured that hospital CEOs would be judged by performance, judged by their ability to improve quality, and that their pay and expenses would be disclosed and measured against that performance. Importantly, the act allowed for boards of hospitals where hospital CEOs did not perform to expectations, where they did not play by the rules—those boards could claw money back from hospital executive compensation. Basically, taxpayers would be paid back by executives raking in six-figure salaries if they didn't perform and didn't play by the rules, and importantly, their performance would be judged by quality.

The principle of the act was that sunlight makes for the best disinfectant, that there were clearly, in the Auditor General's report, in other public disclosures and the government's own assessment, significant challenges in the hospital sector. In effect, a culture of entitlement, a culture of lack of accountability, had taken hold and was beginning to show up in ways that the public found offensive.

What you are now being asked to do by passing this amendment is to block out the sunlight, to rush the fridge back into place before the situation has been cleaned up. Effectively, what this amendment will mean is that hospital CEOs will not ultimately have to be held accountable. They will not be accountable to the public. It will not be possible to judge them by the quality of performance of their management teams and their hospitals, so that taxpayers will be unable to determine if indeed they've gotten value for money.

So you're being asked to restore a culture of entitlement. You're being asked essentially to send a message to the upper echelons of the health care bureaucracy and health care elite in this province that you want to return to business as usual. The Ontario Hospital Association and CEOs from across the province have approached government, they've approached multiple stakeholders, and they've essentially sent the message that while a degree of accountability and transparency might have been necessary to introduce in the wake of the Auditor General's report and in the wake of public outcry, at the end of the day, they don't really want to see meaningful change in the way that hospitals manage their budgets, in the way that CEOs are remunerated or in the way that consultants and executives are retained and funded by hospitals.

The principle that the hospital CEOs are operating under is that the public wouldn't understand; that if the public had full disclosure and full transparency, they wouldn't understand. And they're right: The public doesn't understand CEOs getting 81% increases in pay over a five-year period out of tax dollars. The public doesn't understand senior health care bureaucrats collecting $760,000 in severance payments when they are no longer working to better our health care system.

The public doesn't understand, and the public won't understand, if members of this committee vote for this amendment. In Parry Sound, in Muskoka, in Norfolk and Haldimand, members of the public will see this as a vote for runaway hospital CEO pay, because that's what it is.

We're encouraging folks to take note of the fact that this amendment was introduced on March 29, and it was introduced due to what the Minister of Health has publicly acknowledged was a campaign of persuasion on the part of hospital CEOs, who insisted that they could be trusted, that they would behave in a reasonable fashion, that without full transparency and accountability, they could be relied upon to address public concerns and to address the concerns of policy-makers.

Yet within a few days of this amendment being introduced on March 29, we had the disclosure of the sunshine list. The sunshine list showed once again that without accountability, without transparency, without an ability to measure and evaluate quality, we get runaway hospital executive compensation.

Humber River Regional Hospital, the March 31 sunshine list showed, rewarded its CEO for underperformance with a 10% increase in salary. At St. Michael's, a few blocks from here, the CEO took away a 14% increase in compensation, despite having significant quality challenges at that hospital. So while CEOs took in 10% and 14% pay increases, their hospital budgets only increased by 1.5%. They are taking more than their fair share. At Sunnybrook hospital, the executive team there took away $3.2 million in taxpayer funds that could have gone to front-line care.

We also saw that the race for the top-paid CEO in the province is on, with as much drive as ever. We have a new highest-paid hospital CEO in this province, Clifford Nordal, in the London area, who took in $833,000 for one year without having to demonstrate improvements in quality, and who will never have to demonstrate improvements in quality if we pass this amendment.

The Chair (Mr. Pat Hoy): You have about a minute left now.

Mr. Eoin Callan: At Southlake hospital, after taking home an 81% increase in his compensation package, the CEO of the hospital accepted a position with a private medical company that had been doing business with Southlake hospital. He got, as a signing bonus, $2 million. That was merely his signing bonus. So you've got a hospital executive who has made off with about $5 million in the past year and a half. This is precisely the type of excess that so deeply offends your constituents and that this act, the Broader Public Sector Accountability Act, was designed to address, and that this amendment would now undermine and roll back.

There have been concerns expressed by other stakeholders about disclosure of quality leading to problems around legal accountability, so I'll finish with one sentence from Ken Anderson, who is from the Office of the Information and Privacy Commissioner of Ontario. The office provides independent reviews of government decisions and practices concerning access and privacy under the freedom-of-information act. He stated, "I would like to emphasize that designating hospitals as institutions under the Freedom of Information and Protection of Privacy Act would not interfere with the effective and efficient delivery of health care....

"Existing protections limiting the disclosure of quality-of-care information, as defined under the Quality of Care Information Protection Act, would have no interference."

You've got an independent view telling you that the Broader Public Sector Accountability Act would not interfere with the operations of our hospital system or the delivery of quality care, yet you're being asked to approve a blanket measure that would allow hospital CEOs to escape accountability.

I'll stop there. Thank you.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the government. Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, Eoin and Abdullah, for being here and for your presentation. You have clearly done your homework, and I thank you for this presentation. There's a lot in here that we didn't get to cover, and I've tried to glance over it as quickly as possible.

I have two questions, and I'll keep them fairly general, in order to give you a chance to give me some feedback. My first question is about the balance that you talked about currently in the act, and the quality and transparency.

0910

In a former life, I was a high school vice-principal, so I dealt with a lot of fights, for instance. I'll just give you a scenario. When I dealt with a student who I needed to get information from, who was on the front line, who felt intimidated or uncomfortable giving me information, if that student knew that, perhaps, all of the information he or she shared wasn't going to be disclosed, I found that I had a better success in getting information, as opposed to getting nothing.

I guess the question is, how do we continue to strike that balance between accountability and transparency?

Mr. Eoin Callan: I think it is vital to strike a balance, and the example you cite from the education sector does have some corollaries in the health sector.

You're right, also, to note that on pages 4, 5, 6, 7 and 8 of this submission there is a fairly detailed assessment of where that balance is currently struck within the act and within previous acts, because the difficulty that you describe is well understood by professionals who are responsible for protection of privacy and information in the province. That's why Ken Anderson independently came to the conclusion that the act would not interfere with the ability to gather this type of information.

As it stands, the Broader Public Sector Accountability Act allows hospital executives to refuse to disclose a record that reveals the substance of deliberations of a meeting of a governing body or a committee of the governing body of a hospital. It also allows solicitor-client privilege, which is protected under the act, and exceptions are given to a whole range of categories, such as hospital foundation activity, the administration of records of members of regulated health professions—so anything that relates to the member's personal practice—and clinical trials. So there are significant carve-outs within the act and within other pieces of legislation that continue to provide protections, which is why the information officer has come to that conclusion.

If you wanted to create greater protection to encourage fuller disclosure and fuller discussion, there are a number of ways in which one could attempt to further fine-tune those protections. This amendment, as proposed by hospital executives and adopted at their persuasion, doesn't do that. It's a blanket measure. You're being asked to throw a large blanket of protection of secrecy over anything related to quality within a hospital, and quality care makes up the core, the essence and many of the functions that hospitals perform for the public.

It's also, again, a crucial measure by which the performance of hospitals and executives can be judged. So getting at the issue that you've raised is important. We think the current provisions of the act do that. If you wanted to go further, this would not be the way to do it.

Mr. Abdullah BaMasoud: Just to add to that, we already have an act, the Quality of Care Information Protection Act, and the Ontario Hospital Association has stated that this act has been drafted specifically to address the issue of the protection of quality-of-care information from disclosure and legal proceedings. This act basically protects the sensitive quality-of-care information, and at the end of the day, we have a balance between the accountability and the need to protect our health care workers.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

CURRENT MANAGERS WITH SPLIT PENSIONS

The Chair (Mr. Pat Hoy): Now I'd ask Current Managers with Split Pensions to come forward, please. Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning. In this case, it will come from the official opposition. I'd just ask you to identify yourselves for our recording Hansard, and then you can begin.

Ms. Valerie Jones: Thank you, Chair, Vice-Chair and members of the committee for allowing us the opportunity to speak to and comment on Bill 173 and to provide a written submission.

We are a delegation representing the Municipal Property Assessment Corp. management employees. We were formally employees of the province of Ontario. Our group is called Current Managers with Split Pensions.

My name is Valerie Jones. I'm a member of that group. Today with me: Joe Kreppner, another member of the group and on our executive; and Jim Petrin and Peter Gamble, all members of the Municipal Property Assessment Corp. management group.

On December 31, 1998, we were divested from the province of Ontario and our pension provider. Therefore, we currently have split pensions. The sum of those two pensions is considerably less than what one pension would have provided. The current government has shown strong commitment to correcting this situation.

Bill 236, the Pension Benefits Amendment Act, which received royal assent on May 18, 2010, provides for the transfer of pension funds in the case of an amalgamation or divestment from the original pension plan to a successor pension fund. That's under section 80.1 of that act.

Currently in Ontario, there are literally thousands of people waiting for the implementation of this legislation before making their decision to retire. What we're respectfully asking this panel to do is to recommend or cause to be made a further amendment to the currently unproclaimed section 80.1 of the Pension Benefits Act by adding a provision that would provide a dual pension holder the opportunity to combine their pension if they leave their employ as of the date of the passage of the legislation under Bill 236, that being May 18, 2010.

The current situation has legislation in place, but the regulations have not been promulgated, and the subsequent agreement of all parties in place—those are conditions that are stipulated in that legislation.

The Honourable Dwight Duncan, Minister of Finance, stated in the Legislature on March 30 this year, "Those regulations will be promulgated shortly. We have been working on them. That particular regulation is at the top of the list." But the honourable minister went on to say that "the regulations will likely take us back to the date of the passage of the legislation," words that were very encouraging to current employees in this pension situation and words that certainly indicate the government's desire to resolve the issue.

I guess the question is: Why do we need you to have an amendment to Bill 173, An Act respecting 2011 Budget measures, interim appropriations and other matters? That bill does currently have technical amendments to the Pension Benefits Act under schedule 35, and we hope that our proposed amendment could be included in that schedule.

We know that the regulations for this complex subject take considerable time, and we're certainly understanding of that process. The next part of the process after the regulations are filed: We need the approval of all parties and a transfer agreement by all parties. That process can take a year or more. We have a subject matter expert, and that subject matter expert has given us one to two years for that process to take place. Therefore, any current employee knows that the legislation has been passed and knows that the government has a strong desire to enact that legislation, but can't retire or do anything because they have to be employed by their employer up until the date currently, until the regulations and the agreements have been passed. So they're sitting in limbo, if you will.

Employees in communities across Ontario have already postponed retirement, in some cases for up to 10 years, since 1998. The negative impact to these communities and families are—and I think these are very real—that these dedicated people are not in a position to extend their volunteer commitments in their communities, and many have expressed a strong desire to do so. They are working while they're ill or in declining health through postponed retirement. They're unable to care for or support infirm family members, and importantly, new job opportunities are not opening due to the normal attrition process that would normally have happened.

Our employer, MPAC, is not able to create and implement succession plans. It's an unknown environment. There are missed opportunities for the government to reduce public sector costs. So what we're imploring you to do is to create an amendment within the legislation, Bill 173, that would allow these employees, both management and non-management, to retire, knowing that when the process is finalized, whenever that is, they would still have the right to a single pension and that right would be protected and they could get on with their lives.

0920

Basically, I want to thank you very much for listening to us. I think what we're asking for is fairly simple in terms of the legislation under Bill 173 and certainly would resolve a complex issue and allow people to get on with their lives. That's what they're really asking for.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the official opposition. Mr. Miller?

Mr. Norm Miller: Thank you very much, Valerie and others, for your presentation today. Certainly, I'm familiar with your issue. I would say that I've had MPAC employees in my riding who have, exactly as you stated, postponed their retirement, waiting for this problem to get solved.

I guess I have a question for the Clerk, first of all, though. You're proposing an amendment so that people don't have to keep postponing that retirement until this problem is solved, essentially.

Ms. Valerie Jones: Correct.

Mr. Norm Miller: You are suggesting that section 35 of Bill 173 might be the means to amend that to solve this problem.

Ms. Valerie Jones: Schedule 35 contains amendments to the pension act.

Mr. Norm Miller: So I'd ask the Clerk, then—because sometimes we propose amendments and then when we get to the stage of going through clause-by-clause, I learn that, "No, I'm sorry, that's not in order because this bill isn't dealing with it." I'd ask the Clerk the question—sorry, the researcher—if the amendment, as they're proposing, will be in order if we go through the process of making an amendment, as is requested by this group.

The Clerk of the Committee (Ms. Sylwia Przezdziecki): Generally, an amendment that would

open up an act or a section of an act that is not open in the amending bill would be out of order. That's the general rule. I would have to look through the bill and see a copy of the amendment to be able to further advise.

Mr. Josef Kreppner: If I may, just as possible assistance, schedule 35 of Bill 173 already contains technical amendments to the Pension Benefits Act and specifically the unproclaimed section 80.1 of the act, which is the same section that we're asking be amended.

Mr. Norm Miller: I don't want to put you on the spot right now, Clerk, but perhaps you could provide me with a definitive ruling on whether we're able to make this amendment. If so, I can assure you that we, as the official opposition, will propose that amendment.

The Clerk of the Committee (Ms. Sylwia Przezdziecki): Okay. Yes.

The Chair (Mr. Pat Hoy): We'll take that under advisement, then.

Mr. Norm Miller: Very good. I would simply say that all their members—I know that Jim Wilson has on many occasions brought this issue up in the Legislature as well, not just to do with MPAC workers but also paramedics, I think, are affected by the same issue.

Thank you for your presentation. We'll see the response we get in terms of whether what you're proposing is in order.

Ms. Valerie Jones: Thank you very much for your—

Mr. Josef Kreppner: If I may, I'd also want to point out that Mr. Miller is quite right, that there has been—we certainly appreciate the support that Mr. Miller has shown in the House, and Jim Wilson. On the government side, Dave Levac from Brantford and Wayne Arthurs have also continually supported us in this and are also, I believe, supporting this proposed amendment.

Mr. Norm Miller: That's a very good thing to point out because when it comes to voting for the amendment, if I do propose one, you'll note that there are more members on that side than there are on this side. It's kind of important that they think it's a worthwhile amendment as well.

The Chair (Mr. Pat Hoy): Thank you for your presentation before the committee.

Ms. Valerie Jones: Thank you very much.

ONTARIO COALITION FOR BETTER CHILD CARE

The Chair (Mr. Pat Hoy): Now I'd ask the Ontario Coalition for Better Child Care to come forward, please. Good morning, you have 10 minutes for your presentation. There could be five minutes of questioning, this time from the NDP. If you'd just state your name before you begin.

Ms. Andrea Calver: Terrific. Thank you very much. My name is Andrea Calver. I'm the coordinator of the Ontario Coalition for Better Child Care. Our organization is Ontario's advocacy organization for universal and affordable child care.

We're here today because embedded in Bill 173 is schedule 10, which contains some significant changes to the Education Act. Schedule 10, as you probably know, will allow school boards to contract with third parties to run extended-day programs as part of Ontario's new early learning program. Members of our coalition were, quite frankly, shocked that the government did not limit the ability of school boards to contracting solely with not-for-profit providers.

This proposed legislation does a major disservice to school boards. By allowing and opening the door to corporate and for-profit child care in our public schools, the legislation leaves school boards vulnerable to entering into controversial contracts that allow private companies to profit from programs in public schools serving Ontario children.

Research has clearly demonstrated that not-for-profit early learning and child care programs, on average, provide a higher quality of care than for-profit operators. With Our Best Future in Mind envisioned the extended day within the publicly operated system of education and that all expansion of new early learning and child care programs be through Best Start child and family centres, operated by municipalities, school boards, post-secondary institutions or not-for-profit agencies. With the amendments to the Education Act to permit third party delivery, we would state in the strongest possible terms that the legislation must ensure that third party providers are not-for-profit organizations.

Over the last few years, we have seen the growth of corporate, for-profit child care operators. In 1998, our coalition toured the province to sound the alarm about a new child care company that sent letters to many of our child care programs, asking if they were interested in selling their centres. Since then, Canada has seen a new child care corporation listed on the Toronto Stock Exchange. That company has expansion plans that include Ontario. Whether it's a large chain or a single owner-operated child care centre, we believe that for-profit child care should not be permitted to operate extended-day programs, and we strongly recommend that the legislation specify that school boards can only enter into contracts with not-for-profit providers.

We also can't expect school boards to understand all the nuances of today's child care system. Requiring contracts with not-for-profit operators will prevent school boards from inadvertently contracting with for-profits and will prevent the inevitable controversy among parents, many of whom will question whether those profits are at the expense of the quality of care for their children.

In addition, by allowing school boards to have third party operators for the extended day program, we believe the Ontario government is shifting responsibility for the extended day on to Ontario's underfunded and poorly supported patchwork of early learning and child care programs. The move away from the school boards delivering extended day is a move away from a publicly operated and universal system. As a result of chronic underfunding, Ontario only has enough licensed child care spaces to serve 20% of children, and child care operators will not be able to operate universal programs.

School board delivery of the extended day would have saved $119 million in wage subsidy funds. That money was to be reinvested in stabilizing child care programs serving younger children. Without school board delivery, there will be no savings to be reinvested in programs, and the Ontario government must make up for that loss of funding.

The Ontario Coalition for Better Child Care called on the Ontario government to invest $100 million in 2011 and an additional $200 million in 2012 in new permanent provincial funding to stabilize child care programs by limiting parent fee increases and raising the wages of early childhood educators. There was no new funding in the 2011 budget, and that lack of funding means that parent fees will continue to rise. Many parents are paying $10,000 to $15,000 a year per child for licensed child care. Every time fees rise, we know that fewer and fewer families can afford child care. Without parents who can afford to pay that full cost, many centres will no longer be viable and may have to close. The lack of funding will also mean that child care centres will have to continue to deal with the shortage of qualified staff. That shortage often means licensed child care centres do not operate at full capacity, intensifying the crisis for parents who need a child care space.

The Ontario Coalition for Better Child Care and our community of early learning and child care programs supported the vision of a system of early learning for all children from infants to 12 years old that was at the heart of the report With Our Best Future in Mind. We did everything we could to educate early childhood educators and prepare child care centres for change and transition. Today, we don't recognize that vision in the current implementation of the full-day kindergarten program.

0930

Early learning and child care programs face an uncertain future. Financial pressures from chronic underfunding, along with impacts from the early learning program, will mean that many centres close and many centres serve fewer children. Ontario does not have enough child care. We cannot afford to lose child care programs.

Early learning and child care are good for children. In the past 12 years, we've learned how high-quality early learning programs help in brain development and socialization of children. Child care is good for children. It's also vital for families. Seventy per cent of mothers with children under five are in the workforce, so parents are desperate for good child care with affordable fees. Child care is important for Ontario's economy.

I would encourage each member of this committee to propose amendments to Bill 173 that would strengthen Ontario's early learning and child care system. Ontario can't work without child care.

In the consultations leading up to this legislation, we were asked to give our thoughts, and we have attached to our submission additional recommendations to ensure quality in extended-day programs. Thank you.

The Chair (Mr. Pat Hoy): Thank you. Now we'll go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Andrea, thanks very much for that presentation. Can you tell us what you've seen in terms of child care centres trying to come to grips with the new reality? You talk about rising fees. Can you cite examples of centres or regions where this is becoming a very large problem?

Ms. Andrea Calver: Yes. We have a sector-wide survey, and it has shown that many child care centres are projecting that their fees will increase anywhere from 15% to 30%. Just a couple of days ago, a London child care program came to Queen's Park to talk about some of the impacts that the early learning program is having on their centre.

We need stabilization funding, because the early learning program will move four- and five-year-olds out of child care centres and into schools. That's not in itself a bad thing, but if child care is being asked to specialize in younger children, we need to be properly funded for that.

The most likely impact of specializing in younger children is that our fees will rise, because younger children require more staff and they are more expensive to care for. The most likely impact for every single child care centre asked to specialize in infants to four-year-olds is that they will see their fees go up. Unfortunately, we worry that the cost of child care is very much out of the reach of the average family in Ontario today.

Mr. Peter Tabuns: Have you seen evidence in other jurisdictions where private, for-profit daycares have moved in and displaced non-profit daycare centres? I'm not talking just about Ontario, but other provinces or other countries.

Ms. Andrea Calver: When we sounded the alarm over corporate and for-profit child care, it was because of a company called ABC Learning Centres, out of Australia. That company moved in and took over—bought up—enormous amounts of child care. The company went bankrupt and caused a massive crisis in Australia. The government ended up on the hook for keeping child care centres open because child care is such a critical part of the economy. The bankruptcy of ABC Learning Centres sent shockwaves throughout the Australian economy. They profited from children, and then in the end, their bankruptcy cost the government a lot of money. That's not a vision for early learning and child care programs that we wanted to see happen here.

We campaigned across the province. To date, the company registered on the Toronto Stock Exchange has not opened new programs in Ontario, but they're radically expanding in Alberta and British Columbia, and their expansion plans include Ontario. If you think they're not going to look at 4,000 schools and their extended-day programs as a business opportunity, you're mistaken; they will. There will be school boards who enter into these contracts if they're not required to deal with not-for-profit operators. This is a significant disservice this government would do to school boards if they allow school boards to go down that path.

Mr. Peter Tabuns: Thank you very much.

Ms. Andrea Calver: Thank you.

The Chair (Mr. Pat Hoy): And thank you for your presentation.

MS. KIM HESSELS

The Chair (Mr. Pat Hoy): Now I'd ask Kim Hessels to come forward, please. Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning following that. In this case, it would come from the government. Please state your name before you begin.

Ms. Kim Hessels: Kim Hessels.

Dear esteemed committee members, thank you for allowing me the opportunity to speak to you today. My name is Kim Hessels and I live and am involved in the community of Dunnville, a town in southern Ontario.

I would like to express my respectful disagreement with the proposed amendment to Bill 173, schedule 15, based on my research into a number of currently existing public policies within Ontario's health care system. In my opinion, these existing policies put Ontario's citizens at risk, as they appear to discriminate against the vulnerable as they prioritize resources above patient safety. Please allow me to explain the reasons for my opinions.

For example, few people know about the Fetal Alert Network, FAN, a database established through the Ontario primary health care transition fund through the Ministry of Health and Long-Term Care. From the training materials provided for FAN, their position for initiating this database is evident, as it states the economic and social impact of birth defects and the importance of early diagnosis for the purposes of intervening early in the pregnancy. FAN educates the medical system with pictures of malformed children placed next to monsters and mermaids in a way that dehumanizes them. Please see this training material as referenced in section 1 of my handout of references.

As a mother of a child with special needs, the intended reference of a disabled child categorized with a mythical creature is disrespectful, and it causes me great alarm that my child's health care provider may have been trained with this material.

The Ontario Ministry of Health and Long-Term Care's assistive devices program, specifically the section titled "Acceptable Evidence of Medical Eligibility," reference number 2, is also a concern of mine. It states that infants with a pre-existing condition are not eligible for the funding of a monitor.

I also have concerns with the critical care strategy, number 3, which formed in 2005, as it appears to have developed a restriction to admission to the critical care unit. There was no public involvement in, nor is there public awareness of, this issue.

The wait-list strategy, number 4, also from the Ministry of Health and Long-Term Care, was done without public involvement as well. The public was not involved or consulted in the development of the wait-list strategy, as there were published concerns over the consequences of the class system that would be placed on patients needing care.

My final example is that I am concerned about the manner in which narcotics are used in the critical care unit. A research study done by the department of forensic science at Laurentian University in Sudbury, Ontario—number 5—revealed that the narcotics administered to two infants at time of death were in such excessive quantities that two well-respected American pathologists responded in a published letter to the editor that the deaths were "clear-cut homicides."

Based on what is obtainable, I am truly alarmed. I see a health system that dehumanizes children with malformations, that there are prioritized levels of patient care, private requirements regarding admission and treatment in the ICU, and it is legitimately documented that infants appear to have been euthanized in Ontario hospitals. This leads me to wonder what documents have been or could continue to be concealed by the hospitals that relate to prioritization or rationing and discrimination, should the amendment be passed.

It seems clear to me that schedule 15 will prevent me and others from gaining access to documents to better understand how our hospitals are run regarding who gets care and who does not. Who is considered low priority, and on what basis? What is happening with narcotics in the critical care unit, and what policies relate to that?

0940

I believe the public has a right to know and to be involved in policies of this magnitude. Based on what information is currently available, I believe I have justifiable concerns. Further, in October 2010, the Osler law firm—reference number 6—issued a bulletin in regard to Bill 173 warning hospitals that there will be access to certain documents, and they advised the hospitals to "cleanse" their records.

In my opinion, I believe it is time for Ontario citizens to have full transparency and accountability in all matters related to the health care they receive. I also believe that our health care should reflect the human and democratic right we each have as Canadians to have a quality health care system regardless of age, race, ability or gender.

Therefore, I urge each committee member to reject the proposed amendment to Bill 173, schedule 15.

Thank you again for your time, and for your service to this great country.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go the government. Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, Kim, for being here this morning and sharing this information with us. I believe that we may have met at another presentation. Is that right? I think you've been an advocate for quite some time. The material that you're presenting—there's a lot of information here. Thank you for that. You've clearly done a lot of research, and we appreciate that.

I haven't had a chance to go through all of it because I was being attentive to your presentation. I just had two areas that I wanted to touch on, if that's okay. The first is about that balance that you're talking about at the very end of your presentation, so schedule 15 and then, "In my opinion, I believe it is time for Ontario citizens to have full transparency and accountability" in health care.

That's what we're hearing this morning from presenters: How do we find that balance between full accountability and disclosure? As I said earlier, I think you were here about being a vice-principal and having to find that balance—"You need to tell me sensitive information and I need to share that, but I need to protect your rights at the same time."

I just wanted to share with you something that I came across; a presentation from the CMPA, just to give another side of the story as well. They say in their deposition that "the CMPA recognizes that it is natural that there may be a desire to provide a patient who has suffered an adverse outcome with as much information relating to the event as possible." Some may also advocate for public disclosure of such information. "However, in many cases the disclosure of quality assurance ... records will not necessarily assist the patient" or the public "and could seriously undermine the laudable societal objectives of" quality improvement initiatives.

What would you say to the CMPA?

Ms. Kim Hessels: In my opinion, I would say that in any other business you'd have to consult the customer to understand what kind of services you need to offer. I think that should be true in health care as well. We may not have all the answers or the right answers, but as parents and as citizens, we'd like to be involved.

Ms. Leeanna Pendergast: Okay. Could I ask one more question about one of your studies?

Ms. Kim Hessels: Sure.

Ms. Leeanna Pendergast: I'm fascinated—the BMC Health Services Research. We just have the first page. It's a 2007 study, and I'm just referring to your wait time comments. It would be interesting to see any studies that you have subsequent to 2007, because this government has done a lot of work in terms of wait time strategies, alternative levels of care, public engagement and consultations. Those are concerns that you mentioned. If you had anything subsequent to that, it would be great to take a look at it.

Ms. Kim Hessels: Okay.

Ms. Leeanna Pendergast: Okay. Thank you again for all of your work and your research and your time this morning.

The Chair (Mr. Pat Hoy): Thank you, and if you do provide any additional information, if you'd send it to the clerk, and then every member will get a copy of it.

Ms. Kim Hessels: Okay. Thank you very much.

ONTARIO PUBLIC SCHOOL BOARDS' ASSOCIATION

The Chair (Mr. Pat Hoy): Now I ask the Ontario Public School Boards' Association to come forward, please.

Ms. Catherine Fife: Good morning. My name is Catherine Fife. I'm president of the Ontario Public School Boards' Association. We represent almost 70% of students in the province of Ontario—elementary and secondary students. We definitely appreciate this opportunity to present this submission to the Standing Committee on Finance and Economic Affairs.

Schedule 10, for us, focuses on two main areas that I'd like to talk to you about today: the trustee code of conduct and the implementation of full-day kindergarten.

Specifically around some of the amendments to the Education Act: Our association is fully supportive of the efforts that the government has taken to provide a framework for the code of conduct. However, we do have some concerns that we'd like to raise with you with regard to some of the language.

First I'd like to say, though, that we have fully participated to date in the ministry's consultation regarding this issue, and it is our understanding that the final regulation will mirror the draft consultation document and include our recommendations that we have already submitted.

That said, there is some concern that the addition of a new paragraph, (i), will give the minister more power regarding mandated codes of conduct. Besides including matters or topics to be addressed in the code, the proposed amendment now adds paragraph (i), which states that the minister may prescribe or order an entire code of conduct or parts of codes of conduct.

We believe it's important that boards develop and implement their own codes of conduct. We believe that this is essentially an issue of autonomy of school boards. We are elected. The electorate holds us accountable on a daily basis, and sometimes for trustees in the province of Ontario that's in the frozen food section talking about French immersion. However, we would anticipate that any future regulation will include recognition and respect for the role of trustees. Once the regulation is filed, OPSBA will be providing its members a template for a code of conduct as well as a step-by-step process for the enforcement of the code of conduct.

We see that as our role as an association, to help member boards navigate through this process, but just for today's purposes I'd like to be clear that we believe that it's important that boards develop and implement their own codes of conduct. Therefore, we request that paragraph (i) be removed so that the minister's involvement is limited to prescribing matters to be addressed in the code of conduct only.

I'd like to move on to the issue of full-day kindergarten and the area of third party programs. We wholeheartedly support the full-day kindergarten program. We believe that this is one of the most ambitious and progressive programs for children in the province of Ontario. We see a natural continuum to have child care under the Ministry of Education and we think that this will strengthen education in the province of Ontario. We have been very vocal about the need for flexibility as far as options for third party providers, and we recognize that those concerns were listened to. We are supportive of the changes that allow for flexibility. The changes recognize those boards which currently use third party operators in their schools at present, and these arrangements are working very well. These are long-standing partnerships that are extremely successful and are very much in keeping with the values of the seamless day

envisioned in Dr. Pascal's report. We are also supportive of the requirements that require programs to be day-nursery-licensed under the Day Nurseries Act. That's an important issue of consistency.

The bill contemplates additional program conditions and criteria to be found in forthcoming regulations, policies or guidelines, and we respectfully request to be part of any consultation going forward on this issue.

Continuing on the theme around third party operators, the bill includes language that states that an operator of a third party program is not an agent of the board, and this is a useful clarification for school boards. But missing from the bill is any requirement for a third party operator to have not-for-profit status. We believe that no one should make a profit from the provision of child care in schools. Board-run extended programs are to operate on a cost-recovery basis, and it makes sense that the same principles would apply to third parties. We would support a requirement that third party operators be not-for profit but recognize that there are unique situations—for example, in our Far North schools and some of our rural areas where no other options exist—that may need to be addressed through a grandfathering provision.

We are very strongly supporting the preference for not-for-profit operators in schools. We think it makes a lot of sense. We have natural partnerships with our not-for-profit child care providers already.

I would like to reiterate, though, that our biggest concern is that all parents have access to affordable, high-quality care for their children, and it must be equitable across the province so that all children may benefit from the program.

0950

Some of the language, still on third parties: It is our understanding that this section is intended for non-planned closures, so this is the termination or cessation of a third party program. Under this legislation, school boards would be allowed seven calendar days to provide replacement programming, either delivered by the board or another third party. We believe that if school boards decide to partner with a third party, these agreements will be made based on proper due diligence to ensure responsible programming. Parents and children should not be left in a position with no care.

The extended-fee component of the full-day kindergarten is an ongoing issue that boards are facing. The recent revised fee regulations do attempt to lower the overall costs of the extended-day program and keep them closer to those fees offered by third party providers already existing in the community. OPSBA has compiled information on the base daily fee in its member boards, and it ranges from $16.50 to $33.50 a day, so that's a huge discrepancy. Some of these fees remain high due to current ECE salaries and special education costs.

As an association, we continue to monitor the implementation of full-day kindergarten and the costs for the board-delivered extended-day program. Fees need to be affordable for parents and similar to the fees that coterminous school boards and other community child care providers are charging for the same service. Ultimately, cost will continue to be one of the key drivers for extended-day viability, and we are monitoring. There are currently four school boards in the province that are following the original plan that was put forward by the Liberal government, and we are delivering board-run extended-day programming. We're trying to monitor the successes of that programming, and the challenges, and we're reporting back to our member boards so that they can learn from that experience.

Around third party programs: The proposed amendments add that the minister may issue policies and guidelines and require boards to comply. This includes governing agreements, terms and conditions between boards and third party program operators. We note that the regulatory proposal regarding extended-day and third party programs has been posted on the Open Ontario regulatory website. We will be reviewing the details of this proposal and will provide comments through a future submission.

There is an issue of consistency here that needs to be recognized: between the quality of care and educational service that happens during the school day and the before-and-after component. The obligations for school boards should be the same as those for third party providers: A high level of quality of care, programming and staff must be consistent in both delivery models. Parents and children should not expect anything different. The program should be the same regardless of which party delivers the program.

OPSBA has begun meeting with third party providers of before- and after-school care to discuss a common framework. It is our intention to provide our member boards with a common extended-day framework to be shared between school boards and third party providers. Essentially, we are entering into new dialogues with child care operators. We have new relationships with those providers in our community. This has been a long time coming. These conversations are productive. We're trying to navigate through some of the complexities of the full-day kindergarten program and, as you heard earlier, some of the unintended impacts of full-day kindergarten. So we are doing our part at local school boards. We are doing our part, as an association, to help our school boards navigate through the system. We see some of the recommendations that we've put forward to this committee as assisting to ensure that there is consistency and that the program is a success.

Principal delegation: With regard to behaviour, discipline and safety issues for students in extended-day programs, we're appreciative of the expanded list of people to whom the principal can delegate his or her powers or duties. That made a lot of sense.

Reporting to principals: The appropriate staff will report safe-school issues to the school principal. Again, this comes down to consistency.

On the last page of the presentation, we've listed a number of concerns going forward. We want to flag those for the committee.

In order to ensure consistency and better alignment in the requirements for third party operators, we request that

the Ministry of Education continue its review of the differences between the Day Nurseries Act and the Education Act, and we have some specific examples: fire regulations, space requirements, playground standards, and nutrition.

In addition, while we're talking about full-day kindergarten, in order for school boards to plan and communicate effectively in a timely manner, we request information about planning approvals and capital funding for years four and five to be released from the ministry, ideally by June 2011. The reason we put this forward was not only so that we can be responsible as school boards going forward and planning, but because parents in our communities want to know. There's a lot of interest in full-day kindergarten. The earlier that we have this information, the better job we can do of planning and communicating with our communities.

Code of conduct: We request that paragraph (i) under clause 218.2(b) be removed; we respectfully request to be part of any consultation regarding the conditions and criteria for third party programs; and we would support a requirement that third party operators be not-for-profit, but we recognize that there may be unique situations, as I stated, in rural and northern communities that may need to be addressed through grandfathering provisions.

Thank you for your time today. I'd be pleased to answer any questions.

The Chair (Mr. Pat Hoy): Thank you. The questioning will come from Mr. Miller.

Mr. Norm Miller: Thank you very much, Catherine, for your presentation this morning.

I'll start, first of all, with your second issue: full-day kindergarten. There's a requirement that before- and after-school care be provided if a school offers full-day kindergarten, and there's an amendment that allows another board to be able to provide that program. I assume that means that a child could be going to one school before school, going to a different school during school hours, and then going to another school afterwards. Have you looked at that at all?

Ms. Catherine Fife: We're currently surveying our schools at present to see who is going to be offering it: What is the uptake on the extended-day portion? We're learning as we go along. This is a complex program. We have new communications strategies. We are having conversations with our coterminous boards around who gets the program and which neighbourhoods. At the end of the day, I think there will be collaborative relationships between our coterminous boards and the public boards.

Mr. Norm Miller: I just looked at that exception, and I just wondered about the logistics of it, because it would seem to me that a child would actually have to physically switch schools before school, during school and then after again, and it seemed like it would be problematic.

Ms. Catherine Fife: That situation would not be ideal, currently. That's what has happened prior to full-day kindergarten coming into play. Parents are dropping kids off at one location and then they're coming to school. The overall goal of the program is to provide that seamless day for students, and school boards are striving for that.

Mr. Norm Miller: In the past, there have been groups like the YMCA that have run a lot of before- and after-school programs. You mentioned that you don't want for-profit providers to be running programs. Are there currently any for-profit operators that have been running before- and after-school programs?

Ms. Catherine Fife: It's hit and miss. Some school boards have very strong practices of engaging child care operators, regardless of their not-for-profit or for-profit—

Mr. Norm Miller: Just as long they're licensed, they're—

Ms. Catherine Fife: Yes. I'm a Waterloo trustee. I know that Ottawa has specific internal policies. They've already incorporated that into their values, as a school board—to engage with only not-for-profit—and there are some reasons for that. There are natural partnerships. They're child-centred. Their fees are generally directed to the students and, obviously, not to a profit margin. And there's definitely research that confirms that the not-for-profit model is of better quality.

Mr. Norm Miller: And the Y falls into that not-for-profit model?

Ms. Catherine Fife: They're not-for-profit. So we're having new conversations with them.

As I mentioned, we're going to be working with our third party operators to develop a template, because the communication piece between third party operators and school boards is a little hit-and-miss across the province. These are new relationships.

Mr. Norm Miller: Going to your number one issue, which was the code of conduct for trustees, maybe just go over again the changes that you're proposing. I see, on your information sheet, "will give the minister more power regarding mandated codes of conduct. Besides including matters or topics to be addressed in a code, the proposed amendment now adds paragraph (i) that states that the minister may prescribe or order an entire code of conduct or parts of codes of conduct." Is that the part that you have a problem with?

Ms. Catherine Fife: What we want is that it be removed so that the minister's involvement is limited to prescribing matters to be addressed in a code of conduct.

I think it's important for the committee to know that school boards have codes of conduct and we also sometimes have codes of ethics.

Ultimately, we feel that the minister shouldn't have too broad a reach to come in and lay down the law, so to speak, because we are elected, we are self-governing, and we are ultimately accountable to the electorate.

Mr. Norm Miller: A few weeks ago, one of our members, Frank Klees, brought up the issue in question period about a trustee being told not to meet with a parent on their own unless there was a staff person in attendance—

Ms. Catherine Fife: Actually, I'd like to address that, if I might. It turned out that there was some miscommunication between Mr. Klees and the board. They've since issued a letter of clarification.

Trustees should meet with parents and listen, but if there are specific issues pertaining to the Education Act, perhaps legalities—the director of education from the York board was saying that if you're going into a room, you need to have the information, and you have the staff at your disposal, so make sure you have strong communication with that staff. Trustees are listening all the time. I think that message was sort of miscommunicated by the board, which is unfortunate. Trustees can meet with parents. We do meet with parents, and we have the right to do that.

Mr. Norm Miller: Thank you.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

We have an answer to a question that Mr. Miller put some time ago, from the clerk. We'll do that now.

The Clerk of the Committee (Ms. Sylwia Przezdziecki): It's to Mr. Miller's question regarding a proposed amendment by the managers with split pensions from MPAC, who are proposing an amendment to section 80.1 of the Pension Benefits Act. Section 80.1 of that act is opened by section 8 of schedule 35 of Bill 173. It is a section that is open and for discussion. So it would not be ruled out of order on the grounds of the section not being open. There may be other reasons that it may be ruled out of order, but it would not be for reasons of the section not being open.

The Chair (Mr. Pat Hoy): With that stated, we are in recess until 2 o'clock sharp this afternoon.

The committee recessed from 1003 to 1401.

IMPATIENT FOR CHANGE

The Chair (Mr. Pat Hoy): The Standing Committee on Finance and Economic Affairs will now come to order. We are prepared to hear from our afternoon guests, and I would ask ImPatient for Change to come forward, please.

Ms. Cybele Sack: Which one?

The Chair (Mr. Pat Hoy): Any one at all. The gentleman to my right and behind me will control the microphone for you. You have 10 minutes for your presentation. There could be up to five minutes of questioning. In this round it will come from the NDP and Mr. Tabuns. I'd just ask you to state your name before you begin.

Ms. Cybele Sack: Hello. Good afternoon. My name is Cybele Sack, and I'm here with ImPatient for Change, a patients' rights group whose goal is to exchange information about patient safety, because every patient matters.

Well, the genie is out of the bottle. Yesterday, the media reported that the lead health lawyer from the firm Osler told hospitals to avoid an eHealth-like scandal by "cleansing existing files" before they become available through the Freedom of Information and Protection of Privacy Act, FIPPA, in January 2012.

Premier McGuinty responded to this by saying that he wants open, accountable and transparent hospitals. Minister of Health Deb Matthews says that she expects hospitals to embrace the spirit of freedom-of-information legislation. Information and Privacy Commissioner Ann Cavoukian says, "The word 'cleansing' is highly inappropriate" and offensive.

I suggest to you that if you want to ensure open, accountable and transparent hospitals and to embrace the spirit of freedom-of-information legislation, you'll stop Bill 173, schedule 15, the hospital secrecy law that your government has buried in this budget bill. This hospital secrecy law stands as a violation of the spirit and the letter of FIPPA.

Five months ago, I sat in a Queen's Park committee room and I testified about this same hospital secrecy amendment, which will exempt hospital quality information from public access. As a citizen committed to the public interest, I was astounded to overhear lobbyists from the Ontario Hospital Association and HIROC—that's the hospitals' malpractice insurance company—asking our members of Parliament to hide health care information in order to shield themselves from embarrassment. I was even more astounded when your government filed an amendment with very similar words to the ones proposed by lobbyists on a Friday afternoon with the intent to vote in a backroom the following Monday. Luckily, over one weekend, a small group of us were able to spread the word about this chicanery, and the amendment was defeated because it was introduced at the eleventh hour with no public consultation.

The law that lobbyists lobbied to hide information from in the fall was anti-lobbying and transparency legislation. You brought Bill 122 in to clean house after the eHealth scandal, but apparently that wasn't shameful enough. The house still isn't clean. Bill 122, the Broader Public Sector Accountability Act, which passed in December 2010, put hospitals under FIPPA and banned the use of taxpayer-funded lobbyists. But that didn't dissuade those lobbyists from, as Minister Matthews put it, "persuading" her to resurrect the failed hospital secrecy amendment. So here we are today with a hospital secrecy law buried in your budget, even though it's clearly not a budgetary item.

In reference to the inclusion of hospitals under FIPPA, Information and Privacy Commissioner Cavoukian quoted Justice La Forest of the Supreme Court of Canada. I'll do the same: "The overarching purpose of access-to-information legislation is to facilitate democracy. [It helps] to ensure that citizens have the information required to participate meaningfully in the democratic process and that politicians and bureaucrats remain accountable to the citizenry."

Our democracy and access to information are being subverted by this hospital secrecy law.

Last time I testified against this amendment, I was alone in discovering it. Today, I have the support of nurses, the Ontario Health Coalition, church groups, unions and other citizens. If you give us more time to inform the public, I'm confident the number of us opposing this hospital secrecy law will grow. The public has a right to know what's going on in our health care system.

I've had five months to hear all the red-herring arguments that Minister Matthews and the lobbyists provide. Just like the Ontario Hospital Association's attempt to distance itself from the health lawyer of its member hospitals, the excuses just don't stand up to scrutiny. Minister Matthews says the hospital secrecy law will give hospitals a chance to have a full, frank and free discussion on quality issues so they can make improvements. She should know that we already have a law which provides that exact mechanism: the Quality of Care Information Protection Act, already excluded from public access, which provides hospitals with an in-camera committee which they can use to discuss medical errors and potential lawsuits. FIPPA doesn't touch this.

Minister Matthews is enthused about the Excellent Care for All Act, which she says will lead to quality improvement. I've read this act and all other relevant legislation several times. The Excellent Care for All Act has a noble name, but nothing in this law replaces the provisions of FIPPA. FIPPA alone provides a means to access information without all the filters of a hospital's risk-management department. Do we want the information that the hospitals put out in a glossy, bureaucratic report, or do we want the raw data, the emails, the internal reports, the statistics, the meeting minutes so we can make up our own minds? I vote for the latter. That's FIPPA, and I think that's excellent.

Minister Matthews says that the hospital secrecy law is just an exemption and that the public can always appeal to the Information and Privacy Commissioner after they receive a letter saying, "Access denied." Minister Matthews' definition of "balance" is skewed in favour of hospital and insurance lobbyists. An exemption will mean journalists and media outlets may have to get their stories vetted by the Information and Privacy Commissioner before publication. What happened to freedom of the press? In journalism school, I was taught that access to information is a fundamental principle of democracy.

An exemption may mean citizens will have to wait possibly over a year to get information of vital importance to public health and safety. Family doctors may have to wait that long for information they need to make the best referrals. Politicians won't have the information they need in time to represent their constituents. How many will suffer and how many will die while we wait?

I am so disappointed today. I had hoped my next visit to Queen's Park would be an opportunity to talk about forward movement. Instead, we're moving backwards while people die. It's sad.

The public needs access to hospital quality information so we can shed light on our problems and work with our government to fix them—no more hiding, not by cleansing records and not with a hospital secrecy law. It's time for trust and transparency. Don't worry: Transparency works.

When we started reporting mortality ratios for hospitals, we found out that the Scarborough hospital wasn't doing so well. That bit of exposure helped push them to clean up their act, and they've made progress. When we reported on superbug infections, the media coverage led to more public awareness, and we're starting to find solutions. Imagine, if we had more information, how much more we could fix.

The hospitals and our government need to trust us too. We want to help you make the system better, but first you have to let us in to look around. Secrecy is for those who have dark things to hide.

We know from a study funded by Health Canada that more Canadians die from preventable adverse events in hospitals than from breast cancer, motor vehicle accidents and HIV combined. These are just the ones we know about. Many go unrecorded and unreported.

The Ontario Health Coalition can tell you all about the impact of cutbacks and wait times. We know we have problems, and we may be in a crisis. But is the solution to paper over the windows of a tilting ship, or is it time to pass around the buckets and let the public help us bail out?

Hospitals are being advised to prevent reputational risk by hiding their dirty laundry. We public want to prevent patient safety risk by using transparency to save lives. Will you put the reputation risk of lobbyists over the lives of Ontarians?

Like you, I want a better tomorrow for Ontario. A better tomorrow means full access to hospital quality information, according to transparency and accountability legislation we passed in December without this hospital secrecy law.

Don't take our right to health care information away from us at the behest of lobbyists. Stop schedule 15. It's time for transparency.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Ms. Sack, thank you very much for that presentation. Clearly, this is not a light issue for you. Can you tell the committee what sort of events or conditions have driven you to take the position that we absolutely need this information, this openness to the public?

Ms. Cybele Sack: I guess I have a dual background that comes into play here. First of all, I was a journalist. As I said in the presentation, I was a journalist who really tried to embody the values of good journalism, and I would hope that the press sees the value in access to health care information as being as important as access to all information. That's number one.

Number two is, I then survived a medical error. The crux of it is that I went into the hospital in 2008 with appendicitis, self-diagnosed. I told them, "I have appendicitis. I need surgery and antibiotics." They spent 17 hours trying to tell me I was wrong and to go home. I didn't leave. I said, "It's unsafe." In fact, I kept repeating that word, but it didn't seem to be taken very seriously. It turns out it had burst by that point. I waited then five and a half months for an appendectomy after rupture, if you can imagine how devastating that would be. It was life-threatening, the complications were both acute and chronic, and the recovery was very slow.

1410

Mr. Peter Tabuns: We in the NDP opposed the time allocation for this bill. We felt that there should be more extensive hearings. You made allusion to the fact that if there was more time, there would be many more people who would be here speaking. Can you tell us a bit about the people you're in contact with and the response they've had to this bill?

Ms. Cybele Sack: Sure. Literally, I started at ground zero in that November. Right now, I have over 1,300 people on a Facebook page called "Every Patient Matters." New people add me every day from across the country. I have people from every province and territory, and every major city in Ontario. I think that people tend to add their friends when they see what's going on, because they feel like a lot of these issues haven't been covered enough in the press. I think it's a complicated issue.

One really interesting thing—I don't know if this is the right venue to say it—is that there has been a spin that I would say is being promoted by the medical system over the last number of years, that I myself bought, as a journalist, before I had a personal encounter, and that spin is that errors are anomalous, that they are one-offs, and that they are only preventable in a "hindsight is 20/20" kind of way. I contribute to that dialogue a counter-spin, which is that errors are rife—that's the word used by the former editor of the Journal of the American Medical Association; that they are compounded; that it's not one error but how they deal with that error and cover it up, rather than trying to stop it; and that they are repeated, because we don't have proper mechanisms to prevent their recurrence.

You'll have other speakers saying this, but I think the number one thing that I hear over and over again—and one thing I should tell you is, people reach out to me on chat, and I get calls in the middle of the night, and I just volunteer my time to help people, because I know what it was like to go through that. The number one thing I hear about is not lawsuits. It really isn't. It's not the money. It's not even an apology, because with the Apology Act, it doesn't mean much. It's not even disclosure; that's just the first step. What people really want is to know that what happened to them did not happen in vain, that we're learning from it, that we're measuring the change and that we're accountable to that change, so that they know nobody else has to go through what they went through.

That's why I actually ended up deciding to do some advocacy work, because I couldn't find that in my own personal situation, and I realized, looking around and talking to others, that none of us can, and we need the government to set up new mechanisms. And the first step for any of this is transparency.

Mr. Peter Tabuns: Okay. Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

I'm advised that the next two presenters would like to switch order. Is the committee all right with that? Agreed.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

The Chair (Mr. Pat Hoy): I'll ask the Registered Nurses' Association of Ontario to come forward, please. Good afternoon. You'll have 10 minutes for your presentation. There could be five minutes of questioning. In this round, it will come from the government. Just state your names for our recording Hansard, and you can begin.

Ms. Rhonda Seidman-Carlson: Good afternoon. My name is Rhonda Seidman-Carlson. I am the president-elect of the Registered Nurses' Association of Ontario, the RNAO.

Mr. Peter Tabuns: Congratulations.

Ms. Rhonda Seidman-Carlson: Thank you very much. With me today is Kim Jarvi of RNAO's policy department.

RNAO is the professional association for registered nurses who practise in all roles and sectors in Ontario. Our mandate is to advocate for public health policy and for the role of registered nurses in enhancing health in Ontario.

The 2011 budget was a cautious budget, and RNAO greeted it with qualified approval. There was limited new spending and no new taxes. The resulting budget deficit was projected to drop to 2.5% of GDP in the coming fiscal year, compared to 3.3% and 2.7% in the previous two years. In those years, the government has responded to the economic crisis by deficit spending in order to help avert a full-blown collapse. There was broad domestic and international consensus on the necessity of deficit spending under the circumstances, and nurses supported this approach. Given that unemployment in Ontario and Canada remains stubbornly high in spite of some economic recovery, we caution our provincial and federal governments to be careful to avoid tipping their economies back into recession by prematurely cutting deficits. Accordingly, the government has made some effort to protect program spending, but it is projected to drop from 18.5% to 17.7% of GDP in the coming year. Revenues are also predicted to lag, dropping from 17.3% to 16.9% of GDP.

RNAO cited a number of features of the budget in its response, a copy of which we have provided to the committee members in the package you have in front of you. We applauded the government decision to fund a mental health and addiction strategy, and we urged that the funding be strengthened to cover all Ontarians needing such services, in addition to children and youth. We ask, in particular, that aboriginal people receive needed attention, given the extent to which many aboriginal communities are being devastated by high addiction rates.

We also acknowledge the modest improvement in social assistance rates, but note that the cumulative improvement since 2003 of just 13.7% lags inflation, meaning that recipients will actually be able to buy less

in 2011 than they could in 2003 with their social assistance cheques.

As we stated in our media release on the day the budget was unveiled, instead of investing taxpayer dollars by replacing existing jails that have the capacity to serve up to 400 inmates with two new mega-jails and financing these through expensive public-private partnerships, attention must be given to social determinants of health, such as investing in affordable housing and an increase in minimum wage. The reason for this is simple: Crime in Ontario is decreasing and poverty is not. The minimum wage, affordable housing and social assistance are the principled investments for a government that says it doesn't want to leave anyone behind. Mega-jails will only put more people behind bars.

With respect to nursing human resources, RNAO urges the government to meet its commitment of 9,000 additional nursing positions in its 2007 to 2011 mandate and to ensure that the outstanding number of positions, approximately 3,400—I think it's probably closer to 2,500 because we have had some increased positions—are RN positions. As we have shared previously, the number of additional RN—registered nurse—positions created in Ontario for the past three years has lagged growth in registered practical nurses, RPN positions. As a result, the province's own report predicts a shortage of 30,000 registered nurses, as compared to 1,500 registered practical nurses, by 2020.

It is also worth noting that Ontario has the second-lowest proportion of registered nurses per population in the country. The creation of 60,000 post-secondary spaces, of which we understand 15% are to be allocated to nursing, is a welcome step in the right direction to meeting this coming need. We must be assured that all 9,000 new post-secondary spaces created for nursing will be allocated to registered nurse education. We recommend that they be dedicated in three streams: a compressed RN program, second entry RN, and RPN to RN bridging programs.

Our 2011 pre-budget submission details needed spending on social determinants of health, environmental determinants of health, and on health and nursing. The 2011 budget fell short of our expectations, but at least it did not slash social programs in an ill-advised rush to cut deficits.

1420

We do wish to point to an alarming feature of Bill 173. It is not a budgetary item at all, and we question why it should appear in this or any other bill. I am referring to schedule 15, which would amend the Freedom of Information and Protection of Privacy Act, also known as FIPPA, to allow hospitals to exclude the following material from freedom-of-information requests: "information provided to, or records prepared by, a hospital committee for the purpose of assessing or evaluating the quality of health care and directly related programs and services provided by the hospital."

As currently worded, the exemption could be used to exclude any and all quality-of-health-care information or records. That is because the term "hospital committee" is not defined in the legislation. Thus, any conversation on quality could be defined as occurring between members of a hospital committee. Indeed, that appears to be the intent of the Ontario Hospital Association, which proposed this exemption.

According to the Minister of Health, this exclusion was put in at the request of the hospital sector to allow improvements in quality to continue. We do know that the Ontario Hospital Association has requested a blanket exclusion for all quality-of-care information in its submission last fall on the Broader Public Sector Accountability Act, Bill 122. It acknowledged that an existing amendment to the Quality of Care Information Protection Act will exempt quality-of-care information if it is prepared by or for quality-of-care committees.

The OHA submission concluded: "QCIPA is a useful piece of legislation. Its focus, however, is actually quite narrow. QCIPA allows for discussions and review of serious incidents involving the harm or death of a patient, and protects those discussions from ever being used in litigation or other disciplinary proceedings."

RNAO agrees there is a need for protecting the identity of hospital staff when engaged in quality-of-care discussions, as the threat of disciplinary proceedings could indeed hamstring such discussions. On the other hand, it would not inspire great confidence in the hospital or the health care system if hospitals refused to release quality information for fear of litigation.

This approach is very different to the one the Ontario Hospital Association and its members demonstrated when they participated in the important and popular hospital report card series, allowing many facility-level quality indicators to be released publicly. That showed bold leadership. Unfortunately, the public no longer enjoys access to this window on the hospital system, as it was terminated in 2008.

The Chair (Mr. Pat Hoy): You have about a minute left.

Ms. Rhonda Seidman-Carlson: Thank you.

Limiting the public's access to information flies in the face of the Broader Public Sector Accountability Act that the government said at the time would set the bar high for transparency and accountability. We'd like to help the hospitals get back on track to giving the public the access to information it needs.

Schedule 15 would take them in the wrong direction, potentially removing from public access all quality-of-care information. The government must consider whether there are less restrictive ways to encourage active review of quality of care, such as suppressing only that information that could serve to identify individuals. That would apply both to schedule 15 and to the Quality of Care Information Protection Act.

I'm just going to end with the recommendations.

The RNAO recommendations are as follows: that the finance and economic affairs committee reject schedule 15 and oppose blanket exemptions of hospital health quality information and records from freedom-of-information requests; and that the finance and economic affairs committee recommend that the government em-

power the Ontario Ombudsman to investigate individual complaints about hospitals.

Thank you again for giving us this opportunity.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the government.

Ms. Helena Jaczek: First of all, I'd like to say thank you for your press release, where you did acknowledge the Ontario government's decision to fund, in addition, over three years, some $257 million for children's mental health. Mr. Flynn and I were both on the select committee, so thank you for that acknowledgement.

Now, just to talk a little bit again about this balance: It came up this morning. We've obviously heard from deputants. The RNAO does agree that there's a need to protect the identity of hospital staff when engaged in quality-of-care discussions. This is sort of, "How can you make sure you get the best information without people being very concerned about this becoming public?" Would you like to see some sort of wording at all in relation to this balance between protection of privacy—could you just elaborate? If you want to get rid of schedule 15, do you see the place for some wording in relation to this balance between privacy and public information?

Mr. Kim Jarvi: We had to rush a little bit, so we didn't get quite to that. Our view is that the way it's worded right now, the exemptions are too broad. What you're really concerned about is protecting the identities of the people who are engaged in discussions. I think that's well recognized as an important part of avoiding medical errors—allowing them to be exposed without exposing the people who want to discuss them to some risk.

I suggest maybe you get your lawyers to find exact wording to allow that portion of the information that could reveal who the individuals are to be exempted: blacking out that portion, for instance. We wouldn't want to throw out the entire document. The idea is to protect the identities of the individuals, so if they're named or if they are in a hospital where there's only one thoracic surgeon, and it says "thoracic surgeon," then that would be deleted. The precise wording we leave to you, but it goes far beyond FIPPA, which really expects you to be very narrow in your exemptions.

The Chair (Mr. Pat Hoy): Any other questions?

Thank you for your presentation.

CUPE ONTARIO

The Chair (Mr. Pat Hoy): Now we'll have CUPE Ontario come forward. Good afternoon. You have 10 minutes for your presentation. The questioning in this round will come from the official opposition. Just state your name and you can begin.

Mr. Fred Hahn: Thank you. My name is Fred Hahn. I'm the president of CUPE Ontario, and I want to thank the committee for this opportunity to present our union's views on the Ontario 2011 budget legislation, Bill 173.

CUPE is the political voice of more than 240,000 working women and men in Ontario, making us the largest union in the province. Our pre-budget submission said that we know there is one thing we need to accept if we want to make the right budget decisions this year. It's a simple fact: Ontario doesn't have a spending problem; it has a revenue problem. That fact is the premise underlying our remarks today, which are organized under three main headings.

(1) The 2011 budget and Bill 173 impose huge, unnecessary costs to Ontarians to finance corporate tax cuts, and reduce our ability to grow the economy and to create jobs.

(2) The politics of this budget bill—what's in and what's out—do a disservice to democracy. They should not escape comment, particularly in regard to the so-called Commission on the Reform of Ontario's Public Services and the historic and unprecedented privatization of the delivery of public education.

(3) Bill 173 opens the doors to an expanded pursuit of public-private partnerships—a costly mistake. The government should not be proceeding down this path.

1430

In terms of the unnecessary costs to Ontario to finance corporate tax cuts, schedule 33 of the bill, the Ontario Loan Act, enables the government to borrow $28.3 billion. But at the same time that we're borrowing money, we're giving away billions in corporate tax cuts. Ontario's corporate tax cuts not only fail to generate new economic activity, but they actually worsen the province's revenue problem, not in the least because you're proposing in this legislation to borrow, in part, to pay for them.

On April 18, 2011, the Globe and Mail reported a federal government finance department study of comparative stimulus measures which ranked corporate tax cuts dead last in generating new economic activity. It showed that where public investments in infrastructure can generate $1.50 of economic activity for every $1 invested, corporate tax cuts don't even generate 15% of that amount.

Another study by KPMG called Competitive Alternatives 2010 Special Report: Focus on Tax said that Canada is number two on the list of competitive tax regimes, only behind Mexico.

So why are we adding to our deficit by borrowing to finance more tax giveaways to banks and large corporations, and all at the same time when the federal Liberal leader, Michael Ignatieff, is out there campaigning against increasing corporate tax cuts?

We want to urge the government to heed the advice from its federal counterpart and use the legislation to halt the continuation of unnecessary and damaging corporate tax reductions and to restore corporate tax rates to 2009 levels.

Now on to the politics of the budget legislation: What's in and what's out?

Some issues are so important that they demand independent public comment, and they should not be placed in a budget bill, where they will not be given the level of attention, public consultation and scrutiny they deserve.

Schedule 10 of this bill, amendments to the Education Act, is one example. This part of Bill 173 abandons the original vision for seamless full-day early learning care and will change forever Ontario's public school system by allowing private for-profit companies to deliver education to our children. In CUPE Ontario's view, this matter is of special importance, and our school boards coordinating committee will be presenting its submission focused exclusively on this part of the bill later today.

That submission notwithstanding, we ask the committee to sever schedule 10 from Bill 173 and have it be brought back to the House as a stand-alone piece of legislation so that it can be subject to the full scrutiny that the public deserves.

You've heard a great deal in the last two presentations about schedule 15, another example of an item that seems to be buried in budget legislation and must be pulled out for full public consultation.

Some issues appear hidden in the budget to avoid attention, but there are others that should actually be there and they're not. The Commission on the Reform of Ontario's Public Services, headed by Don Drummond, seems a case in point. The real mandate of this commission was made clear in the government's budget papers, where it says that the private sector may not be the commission's recommended delivery partner for all cases, clearly pointing out that it will be for some, if not most. It would be more honest to identify this new body for what it really is: a privatization commission.

When the budget was brought forward in March, staff from our union were in a budget lock-up and were told by staff from the Ministry of Finance that Mr. Drummond's commission would not be looking at education or health; that the commission's mandate only extended to other areas of public service delivery outside of health and education. Yet the very next morning, Don Drummond himself was quoted in the Globe and Mail saying that he was in fact going to consider heath and education and that the government, to this day, has not corrected that fact.

What is the real mandate of this commission? Even if we were to say that health and education were going to be left out, as suggested by ministry staff, is the government really talking about for-profit delivery in other services in the public sector? Let me remind you about what services we are talking about: women's shelters, services for the disabled, child welfare, immigrant and newcomer services. Are these really services that the government believes should be delivered for profit?

The very least Ontarians should expect is that the mandate and scope of this commission should be clearly set out so that it's clear to all of us, and it should be subject to meaningful public consultation and scrutiny in legislation.

Finally, we're concerned that the use of this budget bill will actually expand public-private partnerships. The 2011 budget papers warned that the province's intention is to expand the use of P3s: "Building on" Infrastructure Ontario's "track record and success at delivering infrastructure projects ... the province intends to expand the role and mandate of IO into new sectors and a broader range...."

We're very concerned that this section of Bill 173 that merges Infrastructure Ontario with the Ontario Realty Corp. and the Stadium Corp. is really about facilitating an expanded use of P3s as a form of infrastructure financing, which consistently has been demonstrated to cost more than the traditional public model.

The government has already used Infrastructure Ontario to pursue P3s, and our brief contains examples of cost overruns of those previous P3 projects. Financing costs are greater under P3s because those projects will have to borrow at higher rates than the government can. Additional costs are associated with P3s because of risk premiums paid to the consortia, and those risk premium payments actually add up to more than the costs of even the borrowing rates.

We cannot forget the simple truth: that the private sector must generate profits, and that they do not finance P3 projects out of the goodness of their heart. As soon as we factor in those profits, costs go up, plain and simple.

Considering the restructuring of public corporations may make some sense, but if Bill 173 is designed to facilitate a major shift to the greater use of public-private partnerships, this is not only a mistake, but it is a significant policy change of such magnitude that it should be set out in a white paper for public consultation before it ever becomes the policy of government.

In conclusion, this bill spends too much, through corporate tax cuts; it hides too much, like the privatization of full-day learning in our schools; it leaves out important details like the privatization commission; and it's used as a pretext, we're concerned, to promote an even greater reliance on P3s.

In particular, again, we want to raise the alarm about the proposed move to wholesale privatization of public service delivery to be initiated by the Drummond commission, and about the privatization of our services and education provided to the youngest children in our public schools.

These initiatives are wrong, they're damaging, and over time, we will all be paying the extra cost of having pursued them. Rather then pursuing this path, the government should make new investments in social and physical infrastructure. That approach, coupled with a fair corporate tax rate, is the best way to safeguard our fragile recovery and to help build a better Ontario.

The Chair (Mr. Pat Hoy): Thank you for your submission. The questioning will go to Mr. Miller of the official opposition.

Mr. Norm Miller: I know my colleague Mr. Barrett also wants to ask questions, but I'll start.

Thank you for your presentation, Mr. Hahn. Correct me if I'm wrong—we have one day of public hearings for this budget bill; it has 41 schedules—you think that more public hearings would be a better thing?

Mr. Fred Hahn: There should absolutely be more public hearings. As our submission outlines, we believe that there should be pieces of this bill separated out into separate legislation that has separate hearings.

Mr. Norm Miller: In terms of schedule 15, the FIPPA amendment: You're opposed to that? Is that correct?

Mr. Fred Hahn: Yes.

Mr. Norm Miller: On what you called "the privatization commission" that Mr. Drummond is setting up, you're concerned that that's what it is—and also the confusion of whether it affects health and education or whether it doesn't affect health and education?

Mr. Fred Hahn: Its mandate is unclear. But certainly from our perspective, time and again, whenever we look at the delivery of public services, this has been demonstrated, not just by our internal research but by researchers from other economic institutes and, in fact, some consulting firms like KPMG: The delivery of public services is best done most effectively, cheaply and with the most accountability to the public by the public sector.

Mr. Norm Miller: Thanks. Mr. Barrett.

Mr. Toby Barrett: On page 4 of the one document, you lay out some timetables—junior kindergarten, senior kindergarten, full-day learning, extended day for all children to age 12. Do you have any idea how much that would cost?

Mr. Fred Hahn: I don't have those kinds of figures. We supported—as did many folks from the child care community, from public education communities, many parents and families across the province—an early learning program to be instituted in public schools to be delivered as a public service. What this piece of legislation does is it facilitates the ability for school boards to contract out to the private sector and to actually deliver part of the education system through for-profit companies, something that is unprecedented in our public education system.

Mr. Toby Barrett: How many people would that be bringing into the public system, or bringing into CUPE?

Mr. Fred Hahn: Those workers aren't necessarily all in CUPE; they could be in many other unions. It would be dependent on the board and the demand from the parents.

What we know is that this is a program that working families actually need and require. What we know is that parents with young children have said that they need consistency in a seamless day, that they want to use their public schools as a hub, that everyone supported this vision and this plan, and what this piece of legislation does is actually drive a stake into the heart of the essence of that plan.

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Mr. Toby Barrett: I know it mentions the potential for negative impacts on the community-based child care sector. Theoretically, many of the people who are running day cares now would be qualified to be employed by the school boards and to join the union?

Mr. Fred Hahn: They may in fact be. The challenge becomes when four- and five-year-olds who have been provided care in community-based child care centres move out and into a school system. The funding that would have been there for them will move with them. So what we've talked to government about, as have many child care advocates, is the need to stabilize community-based child care.

Mr. Toby Barrett: And also, I see as well, to run it over the summer holidays and during March break—

Mr. Fred Hahn: If parents are going to have a program where their kids are going to actually be part of a full-day learning program in a school, but in the summer that school closes and they have to go find child care somewhere else—or for March break, they have to find a program somewhere else—that will be a disincentive for parents and not a good program for the kids, which is the whole goal.

Mr. Toby Barrett: Okay. Thanks.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

MR. BARRY CORBIN

The Chair (Mr. Pat Hoy): Now I'd ask Barry Corbin to come forward, please. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning. In this round, it will come from Mr. Tabuns of the NDP. If you'd just state your name for our recording Hansard, you can begin.

Mr. Barry Corbin: Barry Corbin. I'm a lawyer in private practice, and have been since 1982. My practice area is in estate planning and estate administration. I'm speaking on behalf of myself, although I know that a lot of my colleagues in the estates practice area share the same concerns I have on the matter I'm going to be discussing. What I'm hoping you'll see when my presentation is complete is that I'm really here speaking on behalf of everybody in the province who might one day be either an estate trustee or someone who inherits an estate, which I think is probably all Ontarians.

I want to discuss schedule 14. I've appended it to the handout in case you don't have it at hand. It proposes to make a number of changes to the Estate Administration Tax Act, and I'd like to beg the committee's indulgence while I discuss what exactly estate administration tax is, for those of you who may not have occasion to be involved in the administration of an estate. They used to be called probate fees. The statute that you're looking at was the response to the Supreme Court of Canada striking down probate fees, which used to be imposed by regulation. They said, "Look, this is a tax. You have to debate it in the Legislature. You haven't been doing that." The government of the day, in response, said, "Holy smoke, we've got a lot of revenues we might have to give back if we took it illegally, so we'll pass this retroactive legislation." That's why it came into being.

This tax is levied on the value of an estate. If a person dies with a will and submits the will for probate, you look at the value of the property that is governed by that will. If a person dies without a will, you have to make an application in order to be able to take control of the estate. In either case, you're going to be paying estate administration tax. It's levied at $5 per $1,000 for estate

value up to the first $50,000, and $15 per $1,000 of estate value in excess of that amount. There is no cap on that tax, which means, for example, if you had a $10-million estate that had to be probated, you would be paying $149,500 in estate administration tax.

Part of the application involves the applicant swearing what the value of the estate is. In the materials, I've got a page, an extract from the application. You'll see that there are just two boxes there: One says, "What's the value of the personal property?"; the other one says, "What's the value of realty, net of any encumbrances that there may be?" There is no obligation to provide an inventory or an itemization of the assets and their values that come to those totals. There are certain things that are excluded: life insurance payable to a named beneficiary; RRSPs; RIFs; tax-free savings accounts that are payable to named beneficiaries; real property outside the province; and property that is held jointly with another person where it passes, by right of survivorship, to the other person or persons.

In 1992, the government of the day decided that they needed more revenue, but they didn't want to increase taxes, so they came up with this great idea of tripling what were then probate fees. What they did when they passed that regulation was, they woke a sleeping giant, because from that point forward, there was an industry, and there still is an industry, of people who were looking for all possible ways to minimize what is now called the estate administration tax.

If you don't believe me, have a look at the chart that I've presented to you. It's something I've been following for the last 15 years. The blue line shows you what actual revenues have been in estate administration tax, or probate fees, and the red line, which started only in 1992, is what the revenues would have been if the province had done nothing and it had been business as usual. Previously, the year-over-year increase was about 9.5%, so I assumed, "Fine, let's make the assumption that it's continuing." You'll see what happened as a result: In 2002, there was a crossover, where, if they had done nothing—up until that point, they were getting more revenues than if they had done nothing, but after that point, they've got less. The net effect, at this point, as of 2010, is that they are now slightly below water, as I might say. That is to say, it's all downhill from here in terms of what they're going to be collecting in revenue versus what they probably would have got if they had left the probate fee alone.

The question is, why has this drop happened? It's a matter of speculation, but I think it's largely because, when the sleeping giant awoke in 1992, everybody said, "Holy smoke, what do we have to do to avoid this?" In many cases, what I think is happening is that parents have been putting property into joint names with their kids, or perhaps transferring it outright to them in order to divest themselves of assets so they wouldn't have an estate of any substance on death.

Now—and this is also a matter of speculation—why this schedule 14 is here at all: It's my view that the government has looked at the anemic revenues they've been getting and said, "What can we do to get more revenues?" To me, exhibit A is schedule 14. That schedule involved a bunch of amendments to be made to the Estate Administration Tax Act.

What effectively is new is that instead of just submitting your application to the court office, saying, "Here are the numbers," and paying the estate administration tax, you file a new form, which hasn't yet been developed, with the Minister of Revenue. I think it's fairly clear that what you're going to have to file is an inventory of assets and a value attributed to every single asset in that inventory. That way, the Minister of Revenue will be able to say, "Aha. We think this is undervalued. We're going to have a look at that, and if we want to bring in our own valuators or whatever, we will assess the estate for more estate administration tax than was actually paid initially." There's nothing wrong with that, in principle, but the idea that people have been under-reporting all this time certainly is what I see there.

You're all familiar with a mechanism in the Income Tax Act: When you fight with CRA, you get a notice of assessment, you file an objection, you get a confirmation, and you go on to the tax court, wherever it might be. A similar device is going to be in the new statute here, with all these amendments. What they're doing is taking the Retail Sales Tax Act, which already has a mechanism for assessing or reassessing a vendor, and they're just importing it holus-bolus into the Estate Administration Tax Act. I think the drafters simply did that because they wanted to save time and not reinvent the wheel.

There's a problem, because when they did that, they missed something that's in the Income Tax Act that's not here, and this is really the focus of what I wanted to bring to your attention. In the Income Tax Act, the executor or estate trustee is responsible, before distributing the whole estate, to make sure that all the taxes have been paid. If a distribution is made and there's tax subsequently found to be owing, the estate trustee is on the hook personally, and then we'll have to go to the other people and say, "Can I have some of that money back?"

The minister has three years to reassess any particular return. However, the estate trustee doesn't have to wait that long if he wants to distribute the estate. He puts in a request saying, "I'd like a clearance certificate, please," and presumably that will come out in due course. Once the estate trustee has a clearance certificate in his or her hands, they can distribute the estate, because that will say that there's no more tax owing at the moment, as far as we're concerned. At that point, you can distribute the whole estate. Then, if the minister, within that time frame, says, "Whoops. We made a mistake. We have to reassess," the estate trustee is off the hook. He's got the clearance certificate. If the government wants money back, more taxes, they've got to go after all the people to whom the estate was distributed.

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That's not in the proposed amendments here. It says that the minister can, at any time up to four years—and

afterwards if there's neglect, wilful default and all that stuff, but for at least four years—go back and say, "You know what? We think there's more tax owing here."

It's the estate trustee who is entitled—nobody else—to dispute the assessment. I have to assume that means it's the estate trustee who's got to come up with the money. Well, if I'm an estate trustee and I'm thinking I want to distribute the estate but I may have to wait four years, I don't want to have to go chasing after the beneficiaries to get the money back if it turns out there's more estate administration tax owing. So I'm going to say to the beneficiaries, "Sorry, you're going to have to wait. I know the will says 'distribution,' and I've done everything I have to do, but you're going to have to wait another three or four years until that period goes by." This is the problem. There is no mechanism in there that clearly protects the estate trustee, that allows the estate trustee to ask the Minister of Revenue, "Can you please give me a clearance certificate so I can make a distribution?"

I have to imagine that it's the estate trustee they're going to go after. It's hard to think of an effective tax collection mechanism that would require the Minister of Revenue to chase all the beneficiaries across the country and around the globe to get back the tax that they decided was owing after the distribution of the estate. It really comes down to that.

If you're going through clause-by-clause study, if you don't do anything else with schedule 14, I strongly urge you to tell the drafters they're going to have to put in a clearance certificate mechanism in order to prevent a terrible problem arising in every estate to be administered; namely, "Sorry; you're going to have to wait a few years." In fact, I would think that the trust companies might well not be happy about that turn of events, having to explain to all those expectant beneficiaries why they can't distribute the estate in a timely way.

There are other issues that could be raised, but that's the big one as far as I'm concerned and as far as all my colleagues are concerned, so I will leave my remarks at that and invite you to ask questions if you wish.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the NDP. Mr. Tabuns.

Mr. Peter Tabuns: Mr. Corbin, thank you for coming in today and pointing out the difficulty here. Can you tell us the practice in other provinces? Is a clearance certificate standard in Manitoba, BC, Nova Scotia? Are we acting with this outside of standard practice in other Canadian jurisdictions?

Mr. Barry Corbin: Well, there are several other provinces that require an inventory to be supplied along with the application: British Columbia, Saskatchewan, Manitoba—I think there are four. I'm not aware that any of them have this extra element of it; namely, a submission to the Minister of Revenue and an opportunity for them to go through this new audit and verification procedure. That's a cursory look at those other jurisdictions, so I guess I'd have to leave it to some researchers to check.

Mr. Peter Tabuns: Fair enough. But a clearance certificate is a fairly standard mechanism?

Mr. Barry Corbin: In an income tax context, it is. The difficulty is that retailers—I don't think the drafters saw the problem, because retailers are around for a while, you know? And when the government finally gets around to reassessing, they're still there to go after. But the estate trustee is a much shorter lifespan in many instances and will want to get rid of all the assets under control.

Mr. Peter Tabuns: Okay. I don't have further questions, Chair. I think the presentation was pretty clear.

The Chair (Mr. Pat Hoy): Thank you for coming today.

ONTARIO HEALTH COALITION

The Chair (Mr. Pat Hoy): Now I call on the Ontario Health Coalition to come forward, please. I noted you've been there for a while, but you have 10 minutes, and there could be up to five minutes of questioning, this time coming from the government. I would just ask you to state your name, and then you can begin.

Ms. Natalie Mehra: Thank you. Natalie Mehra. I'm the director of the Ontario Health Coalition. Thank you for this opportunity to present to you.

Because of the short period of time to prepare and because we did pre-budget hearings and you've heard extensively from our local coalitions and us, I'm just going to focus on one issue today, and that is specifically schedule 15 under this piece of legislation.

If passed as it is, under schedule 15, information and records provided to or prepared by a hospital committee pertaining to the assessment of quality of care would be exempted from public access to information. This isn't a budget measure, and really has no business being in a piece of legislation that is a budget bill. We are concerned about the process. So, along with the Registered Nurses' Association of Ontario and others who have raised this, we question the placement of this clause in the budget bill.

The process leading to this really is quite undemocratic. We understand that there are groups that have lobbied for this clause in legislation, but they have done so without any public consultation. To bring it in in a budget act when it's not a budget measure strikes us as poor process.

In general, Ontarians believe that hospitals should be more transparent and more accountable, not less, than currently. The public has an interest in expanded public access to information about quality of care in hospitals, and this clause runs against those public values and interests and, indeed, against the government's own legislation from last fall. Yet to date, there hasn't been any public explanation from the government as to why quality-of-care information in hospitals should be hidden from public scrutiny.

We don't think that this really is the appropriate standing committee of the Legislature to deal with complex issues around patient access or access to quality-of-care information in hospitals. With one day of

hearings in Toronto, with short notice, and without people really even understanding that this is in the legislation, I don't think that Ontarians who are concerned about this issue have had a chance to bring forward the full range of their concerns.

Leaving the process aside, as to the actual wording of the clause: In the clause, all information and records provided—so a hospital head could refuse to disclose the following: all information and records provided to a hospital committee assessing quality of care, and all information and records prepared by a hospital committee assessing quality of care.

A "hospital committee" is not defined. "Quality of care," which is a very broad term, is not defined. Already, we have seen advice from two law firms to hospitals to shield records from public scrutiny by either moving records into quality-of-care committees, where they're excluded from the extension of FIPPA, or to cleanse, i.e. destroy, records, as was reported by the media this week. So this extremely broadly worded clause will enable hospitals to hide a whole range of information that should be in the public purview, and I don't think we can rely on goodwill to ensure that hospitals are going to provide that information willingly to the public, particularly given the kind of advice that they are getting from their counsel.

Certain quality-of-care information already has been excluded from freedom-of-information legislation. Hospitals are already totally exempted—so it's an exemption—from sharing certain quality-of-care information under the Quality of Care Information Protection Act, known as QCIPA. So there really is no public interest or rationale for extending hospitals' ability to shield information from public scrutiny even further. They have a process within hospitals. Most hospitals have QCIPA committees, and they have a process within hospitals that, if they want to discuss particular mistakes, medical errors or those types of things, they can do it there. They can have that information shielded, rightly or wrongly. That already is law. So they don't really need to broaden this to cover all quality-of-care information in hospitals.

According to the Ministry of Health's QCIPA overview, QCIPA "is designed to encourage health professionals to share information and hold open discussions to improve patient care" without fear that the information will be used against them.

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"QCIPA does this by providing that information prepared by or for a quality of care committee designated under the act is shielded from disclosure in legal proceedings and from most other types of disclosures, with appropriate exceptions."

So even according to the ministry's own description of QCIPA, those types of incidents are already shielded from disclosure. What is missing here is some clear rationale for extending the blanket ability for hospital heads to reject giving the public information on quality of care outside of QCIPA.

Furthermore, I should say that information pertaining to patients' health records is not covered by FIPPA; it's covered under the Personal Health Information Protection Act. So that issue has no bearing on this discussion.

Really, what this comes down to is a question of balance and of whether the public interest should supersede a hospital's desire for secrecy around these issues. We absolutely think that the public interest should supersede this.

Examples of the type of information that would be shielded from public scrutiny under this schedule were given by the lawyers for the groups that were lobbying for this exemption. These were their examples: "Does your hospital have a fever protocol for pediatrics?" or, "Do physicians personally see patients before they're discharged?" These examples make clear that the type of information that hospitals are seeking to hide has nothing to do with open discussion regarding specific medical mistakes. It has nothing to do with a culture of blame and shame and all of that rhetoric that we've heard. These are protocols and processes: whether or not they are in place in hospitals and whether or not they're being used. This is a blanket provision. I think that these two examples provided by the people who are lobbying for this actually make it clear why this is not in the public interest.

We cannot say that it's in the public interest to shield information about whether or not a hospital has its physicians see patients before they're discharged. There is no argument that I can see that would say that that's in the public interest.

FIPPA, I should also note—this pertains to the question of balance. In our experience, accessing information through freedom-of-information requests under the Freedom of Information and Protection of Privacy Act is actually already very difficult. It takes months. Even for an organization like ours, it takes an incredible amount of resources. It's a convoluted piece of legislation. You have to understand it; it's difficult to understand. For individuals, it's an incredibly difficult process. To have to go through that process and have the information turned down could take a year; it could take even longer than a year. In our experience, some of our requests have taken up to a year. Some of the requests of our member organizations or board members have taken more than a year.

The only people with lawyers in that process, usually, are either the government departments and ministries trying to shield the information or, in this case, it would be the hospitals. Often the groups seeking information don't have the money or resources to get lawyers.

So already it is an unequal playing field. To add into that that people would then have to go through that whole process and then appeal to the Information and Privacy Commissioner and demonstrate public interest on top of that, a year later, really is onerous, and I don't think that it achieves the balance that the government is trying to seek.

So our recommendation is that schedule 15 should be repealed. Moreover, given the news that has come to light in the recent week—and I don't really know if this legislation is the place for it, but it's certainly something to consider—the government should take steps to ensure

that hospitals don't start destroying records in advance of FIPPA being extended to cover hospital information as of January of next year. Clearly, something needs to be done to make sure that that doesn't happen in the interim. That's all.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the government. Mr. Flynn?

Mr. Kevin Daniel Flynn: Thank you, Natalie. I appreciate you focusing your presentation on schedule 15. We've had a variety of opinions on the issue, obviously, and it seems to be the one that a lot of groups are interested in.

Everybody's using the word "balance." It seems like people have a different interpretation of what the word "balance" is, and I guess everybody wants it balanced in their favour, at the end of the day, or balanced, at least, in a way that their interests are taken into account—if I think of myself as an ordinary person who perhaps wants to find out something about my hospital. The previous delegation from the nurses said that there should be some protection for their members. You don't want all sorts of information flying out there about what people are purported to have done or not done. It seems to me that it would apply to some health coalition members as well. How do you strike that balance of me as a citizen being able to get the information I want from my hospital about perhaps what's happening there and the protection of the people who are working at that hospital as well?

Ms. Natalie Mehra: I have to clarify something: The Ontario Health Coalition doesn't have a mandate to represent workers, per se—

Mr. Kevin Daniel Flynn: No, but some of your members obviously are.

Ms. Natalie Mehra: Yes, some of our members are, but our mandate is to protect the public interest in the health system. I'll answer, as the Ontario Health Coalition, that I think the particular groups that represent particular groups of workers would need to be consulted specifically on that question.

I think what the RNAO said was not so much that they want to be able to shield particular events; just identifying names or positions, was what I heard. I don't know that that is an issue as it is, because personnel information is already excluded, as I understand, under FIPPA. I don't know whether or not that was a concern to begin with, but if it is a concern, we don't have a problem with excluding the names or identifying information of individuals. The point here is if somebody asks, "Does your hospital have its physicians visit patients prior to releasing them," absolutely, we want the public to be able to get that information, so this blanket exclusion is a problem.

In terms of balance, the balance should be in the favour of the public interest; it should err on the side of public access to information. If there are certain groups that want to shield certain things from access to information, they should have to specify what those things are specifically and forge something that is consulted on that specifically deals with what they're afraid of being revealed to the public. To date, I don't think that that has been adequately provided.

Mr. Kevin Daniel Flynn: That is a good segue into my last question. You're saying that we should repeal section 15 or we shouldn't move ahead with it, but you're not saying that we don't need a vehicle.

Ms. Natalie Mehra: I'd like to know more clearly what it is that they're concerned about. The examples that have been given so far don't hold weight; they certainly don't meet a public interest test. If there is something there, then we'd like to know what it is, but we haven't been given that information. It certainly doesn't belong in a budget bill and certainly not with the very short period of consultation that we've been given to date. There's only one hearing; it's only in Toronto. It's just not the right way to do this properly.

Mr. Kevin Daniel Flynn: Fair comment.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

YMCA ONTARIO

The Chair (Mr. Pat Hoy): Now I'd ask the YMCA Ontario to come forward, please. Good afternoon. You have 10 minutes for your presentation. There might be up to five minutes of questioning. In this case, it will come from the official opposition. I'd just ask you to state your name before you begin.

Mr. Jim Commerford: Thank you. Jim Commerford with the YMCAs in Ontario.

Good afternoon Mr. Chair, members of committee and guests. On behalf of the YMCAs in Ontario, thank you for providing the time today for us to talk about Bill 173, the Better Tomorrow for Ontario Act, 2011. We will make some short remarks on several elements of the budget, including the mental health and infrastructure investments, the commission on broader public sector reform, the federal-provincial negotiations with respect to settlement and the labour market, and finally, with respect to schedule 10, the amendments to full-day kindergarten.

The YMCAs of Ontario were very pleased to see the government take action on the report of the Select Committee on Mental Health and Addictions. We are involved on a daily basis with individuals and their families experiencing mental health and addictions issues in our centres and through numerous directed programs, particularly as they relate to housing, youth gambling and youth substance addiction.

As the not-for-profit sector takes on ever more responsibility for mental health and addiction intervenetions, an integrated and coordinated systems approach in partnership with us is a welcome first step that will improve outcomes and encourage innovation while making better use of new and existing resources. We look forward to contributing the experience and expertise that exists in our sector at both the policy development and implementation stage as Ontario breaks new ground in this field.

While we understand and see the value in a comprehensive review of broader public sector spending in light of our current economic climate, we would also urge the government to add a fourth criterion to the terms of reference governing the work of the commission on broader public sector reform.

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We feel that investing in programs and services that provide positive impact and build strong communities should be a component and consideration, as important a criterion as value for money in the commission's review of public services. The new office for the not-for-profit sector established as a result of the landmark partnership project could be an invaluable resource for the commission as it embarks on its work.

In the area of infrastructure, over the last few years we've seen significant investments in the sustainability and growth of Ontario's public and not-for-profit infrastructure. The province made great gains in this area and explored creative new cost-shared funding models. Some of the successful projects funded under the infrastructure stimulus fund and Parks and Recreation Ontario saw the creation of exciting new partnerships to renew facilities such as the 100-year-old YMCA Camp Pine Crest, the expansion of the Flamborough Family YMCA wellness centre in Waterdown and the construction of an entirely new state-of-the-art facility in Chatham-Kent.

Budget 2011-12 is unclear about whether this funding model will continue. It is our sincere hope that the government remains committed to investing in the creation of a vibrant, preventative health infrastructure, together with the YMCA and the not-for-profit sector. We can't do this alone. Improving the health of our communities must be a joint effort. Capital funding is an important partnership project to undertake with not-for-profits.

The devolution of funding for immigrant settlement and the labour market programs to the province of Ontario would provide the opportunity to greatly improve outcomes for all of our residents. While developing a comprehensive, whole-of-government approach is exciting, we feel we must use this opportunity to reiterate and encourage the government that all funds for settlement and labour market development within this context be clearly protected so that they don't flow to other government priorities.

Lastly, on the subject of full-day kindergarten, Bill 173 also includes long-awaited amendments to full-day kindergarten that allow school boards to partner with qualified community child care organizations to offer before- and after-school programs to support the full-day kindergarten program requirements.

The YMCA has always believed in the vision that full-day kindergarten represented. We've also always believed that all children in Ontario should have an equal opportunity to get off to their best start in school. But we also believe that families should choose the right child care arrangements that work best for them from a range of high-quality choices. Well-supported families raise healthier children.

Full-day kindergarten did not have to be a one-size-fits-all solution. In fact, quite frankly, very few of these actually work.

The amendments in the budget bill are a result of the government listening to families and school boards. This is clearly an option that the community wanted. School boards see the benefit that organizations such as the YMCA bring to the table, and we're excited to be able to continue and expand our partnerships with them.

As an example, under the original plan, families with a four-year-old would have to register with the school board for before- and after-school care on school days and then look for other openings with a third party program for PA days, March break and holidays. Meanwhile, if they have a seven-year-old, they would have to find completely separate arrangements with the YMCA for that child.

Expanding these before- and after-school programs in lockstep with full-day kindergarten provides families the option of having high-quality learning and care run by well-qualified staff in their community, should that be the option they choose. For too many families across Ontario, that is not the choice today.

I know some advocates were concerned that partnerships wouldn't be seamless or would not be integrated in the same way that a sole-employer model might be. I'm here to tell you that these can be just as effective, and we've already seen some great examples of this in the program's first year of operation. We've heard from associations across Ontario about how they're making programs as small as nine children viable in the school-based setting, in hopes that after they get established, more families will choose to participate.

We've also heard that the relationship between YMCA early childhood educators and the school educational team is becoming much more collaborative and co-operative than it has in the past. They're talking daily, discussing the child's day progress and program plans.

This process has also highlighted some long-standing challenges. The Day Nurseries Act does need extensive modernization: a large project, to be sure, but one that cannot wait, as not-for-profit partnerships for full-day kindergarten, provided in partnership with Ontario school boards, are being rolled out across the province. First and foremost, the unreasonable and outdated constraints on the use of space in schools by child care organizations need to be urgently addressed.

In closing, the YMCAs of Ontario work with almost 1.3 million Ontarians at every age and stage of life. We could not accomplish our vision of dramatically improving the health of children and youth without a strong partnership with the provincial government.

As members of the Canadian YMCA movement and the World Alliance of YMCAs, we value and understand the complexity of working collectively towards big dreams and continue to believe that great things are possible.

Thank you for your time this afternoon.

The Chair (Mr. Pat Hoy): Thank you for the presentation. Mr. Miller.

Mr. Norm Miller: Thank you for your presentation. I guess I'll start—and I know Mr. Barrett wants to ask questions as well—on the full-day learning part of it. I met with the YMCA that looks after my area a while back, and they were concerned at that point about what was going to happen with the existing programs that you run and that you've run in schools. You're pleased that these amendments are going to make it so that some of your existing programs will still be viable and that you'll still be able to run programs in schools. Is that correct?

Mr. Jim Commerford: Absolutely. The amendments to the bill will clearly allow partnerships between the YMCA and boards of education. The programs that are currently in schools will continue to run. We have an infrastructure that's in place and will continue to be utilized across Ontario.

Mr. Norm Miller: You had programs that ran before, during and after school, correct?

Mr. Jim Commerford: Correct, yes.

Mr. Norm Miller: So now that will still happen, but with the new full-day learning coming in—can you just run that by me a bit?

Mr. Jim Commerford: Sure. I'll separate this into the two areas. The before- and after-school programs: Yes, they will continue. Historically and even up until this year but in the last 12 months, we're seeing, as we're doing plans for next year, tremendous growth in the before- and after-school programs within the school-based environment. Over 80% of the programs already, over the last 10 years, are operating in schools.

I think you might be questioning or asking about the future status of licensed child care preschool care for children aged newborn to 3.8. We're evaluating the impact as full-day learning gets implemented across the province. What I would say is there's no question that allowing school boards to partner with YMCAs in the before- and after-school care piece greatly enhances the financial viability of the zero-to-3.8 age group.

Mr. Norm Miller: And it's also more reasonable, I assume, for parents as well?

Mr. Jim Commerford: More reasonable?

Mr. Norm Miller: More cost-effective for parents.

Mr. Jim Commerford: The cost would vary across the province, particularly urban to rural and in different areas. What I would say, in terms of what we do provide parents and what the amendments do allow, is certainly parental choice between a variety of quality providers in some parts of Ontario, particularly in rural areas.

Mr. Norm Miller: Thank you. Mr. Barrett has questions for you.

Mr. Toby Barrett: Yes. Further to the partnership on full-day kindergarten, Boys and Girls Clubs and YMCA programs—many of your programs are summer programs, I assume. I don't think teachers are running summer programs, other than maybe curriculum. I think of Montessori, the various other bodies; play schools, for example. I'm just thinking in my riding. How significant a shift would that be if all the children were actually in an elementary school rather than out in the broader community, as far as numbers of children and numbers of staff that would be required if the YMCA and groups like yours weren't doing it?

Mr. Jim Commerford: I'm sorry?

Mr. Toby Barrett: We've had presenters here. I get the impression it's kind of an all-or-one. There is pressure before this committee for all of these programs, including summer programs, to be run in the schools by teachers and other associated staff rather than by the YMCA.

Mr. Jim Commerford: Okay. Thank you for the clarification. I think you've raised two aspects to this. In terms of the YMCA that I work with, which is the YMCA of Hamilton, Burlington and Brantford, every one of our before- and after-school programs is located in a school. We're already providing, quite frankly, from a parental, family and community perspective, seamless care because we're in the school.

I think the second question becomes: Who delivers the program? Should the sole provider, through legislation, be only elementary school teachers? Or should we use existing resources, infrastructure and capacity of the charitable sector and the not-for-profit sector that, I think, has done a reasonably good job across the province of Ontario over the last 20 years? I think these are the times for partnership and collaboration, not sole employers.

Mr. Toby Barrett: You mentioned the unreasonable constraints regarding the use of space in schools—just a bit more on that?

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Mr. Jim Commerford: Sure. I might just give you one example. Of course, child care and before- and after-school care is licensed under the Day Nurseries Act; education is within the Ministry of Education. Consequently, we have two different requirements. For example, a playground that can be used by children ages four and five under the Ministry of Education in a school could not be used by the same children in an after-school environment. A good step in that direction is that we now have this act all under the Ministry of Education so that we can now move forward on bringing those two pieces of legislation together.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

ASSOCIATION FOR REFORMED POLITICAL ACTION

The Chair (Mr. Pat Hoy): Now I'd ask the Association for Reformed Political Action to come forward, please. Good afternoon. You have 10 minutes available for your presentation. The questioning will come from Mr. Tabuns of the NDP. Please state your name before you begin.

Mr. Ed Vander Vegte: Good afternoon, honourable members of the finance and economic affairs committee. I would like to thank you for the opportunity to speak to you today.

I am Ed Vander Vegte. I represent the Niagara chapter of the Association for Reformed Political Action, or ARPA. ARPA is a nationwide group and has seven

chapters within Ontario. We are associated with a large number of the Reformed churches in Ontario. Our mission is to educate, equip and encourage members of the Reformed church community into political involvement. This includes encouraging our members to be politically active, supporting local candidates, and speaking with and assisting our elected officials when needed.

My testimony today is to convey our concerns about schedule 15 of Bill 173. We request that schedule 15 be stopped in order to maintain hospital transparency and accountability.

First, I would like to express my appreciation for the health care that we do have. I believe our doctors and health care workers are dedicated to giving us the best health care possible. We can be thankful for one of the best health care systems in the world.

However, as with all organizations, public or private, safeguards need to be in place to ensure accountability. The greater the responsibility—and I don't think anyone will argue that our health care providers have great responsibility—the more important it is that they are accountable and are willing and able to answer questions from the public when they arise.

We recognize that this amendment doesn't impact the ability of patients to access their personal health records. We also recognize the need to protect hospital staff and committees. For this reason, we don't dispute the Quality of Care Information Protection Act, QCIPA. Hospitals need to be able to freely discuss information regarding lawsuits, medical errors and issues without fear of these discussions being made public.

Schedule 15, however, does go too far. This would cut off access to an extensive array of records. This includes daybooks, agendas, meeting minutes and handwritten notes. These records are very important when we need to ask about how or why treatment or care was provided.

Important to note is that there is also no definition of "committee" anywhere in FIPPA, and it is important to define so that, again, information may not be withheld at the whim of two or three persons who, at random, call themselves a committee. The phrasing and the definition of schedule 15 is too unspecific and undefined.

Why is access to this information necessary? The ability to assess quality of care in Ontario by access to the following can be denied, making the following questions impossible to answer:

—statistics: How many people were admitted to ICU over a specific time; what was their age and illness etc.; how many survived?

—policy: How does the hospital manage the volume of its patients?

—treatment: Have nurses been ordered to cut down on patient bedside visitations?

This access is necessary and can answer questions about what needs to be changed, what are we doing well, were there mistakes made, do we need more staff, and what plans need to be made for the future.

In the event that a patient doesn't receive adequate care or there is reason to suspect poor practice, access to all medical records is necessary to determine if negligence has indeed occurred. Access to medical information is also necessary to determine if the negligence is ongoing and how many patients may have been affected.

Under current law, the public has the freedom to access hospital records that detail the decisions that led to the treatment, or lack thereof, that a patient received. Whether a patient's appendicitis surgery was delayed to the point of being life-threatening or a person's life ended sooner than expected after being administered morphine, FIPPA ensures accountability and transparency.

Adding clause (j) to section 18(1) of FIPPA would result in the possible denial of access to any information related to quality of health care. This is very broad and will remove access to hospital records from a patient or from a deceased patient's loved one who is concerned about the treatment received. Access to statistics and reports can be denied. There will be no method to investigate the quality of Ontario's hospitals and the service and care rendered in them. Access to information will be limited to a patient's medical chart and some other general information, since personal information is already currently protected. All other information related to quality of health care stored in your hospital can, under this new section, be made off limits.

I'd like to add a thought that is not in my notes. Today, while this committee was on recess, we had the time to join and observe the discussion in the House. Imagine our surprise when a question was put forward regarding schedule 15 and our honourable health minister said that this was added for patient safety. In our opinion, schedule 15 does just the opposite. Patient security and privacy is already covered by the Personal Health Information Protection Act.

The impact that this will have on Ontario's health care system could potentially be frightening. Hospitals which engage in poor practices will be protected from scrutiny, potentially resulting in numerous victims. Even if your family doctor wants to access information regarding a hospital's record of quality before he sends you there, access can be denied.

Worse yet, this can be an incremental step towards uncontested euthanasia in Ontario's hospitals. Everyone, even the media, can be denied access to the necessary information required to expose this kind of practice. Even if access is requested on the basis of public interest, it can be denied. As our hospitals become more and more strained due to our aging population and decreased workforce, will we be able to protect ourselves against selective service? Will hospitals make policy to serve those who they feel deserve treatment? I hope this will never happen, but we must maintain the ability to request information to make sure it does not.

I would like to end with the following thought. Close to my home there is a new sign that has been put up showing a rather beautiful picture of an elderly gentleman with an infant. The caption on this sign says, "Every life is worth living." In the last few days, as I was thinking about my presentation and about the problems of this addition or amendment, schedule 15, I think it's also important to remember that every life is also worth

protecting. Please stop the inclusion of schedule 15 in FIPPA.

Thank you.

The Chair (Mr. Pat Hoy): Thank you, and we'll go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Well, first of all, sir, thank you for making the trip today. I've made the trip myself, so I appreciate you doing it.

How is it that your organization came to be aware of this amendment, and can you tell me how broad the discussion has been within your organization on this particular amendment?

Mr. Ed Vander Vegte: As an organization, we watch a lot of the legislation that our elected officials are doing, both on the provincial and federal levels, and we report it to a vast number of the Reformed Church communities within Ontario. Regarding this particular issue, I think last Sunday, probably well over 1,000 notices went out to the various churches. We make them aware of what's going on and what the concerns are.

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Mr. Peter Tabuns: I'm interested that you've followed this issue closely enough and feel strongly enough that you've come this distance. What do you think would be the consequences of this amendment coming into force?

Mr. Ed Vander Vegte: I think the consequences of taking away the ability to access information will, in time—hopefully never, but the possibility is always there—protect bad practice.

As I said in my presentation, the more responsibility an organization has, I think the more important it is that the public can access information. Health care is a major, major thing. All of us use it. We, many times, take for granted that it's there. Almost every time that I've ever dealt with the hospitals, I've had a very good experience.

The concern being: A friend of ours who was mentally handicapped went before a doctor and was requiring fairly extensive open heart surgery. Unfortunately, there's this side of the story: The doctor said, "Well, he doesn't really serve any benefit to the community because he is mentally handicapped. Why would we want to do this?" I was shocked and appalled that somebody would say about this vibrant human being, "Well, he's not worth anything because he's mentally handicapped."

If there are people like that in the system, we need the access to know that health care is being provided to everyone. Every life needs protecting.

Mr. Peter Tabuns: Thank you. I really appreciate that.

Mr. Ed Vander Vegte: My pleasure.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

ONTARIO TRIAL LAWYERS ASSOCIATION

The Chair (Mr. Pat Hoy): Now I would ask the Ontario Trial Lawyers Association to come forward, please. Good afternoon, gentlemen. You have 10 minutes for your presentation. The questioning this round will come from the government. I just ask you to state your name for Hansard.

Mr. Paul Harte: Thank you, Chair. My name is Paul Harte; I'm the president-elect of the Ontario Trial Lawyers Association. I'm joined here today by John Karapita, who is our director of public affairs.

Today we're here to discuss, predominantly, the amendments to the Freedom of Information and Protection of Privacy Act related to transparency and accountability in our hospitals. However, before I turn to that issue, I would like to make a few brief comments on the Insurance Act amendments contained in Bill 173 dealing with transit authorities.

The amendment to the Insurance Act proposed in schedule 21 restores tort rights to victims in the limited case of accidents on transit vehicles where there is no actual collision. As an organization, we have commented on several changes over the past 20 years to Ontario's auto insurance system and have always advocated for a restoration of common law rights to seek recovery for damages through tort rights, which have been severely eroded over the last two decades. Consequently, we welcome this change. Indeed, this committee should consider a return to tort as a solution to what is ailing our auto insurance system in general.

However, while we support the decision to broaden tort rights, we recognize, as have governments and the insurance industry for decades, that there is a need for a basic level of assistance on a no-fault basis. Early treatment and intervention is essential to recovery and return to function and productivity. It leads to savings on the part of the insurer because victims are able to make a better and faster recovery, thereby reducing total claim value. In addition, the burden on the publicly funded health care system and the social safety net in general would be lessened through the provision of some basic no-fault medical care.

We therefore propose that the current minor injury guideline limits of $3,500 for care be provided to those victims injured on our public transit systems where there's no collision involved. It makes sense from the perspective of all stakeholders to provide at least this minimum level of coverage. This basic level of coverage would not include income replacement benefits, but would still provide a level of care that would help the injured recover. The transaction costs and opportunity for fraud in this scenario would be minimal.

Turning to the proposed amendments to FIPPA, the Ontario Trial Lawyers Association was formed 20 years ago now by lawyers who have devoted their professional lives to the representation of innocent victims injured through the conduct of others. Our more than 1,000 members advocate for the rights of innocent victims in Ontario courts every day. One of our primary mandates as an organization is to advocate for safety, including the safety of patients in our hospitals.

Frankly, we prefer to see fewer injured victims in our offices, not more. It's in the furtherance of that mandate that I appear before you today. My personal practice is restricted entirely to medical malpractice and I've had the

opportunity to work on both sides of the bar, both representing innocent victims and representing health care providers.

OTLA certainly applauds the government for broadening FIPPA to include hospitals through the Broader Public Sector Accountability Act. Ontario now joins the majority of provinces that have enacted similar legislation. We believe that the legislation, in its current form, will go a long way to raising the standards of accountability and transparency for our public health institutions, and in so doing will increase safety and the quality of care delivered in these important institutions. However, an amendment has now been proposed which would, in effect, roll back the important legislation before it even comes into force. The amendment is urged on the Legislature by the hospitals and their major insurer. They say the increased transparency and accountability of FIPPA will have an adverse effect on the quality-of-care culture in our hospitals, the implication here being that institutions subject to transparency and accountability measures will be reluctant to address patient safety issues because of the potential negative implications of disclosing the problems in the first place.

The hospitals and their insurer say they need a sphere of confidentiality to work within in order to improve health care. Doctors, as one example, will be reluctant to acknowledge an error if they do not have an assurance of confidentiality. The clear benefits of accountability and transparency must, they say, be balanced against the potential for such disclosure to undermine the improvements to safety.

Ultimately, the Legislature, in our view, should show caution in the face of self-interested advice of the hospital industry. The fact is, the premise of the hospital industry is faulty. An effective sphere of confidentiality already exists. It was established several years ago with the passage of the Quality of Care Information Protection Act, or QCIPA, which came into force in November 2004. QCIPA creates a safe and secure environment in which candid discussions of a near miss or an adverse event can take place. Individuals participating in a QCIPA process can participate with the assurance that that information being disclosed will be kept confidential and they will not be penalized for participating in that review process. QCIPA generally prevails over other Ontario legislation, including FIPPA and PHIPA.

Not only can information designated as quality-of-care information not be disclosed; it can't be admitted in any proceeding, including an Ontario court, tribunal, commission or committee of a registered health professional college. Disclosure of quality-of-care information in contravention of QCIPA is an offence punishable by significant fines.

Conversely, rolling back FIPPA coverage provides no safeguard to participants in a review process. If a review process takes place outside of QCIPA, there is no guaranteed protection for the participants in the process. The information can be released to other hospitals, health colleges, third parties and the media at the sole discretion of the hospital acting in its own interest. The example doctor held out by hospitals as unwilling to frankly disclose mistakes will still fear disclosure when the hospital can report the error to his professional college. The information is not protected in any real sense. The difference in this sphere is that the hospital becomes the sole arbiter of what information is released. Its discretion, in our submission, will be exercised based on the hospital's best interest, not the individual health care providers working in those hospitals or the taxpayers who provide the primary funding for these important institutions.

The hospital industry maintains that FIPPA will undermine patient safety culture, but has presented no data and no concrete example. The facts suggest that whatever is going on behind closed doors now is, in any event, ineffective. Recent data shows that adverse events in hospitals remain frustratingly high. The Canadian Medical Association recently estimated that between 9,000 and 24,000 deaths in hospitals across Canada were preventable. A key study, a landmark study by Baker and Norton published in 2004, concluded that as many as 70,000 preventable adverse events occur each year in Canadian hospitals. Hospitals, acting alone, have been unable to make significant progress in patient safety.

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The best way to inform the public of the quality of their health care system is to allow them to see it for themselves. Balance in this situation favours disclosure. Opening hospitals to the Freedom of Information and Protection of Privacy Act is simply good public policy. The initial public policy decision of the government was the correct one and the one which the Ontario Trial Lawyers Association fully endorses.

I simply add at the end that members of the committee and your colleagues in the Legislature will be hearing more from us in the weeks to come concerning the ongoing changes in the auto insurance program, specifically the review of the definition of "catastrophic injury." We have every confidence that the government of Ontario will ensure that those most seriously injured in accidents are treated fairly.

I thank the Chair and the committee for the time.

The Chair (Mr. Pat Hoy): Thank you. The questioning goes to the government. Mr. Flynn?

Mr. Kevin Daniel Flynn: Thank you for your presentation. Good to see you again, John.

I appreciate the comments you had on schedule 15. There have been a variety of opinions. You sat through some of them here, I think, and we're all trying to achieve that balance. I know that you have a major interest in how that is achieved.

When you opened your comments, you talked about municipal transit and you talked about some of the things that should be done there. Would you or would the trial lawyers share the feeling that there is some fraud in the present system today and that, if the intent is that those who deserve to get what they should get as a result of whatever they've experienced are to achieve that, fraud needs to be discovered and dealt with as well?

Mr. Paul Harte: The Ontario Trial Lawyers have taken a firm stance and recently have announced that they support the recent initiatives with respect to eliminating fraud within the industry. Of course, one must be nuanced when using the word "fraud." Different definitions of fraud will result in different implications to the industry. But there's simply no question that fraud helps nobody.

Mr. Kevin Daniel Flynn: Would the trial lawyers have an interest in the auto insurance anti-fraud task force, for example, that's being implemented? Is that something that the trial lawyers anticipate playing a role in?

Mr. Paul Harte: We certainly have, I believe, played a role for many years in the auto insurance industry and welcome every opportunity to participate in government. Should an invitation be extended, we certainly will be participating in that.

Mr. Kevin Daniel Flynn: Okay, wonderful. Thank you. Those are all the questions I have.

Mr. Paul Harte: Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

BOYS AND GIRLS CLUBS OF CANADA

The Chair (Mr. Pat Hoy): It is my understanding that our 4 o'clock presenter, the Ontario Public Service Employees Union, is not present in the room, nor is the CUPE Ontario school board coordinating committee. The south Niagara chapter of the Council of Canadians is not present yet, but I'm told that maybe the Boys and Girls Clubs of Canada is here and would present now.

Thank you very much for coming early and accommodating the committee. We do appreciate it. It keeps us from going into recess while we wait for others.

You have 10 minutes for your presentation, as you might know. The questioning, in this case, will come from the official opposition. I'd just ask you to state your names before you begin.

Ms. Sandra Morris: Thank you. My name is Sandra Morris. I'm the regional director for central region of Boys and Girls Clubs of Canada. With me is my colleague Shobha Adore, who is the executive director of Braeburn Neighbourhood Place and Braeburn Boys and Girls Club.

Boys and Girls Clubs appreciates sincerely the opportunity to provide feedback to the committee on Bill 173, An Act respecting 2011 Budget measures, interim appropriations and other matters.

The 2011 Ontario budget introduced a number of measures of importance to clubs, and the Ontario children, youth and families that we support, related to mental health and addictions; youth summer jobs; assistance for low-income families; work to transform the social assistance, developmental services and child welfare service systems; and the extended-day programs that are part of the new full-day kindergarten initiative.

Our written submission, which we're tabling with the committee today, outlines our broad support for a number of these measures. However, as we understood that we might be one of the last presenters and as the provision of extended-day programs of the sort referred to in schedule 10 of the act is the key core business, and has been for more than 100 years, of Boys and Girls Clubs, of our network of clubs, our remarks are going to concentrate today on the importance of before- and after-school programs for young people and the measures, both in the budget bill and outside of it, that we think are of importance in this regard.

Before getting into our comments, I'd just like to start by telling you a little bit about Boys and Girls Clubs, and then my colleague will close our presentation and help to illustrate what we mean about the central importance, we believe, of community partnerships in providing these programs for young people by telling you a bit about her Boys and Girls Club and the work it's now doing in their local community.

First of all, just a bit about us: Boys and Girls Clubs are, we believe, leading providers of before- and after-school programs that support the healthy physical, educational, emotional and social development of young people. Across Ontario, 25 local community clubs provide before- and after-school programs for more than 110,000 children and youth annually at more than 160 locations across the province.

Through our comprehensive programs and what we describe as our "whole child, life cycle approach"—which includes licensed child care, school readiness programs, early years and extended-day programs for younger children, before- and after-school programs for school-aged children, and youth leadership programs and initiatives—we're present in all stages of a child's life, and we believe that we provide critical support to families during all of these key developmental periods.

We also like to believe, and believe we can say with some pride, that our high-quality programs, which are very cost-effective as well, reinforce the in-school curriculum, are affordable for parents and families, are available when parents and families need them, and have a meaningful impact: really help to create change that lasts a lifetime for these young people.

Why is the after-school time period so important? I think many of you will know that repeated studies have shown that this period provides a unique window of opportunity to support young people's learning, their education and academic success, and to address a range of other issues that are important to children, youth and families related to childhood physical activity and obesity, children's mental health and well-being, and youth leadership, and to do that in a comprehensive, integrated and cost-effective manner. Research has consistently demonstrated that these programs provide significant benefits and can lead to reduced costs in health care, social welfare, crime and justice down the road.

Investments in after-school programs have been found in particular to: improve children's homework and academic performance, lower dropout and grade-repetition rates, enhance lifelong physical activity and healthy eat-

ing, and improve social skills, mental health and well-being.

As you are aware, Bill 173 includes a number of amendments related to the before- and after-school programs, or extended-day programs, planned under the auspices of the new full-day kindergarten initiative. They are related to:

—the definition of third party programs and operators in the act;

—the duty of school boards to operate extended-day programs themselves or to partner with third parties, subject to program viability, to do so;

—the arrangements should a third party extended day program be closed; and

—provisions related to staffing, etc.

Boys and Girls Clubs appreciate that these provisions in Bill 173, and the full-day kindergarten initiative on which they're based, reflect the government's recognition of the importance of before- and after-school programs and will also result in new provincial investments aimed at ensuring that more Ontario young people have access to these kinds of programs. We commend the province for recognizing the importance of these programs and taking action to make them available to more Ontario children and families.

Boys and Girls Clubs also believe, however, that responsibility for achieving the goals of the full-day kindergarten initiative cannot be achieved by any single institution, ministry of government or community organization acting alone, but instead requires the expertise and collaboration of a wide variety of partners working together under a single framework in support of children, youth and families. Given that belief and our more than 100 years of experience providing these kinds of programs, we were delighted to see and are pleased to support the provisions in schedule 10 aimed at amending the Education Act to provide school boards with the flexibility to partner with third parties to offer extended-day programs.

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We believe that the first year of full-day learning helped to illustrate that schools and school boards were, in some cases, already successfully working in partnership with organizations such as ourselves, YMCAs and organizations associated with the Quality Early Learning Network. As comments from my colleague Shobha will help to illustrate, we believe that these programs and partnerships are already providing high-quality, seamless support for children and families in ways that achieve many of the objectives established for the new full-day kindergarten program. We believe that further building and expanding these partnerships will help to ensure that we achieve the goals that we all share for children, youth and families.

Ontario Boys and Girls Clubs would like to draw the committee's attention to another initiative that we believe is of importance to children, youth and families but is not currently reflected in Bill 173, that being the Ontario after-school initiative. Developed by the Ontario Ministry of Health Promotion and Sport following a wide-ranging consultation with other ministries, child development experts and community stakeholders, this initiative, which was launched in 2008-09 with a modest investment of $10 million, is providing more than 15,000 children, youth and their families at more than 270 locations with access to after-school programs.

This cost-effective, innovative program is governed by a comprehensive provincial after-school framework and guidelines, is aligned with the goals and objectives of full-day kindergarten as well as the poverty reduction and Roots of Youth Violence reports, and is built on what is already working in local communities. It has enabled community organizations like Boys and Girls Clubs to expand our programs and positively impact the lives of thousands of young people. We've been delighted to have an opportunity to do that through this new initiative and have been particularly delighted that the initiative has allowed us to expand our partnerships with schools and school boards and our in-school extended-day programs.

Recognizing that these children, youth and families are now relying on these critical programs and that the continuation and expansion of the Ontario after-school initiative would help to address key goals for the full-day learning system, we would like to respectfully urge the province to give consideration to making that program permanent by extending funding for it beyond what is now the planned June 30, 2012, deadline and to start expanding the program over time to other high-needs communities across Ontario. We believe that the significant benefits of after-school programs, on which the full-day learning initiative is premised, justify providing the permanent funding and investment that is required to establish a network of after-school programs across Ontario. We believe that doing so would help to address the objectives of many of these other initiatives.

These two proposals—the amendments in Bill 173 which the committee is considering as well as the after-school initiative that I've just mentioned—in our view, help to illustrate the value of community partnerships in supporting children, youth and families.

I'm now going to turn to my colleague Shobha, who's just going to tell you a little bit about how those partnerships are working in local communities.

The Chair (Mr. Pat Hoy): You have about a minute and a half.

Ms. Shobha Adore: Okay.

Braeburn Neighbourhood Place is a neighbourhood-based organization that has been operating since 1975. The organization came out of the vision of a small group of parents living in a social housing complex who wanted a better life for their children. The outworking of that vision has taken the form of licensed child care, an Ontario early years centre, family food security programs and before- and after-school programs for children. In total, we serve about 6,000 people a year. The centre has been integrated into the community, and it's a part of the oral history of success of our parents.

Almost three quarters of our staff complement have either been participants or volunteers in our programs. At

one of our sites, our after-school program is led by a young man who started in our child care centre when he was just two years old. As he grew up, he attended our after-school program, summer camp and youth leadership. He has graduated from high school, and he was able to attend university with the help of a scholarship from the Boys and Girls Clubs of Canada. He's one of thousands of success stories that were created out of the coming together of school, community and service partners. In the last year alone, 39 of our high school kids became peer tutors for their younger neighbours, and several others are running homework programs in our schools where they went to kindergarten more than a decade ago.

Our child care centres are located in schools, as are our breakfast programs and after-school programs, and there is a continuum of the day. We offer uninterrupted, year-round services, which is particularly important for parents who have scheduled work times.

Our schoolteachers and our principals frequent these programs as their day begins or ends and regularly work with our staff to ensure curriculum articulation and successful outcomes for math, literacy and EQAO testing.

We each bring our best to the table for every family: school, communities, and service providers. The phrase that it takes a village to raise a child has been overused, but it holds true. Each piece is necessary and contributes to a strong neighbourhood and resilient, engaged and caring constituents.

There's a richness of community-building that exists, and it has happened because of partnerships and a wide vision over the course of many decades. It needs to be preserved. It has built neighbourhood role models and champions who live next door to you and who make it through and reach back for the next generation, and it's at the core of what we hope for all of our children.

The Chair (Mr. Pat Hoy): Thank you. We'll go to the official opposition. Mr. Barrett.

Mr. Toby Barrett: I appreciate your presentation and the brief on the work that Boys and Girls Clubs have been doing with the before- and after-school programs. I wasn't aware of the extent of your involvement: 160 locations across the province, 110,000 children, and you've been doing this for 100 years. You're not in our area, so I'm not familiar with your organization.

The YMCA testified earlier and indicated, perhaps with some relief, that this legislation permits school boards flexibility to partner with third parties. I'm assuming the initiative with full-day kindergarten is subtracting many young people from your clubs. Any figure on that and the impact that it has on your organization or daycares or playschools, the ones that we were traditionally using?

Ms. Sandra Morris: I can maybe start just by saying that the distribution of the young people we support—we're a little more concentrated in the after-school programs for school-age children than for fours and fives, although about 30% of the young people that we support are in that younger age cohort. Shobha talked about how her club is already working in schools both in delivering programs for younger children as well as programs for school-age children.

As I think the presenter from the Y suggested, the amendments that will allow the partnerships that we've already built or that we would like to create to continue are going to be helpful to us. There is a secondary issue of younger children perhaps exiting licensed child care in some cases, which may have some consequence.

Ms. Shobha Adore: We operate licensed child care as well. What full-day kindergarten is doing—the fours and fives will exit that system, so you've got the zero to three, and then you have the six to 12, so it will affect the number of children in licensed child care.

Mr. Toby Barrett: Further to that, one of the previous presentations advocated offering an extended day to all children up to age 12, specifically by school-board-employed staff in the school, not outside people—those are my words—and, again, extended programming by school boards during professional development days and March break and all summer, again by school-board-employed staff in the schools. That flies in the face of this proposed legislation. Any comments on that?

Ms. Sandra Morris: I think we feel quite strongly that shifting to that kind of model would undercut the richness and the kinds of supports that you get in the kind of community-based partnership model that Shobha described.

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What's now happening where we're working in partnership with schools and school boards, as Shobha indicated, is that we're able to support young people, not only zero to 3.8 and then four to five. Then, as they enter the school system and are six to 12, we also provide youth leadership initiatives for young people. We have a provincial youth council and scholarship initiatives and programs. Our work in communities means that we actually have created that kind of seamless, lifelong attachment to community leaders, community programs and other kinds of community supports that some of those children, youth and families will need.

So we think that that would be a very ill-advised way to go. We think that would be unfortunate. It would have devastating consequences for organizations such as Boys and Girls Clubs, who have been working for 100 years—I'm not on the front lines, as Shobha is—but doing so with limited resources and, as I think her presentation indicated, with great passion and commitment to young people.

So we really urge the province to continue with the plan to amend the legislation to allow school boards to partner with third party providers. We think that's the right choice for children, youth and families across Ontario.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

ONTARIO PUBLIC SERVICE EMPLOYEES UNION

The Chair (Mr. Pat Hoy): Now I would ask the Ontario Public Service Employees Union to come forward, please. Good afternoon. You have 10 minutes available for your presentation. This round of questioning will come from the NDP and Mr. Tabuns. I'd just ask you to identify yourselves before you begin.

Ms. Nancy Pridham: Thank you very much. Good afternoon. My name is Nancy Pridham, and I'm the second vice-president of the Ontario Public Service Employees Union. With me today, to my left, is Rick Janson; he is our staff expert on health policy. On behalf of the 120,000 OPSEU members, I'd like to say thank you for allowing me to speak today.

Our members live in every community of the province. On January 31, our president, Smokey Thomas, gave an overview of the work OPSEU members do, from restarting hearts to rescuing children from abuse to guarding accused murderers to training the workforce of the future, and I won't repeat what he has said. I will merely say that all of our members deliver a wide and valuable range of services.

In my own job, I'm a registered practical nurse at the Centre for Addiction and Mental Health. I help people from all walks of life cope with the terrifying reality of mental health issues and their recovery. Like many jobs, my job takes place far from the public view, but that doesn't make my job less important. The work of OPSEU members is fundamental to the quality of life of all Ontarians. Our members are proud to do this work and I'm extremely proud to represent them.

Before commenting on the specifics of Bill 173, I would like to make a few remarks on the McGuinty government's overall approach to public finances and public services, as I think they provide some context.

Those of us who remember as far back as 2003 can remember the state that public services were in. The Walkerton water tragedy, which resulted in part from deregulation and privatization of testing labs, was still fresh in voters' minds. The Aylmer meat scandal and the Conservative government's indifference to food safety were front-page news during the 2003 election campaign. In that election, Ontarians voted to rebuild public services. Many of us with long memories can still remember Dalton McGuinty's remarks on election night and his promises to do just that.

There was a lot of repairing to do. While the Liberals proved unwilling to undo many of the things that the Conservatives had done to weaken the public sector, some steps were taken to at least begin the rebuilding.

That all changed in the last two years, beginning with the 2009 budget. The 2009 budget was, of course, the first budget after the global recession that cost 34 million jobs worldwide. As we know, the recession was caused by some very rich people trying to make themselves even richer by gambling with people's livelihoods. It was not caused by poor people; it was not caused by working people; it was caused by rich people.

In the fallout from the recession, you might think that we would have begun a period of rebalancing the world economy to reduce the growing income inequalities that caused the recession in the first place. Instead, the opposite has happened. There is nothing about a recession that necessarily requires the government to transfer money from the pockets of the poor people and working people to the pockets of rich people, yet that is exactly what is taking place in Ontario and around the world.

In the 2009, 2010 and 2011 budgets, the McGuinty government took a number of major steps whose main effect has been to redistribute wealth upwards.

In 2009, the government announced the HST. A lot has been said about the HST already that I don't need to repeat, except to say two things. First, according to the government's tax plan for jobs and growth, the HST represents a reduction in taxes paid by business of about $4.5 billion a year. Second, as a person who has spent a lot of time around Queen Street and Ossington Avenue in Toronto, I would like to point out that the HST is the only way to increase taxes paid by homeless people and those who never file income tax.

A lot has been said about the cuts in the corporate income tax rate that were announced in the 2009 budget. For today, I will merely say that all the arguments against that policy were already articulated by Dalton McGuinty himself prior to 2009. Those tax cuts will not help protect public services, they will not help pay down the deficit, and they are pretty much the least effective way to spend money on job creation.

In the 2010 budget, the government introduced its wage freeze policy, which, combined with the corporate income tax cuts, was an ingenious method of transferring money from the pockets of working people in the public sector to the profits of corporations like the Royal Bank of Canada, Rogers and Imperial Oil.

Now, in the 2011 budget, we see a continuation of the trend that began in 2009. We see, first of all, plans for layoffs in the Ontario public service, even though the budget documents show that, per capita, the Ontario government has the second-least-expensive public service of any Canadian province. We also see an intensified interest in the privatization of public services.

In the 2010 budget speech, Finance Minister Dwight Duncan announced plans to find a method of privatizing, or partly privatizing, Ontario's crown corporations. After spending a couple of hundred thousand dollars on consultation and advice from Goldman Sachs, the government dropped the idea after realizing that there was no public support for sucking money out of government coffers and handing it over to Bay Street—or Wall Street, for that matter.

Unfortunately for the people of Ontario, the government came back with new privatization plans in the 2011 budget. Now they have chosen a banker to conduct a search-and-destroy mission to examine all public services and determine which ones could be better provided by

private operators. The commission's real mandate, if we were to be honest with each other, is not to find services that could be better provided by private operators, but to find services that could be profitably provided by private operators.

As we all know, Canadian business and Canadian banks are sitting on close to half a trillion dollars in cash and short-term assets, and they are looking for high-return places to invest that cash. What better place than the public service, where the returns would be guaranteed? The Drummond commission has nothing to do with improving public services and everything to do with looting them. If it were not so serious, it might be funny that the McGuinty government is throwing away money on corporate tax breaks and then setting up a commission to give public services to corporations under the guise of trying to find out where the missing money went. It's a bit absurd.

I just want to give you a little quote: "I hate to admit this but I don't think much of the growth of the past decade could be attributed to [the] lower corporate tax rate," said Don Drummond to the National Post.

We believe the government should decommission the Drummond commission now, and we recommend that the bill should include instead these two items: (1) the creation of a commission on tax fairness and quality public services to examine the connections between the revenue side of public finance and the obvious benefits of quality public services; and (2) the creation of a fairness test that would allow all Ontarians to assess the income distribution effects of each change in the province's public services and taxes.

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The notion that government operations like Service-Ontario should be sold off after the government has invested all the money required to make it a successful organization is an outrageous handout to corporate investors, who will reap the benefits of those public investments.

If you want proof that the government's strategic objective in its last three budgets is the transfer of money from those who have less to those who have more, you need to look no further than the recent U-turn by the government with respect to CEO salaries in hospitals. In the budget, hospitals were asked to reduce executive costs by 10%, but Andrew Chornenky, a spokesperson for Dwight Duncan, says the reductions in cost aren't necessarily reductions in high executive salaries. He suggests that hospitals may want to cut clerical staff to save that 10% instead.

The Chair (Mr. Pat Hoy): You have about a minute and a half for your presentation.

Ms. Nancy Pridham: Okay. Let me just fast-forward, then.

To summarize our feelings about the budget as a whole, I suppose I would be remiss in not saying that we were actually quite happy to see your commitment to children's mental health funding, and we sincerely hope that the 10,000 kids on the waiting lists for diagnosis and treatment will finally get the help that they need.

Ontario continues to close mental health beds, and we don't actually think that that's an acceptable route to go.

What kind of Ontario do we want to live in? I think you have to ask yourself that question. You're closing jails right now. You're shutting down small communities that have already been impacted tremendously. People who aren't earning any money—when you close things down in small communities, that's not putting any money back into the community. We think that you should have another look at your budget, and you should actually invest in real services for real people in the community.

The Chair (Mr. Pat Hoy): Thank you. We'll go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Nancy, thanks very much for coming in today and making that presentation.

Because of the brevity of time, you didn't get a chance to talk as much about the freedom-of-information impacts. Would you be willing, first of all, to talk a bit about the impacts, and then a bit about what's driving the government on that?

Ms. Nancy Pridham: I'm going to ask Rick to answer that question because he's our expert on the health care stuff.

Mr. Rick Janson: We think it has no place in the budget, actually—the amendment that's put in there, to freedom of information—that it's already restrictive enough. For example, anything to do with patients is already prohibited under freedom of information. Considering that the big complaint from the OHA, from the OMA and from the insurance companies is basically that doctors would be embarrassed and would hide their complaints—they're not asking just that they have their names removed from the report; they're asking for any quality information. It is so broadly worded that any quality information about hospitals would be next to impossible to get.

We're also concerned about the news that came out this week that the legal firm that represents many of these hospitals is actually asking the hospitals to start shredding now, given that we might be coming after this information in 2012. Our feeling, looking at this and looking at what's happening with the recommendations from the law firm, is that by the time it gets around to 2012, what's worth getting won't be worth getting, from a freedom-of-information perspective.

Mr. Peter Tabuns: Your sense of the impact of this amendment going through—what do you think that would mean for patient care and for the people who work in our health care facilities?

Mr. Rick Janson: I think it's going to harm quality. Initially, the government brought in a bill to increase accountability and let the public at it. Groups like us, for example, look very closely at quality issues in hospitals. If we can't get the information, we come here before you, and you ask us, "What information do you have? What data do you have?" and the answer is "None," because it's all hidden away. Basically, you're giving hospitals the tools to do this again through this. It boggled my mind when I saw this amendment, after the government had come so far in terms of opening up hospitals to

freedom of information in the first place. No other province does this. All the other provinces open hospitals up to freedom of information. We're the last province to put hospitals under freedom of information.

Mr. Peter Tabuns: I don't have further questions, but I do want to thank the two of you.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

CUPE ONTARIO SCHOOL BOARD COORDINATING COMMITTEE

The Chair (Mr. Pat Hoy): I would ask CUPE Ontario School Board Coordinating Committee to come forward, please. Good afternoon. You have 10 minutes available for your presentation. The questioning in this round will come from the government. I'd just ask you to state your names for our recording Hansard.

Ms. Terri Preston: Terri Preston.

Mr. Chris Watson: And Chris Watson.

The Chair (Mr. Pat Hoy): Go ahead.

Ms. Terri Preston: Thank you very much for providing us with an opportunity to speak with you today. My name is Terri Preston. I chair the Ontario school board coordinating committee with CUPE. We represent 50,000 education workers, sometimes referred to as support workers, who work in Ontario school boards across the province. My day job is an ESL instructor with the Toronto District School Board.

The reason we're here today is that we have serious concerns with Bill 173, in particular schedule 10, which is an amendment to the Education Act. This schedule abandons the vision of a seamless, year-round early learning program delivered by school-board-employed early childhood educators. The changes to the Education Act that are being proposed open the door—and all but push Ontario's publicly funded school boards through it—into a privatized system that encompasses for-profit and third party agents.

CUPE was very supportive from the outset of the early learning program because of the possibilities that it provided to children. We were quite vociferous in terms of our support for that action. We understood in May 2010 when the government announced that, in a transitional way, they would allow third party operators for a two-year period, I think it was. We understood that school boards needed an opportunity to adjust to providing extended-day and year-round programming for four- and five-year-olds. However, this bill goes much farther than that.

The concern that we have is the difference in the two programming models that are being proposed. I'd like to talk to you a bit about the impact of third party privatization of both the extended-day and the extended-year delivery model.

The early learning program was designed to provide fewer transitions for children and the retention of learning through what's sometimes referred to as the summer learning gap. In particular, children in lower-income areas do not have the same opportunities to go to summer camps, so having an opportunity to continue in the school system over the summer was a real bonus for those children in terms of their education.

Going to a third party provider increases the transitions that children have over the course of the day. They would be dropped off in a school with one agency, then transferred to the kindergarten class, albeit within the same school but again with different staff. That creates disruptions for children which the original model was meant to eliminate.

For parents, the original model had the opportunity of dropping their child off with the caregiver who would be with them throughout the day. So you could say to them, "Johnny had a rough night last night. This and this has happened," and that information would be with him throughout the day because the child care provider would then be with him during the school day in his kindergarten class. At the end of the day, another child care provider who was also part of the kindergarten program would be with him to communicate with the parents about how the day went.

With a third party provider, there will be that lack of communication between the school program and the parent that sometimes currently exists the way things are currently structured.

In the original model, there would have been a higher level of parent participation in their child's education simply because of the daily interaction with the providers of the care.

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We foresee problems if the intent is to have the extended-day program operated by a third party provider in the same classroom that's being used by the teacher and the ECE during the school day. There would inevitably be discussions around who's using whose materials and that kind of thing.

The curriculum: While the government has said people would be following the same curriculum, there is no way of assuring that there is consistency in curriculum delivery when you're dealing with a third party provider. In terms of that, there would be a lack of continuity both in the personnel and in the programming that the child would be exposed to in the day.

When the program is delivered by the school board, it is fully integrated into the life of the school. When it's being delivered by a third party, the third party is seen as a permit holder, so the person is basically leasing space in a school but is not necessarily seen as being part of the school family.

Children with special needs who are involved in kindergarten have individualized education plans; there is a plan for their education. If there are triggers that trigger certain behaviours, that's all known and shared between the staff. They also have access to professionals who would provide support and guidance to the ECE and the teacher. That does not exist with a third party provider. I would suggest that there would be privacy issues with sharing information that school boards have regarding a student with a third party provider.

In terms of staffing, as we well know, there would be better working conditions for staff that were employed by school boards. With third party providers, as we increase the number of ECEs that would be working in school boards just as part of the rollout of the early learning program, we would see higher turnover of staff in the third party agencies as they move into the full-time jobs that would come up in the school board sector.

The other thing is, if the early learning program was to continue in the way that it was originally envisioned, there would be, on the part of the school board, a singular focus on the quality of the delivery of that program. When we're dealing with multiple providers in school boards, we cannot guarantee standardized programming in the early learning program. We had a unique opportunity, we feel, with the introduction of a new program, to actually have something that is standardized provincially, and we're moving well away from that in terms of schedule 10 that is being introduced through this bill.

I have to say we were a bit surprised to find this policy introduced as part of a budget bill. Generally speaking, this would be a stand-alone bill that should have been debated, not through a finance committee meeting, but through the standing committee that deals with policy issues and social planning issues.

We are very concerned about where this is taking us. We could have and would have been interested in talking if people felt that the two-year transitional period was too short. We would have been open to talking about a longer transitional period if it looked like it couldn't have been implemented in a shorter period of time. The way it stands now, this is not anything that we can support. We were fully supportive of the original plan and would like to see full-day hearings on this issue alone, because I think it is such a departure from what was originally proposed, that it needs a full day of hearings on this.

Thank you.

The Chair (Mr. Pat Hoy): Does that conclude your remarks?

Ms. Terri Preston: Yes.

The Chair (Mr. Pat Hoy): Well, thank you for them, and the questioning goes to the government. Mr. Flynn?

Mr. Kevin Daniel Flynn: Thank you, Mr. Chair, and thank you, Terri, for what you and your members do for our kids on a daily basis.

Obviously, we all look around the province, but we look, I think, to our own communities for things that we do. We're all just ordinary people with families; we often have kids in school. My kid is 31 now, but I do remember when he was in school.

The YMCA provided the before- and after-school programs for my son, for example. I think then it was called First Base. He would go there; he'd have to get bused to it. He'd leave the one school at 3 or 3:30 and he'd end up at the other school at a quarter to 4, or something like that. As a parent, you always worry about that. You always wonder, "Did he get on the bus? Did he get off the bus?" and that type of thing. So I think the fact that a lot of this is now going to take place, or all of it is going to take place, in the one location, in the schools, is a big step forward for the confidence that parents have when they leave a four- or five-year-old in the care of others for the day.

My experience has been that the YMCA has been intimately involved in the school system for a number of years. Is that true of the city of Toronto, or do you have a different experience? Because I have to say, even though I went to school in the city of Toronto, that was a long time ago. How are the services provided now for before and after school? Is it a combination? Is it the private sector—

Ms. Terri Preston: I don't think the Y is involved currently in the city of Toronto.

Mr. Kevin Daniel Flynn: Okay. So who would be?

Ms. Terri Preston: There are some not-for-profits; there are no for-profit groups that are involved in providing before- and after-school programs. Generally speaking, many of the child care providers that exist in schools are providing from zero to after-school, so they do both the infants and the after-school programs as well. So there is a bit of that, but they're generally run by boards.

Again, in this model, do we think that boards will contract with a bunch of different providers, or would they be tendering out and looking for one provider? I'm not sure that this legislation protects the small, community-based not-for-profit agencies.

Mr. Kevin Daniel Flynn: Okay. A fair comment.

In my own community of Oakville, the YMCA actually came to speak to me when this change took place. They said, "We understand the change and we think it's great, and we'd like to continue to be involved in it." The school boards, in my area anyway, tended to agree with that. We had a gentleman speak to us earlier this afternoon, and he represented the Ys in Burlington, Hamilton and Brantford, I think. I think he said pretty much the same thing, and a previous speaker this afternoon—it may have been from one of the CUPE delegations, or it may not; it was a bit earlier today—said, "If you're going to allow third parties in, at least just make sure they're from the non-profit sector."

Is that something you'd be supportive of, or would you want the Ys completely out of the picture?

Ms. Terri Preston: I think what we're saying is, any third party provider. I'm definitely not in favour of for-profit. But this legislation doesn't prevent that from happening.

The not-for-profit sector, though—when I talk about the differences from the original vision of the delivery of the program, any third party provider, whether not-for-profit or for-profit, would create those same transition problems and lack of continuity in terms of the programming. That was not part of the original vision of the program.

Mr. Kevin Daniel Flynn: Okay. You see, I didn't get that from my own community. That's why I'm interested in what you're saying, because it seemed to me that my own community was supportive of a third party provider. It wasn't a for-profit provider, mind you; it was a YMCA, which I think people feel very comfortable with.

Ms. Terri Preston: But I think the third party provider was talking to you.

Mr. Kevin Daniel Flynn: Well, the third party provider, and I think some of the parents, and I also think the school boards as well. That's why I wanted to know, does the school board in Toronto have an opinion on this? Are you aware of it?

Ms. Terri Preston: They're developing an opinion on this.

Mr. Kevin Daniel Flynn: Okay, super. Well, thank you.

Ms. Terri Preston: Thank you.

The Chair (Mr. Pat Hoy): And thank you for your submission.

COUNCIL OF CANADIANS, SOUTH NIAGARA CHAPTER

The Chair (Mr. Pat Hoy): Now I would ask the South Niagara chapter of the Council of Canadians to come forward, please. Good afternoon. You have 10 minutes available for your presentation. The questioning in this round will come from the official opposition.

Mrs. Laura Albanese: Mr. Chair, it seems like there might be—

The Chair (Mr. Pat Hoy): Yes, I'm watching that as well. There might or might not be a vote in the House, so I'll just say to you that you have 10 minutes for your presentation. The questioning will come from the official opposition. I'm just going to pause for a minute and see what happens. Members here may want to go to the House for a vote.

Interjection.

The Chair (Mr. Pat Hoy): I think we do; I have in the past.

Members want to vote. We'll just recess until this vote is over. It shouldn't take—what have they got, a five-minute bell? So it will take seven minutes, maybe. We'll just recess for this vote. We'll be right back.

The committee recessed from 1631 to 1641.

The Chair (Mr. Pat Hoy): The committee will now come back to order.

We are about to hear from the South Niagara chapter of the Council of Canadians. If you'd just state your name, you can begin.

Ms. Fiona McMurran: My name is Fiona McMurran and I'm a resident of Welland, in the Niagara region, speaking on behalf of the South Niagara chapter of the Council of Canadians.

I'm asking you to imagine that behind me is a very large group of residents from the region of Niagara, including councillors from all nine municipalities under the aegis of our large amalgamated hospital, the Niagara Health System; as well as councillors from the Niagara regional council; residents and citizens from the Yellow Shirt Brigade of Fort Erie, the People's Healthcare Coalition of Port Colborne, the Niagara Health Coalition from St. Catharines; and countless patients and their families, whose documented suffering from the repercussions of an ill-conceived hospital restructuring program has reached our newspapers time and time again. This restructuring program was brought in too fast, with no consultation with local medical professionals, let alone the public.

In addition to these supporters, also imagine behind me, as well as the leaders of the opposition parties, three Niagara MPPs: Tim Hudak, as MPP for Niagara West–Glanbrook; Peter Kormos, from my own riding of Welland; and the courageous Kim Craitor, who has never ceased to go to bat for his constituents over the issue of their right to accessible hospital services.

The Niagara Health System is Ontario's largest hospital. It was created under the previous government in 2000 through the amalgamation of seven local hospitals across the region. In 2013, the NHS will open a new hospital in northwest St. Catharines. This hospital, with 375 beds, will then be the sole full-service hospital for a region earmarked for growth, under this government's own smart growth policy, to nearly half a million people before 2025.

My community has been struggling for nearly three years to get the Ministry of Health and Long-Term Care to reconsider the hospital restructuring plan brought in by the Niagara Health System under orders from the Hamilton Niagara Haldimand Brant LHIN in the summer of 2008. I haven't the time to tell you the full story about the improvement plan, its implementation, the ramifications and the community reactions to it, but I shall tell you that tens of thousands of dollars have been spent by our municipal governments in Port Colborne and Fort Erie putting together comprehensive reports from citizens and medical professionals alike, detailing what the problems are with this so-called hospital improvement plan, which is the restructuring plan.

Thousands of hours and hundreds of kilometres have been logged by our local politicians and our residents at rallies, town halls and meetings at Queen's Park since the summer of 2008—all to try to draw public attention and the attention of the Legislature to the ramifications of the implementation of hospital restructuring and what is happening to us down in Niagara.

The first thing that happened in 2009 was the closure of the ERs at the small hospitals of Port Colborne and Fort Erie. They were downgraded to urgent care centres. The ramifications of that were wide.

In the fall of 2009, a Port Colborne resident called 911 with a suspected heart attack. Niagara EMS, though, wasn't permitted to take him the three blocks to his nearest hospital, Port Colborne, because it had since been downgraded to an urgent care centre. The ambulance had to take him to Welland general some 20 to 25 minutes away. He died before he reached it. His son, lacking funds to pursue an inquiry, will forever wonder if his father died of pre-existing health conditions, as the NHS has claimed, or if his life could have been saved had Port Colborne hospital had the technology, the minimum standards of care technology for an ER, to stabilize him before sending him to Welland.

On Boxing Day of 2009, a traffic accident due to bad weather on Highway 3 in Fort Erie fatally injured an 18-

year-old Fort Erie resident, Reilly Anzovino. Although the crash took place just blocks away from Fort Erie's Douglas Memorial Hospital, she was sent by ambulance to Welland general because Fort Erie's hospital no longer takes level 1 and level 2 cases. She succumbed to her injuries. Her parents are seeking an inquest, and I'm pleased to say that they are receiving financial support.

If you watched the media coverage last August of the release of the Ontario Ombudsman André Marin's report on our LHIN, you will have some idea of what has been going on in Niagara. In fact, the title of his report, The LHIN Spin, says most of it. We in Niagara wanted an open investigation. Due to the Ombudsman's restricted mandate, the only issue that could be investigated was the lack of public consultation before the LHIN approved the Niagara Health System's restructuring plan. Marin's report was devastating, showing that the LHIN had failed to comply with the transparency and consultation requirements of the government's own LHIN act.

But the minister has insisted, now as then, that the HIP should continue to be implemented with no changes and no investigation. In fact, the LHIN has denied any responsibility for the problems caused by approval of this plan which it gave the NHS exactly six weeks to put together.

It also utterly failed to take into consideration the fact that there is no regional transit system in Niagara. Niagara property owners, in consequence, are currently paying an additional $3 million for increased EMS service, and there are other downloaded costs to come, including a new off-ramp off the 406.

The ER closures have increased the wait times at the hospitals in Welland and Niagara Falls. Despite this fact, the Niagara Health System, ordered to continue with its restructuring, has continued to close beds as planned and will do so through 2012. Acute care beds in Fort Erie and Port Colborne have been re-designated as complex continuing care. Therefore the patients, once they're out of the acute stage of care in the St. Catharines General Hospital, are sent to Fort Erie and Port Colborne for their rehabilitation. This is extremely hard on their families who have to visit them and sometimes have to travel as long as an hour from St. Catharines to do that.

Surgeries have been cancelled, and specialist physicians are leaving our smaller towns and cities in droves because all the major departments at the Welland general hospital and Niagara Falls hospital are slated to be closed under this hospital improvement plan. We cannot keep our doctors. All the ER physicians of the Greater Niagara General Hospital of Niagara Falls resigned their hospital privileges in early 2009, refusing to work under these circumstances.

Finally, the longer lineups at the St. Catharines General ER have resulted in the fact that the citizens and elected representatives of St. Catharines and its northern satellite municipalities have begun to understand that what they had been deeming for two years to be a south Niagara problem was actually a Niagara-wide one.

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After many resolutions arising from problems with this restructuring had passed in individual municipalities in Niagara, Sue Hotte of the Niagara Health Coalition succeeded in getting one that called for a full investigation of the hospital improvement plan, leaving aside the whole question of a new hospital in St. Catharines, which is desperately needed by that community. She succeeded in getting this resolution passed by seven, and now eight, of the nine municipalities in Niagara. Then, a similar resolution brought forward by Niagara Falls mayor Jim Diodati was amended, in an unusually cordial meeting of the new Niagara regional council in February, and passed at region. This was such a victory for those of us who had been fighting for two years and continually failing to get regional council to pay attention to our concerns. At last, our region is speaking as a whole.

Which brings me to the handout that I have given to you, which is from the Niagara Falls Review—

The Chair (Mr. Pat Hoy): You have about a minute left.

Ms. Fiona McMurran: Thank you. This records the latest event in our efforts to try to get the province to have another look at what's happening in Niagara.

On the second page, you'll see that the four local politicians who went to see Minister Matthews, thanks to Kim Craitor's intervention, have stated that the minister now understands that we've got a problem in Niagara; that it's not simply a discontent with the administration of the hospital—the CEO and president were recently replaced.

The angst, as Mayor Diodati says, comes from discontent with the quality of care of the health care system. We in Niagara want, therefore, to have access to everything that the NHS and the LHINs have discussed under quality of care. Without that, we will not be able to have a full investigation, either under this government or a subsequent government. Without a full understanding of what has gone wrong—and this is not to put blame. I do not believe, and most of us do not believe, that we're talking about individuals here at all. There has been a system breakdown because of the speed in having to do things and also because of financial constraints on an overly large amalgamated hospital. We need some good answers here, though, in order to be able to plan, to move forward and get accessible, reasonable hospital services for the citizens in the Niagara region.

I thank you for your time.

The Chair (Mr. Pat Hoy): Thank you, and the questioning will go to Mr. Tabuns.

Mr. Peter Tabuns: Isn't it the Liberals?

The Chair (Mr. Pat Hoy): Am I out of order here?

Mr. Peter Tabuns: I think you are.

Mr. Toby Barrett: You're out of order.

The Chair (Mr. Pat Hoy): The official opposition, then. Mr. Barrett.

Mr. Toby Barrett: Thank you, Chair—

Mr. Bob Delaney: It's not that he's out of order; he's out of sequence.

The Chair (Mr. Pat Hoy): That's what I meant, but there are many definitions of "order."

Mr. Toby Barrett: Thank you for the presentation. Thank you for bringing us up to date on what has been going on in south Niagara and now, as you say, north Niagara as well. Many of us have chatted with the yellow shirts. That is actually a compelling technique to use. This has been going on for several years now, closing emerg at both Fort Erie and Port Colborne, a decision made by the area LHIN, as I understand, and you highlight the lack of public consultation at that time. I'm assuming that has continued.

You mentioned three provincially elected representatives in the Niagara area. All of us on this committee are elected MPPs. With these deliberations, we do not have staff or bureaucracy on standby to offer direction or advice that theoretically rests with this committee.

Now, as well, you have a cabinet minister in Niagara who is elected as well.

Ms. Fiona McMurran: That's right.

Mr. Toby Barrett: What role has Minister Bradley played in this?

Ms. Fiona McMurran: I think he has not really wanted to get involved in this issue. Initially, it was tricky because the north and the south seemed to be pitted against each other. The new hospital is in his riding. The issue first came up as a question: If that new hospital was going to be the only one the province could afford in the next 10 to 20 years, should it be more in the centre of the riding? He has been sympathetic, but he has been keeping a low profile on the issue, let's say.

Mr. Toby Barrett: I understand it's tricky.

Ms. Fiona McMurran: Yes, it is.

Mr. Toby Barrett: That's why we elect people, actually, to deal with issues like this. You've indicated, with the municipalities to the north—and I get the impression that St. Catharines itself is now right in the middle of it, actually, rather than being able to say that's outside the city.

Ms. Fiona McMurran: Yes, I think so.

Mr. Toby Barrett: You've indicated that as recently as Tuesday, in this newspaper article, there was a meeting with the Minister of Health. But over the years, have the people in Niagara—the various people advocating, the elected representatives—been dealing with the LHIN or have they been dealing with their fellow elected MPP? The Minister of Health is elected as well. We're elected; we talk to each other.

Ms. Fiona McMurran: That's right. They have been dealing at all levels with the NHS and with the LHIN. Our mayors, particularly from southern Niagara, have met numerous times with the minister.

Mr. Toby Barrett: Numerous times?

Ms. Fiona McMurran: Yes.

Mr. Toby Barrett: Not just last Tuesday?

Ms. Fiona McMurran: No, no. For those of us citizens, I'm saying this is a culmination, because we feel we've been trying very hard also to get both citizens and elected representatives from the north Niagara municipalities to see that the plan, as it currently is, is also going to affect the citizens there, because basically it's going to give us very few hospital beds for a large and growing area.

Mr. Toby Barrett: I see. Going back even two years ago, people were able to go directly to the Minister of Health on this issue.

Ms. Fiona McMurran: As far as I know, yes, that's true. Also, both Port Colborne and Fort Erie put together very, very large submissions that went to the minister's office, explaining what the problems were going to be with the implementation of this restructuring program.

Mr. Toby Barrett: Yes. Okay, then, that's all I have. Thank you.

The Chair (Mr. Pat Hoy): Thank you for your submission.

ALZHEIMER SOCIETY OF ONTARIO

The Chair (Mr. Pat Hoy): Is the Alzheimer Society of Ontario present? Good afternoon. You have 10 minutes for your presentation. The questioning in this round will be from the NDP and Mr. Tabuns. I'd just ask you to state your name before you begin.

Ms. Gale Carey: Thank you. Gale Carey. I'm the chief executive officer with the Alzheimer Society of Ontario. Joining me today is Delia Sinclair, our public policy analyst.

Mr. Chair, members of the committee, ladies and gentlemen, thank you for giving the Alzheimer Society of Ontario the opportunity to present to the Standing Committee on Finance and Economic Affairs on the issues related to dementia as connected to the 2011 Ontario budget.

Today, more than 181,000 people in Ontario have dementia. In 10 short years, this number is expected to increase 40%, to 255,000 people. Dementia is the leading cause of disability in Ontarians over 60, causing more years lived with disability than stroke, cardiovascular disease and all forms of cancer.

Direct costs of dementia to the health system are projected to increase by $440 million each year through 2020. In partnership with the Ontario government, we have the opportunity to curtail these costs, to ensure that investments are effective and multi-purposed.

The Alzheimer Society of Ontario, founded in 1983, supports a province-wide network of 38 local societies to improve service and care, fund and advance research, educate the communities it serves, and create awareness and mobilize support for the disease.

Our society's vision is a world without Alzheimer's disease and other dementias. We are affiliated with the Alzheimer Society of Canada and with Alzheimer's Disease International.

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Local Alzheimer societies offer a range of services, including group supports, counselling, information, public awareness and dementia-specific education for front-line health service providers and those diagnosed with the disease, and their families and caregivers. Some

societies, like ours in Windsor-Essex, also provide day programs and longer-term respite care.

The Alzheimer Society of Ontario and the local societies work in partnership with health service providers, primary care practitioners, long-term-care facilities and clients. We have a long history of working together to improve access to services for clients, promote best practices in dementia care and raise the profile of dementia-related issues.

Now for the crux of our presentation: A close examination of alternate-level-of-care beds in Ontario shows that dementia accounts for 25% of alternate-level-of-care hospitalizations and 34% of alternate-level-of-care days. In addition, over 70% of long-term-care residents have some form of dementia.

The Alzheimer Society of Ontario applauds the government for increasing funding to the community services sector by 3% annually over the next three years. This increase in funding is what is needed to coordinate services for people living with dementia and their caregivers in the community and in long-term care. With funds established for the next three years, the focus must now be on implementing a comprehensive plan that will address the needs of people living in the community and long-term care, and enhance health system performance.

As you may already be aware, the Alzheimer Society of Ontario has developed an action plan to help people living with dementia and their caregivers; 10 by 20: Ontario Action Plan for Dementia focuses on brain health, early intervention, caregiver support, strengthening skills in dementia care across the workforce, and investing in research and the dissemination of findings into practice. The implementation of this plan is now possible using a portion of the indicated 3% per annum investment in the community service sector.

The next program we want to bring to your attention is First Link. It's one program that could benefit from this investment. It provides recently diagnosed individuals and their caregivers with comprehensive and coordinated services by reaching out as early as possible in the disease process. First Link enables collaboration between the diagnosing primary care physician, other members of the primary care team, diagnostic and treatment services, community service providers and the Alzheimer Society.

Many caregivers are not receiving the support they need because they are not aware of the services available to them. Through First Link, primary care providers refer those who are newly diagnosed to their local Alzheimer Society to ensure that caregivers maximize their awareness of existing programs.

Even though evaluation of the demonstration projects shows that the program is effective, First Link is only available to 73% of Ontarians, as York region, Kingston, North Bay, Lanark county, Leeds-Grenville, Sudbury, Toronto, Belleville-Hastings and Prince Edward County continue to face challenges in securing adequate funding for First Link programming there. To ensure that all Ontarians diagnosed with dementia receive the education, information and access to services they need, the First Link program must be expanded to all communities across Ontario.

An initial investment of approximately $1.5 million to expand First Link to the remaining nine regions and an ongoing investment of $400,000 each year to sustain the program are needed to provide this service to all Ontarians. This represents a relatively small portion of the total new investment in the community services sector outlined in the budget.

Respite services offer temporary relief from caregiving, but there are four key issues with respite in Ontario: Caregivers are unaware of available services or often act too late; supply of respite, especially short-term, is insufficient; services that are offered do not fit with family needs, such as hours of service and continuity of staff; and the cost of in-home respite is too high for already strained caregivers.

Still, innovative respite options exist in some regions of Ontario. You can see in the submission that they include the program called Seniors Managing Independent Living Easily, or SMILE, in the southeast; Wesway in the northwest; and the Veterans Independence Program through Veterans Affairs Canada.

By tailoring services to meet their needs, those flexible respite programs enable caregivers to support the person with dementia more effectively and extend independent living for the person with dementia. Most importantly, it keeps people in their homes with those who love them. With a modest investment to expand these existing programs, the Ontario government could reduce the amount spent on institutional care by prolonging the time that people with dementia can remain at home.

Health promotion: Ontario's commitment to health promotion has been demonstrated through the Ontario diabetes strategy, a great first step in reducing costs to the health system by helping people prevent diabetes and manage their current illness. We commend the government on making health promotion and illness prevention a priority, and encourage you to take this approach to increase awareness of the ever-increasing numbers of people being diagnosed with dementia. For people with dementia, treatment support is available, but people need to know what to do and how to do it. They also need help in managing the social and socioeconomic changes that occur once progression of the disease is under way.

Under primary care: The Ontario government has shown commitment to improving access to primary care services for all Ontarians. Access to primary care increases early identification of illness and intervention. The government has already created 200 family health teams across Ontario. They have the capacity to enhance the care received by those in the early stages of dementia who are looking for a diagnosis and intervention options.

An Ontario model of training family health teams to conduct memory clinics has proven effective in increasing the capacity of primary care, providing early diagnosis and comprehensive management of the disease. Developed in Kitchener, 13 teams are currently serving a client base of 300,000. This approach can be scaled to

reach all teams across Ontario. People will be diagnosed earlier and better use will be made of scarce specialist resources.

An investment of $480,000 each year will expand the training of family health teams in the memory clinic model. The time commitment of family health teams to memory clinics is minimal, but the potential impact is great for those who are struggling with dementia symptoms and their families.

Under mental health: We are pleased to see that the Ontario government has shown commitment to investing in a comprehensive mental health and addictions strategy. While we understand that this strategy will begin with a focus on children and youth, the rollout of the full plan must encompass the mental health and addictions needs of seniors. As the fastest-growing population in our province, they have the potential to place tremendous strain on the system if we are not prepared.

Effectively responding to the needs of seniors should always include a focus on dementia prevalence and its relationship to mental health. A diagnosis of dementia can be challenging for a person to cope with, and both the person with dementia and their caregiver can experience anxiety or depression throughout the course of the disease.

In addition, people with dementia often display what we call responsive behaviours, such as physical resistance or wandering. These behaviours may be due to a variety of reasons, including discomfort in physical surroundings or inability to communicate thoughts and feelings. Currently, no coordinated effort is in place for health service providers to respond to the challenges these behaviours present.

In 2010, the Alzheimer Society of Ontario partnered with the Ministry of Health and Long-Term Care to develop a support system to address responsive behaviours in care settings. The Ontario behavioural support systems project aims to improve the lives of Ontarians with behaviours associated with complex and challenging mental health, dementia or other neurological conditions living in long-term-care homes or in independent living settings. This approach should be expanded to help those receiving care services in their own homes in the community to provide a system-wide approach to behavioural health.

In summary, services available to people living with dementia and their caregivers need to be coordinated through a comprehensive plan to maximize the investment outlined in the 2011 Ontario budget. The projected increase in dementia prevalence of 40% by 2020 means we must respond to the needs of this population today in order to be prepared for tomorrow.

With investment in the community services and mental health sectors, Ontario has the opportunity to implement a comprehensive plan of care to address access to flexible respite programs, primary care and mental health needs, while increasing awareness of dementia, promoting prevention and ensuring people have access to service information through the expansion of First Link.

Thank you so much for your attention.

The Chair (Mr. Pat Hoy): And thank you. Now we'll go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Ms. Carey, thank you very much for coming in and making that presentation.

So that I can get some sense of scale—because I talk to people in my riding pretty regularly—there seems to be a lot of people who have a great deal of difficulty accessing any sort of respite or day care for parents or relatives who have dementia. What's the scale of people who are waiting for those services? Can you tell us that?

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Ms. Gale Carey: I don't have exact numbers on a wait-list, but I know at the Alzheimer Society, of the 38 chapters that we have across the province, only seven are able to offer some sort of respite care in terms of day centres. So this is why we partner with a lot of community service organizations.

In terms of respite care offered in the home, we can find out those statistics for you and we'll add to the submission, but it's very, very minimal at this point, and it comes at a very prohibitive cost for caregivers, family members and so on.

Mr. Peter Tabuns: I've heard recently that there are significant health impacts on caregivers if they are trying to look after someone, alone, who has dementia, that the strain on them is substantial. Can you give us some sense, again, of the health impacts on caregivers in that situation?

Ms. Gale Carey: Absolutely. Often what we find is that people diagnosed with Alzheimer's tend to live a long period of time, and the strain then becomes for family members and that circle of friends and supporters. As we alluded to in the submission, depression is huge, particularly with caregivers, and the impact in terms of lost time at work and having to quit work.

We find, actually, that in many cases where it's a spouse looking after another spouse, often the spouse who has not been diagnosed with Alzheimer's will succumb to other illnesses prior to the person who had been diagnosed with the disease, simply because people can live for an extended period of time with the disease.

Once again, we will look for and provide you with those statistics; I don't have them with me right now. But it is something we're grappling with at the society: the caregivers.

And when we talk about the clients, often when we have to give our reports in terms of our local societies and how many clients they are working with, many of the reports are asking for only the person who has been diagnosed with the disease, when we find, with the societies, that the clients are actually the caregivers. In the early stages we can work very extensively with the person diagnosed, but as they start to move through those stages, it's the caregivers and the family members who need that extensive support and counselling. They need to know who they can access. They need to know when the time is right, when they need to move their loved one into care and that kind of thing. So it really becomes a challenge for us, simply because we're not counting the

caregivers equally to the person diagnosed, although their problems could be far more extensive.

Mr. Peter Tabuns: Thank you. I don't have any other questions, Mr. Chair.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

Ms. Gale Carey: Great. Thank you so much.

MS. AMANI OAKLEY

The Chair (Mr. Pat Hoy): Now I would ask Amani Oakley to come forward, please. Her presentation was put on your desk earlier today. It could actually be quite far down, but if you look, you do have it there. It was put here earlier today.

I think you know what happens here.

Ms. Amani Oakley: I do.

The Chair (Mr. Pat Hoy): You have 10 minutes, and there will be five minutes of questioning following that, this time coming from the government. Just state your name and we'll begin.

Ms. Amani Oakley: Thank you. My name is Amani Oakley, and today with me I have a number of individuals who also share concerns with schedule 15, which will be the focus of my comments today. I have Larissa Cholodny on this side of the room. She's accompanied by Michael Leyden, on this side of the room; Joan Jaikaran, at the back; and Neil Oakley, who is my partner and colleague, another lawyer. Everyone has come on very short notice because of the concerns that they have regarding schedule 15.

I looked at the list of presenters today and I anticipated you already would have heard plenty about schedule 15, so I have submissions in front of you. I'm going to deal a little bit with the background, but I will want to skip ahead to some comments that perhaps you haven't heard today from others.

I am a lawyer. I practise exclusively in medical malpractice. I have done so for about 12 years at this point, but prior to that I was a medical technologist at Wellesley Hospital; I spent 10 years there. I also worked at Toronto East General Hospital. I sat on numerous committees while I was a medical technologist, including the president's staff advisory committee, the laboratory quality assurance committee, and dozens of others that I was either on or assisted in putting together. As well as that, I've spent a considerable period of time being the spokesperson for the Toronto Health Coalition in Ontario. So today when I'm speaking to you, I hope that you'll recognize that I am bringing a perspective that is not just that of a lawyer who represents injured people, but also a front-line health care worker and someone who was very active in ensuring that our health care system met the expectations of the people of Ontario.

Bringing hospitals under the freedom-of-information legislation in Ontario, as everyone knows, was a very, very long time coming. Dr. Cavoukian, on several occasions, made comments to the effect that she was, in fact, a little mortified when she would meet her provincial counterparts and find that Ontario remained the only jurisdiction where hospitals were not under the freedom-of-information legislation. You do have to ask why Ontario taxpayers were not considered important enough to have their right to access information about their local hospitals recognized until well after the taxpayers in the rest of Canada were granted that right.

There's no question that Premier Dalton McGuinty and Health Minister Deb Matthews should be commended for finally bringing forward legislation which would entitle Ontario taxpayers to have the same right to scrutinize their hospitals as most other Canadians have. At a time when the people of Ontario needed to hear from their government that steps would be taken to ensure greater transparency of taxpayer-funded institutions, the Liberals did the right thing and introduced the Broader Public Sector Accountability Act.

I wonder, then, why we are now moving in the wrong direction—and we are doing that. Right on the Liberal website, there remain at least two news releases talking about greater accountability and the need to answer the people of Ontario regarding what goes on in taxpayer-funded institutions such as hospitals. I have excerpts from both of those news releases in my materials.

Speaking on behalf of many clients and patients today, I want to speak about the effect of adverse events and the reason why you should not be considering schedule 15 as an essential part of the budget bill or, in fact, in any other sort of bill.

I'm going to move right to page 5 of my materials, for any of you who are following along.

I am, unfortunately, well aware of the argument that has been advanced by lobbyists for the hospital sector to supposedly justify this exemption of documents from public scrutiny that is being proposed under schedule 15. Minister of Health Deb Matthews justified the reintroduction of this proposed wording, which had already been defeated, by saying that she had spoken to hospital sector representatives. I haven't heard any of them here today. I'm not sure why they're not here, in a public forum, so that the rest of us can hear what justification they could possibly have to seek this backwards piece of legislation. It makes no sense to me, and perhaps it's because they've already had the opportunity to speak to government representatives, but I haven't heard. I think you heard several people here today caution you and say, "Don't simply go by what they are telling you. Ask for evidence." That is going to be a big part of what my submissions are about today.

I want to move to page 6. I'm talking about these assumptions, and I've heard them here today again. I've heard that hospitals and other researchers spout what I'll call nonsense about the fact that we must move away from a culture of blame in health care before we can reduce the level of adverse events. The concept behind this assertion is that, supposedly, if health professionals feel that they will be blamed or may be liable in litigation, then they will not come forward to admit that they have made an error. Going hand in hand with this assertion is the suggestion being made by the hospital sector, again without evidence, that more information

going out to the public will raise the number of lawsuits instigated against hospitals and/or health care professionals. Finally, the prevailing concept out there is that people don't really make individual errors. The errors made are supposedly as a result of systemic problems, and so it would be unfair to single out and penalize individuals. I'm going to deconstruct these issues, and my suggestion to you is that they don't hold water.

First, there's no evidence that health professionals will come forward in greater numbers if they are shielded from blame, and there is equally no evidence that health professionals require these protections to do the right thing and admit when they have made an error.

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Secondly, the available evidence is in fact contrary to this assertion. New Zealand, which has had a no-fault compensation system for medical errors—in other words, you don't need to prove that someone was at fault to get compensation in New Zealand in medical malpractice—has not seen any appreciable increase in the reporting of errors by health professionals when compared to jurisdictions such as Canada.

Third, members of this committee have heard from organizations that represent nurses, medical laboratory technologists, radiology technologists, physical therapists, respiratory therapists, hospital porters, nursing assistants etc. Every single one of these organizations was opposed to allowing hospitals to shield information from patients. Clearly, these professionals are not balking at reporting errors when they occur. They are rejecting the need for a secrecy shield.

Fourth, it is nothing short of insulting to suggest that health care professionals will not come forward and honestly report the occurrences of errors if they are afraid of repercussions. The vast majority of health care professionals are people of high moral fibre and integrity who went into health care because of their commitment to help patients in their time of vulnerability and need. To suggest that a nurse wouldn't admit to giving a patient the wrong medication or that a medical technologist wouldn't admit to mixing up blood samples is simply unsupportable by any true evidence.

When studies are done asking health professionals whether they are more likely to come forward if they don't have any blame assigned to them, are we surprised by the answer? If I could come forward and say that I screwed up and my name isn't attached to that and no blame comes to me, of course I'm going to say I prefer it. That is not the same thing as asking, "If you made a mistake and it affected patient care, would you come forward anyway?" I think that's the question that has never been asked. Who wouldn't prefer no repercussions? But that is not needed here. I think that we are dealing with people of high integrity who simply would not balk at coming forward when patient care is at issue. There are going to be some people who need that. Do we really need to structure legislation to deal with that small percentage of people who won't do the right thing unless they're shielded? I don't think so. If they weren't going to come forward anyway, I don't think the legislation is of assistance.

Fifth, there's absolutely no evidence that giving more information to patients means that lawsuit numbers will rise; in fact, the evidence is exactly the opposite. In the United States, where a few hospitals have taken the courageous position that regardless of the circumstances, patients are entitled to know the full details of errors—and the hospital has even assisted patients to file a claim—lawsuit numbers have plummeted, and the amount of money that is paid out per lawsuit is reduced. That's the truth of what happens. Do you know why? If you think about it, you have a close relationship with the people who are looking after you in a health care setting. You don't want to sue them. The people who come to me are not chomping at the bit to sue doctors and nurses; they're doing it because it's their last option, because they've tried other things and it hasn't helped.

The Chair (Mr. Pat Hoy): You have about a minute left for your presentation.

Ms. Amani Oakley: Thank you.

Schedule 15, in fact, creates an incentive to sue. When patients are unable to obtain information about things like surgical complication rates, post-operative infection rates, readmission rates etc. through FOI requests, they would be entitled to obtain this information through litigation, if it's relevant to the litigation in question—not the quality committees that you heard about earlier. That is exempted, but this section, 15, would not be. What you've created is a scenario where people need to come to a lawyer if they want information which is being exempt under schedule 15.

People have a right to sue. People are injured, and if there is no scheme available to assist them in that injury, then that is what the legal system is for. We need to stop acting like this is a bad thing. Lawsuits often spur on changes and improvements. In fact, every lawsuit ought to be used by hospitals as an example of what went wrong and what we can do to repair things.

The prevailing intelligence is that individuals make mistakes because of systemic errors—sometimes yes, sometimes no. Still, the person has to understand their responsibility as a professional. As a lawyer, if I'm talking to you about limitation periods, and I miss a limitation period for my client, I'm going to face a lawsuit. Is it probably because I'm overworked? Yes. Is it still my responsibility? Yes. The same goes for hospitals.

Remember that all compensation paid to an injured patient is taxpayer funds. When we talk about a balance, the balance goes to the taxpayer and to the patient. If we happen to be successful in litigation, the money that is paid to my injured client comes from taxpayer funds. So, by the way, does their entire defence. I am facing off against taxpayer-funded defendants on the other side.

Lawsuits are indeed stressful, regardless of which side you're on. But again, you've got a scenario here where, if the health care professional has done the right thing in a hospital setting, the hospital will almost always cover them. They do not have to go find their own lawyer.

Again, it is an inconvenience, it is a difficulty, to know you're facing off on a lawsuit. But why don't we think about the person who has been injured on the other side, who doesn't have resources, who has to find out of their pocket money to get a lawyer and to fight a huge system here?

The Chair (Mr. Pat Hoy): I'm going to move to questioning now.

Ms. Amani Oakley: Okay.

The Chair (Mr. Pat Hoy): The questioning will come from the government. Mr. Flynn.

Mr. Kevin Daniel Flynn: Thank you, Ms. Oakley, for your presentation. I'll tell you what I propose to do. You kind of rushed through the end there; I'm going to ask you basically one question that I think you can answer really quickly. You and I have each other for five minutes; if you want to use the rest of that time to maybe expand on anything you weren't able to in your presentation, feel free to do that. But as I understood what you said, you were quite happy when the Broader Public Sector Accountability Act and the changes were proposed.

Ms. Amani Oakley: Correct.

Mr. Kevin Daniel Flynn: And what you find offensive is the amendment that is contained in schedule 15?

Ms. Amani Oakley: Correct.

Mr. Kevin Daniel Flynn: Okay. I understand that completely. If you had anything else to add that you had to rush through at the end, take the time to do that.

Ms. Amani Oakley: What I will say is this. As I said, the question has come up repeatedly today, and I would like to address it directly. That is this question of balance and the question of whether names need to be blocked out and that sort of thing. I think Natalie Mehra, with the Ontario Health Coalition, mentioned it earlier: You need to ask people why that's necessary.

You should not have a knee-jerk response to this: "Oh, yes. Well, names shouldn't be mentioned." Why not? If you have the same doctor who has been involved in 20 infections from surgery, is there some reason why that doctor should be given the entitlement to have his name blocked off as opposed to the patient who wants to know, "Why did I get a post-operative infection?" and, perhaps, finding out that the same doctor has been involved over and over again in these issues? If you think about it, in any other area of society—if I go to the Bay, and someone is rude to me at the counter, I'm entitled to find out who that person is. Why then am I not entitled to know what nurse took my blood in emergency? How could that be less important than the person at the Bay who treated me rudely at the perfume counter?

I think there's this knee-jerk thought that says, "Oh, we can't let names out." I would agree only on this: The names that should be protected are of people who may be coming forward to report on someone else's injury or issue. But for the people who have been involved in giving the wrong medication or the wrong dose or hanging the wrong blood and infusing it, I don't understand why that person should be given any more right than, let's say, a police officer. He is not allowed to shield his name from me. In fact, in the hospitals, they must wear name tags. How odd then that when I then come back and say, "Which nurse hung my blood?" the answer would be, "We're not allowed to give you that."

Generally, with freedom-of-information legislation, the question is asked whether the information relates to a person privately or whether it relates to a person in employment. If you are a nurse or a doctor or a technologist, and this is your employment, and this is how you are involved, then the person asking the question is entitled to know your name. It is so with every other sphere. I don't know why there are the hallowed halls of the hospitals that you step into, and whereas I can figure out if a police officer beat me up behind a cruiser, I'm not allowed to know who gave my father the wrong medication so he ended up dying.

I would say, always ask for evidence. So far, I'm not hearing evidence. I'm hearing the sort of repeated words that sound good. It's like when everyone jumped on the bandwagon and said Gordon Lightfoot died, right? It went around all over, and everyone reported it. Gordon Lightfoot had to come out and say, "I didn't die."

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Let's not do that here. Do not assume that people will not come forward, because these are professionals. I will tell you, I have myself encountered this when I was a medical technologist. I mixed up samples. I freaked. I was alone; I was doing an evening shift. I mixed up a sample. I called the doctor at home, because I thought the patient had a really high glucose, but they didn't. The answer was—the next day, I told my supervisor what had happened. That's the right thing to do. I don't think we should be rewarding people who somehow bury that mistake.

Those are my points, unless, Mr. Flynn, you have any follow-up for me.

Mr. Kevin Daniel Flynn: No, thank you. It was a good presentation.

Ms. Amani Oakley: Thank you very much.

The Chair (Mr. Pat Hoy): Thank you.

MS. LORRAINE BLUE

The Chair (Mr. Pat Hoy): Now I call on Lorraine Blue to come forward, please. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning. In this case, it will come from the official opposition. Just state your name and you can begin.

Ms. Lorraine Blue: Thank you. Good evening. My name is Lorraine Blue. I would like to just apologize for the fact that I left off that this is dealing with Bill 173, schedule 15, and also for any typos that you will find in this document. I had to operate under the time restraints that I had.

First of all, I would like to thank you for providing me with this long-awaited opportunity to speak to you on behalf of my deceased father, Christopher Francis Blue,

as well as for all Ontarians who use and pay for the publicly funded Ontario health care system.

I am also here today at the insistence of Justice L.B. Roberts of the Superior Court of Ontario, before whom I appeared as a self-represented litigant speaking out for my deceased father and all Ontarians. I will reference court file number 07-CV-325957PD1.

To be clear, I sued in frustration as a last resort, so that the truth would be told in the death of my father. Unfortunately, that has yet to happen. I wanted, and am still actively seeking, accountability, justice and transparency in the Ontario health care system in its entirety, and access to information that, in a democracy, must be available to the public.

I was offered the sum of $10,000 by University Health Network and the medical transportation company involved and told that if I took this money, I could never speak of my father's case again or I would be sued. I refused this money, as I considered any monetary compensation as blood money, because this would not bring back my father and it would not right the wrong that had occurred, especially for people who still put their lives in jeopardy using the Ontario health care system.

My father died needlessly, and I want to ensure that his life and his death have a positive outcome for all. That is why this amendment to Bill 173, schedule 15, is being opposed by patients like me. I oppose the hospital secrecy law on the grounds that the public must have a right to know what is going on in hospitals funded by taxpayers.

In her endorsement of May 25, 2009, Justice Roberts states: "While I appreciate that Ms. Blue feels strongly about her action, for the reasons that I set out in my endorsement of April 14, 2009, Ms. Blue does not have a cause of action against the Ontario Ministry of Health. It is up to the Legislature and not the courts to decide whether or not it is appropriate to make the changes to the health care system which are advocated by Ms. Blue."

I was horrified to learn that the Ontario Ministry of Health does not owe a duty of care to any individual who uses the Ontario health care system. This means that there is no accountability to anyone in Ontario using the health care system and no place to lodge a complaint. The UHN hospital ombudsman, Sharon Rogers, who happens to also be on the Ontario sunshine list, refused to do her job when requested repeatedly by family to do so. I'm just going to reference; you can see the attached document from UHN, which is the patient relations mission statement. She violated every single one of the mission statements.

I have also learned that the Ontario Ombudsman's office does not have any oversight on hospitals. I strongly urge the Legislature to ensure that this power be given to the Ontario Ombudsman.

I am here today to tell you my father's story, which I am hoping will effect positive change, accountability, transparency, access to information and, ultimately, justice in our free and democratic society. Now even more than ever, the amendment to Bill 173, schedule 15, needs to be defeated so that this can occur and Ontarians can be safe using the health care system, accessing important information and knowing that someone is accountable.

In January 2005, my critically ill father, aged 70, passed away at Sunnybrook Hospital after being forcibly removed, on a freezing January night, while in unstable physical condition, without coat or shoes, from Toronto General Hospital, part of the University Health Network, as staff involved were videotaped laughing outside the hospital. This was actually on the news. I'd like to please refer you to the attached media articles that I have provided to you:

—the Toronto Sun, Saturday, January 8, 2005, entitled "Health Care Squeeze Play." This was the front page, continued on page 5, by Kevin Connor;

—Toronto Sun, Tuesday, January 11, 2005, "A Rough Ride for Stroke Patient," by Kevin Connor;

—Globe and Mail, Friday, January 14, 2005, "Patient's Family, Hospital at Odds," by James Rusk;

—Toronto Star, Friday, January 21, 2005, "Hunt on to Find Hospital CEO," by Tanya Talaga and Sharda Prashad;

—Toronto Star, January 24, 2005, "Family: Probe Death of Dad, 71," by Debra Black.

Also, please see the letter dated January 5, 2005, from the law firm Bennett Jones and University Health Network lawyers—Eric Hoaken, specifically—ordering the removal of my father by Friday, January 7, 2005, by taxi, for which the hospital will bear the expense, while my father was critically ill, his blood pressure 80 over 60, paralyzed and unable to speak.

I should note for the record that this story was covered Canada-wide by CTV News, Global News, City TV, OMNI News multilingual channel and many other media not mentioned here.

Dad was discharged against his will by a physician at University Health named Dr. Howard Abrams, who did not have legal consent to treat my father, and did not have it from the substitute decision-maker, who I was. On Wednesday, January 5, 2005, Dr. Howard Abrams attached a handwritten note to the CCAC form, stating, "CCAC form provided to Mr. Blue as a courtesy. TGH physician"—underlined and in bold—"not to sign. Mr. Blue can take form to family doctor to arrange CCAC assistance," signed Dr. Howard Abrams. That form is attached for you with the letter.

He ticked off on the CCAC form, as a courtesy to my father, that my father only needed speech therapy in his critically ill condition. All he needed was speech therapy, but somehow he was going to take this form himself—paralyzed and unable to speak—to a doctor to get assistance on a cold January Friday night.

It is my understanding that no other physician saw or assessed Dad at any point over the next two days before Dad was forcibly removed on that sub-zero night on Friday, January 7, 2005. Dad was taken, at UHN request, to his home, against his will, the will of his family and his lawyer Amani Oakley, who just spoke before you, by an unqualified medical transportation company, which is

currently being investigated as part of the Ombudsman SORT team, and he was left on the cold street in front of his home on a gurney.

Our family requested that Dad be transferred to another hospital because clearly—and I'm not a doctor—he was critically ill, but our request was denied. I personally phoned 911 from my cell phone, and EMS arrived. They assessed Dad as being critical and transported him to Sunnybrook Hospital, where he was admitted, put on life support and dead within a week. Clearly, you don't need medical records to see that somebody wasn't telling the truth.

UHN CEO and president Tom Closson, who resigned from the hospital the night my father died—and I refer you to the Toronto Star article from Friday, January 21, 2005, "Hunt on to Find Hospital CEO"—was intimately familiar with the details of my father's lack of care, as I kept him abreast of the situation via numerous emails and phone calls during my father's time at UHN.

Closson, who is now the president and CEO of the Ontario Hospital Association, one of the main groups lobbying for this hospital secrecy law, was responsible for my father's removal from the hospital in his unstable condition. According to the two attendants with Paladin Medical Transfer who drove my father to his home, the president of the hospital—Closson himself—ordered them not to transfer my father to another hospital and to only take my father to his home. Why would you do that? Why wouldn't you want him to get assistance?

Here are some examples of the kinds of questions I would like to ask that the insurance and hospital lobbyists don't want to answer: How many patients have been discharged without consent and without an assessment by a staff physician in their care within their last six hours in hospital? How many resulted in return visits to a hospital, and what was the outcome? How many situations like this resulted in investigation and binding recommendations? How many resulted in independent external investigations, for example, by the coroner's office, inquest or public inquiry? That certainly has not yet happened with my father.

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I attach for you a page from Andrew L. McCallum, Chief Coroner for Ontario, where this is what he states when I requested an inquiry into the death of my father: "Regarding section 20(b) of the Coroners Act, when deciding whether to call an inquest, the coroner must consider the desirability of the public being fully informed of the circumstances of the death through an inquest, bearing in mind that inquests are held to serve the public interest. For the purposes of administration of the Coroners Act, this office considers actions in the public interest to be those which advance the public good, especially as these relate to public safety. In this case, there has been extensive media coverage which has provided at least some information to the public. However, the issues that exist between your family and the University Health Network are private interest matters. It is clear that there was a major disagreement between you and the hospital regarding the appropriateness of discharge of your father. Careful review of the record does not reveal to me any broader substantive issue that would affect the greater public good. I therefore conclude that Dr. Evans correctly determined that there would not be a benefit to the public being informed of the circumstances of the death through an inquest. You are aware, I am sure, that there are other avenues which are appropriate to deal with legal responsibility. An inquest jury cannot make any finding of legal responsibility, as set out in S. 31(2) of the Coroners Act.

"The final matter considered by Dr. Evans was whether or not a jury on an inquest might be able to make recommendations directed to the avoidance of death in similar circumstances.... Given the severity of your father's medical disorders, I do not believe that a jury would be able to make recommendations which could be useful for preventing a death in similar circumstances....

"Therefore, based on the foregoing, I have determined that an inquest will not be held into the death of your father, Christopher Blue."

The Chair (Mr. Pat Hoy): You have about a minute left for your presentation.

Ms. Lorraine Blue: Okay. Sorry.

A few other questions that I wanted to ask that I would be prevented from asking would be: How long is the average wait time from the last staff physician assessment until you're discharged? What are the associated demographics? Are there any emails, internal reports, or meeting minutes regarding policies or practices about physician assessment before patient discharge?

In a Queen's Park committee hearing on November 23, Polly Stevens, vice-president of HIROC, testified that she specifically wanted to exclude answers to questions like: "Do you have physicians personally see patients before they are discharged?"

HIROC and OHA refused to define parameters or limit the scope of application for this hospital secrecy law, which will deny access to hospital quality information.

I should also mention to you that, prior to my father's removal from UHN, I had personal contact with my father's MPP, now Energy Minister Brad Duguid; Premier McGuinty and former health minister Smitherman. I was promised that Marnie Weber, the Toronto regional director of MHLTC, would assist my father and protect him against this unwarranted abuse of power. Unfortunately, these promises were empty promises which cost Dad his life.

I ask you to please see attached Smitherman's letter, date-stamped February 23, 2005, to the Toronto Health Coalition, which states: "Given the involvement of the Coroner"—I just read the response from him—"it is not appropriate for the ministry to undertake a review of Mr. Blue's case as it is now within the jurisdiction of the Coroner's Office.

"Thank you for bringing your concerns to my attention."

Since my father's death in 2005, I have repeatedly faxed, registered-mailed and phoned Premier McGuinty

to request a personal meeting with him to discuss my concerns and those of all Ontarians. There has never been even an acknowledgement or response to any of my communications, and I attach for you the latest letter that I sent to him, with the Xpresspost documentation, to both his Ottawa office and Queen's Park.

I must also advise you that my father's lawyer, Amani Oakley, had arranged a private autopsy for my father at Sunnybrook Hospital. Unbeknownst to the family and Amani Oakley, someone had contacted the coroner to take my father's body and perform an autopsy before our independent autopsy without notifying the family for over 48 hours. I have provided you with those documents, the warrants, in my papers here.

I made a request in October 2010, through the IPC, using the FIPPA laws, to request the entire contents of the coroner's file. The law orders that this material be released to me within 30 days of request. It is now six months later, and I am still waiting for the information and the results of my appeal to the IPC.

In closing, I hope that the story of my father, Christopher Francis Blue, a case study for change in the Ontario health care system, will be sufficient reason for you to vote against the amendments to Bill 173, schedule 15. This horrific event did not happen in Iraq, Afghanistan or Darfur. It happened about a block down the road here, in Ontario, at a so-called world-class hospital. Dad's case exemplifies how the system failed and how it prevents accountability for everyone. I did everything that I was supposed to do, but the system failed me and my father, and it still fails Ontarians to this day.

My dad is dead. May he rest in peace. I love him and I miss him dearly, especially at this Easter time, when you all get together with families and celebrate life. I can no longer do this, and I still don't have any answers as to why or how this happened to my father, despite my seven years of efforts to do so. Please, on behalf of my late father and all Ontarians, help us to now, even more, make a positive change. Vote down this amendment so that we can have hope for the future for our loved ones and all Ontarians. Let my father's life and death have been for a reason: to effect positive change in the Ontario health care system.

I thank you on behalf of my father, Christopher Blue, myself, and all Ontarians.

The Chair (Mr. Pat Hoy): Thank you very much. Mr. Barrett will ask the questions.

Mr. Toby Barrett: Thank you for coming forward to the committee. You've obviously put so much into this over the last seven years. I would hope that perhaps we can bring your work to closure. Mr. Miller and I will be putting forward an amendment, and we recommend that schedule 15 be scrapped, that it be removed from this legislation. It nullifies any effort to increase transparency or accountability in our health care system, in the hospital system. The existing legislation seemed to have a good balance there.

You're not alone. We started hearings at 8:30 this morning—there were several breaks because the Legislature is sitting—and it seems like almost half the presentations today are in agreement with what you are saying. I wondered if you wanted to say a few more words—we have a couple of minutes left—and I'll stop talking.

Ms. Lorraine Blue: Sure. The one other thing that I would like to mention is that I was a self-represented litigant in court. As you know, as Amani has mentioned, the other side had public funding and I had to do this on my own.

The last time I was in court, my lawsuit was dismissed. I told the court that I was there not only for my father but for all people in Ontario, so that we can make change in the system. Then the lawyers stood up—one for the hospital, one for the doctors, one for Paladin medical transportation—and they said, "Well, Your Honour, we think now that she should pay us $100,000 in court costs." I just looked at them and I said to the judge, "Well, Your Honour, you know what? I'm here doing what I think is the best thing to do to effect change. I had been told by Justice Roberts to come to the Legislature. Premier McGuinty refuses to meet me. I can't get anyone else to do anything, so this is my only way of trying to effect change and ask for someone to hear me, to make a difference." I said, "I put their lives, our lives, in the hands of"—this is the Ontario Superior Court. "If you feel, after hearing my father's story, that I should pay these people $100,000, so be it." And the judge looked at them and said, "Zero."

It's a dissuasion for people. People want to come forward, but it takes a lot of effort out of you, and time, and there's the threat that maybe you could lose your house or something, and that's not right.

Mr. Toby Barrett: We have to have people come forward to continue to improve our health care system. It's like the centuries in marine—like shipwrecks. You learn something from every shipwreck. There's often an inquiry, and there are improvements made in ships and boats with every tragedy, with every mistake.

Ms. Lorraine Blue: And there should be some format for people to have an inquest or something that's not just dependent on having the coroner say so or something. It must be much more user-friendly. I guess that's what I want to say. Right now, it's hard to access.

Clearly, my dad's case was not just between the family and the hospital. This story went across Canada. It affects all people who use health care. Someone should be able to say, "We need to investigate this." The Premier himself should be able to say that, and I believe he can, because he requested an inquiry into police treatment of someone in Ottawa. But something down the road here—I don't know why we're not talking about it and dealing with it.

Mr. Toby Barrett: Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

Ms. Lorraine Blue: Thank you.

The Chair (Mr. Pat Hoy): We are adjourned.

The committee adjourned at 1750.

ERRATUM

No.	Page	Column	Line(s)	Should read:
F-25	616	1	24-27	**Ayes** Albanese, Bisson, Flynn, Jaczek, Leal, Norm Miller, Pendergast.

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