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(Hansard)**

Wednesday 6 November 2002

**Journal
des débats
(Hansard)**

Mercredi 6 novembre 2002

**Standing committee on
government agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

Chair: James J. Bradley
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Wednesday 6 November 2002

Mercredi 6 novembre 2002

The committee met at 1002 in room 151.

SUBCOMMITTEE REPORTS

The Chair (Mr James Bradley): I'll call the meeting to order. We have two subcommittee reports, the first one dated Thursday, October 10, 2002. I'll read it for you.

Mr Bob Wood (London West): I'm satisfied with it.

The Chair: And you're prepared to move it?

Mr Wood: I am.

The Chair: This is the subcommittee report: there were no selections on October 10, 2002. Any discussion? All in favour? Opposed? Carried.

The other one is for Thursday, October 31, 2002: no selections.

Mr Wood: I move its adoption.

The Chair: Adoption is moved by Mr. Wood. All in favour? Opposed? The motion is carried.

INTENDED APPOINTMENTS

CHRISTINE TEBBUTT

Review of intended appointment, selected by official opposition party: Christine M. Tebbutt, intended appointee as member, council of the College of Audiologists and Speech-Language Pathologists of Ontario.

The Chair: Welcome to the committee, Ms Tebbutt. As you probably know, you have an opportunity to make an initial statement, should you choose to do so. Subsequent to that, questions will come from members of the committee.

Ms Christine M. Tebbutt: Thank you. I'll start by making a brief statement. Members of the panel, I sincerely appreciate being given the opportunity of speaking before you today. My name is Christine Tebbutt, and I'm a resident of Mississauga South. My interest in being able to join the council of the College of Audiologists and Speech-Language Pathologists stems from the fact that my husband, Bob, has just recently undergone care and fitting of a hearing device. As well, my son Jeremy had a cholesteatoma removed from his left ear. It was one of the largest the Hospital for Sick Children had seen. Thankfully, it was successfully removed over a period of several years. My son is now 15 years old. He will always suffer from a slight hearing

loss on good days, and on bad days he gets severely under the weather.

I have no other credentials, only the ferocity of being the mother of a child who has suffered great ear pain but who has also received great kindness from Dr Friedberg of the Hospital for Sick Children's ENT clinic. I see this board as my way to witness and to participate with these two professions that have made such unique contributions within the health system of Ontario. I have read as much information as I have been able to research. Although I believe that the system does not require dismantling, recent cutbacks and erosions are troublesome.

I think there is a need to expand delivery of audiological and speech-language therapy services through better public awareness programs and also that these services are delivered with care to make them sustainable and cost-effective to the general public.

I applaud the Ministry of Health for their initiatives in the preschool speech and language systems, as well as speech-language pathology services in the home care system. I also look forward to being part of a new community that recognizes the abilities and contributions of its members and that I, as a public appointee, will keep the best interests of the people of Ontario close to my heart.

I hope that my contribution would be one of support to the board, to help coordinate a more effective strategy to ensure public awareness and, therefore, better access to audiologists and speech-language pathologists in Ontario.

The Chair: Thank you. We commence our questioning with the third party.

Mr Tony Martin (Sault Ste Marie): Good morning. My first query would be, given there's a variety of opportunities to participate in this way, playing the role of watchdog or giving advice or whatever to government agencies and boards, besides the fact you had some personal experience that gave you some insight, maybe you could share with me: why this as opposed to others? Did you look at anything else that you might have an interest in in terms of an appointment?

Ms Tebbutt: Yes, I did scroll through everything that was available on the Net, and I ended up choosing this board.

Mr Martin: What are some of the issues you've identified as needing to be addressed by this board?

Ms Tebbutt: Public awareness.

Mr Martin: Given the fact the board is overseen or governed by the Regulated Health Professions Act, are

there any issues you're aware of there that are of concern?

Ms Tebbutt: There are several issues, but it's all within the mandate that's been given to the board that I would be required to work under.

Mr Martin: Are you aware of the Regulated Health Professions Act at all and what it calls for?

Ms Tebbutt: Yes, I've read through it. Hopefully, I will get much better at it.

Mr Martin: Any idea as to the challenges faced by people in this profession in places like northern Ontario?

Ms Tebbutt: Because they are not able to get to physicians for referrals.

Mr Martin: They're also not able to get lots of other professions as well. I see in my own newspaper, on a fairly regular basis, advertisements for speech pathologists and audiologists by school boards, health units etc, but they don't seem to be able to attract them or keep them. Do you have any idea why that might be?

Ms Tebbutt: I think it's also because there are just three universities, aren't there, in Ontario that offer this program. That's one of the reasons I'd like to do a much larger public awareness program, so we can attract more students into both these professions.

Mr Martin: OK. Those are all my questions.

The Chair: We now move to the government side.

Mr Wood: We'll waive our time.

The Chair: The government has waived its time.

Mr Norm Miller (Parry Sound-Muskoka): Wait.

The Chair: Oh, sorry. Mr Miller. I'm glad you're able to participate.

Mr Miller: I'm glad to be here. I just wanted to make a point of introducing my son Winston, who is here today on "follow your dad to work day." Winston, would you stand up?

The Chair: Winston, I think it would be a good idea for you to come up beside your father so the camera can catch you. If the committee will tolerate this, you can come up for a moment and stand behind your father so the camera can get you, and everybody in the province will know you're here today.

Mr Gerry Martiniuk (Cambridge): And you're not playing hooky.

The Chair: Even though we can't see it in our own monitor, people across the province can be looking at this now. Welcome to the committee. It's very nice to see that. Any other questions from the government?

1010

Mr Wood: We'll waive the balance of our time.

The Chair: It's now 10:10. I'm going to move out of the Chair for a moment and direct some questions.

The Vice-Chair (Mr Michael Gravelle): That being the case, I will ask the official opposition if they have any questions. I presume, Mr Bradley, you may have one.

Mr James J. Bradley (St Catharines): Yes, I do have some questions. This is regarding the whole situation with audiologists that exists in the province. I have been contacted, as some members have, by people who have provided a service in years gone by and now are

prohibited from doing so. I'll bring this matter to your attention and I'll just get you to comment, if you will. I understand that it's not easy to comment in these circumstances.

There is an individual, for instance, who is an audiologist. There was new legislation, as you would be aware, in 2001 governing audiologists. Since the new legislation came into effect, this individual's practice—he's an audiologist—has dropped considerably. He's now obliged to bill OHIP through an ear, nose and throat specialist's office, which means he must give up his office and move in with a specialist.

Since the new legislation, ear, nose and throat specialists have started selling hearing aids. In the past, only audiologists sold hearing aids. He compared this situation to that of an ophthalmologist and optometrist: the optometrist sells glasses and the ophthalmologist does not. This allows them both to make a living. He would like to know about the legislation. He presently has over \$355,000 worth of equipment and his overhead is usually \$260,000 a year.

Here is a person who was an audiologist and who is now, as a result of legislation, forced to work with an ear, nose and throat specialist. Before, this person used to work directly with the public, make a living—that's not primarily your concern or our concern—providing a service, and now he is not. Do you have any comment on that? Is there anything you would have to say about that?

Ms Tebbutt: No, I'm sorry I don't.

Mr Bradley: I would just want to alert you that that may be something you may be confronted with as information comes forward in this regard. I just thought this was an ideal opportunity to mention this, because this is the board we're dealing with. This was a significant change made by the government of the day, the present government, which I think all of us would know garnered some considerable opposition—and there would be some support for it as well. So I simply alert you to the fact that you may be hearing, indirectly if nothing else, from people who are in that situation.

Do you believe that audiologists themselves should be able to work independently of ear, nose and throat specialists?

Ms Tebbutt: It's a little bit unfair for me to comment on that because I would want to go on the board first to understand all the issues.

Mr Bradley: OK, I will leave it at that. I know Mrs Dombrowsky wants to ask questions now. Thank you very much. I know I caught you off guard with that. I'm not trying to be unfair to you; I just thought I'd put that out there because this is definitely an ongoing issue with both the patients of audiologists and certainly with audiologists themselves. So I'll leave that with you and I'll pass it over to Mrs Dombrowsky.

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): I'm very happy to follow up on the line of questions Mr Bradley has initiated. There has been a change very recently. People in Ontario previously were able to access hearing services or hearing

tests at the offices of audiologists. Now they are required to do that at the office of a medical doctor.

It has come to our attention, and I find it rather strange that in medical schools, doctors are trained in this particular area—medical doctors, not specialists, of course. ENT specialists have additional training in this area, but family doctors receive their training from audiologists. Now the law has been changed, which will prevent those people who actually train doctors in this area from providing the tests that doctors will now provide. I'm sure you might appreciate why, for many people who access these services, this is much more than passing strange.

It also compounds the challenge for individuals to access these services, given that in many communities in this province there are doctor shortages. So people who before were able to access hearing tests, because there were audiologists who were providing them within the community, now have the challenge of being required to obtain these same tests at a doctor's office. If they have not been able to obtain a family physician, it becomes almost impossible for them unless they then go to a specialist. I think we know that in order to acquire an appointment at a specialist's office, you need to be referred by a family doctor.

I offer this to you to provide you with some background and understanding around the problems that are out there. As a user of the service—you indicated in your opening remarks that your family has had occasion to access these services—I'm sure you can appreciate the great frustration that an individual in need of this particular service would have if they couldn't get it.

I guess my question is a preamble to a question for you. As a member of the college, do you think you would have a role to play in terms of advocating for better access to these services for the people of Ontario, and perhaps a reconsideration of the expanded role that audiologists once enjoyed, no longer do, but probably should?

Ms Tebbutt: I do understand the problems that audiologists face. I think within the last couple of months that's all I've heard from the gentleman who fitted my husband's earpiece. I have a family experience through Sick Children's with my son as well as with my husband. I do realize that audiologists too have a minimum amount of education that has primarily been on audiology, whereas family physicians have a part of that education. I do understand those problems and I look forward to being on this board so that I could continue to explore and see if there is more awareness, more public acceptance, but to work within the guidelines of the board.

Mrs Dombrowsky: I guess my question is, do you think you have a role to advocate on behalf of the patients for better access to these services? Their access, in my opinion, has been limited as of June 2001. I'm sure you can appreciate the frustrations there are within communities now because services that were once easily available to people who had hearing problems now have challenges of making appointments with doctors, if they

have a doctor—and that is a crisis in many communities in Ontario. My concern is for those people who require these important services and are not able to access them now because of the physician shortage in the province.

I wonder if you think you might have some role in advocating for better access for people who require these services. I know you're part of a college, but does the college have a responsibility in any way to advocate?

Ms Tebbutt: I don't know.

Mrs Dombrowsky: OK, thank you.

1020

The Chair: Mr Gravelle, you have time for one question.

Mr Michael Gravelle (Thunder Bay-Superior North): I'm a little taken aback, may I say, that you didn't do more research related to this particular position. The question is—I have a couple and I haven't got time—did you decide there was no point, because you were a public member, in actually doing research on some of the issues associated with audiology, because there are some very sensitive issues we've obviously been trying to bring forward during the interview with you today. Did you decide it wasn't necessary to do that or did you deliberately decide you didn't need to do any research before you appeared before the committee? It just strikes me as strange that you aren't more familiar with some of those issues.

Ms Tebbutt: I thought I did quite a lot of research, having been involved with audiology on a personal basis, and now I'm trying to understand the issues surrounding it. I will keep on trying to understand and properly fulfill those duties.

The Chair: That's it, Mr Gravelle. I'm always the one who seems to cut you off, but there you are. That concludes the time allocated. Thank you very much, Ms Tebbutt, for being with us, and you may step down at this time.

Ms Tebbutt: Thank you.

The Chair: Our next intended appointee is unable to be with us today, Frank Scarpino, so we will have to move to the next individual—

Mr Wood: I wonder, on that point, if I might ask unanimous consent of the committee to extend the time to review Mr Scarpino by 30 days?

The Chair: Does everyone agree to that? All in favour? Opposed? Carried. Thank you very much, Mr Wood.

DONALD GREENHAM

Review of intended appointment, as selected by official opposition party: Donald Greenham, intended appointee as member, Social Benefits Tribunal.

The Chair: Our next intended appointee is here today. He was scheduled for 11 am, but he is prepared to be here now. This is Donald Greenham, intended appointee as member, Social Benefits Tribunal. Sir, you may come forward. Thank you for being here good and early, and we're able to bring you on early. As you are aware, you

have an opportunity to make an initial statement, if you see fit. After that, there'll be questions from the committee. I think you've observed that. Welcome, sir.

Mr Donald Greenham: Thank you very much, Mr Chairman, and good morning, members of the committee. I'm pleased to appear before you today to participate in the interview process concerning my potential appointment as a member of the Social Benefits Tribunal. I appreciate the opportunity to tell you a bit about myself and why I would be an asset on the Social Benefits Tribunal.

I'm married and have two teenagers, a 15-year-old in grade 10 and an 18-year-old in university. I began teaching when I was 19. In those days, you could go directly from high school to teachers' college and teach and get your degree later.

I was in the school system for 35 years as a teacher and guidance counsellor/social worker, and I might want to expand a little bit on that. It was a unique program started in 1968, in which the guidance counsellors spent their time going into homes, visiting students and parents. I used to attend court on behalf of students—once a week, actually—and visited homes, worked with parents and students to connect them with the right agencies, to help with their problems, including finding money. As I said, finding money, like back in 1968, seems to still be the problem.

I developed many unique programs for students at risk, such as a potential for personal life management credit courses and a truly alternate grade 8 program. I was instrumental, along with the Royal Ottawa Hospital, in introducing an early intervention program for potential alcohol and drug users in the school system. We ran evening sessions for parents of those students. I took many courses on mediation and conflict resolution, then introduced these programs in the school system, and then continued to make sure they ran in the different schools.

For the last four years, I've been a member of the Assessment Review Board. In this capacity, I've made over 20,000 decisions and over 200 written decisions, some of which have been precedent-setting in this province. The one I like to talk about is my glass silos decision. It took me a while to figure out what a glass silo was. It's fibreglass. I have continued to take courses on writing decisions, decision-making and interpreting legislation.

If I become a member of the Social Benefits Tribunal, I'm very confident I would look at each individual circumstance and make the proper decision by being sensitive, fair and independent. Everything I've read about the tribunal says it's independent, and that's the key to my wishing to be on this tribunal.

Mr Chairman, I'll be glad to answer any questions.

The Chair: Thank you very much, sir, and we'll commence with the government party.

Mr Wood: We'll waive the balance of our time.

The Chair: The government has waived its time. We will then move to the official opposition.

Mr Gravelle: Good morning, Mr Greenham. Congratulations on the fine work you've done over many

years. It's very impressive. I wanted to ask you, if I can: this is obviously a highly sensitive position, the Social Benefits Tribunal. Certainly, I've had some great concerns over the last seven years with the reforms the government has made related to social assistance and social welfare. I would love to have your thoughts on it specifically, if you're able to.

One of the more cruel realities is the fact that one of the first things this government did back in 1995 was to cut back on social assistance benefits by about 22% and has made no effort to recognize that the impact on people has been enormous. We have seen indications of that in terms of food bank use increasing and costs increasing, and people finding it more difficult to survive. I would love to get your thoughts on what your feeling is on whether or not the assistance level that is granted is adequate and whether it should be increased.

Mr Greenham: As I say, I've been out of being involved for the last five years and I haven't been able to see the impact of any of the changes. The one thing I do support is a very vigorous approach to fraud because the more you check on that, the more money you have for the people who really need it, and I really understood that initiative.

In the last couple of weeks, I've read as much as I can and I'm not prepared to say exactly what I feel because I haven't really seen it in action. The critics of the program seem to have zeroed in on adding the first layer. You now have to go and have a review locally before you can appeal, and some people objected to that. They've added that in the Assessment Review Board and it seems to work. It's a different line, so I don't know if that's good or not. I just read what the critics had to say about it.

Clawback might worry me slightly. That has to do with people needing assistance before they are heard and, if they lose the case, the money's clawed back. I haven't seen that in action, and it would be interesting to understand how that works. The new legislation has narrowed the grounds for appealing, but I haven't been in the system to understand. If you ask me this later, I might be able to give you an opinion.

But those are the three negatives that seem to come out of all the literature I read. What I'm saying is—and this was one of the reasons I wanted to do this—I think I would be fair and impartial when I listen to people and quite sensitive to the needs.

Mr Gravelle: What are your thoughts, if I may ask, though, on some of the issues that you yourself brought up? To add this extra layer—and it certainly is that in terms of people who want to appeal—do you think it's a fair thing to do? We've got people who are in very difficult circumstances; there's no question about it. They've been turned down and then before they can even get to the Social Benefits Tribunal, they've got to go through an internal review. Does that seem like a fair way to do it? It strikes me as being a barrier for people who are in difficult situations, some of them under enormous pressures, and I think one could argue that would be a way to eliminate a number of people from the system. You brought it

up; I'm just curious as to what you think about that particular level being added on.

Mr Greenham: Could you just give me the first part again, because I was—

Mr Gravelle: You made reference specifically to the fact that the internal review must take place. The extra layer has been added on to the system and I'm just curious as to what you think about that, whether you think that's fair.

Mr Greenham: If it leads to a review to check to see if there are mistakes made, it would speed up the process. I presume that's what the review is for, to check to make sure that the denial was proper and that they had looked at all the different materials and so on. That might speed up the process.

I was reading about the 10-day notice, that somebody has to respond within 10 days, and if they don't, then they go ahead and appeal further. As I said, I haven't seen it working, so I'm not sure. It might speed it up in some ways.

1030

Mr Gravelle: You made reference to welfare fraud and I'm curious as to whether you think that there is a great deal of fraud in the system or very little fraud in the system. What is your impression of fraud?

Mr Greenham: What I read was that there was a fair amount. I think \$52 million was recovered from people who were using the system incorrectly, I guess. I would hope that money would be channelled toward the people who needed it. I presume the people who are defrauding the government etc don't need it. Do you know what I mean?

Mr Gravelle: But is it your impression that there is a great deal of fraud? Because certainly one of the myths that has been put out there is that there is a great deal of welfare fraud, but indeed, it's really quite minuscule. I think those are the facts. I'm just curious as to your impression.

Mr Greenham: I'm not sure in Ontario. Being from Ottawa, on the federal side, I gather there is a fair amount of fraud in different things. When I was working in the system, I didn't think there was a lot, but we're talking the 1960s and 1970s.

Mr Gravelle: If I may, I'll pass it to Mrs Dombrowsky.

Mrs Dombrowsky: Thank you very much, Mr Greenham. I do appreciate the comments that you've made about fraud, because I certainly think we need to address any occurrence of fraud in any system of the government, and not just the social benefits system. So I certainly concur with statements you made around that. I would like to know, though: do you believe that reducing rates by 21% reduces fraud?

Mr Greenham: I don't think that was the connection. I don't think that was what the purpose was.

Mrs Dombrowsky: What was the purpose of reducing it by 21%? Do you have any opinion on that?

Mr Greenham: I'm going from what I read; I read as much as I could find. I read about the passive labour

market versus the active labour market, and the passive labour market is where people receive benefits without any strings attached, versus active, where they have to do something and so on. That way there might be a better control. I'm not sure, but I don't see the relationship between cutting the 21% and fraud, unless you're referring to the fact that if they didn't have such money they may have to go out and do fraud to get it. Is that it?

Mrs Dombrowsky: I guess maybe I was curious about your statement that the money they would recoup by addressing those areas of fraud would mean there was more money in the system for those who need it. I guess I was trying to understand how you would be able to make that connection knowing that there was in fact a 21% decrease.

With regard to active and passive labour markets, I certainly am familiar with those two terms and I'm also aware that with the active labour market strategies, while there is an expectation that there would be—it would require the recipient of the benefits to participate in certain things. Usually the provider of the benefits also provides resources that enable the participant. That would be supported training, supported child care and so on. So you can have an active labour market initiative where only one party is active. That's my understanding in any of the reading I've done on that particular issue.

I want to talk to you about some of the realities that I certainly deal with in my life as an MPP relating to social benefits and the fact that people, for example, who would look to receive Ontario disability support benefits and who have been denied, and who appeal that and would go to the tribunal, wait many months before their case is heard. Are you aware that they then wait many months before they receive their benefits?

Mr Greenham: Am I—

Mrs Dombrowsky: They do.

Mr Greenham: I know that when I started with the Assessment Review Board there were a lot of appeals 10 years back. At that time, they hired 50 new people to be Assessment Review Board members and we have now caught up. Maybe numbers are important; I'm not sure.

Mrs Dombrowsky: Yes. There are issues of backlogs before the cases are heard at the tribunal. I think those are important issues that need to be addressed to ensure that folks who are in this process receive a hearing in a timely way, but what is especially troublesome, I would suggest, particularly when they go to the tribunal, is that the tribunal would rule that in fact they should qualify, for example, for disability benefits. As you've already indicated in your research, I'm sure you're aware that in the interim they are probably on Ontario Works benefits, awaiting the determination of whether they will be receiving Ontario disability. Once it has been decided that they deserve those benefits, they can wait as long as six months following that to in fact get the appropriate compensation.

My question for you, Mr Greenham, is: do you think it would be appropriate for the tribunal to begin considering ordering the time frame for the appropriate compen-

sation to begin? Many people would say, "Look, it's gone through the process. The tribunal says we are definitely disabled. We qualify for benefits." Now they're waiting for the paperwork to be processed and they become victims of the bureaucracy.

I'm just asking you this morning if you, as an intended appointee to the tribunal, think you have a role to play to ensure that once you or your tribunal determines they are deserving recipients, their compensation happens in a timely way.

Mr Greenham: You're saying after a decision's made, there's a six-month waiting period?

Mrs Dombrowsky: There can be, yes.

Mr Greenham: I know in the Assessment Review Board I had some input on speeding it up and making decisions. I'm not sure if the tribunal works the same way. But if I made a decision and the people didn't get it within 21 days and I was contacted and so on—I presume that's probably how this tribunal works.

Mrs Dombrowsky: How is it that—

The Chair: I'm afraid that, just when you're wound up, I have to cut you off because your time is expired.

Mrs Dombrowsky: Yes, I was.

The Chair: I now move to the third party. Mr Martin.

Mr Martin: I listened very intently to your opening remarks. I think the most important comment you made from my perspective is on this issue of needing to be independent in order to make decisions based on the laws that exist and the person's personal circumstances.

I have to tell you that I've been very concerned that welfare and the use of welfare as a vehicle for political expediency has, in many instances, gotten in the way of people getting what they need to actually look after themselves and their children in this province for about seven or eight years now. It's with that in mind that I'm going to ask you a few questions because I want to determine for myself if I can support you or not on what I consider to be your independence and ability to act in that way.

Are you a member of any political party?

Mr Greenham: Yes, I am. I'm a member of the Progressive Conservative Party.

Mr Martin: As such, do you support their approach where welfare reform is concerned?

Mr Greenham: As I said, I didn't know too much about it until I started reading lately when I got interested in this and what I felt I could bring to this group. I think what you do as an independent contract or an independent member is you make decisions on what you hear at the time of the hearing and so on. To me, my job is to try to be as independent as possible and make decisions that are helpful to the—

Mr Martin: How did you find out about this appointment?

Mr Greenham: I was doing my job as an Assessment Review Board member in Cornwall and next door was a member of the Social Benefits Tribunal. We got there early and we started chatting. My preference is to work with people. What's happening in the Assessment Review Board is that we're into a lot of corporate appeals,

which means you see nothing but lawyers and you never see human beings. I like the idea that this person—

Interjections.

Mr Greenham: Sorry, I shouldn't have said that. This gentleman explained to me that it was independent and he could make decisions and so on.

1040

The other thing that has happened is that assessment appeals are down. I like the rural area, and I gather in the Social Benefits Tribunal they've got some kind of difficulty getting members to travel all over the province, particularly north. I said that's what I would enjoy doing and actually meeting people. What I would hope would happen when a person leaves my hearing is that they felt they'd been listened to. To me, that's the whole gist of the process.

Mr Martin: You've moved from one appointment with the Assessment Review Board to another appointment now with this tribunal.

Mr Greenham: Yes.

Mr Martin: The reason you moved was because assessments were down and you weren't getting as much business or—

Mr Greenham: No, it's the approach used with it. You see, with my first appointment you applied for the job because they were hiring 50 people at once. You had interviews and so on. It ends up being an appointment I guess at the end, but you had to go through interviews and so on.

Mr Martin: The government will make very bold statements that the number of people on assistance is down. All the statistical information that's coming out now would indicate that may be the case, but poverty has grown deeper and wider. Does that cause you, as a member of the Conservative Party, any concern in terms of the direction the government's taking?

Mr Greenham: I guess it would be a concern to any party, poverty and so forth.

Mr Martin: But this party in particular takes great glee in hammering the crap out of anybody who is in need or poor in the province, and using it for political purposes.

Mr Greenham: I really haven't got an opinion on that. I think changes in that area would come from the Legislature and members of Parliament.

Mr Martin: I'm just trying to determine your real independence here in your appointment.

Do you know about the issue of the clawback of the child tax benefit supplement where the federal government has put in a place a program that delivers anywhere from \$100 to \$200 a month to very poor families who need it to feed their children? This government has decided that anybody on assistance, which actually represents those who are most in need and most vulnerable in our province, that that will be clawed back dollar-for-dollar from any assistance they get from the province? Is that something you know something about or that you would—

Mr Greenham: No, it is not.

Mr Martin: Would you approve of that? Do you think that's a good policy?

Mr Greenham: Off the cuff, I don't know. At this time I wouldn't make a comment about that.

Mr Martin: Have you followed at all the Kimberly Rogers story out of Sudbury and what happened to her?

Mr Greenham: Yes, I did read about that.

Mr Martin: Do you have any thoughts on that?

Mr Greenham: The material I read did not go through the details on why she was confined to her house and what other rules went with it. What I gather was, she was taking student assistance and other assistance, which was illegal. She went to court and was charged and that was—

Mr Martin: Let me give you my perspective and then ask your comment. Ten years ago, it was legal to be on social assistance family benefits and to take out a student loan and go to school to try to better yourself. That was changed under this government.

Kimberly Rogers decided, after quite a period of time on and off assistance, to go into the workplace. She was a woman who suffered from bouts of anxiety, migraine headaches, depression and sleep disorder and was trying her darnedest. She decided to take out a student loan to go back to school. She was actually doing quite well, graduating with an A average in social work, and was looking forward to getting into the workplace so she could pay back the loan and become a contributing member of society.

She got caught in an exercise by the government—and they do this on a fairly regular basis. The eligibility review agency of the government goes over and over the caseload of social assistance delivery systems to find out if people are eligible. She was found to be in contravention, was charged as such and brought to court. Because she was found to be in contravention, she was cut off social assistance for three months, even though she was pregnant and had a child, and in the courts was given a penalty of some six months' house arrest. It was during that period of time, with a heat wave in Sudbury at that point, that she passed away. There's an inquest going on at the moment about that. Do you think that's the way we should be dealing with our most vulnerable citizens in this province?

Mr Greenham: As I said, the way you have stated it, it doesn't sound good. That's the first time I've heard more of the details than the case itself. I did read some other cases, and the one thing I did pick up from them was that Chief Justice Roy McMurtry, in one of his statements, said, "Those who award social benefits should be generous in deciding whether someone meets the definition of 'disabled,' and any doubts should be resolved in favour of a person seeking support."

I like that comment and that's what I'm going to build on. I don't see, as a member, being able to change anything other than being as straightforward and honest as possible when you're at a hearing, and being sensitive to what's being said.

Mr Martin: I have to say to you, rather sincerely, that I appreciate that last statement you made and I think that's exactly what should be going on. I guess in deciding whether I support or don't support your appointment this morning—not that in many instances it makes any difference here because the government has the majority on this committee—I need to be able to determine whether in fact, given your political affiliation and your understanding of the track record of this government so far, which in most instances has chosen to do the opposite of what Chief Justice McMurtry has suggested, in some instances to very crass political ends, that you would in fact act independently and follow the rule of thumb you've just shared with us here.

Mr Greenham: That's how I see my role. That's why I started my statement by saying I believe that the Social Benefits Tribunal is independent, and when I ask people and read the brochures, it says it is. I was very independent with the Assessment Review Board and I think that would be what I can offer.

The Chair: That concludes our time. Thank you very much, Mr Greenham, for being with us today.

Our next intended appointee is John S. Lacey, intended appointee as member, Cancer Care Ontario. To be fair to him, he was not scheduled to be here until 11:30.

Mr Wood: If Mr Lacey is not here, I would ask unanimous consent of the committee to extend the time for review of the following people by 31 days: Margaret S. Smith, David Stuart McCamom, Steven Rastin and Ross J. Laur.

The Chair: Thank you for the motion, Mr Wood. All in favour? Opposed? The motion is carried.

Mr Wood: I'm wondering if we could also interest the committee in doing concurrences re Ms Tebbutt and Mr Greenham now.

The Chair: I think that makes all kinds of sense, so I'll wait for your motion.

Mr Wood: I move concurrence re Ms Tebbutt.

The Chair: Concurrence has been moved regarding Christine M. Tebbutt, intended appointee as member, council of the College of Audiologists and Speech-Language Pathologists of Ontario. Any discussion, first of all, on the motion by Mr Wood? This is our first intended appointee. We're moving into this concurrence while we have some time. If not, all in favour? Opposed? The motion is carried.

1050

Mr Wood: I move concurrence re Mr Greenham.

The Chair: Concurrence has been moved regarding Mr Greenham. Any discussion?

Mr Martin: Sometimes in these instances, particularly where it comes to appointing people to boards that have decision-making power that can oftentimes affect a person's ability to look after oneself—and in this instance we already have in this province a case where, because she wasn't given the basics to meet her normal and regular needs, we have already had a tragic death in the province.

I think we really need to be careful. We have on one hand a regime within which people have to operate which has become very difficult to access and narrow in its application of flexibility and discretion. As I indicated in my interviewing of the appointee, we now find that even though we have fewer people on the social assistance rolls, according to many studies that have been done now and statistics that have been put out, we have more and more people living in poverty. In fact, we have more people living on the streets of Toronto today than at any time in our history.

Something is wrong, and we have to make absolutely certain that at least the system we put in place that people come to on appeal is independent of this very difficult approach that we've seen by this government where social assistance and welfare are concerned.

In my view, we should never be pushing poor people into the criminal justice system. It just doesn't make any sense to me. It clogs up that system, for one thing, but more importantly it takes very vulnerable people who have no resources at their disposal, usually lacking in self-confidence, and puts them into a very complicated and difficult legal process that they very seldom understand.

It surprises me, actually, that we don't have more tragic outcomes. I suppose that speaks to the effort some people are able or willing to go to to look after themselves. As a matter of fact, the whole issue of fraud and how we define fraud is one that concerns me deeply. I think there's a universal rule out there somewhere, probably flowing from international organizations out of some of the more dominant faith groups, that in circumstances of dire consequence a person is allowed to go and get whatever they need. That may mean having to go and take it and have it considered theft, if they need to feed themselves and their children and to house and look after themselves so they don't die.

I think we really need to review carefully the whole issue of fraud and how we define it in this province as we move forward. People who simply want to find a way either to feed and house themselves and their children or to get themselves an education so they can, at the end of the day, do that, should not, in my thinking, be caught up in a web where they could be accused of and found guilty of fraud. They're simply trying, with the limited opportunity that is available to them, to do what all of us would do.

I have to say to you that given a circumstance where I needed to feed my children, and all the roads were blocked for me, I would steal. I would defraud the system to feed my children if that was the challenge before me. If I were trying to protect an unborn child inside of me, I would do that too.

Having said that, and having listened to the comment of the member before us today who spoke of Judge McMurtry and his recommendation, in moments of doubt, if it's considered to err, we always err on the side of being generous. It never does us any wrong or any harm as a society to be generous, particularly to those who are in need, vulnerable and at risk.

This government, in my view, has dropped the baton on that front. It is with the comment that the gentleman has made here today that I am allowing myself to say that I will support you in your appointment to this position, but only because you made that comment, because I believe you were sincere in making it and that that's exactly what you will do, given an opportunity to sit in judgment of somebody who comes before you in need of the very basics of life to feed oneself or one's children and to participate in the society we've developed here in this province.

We are not a poor province. We are a very rich province. We have a lot of resources and wealth available to us. In an age when our economy over the last five or six years has done really well, that we should become so miserly in our approach to how we look after those who are at the bottom end, it just blows me away, sir. I don't mind saying what I said here this morning and taking whatever consequences politically that brings upon me. But your appointment is being supported by me and our caucus in this instance because you believe it's more important to be generous than not to be, in circumstances where there may be some doubt.

The Chair: Any further discussion by members of the committee on this appointment? Mr Wood?

Mr Wood: I'm ready to vote.

The Chair: If there is no further discussion, I will call the vote. All in favour? Opposed? The motion is carried.

We're now in a situation where we have an intended appointee who is scheduled at 11:30 am. In fairness to him, he would not have known that we were going to have our committee time shortened. Does anyone have a suggestion for us?

Mr Wood: I was going to suggest that we stand down until 11:30.

The Chair: Mr Gravelle, your comment on that?

Mr Gravelle: I was presuming, Mr Wood, that we would be discussing the resolution I put forward last week about deferral of the review of the Sudbury Community Care Access Centre. Does it make sense for us to discuss that now?

Mr Wood: I'd be happy to do that now. Maybe I can share with you what our conclusion on this has been. We are basically in the hands of the House leaders, who have to make this decision. The committee, of course, can't make the decision on its own. So we are happy to proceed now. If the House leaders agree, we're happy to do it in the intersession. If they don't agree with that and you want to do it when the session resumes, that's fine with us too. So we're happy to invite you to transmit to your House leader, and we'll transmit to our House leader, the request made and the House leaders can decide. Or if you don't want to do that, we're happy to schedule it now. So give us guidance and we're prepared to proceed.

Mr Gravelle: Certainly the intention of the resolution was to have it dealt with during the intersession, if you're saying that you have no problem with that.

Mr Wood: We don't feel it should be done by a resolution of the committee; we think it should simply be

transmitted to the House leaders. We are happy to transmit the request made, I gather by both opposition parties or at least by the Liberal Party. The Liberal and New Democratic Parties request that this be dealt with in the intersession. We're happy to transmit that request to our House leader, invite the two parties to do the same to their House leaders, and they'll have to decide. If, as an alternative, you'd rather schedule it, we'll schedule it now. If you'd like to transmit that request and see what happens, that's fine with us.

Mr Gravelle: Did I hear you correctly earlier that you're saying you have no problem with the scheduling? Presuming that the House leaders agree, you have no problem with us doing it?

Mr Wood: No. We are prepared to do any one of the three things I just outlined. So if the House leaders determine it's appropriate to do it in the intersession, we're quite happy to do it.

Mr Gravelle: I'm OK with that. Mr Martin?

Mr Martin: Yes.

Mr Wood: I think a motion is not necessary. We are quite happy if it's the desire of the two opposition parties to transmit it to the House leaders for consideration. We'll transmit the request to our House leader and we invite the two of you to do the same.

The Chair: As Mr Wood would points out, the reason is that when we're sitting in the intersession, we are limited in the number of times we can sit and, second, we are limited by the rules to deal only with intended appointments. This is why it requires the House leaders to make this particular specific decision. So each of the parties represented here will no doubt be speaking to the House leader of that party to have that matter raised at the House leaders' meetings, to determine what the outcome of that might be.

Mr Wood: Our House leader is aware of this matter now. We will transmit that to our House leader within a day or so, and we'll let the House leaders deal with it.

Mr Gravelle: Certainly we will do the same, and I believe there is a precedent for this. I believe that when we reviewed the ONTC, it was done during the intersession. So there has been a precedent set, and hopefully we can manage to make that happen.

The Chair: Thank you.

As I said, our next intended appointee is scheduled for 11:30. May I suggest that perhaps 11:25 might be a time to reconvene? I'll leave it up to you, Mr Wood; you've suggested 11:30.

Mr Wood: I'm always an optimist. If you want to try 11:25, I'll be here at 11:25.

The Chair: OK. We'll recess until 11:25 of the clock.

The committee recessed from 1101 to 1127.

JOHN LACEY

Review of intended appointment, as selected by official opposition party: John Lacey, intended appointee as member, Cancer Care Ontario.

The Chair: I'm going to call the meeting to order. I'll go out of order in terms of the questioning, but I'm going to ask our guest to come forward, if he will. Today we have Mr John S. Lacey, intended appointee as member, Cancer Care Ontario. Welcome to the committee, Mr Lacey. As you're aware, you have an opportunity to make an initial statement should you see fit, the time of which is subtracted from the Progressive Conservative Party because of the government's—

Mr John Lacey: Ability to question me, right?

The Chair: Subsequent to that, there will be questions. I'm usually pretty lenient with the government party, though. When they want to ask questions, I like to let them ask their questions. Welcome to the committee, sir, and you may start.

Mr Lacey: Thank you, Mr Chairman. It's a privilege for me to be here. I have been in this seat before, so I'm somewhat aware of your process. Let me be brief. My name's John Lacey. I am chairman of a company called the Alderwoods Group, which is the emergent company from the Loewen Group that was filed by me under CCAA and Chapter 11 and reorganized over the last three years from bankruptcy into a new emergent company.

More recently, up until July this year I was vice-chair of the LCBO and a three-term member as a director of the LCBO. I've been involved with the McMaster health and sciences section involved in the Canadian Centre for Studies of Children at Risk and the clinical work of that. I'm also on Telus's board and I do have my own holding company called Doncaster Consolidated Ltd. In that case, that company's been involved with children's wish, helping children with terminally challenged diseases, for the past 10 years.

In my business career, I'm principally involved in complicated and challenging corporate restructurings, including such things as turnarounds, resource allocations, organization redevelopment, capital budgeting etc. I became aware of Cancer Care Ontario principally through an acquaintance of mine, Peter Crossgrove, who I've known through business—not well, but through being in the same city—for a number of years. I've observed his dedication and commitment to the health care system of Ontario over many years, and actually admired him greatly for the work that he has contributed to this province in that field.

On a personal basis, I think you can see a little bit from my activities and resumé that I have a strong desire to be involved and to contribute to important challenges, be it children at risk or be it the children's wish, in terms of making some kind of contribution to the society in which we live.

I observe, as an Ontarian, that both the health care system and cancer care in particular face challenges. These challenges are obviously from a cancer perspective. From the stuff that I read, it is facing a double-digit growth in applications, rapidly rising costs, huge technology gains and, of course, under all our processes, limited budgets to deal with that. That's the kind of stuff

that I'm used to dealing with in my business life and I'd like the opportunity, if I can, to try to help in the cancer care process.

Just to reinforce my motivation for doing these things, I'm an immigrant Canadian, which I think you can tell from my accent, and Canada, and in particular Ontario, has been unbelievably good to me and my family. I've been here 24 years, and whether it be the LCBO or the children's programs or what have you, I just view this as an opportunity to participate and hopefully give something back both to the province and to the country in terms of its social needs, in terms of fairness, in terms of access, in terms of consistency, that may help some people move forward. That's what I like to do; that's who I am.

The Chair: Thank you very much, sir. We'll commence our questioning with the official opposition.

Mr Gravelle: Thank you very much. Good morning, Mr Lacey.

Mr Lacey: Good morning.

Mr Gravelle: I apologize for coming in just a little bit late and missing part of your initial opening statement. I am curious as to how this appointment came forward and whether you sought it out or whether it was offered to you. In what fashion—

Mr Lacey: I volunteered.

Mr Gravelle: You volunteered.

Mr Lacey: Yes, I did.

Mr Gravelle: Can I ask you how you went through that? Who did you speak to?

Mr Lacey: I had occasion to attend a presentation done at the Princess Margaret Hospital on cancer in Ontario and some of the challenges. The seminar was actually put on by Peter Crossgrove, who, as I said, I've known from a business point of view in the city. He's not a personal friend of mine. I was pretty impressed with the challenges. I was immensely impressed with some of the breakthroughs that are occurring, but I saw this huge gap in terms of the challenges facing how to fund this and how to process this. I got chatting to him afterwards, and he made the comment that they were always looking for people to join them, to try to help on the board, to try to assist and to try and push the ball forward, as it were. I said to him, "I'd like to do that. That's something that interests me." That's how it occurred.

Mr Gravelle: Certainly one of the issues that is of concern to all of us is the waiting times that are there for people who are diagnosed with cancer and the recommended treatment times. There's certainly a period of time that is recommended for when treatment should begin, and there have been some delays in that. One of the responses from the government, and I guess Cancer Care Ontario, has been to open up a contract with a private clinic at Sunnybrook Hospital, a radiation treatment clinic.

I'm curious as to your thoughts on the privatization of this service. I have some real concerns about that. It's a much larger debate, as you certainly appreciate, as we look forward to the Romanow report, and even look at

what Senator Kirby's report said. I would like to ask you what your thoughts are in terms of privatization, not just this issue, but in terms of privatized medicine in this province or the country.

Mr Lacey: I don't have an opinion on it per se. Quite frankly, I think it's a complex issue. If I read the materials that were given to me, I think in that particular case, there was an effort to try to migrate patients from an expensive US operation back into Canada, both from a cost point of view and, obviously, from a control point of view. But, from my point of view, I think one of the highest attractions about being a Canadian is universal access. To my mind that has to be balanced with fairness and then it has to be balanced with affordability. It's how you bring those things together on the best resources that's the best solution for the day.

I don't know how privatization fits into that, but if there's a role that doesn't break the principles of universal access, fairness and process, that actually can save us money to save lives, I think it's something that should be looked at, but only in context of the overall objectives of the health care system of Canada.

Mr Gravelle: One of the issues that I think obviously attaches itself to this is the fact that there are those of us, and I'm one of them, who thinks that privatization in many areas simply costs more. Certainly the Provincial Auditor, when he was doing an assessment of the service provided by the after-hours clinic at Sunnybrook, indicated that it did cost more. Are you familiar with that?

Mr Lacey: I read the article. As I say, it's a cursory read of an article so I want to make very clear that I'm not an expert on this. Yes, I did read the criticism that it was higher than expected, in the original draft paper that was presented, by whatever it was, some hundreds of dollars per incident. But I think, in that case, I think you'd have to look at it against its objectives. Was it in fact achieving significant savings against the US alternative? I don't know the answer beyond that, but it did appear to have run over-budget, yes.

Mr Gravelle: One of the other issues that came out of that, of course—it wasn't just US clinics that the patients were being sent to. They were being sent to northwestern Ontario, to Thunder Bay, the regional cancer centre there. One of the issues, of course, that was of great concern to us as northerners was that people were being sent up to the Northwestern Ontario Regional Cancer Centre and receiving treatment and getting everything paid for, 100% of their payment, whereas patients from northern Ontario and certainly in northwestern Ontario in particular who were coming down here were not receiving that same benefit.

Mr Lacey: Yes, but that's fairness in access that I think you've got to address with—

Mr Gravelle: It was quite a battle, and it was determined that it wasn't fair.

Cancer Care Ontario, ultimately, has now taken control of all the regional centres.

Mr Lacey: Yes.

Mr Gravelle: That's pretty controversial. Again, I speak for the point of view of the member from Thunder

Bay and someone who thinks that the regional cancer centre in northwestern Ontario is quite remarkable. There was a lot of feeling that, indeed, this was going to actually—in some ways I guess it goes to the “if it ain’t broke, don’t fix it.” The fact is, it was working before.

What are your thoughts on that? We objected to it strongly, we thought it was absurd, let alone the fact that they now were dealing directly with the hospitals as opposed to making decisions on their own and being able to make those decisions. How familiar are you with this and what are your thoughts on that? I know it was a great concern when the decision was being made.

Mr Lacey: I’m aware of the consolidation of control in the cancer care process, again by reading the documentation given to me. I am not in any way familiar with the nuances of whether it has improved or not improved regional access and what have you.

That aside, my observations would be—and this comes out of that seminar that I went to to understand cancer, and bearing in mind that my mother died of cancer and my father-in-law died of cancer, so I’ve had some first-hand experience of how awful this process is. But my observation is that the big surprise for me was that each cancer is different, each treatment is different and there’s a complex degree of scientists that sit behind the scenes to try to design the chemotherapy and various other activities with which to treat the cancers.

If by consolidation of resources and communications and activities those enormously complex resources can be focused to help every individual, then I think it would be a good move. But the nuances of how it has affected the regional stuff, I can’t answer; I don’t know enough about it.

1140

Mr Gravelle: Which leads me to the point or at least the plea that if indeed you’re able to explore this more and you discovered that is not the case, I would hope you would be open to questioning it. Because certainly in my discussions with Dr Dhaliwal, who runs the North-western Ontario Regional Cancer Centre, they felt very strongly that indeed this was not going to improve access, it was not going to improve the system at all, and that in fact it would have some negative implications by taking over this control.

So my question then is, would you be open to exploring that as a member of the board and would you also be open to discussing this and doing an evaluation of it, because certainly the concerns are very much there that—

Mr Lacey: Sure. I think that every issue has to be addressed from a legitimacy point of view. But as a board member, I think your job is to ask questions and try to figure out what’s going on. As I said, my personal beliefs and principles are about fairness and equity, so I would apply those principles to whatever I learned. So I think it’s important.

Mr Gravelle: Mrs Dombrowsky, do you have any questions?

Mrs Dombrowsky: I feel somewhat at a disadvantage since I wasn’t able to be here in a timely way. Perhaps, Mr Lacey, you’ve already answered this question, but I’m always curious about how people who come to the committee find themselves as intended appointees.

Mr Lacey: I did address that earlier. But just briefly, I had attended a seminar at Princess Margaret Hospital and had known Peter Crossgrove, the chairman of Cancer Care Ontario, from around the city, from a business perspective. I was intrigued with the work and the challenges that were put to me in that particular educational seminar. I went up to him afterwards and said that I thought this was a very interesting field. He said that they were always looking for people to help. So that’s how I arrived here.

Mrs Dombrowsky: That is very helpful to me. Thank you very much.

Mr Martin: Do you belong to a political party?

Mr Lacey: No. I do vote.

Mr Martin: We’re not going to ask you how you vote.

One question to start off would be, you were on the LCBO board; why did you leave that?

Mr Lacey: My term was up. I had been there three terms. In the six years that I had been there, I think we had made significant change and the organization had moved forward dramatically. The measure that I always put is consumer satisfaction. It had gone from about 26% to 86% in that period. Profitability had almost doubled. It has a good management team in place.

On a personal basis, I think that people contribute very effectively in a five- to eight-year span and that you can overstay your welcome. After six years, I felt that it was time to move on.

Mr Martin: Were there any disappointments for you in that time, given, for example, the notion after 1995 and the fact that the LCBO was always a target for privatization—that that in fact didn’t happen?

Mr Lacey: The privatization was an issue of economics. The formula—you just couldn’t push it over the line one way or the other that would benefit Ontarians in a way on a post-privatization or a pre-privatization that made a compelling case, as far as I’m concerned. It was discussed from time to time. But in the end, I think the job of the LCBO board was not to be in the debate of privatization or non-privatization. That’s a government issue. That’s a shareholder issue, if you want to call it that. I looked at my role as a board member as, how do we make the LCBO an absolutely world-class, first-class, very profitable contributing crown corporation for the government? Let the shareholders make a decision whether they wanted to privatize it or not.

Mr Martin: In your role as an executive officer with some of the bigger food distribution systems in the province, did you ever find yourself in a conflict of interest of any sort?

Mr Lacey: No.

Mr Martin: On many occasions, we hear the government talk about bringing private sector discipline to

public delivery of services. As you know, some of the very serious allegations against the private sector these days, where discipline is concerned, is in the area of correct sharing of information, auditing and also in the area of compensation to its senior executives. I think Eleanor Clitheroe was one example of that, that we've just gone through, that has been very difficult.

I note in your resumé, in two different capacities, your responsibility is in, in fact, audit and compensation.

Mr Lacey: Committees.

Mr Martin: Committees. One of the concerns we have, as we roll out the new health care package and as we look forward to hopefully some contribution from the federal government further than what it is doing now to the delivery of health care and cancer care in particular, that we deliver that in a way that means all of us get what we need, when we need it out there, whether it's in Thunder Bay or Sault Ste Marie or someplace else.

Your experience, your background is in the private sector and in particular audit and compensation. Do you see that as a difficulty or—

Mr Lacey: No, I see it as a great asset. I sat on the audit committee of the LCBO. I sit on the audit committee of Telus and I've sat on audit committees of other boards prior to that. I think that the business incidents, primarily in the United States, have been very unfortunate. I think it's embarrassing for business. I think that generally their auditors, their audit committees and management team must bear the responsibility of their actions, and I think that's happening.

It's like any other business. I don't think we need to sweep up the entire business community and put it in the same hat of whatever it is—half a dozen or a dozen companies that have, through greed mostly, gone beyond the pale of what is fair, reasonable and within the law.

I think an audit committee experience is a great background to help you apply capital resources, human resources and organizational resources on a fairness and access basis. I think it's a good background.

Mr Martin: Just to get a sense of where it is you might take, given your experience and knowledge, Cancer Care Ontario, and piggybacking a bit on the question from my colleague from Thunder Bay-Superior North and the need to make sure that there is access out there in the regions, full access to everything that's possible, I look again at your background in the grocery distribution business. I did some work a few years ago in trying to put in place legislation to protect franchisees. That business has centralized and consolidated big-time in the last five or 10 years. In doing that, I note with some interest the comment in your resumé when you describe your past experiences: "employing strong retail execution."

We lost at least three really solid small business folks in Sault Ste Marie during that time, because the bigger corporation decided that it didn't want franchise stores any more; it wanted corporate stores and moved to do that. That was unfortunate, in my view.

I remember sitting before the committee that was looking at the franchise legislation in Ottawa. Out in the audience, about to present, were a number of small business families that had over the years built up a good relationship with the community, a good clientele, and they were facing the possibility of what happened to my friends in Sault Ste Marie in terms of simply losing everything that they had invested in, put all their money into, worked at very hard and were continuing to do that.

I'm concerned about your ability to take what you're obviously very good at and beginning to apply it in the public sector in a way that won't be best for all parts of this province.

1150

Mr Lacey: I have no history of being an example of what you're talking about. I've been on both sides of the franchisor-franchisee piece, and in the end it turns out to be whom you get in bed with. I'll give you an example: I think Tim Hortons is an outstanding franchisor.

Mr Martin: Yes, it is.

Mr Lacey: It shows up in their business, it shows up in their franchisee relationships and it shows up in the success of their business. There are many examples of franchisors that don't have the same standards, and unfortunately people get hurt—sometimes the franchisor and sometimes the franchisee.

In Oshawa's case, IGA is a healthy business and a well-respected business. We ran a healthy franchisor business as Oshawa Foods—I can't comment since it's been taken over by Sobeys—in the sense that we have a very vibrant, very strong rural business, much stronger than our urban business in the franchisee business. I'm not one of those examples. I have observed poor relationships that do hurt people and do hurt businesses, but I'm not one of those and I haven't been party to those. I've been a Tim Hortons franchisee, I've been a KFC franchisee and I've been an IGA franchisor, and both sides of that experience have been good.

Mr Martin: Is it your intention, in receiving this appointment—and I would suggest you're probably going to get the appointment here this morning, given that we have a majority on the other side; I'm not sure what this side is going to do yet, but—

Mr Lacey: Actually, I would hope I get it on merit.

Mr Martin: Yes. Is it your intention to look at some private-public partnership in the delivery of health care and oncology in this province?

Mr Lacey: I can't answer that, because I think we've got to look at the facts: you've got to look at the issues, you've got to look at the funding, you've got to look at the process. What I can say is that I'm dedicated to making sure Ontarians have access, fairness and equity in the process. As a Canadian and as an Ontarian, that's what's important to me. My mother was a pensioner. She had no money and she died of lung cancer, and if there hadn't been a system, that would have been very difficult for her.

Mr Martin: You're obviously a fan of the Canadian health care system.

Mr Lacey: Yes, I am. I immigrated to Canada.

The Chair: That concludes your time. It's perfect timing.

Mr Miller?

Mr Miller: First of all, I'd like to thank Mr Lacey for putting his name forward to serve on the Cancer Care Ontario board. He's obviously extremely well qualified, and I think the board will be better off because he has put his name forward and is willing to do public service. I'd like to take this opportunity to thank you for volunteering for this position.

Mr Lacey: Thank you. I enjoy it.

Mr Miller: I'd also like to note that Mr Steve Gilchrist is in the room with his nephew, Steve Race, who is here on "follow your uncle to work day," I guess it is in his case. I'd like to welcome them to the room as well.

The Chair: Welcome to our committee. We're always happy to have visitors, particularly those who are here on this very special day.

Any other comments?

Mr Frank Mazzilli (London-Fanshawe): Just a quick comment that I'll certainly be supporting your appointment to this board, based on merit. Obviously in the business community, as we've heard recently, a dozen companies or so have really hurt the trust built by people. But I just want to get on record that some people have been well served by Oshawa Group. I worked at a Food City store many years ago—probably 25 years ago—that was owned by the Oshawa Group. At that time, 25 years ago, I can remember leaving at \$9.25 an hour, and those were times when minimum wage was perhaps \$2.65. The business community often gets beat up, but much of the business community goes above and beyond what's called for, and I'm sure you'll bring that experience to the public sector.

Mr Lacey: I think it's unfortunate, but we're just not immune from a few spoiling it for the general process, whatever walk of life we're involved with. As a businessman, I find what's going on with WorldCom and Enron and so forth hugely embarrassing. What I am proud about in the case of Loewen, which for all intents and purposes, according to press reports prior to my being involved, was unsurvivable, is that we just faced down a union situation in Chicago where it became an issue not of terms and conditions but of credibility.

In this case, it's the first time I've ever seen a union go out for a strike vote that was turned down by the employees. I was amazed, so I went and asked why. What was fed back to me in that meeting in Chicago was that we, as an organization, had survived 12,000 jobs in this company by working through the emergency CCAA Chapter 11. The issues on the table were not economic; they were power-based, between the organization and the union, about control of pensions. Our employees felt that their jobs having survived in the process and we as a management team having a lot of equity with it, the economic issues were fair, so let's move on. To me it's a much more important vote on the issues of business when

you have your employees recognize that you just saved 12,000 jobs.

Mr Mazzilli: I certainly recognize that I was well served by the Oshawa Group. Mr Chair, I'll turn it back over to you.

The Chair: Thank you very much, Mr Mazzilli.

Mr Wood: We'll waive the balance of our time.

The Chair: The balance of the time is waived.

That concludes the questioning today, sir. You may step down. Thank you for being with us.

Mr Lacey: Thank you for your time.

The Chair: We will now consider the intended appointment of John S. Lacey as member, Cancer Care Ontario.

Mr Wood: I move concurrence.

The Chair: Concurrence in the appointment has been moved by Mr Wood. Any discussion?

Mr Martin: I just want it on the record that I have concern that this government is moving rather expeditiously and thoughtlessly into a regime of so-called corporate sector discipline in areas of the delivery of public services that we've built up very carefully and cautiously over the years to serve everybody in a way that speaks to equity of access and affordability. That doesn't seem to be the axiom any more. We only have to look at what's happening with Ontario Hydro right now to understand the problems that can be created when we move as quickly and as thoughtlessly as we are to that end, driven by ideology.

I would hope that everybody here, considering themselves and their families and the people they live with in their communities, wouldn't go down that road again, and that in anticipation of the Romanow report and what he might recommend and hopefully what the federal government will put forward by way of new framework, we in the provinces, and in Ontario in particular, will move to improve what this intended appointee has suggested is a good system that he supports and is a fan of, and that we will grow it and make it better, as opposed to destroying it.

I would proffer to members across the way that this gentleman has participated very actively and, I think, in a positive fashion, in the evolution of a crown corporation that was under threat of privatization by this government from the very day it was elected, and chose not to do that but found a way to make it, given all the concerns people have out there about the distribution of alcoholic beverages to people across this province, the safety concerns, the concerns where children are concerned and also the concern to maximize the potential for it to produce revenue for government, to make it a first-class venue for those who produce the product and for those who consume it. I think he has proven beyond a shadow of a doubt with that crown corporation that you can do that.

I guess I'm going to take a chance here this morning that he will bring that same rigour and diligence to this job and that, given his own personal experience, he will understand there's a desperate need in this country and province at the moment to reform the delivery of health

care. But to simply take it into the private sector and expect, given what we've seen and what we know is out there by way of those who would be interested in taking over big chunks of our health care system, with a priority on trying to turn it into a profitable enterprise, that we wouldn't go there and that he, with others on that very important board for this government, will do everything possible to make sure we continue down the road of a publicly funded, administered and controlled health care system that will be equally accessible to every citizen across this country and particularly this province, in a manner that continues to be as affordable as possible to everybody, given that health care is not free—we pay for it through our taxes—and that we continue to do that and

find ways to make sure that everybody has access and that it continues to be affordable.

Having said all that and put it on the record, due to what I think is the merit of this appointment, I will be in support of the motion put forward by Mr Wood.

The Chair: Any other discussion? If not, all in favour? Opposed? The motion is carried.

Any further business for the committee? If not, I'll entertain a motion of adjournment.

Mr Wood: So moved.

The Chair: Wood has moved adjournment. All in favour? Opposed? Carried.

Thank you to members of the committee.

The committee adjourned at 1202.

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