



ISSN 1180-4386

**Legislative Assembly
of Ontario**

First Session, 38th Parliament

**Assemblée législative
de l'Ontario**

Première session, 38^e législature

**Official Report
of Debates
(Hansard)**

Wednesday 28 January 2004

**Journal
des débats
(Hansard)**

Mercredi 28 janvier 2004

**Standing committee on
finance and economic affairs**

Pre-budget consultations

**Comité permanent des finances
et des affaires économiques**

Consultations prébudgétaires

Chair: Pat Hoy
Clerk: Katch Koch

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Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
3330 Édifice Whitney ; 99, rue Wellesley ouest
Toronto ON M7A 1A2
Téléphone, 416-325-7400 ; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Wednesday 28 January 2004

Mercredi 28 janvier 2004

The committee met at 0902 in the Hilton, London.

PRE-BUDGET CONSULTATIONS

The Chair (Mr Pat Hoy): The standing committee on finance and economic affairs will please come to order. I would ask persons to turn off their electronic devices, please. The committee is pleased to be in the city of London today to hear presentations on our pre-budget consultations.

MIDDLESEX-LONDON HEALTH UNIT

The Chair: I call forward the Middlesex-London Health Unit. You have 20 minutes for your presentation. You may leave time for questions if you so desire. Please identify yourselves for the committee and the purposes of Hansard.

Mr Doug Reycraft: Good morning, Mr Chair. My name is Doug Reycraft. I'm here in my capacity as chair of the Middlesex-London Board of Health. With me is Dr Graham Pollett, our medical officer of health. There are a number of members of our administration behind me who will be happy to assist if that's needed for responding to questions after the presentation. I expect to be between 10 minutes and 12 minutes with my presentation. We'll be happy to take questions afterward.

We appreciate [*Inaudible*].

The Chair: We'll work on the sound system. I appreciate the comment. Continue, please.

Mr Reycraft: I'll see if I can reposition the microphone and hope that helps a little bit.

We do appreciate this opportunity. Your request for input into the fiscal and economic policies of the province provides us with optimism that the McGuinty government is committed to meaningful change.

Our board of health in Middlesex-London oversees the delivery of public health programs and services provided to approximately 400,000 residents of the city and county, as legislated by Ontario's Health Protection and Promotion Act. Our board members and the staff of the health unit take their jobs very seriously. We are committed to the principle of health for all, and over the years we've strived to provide health services and programs to accomplish this end, despite inadequate resources and supports.

However, recent events, combined with the expectations and demands placed on public health, have proven

that public health in Ontario and in Canada is a system that is broken, a system with such scarce resources that it tempts calamity each day its needs go unaddressed. For example, there is a lack of resources necessary to do effective and timely follow-up to protect at-risk infants and families. There are diminished opportunities for public health in schools that enable children to make healthy choices for a lifetime. There is an insufficient number of public health inspectors to ensure adequate food safety in grocery stores, restaurants and at community events to protect our food supply. There is a shortage of resources to fund urgent dental health treatment for children suffering from severe dental decay, many of whom have not yet started grade 1.

In matters of disease prevention and emergency response, let's review: Walkerton, 9/11, West Nile virus, SARS. Four words, two acronyms, 33 letters—it all adds up to the same thing: crises, lives lost, significantly heightened public anxiety and a huge economic impact, the likes of which are still being felt.

Some of the events that have occurred have been long predicted; others were simply unimaginable. All required a response from a system that has been neglected, despite repeated warnings of those who work in the field.

Public health is about protecting the health of the community at large. It's about preventing disease, responding to public health emergencies and presenting people with programs and services to help them be healthy. It's about investing in the health of people in an effort to minimize disease and death. For example, that means working with students and the general public to increase their capacity to deal with health issues such as prevention of heart disease, substance abuse, smoking, daily physical activity and healthy eating.

It also means keeping our water free from deadly bacteria by ensuring there are enough public health inspectors to follow up adverse water results and investing in parental and child health so that babies aren't born already dependent on the health care system for life.

It's about recognizing that an investment in public health is the most fiscally responsible thing to do at both the provincial and federal levels. Think about the health care interventions that were required throughout Walkerton and, as a result, are still required today. Add it all up, and imagine if only there had been the political will and vision to invest those monies upfront to ensure that the required physical and human resources were in place to keep the water safe.

Public health also believes that governments must address the determinants of health: issues such as poverty, employment, isolation and housing.

Here in Middlesex-London, we are unable to fully provide provincially mandated programs and services that are required of us by law. Our gaps in services have grown as our limited resources have been repeatedly diverted in attempting to manage the numerous public health emergencies that have arisen.

In addition to responding to emergencies that affected the whole province, emergencies in Middlesex-London required our staff to provide a mass meningococcal immunization campaign in 2001 and a mass hepatitis A immunization campaign in 2002. Our capacity to respond to crisis has been used so extensively that our staff are becoming exhausted.

0910

We are clearly at a crossroads. We have the benefit of hindsight, and the picture is clear. To not act at this juncture is to reconcile ourselves to a diminished quality of life, to an overall decline in our social and economic power as a province and as a nation and, in the event of another disease outbreak, significant illness and a potentially massive loss of life.

The changes must occur at a multitude of levels. A Canadian agency for public health, with a chief medical officer of health for Canada, is required, along with a national public health strategy as outlined in what has come to be known as the Naylor report. This report also recommends that federal spending on public health reach \$700 million annually by 2007. While \$700 million is a significant amount of money, it is essential to put the sum in context. It is the same amount of money that federal, provincial and territorial governments currently spend on personal health services in Canada between Monday and Wednesday in a single week.

The latest crises have proven that public health needs, at minimum, an infusion of monies adequate to meet programs and services mandated by the province and an amount realistic enough to provide effective disease prevention and emergency response capabilities. The system must also be restructured.

With the upcoming budget you have the opportunity to do something significant: Rectify the neglect of the past to demonstrate that we have learned from our mistakes. We are here today to implore you to move forward quickly on the recommendations of the Ontario Expert Panel on SARS and Infectious Disease Control released last month, a report that has come to be known as the Walker report, after panel chair Dr David Walker.

As noted in that report, the fear of those who work in public health is that the necessity for change is waning, that the experience of SARS is already beginning to fade. This isn't unusual, given human nature. Once the crisis is over, the mind has a way of moving on. We must fight against that tendency and the perception that a reprieve has been granted. We must be wary of the time taken to digest the recommendations of the Naylor and Walker reports, as repairs to the public health infrastructure of this province and this country must begin immediately.

Interestingly enough, while we meet today to discuss Ontario's budget, avian flu is spreading, raising the spectre for the potential of an influenza pandemic. The comparisons to SARS are frightening.

The Middlesex-London Board of Health is here today to urge you to act quickly, before another crisis strikes. Be decisive. Act now, before people die, before our communities are again held in the grip of fear, and before those who work in the field are again required to respond to a crisis with inadequate resources.

At the provincial level, we urge you to allocate sufficient resources to begin implementing the recommendations of the Walker report. The changes called for in the report have significant implications for how public health units in Ontario are organized, funded and governed.

We are here to tell you that we're ready. We're capable and we're accountable. We strongly support the call for increased provincial funding for public health overall. All communicable disease programs should be funded at 100% by the province, including the 180 positions committed to public health as part of the Ontario SARS short-term action plan last fall. In fact, certain public health programs are already being funded 100% by the province. These include speech and language programs, infant hearing screening and the Healthy Babies, Healthy Children program. All of these programs now fall within the mandate of the new Ministry of Children's Services. The 100% funding means that services provided through these programs are consistent across Ontario. Evaluations indicate exceptional results, making the case yet again that health promotion programs should, at a minimum, be funded 75% by the province. These changes would reduce the likelihood of public health services being further sacrificed in order for municipalities to meet their service and infrastructure obligations to local taxpayers for things like roads and sewers.

From a restructuring perspective, we support the Walker report recommendations calling for consolidating the number of public health units in Ontario from 37 to 20 to 25. Such a move would allow for administrative costs to be applied with far greater efficiency across larger jurisdictions, and in times of crisis, health units would have a larger pool of human resources to pull from. Further, we support the integration of all public health organizations and resources, including public health laboratories, to establish a health protection and promotion agency in Ontario that would work in concert with the Canadian agency for public health.

The report has many other recommendations regarding disease prevention and infection control that we support. However, for the purposes of today's presentation we have concentrated on those recommendations that address public health infrastructure and funding.

The people of Ontario have already seen some progress from our new provincial government in terms of public health. The new Minister of Health, the Honourable George Smitherman, recently indicated in an inter-

view with the *Globe and Mail* that “We need to refocus precious resources to the prevention side of health care.”

In closing, the reports are done; the recommendations are made. Action is required, and the timeline must be accelerated. Time is not our friend in these circumstances; in fact, it’s our enemy, and we can’t lose sight of that. We urge you to prioritize public health today, not tomorrow.

Thank you, Mr Chairman.

The Chair: Thank you. That leaves us about two minutes per party. We’ll begin the questioning with the official opposition.

Mr John O’Toole (Durham): Thank you very much for your presentation to the committee this morning. On an ongoing basis, public health is extremely important to all of us. I commend you for the work you do, sometimes under difficult circumstances. Certainly this year, with SARS and the other challenges, even with the flu vaccine not being exactly up to scratch, it’s extremely challenging, because people do look to you to explain, if not solve, all these public health, public risk issues.

The only question or comment I have, and I’ll keep it very brief, is that at the time they had SARS, it seemed to be a communications challenge in one instance. It was, what is it and how do we deal with it? There was a lock-down mentality around the hospitals, but I really felt that the role of the medical officer of health was somehow not defined well enough. It was the hospital CEOs, but they’re not doctors. Do you understand? You needed somebody with the valid credentials or whatever, and the public administrative role, like public health, is in that broader arena than just the institution. Do you feel there could be important changes? You are dealing with these infectious disease outbreak things, as much as I don’t like to admit it. Should the medical officer of health play a much more strategic role in coordinating the emergency plan in the broader community?

Mr Reycraft: This is an issue ongoing presently with the changes to the Emergency Plans Act, the activities now being undertaken by municipalities to upgrade their emergency plans, so the role of the medical officer of health is very much coming to the fore as part of those discussions. The very issues you’ve raised are, at least locally here in London, being addressed as part of those discussions. Clearly, the role for the medical officer of health during the SARS situation was a pivotal role. Within our community, we had a very good working relationship with our hospitals and with the local physicians, but we’ve worked very hard to establish and maintain that relationship over the years. Both the Walker report and the Naylor report speak to the role of the medical officer of health, chief medical officer of health, as having a key responsibility, certainly in times of public health emergencies but ongoing infectious disease control.

Mr O’Toole: I appreciate that—

The Chair: Thank you. We’ll move to the NDP.

0920

Mr Michael Prue (Beaches-East York): Currently in the province, it’s my understanding there are eight health

units that do not have medical officers of health. Out of the 37, only 29 actually have a medical officer of health. You’ve come forward today imploring us to do something, and I like the recommendations. I have to tell you, as a former member of the board of health of both East York and the city of Toronto, that I understand exactly what you’re saying.

But you have not put a dollar figure to it. Can you give this committee any indication of the amount of money that you think will be necessary to bring the health units in Ontario to a level that will negate the problems we’re having around West Nile and SARS and mad cow disease and everything else? We need to know what amount of money you’re suggesting.

Mr Reycraft: I don’t think I can give you a definite dollar figure, but as a municipal politician, another role you can identify with, I’m one of Middlesex county’s appointees to the board of health. One of the points that I made in the presentation is the fact that public health is now being forced to compete with a large range of issues for the dollars that municipal governments have available to them. Because of increases in demands as a result of services that have been transferred, things like land ambulance and others, it’s becoming more and more difficult for health units to get the support of municipalities to provide the funding that’s required to deliver the programs which we are required to deliver by the Health Protection and Promotion Act.

The Chair: We’ll move to the government side.

Mr Mike Colle (Eglinton-Lawrence): Thank you for the presentation. I first of all want to mention that we also have with us here today the Honourable Chris Bentley, the Minister of Labour, the member for London West, who is kind enough to listen to all the deputations. Thanks for being here, Minister.

I would like to say that this is very much like déjà vu all over again. I can remember being here in 1997 with a committee of government where we had the medical officer of health from Chatham-Kent, who warned us about the dire consequences of downloading public health to municipalities and underfunding—do you remember him?—warning about the potential for infectious disease if the government at that time did what they did. So it’s very interesting that now we are here again and we’ve seen his forecast, sadly—he was fired, by the way, after he made the deputation, by the government—that if you don’t invest in public health, you know what happens.

What I’d like to ask you is, are there any cost-benefit analysis studies done in terms of how investing in public health can save money in the long run for the health system as a whole? If you could direct us toward that, it would really help this committee in trying to direct the minister where to spend dollars.

Mr Reycraft: I don’t know if I can point you to any specific studies, but perhaps Dr Pollett knows of some.

Dr Graham Pollett: There have been studies along this line. I can’t cite them for you chapter and verse, but I’d be happy to get those citations for you and to make them available to the committee.

Mr Colle: But you know, the minister—

The Chair: Your time has expired, Mr Colle.

Mr Colle: On a point of order, Mr Chair: I would like the Walker report to be made available to all members of the committee. Secondly, I would like research to help in finding out if there are any North American or even international studies done on the potential cost savings of investing in public health to the health system as a whole. If we get that, we will also make it available to the deputants.

The Chair: Would the presenter provide the Walker report to the clerk, and all members would have that report?

Mr Colle: Or we can get it, I think. They don't have it.

Mr Reycraft: The Walker report is really a document from the provincial government and should be easily acquired by the clerk.

The Chair: Research will provide that.

Thank you very much for your presentation this morning, gentlemen.

FANSHAWE COLLEGE

The Chair: I call forward Fanshawe College. Good morning. You have 20 minutes for your presentation. You may leave time for questions if you desire. I would ask you to identify yourselves for the committee and for the purposes of our recording Hansard.

Mr Paul Huras: Good morning, Mr Chair and other members of provincial Parliament. My name is Paul Huras. I'm the chair of the board of governors of Fanshawe College. With me today are Ciara Chamberlain, vice-president of the student union, responsible for external affairs; and Mr Albert Brulé, who is vice-president, development and partnerships, on the senior administrative team of Fanshawe College.

Thank you very much for the opportunity to present to you this morning. At this time of the year, when many people are speaking to you about investing in RRSPs, we would like to turn the tables a bit and, instead of having you consider this as a request for funds, to look at it more as an investment.

We have some good news to talk about first. We'd like to refer to a study that has recently been commissioned by ACAATO, the Association of Colleges of Applied Arts and Technology of Ontario, that was completed by CCBenefits, an organization that has done similar studies in the United States and Alberta. This study looked at the return on investment that community colleges provide to the taxpayers of Ontario.

Ontario colleges provide an annual return on investment of 12%. All government investments in colleges are recovered within 10.5 years. About 95% of college graduates stay in Ontario, bringing their skills, talents and earning power to the province.

The good news in this community is even better, in that Fanshawe College provides a return on investment of 15% and the taxpayers recoup their full investment in

Fanshawe College students in just 8.9 years. The majority of Fanshawe graduates stay in southwestern Ontario.

We're trying to make the point that the money invested in community colleges is well spent and it returns to the province of Ontario, making it a better province.

The current situation is that Ontario's funding per full-time-equivalent student, at \$4,632, is the second-lowest in Canada, higher only than Prince Edward Island. The national average for full-time student funding is \$6,794. Currently, student tuition and fees account for 66% of total operating grants, up from 21.5% in 1991-92, so we're asking the students to cover the majority of the burden of the price of education.

As far as future demand, demand for places at Fanshawe College has steadily increased over the past five years, at a rate higher than the provincial average. Applicant demand will continue to be strong for the next 20 years, with the population growth that is expected, especially in the population area of 15 to 29, the typical age group for colleges, although we must stress that community colleges have a very wide age grouping of students. At the same time, many sectors of the economy—manufacturing, construction, health care and high technology—will face skills shortages due to large numbers of retiring employees. Those retirees will need to be replaced to keep Ontario's businesses, industries and services available, viable and competitive. Fanshawe College and the other community colleges in Ontario certainly help to ensure that this supply in the workforce is available.

We're here today to talk about a positive plan for prosperity in this province. The government is asked to commit to a multi-year investment program to increase the level of per student funding to \$6,300 from the \$4,900 figure. We're asking that this be phased in by 2007-08. We would also request that the capital funds allocation be increased to \$30 million for 2007-08 and that there be an increase in funds for skills initiatives of \$32 million by 2007-08. We also ask that you consider exempting colleges from the provincial sales tax until the \$6,300 per student funding is reached.

Colleges have been instrumental in attracting new industries and jobs to the province and in providing an improved educational system. In London and the Thames Valley area, the area that's covered by Fanshawe College, we are very much a part of this economic engine that is driving a strong economy and will drive a stronger economy in the future. We believe that an investment in Fanshawe College and community colleges is a wise investment and will return positive returns to Ontario.

At this time I'd like to ask Ciara to speak from a student perspective to the issues I've talked about.

0930

Miss Ciara Chamberlain: Good morning. I grew up in London, Ontario, and I never considered attending Fanshawe College because I was going to university. Well, I went away to university for a while and somewhere along the way ended up back in London at Fanshawe College.

My university experience was filled with many wonderful things and people, but I couldn't help myself from feeling lost, sitting in a sea of my fellow students listening to a professor lecture on the magic of the Iliad or Aristotle. I reassessed my path and tried to pinpoint the tools I needed to make my career dreams reality. Fanshawe College was an obvious and natural choice for me.

I'm now in my fourth and final term of the urban and regional planning technology program, and I haven't looked back once. I've been taught so many skills here, and I'm so confident and excited about entering the workforce now.

For everything I learned, for all the skills I've accumulated, I can't help but wonder if I could have learned more. My program is dependent upon computers for almost everything we do, and daily there are problems in my computer lab. Because of outdated software and inadequate hardware, leaving computer screens frozen and systems crashing, weeks of learning have been lost. There is also only limited access to my computer lab, which is the only one on campus that holds all the software I need for my program. For security reasons, students are not allowed in our lab after 11 and most days, because of classes running until 6, we don't have access until then.

Unlike most labs at Fanshawe College, there is no student swipe-card access to the lab which allows 24-hour access to students who have been given permission to use that room. My program has a heavy workload, and we have nowhere to work most of the time.

We are students desperate to learn and be successful in school and in life, but it seems like circumstance just keeps piling up against us, and it all leads back to one thing: More funding is necessary for the success of my program, for the success of my school, Fanshawe College, and for the success of all Ontario colleges and their students.

Mr Huras: In summary, I would just like to say that the Ontario community college system is very important for Ontario. It's important for its workforce, its industries, its economy and our quality of life. I hope you will strengthen the funding that's required to make this a stronger system.

The Chair: We have about four minutes per party. We'll begin with the NDP.

Mr Prue: I'd just like to go to your numbers on page 7 to clarify exactly what they mean. Increasing the level of per student funding to \$6,300 by 2007-08: What would the total cost to the Ontario treasury be to do that from its current level of the some \$4,000 that you cited?

Mr Huras: I'll ask Albert to correct me if I'm wrong, but I believe it's the \$300 million that you see on slide 8. It's under the operating piece.

Mr Prue: So that's \$300 million. Then you have, "Increase capital allocation by \$30 million." Is that for the entire province or is that just for Fanshawe College?

Mr Huras: That's for the entire province.

Mr Prue: That's still a fair amount. Then, "Increase funds for skills initiatives by \$32 million." That, too, is for the entire province?

Mr Huras: That's correct.

Mr Prue: So the total package, then, I would see would be somewhere in the neighbourhood of \$362 million that you're looking for.

Mr Huras: That's correct.

Mr Prue: Now, the question has to be asked, of course, as the government has inherited a deficit of \$5.6 billion. There are many suggestions that either it can't be done or it can only be done if taxes are raised. What are you suggesting to this committee?

Mr Huras: I have a couple of points. One of the ways to help would be to consider exempting colleges from provincial sales tax. Now, I understand that has an impact on provincial revenues.

Mr Prue: But that's even more money to the province. That would cost the province even more money. Where does the province find the money to do the admirable things that you're asking us?

Mr Huras: Again, we believe that there is a return on investment here, that because of the people whom you will be producing, because of the innovation that will come out of those individuals, because of the workforce that will be contributed, it will lead to increased tax revenue in the future. But it's an investment for the future. It is not a return that you will see today or tomorrow, but within a short number of years, there is a return on investment.

The return-on-investment study is a very legitimate one that has been evaluated by auditors in Toronto and gives true amounts. If we could invest any of our money and get a 15% return, we'd be very pleased. From a long-term view, this return-on-investment study is very important, and it also argues that community colleges have been underfunded in the past. That needs to change, and by changing that, that will have a benefit to the Ontario taxpayer down the road.

I recognize that the challenge of the provincial government is to weigh all the competing demands with the revenue difficulties that it's having right at the moment, but hopefully, those are short-term issues and we'll come out of that in a very positive provincial budget situation. We believe that investing in community colleges will contribute to that improvement in the budget situation.

Mr Prue: You're not going to get any argument from me, because I will tell you that the Republic of Ireland is probably the case study. They've spent almost all of their money for the last 20 years on education and today are becoming a powerhouse in Europe. They've made the long-term investment.

So that's what you're asking this government—and I'm not part of the government. You're asking them to look at this as a long-term investment and to spend the money and it will reap rewards probably after all of us are no longer in politics.

Mr Huras: I think the return on investment will be much sooner than that.

Mr Prue: OK, within 10 years.

Mr Huras: In 8.9 in Fanshawe.

Mr Prue: OK. Terrific. Thank you.

Mr Huras: We're already reaping some of those rewards now, I would hope.

The Chair: We'll move to the government.

Mr Tim Peterson (Mississauga South): Thank you for your presentation. I'm from Mississauga South, although I was born in London. I didn't have the benefit of going to Fanshawe, or maybe I would have been in a different profession.

I have the University of Toronto in Mississauga in my riding and also Sheridan College. Both of these institutions are facing the same type of funding problems you are.

I think it's interesting that colleges seem to have a better return-on-investment analysis than some of the other institutions. I'm not trying to put words in your mouth, but are you suggesting we should look at that as a criterion for all the educational institutions across Ontario in terms of how we allocate new funding and maybe reallocate some of the existing funding?

Mr Huras: I think it's a very important criterion. It can't be the only one, but I think it is a very significant and important criterion to be looking at.

When we talk about community colleges, I think we also have to recognize that over the last number of years, as funding per student has decreased, colleges have worked very hard to become more and more efficient. I think I've done a substantial job in that regard. So we're at the point where finding more efficiency, although we try to do that every single year, will obviously be more and more difficult. We're saying we're at a point where we've reached some very good levels of efficiency. We'll probably reach many, many more levels of efficiency, but recognizing the growth in the population and the retirement in the workforce that we're expecting in the future, it is now time to start that investment to rebuild the funding for community colleges. So I think certainly it is one of the criteria, but there are other criteria also.

The Chair: We'll move to the opposition.

0940

Mr Toby Barrett (Haldimand-Norfolk-Brant): Thank you to Fanshawe for the presentation this morning. I appreciate your taxpayer perspective and your return-on-investment perspective. I expect much of this would be based on the KPI, key performance indicators, that we introduced previously as a way of evaluating. We all realize the tuition fees put in place will benefit students. That's good news on the surface. There's a question with respect to that policy, and you've indicated continued enrolment benefits and pressures in the future. What kinds of financial pressures are we going to see on our post-secondary institutions with this tuition freeze?

Mr Huras: Perhaps I could ask Albert to help me with that question.

Mr Albert Brulé: Certainly one of the objectives for our college, and I would say I speak for all Ontario colleges, is the value of accessibility, that community colleges are open to students from all levels of financial capabilities. A tuition freeze is admirable, but in the absence of other funding to help offset that, with in-

creased student demand it actually makes the situation more challenging. As Mr Huras mentioned, our efforts to become more efficient, to use the dollars in the most effective fashion, become even more problematic if tuition is frozen and there is not offsetting operating assistance to make up that difference.

Mr Barrett: I appreciate the student perspective this morning as well. Is there a concern that with the future financial pressures you're projecting, there is going to be any pressure on Fanshawe or other post-secondary institutions to increase fees for students for ancillary programs or graduate programs in order to cover any of the projected shortfall?

Mr Huras: Do you want to speak to that?

Miss Chamberlain: I'll try. Unfortunately, as it stands now my peers can't afford their tuition. OSAP is inadequate. It's very hard to be approved for OSAP. Even if you're in financial difficulty, it's hard to prove it on paper to be approved.

The federal government currently awards millennium scholarships that, again, on the surface look great, but the previous provincial government instituted a policy where that millennium amount was deducted from any money we received from OSAP, making it very difficult for students to live off what they received from OSAP.

Mr Barrett: So you would see the present government changing that policy? Is that a recommendation—

Miss Chamberlain: Yes, definitely.

Mr Barrett: —or would it be a possible resolution for this committee?

Miss Chamberlain: Yes.

The Chair: Thank you for your presentation this morning.

Mr Huras: Thank you very much. We're pleased to work very hard with the government to help this province be a stronger province. We believe the work of the community colleges contributes to its health.

VICTORIAN ORDER OF NURSES, MIDDLESEX-ELGIN

The Chair: I would call next the Victorian Order of Nurses, Middlesex-Elgin. Good morning. You have 20 minutes for your presentation. You may leave time for questions if you so desire. Would you please identify yourself for the recording Hansard.

Mr Gordon Milak: Good morning, Mr Chair and committee members. My name is Gordon Milak. I am the executive director of VON, Middlesex-Elgin. I appreciate the opportunity to present to the committee this morning and I hope the information will be beneficial.

VON is a non-profit, charitable organization that has been providing health care and social care to Canadians for over 100 years. With a network of branches across the country, VON boasts 8,000 employees and 15,000 volunteers. The VON presence is felt in communities across Canada through the development and implementation of a variety of programs and services, including nursing, home support, and volunteer programs. Each local branch

is unique and delivers services in keeping with what that individual community requires.

VON is the recognized leader of community health and social services in Canada and has been awarded full national accreditation through the Canadian Council on Health Services Accreditation. We provide services where Canadians live, work and play, and are guided by the principles of primary health care, community development and quality management.

We believe that individuals have the primary responsibility for their own health and that access to comprehensive and compassionate family and community-centred health care is the right of all individuals. We respect the value and dignity of human life and believe that community health services of assured quality are essential.

At VON, we are proud of our heritage and the significant role that we continue to play in Canadian society. We understand and share the culture and values of our people and are confident in our ability to provide services designed to enhance and improve their quality of life.

Ontario has the highest health care budget in the country, but it also represents the largest population group in need of home and community care. The health care system is divided into three key pillars: acute care—the hospital sector; long-term facility care; and home care and community support services.

Home care and community support services play a key linking role between the acute-care and long-term facility care sectors. Home care services comprise medical and support services provided in the home setting to meet the needs of individuals as well as their families and volunteer caregivers. Home care in Canada is often defined as “an array of services enabling Canadians, incapacitated in whole or in part, to live at home, often with the effect of preventing, delaying or substituting for long-term-care or acute-care alternatives.”

In Ontario, the community care access centre system of 42 centres contracts with 60 direct service providers, both non-profit and private, to deliver home care services such as nursing, home and personal support and therapies.

The Ontario health care budget for the 2003-04 fiscal year was \$28 billion and was allocated to those three sectors as follows:

The acute care sector—hospitals—received \$11 billion to serve 1.4 million clients. That’s an average cost of \$7,500 per person.

Long-term-care facilities received \$1.8 billion to service 65,000 clients at an average cost of \$27,000 per person.

Home care and community support services in two envelopes, the first being the CCAC home care program, received \$1.2 billion to serve 440,000 people at an average cost of \$2,700 per person; and community support services received \$300 million to serve three quarters of a million clients at an average annual cost of just \$401.

Both the Hollander and Romanow reports acknowledge that home and community care are integral to the

continuum of health care in Canada and to making the health care system function more effectively and efficiently. Home and community care can often prevent or delay, and substitute for, admission to acute care hospitals and long-term-care facilities, and at a significantly lower cost.

The growing elderly population wants and needs access to home care and community support services. In 2001, it was estimated that almost four million Canadians were age 65 or older. That’s two-thirds more than it was in 1981. The seniors population is expected to reach 6.7 million people by the year 2021. But I have to tell you, this is not something that’s happening in the future. It’s happening today. A significant portion of our population will move into this group within the term of this government. Further, according to the 2001 census, almost 4.5 million Canadians over the age of 15 are already providing care to a senior and as many as 2.8 million Canadians are already providing support to family members with disabilities. Clients without appropriate family support—who don’t have it—are also forced back into an acute hospital or long-term-care facility.

As family caregivers continue to play a growing role in providing care, their need for adequate supports in the home and community is also growing exponentially. Families are feeling increased stress due to the fact that they have to perform medical procedures that would traditionally have been reserved for a health care professional. Research has proven that unsupported family caregivers experience undue stress and they themselves end up utilizing our health care system more often.

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In 1998, an increase of \$551 million over eight years was committed to the home and community care sector to meet the needs of the 21st century. Regrettably, the promised funding was frozen in 2001-02 and the home and community care system was thrown into chaos. Disarray and instability resulted in significant cuts to service being made. In 2002-03, \$25 million was released, but that still left \$270 million of the 1998 commitment outstanding. This has resulted in home care provider agencies and community support agencies across Ontario struggling to meet the increasing demands of an aging population with a funding commitment that is at least two years behind.

The loss of stable funding has meant that for many Ontarians and their family members, the home and community care system has become unreliable. Stop-and-start funding to the sector has caused serious destabilization over the past three years as services are being cut to existing clients and wait lists are growing. Today, more than 115,000 Ontarians are forced to either go without care or to receive it in an institution at higher cost. Ongoing underfunding of the home and community care sector will continue to result in premature institutionalization of the frail elderly and persons of all ages living with chronic diseases and disabilities. The costs associated with institutional care in long-term-care facilities are far greater than the cost of supporting individuals in their own homes.

Despite the government having transferred a great deal of health care from the hospitals to the community—home care—health care workers are being driven out of the community as a result of lower wages—as high as a 20% differential—as well as part-time positions, lack of continuity and guaranteed work, lack of pensions and high expenses. Also, increased competition from US hospitals and health care providers has had an incredibly detrimental impact on the number of health care professionals working in Ontario. This province has lost highly trained and skilled health care professionals to US employers at an alarming rate because of higher wages, the strength of the American dollar and significant incentives such as fully funded post-graduate education and handsome signing bonuses—as high as US\$10,000. The impact of this competition is felt even more greatly in our border cities, but it doesn't just end there. It has a domino effect on the entire system.

What is even more disconcerting is the number of new graduates from Ontario nursing programs who are working out of province. In fact, almost 100% of the most recent registered nurse graduates from the University of Windsor School of Nursing are not planning to practise in Ontario. A health care crisis is imminent if nurses who are now providing the much-needed community care are leaving the sector to work in more financially rewarding and secure nursing positions. A shortage of community nurses will leave many Ontarians without the health care they need to remain independent in their homes and communities.

In addition to home care services, there are 360 not-for-profit community support agencies in Ontario that provide community support services such as Meals on Wheels, adult Alzheimer day programs, home and personal support, supportive housing and transportation programs. These services employ 25,000 staff and 100,000 volunteers. Three quarters of a million Ontarians receive these services annually. The budget for these services is \$300 million. For each dollar spent by government, clients receive approximately \$1.40 of service because of the contribution by those 100,000 volunteers. The budgets for these not-for-profit community support agencies are funded by the Ministry of Health, but only to approximately 60% of the budget. The remainder is raised through donations, client contributions and fundraising efforts. Those volunteers, after they have done the service, go home and bake pies, they run bingo, they sell tickets to dinner auctions—and they're getting tired.

Community support services have only received a 5% increase in case funding in the past 10 years, while the cost of living has risen over 40%. Many agencies are in jeopardy and currently have to ration the amount and quality of services they provide. Agencies are currently at risk of closure in the 2004-05 fiscal year due to the current funding crisis. Some community support agencies are currently projecting deficits ranging from \$15,000 to \$150,000. Cuts of up to 30% of services are already being experienced, and with the deficit forecast, that number can only increase. No doubt, the health and well-being of Ontarians will be put at risk.

VON provides home care services through the CCACs, as determined by the RFP process, as well as delivering a broad range of community support services.

Our recommendations:

VON passionately believes that there must be a systematic approach to the delivery of health care, including all sectors involved in the health care continuum. Absence of a systematic approach results in duplication of effort and inappropriate resource utilization. This will ultimately lead to gaps in the provision of health care as demands increase. VON believes that there are currently sufficient monetary resources within the system. However, in order to sustain and continuously improve Ontario's health care system, we recommend following:

—First, that the home care portion of the Ontario health care budget be increased to ensure that home care becomes an integral part of the care that people want and expect to receive as part of a comprehensive continuum of care. Seventy million dollars is needed immediately to restore lost service and reduce the waiting lists in the home care system today.

—Second, that funding levels be provided to support wage parity for home and community care workers with the nursing homes and hospitals. Salaries are much lower in the home and community care sector than for similar positions in hospitals and nursing homes. Steps must be taken to resolve the crisis in staff recruitment and retention to ensure that workers will be available now and in the future to support people living in the community. These service providers are on the road today, yesterday and late into the night. They're on our rural roads and highways. They're working in a home with acuity levels that have never been higher, and they don't have the luxury of a nursing station several hundred feet away or other providers. They work in an environment that requires an incredible skill set.

—Third, that the \$50 million Premier McGuinty has committed in his first budget be injected immediately into community support services base budgets. Adequate funding is required to meet current and future service needs of our aging population and to prevent agency closures and withdrawal of services.

—Fourth, that there be a commitment to multi-year funding in order to guarantee a stable flow of funds from one year to the next. With the growing and aging population, the recognition that service needs will increase must be acknowledged through a long-term commitment to regular and steady funding. Predictable funding supports planning and innovation to increase efficiencies and quality services to meet the current and emerging health care needs of Ontario's communities.

In conclusion, as a leader of community health and social services in Canada for over 100 years, VON is well poised to work with the Ontario government at all levels of government to improve the home and community care system and ensure service is appropriate and available to Ontarians today and in the future. However, this can only be achieved by immediately addressing the current funding and recruitment and retention issues facing this important sector of the health care system.

VON believes the strategies outlined in *The Health Care We Need: The Ontario Liberal Plan for Better Health Care* are a positive step towards building a strong base from which to create solutions for improving health care in Ontario. Specifically, VON supports hiring 8,000 additional nurses; hiring more nurse practitioners; creating more nursing school positions; strengthening home care so seniors can stay in their homes as long as possible; helping underserved communities attract and retain health care professionals; and investing in home care so that Ontarians can receive better care at home.

Ladies and gentlemen, these are your parents and mine. These are people who have made contributions and significant sacrifice to create the province that we enjoy today. If they wish to have care in their home for quality of life and we can provide it at a cost saving, why wouldn't we do it? Home care and community support services must become no longer peripheral to the health care budget, but an important, stable factor in our program.

VON applauds the Ontario Liberals in their commitment to provide the investment needed to ensure that home care services, including basic homemaking and personal support services, are available to all Ontarians who need them. VON pledges its commitment to the Liberal government to work together in ensuring Ontarians get the health care they need, when they need it.

The Chair: Thank you. We just have time for one question. We'll begin with the government in this rotation.

Mr John Wilkinson (Perth-Middlesex): Thanks for your presentation this morning. I have a personal interest, because Jackie Wells, your executive director, has come to see me as the member for Perth-Middlesex, and Al Edmondson. She is an amazingly effective advocate for your cause. She was able to go over some of these numbers.

Just in your presentation, when you talk about how we allocate the Ontario health care budget, I find this fascinating, particularly as a businessperson. If we just go through this, in our hospitals we spent \$11 billion, out of the \$28 billion we spent for this year, serving 1.4 million people who show up. That costs \$7,587 a person. Then you let us know that in our long-term facilities we spend \$1.8 billion. We serve 65,000 residents in long-term. That's \$27,000 a person. CCACs serve 440,000 people—\$1.2 billion—and that costs our government \$2,727.

You people are really carrying the load for us and making the system more efficient. You get \$300 million across the province, serve 750,000 people, and you spend \$401. So if you're going to ask, "Where are we getting the most bang for the buck? Who is helping us try to control our costs in health care?" it's what you're doing. You're getting 1% of the pie of this \$28-billion budget. If we spend money and increase what we give to you—the return on investment, the savings to the whole system; your point is that we need to allocate that—we then have to go back to the Minister of Finance and make recommendations. So you think that out of the \$28 billion we

can find the efficiencies to get money redirected into your sector and actually save money on the other end?

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Mr Milak: Absolutely. Certainly all the sectors, our acute care and our long-term-care facilities, need to be funded appropriately, as the services are required appropriately by those clients.

But yes, the lack of stable and consistent funding when it's necessary is aggravating the system. Those people have one of two options. If it's not available through the CCAC because of funding cuts or through community support agencies, the load falls to a spouse, a child or a neighbour. If that's not there, then they have no choice but to go to our high-cost provisions, which really limits, then, those resources for the appropriate clients as well. It is a bit of a vicious circle.

Yes, prevention is very much a key to this, and it's the link that both home care and community support agencies play in ensuring that the appropriate level of service is provided at the appropriate time.

The Chair: Thank you for your presentation this morning.

Mr O'Toole: On a point of order, Mr Chair: I'd just like the members of the committee to reflect on the presentation when they look at the health care we need and the Liberal promise of 8,000 nurses.

The Chair: That's not a point of order, Mr O'Toole. Thank you for your presentation.

MUNICIPALITY OF CHATHAM-KENT

The Chair: I call upon the municipality of Chatham-Kent.

Mr Wilkinson: On a point of order, Mr Chair: Our colleague in the Legislature Mr Ramal, the member for London-Fanshawe, is here with us this morning.

The Chair: That's not a point of order.

Welcome, to the municipality of Chatham-Kent. You have 20 minutes for your presentation. You may leave time for questions if you so desire. I would ask you to please identify yourself for the purposes of our recording Hansard and for the benefit of the members. You may begin.

Ms Diane Gagner: Good morning. I am Diane Gagner. I am the mayor of Chatham-Kent. To my right is Mr Joe Pavelka, our CAO, and to my left is Mr Gerry Wolting, who is our director of corporate services.

If you haven't received it already, right now they are passing around a binder which contains a summary of the key issues we're going to present today.

Fundamentally, I'm sure you'll hear this from a number of municipalities that will be here, but we're going to focus on what we feel are the key areas that will make the difference for the strong economic viability and the health of communities within Ontario; in our case, specifically Chatham-Kent. I think the recognition of seeing co-operation between the province and the federal government is certainly going to help create some strength in that area, and we're looking at co-operation

between the province and the municipalities to address issues that we feel will certainly benefit communities as a whole throughout Ontario.

I'm going to ask Gerry if he could go through the specifics. There are a number of issues, but we focused on what we feel are the key ones that affect us and probably the bulk of municipalities. As I said, we provided the template for it.

Mr Gerry Wolting: Thank you, panel, for hearing us this morning. We've got a short presentation. The binder you've received has a comprehensive briefing document in it, plus a copy of the PowerPoint presentation that we'd like to go through.

Just a bit of background: Chatham-Kent was formed in 1998 by provincial order. We're one of the first restructured entities. The restructuring put 36 entities into one organization. We have a CD here that we'd like to leave with the panel that shows the first six years of restructuring. We believe Chatham-Kent is a success story of provincial restructuring.

We applaud your consultation process. I'm sure you're hearing from a lot of municipalities. We'd like to personalize the municipal issues with specific examples from Chatham-Kent.

The briefing document outlines a high-level view of all of our 2004 budget issues, but we'd like to concentrate on just a few issues today in the limited time. We'd like to talk about provincial downloading. We'd like to talk about the need for provincial partnership in municipal infrastructure investment, the need for new municipal revenue sources, the need for some regulation changes in the Provincial Offences Act to enable us to collect outstanding fines, and the effect of the accelerated OMERS phase-in period. We'd like to congratulate you on a couple of issues too, but those are the things we'd like to go through.

I'll give you an example. This chart here on the slide—you probably need to look at your handout to see it exactly; in the document, it's on page 3, I think—gives you a six-year history of where our council has had to designate or re-designate its resources. As you can see, we've had a 12.4% tax increase since our inception, so over six years, 12.4%. In the same period, CPI was 11.7%, so it's pretty even with CPI.

As always, the devil's in the details: our emergency services. We feel we're not unlike other municipalities. It's a typical example of municipal funding over the last six years. Emergency services: Our council has had to allocate 16.8% tax increases in that period. For Chatham-Kent, 1% is \$800,000. In what we call life cycle—that's investment in infrastructure—we've had 11.7% in tax increases there. Downloading from provincial services has cost us 6.7%. So that total is 35.2% in tax increases, and our base rate only went up 12%. So you can see what has had to happen to the balance of the services our council provides to the community: They've gone down. When you compare that to CPI, the balance of our services has gone down 14.5% relative to CPI, and the five I've just mentioned have gone up 23.5%. You can

see the dramatic effect of those five issues on the typical local council.

To put that in perspective, this chart's in numbers: \$11.3 million toward emergency services, \$8 million toward life cycle, and \$4.6 million to downloading. Those are the numbers.

When you look at the percentage of the way the budget increased versus the tax increase, you can see that emergency services budgets have gone up 70% over those six years, life cycle 88%, and all others down 2.7%. That gives you some background as to how our council is struggling with various municipal issues.

The next table—if you're following me in the document, that's on page 5—gives you a three- to five-year forecast for long-range planning purposes. This is for status quo services. This is not to enhance services. This is to maintain existing services plus do some more investing in infrastructure. We're projecting 8.5% this year, 8.3% in 2005, 7% in 2006, and 4.2% in 2007.

Again, we feel we're not unique. Most municipalities are facing these types of long-range predicaments. The press is now picking up on some of the numbers that have been coming out in public over the last few weeks.

The next slide shows a breakdown of the 2004 amount. I won't go into detail on that, because I think it's pretty self-explanatory, but that's the breakdown of the 8.5% our council is facing.

Let's get into the topics that we're here today to discuss. Provincial downloading: Since our inception in 1998, our council has faced \$5.5 million in annual expenses due to downloading and \$3.5 million in one-time downloading issues. Those details are in appendix A in the document. However, we're not here to debate past downloading. We'd like to draw a line in the sand and look forward. We're here today to talk to this panel and encourage the province that—downloading still is taking place. It's taking place in the areas of emergency services, in the form of police standards being changed, emergency planning standards, fire service response guidelines, water, waste water and environmental standards, and in the capping of provincial subsidies.

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Our concern is that we'd like this panel to bring the message back to Queen's Park that there are dramatic effects on municipal councils across the province due to downloading, and to take these effects into account when contemplating future downloading. If future downloading happens by way of actually transferring a service or by implementing regulation changes that cause service standards to go up in local communities, that the effect of those changes made by the province comes with full funding, in both the short term and the long term; That's our concern with future downloading.

In the area of municipal infrastructure—and I think we're one of the few municipalities that has totally quantified this issue—and this is on page 7 of the document, we have quantified all of our infrastructure requirements. We estimate that we need about \$31.5 million per year to invest in our infrastructure. Right now we have \$16.6

million, so we're about 50% of the way there. A lot of municipalities don't have this totally quantified, but they're probably in the same ballpark as us in terms of where they need to be.

Our infrastructure plan is an eight-to-13-year phase-in of budget increases. We are asking our council to increase taxes 1.7% every year for the next 13 years to make up this deficit. We are using debt strategically in that period to cover some of those deficits. That debt issuance over that period is going to amount to about \$33 million. Our conclusion is that we need to strike some new partnerships with senior governments to help us and help all municipalities in this infrastructure investment issue.

Another issue is new revenue sources. The infrastructure issue that we just talked about highlights that. Property taxes are stable and predictable, but they're really not versatile enough for today's opportunities. We're asking the province to empower local councils with more tools and options available to them so that they can address the changing needs of investment and give our economic development people some more unique tools in terms of revenue to invest in the quality of life issues in the province.

Provincial Offences Act: There are about \$120 million owing to municipalities, and we just do not have the legislation required to collect those aggressively. Appendix B outlines a number of correspondence pieces between our CAO and the province, outlining the issue, but we need some provincial leadership to address those barriers to the collection of those fines.

OMERS premiums: We realize this isn't a provincial issue, but it is a 3% to 4% tax increase for all municipalities. The original phase-in was accelerated due to the market conditions last year. Those market conditions have changed somewhat. We're asking that, if the OMERS board does approach the province to revert back to the old phase-in timing, the province support that.

Opportunity bonds: We thank you and congratulate you for implementing that project. We need this program desperately. We're getting our long-term debt at a very aggressive rate, due to your efforts in this area.

The community reinvestment fund: We appreciate the dynamic nature of the funding there, because it reacts to cost changes, but we hear that a provincial review is going to happen this year, and we want you to remember that CRF funding was needed to level the playing field in the downloading that happened in 1997 and 1998; therefore, it must continue in Chatham-Kent's case because those services are still there.

Ms Gagner: Recommendations:

—The cost of any future provincial downloading due to either service delivery changes or service delivery standard changes resulting from provincial regulation be fully funded by the province.

—The province recognize the importance of investment in municipal infrastructure by implementing the necessary partnerships funding in its 2004-05 budget, including but not limited to a fair allocation to municipalities of provincial fuel tax revenues.

—The province provide municipal access to other alternative revenue sources in order to enhance the financial tool kit that local councils require to meet these challenges.

—The province facilitate the process required to make the necessary changes to the Provincial Offences Act that will allow timely collection of applicable fines. It's a win-win for both in providing a revenue source.

—The province support municipal requests to the Ontario municipal employees retirement system, OMERS, with the possibility of reverting to the original premium phase-in plans.

Those basically summarize our recommendations.

I think I might add a comment as well, being one of the mayors involved with LUMCO, the Large Urban Mayors Caucus of Ontario. There was some discussion with Minister Gerretsen with respect to the memorandum of understanding within the Municipal Act, and some conversation, "Well, you know, there was always kind of dialogue; is it really that new?" The intent of that was that there would be discussion on a partnership basis between all levels of government, trying to work together to provide sustainability for our cities and our communities. The reality is, we know we have one taxpayer and different levels of government. It might be nice to say, "We're going to reduce taxes here and there," but those services are downloaded and we have to deal with property taxes. It serves no one at that point in time.

We're looking at this to have a partnership, also utilizing the memorandum of understanding so that we could talk about the issues and the changes, and facilitate the legislation and regulations that work for all of us. We thank you for your time.

The Chair: We have about two minutes per party. We begin with the official opposition.

Mr Barrett: Thank you, Chatham-Kent. I concur: Chatham-Kent is a success story of municipal restructuring. You indicate your structure replaces 23 municipalities. I can't remember how many municipal politicians you have now compared to what you had before. I might ask that briefly. How many politicians were there before?

Ms Gagner: One hundred and fifty-six, down to 18.

Mr Barrett: One hundred and fifty-six to 18, which does set the stage for some efficiencies. If you believe in something, as I'm sure many of your residents do, you can make it work.

You've presented the figures on downloading, and I do point out there is the other side to that balance sheet: uploading, if you will, which represented \$3 billion that the province of Ontario took on from the municipalities across this province.

In your figures for downloading, have you subtracted, over that six-year analysis, the money accrued through the CRF, the community reinvestment fund?

Mr Wolting: Yes, we have. Those figures are net of the CRF funding.

Mr Barrett: And net of any subtraction of costs for children's aid or welfare that your municipalities were paying before?

Mr Wolting: Absolutely. The original downloading that happened in 1997 through mega-week had a net effect of \$2.5 million for Chatham-Kent.

Mr Joe Pavelka: We've been very orthodox about that. Quite frankly, it's not revenue neutral, and this committee must understand that. These are net costs to the municipality that in fact the property taxpayers are having to pick up.

Ms Gagner: I would add that we are continually looking for efficiency services. We're one of the few, if not the only, communities that have now installed what we call C-K Traax, but really it's a variation of Citi Trax, so that we're measuring every aspect of what's going in in municipal businesses and services for response time and for costs. That's why you'll see other operations costs, in some cases, going down. The emergency services are the key thing that is driving—between conciliators, arbitrators and parity—and when it comes to parity, none of those people recognizes that it costs a lot less in Chatham-Kent to live than it may in Toronto, but everybody wants to be paid the same. That's one improvement that can certainly help, if through legislation these arbitrators are shown that, "You need to take those things into consideration for parity as well," because it's police to fire to EMS to nurses. It's a huge issue and a cost that we have no control over, yet the province caps a lot of limits on what will come to the municipality; for instance, with EMS, 1%. Yet all those increases are substantially higher than that.

The Chair: We'll move to the NDP.

Mr Prue: I turn to your recommendations. You've made five of them, but two of them I want to focus on. The first one is number 2: "The province recognize the importance of investment in municipal infrastructure by implementing the necessary partnership funding in its 2004-05 budget, including but not limited to a fair allocation to municipalities of provincial fuel tax revenues."

The finance minister has already suggested that this may not be possible this year, next year or maybe even not until near the end. Can you wait?

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Ms Gagner: The answer to that is no. Let's face it, the reality is that we're going to have to do what we have to do, and that means if we're not getting it through a partnership, I think the federal government needs to play a much more major role with the provincial government. It all comes down to that same taxpayer. So you can say you can't do it, and then we're going to have to shift to the property taxes, but the cost is there either way. I think if the province and the federal government work together on dealing with some of these—we all compete for these dollars, quite frankly, with the systems that are there. I think there is a way of dealing with it. I understand there's a deficit. Deficits in municipalities are probably five times the provincial, when you take a look at it. The reality is, we all have that issue. So what is the best way to use the tools, devise the programs, working in partnership with all three levels to make it so that we can work towards these issues with the cities? The reality: no cities, no infrastructure, no investment attraction. We

know we're dealing with the automotive issue. There have to be policy changes at all levels around these issues.

Mr Prue: If the province doesn't have the money to give you, would you be in agreement that they impose an additional two cents per litre of tax? If they can't just give you two cents from their own, would you take another two cents? Would that harm your municipality?

Ms Gagner: That's really putting me on the spot as an individual. I think certainly I would take that to council and it should be looked at. But I don't want to sit here and say, "Sure, if that's your easy way out, let's put it in municipal hands to fix the problem." I think we all have to work together on this. As I said, we all have budget deficits, and I think the municipal deficit is a much worse situation than even the provincial. Obviously there's some money in the federal.

Education, infrastructure and health care are critical to the success of our cities, Ontario and Canada, and we all need to come to terms with that and do something collectively or we're just not going to exist, and we won't be attracting the investment. I'm sorry, manufacturing is key. We will not make it on service alone, if you study the economics of it. So we have to work together on these issues. To say that we're only going to look at the big cities maybe and deal with it there—immigration policies, all of those; capacity infrastructure in municipalities such as Chatham-Kent and yet you're adding the infrastructure in bigger cities that don't have it; you've got urban sprawl. All of those policies need to be looked at, and I think there are dollars there to be shared.

The Chair: We'll move to the government side.

Mr Bruce Crozier (Essex): Good morning, Your Worship and gentlemen. You've been very diplomatic in your recommendations by saying that the province should facilitate the collection of Provincial Offences Act fines. In being diplomatic, we all know that what we're probably talking about mostly occurs on the 401 and it is those fines that are attributable to US visitors. Your CAO brought this to my attention a week or so ago, and I had mentioned that we had previously written to I think Mr Harnick when he was Attorney General, and for various reasons at that time it wasn't done. So we will pursue this with the current Attorney General and try to implement what is more commonly known as roadside bail, so that you will get some of those fines. I too don't like it when I see an out-of-province car, particularly from the US, stopped beside the road, knowing full well that they can rip the ticket up in the officer's face if they so choose.

In the little bit of time remaining, we've talked a bit about the gasoline tax, and you used the term "new and unique tools for increasing revenue." Do you have any other suggestions where there might be areas of revenue that you would like us to look at?

Mr Wolting: I can give an administrative point of view. In the economic development area, we are 50 miles away from the United States and they are able to implement stuff like hotel taxes and so on. Our economic development people need those types of things. Council is faced with unique investment opportunities all the

time, and sometimes the users of those facilities that we need to attract investment need to be a partner with money, and our council needs the tools, such as a hotel tax and those types of things, to collect some revenue from those users.

Mr Crozier: Thank you. Perhaps you could give us some suggestions.

Ms Gagner: One of the things we discussed before we left was that when you go in and try to tell another level of government what to do, it usually doesn't go that well. So what I would suggest is that there be a separate task force in looking at being very creative and innovative in coming up with some tools, if you have the municipal partners and the provincial partners there to deal with that task force, and then run that across the province and the municipalities and see if we come up with something that's palatable. There will be those who will be pro what Gerry said and those who will be against it. That certainly works in Toronto. I'm not sure that those things will work in smaller communities.

The Chair: Thank you for your presentation this morning.

Mr Colle: On a point of order, Mr Chair: I wonder if we could get research to give us a background paper on this Provincial Offences Act and the collection of unpaid fines issue to see what the issues are involved with that; secondly, if we could contact the Attorney General's office and ask them for an update on the measures being contemplated in terms of dealing with this issue of unpaid provincial offences fines.

The Chair: Yes, we can ask research for that and supply it to every member of the committee.

Mr O'Toole: Chair, I would support that and just add one more item to it. What would Chatham-Kent's portion of the gas tax be? It might be another one that—I'm sure they have the number.

The Chair: I would recommend that you speak to the people.

Ms Gagner: The other thing on the Provincial Offences Act is that we know the largest percentage of that is with our US drivers, but we recently have found that in Ontario it's not being collected very well. There should be no reason for that, since we control drivers' licences.

The Chair: Thank you. We'll get the information as requested and supply it to committee members.

Thank you for your presentation this morning.

Mr Pavelka: I just want to add to that. Really it was an excellent resolution, because quite frankly we've been thwarted in the last six months by the provincial administration in trying to get that exact information.

The Chair: Thank you.

LONDON-FANSHAWE PROVINCIAL
LIBERAL ASSOCIATION
LIFE*SPIN

The Chair: I call upon the London-Fanshawe Provincial Liberal Association and LIFE*SPIN. Good morn-

ing. You have 20 minutes for your presentation. You may choose to allow some time for questions, if you desire. If you would, please give your name for the purposes of our Hansard recording. You may begin.

Mr Bradley Dorrance: My name is Bradley Dorrance. I am the vice-president for public policy of the London-Fanshawe Provincial Liberal Association. I'm here today with Jacqueline Thompson, the executive director of LIFE*SPIN, a community advocacy and support group for lower-income Londoners.

My presentation today really centres around the minimum wage. Back in 1989, we all recall that the federal government passed a resolution to eliminate child poverty by the year 2000. We further know that that has simply not materialized. In recent years, as I've noted in the paper, Ontario's minimum wage has certainly not been raised since Premier Rae added, I believe, a 9.8% increase on January 1, 1995. In 1995, the present minimum wage was worth about \$7.89 in today's dollars. We've seen a \$1.56 loss of buying power after inflation since 1995.

When we put Ontario's minimum wage in perspective with other jurisdictions in North America, particularly New England, we see that Massachusetts leads the way with an \$8.50 minimum wage, adjusted for the currency exchange.

There is a misconception regarding minimum wage earners in the province of Ontario and certainly across Canada that most of them are in fact teenagers living at home with their parents and working part-time. But 61% of Ontarians working at minimum wage are adults over 19 years of age. So really the task of the provincial government is to provide something much closer to a living wage with reference to the low-income cut-off line, as published by Statistics Canada.

I am pleased to note that we saw Minister Bentley here this morning. I'm also pleased to note, by the way, that my provincial representative, Khalil Ramal, is around the table. Minister Bentley and the government have, as you know, instituted a 30-cent-per-hour raise beginning February 1 of this year and, of course, 30 cents a year for the three years after. I'm pleased that the government has taken action, but I have to say that the increase with respect to child and family poverty is rather like chipping away at an iceberg with a teaspoon. The 30-cent-per-hour increase is simply not adequate to address the needs of families in Ontario.

1030

My goal today is to present a model that I have created for something that might be a new program in order to take the present gross income for a family from 59% of LICO to about 70% between 2004 and the end of 2007. Premier McGuinty certainly at this juncture has an opportunity to distinguish himself as an extraordinary Premier with respect to issues of child poverty.

The first proposal is related to the consumer price index and a potential increase based on that index modelled after what Washington state has done. Washington state for several years has indexed their

minimum wage to the consumer price index. The program that I'm proposing first is a minimum wage indexed to consumer price index, moving cautiously in order to protect small businesses.

The second element of my proposal is to narrow the gap—"Bridging the Gap" is the title of my proposal—between the minimum wage and the low-income cut-off line by offering an income supplement to lower-income Ontarians. Certainly the goal here is to mitigate the effects of child and family poverty by providing additional income.

After the scheduled provincial increase of 30 cents, I would refer the members of the committee to table 1 on page 2, which combines Minister Bentley's increase to the minimum wage with a CPI increase of 1.9% based on average values between 1995 and 2002 from Statistics Canada. As you see, at the beginning of the table we see \$6.85, which is the present minimum wage. Minister Bentley's target is \$8 per hour by 2007. Mine is \$8.63, so we're seeing a 63-cent increase. Really what we're talking about is between 14 and 16 cents annually on top of Minister Bentley's scheduled increases. The other note and proposal I should make is that I'm attempting to be responsible with respect to small businesses, in particular by staggering this by six months, so my CPI increase would commence on August 1 of this year.

The proposed LICO subsidy for low-wage earners would be aimed at further enhancing the buying power of the minimum wage by providing public funds to eligible adults. All adults on minimum wage will receive the annual CPI increase. The LICO subsidy would be focused on ameliorating child poverty by providing additional income to working single adults in particular.

Suggested eligibility: permanent resident of Ontario, 18 years or older, single parent or caregiver, pre-tax income at or below 70% of the low-income cut-off line. I exclude automatically persons employed as restaurant servers etc simply because they are receiving gratuities on top of their minimum wage, which certainly brings them above and beyond the base minimum wage.

Table 2 on page 3 gives a picture of what the low-income cut-off line increases look like, again based on Statistics Canada numbers. We're seeing an increase from \$18,091 in 1995 to \$22,688 projected by my model in 2007. That's a 22.5% increase, or \$4,597 over that period to simply keep up with LICO.

As I mentioned at the outset, we're certainly well back of where we should be with respect to providing additional income for disadvantaged people here in Ontario. I mentioned the average of 1.9%, so I've fixed both of those values for the purposes of my model.

I also should note that my hypothetical client is a single adult with one child, residing in the city of London, which is a particular population criteria related to Statistics Canada's, with a population greater than 100,000 and less than half a million.

So the LICO subsidy will be calculated using the formula outlined on page 4, using the percentages: 2% for the first year, 4% for the second, an aggressive 8% for

the third, and 6% for the fourth year, again aimed at bringing this sample client's wage up to 70% of the low-income cut-off line.

Again, the LICO subsidy would not start until 1 August 2004, so only wages earned in the last five months of this tax year would be eligible for benefits. However, it would obviously carry through to the following years.

A simple four-step formula on page 4: We begin with the low-income cut-off line for the year, divided by the eligible hours worked during the tax year. I'm coming up for most years around 1,750 hours worked by someone working 35 hours a week, roughly. What I've done there is I've created LICO expressed as an hourly value. I'm calling it the HWT, or the hourly wage target. So the hourly wage target will be placed in the second part of the equation, and subtracting the CPI adjusted minimum wage brings us to the wage gap, which I want to work to bridge over the next three or four years.

In stage 3, multiplying the wage gap by eligible hours, we arrive at eligible earnings for the purpose of the benefit, and completing the actual dollar amount of the benefit by the LICO benefit as a percentage of eligible earnings. So in this case, 2004 would be a 2% increase.

Just with respect to our hypothetical single parent with one child, working a 35-hour workweek, in 2004, this person will have worked 1,764 hours. The hourly wage target is expressed as \$12.20 per hour. Subtracting the adjusted minimum wage, \$4.90, and working down the equation from eligible benefits, this person in 2004 would be eligible for a benefit of \$75.50, payable in the new year, following the end of the tax year.

Table 3 on page 5, committee members, refers to my income projections for this individual based on earnings in January, earnings in February to July, August to December. These three listings of months do have different rates of pay. You'll note the subsidy of \$75.50, which I've already mentioned. This brings the person's income to \$12,742. Subtracted from the LICO, the shortfall for the client is \$8,971. Again, the percentage of shortfall is 40%. Working down to 2006 and 2007, we have raised the wage of this person to \$15,358 and brought their shortfall to 30% of LICO.

Really, just working down to the conclusion, I recognize there's some work to be done with respect to this model, but if you had asked me a year ago if I'd be so excited about macroeconomics, I probably would have told you that you were crazy. But I do believe this is an excellent model for the government to look into.

1040

Unfortunately, the Ministry of Labour told me they didn't have any accurate figures for me based on what I needed, but in the year 2000, 489,000 workers in Ontario earned between the general minimum wage of \$6.85 and \$8 per hour. So just say hypothetically, if I have 100,000 single parents, the same demographic and hours of work and size of city of this client, basically the program would cost the government in direct payments \$75.5 million in the first year. The CPI increase paid by the

private sector for the same group in this year would be \$10.78 million, for an estimated total of \$86.28 million injected into the Ontario economy.

There are a number of issues that I'd like to work through, and there is one concrete example that I can give you of a benefit of this proposal. We'd need to look into payroll expenses, as it relates to the CPI increase. We'd also want to explore the benefit of additional sales and income taxes paid to the province. We also want to explore how much the province will save annually on services directly and indirectly related to child poverty.

A concrete example that my friend has brought to my attention is a research study that was done for the children's aid society here in London, which states that to have a child in foster care—and this does not factor in specialized care or juvenile detention—is \$121 per day. Presently, there are over 800 children in the care of the Children's Aid Society of London-Middlesex. That gives an annual cost for 800 children of over \$3.5 million. When you consider there are 50 to 55 children's aid societies in the province of Ontario, the math is astounding in terms of the potential savings by providing additional income to families, reducing family stressors and the potential of child abuse.

At this time I'd like to yield the floor to my friend for her presentation.

Ms Jacqueline Thompson: I'm here today to represent LIFE*SPIN, Low Income Family Empowerment*Sole-support Parents Information Network and, on behalf of the network, to express grave concerns about the unravelling of the social programs in our province and the escalating social deficit.

In 1995, the assistance rates in Ontario were cut by 21.6%, and the cost of living increased about 18% over the same time. There have been no similar increases in allowances. As a result, families have sunk deeper and deeper into poverty. Living in poverty can have a negative impact on the lives of children in terms of physical health, emotional well-being and school performance, all of which have long-term implications and costs for Ontario.

The despair resulting from the elimination of social standards is now dreadfully visible on our streets. Living in homes with no heat and no hydro during an Ontario winter is not an acceptable standard of shelter in the minds of most people in Ontario, yet hundreds of families in our community experience this on a daily basis.

Countless studies and surveys demonstrate that Canadians care about their neighbours and the provisions and protection of our social programs and the values they represent. We care about them so much they're enshrined in our constitution.

We the people in this community believe that never again should our children have to go to bed hungry, never again will our homeless languish in the streets and die in our public markets from cold, and never again will the sick be refused access to equitable health care.

Ontario has the obligation and the interest to protect the inherent dignity of human persons and the right to an adequate standard of living, health care and education.

In 1995, the provincial government narrowed the scope of available assistance through numerous restrictions regarding eligibility and reduced levels of assistance. The introduction of these restrictions validated an assumption that the need for assistance is attributable to personal rather than societal and structural failings. Blaming the recipient resonates in all subsequent policy revisions to the Ontario Works Act. In fact, in Ontario 31.3% of all applicants are denied welfare. They are no longer considered eligible with the restrictions. When people do apply, they are required to undergo a lot of detail, and actually the process of applying sometimes turns people away, even though they are eligible.

I've given you an example of a gentleman from our community: John, who is 61 years old. He's dying of cancer. He lives with his 88-year-old mother. The radiation treatments that he's having won't save him; they're only slowing the inevitable end of his life. In Ontario, that means he can only have Ensure, if they have it at the food bank. So he's either going to die of cancer or starvation. It's happening to this gentleman. He should qualify for a drug card and a special diet allowance, but when he applied for welfare they made him bring his old mother in as well. Numerous questions about her pensions, her assets and eligibility confused her and upset her, and she was left feeling that somehow she was responsible for her son dying. When she broke down, with tears running down her gentle, tired face, her son ended the interview. He couldn't bear to see his mother tortured. Literally, he felt that he would rather die.

In addition, when people do receive welfare benefits, sometimes there are things that stand in the way of that continuing. Applicants are hampered in their ability to challenge some of those decisions by the length of time it takes for a tribunal hearing. Another example from our community is Sandra, who has bipolar disease, a mental health issue. Once she was diagnosed and given proper medication, she was able to return to gainful employment, and each month her hours gradually increased as she showed herself willing and quite capable of doing the job. The last month she received welfare, she only got a \$130 top-up to her wages. The following month was December and she got extra hours because of the Christmas rush, and she got cut off of welfare. That meant she lost her drug card.

The Chair: Pardon me. I remind you that you have about a minute left in your presentation.

Ms Thompson: OK. She was scheduled to work her regular hours again, but with the loss of the drug card, she couldn't handle the stress of not having the medications. The mental health symptoms returned and she was fired. There is no reason why this woman is not working in her community other than that her drug card was cut.

When Sandra reapplied for welfare, she was told she was not eligible and will not be allowed to return to

social assistance for three months. She has no available income whatsoever for three months because she violated the quit-fired rule.

I have given you a number of examples throughout the written presentation, and you're going to have to take time to read over that on your own. I have included revenue-generating changes that can be made to the system. As well, the Honourable Mr Bentley might be of assistance in reviewing a particular example of cost savings around the welfare fraud stigmatization that's going on in the province now.

I would like to leave you with just one more picture from the Ontario disability support program, which needs immediate attention. The Liberal government was elected on a platform that offered change, that promised healthy communities and attention to children, women and families. We expect you to live up to your promises. The budget must be built on the premise that all citizens have a basic right to income support and that a wealthy province like Ontario must set and meet near targets for the elimination of poverty. This government must keep those campaign promises for change or you will have claimed the Tory legacy as your own.

Darren is living on the streets of London. He is a gentle man when he has the medication prescribed to deal with his mental illness. Because he's homeless, he does not receive any money for his shelter needs. Because he's homeless, he has to pick up his welfare benefits from the Ontario Works office. He cannot go into the Ontario Works office unless he receives security clearance first. Every time his cheque is put on hold and he does not receive his drug card, the symptoms of his mental illness are further exacerbated and he becomes more and more frustrated with the system that has beaten him down. Darren is angry.

Darren has started the application for ODSP several times. From the time the application starts, he has 90 days to get it to the adjudication unit. Because he's homeless, his life does not have regulated stability, nor are his Ontario Works benefits regularly accessible. He has no phone to start the application process and there is no phone number to call him at. There is no address to update him at or notify him of appointments. He now has no family doctor and none are available in our community for new patients. Psychiatric specialists are frustrated with having to continually fill out the same forms and having him frustrated with their office staff. Darren is angry.

Darren disappears every two or three months into a psychiatric ward or to jail. Even the local legal clinic has tired of trying to get this man the disability benefits to which he is entitled. On good days, Darren finds housing. Then he applies for community start-up benefits that have never been processed fast enough for him to secure the only places that are affordable on Ontario Works. When he's ill, he must become dangerously ill to get a bed in the hospital, just to get out of the cold during the day. If he received shelter amount for ODSP, he would have housing. One critical factor as to why he does not get ODSP is because he does not have housing.

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The fact that the Ontario Works office recognizes the mental health issues and has implemented measures to restrict his entry into their offices should serve as a fast-track trigger to get this man the disability benefits which would enable him to live with some dignity.

The process for application restricts this man's submission. He cannot apply for ODSP on his own behalf due to the conditions of his mental illness. Doctors cannot apply for ODSP on behalf of their patients and frequently do not attach the official reports necessary for the adjudication unit to be convinced of their diagnosis. Ontario Works workers and managers cannot apply on behalf of recipients. Who, then, is responsible for the imminent result of leaving this man homeless, without critical medication, without hope? Who allows this unfair, unjust legislation to restrict eligibility to benefits that are rightfully his, beyond question? When will you change this legislation that endangers Darren's life and perhaps the lives of all those who cannot help him?

The Chair: Thank you both for your presentation this morning before the committee.

LONDON AND DISTRICT LABOUR COUNCIL

The Chair: I will now call upon the London and District Labour Council. Good morning. You have 20 minutes for your presentation. You may leave time for questions if you so desire. Please give your names for the purpose of our recording Hansard.

Mr Jim Reid: My name is Jim Reid. I'm the second vice-president of the London and District Labour Council and the first vice-president of CAW Local 27 of London.

Ms Sandi Ellis: I am not Rick Witherspoon. I am Sandi Ellis. I am the Canadian Labour Congress representative in southwestern Ontario, and I work with the London and District Labour Council.

Mr Reid: Thank you for the opportunity to make this presentation on behalf of over 30,000 union members in London and area who are affiliated with the London and District Labour Council. We represent working people in both the public and private sectors. Our labour council has a long history of community involvement and social and political activism.

To be honest, we are somewhat wary of the motives of the new Liberal government's consultation process. The skeptics among us dismiss this exercise as nothing more than an opportunity for the government to use the fact that they have consulted us as justification for cutting funding to services and programs that many Ontarians rely on.

We are encouraged that this government has invited us to the table for some open and honest discussion about improving this province for all its citizens and not just that special interest group of wealth and privilege. This is a constructive and welcome change from the previous government's open animosity and denigration of those who disagreed with their direction.

The question that needs to be addressed is not whether there is a deficit but why there is a deficit. If we are to address what Premier McGuinty describes as a structural deficit, we must also examine the economic underpinnings of the structure, identify its architects and put forward a blueprint for rebuilding.

The Liberal government has identified \$3.5 billion in annual wasteful spending carried out by the Harris-Eves government. Therefore, we can make a rational assumption that Premier McGuinty and Finance Minister Sorbara will not be wastefully spending \$3.5 billion a year. This brings the deficit down to \$2.1 billion. But \$5.6 billion sounds much scarier than \$2.1 billion, especially when we are talking deficits, so we'll play along and call it \$5.6 billion. After all, we're still on a honeymoon with this government, and what's a few billion among friends?

We can't blame Premier McGuinty for this mess we're in, so what did cause the estimated \$5.6-billion deficit? We have the Tory excuses of 9/11, SARS, mad cow and a sluggish US economy since the reinstallation of the Bush regime in 2000. While these events have had some limited, short-term effect on the provincial economy and government revenues, they did not cause the deficit. As much as we don't like to kick a dog when it's down, I'll pull my steel boots on and give the Tories a good swift kick in the chops—metaphorically speaking of course.

What we are facing today is not an economic crisis but a growing crisis of confidence; the confidence of working people in the future and the direction of capitalism in this country. In today's Ontario, we can see the rapidly expanding gap between rich and poor, the stagnation of real income of the middle class, the erosion of public services, the widespread fraud and corruption of our markets, and the unabated degradation of our environment.

The optimists among us look to the government to balance the legitimate interests of the majority against the might and power of capital. Unfortunately, there has been a dramatic and undemocratic shift in power to corporations and financiers. As workers and citizens, we have bought into the new reality of the sanctity of the bottom line. As a result, we ignore the productive potential of society and look only to restraints and cutbacks as a short term means to solve the problem of deficit.

Last October, the majority of voters rejected the notion that Ontario would be a better place if we reduced our personal income taxes and cut corporate taxes.

The real agenda of the Common Sense Revolution was to starve government by limiting its ability to raise revenues. This manufactured crisis in our schools and hospitals led to the conditions for private sector encroachment.

From their election in 1995 until the end of fiscal year 2000-01, the Harris-Eves government reduced public revenues by a combined total of \$32.5 billion. The amount of debt directly attributable to Ontario's tax cuts ballooned to \$14 billion. The carrying cost alone for this portion of Ontario's debt is estimated to be in excess of \$800 million annually. The Harris-Eves tax cuts have

resulted in an annual reduction of \$9.5 billion in personal income tax revenue and \$2.6 billion in corporate tax revenue.

The present \$5.6-billion deficit looks relatively small when compared to the money lost to tax cuts. What these numbers speak to is the fact that we don't have a problem with the deficit; we do have a revenue problem. This leads us to the reason we are here today. We are not here to solve the deficit problem; we are here to assist the government in resolving its political problem.

The dilemma faced by the provincial government is largely a political one. Last fall, the Liberal Party won the election by campaigning on a platform of change. Promises were made to invest in health care, education and infrastructure. We look at some of those promises: 8,000 new nurses, the allocation of two cents of gas tax to municipalities for public transit, a class size cap of 20 in grades 1 to 3, matching federal funding to create almost 20,000 affordable housing units for needy Ontario families as well as funding for 35,000 rent supplements for those in need. Those are some of the promises the Liberal government campaigned on.

During the campaign, Candidate McGuinty signed a pledge with a right-wing fringe group promising not to raise taxes. Following the election, Premier McGuinty resorted to the age-old tactic of most incoming governments and professed not to have known the extent of the mess they inherited. Lawyers use the term "plausible deniability"; working people have another term for it.

Commitments to rebuild the province after eight years of social vandalism are set aside. Trial balloons such as selling off the LCBO, putting tolls on highways and means testing seniors drug plans are floated.

A consultation is launched, input is sought. The terms of reference reported in the media are: What programs and services should be cut first, how can we increase government revenues, what user fees can be imposed or increased, and what can we upload to the federal government or download to the municipal government?

In every organization, a shortfall in revenue leads to a deficit. The previous government created a shortfall in revenue. This shortfall in revenue was created mainly through tax cuts. These tax cuts had a disproportionate benefit to individuals with high incomes. Since 1995, 18% of the highest income earners have received half the benefits of the income tax cuts. For example, taxpayers with incomes in the range of \$150,000 to \$250,000 saved approximately \$15,000 annually. For most working people, there was hardly any noticeable difference in our standard of living due to the Harris-Eves tax cuts.

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My question for the number crunchers is: How many tax cuts did it take to create a deficit? My question to the Liberal government is: Shouldn't the people who derived the greatest benefit over the last eight years of tax cuts now be required to assume their share of the burden? If we are in as desperate a financial crunch as the Premier says, wouldn't it make sense to rescind the Harris-Eves

tax cuts until such time as we as citizens can afford them?

The alternative of cutting funding to more public services is not the road this government needs to take. Over the past eight years every major area of public service has lived with an ongoing funding crisis. We have tried the medicine of slash and burn politics and it doesn't work. We are left with a serious revenue shortfall. Not only that, we are left in this province today with a shortage of affordable housing, inadequate and criminal neglect of our elderly in long-term-care facilities, a shortage of doctors in our community, a hydro system in chaos, an epidemic of homelessness, a dramatic increase in food bank use, and the safety of our food and water at risk.

The legacy of tax cuts has caused the deficit, cutbacks and restraint. Why would any government with a mandate for change choose to continue with the discredited trickle-down economic policies of the past?

There is another road we can take. If the objective of the government is to improve the economy and reduce the deficit, the first item that needs to be addressed is the issue of wealth redistribution.

It is time to restore the levels of fair taxation that ensure essential public services are maintained.

If government is serious about wanting to stimulate the economy, it needs to raise the minimum wage to \$8 an hour right now, not three years from now. While you're at it, index that to inflation. The previous presenter had some very good ideas that I believe this committee needs to explore in some detail. Hopefully, the government can take some of those recommendations seriously.

The government also should be increasing the social assistance rates by 30%. You will cut food bank use and take some of the burden off of our charities and community service providers.

If you want to stimulate the economy and not cost the government a dime—I think I'm getting the Liberals' attention here—restore indexing to injured workers with workers' compensation pensions. Those folks are falling further and further behind every year since the modified Friedland formula was put in place by the Tories.

The folks affected by these proposals don't take foreign vacations; they don't have offshore investments and tax shelters. These are the folks who spend every dime they get in the community. These are the folks who pay the PST on everything from diapers to doughnuts. These are the people who need change the most.

We are encouraged by the government's recent commitment to increase funding for ESL students. Investment in all levels of education pays off, as our second presenter this morning talked about, in attracting companies looking for a skilled and educated workforce.

Since NAFTA and the end of the auto pact, Ontario has lost nearly 250,000 industrial jobs. Many of those jobs have been in auto assembly and auto parts plants. With one in six jobs in Ontario reliant on the auto sector, government needs to be proactive in attracting invest-

ment and providing incentives for research and development of new technology, especially as it relates to the development of eco-friendly products. We acknowledge the importance of the government playing an active role in strengthening our industrial base, and this importance cannot be underestimated. We hope that commitments made by this government do not get pushed aside.

Labour remains committed to working with all levels of government to retain and attract good-paying jobs to Ontario. As workers we understand the motivation of the private sector and we emphasize our opposition to their involvement in providing publicly needed services. Whether it's hydro, education or health care, the most long-term cost-efficient provider of essential services is the public sector. The private sector has fiduciary obligations to investors that take priority over social obligations to the public.

It's safe to say that this government will find widespread opposition to an agenda of privatization and P3 partnerships. The last thing Ontarians want or need is multinational corporations taking profit from essential services out of their pockets.

While we can appreciate the tough choices this government has to make, it's time to address the real needs of all Ontarians and not just the wealthy and privileged. That would be a change even the most cynical among us could appreciate.

On behalf of the London and District Labour Council, I thank you for the opportunity to make this presentation and invite your questions.

The Chair: Thank you. We have about two minutes per caucus, and we'll begin with the NDP.

Mr Prue: You are advocating that the revenue go up. I've been talking about that now for a couple of days. You are advocating that it go up, with those who are most able to afford it paying the lion's share. That's what I can see.

This is in contrast to what some other groups are saying. They are saying that everybody needs to pay, from those who start paying income tax at the 6% rate, right up to the top. Some are advocating a 2% general overall tax from everyone, but yours is different, and I want to zero in on it. Why are you advocating that those at the higher level of the economic strata, those earning \$100,000 or \$200,000 or \$300,000 a year, pay more?

Mr Reid: First of all, they have benefited more than any other group in society over the last eight years. That's the first item.

Increasing the tax on somebody earning, say, between \$100,000 and \$150,000 by 2% from the current—it's about 11.19%—and increasing taxation back to the previous levels of people over \$150,000 can generate over \$1.3 billion in new revenue for the government.

Ms Ellis: The previous government had a surtax on people earning over \$100,000 and then an even higher surtax on people earning over \$150,000. It would be our position that you should re-implement those taxes.

As has been said, there were a lot of promises made during the campaign. There were over 200 made to the regular citizens of Ontario, and just that one signed with

that other group. I would ask you, is it not more sensible to break one over here than innumerable ones on this side? Raise taxes on those who can most afford it.

The Chair: Thank you. We'll move to the government.

Mr Colle: Thank you for the very clear presentation on a very complex series of issues. It's very helpful.

I guess the one thing I'm trying to get at it—maybe you can help me—is the point you made about this argument about the results of a financial policy built on tax cuts. As we've seen, the last eight years, this previous government said that this will create a buoyant economy, create jobs, etc. But we know that in fact the tax cuts have left us with a \$5.6-billion deficit. They've added \$50 billion to the provincial debt, which is costing us now, I think, \$11 billion a year to service.

So I guess what I would ask you is, would it help if we could somehow try and get this clarified on what the real impacts of continued tax cuts are, as opposed to another approach, rather than the tax cut approach of the past?

Ms Ellis: Look at Britain.

Mr Reid: Exactly, and look at the United States, where you've got states and you've got municipalities on the verge of bankruptcy because of this mania, ever since the Reagan administration, the Reagan factor, of tax cuts.

We're starving our municipalities. Mayor Gagner came to this panel earlier talking about the absolute crisis we're in. In London right now, we're facing a 13% municipal tax increase. What's that going to do to seniors trying to live and stay in their homes?

My figures are, the Tories added \$21 billion to the debt, not \$50 billion. So I think that was Mr O'Toole's point of order.

Mr Colle: Finance officials record \$50 billion.

Mr Reid: I think the debt is \$50 billion right now.

Mr Colle: They added \$50 billion.

Mr Reid: I'll live by your numbers.

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Ms Ellis: The fact of the matter is, as Jim has said, the most efficient way to provide services is through the public sector: publicly built, publicly administered, publicly owned. Privatization has a fiduciary responsibility to raise money for their shareholders. The shareholders of any public corporation, publicly owned, are the residents of that province or community. Therefore, it only makes sense that if there is any profit to be made, it should then go back into that community on behalf of those citizens, not some private corporation headed by some multinational corporation or person who takes that money to their head office in the States or invests it offshore, outside of Canada. We need to support our own country and our own communities.

The Chair: Thank you. We move to the official opposition.

Mr O'Toole: A very lively presentation and to some extent somewhat humorous, but I do take your point and I think you've made the point very well.

I just want to refer those listening or those who might be interested to your page 4 comment. I don't know

whether it's tongue in cheek, but I think there's a ring of truth to it, because I've heard it before. It says, "Following the election, Premier McGuinty resorted to the age-old tactic of most incoming governments and professed not to have known the extent of the mess he inherited. Lawyers use the term 'plausible deniability.'"

I thought that was quite well stated, and I credit you with that, but we did hear it, and for those listening, I would refer you to a presentation entitled "Ontario Chose Change: Will the Liberals?" by Hugh Mackenzie on the Ontario Alternative Budget technical paper. He went on to say in this that they knew all along and yet they promised everything, over \$6 billion in promises, and have no intention of following through on any of them. I think they are breaking most of them, and that's fine.

Probably that's the question I have for you, and you did answer it to some extent already. Which of the 231 promises should they break: the one not to increase taxes or the others, which were to hire 8,000 nurses, which they haven't done, or the Oak Ridges moraine—they haven't done it; you know, the whole thing? Now they are talking about—in fact, they are imitating most of our policies—the LCBO sale.

My question to you is one very specific question.

Interjection.

Mr O'Toole: These are public policy debates, and I think they are important debates.

I've heard this before, for municipalities and for others. As you know, in filing your income tax on an annual basis, for income groups there is a rebate on the GST. There is a GST rebate for those on low income, students and things like that. We've heard it from municipalities, from the universities. They want an exemption from the PST, and arguably from the GST as well, on those kinds of public service issues. Do you favour the elimination of the PST for persons on income below a certain LICO level or some level like that, or a rebate at the end of the year based on their filing? Basically, their income is all spent. You could say it's an 8% rebate, technically.

The Chair: Is that your question?

Mr O'Toole: It's sort of a question until I run out of time.

Mr Reid: I would tie the elimination of the PST into something else. It would be an idea of giving credits and rebates to corporations that actually provide eco-friendly packaging and products, recyclability. I think you could do a number of things if you looked at that.

As far as PST, the fact is that the auditor, I believe in last year's report, found that one in two businesses in the province of Ontario weren't remitting their proper amount of PST. So at this point we need either to enforce the current provisions of the legislation that allows for the collection of the PST and go after some of these businesses and companies that aren't properly remitting or we need to scrap it and tie it into the environment. If you're going to produce a product like beer, say, which is a popular thing for a lot of working people like myself—

Mr O'Toole: Is there tax on beer?

Mr Reid: No, but the way the Brewers Retail—

Mr O'Toole: It's an essential product.

Mr Reid: It's an absolutely eco-friendly product. They have almost a 95% recycling rate. But if we have products like that, we should be giving breaks to manufacturers, whether it's an auto parts plant or an auto factory or somebody making stoves and refrigerators. Unfortunately, we're losing our last major appliance maker in Ontario. But we need to look at innovative ways to tie taxation into corporate responsibility and the ecology here.

Mr O'Toole: Different tax policy is what you're saying. I appreciate it.

Ms Ellis: And commitment to community. If you're doing something environmentally friendly and you have energy-efficient products, that's where we should look at that kind of thing.

The Chair: Thank you for your presentation this morning. We appreciate your appearing before the committee.

Mr Colle: On a point of order, Mr Chair: Just to follow up on the point brought forth by the deputants, I'd like to ask research to give us a report on the relative results of various jurisdictions that have followed a similar policy of reducing public revenues by using tax cuts as the cornerstone of an economic policy, and if he could look at some of the US examples noted by the deputants. I think he mentioned Great Britain.

Mr O'Toole: Could we get New Zealand in that as well?

Mr Colle: That's fine. That would be good, and Ontario.

The Chair: Order, please. Just one question at a time. We'll deal with all of them if need be. The researcher would like to know what type of results you're asking for. You're asking for a result.

Mr Colle: I'm looking for the impact it has on the accumulated debt of that jurisdiction, the current deficits they are carrying and the infrastructure deficits in terms of dollar amounts. I know in Ontario we have a \$60-billion infrastructure deficit, so the impact it has on capital deficits for public infrastructure. Basically debt, deficits, and gaps in funding public infrastructure.

The Chair: Research will attempt to find those figures, if they are available, and provide them for all committee members.

Mr Colle: Australia would be interesting, and New Zealand.

The Chair: Australia and New Zealand are to be included. The member asked for all jurisdictions, so it's going to take some time.

Thank you very much.

Applause.

The Chair: Order. I remind the audience that demonstrations are not allowed.

Mr Barrett on a point of order.

Mr Barrett: As you know, Mr Chair, and our research officer knows this as well, I would also request some assistance from legislative research with respect to

the issue of tax increases. More specifically, in Monday's testimony from Ministry of Finance staff there were several questions with respect to tobacco tax increases from both myself and the finance critic. Federal-provincial tobacco taxes have increased incrementally over a number of years. The question is, much of that does accrue resources to government; however, consumers of the product also vote with their feet and make economic decisions to go to other markets, contraband or smuggled markets, where the taxation benefits do not accrue. I know there are some historical figures on revenue lost because of that action of consumers, and I would request that material; secondly, any projections that would be available of revenue lost—and we explained this previously—where revenue is lost from increases in taxation.

The Chair: Research has informed me that they could look for those figures for you, if they exist, and provide them to all members of the committee.

Mr Colle: On a point of order, Mr Chair: As a follow-up to get complete information on tobacco taxes and revenue losses, could we also have the costs attributed to the use of tobacco on our health care system, related costs on our health care system as a result of tobacco consumption?

The Chair: You're requesting information in that regard?

Mr Colle: Yes.

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The Chair: If the researcher could look into those numbers as well.

Mr Barrett: On a point of order, Mr Chair: Further to that—and I appreciate opening that up—as a result of taxation policy we are losing jobs—we are losing farmers, for example, in the industry—so if those costs could also be identified. I know this government is committed to compensation for farmers to compensate for the effects of taxation on people who grow tobacco in this area south and southeast of London.

The Chair: If an analysis in that regard can be done, I'm sure that research would provide it to all committee members.

I would ask the committee, on these points of order and requests to research, if you could keep them until toward the end of the day. We have deputants here and we're running behind.

COMMUNITY LIVING LONDON

The Chair: I would now call Community Living London forward. Good morning. You have 20 minutes for your presentation. You may use all of that time if you wish, but you may leave time for questions. If you would provide your name for the recording Hansard.

Mr Jim Hewett: Thank you, Mr Chairman. My name is Jim Hewett. I am the president of the board of directors of Community Living London. I think a few of the members have probably heard some of this information in the past, but for the committee, on behalf of persons

with an intellectual disability and their families, we take this opportunity to bring the following key issues to the attention of the committee.

There are four issues around the area of developmental services. The first is the ODSP, the Ontario disability support program. Community Living London and associations for community living across the province are encouraged that the government has recognized the need to increase the ODSP income supports as announced during the recent election campaign. However, a suggested increase of 2% to 3% plus the cost-of-living increases falls short of the required 18% that is needed to address past increases in the cost of living. Since 1993, the cost of living has increased by 18%. The ODSP, however, has only increased by \$1. ODSP income support payments need to be increased to ensure that individuals with disabilities are living safe and dignified lives. The current allowance of \$930 per month provides for annual incomes that are significantly below the Statistics Canada poverty line for a single person. This reality is compounded by where in the province a person lives.

We are recommending that the government increase the ODSP income support by 8% for each of the next three years. This will translate into an increase of \$74 per month in the first year, \$154 in the second and \$245 in the third. The annual ODSP income for a single person would be \$14,052 per year. This would allow the ODSP income support program to achieve its objective of providing a consistent and adequate income to people with disabilities to allow them to live safe and dignified lives in our community. The cost of such an initiative is approximately \$159 million each year for three years, for a total of \$477 million in new annualized funding.

Additionally, we are requesting that other programs such as assistance to children with severe disabilities be adjusted to reflect the cost of living.

The maximum allowable earned income of \$160 per month before the taxback for persons receiving ODSP income support also needs to be increased. For those individuals who are able to work competitively, an increased allowance will act as an incentive to continue to participate in the economy of the province and to improve their standard of living. Such an initiative will not create any new costs to the government and to the taxpayers. We suggest the allowable earnings be increased to \$250 and the taxback be reduced to 40%.

Second is quality community-based supports and services. The announcement in 2001 by the Minister of Finance of the previous government of \$197 million in new funding for the revitalization and creation of new services in the developmental services sector over a five-year period was a much-needed commitment by the government. However, the identified funds are far from what is required to respond to the growing needs of children, adults and families within this sector. In 2001, Community Living Ontario estimated that \$440 million was needed immediately to address critical needs of individuals and families in the developmental services sector.

Currently, there are more than 8,000 people waiting for services and supports across the province. Many families who raised children at home instead of sending them to institutions are aging and unable to provide the levels of support that are needed by their adult children. This situation will continue to deteriorate as the baby boom generation of parents reaches the age where their families need community support. To give you an example, the community services coordinating network in this community currently has 400 adults and over 100 children requiring residential support.

Young adults who are leaving or have left the school system require day supports and services as they make the transition from one stage of life to another. Teenagers and young adults 13 to 21 currently attending school require after-school support between the hours of 2 pm and 6 pm. The current gap in supports to those in this age group is creating tremendous pressure on families who are trying to maintain normalcy through employment, careers and family life.

Children with intellectual disabilities are being supported in the child welfare system, because other community services are unavailable. Currently, London-Middlesex has about 50 to 60 individuals with intellectual disabilities who are supported through CAS.

The funding provided since 2001 for compensation to employees in this sector has not reduced the 25% difference in compensation for those directly employed by the government and other broad public service sector agencies. The average salary increase of 2.6% was less than the 3.9% increase in the cost of living. There is a need for committed, experienced, professional people to deliver the services required to support individuals with intellectual disabilities and families to live safely, with dignity, and to actively participate in their communities. This is an increasing challenge in a sector where the average staff turnover rate is 22%.

Costs associated with the provision of quality services continue to rise, including training, utilities, repair and maintenance, without associated base funding increases.

There is an immediate need for \$240 million in new funding to close the gap paid to employees in this sector and to provide an appropriate annual increase to employees in the 2004-05 budget year. This \$240 million is included in the \$440 million that I previously mentioned.

The third area is the closure of institutions. Community Living Ontario and its members across the province have been advocating for the closure of institutions and the deinstitutionalization of persons with intellectual disabilities for more than 20 years. People with intellectual disabilities should not be kept in institutions, isolated and segregated from their community. Currently more than 1,100 individuals continue to live in government-operated schedule 1 institutions. The record of community living over the past 20 years demonstrates beyond any doubt that with adequate resources, all individuals can be supported in their community.

The concern for local economies where large employers move away has been well-managed in those

communities where schedule 1 institutions have been closed, such as Woodstock—Oxford Regional Centre, Palmerston—Midwestern Regional Centre, St Thomas—START Centre, and Picton—Prince Edwards Heights. While not every facility can or should be converted for other institutional use, employees can be offered or provided with a range of options that will respond to their individual circumstances. The goal of closing all provincial institutions can be achieved in a relatively short period of time—specifically, less than three years—if a commitment is made by the government.

The resources currently expended in the three remaining institutions in Chatham-Kent—Southwest regional, Orillia—Huron, and Smiths Falls—Rideau regional need to be reallocated to communities and community-based organizations that will develop, sustain and ensure quality services. While there will be a need for one-time funding to facilitate the implementation of the plan, the government may be able to realize additional revenues from the sale of the existing properties once they have been vacated.

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Historically, the three main provincial political parties have consistently taken action toward the closure of institutions during their time in government. The time is now for the Ontario government to renew its commitment to community living for people with intellectual disabilities.

Building code of Ontario: The existing B3 code requirements for community residential homes for persons with intellectual disabilities, those with less than 10 persons, significantly restricts the ability of communities to provide much-needed residential supports. The housing development and building branch of the Ministry of Housing and the Ontario fire marshal's office have consulted on a number of code changes, the removal of which will not compromise the safety of persons supported.

The main area of concern is that many of the B3 requirements are inappropriate when applied to a residential house for four to six persons. This has led to increased costs and the design and construction of homes that are institutional and do not fit in with the rest of the neighbourhood. To give you an example, we built a home last year, and it cost us an extra \$150,000 to bring it up to this code.

These requirements have increased the cost of a new home in the city of London by up to \$200,000 or 40%. The retrofit costs for homes rented or purchased for occupancy by persons with intellectual disabilities are prohibitive to landlords and to not-for-profit organizations like Community Living London. This has negatively impacted the ability to provide residential supports and to respond to a critical area of need. Additionally, the provincial demand for accessible, affordable housing is also impacted, although within a specific population.

The changes that are proposed are changes to the regulations and can be fast-tracked. The government needs to give priority to the implementation of the

revised regulations, thus accelerating development of community residences and saving you money.

The next area I'd like to focus on is joint multi-ministerial and governmental collaboration. This includes inclusive education. There is a need to ensure that the funding allocated for special education is utilized to meet the educational needs of children and youth with intellectual disabilities in inclusive environments. The allocation of resources to congregated or self-contained classrooms must not be the first or primary choice of school boards. Additionally, the funding for special education should be based on the learning requirements of each student rather than on a model that focuses on a medical model of disability or functioning.

The next area is specific to persons with Down syndrome and Alzheimer disease or dementia. There is an increasing need for joint ministry—specifically the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services—collaboration, planning and resource allocation for community-based supports and services for persons with Down syndrome and Alzheimer disease. These resources must be dedicated by the respective ministries so that the intended benefits, both health and community supports, are realized. Resources identified and allocated must not be subsumed under either general health or developmental services allocations.

The next area is accessible affordable housing. The transfer of responsibility for housing to municipalities has created a vast shortage of accessible affordable housing. Multi-ministerial and governmental collaboration, planning and policy development to facilitate and ensure the development and availability of appropriate housing for persons with intellectual disabilities and those receiving ODSP income support is required. To support the outcomes of any such action taken, the government needs to make available resources through the direct transfer of funding, subsidies or increased ODSP income supports.

Next is public transit, specifically specialized transit services. Similar to the issue of housing, there is also a need for multi-level governmental collaboration, planning and responsibility for the development and enhancement of public transit to ensure that persons with intellectual and other disabilities can access their communities. A commitment of dedicated resources from the provincial government is required to ensure quality, accessible, specialized transit services are available for persons with disabilities.

In conclusion, the developmental service sector requires a long-term plan that is based on consultation with stakeholders. The plan must continually evaluate and review the demand for new supports and services, emerging needs, societal values and creativity and effectiveness to ensure that resources are made available and that society and government are aware of and understand the needs, challenges and successes of the sector. Any plan that is developed must be supported by resources. The developmental services sector requires an

immediate infusion of funds to enable persons—individuals and families—to enjoy a quality of life that is founded on value and participation. Thank you.

If there's any extra time, I'll take any questions.

Applause.

The Chair: Order. Thank you for your presentation. We only have time for one rotation of up to three minutes, and on this occasion it will go to the official opposition.

Mr Barrett: Thank you, Mr Hewett, for being here and speaking on behalf of people with disabilities. You've indicated that the present government's election promise of a 2% to 3% increase is not adequate. The PC commitment, you will recall, was an immediate 5% increase to the ODSP, the Ontario disability support program. You indicate here the need for 8% over three years and program assistance for children with severe disabilities. I appreciate your recognizing the 2001 announcement, the much-needed commitment by the government of the day of \$197 million in new funding for the revitalization and creation of new services, and you're on the record, as I interpret it, as stating the need for \$240 million.

The Ontario budget will be tabled in the near future. It's very important that you are making this pitch on behalf of people who cannot. You stress the need for an immediate infusion of funds. You've said the time is now; I concur with that. That would be in the coming budget. It is important for all of us to hold this present government accountable, to roll up their sleeves and to come forward. I would hope the members of the committee here would be following on that and approaching their minister as well to that end. Those are my comments. If you have any comments, I'd appreciate them.

Mr Hewett: No, I think it's put out in our information here.

The Chair: Thank you for your presentation this morning.

PARTNERS IN EMPLOYMENT

The Chair: I would call Partners in Employment to come forward, please. You have 20 minutes for your presentation. You may leave time for questions if you so desire. If you would, please give your names for our recording Hansard.

Ms Marilyn Neufeld: Thank you, Mr Chairperson. My name is Marilyn Neufeld, and I'm presenting on behalf of Partners in Employment. We had also hoped to have Darryl Mantel with us, who is a manager with a Loblaws store here in London, but because of weather, he isn't able to attend. Bruce Rankin, at the far end, will be reading his comments. To close off our presentation today, we have Grant Millar, who is a job-seeker, and he will share with you some of the obstacles that he has faced in gaining employment.

Partners in Employment is a group of agencies in London and Middlesex county that has been meeting since 1995. Our mission is to build a coordinated, person-

centred employment and training service system for people with disabilities.

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Today we would like to bring to you some of the issues that people with disabilities face in terms of employment. The most important point we would like to leave with you is that many people with disabilities want to work and, with appropriate supports and services, have the capacity to make far more significant economic contributions to their communities. With a future labour market shortage, investing in training and employment services for people with disabilities should be a priority of this government.

The first area we'd like to mention is ODSP income support. I will not go into that, because the previous presenter outlined a lot of the topics that we are concerned about, other than to say that PIE encourages the government's pledge to link increases in the ODSP allowance to the cost of living. Certainly, we would support a catch-up payment so that people can enjoy a reasonable style of living. As well, currently, any single adult with a disability earning more than \$160 per month has their allowance reduced by 75% for all earnings over \$160. This situation creates a perceived disincentive to work and inhibits labour-force participation. PIE recommends that the \$160-per-month ceiling be increased, giving consideration to the cost of living and pending minimum wage increases.

Persons with disabilities typically obtain entry-level part-time positions. A buffer zone is needed to allow individuals to retain their health benefits after their earnings have deemed them ineligible for income support. Fear of losing health benefits is a very significant deterrent for people with disabilities wanting to participate in the labour force. Such incentives would be cost-effective as they would lead to more people participating in the workforce and ultimately would decrease reliance on ODSP income supports. In light of the additional health benefit requirements of many individuals with disabilities, PIE recommends that health coverage be reviewed so that this barrier to employment is addressed.

In the area of training and employment supports, PIE definitely promotes a continuum of services that meet a wide variety of needs that include short-, medium- and long-term interventions. However, with three ministries—namely, health, community and social services, and training, colleges and universities—supporting different populations, with different employment interventions from unique funding envelopes, there needs to be the coordination of services.

PIE recommends that an interministerial approach be taken to develop a funding delivery model through a lead ministry, with a local presence having responsibility for training and employment services for job seekers with disabilities. This process could lead to more equitable funding of the different disability populations, reduced provincial program administration costs, increased flexibility and ultimately a program delivery model that achieves greater efficiencies and effectiveness.

With regard to ODSP employment supports, firstly, in some situations, individuals presenting more challenging disabilities are not considered employable or employment ready and therefore are not eligible for ODSP. Without funding for service supports over a longer period of time to build self-confidence, skills, knowledge and experience, this population faces insurmountable barriers to employment. Some individuals with disabilities have access to other provincial programs and can participate in day programs to build these skills or develop skills for daily living. Other populations, such as those with physical disabilities, do not have access to such programs within the current legislation.

PIE recommends that the ODSP legislation be revisited to be compatible with opportunities available to individuals receiving services through the Developmental Services Act. You mentioned, from the previous speaker's presentation, the notion of—I'm not sure what it's called—the fund that has been developed in terms of people with intellectual disabilities. Programs that relate to people with physical disabilities do not receive those incentives, and that should also be a consideration.

In other situations, individuals may require employment supports on an ongoing or continuous basis. PIE recommends that ODSP rules governing ongoing or continuous support—commonly known as job maintenance—currently limited to 10% in the longer term, be expanded in recognition that there are individuals who want to work but require flexible or longer-term accommodations to do so.

Thirdly, a person with a disability who requires and is eligible for ODSP employment support is denied these funds when an employer has access to the targeted wage subsidy program via the federal government. The targeted wage subsidy program is a benefit to the employer to encourage them to hire individuals they would not normally hire in the absence of a subsidy. ODSP employment supports are employee benefits to provide appropriate supports, ensuring a successful outcome. PIE recommends that persons with disabilities be eligible for ODSP employment supports regardless of employer incentives such as the targeted wage subsidy program.

With regard to Ontario Works, over 25% of the Ontario Works caseload has been on assistance for longer than 24 months. This harder-to-serve population has been increasing as the economy improves. It includes individuals with disabilities who are not prepared to self-identify, those who are formally undiagnosed and those who do not meet the eligibility standards of the current ODSP guidelines. Currently, OW, with its focus on the shortest route to employment, does not have the employment diagnostic services and the longer-term supports these individuals need. PIE recommends that increased employment supports be made available to meet the needs of this population.

Finally, with regard to access to employment in rural areas, persons with disabilities contend with many, many challenges: isolation, access to services, aging parents, housing, seasonal and high unemployment, poverty and

transportation. The most significant barrier to employment in rural areas is the lack of transportation. In small communities where there is no public transit system, people with disabilities are often unable to obtain or maintain employment without a means to travel to and from work. PIE recommends that a travel subsidy be introduced for individuals with disabilities who are engaged in employment preparation or employment activities in rural areas. Such a subsidy should not be considered as earnings.

There are other areas of critical importance to people with disabilities: for example, the assistive devices program and the Ontarians with Disabilities Act. These initiatives help foster a culture of inclusion and enable people with disabilities to take their rightful places in their communities. People with disabilities really represent an untapped talent. Citizens with disabilities want to work and will bring much-needed skills to the workforce. We urge this government to invest in helping this population make their desired contributions to the economy and to the community.

At this time, I'd like to ask Bruce to speak on behalf of Darryl Mantel.

Mr Bruce Rankin: Had Mr Mantel been with us today, he would have made the following statement.

Loblaws has been committed to hiring people with intellectual disabilities since 1990. A collaborative approach that included employment service providers, corporate leadership and union support resulted in a policy at Loblaws that accommodates people with disabilities in many of our stores across the province. Currently, at my store we employ two individuals who receive ongoing supports from agencies that are members of Partners In Employment.

One of these individuals, John, has been working with the store for 11 years. His long-term employment with Loblaws would not have been possible without the ongoing supports he receives from a provincially funded employment program. From time to time, issues have emerged in John's life that he has had difficulty coping with. During these times, we contacted the agency and they were able to respond, often on the same day, to assist and provide the counselling to John that he needed to focus on his job and continue meeting our workplace expectations. I am also aware that agency staff assist John in managing his personal affairs on a week-to-week basis in order that he may be able to continue living independently in his community.

As an employer, Loblaws is committed to people like John, but we recognize that he needs additional supports to be successful. We are not equipped to provide those additional supports. We don't have the resources or the expertise. I therefore urge the committee to consider the valuable contribution that people like John make to the labour force and the community, and I urge you to make the funding of supported employment programs a priority. Agencies need the base funding to continue their operations and provide flexible, responsive supports when requested by employers.

Ms Neufeld: Now Grant Millar.

Mr Grant Millar: Hi. My name is Grant Millar. I went to Fanshawe and got my audio-visual diploma. I live at home with my mom. She has emphysema. When I find that I make a cold call to an employer, they don't take me seriously. If I fill out an application, it looks like a kid filled it out and it's overlooked by the employer. I am educated, college for 10 years, I don't want my education to be wasted. I want to work.

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I'm on disability income. My income has been fixed that way for more than 10 years. I have to live at home with my parents because I can't afford to live on my own with the pension amount I receive. I, like most Canadian guys, enjoy hockey. If I lived on my own, I could not even afford to go to a nice hockey game.

I have a couple of suggestions to improve it. If I make over the amount, I get cut off. If you make it like I can work but keep my health or my dental, maybe that would make it more appealing for people with disabilities to work. I want to work, but under this system it's not working.

The Chair: All speakers are complete? OK. Thank you.

We have time for one question from one party. This will go to the NDP. You have about three minutes.

Mr Prue: An absolutely excellent presentation, I have to say.

In three minutes, I can only zoom in on one thing, and there's so much to say. Where I'd like to zoom in on is the part where it talks about persons with disabilities. If they take part-time positions, "a wider buffer zone"—I'll just read from this—"is needed to allow individuals to retain their health benefits after their earnings have deemed them ineligible for income support. Fear of losing health benefits is a significant deterrent for people with disabilities to participate in the workforce. Such incentives would be cost effective, as they would lead to more people working and decreased reliance on ODSP income supports."

It seems to me quite logical. So I just want to reiterate this so that the government members can hear this.

What you are asking for, quite simply, is that people continue to have health benefits—I think primarily for drugs, but for other things, perhaps for dental as well—nonwithstanding the fact that they are able to make that small leap from being totally dependent upon the state to being self-sufficient. I think that's quite a reasonable thing. Is that what you're asking, and if so, how much do you think this is going to cost the public purse? I would assume not much.

Ms Neufeld: There are a lot of factors that would have to be considered with that, because if individuals are able to access continued health benefits, they will be more likely to enter the labour force. That's sort of the unknown quantity. You'd have to do some actuarial work to determine what that would mean. But I do believe that individuals would not fear the loss of health benefits.

If you have a disability, a health benefit is not an option. You may need physiotherapy. You may need drugs. There are lots of things that you may require just to sustain your livelihood. If that barrier were removed by having health benefits available to people and they didn't feel that they would be threatened if they were able to even get a part-time job—and we all know nowadays the other issue around part-time positions is that very few of them offer extended health benefits. There is a double disadvantage there in that people are not prepared to go into the labour force because they're going to lose their health benefits, and if they do go in, the chances are they'll go into an entry level position or they'll go into a part-time position, and most employers do not provide health benefits for those individuals.

If that issue can be addressed, I think there would be a considerable shift in people's willingness to try a job.

Mr Prue: The second thing you have also outlined—is that it is important to raise the bar, the amount of money that people are allowed to earn in part-time positions without being adversely affected. I was surprised that it was so low. Was it \$160 you mentioned?

Ms Neufeld: Yes.

Mr Prue: Has that been changed?

Ms Neufeld: No.

Mr Prue: So that hasn't been changed in view of inflation or anything else?

Ms Neufeld: No, it's never been adjusted that I know of.

Mr Prue: The amount that you're suggesting would be how much, \$250, \$300?

Ms Neufeld: I think one has to look at the increase in minimum wage, because then even if you're working part-time you'll make a little bit more money and therefore you'll be subject to the clawback sooner. That should be adjusted to an amount that would accommodate an increase to minimum wage and also a cost of living. That amount is something that would have to be worked out.

I think the previous speaker said something like \$185, was it? I'm not sure. But there sure definitely be an adjustment.

Mr Barrett: Point of order, Mr Chair: Mr O'Toole and I agree with Mr Prue's sentiments on this. I also wish to compliment Loblaws and other corporations involved in this and appreciate that if somebody wants to work, why should there be a disincentive?

The Chair: That's not a point of order.

I thank you for your presentation this morning.

THAMES VALLEY DISTRICT SCHOOL BOARD

The Chair: I would call on the Thames Valley District School Board to come forward, please. Good morning. I would ask you to identify yourselves for the purposes of Hansard.

Mrs Jan Hunter: I do understand we're the last before lunch, so hopefully we represent something very positive here.

I'm Jan Hunter, chair of the Thames Valley District School Board. I've brought with me our director, Mr Bill Bryce, and our executive superintendent of business, Mr Brian Greene.

Thank you for the opportunity to present this this morning.

Education in Ontario today is faced with many serious issues which in our view require urgent and innovative policy solutions.

A quick description of our school system hopefully will be a bit useful.

The Thames Valley District School Board is one of the largest school boards in Ontario, responsible for over 85,000 students in 156 elementary and 30 secondary schools. We serve an area of over 7,000 square kilometres, including all of the counties of Oxford, Elgin and Middlesex and the city of London. We are a very large system and we take great pride in its success and in building a caring, learning community that fully meets the needs of all students and all schools.

We would like to emphasize that right now there exists within education today a special opportunity to forge a new and progressive working partnership with school boards and publicly elected trustees. I put the stress on the words "partner" and "partnership."

For too long now, the views and input of school board trustees have been ignored or avoided. But it is on this group that many important decisions rest and it is this group that is closest to the issues and the challenges that confront public education today.

With that sense of partnership very much in mind, the trustees of the Thames Valley District School Board present the following issues of concern to the Ontario government.

There are few school years in which the issue of small-school enrolment is not addressed. Thames Valley is currently operating a total of 26 JK-to-8 schools that fall below the ideal student enrolments recommended by the Ministry of Education funding formula. In this current school year, Thames Valley will manage a total of nine area accommodation review committees which will focus on the learning environments of 28 secondary and elementary schools—a daunting task.

1200

The issue is complicated within the Thames Valley system by the growing impact of declining enrolment. Over the next seven years, Thames Valley will lose a total of 6,700 students, the equivalent of 14 elementary schools and two average-sized secondary schools. This steady fall in enrolment, familiar to schools across Ontario, will mean a loss of some \$30 million in funding to our system, an issue that requires attention and new and innovative changes to provincial funding formulas.

We believe that this is an important area of concern and one where the province and publicly elected trustees should be working together to distribute resources and deliver the highest possible education to all schools and all communities.

Thames Valley values and does appreciate special funding that the province has made available this year to

aid the board's growing number of small elementary schools. It is in the support of these small schools that we would refer the government of Ontario to recommendation 15 of Dr Rozanski's final report of the Education Equality Task Force, which stated that "where a board has made a decision, on the basis of credible criteria and a transparent decision-making process, to keep a small school open, the board should receive the core support funding it needs to provide a high quality and safe learning environment in that school."

It was our position before the Rozanski report that a new transportation model is urgently required if we are to meet the growing cost of transporting our students to and from school each day. Although some provincial relief has been provided in the form of one-time grants, we have seen no substantial change in the transportation funding formula in almost seven years.

This board daily transports some 30,000 students, a task that involves a fleet of almost 900 vehicles that cover over 21 million kilometres a year. It is a huge and complex transportation system that continues to be funded at levels that were established before board amalgamation in 1998. Our own current shortfall in transportation is \$2.18 million, funds which must be transferred from other areas of the board in order for us to fully meet the needs of our school system.

Unique to Thames Valley is the desire for many families to locate within our board area because of the availability of superior medical services for their children. We would remind the government that the current funding model makes no allowance for the cost of transporting a student with special needs. Within our system, the average annual cost of \$690 for transporting a child with no special needs is magnified into \$5,400 for children with them. These students comprise approximately 5.2% of our school population, yet they require almost 30% of our total transportation budget, an issue that must be considered in the design of any new transportation model.

We also continue to recommend that appropriate incentives be developed to encourage coterminous boards to plan co-operatively and to utilize transportation services efficiently. Within our own system, 108 vehicle routes are currently shared with our coterminous boards, both Catholic and French-language. We continue to pursue opportunities in this area and believe that increased co-operation and planning between boards can result in greater efficiencies and reduced cost to hard-pressed transportation budgets.

All teacher contracts in the province will expire on August 31, 2004, when Thames Valley, like every other board in the province, will be set with the obligation to negotiate new three-year collective agreements. In the best of circumstances, we would expect to be at the table in early spring in order to begin this process. At this point in time we have received no information or guidance from the government on proposed salary funding benchmarks for 2004 and beyond.

The trustees of the Thames Valley District School Board believe that it is not only urgent but critical that

the government provide us with the information we need in order to begin a successful process of negotiation with our teachers. It is the belief of this board that the delivery of a three-year funding model—as opposed to re-opening salary agreements on an annual basis—is in the best interests of our students and the building of long-term relationships with our teachers.

We would also take this opportunity to remind the government that in recent years the cost of providing benefit packages has outstripped the cost of negotiated salary increases by a substantial factor. Special consideration needs to be applied in this area if we are to have the funding in place to negotiate successful long-term agreements.

The experience of the Thames Valley board, like that of many other boards across Ontario and Canada, is that electronic or virtual learning is becoming a major success story. Yet the Ministry of Education, to date, has not provided special funding to support and nurture this important new learning opportunity. At a time of declining enrolment across Ontario, a growing number of secondary schools are unable to provide the required range of courses in traditional classroom settings. E-learning provides an innovative and efficient way of filling the gap with high-quality courses delivered with many of the values of the traditional classroom. Our experience within Thames Valley is that students understand and have a growing confidence with the virtual classroom experience. Yet this innovative program at our board and others in Ontario will soon be in jeopardy without firm funding support from the government.

Thames Valley believes that this is a critical time in the educational times of Ontario and that high-quality virtual learning programs allow students to learn wherever they are and whenever they want. We urge the Ministry of Education to provide funding direction for this new and highly successful learning initiative and to include the support necessary to establish it in those learning environments where it is most necessary.

We are again confronted with the spectre of rising hydro utility costs within our school system, as we anticipate the cap being removed April 1, and again we must manage these costs partway through our fiscal year, inside spending envelopes that will not allow us to keep pace. Without adequate funding by the province, we will again be forced to find money from elsewhere in our budget. We would urge the government to define funding formulas that indeed keep pace with the rising cost of services.

Small schools, transportation issues, salary benchmarks and e-learning: vital components of our education system today. We are all here because we share a commitment to children and to their education. It is with that in mind, Mr Chairman, that I, on behalf of the trustees of the Thames Valley District School Board, wish to thank you sincerely for this opportunity to present this brief this morning. We will do our best to answer any questions.

The Chair: Thank you. We have about two minutes per caucus, and we begin this time with the government.

Mr Colle: Thank you for the update. This is a problem that we're facing in Toronto, with the impact that declining enrolment is having. Could you explain how this is affecting your board and its bottom line, in grants from the government?

Mrs Hunter: It's tied in with the per pupil funding. For an explicit explanation, I'll turn to our business expert.

Mr Brian Greene: I'll kick it off, and perhaps the director can help as well, because there are two components to it. There is the funding for the day-to-day operation of the education of the students as well as the facilities, and then there's the longer-term accommodation issue. In other words, as our enrolment declines, we have more and more space that isn't utilized in our building. So as the funding per pupil drops, we have fixed overhead costs that can't always be reduced. We may end up with the same number of principals and secretaries, yet fewer students.

So we lose funding in a number of the funding envelopes that can't necessarily have our costs reduced directly. Then there's the ongoing concern about the accommodation. While we've been dealing with small schools and the whole issue of school closures, not only here but across the province, this further decline is going to have a similar impact in the next five to 10 years as well.

Perhaps, Bill, you may wish to add something.

Mr Bill Bryce: In the area of programming, as the numbers decline, you've got the fixed costs, as Brian has pointed out, but then you have schools of 300 with the expectations of the community that we deliver the full range of programs, but we're not able, with small numbers, with a pupil-teacher ratio of 22 to 1, to provide the breadth of program offerings that students require to get into university and community college. The community expects the schools to stay open, so the fixed costs remain as the school stays open, but the ability to deliver the programs decreases, as you don't have the staff to offer the breadth of programming.

So one of the critical elements, as we see it, is preparing the students and keeping them engaged to avoid the dropout rate, trying to do good things for students so that we keep the kids engaged. We have a great program right now where we're working with a work internship program where our students and staff have worked with local employers to get the kids employed as in the co-op program. Yet we don't have the staff to really offer that. We're taking staff from other programs to keep this good program going in our small schools so that we can avoid student disengagement and minimize the dropout rate.

1210

The Chair: We'll move to the official opposition.

Mr O'Toole: Thank you very much for a very positive presentation. I was expecting to get kicked around a bit. I commend you on the job you're doing.

I was a school trustee for a couple of terms from 1982 on. There's a lot of déjà vu in education, as you might know—I see the director there smiling—because it does

go around kind of in a circle. But it is an important resource, and I want to commit to you that to me education is the primary vehicle we all depend on as society moves forward. Ways of solving those problems are important. My wife is a teacher and my daughter is a high school teacher, so on a daily basis we have a lot of political debates. I'll leave it at that. I think they voted for me; I'm not sure.

I'm just going to comment and then I have a question on the issues you bring up, which I think are important. The first one is transportation. I know the issue quite well from my days back some time ago with smaller and smaller schools, much more a network. I commend you on the coordination. I know how political that is, the start and stop times for schools and one bus system for the area, whether it's French-language, whatever, especially in the special-needs-children area. Keep pushing. I would only allocate part of the \$30-million one-time funding to boards that had a coordinated plan, period. There are lots of reasons why. That's a comment.

On salary benchmarks, I believe where we're moving—85% of your budget is wages and benefits. The province should move immediately to province-wide negotiations. OECTA and OSSTF have already done that. That's how they ratchet negotiations. I'd like you to respond to that, not at the moment here but right afterwards. I believe provincial negotiations are very important, because it's a huge part of your operating budget, and it's a critical part given some of the small-school issues you mentioned.

Finally, your e-learning solution: I commend you for that completely. My background is in that area. From what I know of distributive learning, it will solve many of the small-high-school problems in my area: e-learning courses on-line, how they get paid, where the students learn from, who provides the course material, how they allocate the grant. You've got a lot of stuff to figure out, but that's part of the solution for small schools being able to offer that economics credit when there are only four children enrolled. To me, it is a critical area because it is very expensive to keep e-technology, that whole basket, modern and connected. In primary education, up to grade 3, my sense is that there shouldn't be any computers.

The Chair: Mr O'Toole, I'm going to let the presenters—

Mr O'Toole: No, I'm not finished.

The Chair:—respond to one of your many questions.

Mr O'Toole: No, there are not many questions. The question is, is e-learning part of the solution going forward for small schools and complex learning needs?

Mrs Hunter: I appreciate your insight, John. Director, would you care to respond?

Mr Bryce: Where you get six kids in one school, four kids in another, six kids somewhere else and they wouldn't have a class in any one of those schools, if you combine them by e-learning, then you can have a class. The problem today is that those students are treated on the con ed register, where the grants don't come anywhere close to the real teacher cost. We need them on the

day school register. It's a bit technical, I realize that, but it's the register that they're on that generates the grant. We're not getting the grant to pay the teachers the salary they deserve, because the teachers do a huge amount of work to prepare e-learning, monitor it and work with the students all through the hours of the night e-mailing back and forth. It's a great way to help keep kids engaged, but right now we're funding it in ways that the government doesn't provide for.

Mr O'Toole: One comment, there should be—

The Chair: Your time has expired, Mr O'Toole. We'll move to the NDP.

Mr Prue: Two areas; hydro, first of all. Your costs are going up by \$500,000 this year and \$1.3 million next year, according to your brief and what you've said here today. Have you requested funding from the current government, which campaigned on a platform of not lifting the caps and then immediately lifted the caps? Obviously, they should pay. You must have been totally shocked by what they did.

Mrs Hunter: It's our understanding that OPSBA has made this request at this point in time, but we have not directly made any request ourselves on behalf of this board.

Mr Prue: OK. Your board did not, but other boards have?

Mrs Hunter: The Ontario Public School Boards' Association, it's my understanding, has made that request.

Mr Prue: Have they received any commitment, do you know, from the Minister of Finance to—

Mrs Hunter: As our director is pointing out today, we are also requesting it. We have not heard a follow-up on that.

Mr Prue: All right. The second thing: In terms of transportation, as these smaller schools are being forced to close, I would assume that the amount of time children are spending on the bus is going up significantly as they go farther and farther to school. Can you tell me what the average bus time is for a child?

Mrs Hunter: Yes. Brian, could you take that one?

Mr Greene: Certainly. We don't calculate an average, because it varies. There is a difference between urban and rural, depending on the distance between schools. We try to use a guideline of having nobody on a bus longer than an hour, and that would be the worst-case scenario. Sometimes it's program reasons; in other words, French immersion, where we're congregating them in a school in a geographic area. It's a really tough one to answer. It really varies by program and by area.

Mr Prue: So it could be as little as five minutes or as much as an hour. Could you give me any kind of guesstimate how many children get toward the high end? I think anything over half an hour is excessive, quite frankly.

Mr Greene: No, we don't have that data. Again, some of the people who do that choose that for program reasons. In other words, if they choose French immersion, part of that may be a longer bus ride to get to

the school that offers that; or we have other program reasons, where they attend some of our specialty schools like Ross or Thames. Sometimes it's a parental choice to do that to get the program they want, as opposed to it being forced on them by a location or geographic thing.

The Chair: Thank you for your presentation this morning.

Information for the committee: You can put your personal items in this room, but it's recommended that you use the room next to where we checked in last night. We'll be eating lunch quickly at the same place we had breakfast this morning here in the hotel. I would ask all members to be back here promptly at 1 o'clock. We are recessed until 1 o'clock this afternoon.

The committee recessed from 1217 to 1303.

The Chair: The standing committee on finance and economic affairs will come to order. I remind persons to turn off their electronic devices, please.

LONDON CROSS CULTURAL LEARNER CENTRE

The Chair: If our first presenter, the London Cross Cultural Learner Centre, is here, would you please come forward.

Good afternoon. You have 20 minutes for your presentation. You may leave time for questions if you desire, and if you would please state your name for the purposes of Hansard.

Ms Mary Williamson: My name is Mary Williamson and I'm the executive director of the London Cross Cultural Learner Centre here in London.

Our agency provides services to new immigrants to Canada through federal programs. We operate all of the federal immigration programs in the one location. We also engage with the province through its newcomer settlement program through the Ministry of Citizenship.

It is exciting to be here today because we anticipate that there's going to be a new relationship between settlement agencies and the provinces through the deliberations that are going on between the feds and the provinces about the delivery of settlement services. So I'm hoping that sometime today we can engage in what that means and what we're hoping the province will commit to in terms of ongoing programs and services for new Canadians.

One of the key issues in London and throughout the province right now is access to trades and professions. We have huge numbers of professional immigrants who are here in Canada and unable to use their education, skills and experiences from other countries to bring to the use of our communities and to engage themselves in full employment. It is a constant challenge for all. At the London Cross Cultural Learner Centre we deal with the outcome of their inability to access their professions. We're seeing huge numbers of individuals who settle for a short period of time in unemployment or underemployment situations, but ultimately the cost to our society, to them personally and to the family structure begins to be

stressed. We see a lot of depression and anxiety coming from people who want no more than to be able to share and to give to Canada their knowledge and to contribute to the economic situation of our country.

We know that this government has made a commitment to access to trades and professions, to break down some of those barriers to employment for our internationally trained. We applaud you and offer our assistance in helping to design a program and to work within communities to address some of the shortfalls in the labour market and to introduce employers and communities to a bank of talented individuals who are more than willing to be there. Hundreds of newcomers are saying, "Just give me a chance. I'll do it for free. Let me show you that I can do this. I don't want to lower any bars. I want to show you that I'm the professional in front of you. You brought me to Canada based on my education, my skills, my language, and now just give me a chance to engage."

When we're talking about access to trades and professions, the doctor shortage, in London and in many communities, is on the front page of every newspaper. Here in London, our mayor in recent weeks has put together a task force, trying to see how, as a municipality, as a corporation of the city of London, we can help address the shortage. London has been known for years as a medical centre. We are losing specialists, we are losing doctors, one after another after another.

On our database at the centre I have a minimum of 80 international doctors, physicians and surgeons, who are here, trying to get into the field. We know that residencies are the biggest barrier but we also, working with AIPSO, which is the Association of International Physicians and Surgeons of Ontario, have met with the faculty of medicine here. We would like to be part of designing a system that would allow more of the doctors to get into practice, or at least inside the medical arena, so that they don't lose the skills and the training they've received. We have doctors who have trained doctors who are practising here in London, but because of the way they came, the different avenue by which they came to Canada, they are unable to practise.

1310

London is a refugee-receiving community. We receive approximately 2,000 immigrants in a year. In the last number of years, anywhere between 70% and 90% of the immigrants to London have been refugees. Over the last three or three and a half years, we've seen a huge influx from Colombia coming as refugee claimants and being accepted within a very short period of time. Anywhere from three months to a year seems to be the standard. These are primarily professionals. In one year alone, we received 22 medical doctors from Colombia. Their skills are current, their education is not to be questioned and they are willing to put themselves out there. We have doctors who have engaged or begun engaging in the process. They have written some of the qualifying or equivalency exams, but the residential component is holding them back. There are somewhere in the neigh-

bourhood of 3,800 international physicians and surgeons in Ontario alone. There must be some way that we can design a process that would help us address the shortfall without having to wait years for the educational system to catch up.

ESL: In the past number of years we've seen the education system stressed because of budget cuts. The programs that are there to assist the most vulnerable are the ones that are generally challenged first. We've seen a reduction in ESL classes at the secondary and elementary levels. We've seen adult ESL cut. We've see child care associated with ESL programs strained because of budget. We need to ensure that the newcomers and the children are able to engage as quickly as possible in the Canadian system and we need to make sure that there is stable funding for ESL programs at both the adult and child level.

Municipalities, because of all of the cutbacks, are stressed and, as we know, everybody is talking about tax hikes just to keep up with service delivery. It's happening in London; it's happening all over Ontario. Those transfer payments are pushing the communities. We're seeing health and education being jeopardized. We have people on waiting lists for services. The mental health services in London are in a critical state. So again, we need to see the provinces and the municipalities, as well as the federal government, really looking at the effects of budget cuts at the community level.

I've made a number of recommendations and I don't want to be reading the script. You have it with you. I'd rather spend my time in dialogue.

Homelessness and housing: Of course, any challenges that affect the general community are amplified when it comes down to dealing with additional barriers that immigrants and refugees experience. Again, we're seeing immigrants and refugees in shelters, without support services. There is such a lack of affordable housing in our community, as there is many. Landlords have the ability to not engage. They call it what they want, but the immigrant and refugee communities are often barred, even from the few affordable housing units that are available.

If you don't have a credit history, if you don't have letters of reference, those are all ways of turning you away. If you do not have employment—when I'm new in Canada, of course, I'm not engaged yet in employment. So again, landlords tend to—there isn't a need. They don't have vacant units, so therefore the clients, the immigrants, are being stressed in trying to even find affordable housing. In this community, we're desperate for more affordable units, as well as shelter beds.

I am a member of OCASI, which is the Ontario Council of Agencies Serving Immigrants. I'm a member of the London Homelessness Coalition. We also sit on the Canadian Council for Refugees, the campaign for stable funding for ESL. I've spent a lot of my time—AIPSO, PRMPT, all of the different professional advocacy groups that are going on in the province. I am speaking and bringing forward information from all and I

know that each and every one of those organizations is more than willing to come to the table to discuss alternatives. I thank you.

The Chair: Thank you. We have about two minutes per caucus. We start with the official opposition.

Mr Ted Arnott (Waterloo-Wellington): Thank you, Ms Williamson, for your presentation. It was most sincerely appreciated, and you obviously bring a perspective representing your community. That's very helpful to this committee and its process of making recommendations to the government on the budget.

You talked about the need to have stable funding in ESL, English-as-a-second-language, programs in our schools. I represent part of Kitchener-Waterloo as part of my riding, and ESL funding has been a big issue in our area over the years as well. I would submit to you that I believe the federal government really should be giving us additional funding for that program, because the federal government is the most important government in terms of immigration and settlement of immigrants. Would you not agree that the federal government has a responsibility to assist the provinces in a greater way than they currently do with regard to ESL funding?

Ms Williamson: One of the exciting possibilities with the prospect that the province may engage in the delivery of settlement programs is that at a federal level, Citizenship and Immigration Canada will not acknowledge refugee claimants as eligible clients for any of their programs. So even for those who are eligible under LINC, which is the federal language instruction for newcomers to Canada program, here in London, we have waiting lists that could fill the classes two to three times over. They absolutely have to contribute more to ESL.

Also, at a federal and a provincial level we've been trying to advocate to allow refugee claimants—you let them in, federal government; you allowed them to stay based on your initial assessment of their eligibility, yet you bar them from the programs and the services that will enhance and speed up their integration. So absolutely, the federal government has a responsibility, as does the province, in education of the children.

The Chair: We'll move to the NDP.

Mr Prue: A couple of questions. I know the government's fairly new, but Ontario remains the only province that has not signed an accord on immigration. Would you suggest they get on with it?

Ms Williamson: When it was first put to the province through settlement renewal, we did not want the province to engage. We were concerned. The federal government gave the province \$35 million to entice them to the table when the talk about the partnerships began, and the province could not show and did not bother showing how they spent that \$35 million. It definitely didn't go into any immigrant programs.

As a sector, I think we were concerned in Ontario that if the past government were to take over the responsibility of settlement, we would see the demise of settlement programs. The cuts to the Ministry of Citizenship have been enormous over the eight years. So now I

would like to see, and what we're hoping will happen—of course, the Quebec accord was done so many years ago. BC, the past government, was really good; their current government is not quite as responsive, and there are challenges there. Alberta has gone into a partnership agreement. Manitoba is doing a great job; Manitoba needs immigrants and they're really going all out.

1320

I hope this government will engage in the discussion, but find out what it really means at a grassroots level. We need the support; we need the funding. The program money that would come from immigration has to stay in the community's hands to deal with the issues. So yes, please engage, but do it in an informed way and allow us to help you if that's what's needed.

The Chair: Thank you. On the government side, Mr Ramal.

Mr Khalil Ramal (London-Fanshawe): Thank you, Mary, for your presentation. I know you've been a strong advocate on behalf of the homeless, new immigrants, ESL programs and also the foreign-trained skilled people who came to this province.

I have a question on something that wasn't clear to me. You said that by the way they came here they're not allowed to practise in this province. Can you explain that point, please?

Ms Williamson: Canada's immigration policy does allow us at times to go out and recruit particular skills that we require. A couple of years ago, you may remember, South Africa was very, very upset with Canada for recruiting medical doctors out of South Africa. So if I came to Canada, the government chose me to practise from outside, I came here and I immediately practised.

We're talking about people who came either under the "skilled labour" class or refugee class, who then have to begin from the beginning and engage in all of the qualifying in equivalency.

Mr Ramal: I wonder if you know the announcement on Monday: Our Ministry of Colleges and Universities granted \$4 million to train various divisions, like engineers, teachers, nurses.

Ms Williamson: Yes. I've even quoted it in there. Way to go.

Mr Ramal: So what do you think about this?

Ms Williamson: I'm excited, and I applaud you for that. We are in desperate need of skilled labour here in Ontario and in Canada. The barriers are insurmountable. We have been discussing this. It has been federal-provincial dialogues, local regulatory bodies, everything has been talking about it, and there are some wonderful bridging programs out there. We need to see it expanded and we need to work more closely with the regulatory bodies, the councils, and say, "Look, you guys, we're in a crisis situation. We've got to move this agenda forward." That money, that contribution, that commitment is just so wonderful to see.

The Chair: Thank you for your presentation this afternoon. Next is the Oxford Health Coalition. Is there anyone present from the Oxford Health Coalition?

UNITED CHURCH OF CANADA

The Chair: Seeing no one, the United Church of Canada, please come forward. Good afternoon. You have 20 minutes for your presentation. You may use that time for that presentation or allow for questions. We would ask that you identify yourself for the purposes of our recording Hansard.

Rev Andrew Jensen: Thank you very much. My name is Andrew Jensen. I am the chair of the church in society committee of London conference of the United Church of Canada. Beside me is the Rev Susan Eagle, who is a member of that committee and has a variety of other hats that she wears. I may call upon her to answer some of the questions that come up.

Thank you very much for this opportunity. We appreciate this. London conference, for those of you who don't understand how the United Church is structured, is a regional body. London conference covers southwestern Ontario and Algoma, and as a result we actually are here representing quite a number of United Church people.

In the document before you, you have a number of things that establish who we are, such as the first page and the first three appendices, and the five areas that we would like to cover. But before I get into that, I would like to tell you a little bit about the congregation that I serve. Park Street United Church in Chatham is an old congregation and for years has been helping people in need. We still have programs in which we are able to provide food vouchers and help when people run out of money when it comes time to pay utility bills in the winter. About 14 years ago, we built a non-profit housing corporation with around 25 units or 26 units that we still operate. We have had the opportunity to see at first hand some of the results of the cutbacks in social assistance that have happened over recent years. That has affected our ability to help people quite directly.

One of the things about this congregation is that the building is old. It was built between 1871 and 1929. Like the province, we have a deficit, quite a large one, the biggest one we've ever faced: \$80,000, which, I suppose, compared to the province's, is pretty small. But one of the biggest costs that we are facing is increased utility bills. In order to address that, we're doing a number of things. We're going around and replacing the valves on the radiators because they hiss and leak steam. We're taking the shelves off in the sanctuary where they put flowers because that reduces the circulation. We're putting in those little thermostats that can be programmed to try to make better use of our system. Those will all save us money. They will not address one of the biggest problems, which is that we have an ancient boiler running at about a 30% efficiency rate, where now the industry standard is 80%.

I'm going to suggest that in this province we have a similar situation, and that is poverty. Of the five things that we're addressing here, the theme of poverty runs through four of them. If we don't address the issue of poverty, it's like my congregation trying to save money by fixing the valves but not addressing the question of

the boiler; that is, just sending dollars up the smokestack on a consistent basis.

I would invite you to turn to the second-to-last page that you have. It is a pink sheet: "Appendix E: The Cost of Poverty." What's in here isn't particularly new information. We have known about things like the health effects of poverty. We have known about some of the other effects on people's situations. We have known about the way that this impacts our economy. I would like to highlight a couple of things, because it seems like we have to remind ourselves every so often about how much this costs us.

If you look under the heading "Prenatal and Newborn":

"Second only to smoking, poor nutrition in mothers is the greatest contributing factor to low birth weight babies. Babies born to mothers with poor nutrition have a medical cost of \$13,870.10 in their first year of life," on average, "compared to \$673.89 for healthy babies. This represents 20 times the cost of a healthy baby."

That is a direct effect of poverty. It is a direct cost to us as we try to pay our health bills.

There are quite a number of other examples that you can see throughout this. I'm not going to try to go through it all. In fact, this is just a two-sided page with a smattering of information. There's an awful lot more out there, and it's available to anybody who would care to look it up.

As I say, this is not news. That information was compiled by the other minister at our church, Rev Lori Jensen, my wife. Her background is in theology, but her family has been in public health for years. She remembers as a child her mother, a public health nurse, remarking on the health effects of the poverty she was seeing back in those days.

Not that many years ago, I was at a church here in London. We ran a small food bank out of the basement. I can recall, as some families came in, seeing the children who came with them and noting, with some horror—because this was really the first time I had come into contact—that the children were so malnourished that their skin had turned grey. That was before the cutbacks hit us.

Item 1, which you will find detailed on the second page of the white pages, is regarding increasing the minimum wage. We're very pleased that this is happening. However, we are concerned that the top minimum wage that is being discussed is still under the poverty level. As long as we are keeping people under the poverty level, we're not really addressing the problem. We are still keeping the problem very much alive. We're still going to be sending those dollars up the smokestack.

Reversing cutbacks on social assistance: I've made reference to that a couple of times. Those have been devastating. Families have literally fallen apart because the stresses and the social pressures have caused it; and although we don't have any statistical evidence written down, we have anecdotal evidence from people in children's aid about the increased caseload that they have to face, where families can't look after their children any more, and they have to take them into care. What is the

financial cost to society there? In many ways, by addressing poverty we are actually saving ourselves money and not really costing ourselves.

1330

The third item is eliminating the clawback of child tax benefits for people on welfare. That has always seemed to me to be simply mean-spirited. One government gives and another one takes back. It doesn't help, and it gives a very judgmental and punitive impression to the people who are struggling to get by on what are really not enough funds in social assistance.

The fifth one—I'm skipping the fourth one for the moment—is forwarding federal funds already allocated to approved housing programs. There are many groups trying very hard to make sure that adequate housing exists. The province made a decision to get out of social housing. We deplore that, but it was a decision that was made. We would love to see the province get back in and take up the reins of responsibility. But even if that doesn't happen, at the very least, as federal money has been specifically granted to certain programs, and as the province, both in the previous government and in the current government, has chosen not to forward those funds for no good reason that we can imagine, we would really like to see that happen so that the projects can go ahead. It doesn't require any expenditure by the province. It's just a releasing of funds that the federal government has passed to you in order to pass to these projects.

As the United Church, we have a vested interest in one of them. Our local presbytery has invested \$100,000 in one of these programs, and this withholding of funds has been a severe detriment to the ability to go forward at all.

Our fourth item, changing the policy on funding of charitable groups outside of the Trillium fund, takes us into a slightly different area. This is one that affects us quite directly, mostly in areas of camping but also sometimes in areas of accessibility. In some ways, what this deals with is a question of—it almost becomes a way of discriminating against people with strong ethical or religious feelings around gambling. Some time ago, charitable donations to groups through government coffers were all transferred out of the taxation base into the Trillium fund, which is 100% funded through gambling revenues of one sort or another.

Within the United Church, we have very strong feelings about the social cost of gambling. This has prevented us from being able to access the accessibility funds which would allow us, in some of our buildings and churches, and particularly in our church camps, to create more accessible situations such as ramps and other required materials for children in the camps and people in the churches to be able to participate fully. There are other programs that are sometimes available, and under the rules of the programs, our church camps and our church buildings might be approved, but because of our own concerns about the cost of gambling and because of the fact that there are no taxation-based funds that we could more willingly participate in, we are cut off.

We do recognize that there is a cost for holding on to your principles. We're prepared to pay that cost.

However, more than just our church people are affected. In the case of our camps, our camps are open to anybody, regardless of denomination or religious affiliation and very often without regard to ability to pay. A lot of our congregations make extra monies available so that children who can't pay can still have a good camping experience. Our camps are run at a high quality and they are well staffed, and some of them, in the near future, will be facing questions about having to close because of some large capital costs that might be addressed by these sorts of funds. But we will not access them as long as they are derived entirely from gambling. We would like this policy to be reversed so that at least some of the funds that are available may be derived from taxation.

We have long believed that taxation is a useful tool in balancing out some of the social inequalities that we have in our world. We are really very unhappy that that tool has been abandoned in favour of relying on people's greed through games of gambling to set social policy and to support social programs.

That is a very quick run-through. I invite questions. Thank you for your attention.

The Chair: Thank you for your presentation. We have about three minutes per caucus, and we'll begin with the NDP.

Mr Prue: This whole thing about the Trillium fund has troubled me for some time. I just want to be very clear. If the government gets money—\$100 million on average per year—from gambling revenues and then were to augment that with other tax revenues, you would have to know that the money was still there. Would you consider accessing it if it was blended? There is no way we can separate this money out. If it came directly to the government, even if we did away with it, the money cannot be separated out. You have to know that the money will continue to come. This government—no government is going to stop taking that money.

Rev Jensen: Quite right. That's a very fair question. How firmly do we draw the line? I think within the church there would be a certain amount of discussion about that. But if I can give you an example, our camps do already receive funds from some benevolent groups such as the Kiwanis and so forth when they make donations. We are aware that there's a very good chance that some of those were raised through bingos, and we have not questioned too closely. It's a difficult position to be in. It bothers us. The concern that we have is of the social cost of gambling, and we would still continue to address that. It is awkward.

I can't speak for the whole church, because we haven't faced that question. But back in the days when some money still came from lotteries and before casinos were opened, we did not ask what percentage came from which pocket because it was impossible to say, and we were prepared to use the funds under those circumstances. My guess is that there is a good chance we would still.

Rev Susan Eagle: Perhaps, Chair, I could add something there too. Part of what we're looking at is the

principle or an attitude that programs that are of social value shouldn't be paid for with tax dollars but out of revenues from gambling or that kind of area; that somehow those things don't deserve tax dollars in the same way as other programs—and an increasing reliance on those monies for social programs. What we see is an attitude that's creeping in to say that the social policy areas are not as valued as those things where we say to people, "Yes, this is important and it should be paid for with tax dollars."

The Chair: To the government caucus.

Mr Crozier: Thank you for your presentation today. Through the five points: I agree with your position, and I appreciate your reasons and your reasoned argument for them.

I too, for whatever reason, come in on the Trillium Foundation aspect of your presentation. There is no one more addicted to gambling than our governments. I for one would like to see them abolished, but they are part of our society now. They are part of our revenue, and we're dependent upon them. The only consolation I get in my southwest end—and I assume it's the same in Niagara—is that 85% of them come from the United States. What do we do as this great province of Ontario? We send our social programs back to the other side.

I concur with my colleague from the NDP that it is difficult to separate these funds, although I could never give you a lesson on your theory and your belief. I do hope we can find a way where you can, because of the way you feel about these, support some of those initiatives that you talk about.

It would be difficult because there are other so-called sin taxes, such as tobacco. We derive \$1 billion-plus a year on liquor and alcohol sales. In a society such as ours, it's going to be difficult to satisfy your belief, but we certainly should try to work on it.

Rev Jensen: If I may comment on those other sin taxes, those taxes may actually discourage people from participating in those things. We'd have no problem taking that money.

Mr Crozier: OK. Thank you.

The Chair: We'll move to the official opposition.

Mr Jim Flaherty (Whitby-Ajax): I'm going to avoid any comments about sin or sinning, although it may be appropriate in the context.

I want to get your point of view on something. You mentioned, Reverend, values a minute ago and how we value things. This is a pre-budget consultation. The government put out these documents in December about their budget. They say they can balance the budget over the next three years by spending 2.3% more in each of those three years. They also say that's \$4.1 billion in each of the next three years. So that money, \$4.1 billion, will be available for things like reversing cutbacks in social assistance that you've mentioned here.

1340

The reality, though, of budgeting in Ontario is that about 80% of the money, as the government says, gets transferred from provincial coffers to other organizations—hospitals, schools, social service agencies and so

on. In turn, most of that money gets used up by people—nurses, doctors, teachers, therapists, social workers and so on—everybody who works in the broader public sector.

My question to you is, would it be reasonable in your view for those persons working in the broader public sector to restrain themselves to wage increases, salary increases at the rate of inflation or less over the next three years, which is predicted by the government to be less than 2%, 2% three years out, so that more of that \$4.1 billion each year would be available to increase the level of social assistance, to increase services for people, rather than to be wage increases to people providing those services?

Rev Jensen: If I may comment, in theory I like the idea that we all co-operate and work together, and restraining oneself in wage increases, in theory, sounds good. But one of the concerns I have in making a blanket statement like that is that as we have increased things like the poverty level, we have also increased the demands upon the people who deal with the front-line results, which include people in the health sector and the educational sector as they need to deal more and more with troubled children in schools who are unable to concentrate because they haven't had breakfast, more and more with situations in emergency rooms and in hospital care as the needs go up because we haven't adequately nourished people in the first place.

I would be loath to say that these people who have to face more difficulties and more difficult tasks should therefore restrain their wage demands, because they're doing harder jobs. I think some kind of a balance has to be set wherein we can address the things that they are facing. If we can somehow reduce some of those needs, then maybe we can ask them to reduce their wage demands as well.

Rev Eagle: If I might also comment, I don't think we have time today to wade into a discussion about labour relations and what employees should or shouldn't get.

The previous government made it clear that they didn't mind people being underpaid, because they didn't raise the minimum wage. That became a very troublesome thing to us, about how people are properly rewarded for the kind of work they do and how we honour work that's done.

In terms of cutting back on wages or encouraging people to restrain wages, to me that sounds like the cheap and easy way to try to balance a budget. We're conscious that there have been other sources of revenue that have been cut off by the previous government, that there are other ways in which revenue can be raised. We don't have time in the 20 minutes that we're here today to discuss that, but I do know that efforts have been made by groups such as the alternative budget group and others to try to identify other ways in which there can be a far more serious discussion than just taking a shot at wages.

Mr Flaherty: It's an important point, because the government is saying in their document that we should have restraint. Do you disagree with—

The Chair: Mr Flaherty, your time has expired.

I thank you for your presentation this afternoon before the committee.

CHESHIRE LONDON

The Chair: I call upon Cheshire homes of London to come forward, please. Are representatives of Cheshire homes of London present? Please come forward.

Good afternoon. You have 20 minutes for your presentation. You may leave some time at the end for questions if you desire. I ask you to identify yourself for the purposes of our recording Hansard. You may begin.

Ms Judith Fisher: My name is Judi Fisher. I'm the executive director of Cheshire homes of London. Beside me is David Reid, who is the president of the board of directors of Cheshire London. Peter Jones, who is on the waiting list for our services, was going to be with me this afternoon but called at noon and he's unable to be with us. I have done this type of work through all three governments, all three parties, so hopefully I'll be able to answer any of your questions about this particular—you do have a copy, I believe, of my presentation.

Thank you for the opportunity to meet with you today.

Cheshire London is a not-for-profit-organization that receives the majority of its funding from the Ministry of Health and Long-Term Care as a transfer payment agency to provide attendant services. Attendant services are services that permit people with very significant physical disabilities to live in the community instead of an institution.

Cheshire London provides this assistance in the five counties of Middlesex, Elgin, Oxford, Perth and Huron. Our budget for 2003-04 with the Ministry of Health and Long-Term Care is about \$7 million. We also receive funding for housing. With that funding we support 199 people.

I will touch on four points and will elaborate on these in a written submission that will be submitted to you at an early date.

Issue number one, multi-year funding: Today, funding is not stable, not adequate and not predictable. Each year, Cheshire London projects a deficit going into the next fiscal year, and we are instructed by the Ministry of Health and Long-Term Care not to have a deficit. Deficits force service reductions and continual waiting lists. We currently have 110 people waiting for services. The people supported by Cheshire London have significant physical disabilities and their needs only increase over time; thus, we are not able to support additional people. Our doors are virtually closed.

As we plan for the next fiscal period and the projected deficit, we have to begin to mitigate costs as early as the fall. If we don't mitigate costs when we have the opportunity by natural attrition, we will need to cut services to existing consumers to meet our budget targets. We should be planning to begin assisting the people who are waiting for the services, not cutting back.

Recommendation number one: Fund home and community services, such as the attendant services provided

by Cheshire London, on a multi-year basis to ensure stable and predictable funding.

Issue number two, crisis in staff recruitment and retention: On a weekly basis, Cheshire London loses excellent, qualified and trained staff to the institutional sector, where they can get more money and longer and more predictable shifts or employment. We simply cannot compete.

Wage parity is needed for community care workers with nursing homes and hospitals or we will continue to be in crisis. We train people and lose them to the institutions. It's an absolutely crazy way to run a business.

The pay equity legislation was a start to lessen the gap; however, once again, we at Cheshire London feel that we have been penalized. We did not receive any funding for pay equity in 1999, 2000, 2001 and 2002. We did, however, feel that we had an obligation to our staff to see that their compensation was adjusted, and it is, indeed, the law. As an organization we get penalized for treating our staff fairly. Is that fair? Because we did not have an unfunded liability for those years, we will not receive a retroactive adjustment. If we had not been fiscally responsible we would be receiving the adjustment. We met that obligation by cutting services.

Recommendation number two: Immediately rectify the inequity in the retroactive adjustments for pay equity.

Recommendation number three: Provide funding levels which support wage parity with the nursing homes and hospitals for home and community support workers.

Issue number three, closure of supportive housing units: Today, January 28, 2004, Cheshire London has three empty, available supportive housing units in the city of London.

Adequate provision of service for people who need attendant services in supportive housing requires a systems approach that integrates accessible housing, affordable housing and appropriate levels of attendant services. It usually takes many years—usually about five or six, depending on what's going on at the time, to pull together those three components, because they all have to come together at the same time—to create supportive housing.

1350

Peter Jones, who was going to be with me today, is 31 years old. He was living in his own apartment and working until he had an accident while riding his mountain bike. He broke his neck and now needs help to do all of the things that he was able to do prior to his injury: get out of bed in the morning, make breakfast, take a shower, and do his laundry. For all of this, he now needs help, and that help is available, as we speak, in London.

The apartment that he could move into is at 111 Belmont Drive. Cheshire London is projecting a \$6,000 deficit at 111 Belmont Drive for the 2004-05 budget year even if we close that unit. The average cost per person at 111 Belmont Drive is currently \$53,000 per year. With an additional \$60,000, we could help and support Peter at 111 Belmont Drive. For now, he is a patient in complex continuing care at Parkwood Hospital. If we close the

apartment at 111 Belmont Drive—and we will have to make that decision in the next couple of weeks—he will stay in complex continuing care for years. It is just not right.

The staff at Parkwood Hospital have informed us that for the year 2003, the cost of weighted day for complex care is \$494 a day or \$180,000 a year. It's not right for Peter, but it also has other negative implications. While Peter is in a bed in complex continuing care, someone who really needs that service can't access it. That person is likely in an acute care hospital, designated as ALC, or needing an alternative level of care.

Marcus Hollander talks about a negative cost spiral in which home support funding is reduced and hospital funding is increased, leading to a greater emphasis on acute and residential care services because people can no longer cope at home. He goes on to say that this increased demand will then be used to justify further increases to institutional budgets, resulting in further decreases to home support, leading to further rounds of increased demands on hospitals and long-term care facilities, repeating the cycle over and over and increasing the overall costs of the Canadian health care system.

The reason that Cheshire was established in 1976 was to de-institutionalize younger disabled persons. We are sliding backwards, leaving such individuals once again with only the prospect of a chronic care, medicalized environment at a much higher cost to the taxpayer.

Recommendation number four: Immediately inject \$60,000 into Cheshire London's base budget—tomorrow, please—to prevent the closure of supportive housing budget units.

Recommendation number five: Immediately inject \$50 million into community service budgets that Premier McGuinty has committed to in his first budget.

Recommendation number six: Develop an integrated planning framework for long-term care services in Ontario that fully supports supportive housing as an integral part of the continuum of supports for people with on-going care needs in Ontario.

Issue number four, No expansion in outreach attendant services in London—waiting lists: Patricia taught grades 3 and 4 for 20 years in London. She also coached volleyball and tells me that she thinks that she misses that almost as much as she does the teaching. She had to stop working six years ago after trying for two years to teach part-time. She has multiple sclerosis and lives alone, in her own home, with her cat. She is four years younger than I am.

She wants to stay in her own home for as long as possible. She is on a waiting list for outreach attendant services and will remain on that waiting list; we do not have the financial means to take her on. She currently receives a half hour to 45 minutes of service per day with the community care access centre, and on one day she receives one hour so that she can have one bath per week. It's just not enough and it's just not right.

There are several issues with that that I would like to elaborate on and I will in my written submission. One

that I would like to see you explore is the funding formula for services. If Patricia was living in Elgin county, she would likely receive service—same organization, same service.

The last time that we had any knowledge of the funding formula, we were aware that the formula was based on population and that a variable that addresses age was added to the equation. We are also aware that the notion of an inclusion of a morbidity variable was examined but not included. We are aware that there was a suggestion that the number of people with multiple sclerosis was considered as that morbidity variable. We feel that there are more people who have conditions such as spinal cord injuries and multiple sclerosis in areas of the province, like London, where there are tertiary care centres.

Recommendation number seven: Support persons of all ages with life-long illnesses and disabilities so they can remain in their homes, where they want to be.

Recommendation number eight: Examine the funding formula for health services in Ontario and consider a morbidity variable for community-based services.

The conditions or diseases of people who need attendant services will not go away with some short-term intervention. They will not get better; however, with sufficient supports in the community they can lead meaningful lives, contributing to the fabric of our communities. That is their hope, and together we can support them to realize their dreams.

We at Cheshire London look forward to working with you to ensure that people with significant physical disabilities in southwestern Ontario have access to attendant services when they need them and where they need them for many years to come.

The Chair: We have about three minutes per caucus and we'll begin with the government.

Mr Wilkinson: It was an excellent presentation. I'm aware of the work you're doing in our riding of Perth-Middlesex. You're a great advocate for Cheshire London. I have a personal affinity because my father was one of the founders of the Cheshire home in Belleville, Ontario.

I found this quite interesting. We are struggling with having this fiscal problem that we've inherited, and our job is to deal with it; not to dwell on the past but to deal with it. I'm surprised, as we hear people talk about these kind of negative cost spirals, where we're actually, by underfunding one area, costing the system more and more, which then denies money to more and more people.

First of all, I want to commend you for actually getting those numbers to us. We've had many who have come to us and said, "In theory, we have anecdotal evidence." But it's just wonderful that you've taken the time to get this in front of us.

Ms Fisher: There is actually a lot of research being done now that can support that.

Mr Wilkinson: Judith, anything that you could provide this committee prior to our writing the report would be most helpful. This is exactly the kind of thing

that our government is very interested in—trying to reverse some bad practices from the past.

The question I have specifically: Could you give me a bit more about the morbidity? In a sense, in an area like London, where we attract people because of the health care system, the excellence that we have is actually negatively impacting you because there are more people here, beyond what the province considers to be reasonable.

Ms Fisher: Yes. If you look at something like a spinal cord injury, people with a spinal cord injury because of a car accident will be transported to a tertiary centre or a quaternary—I can never get them right—the one level above the tertiary. Those are London, Hamilton, Toronto—I've missed a couple. Ottawa—

Mr Crozier: Kingston.

Ms Fisher: Kingston as well? Because we have the doctors in London, Hamilton, Toronto, Kingston and Ottawa, plus the environment is more wheelchair-accessible, plus we have the supports—whereas in some of the places where you are, the environment itself, the city, may not be as wheelchair-accessible—they tend to stay. But we don't track. Once the person leaves the acute care system, the acute care system doesn't track them. Then if they go, like in London, from Parkwood Hospital back to Goderich or somewhere, no one tracks them. That is my understanding from Parkwood. So we don't have that information. But a lot of people tend to stay.

Cheshire London, to my knowledge, supports more people with multiple sclerosis than anyone else in the entire province. Because of the supports here, people with MS tend to migrate to London.

The Chair: We'll move to the official opposition.

Mr O'Toole: I may share my time here with one of my colleagues.

I appreciate your input as well as the analysis you've done and the eight recommendations.

I have an observation first. What would we have to do to change your recommendation number four? If a person is in complex continuing care at a cost of \$180,000 a year, what would this government have to do specifically to transfer the \$180,000? It may mean closing that bed, but you would create three of these—\$60,000. Do the numbers. You could create three in the community. What would we have to do? The hospital would have to give up the \$180,000; I understand that. There'd be no new money. So if they're really listening here, if they could just transfer from wherever this complex bed is into the community, they'd get three. What do we have to do to fix that immediately?

1400

Ms Fisher: I would encourage you to download Marcus Hollander's work and take the next three weeks to read it. In my humble opinion, I agree with Marcus Hollander that we need to totally revamp the long-term-care system in Ontario, which would include children with long-term disabilities.

Mr O'Toole: I think Mr Flaherty has a question. Thanks.

Ms Fisher: That's what we need to do, and that's going to take some time.

Mr O'Toole: I think the researcher has got that recorded.

Ms Fisher: OK.

Mr Flaherty: Thank you for the presentation. I'm looking at the bottom of page 1 and the top of page 2 where you talk about the disparity between your staff, whom you train, and the institutional sector. In the spring of 2001, when I did the budget in Ontario, we had that problem, quite dramatically, in terms of persons who worked with adults with mental disabilities. We rectified that in the budget in 2001. I'm interested in what the spread is here, because this is probably something the government should listen to and correct in the budget this year. What is the spread between working for your organization and working in the institutional sector?

Ms Fisher: The most dramatic example I can think of is in Oxford county, where I think we're training all the staff for Woodingford Lodge. The spread there is about \$8 an hour. Our staff would start at \$13-something and top out at \$15, so maybe the average is \$14 an hour. They make \$22 an hour at Woodingford Lodge.

Mr O'Toole: That's \$20,000 a year.

Ms Fisher: Yes. And our staff is out on these roads.

The Chair: We'll move to the NDP.

Mr Prue: I want to go back to the question about the potential savings to the province if people in circumstances like you've described access your centre as opposed to acute hospitals.

There are two ways that I see this happening. One is that we take the money from the hospitals and give it to you. The second way, which is probably less painful, is that any new budget increases that this government might come forward with in this year be directed to you as opposed to the hospitals. I'm not sure which one you're advocating, but obviously it's one of those two. Could you be just a little bit more specific which way you suggest they proceed?

Ms Fisher: Tomorrow I'd like you to give us \$60,000 so we don't have to close that bed and we can get Peter, at least, into community care.

What I would be suggesting is a total revamping of the long-term-care system in Ontario, which is currently being looked at. As soon as that child or that person is identified, I would set aside some money, because you're paying it anyway, whether you're paying it in the school system—you're paying big bucks. Set aside some money. There has been research done on some kind of a rostered system where, when somebody breaks their neck, you set aside the money, put it in an annuity or—I'm not a health economist. I'm trying to get a couple of health economists to give me some information for my written submission. That's what I would do. That will take more time. But if we don't start now—we have been talking about this for 25 years, that I know of.

Mr Prue: Is there still more time?

The Chair: There's 45 seconds.

Mr Prue: If there's 45 seconds, let's go to the \$60,000. You need that right away. That probably can't wait until the budget, because that will be April 1.

Ms Fisher: I'll wait until April 1.

Mr Prue: You can wait until April 1?

Ms Fisher: Yes.

Mr Prue: That's just your organization. Would you think that this is similar throughout the other organizations similar to yours in the province?

Ms Fisher: Absolutely. It's happening all across Ontario as we speak.

Mr Prue: So each one of them might need \$60,000 or \$120,000 to actually take people out of the hospital.

Ms Fisher: Yes.

Mr Prue: Find the money, guys.

The Chair: Thank you for your presentation this afternoon.

ONTARIO SECONDARY SCHOOL
TEACHERS' FEDERATION,
DISTRICT 11, THAMES VALLEY

The Chair: I would call the Ontario Secondary School Teachers' Federation, District 11, Thames Valley, to come forward. Good afternoon. You have 20 minutes for your presentation. You may allow time for questions if you so desire. Please introduce yourself for the purposes of Hansard.

Mr Don Rowdon: My name is Don Rowdon. I'm president of District 11, Thames Valley, Ontario Secondary School Teachers' Federation. I also apologize. I may not have enough copies. I've been at a conference and it never did get back to me on how many to bring. Some of them are bound and some of them aren't.

I appreciate this opportunity to meet with you.

The teachers and educational workers in Thames Valley were very pleased and encouraged during the election campaign when education was the first plank in the Liberal election platform. The Excellence for All plan promised to "make the necessary investment to achieve the ambitious goals" and to fund schools for success, and then the throne speech identified public education as the new government's first and most important priority.

More than two million Ontarians voted for this government's vision for our province. We urge the government not to allow the inherited deficit to push them off course even if it means running a deficit and/or modest tax increases.

In the report of the Education Equality Task Force, Dr Rozanski made 33 recommendations aimed at improving equity, fairness, certainty and stability in the funding of education in Ontario. He recommended implementing them over a three-year period beginning in 2002-03. The report emphasized that these recommendations, once implemented, will advance the goal of continuous improvement in student learning and achievement. We therefore challenge the government to continue with the implementation of the Rozanski report and recommend making the following priorities for its first budget.

Priority number 1 is support for the foundation of the funding formula by updating benchmarks. The development of the funding formula included a 1997 study of the costs of services and goods provided by school boards. These actual costs were said to be used to determine benchmark values, which became an integral part of the formulas that generate funding in the various funding formula grants. Benchmark costs affect the amount of funding that boards receive to cover the costs in areas of salary and benefits for administrators, teachers and support staff; learning resources such as textbooks, classroom supplies, computers and related costs; school operations, including heating, lighting, maintenance, cleaning and insurance; and construction, including major repairs, renovations, additions and new buildings.

In the fall of 2002, the Rozanski task force heard in submission after submission that the key factor in the underfunding of school boards was that the benchmark costs were inadequate from the onset and had not been updated since 1998. There were some increases to the benchmarks since 1998 but nothing that would reflect the actual cost increases. A major criticism due to the general underfunding of the funding formula is the necessity to shift significant revenue from one grant to another. Employers appreciated a certain level of flexibility to run priority programs, but legislated requirements in some areas of the formula forced funding shifts that had a tremendous impact on less guarded but no less important areas. Rozanski, in his report, made it clear that despite other shortcomings in the way grants to school boards are generated, a formula-based approach was an efficient way to calculate funding that was designed to be equitable to all boards in the province. It was also made clear that the key to the integrity of a formula-based funding generator was the continued maintenance of the benchmark values embedded in the calculation. Therefore it was no surprise that Rozanski's number 1 recommendation was to update the benchmark costs in the funding formula to reflect the actual costs in 2003.

The degree of the underfunding was highlighted in the significant projected funding needed to update those benchmarks. The \$1.1-billion shortfall in funding was so significant that Rozanski proposed the government be allowed to allocate this catch-up funding over a three-year period. The former Tory government made good on the first year of the catch-up funding in the 2003-04 budget. The 2004-05 budget must include that second instalment.

1410

On top of the catch-up provisions in Rozanski's recommendation number 1, the funding formula must be kept current if it is to address ongoing costs of operating a school board. Rozanski's report in recommendation number 3 stresses the need to provide annual funding increases to keep benchmarks current. Without this keep-up feature of the formula, funding will always lag behind the actual costs of providing the services required.

In education funding, updating the benchmark salaries and supply costs would have the widest-ranging impact

on providing our employers with the means necessary to be able to negotiate fair collective agreements with their employees and consequently keep peace and stability in public education. The price tag for these priorities alone is over \$700 million, but these have to be the first consideration for government funding before other projects are contemplated.

Priority number 2 is pay equity. The Pay Equity Act is intended to correct the historical undervaluing and lower pay for work performed by women and men in female job classes. It specifically addresses gender imbalances and provides for compensation parity between women and men working at jobs that are different but are of equal or comparable value.

The implementation of the Pay Equity Act in Ontario for the public service sector occurred in 1990. Until 1998, the act limited the employer's obligation to a bargaining unit for retroactive pay equity adjustments to an annual maximum of 1% payout of their total payroll. Throughout the early 1990s, few boards of education claimed that 1% cap. Today, payment in full is mandated upon signing of the plan. That being said, funding the plan has been a problem. The Pay Equity Commission, the custodian of the act, has no responsibility for funding and the funding ministries have no responsibility for compliance. In the 1990s the boards of education did receive funding from the Ministry of Community and Social Services or the Ministry of Health to comply with the legislation. When and how it was allocated and subsequently spent is anyone's guess. The funds identified for pay equity were not subject to the same scrutiny and accountability as now practised in Ministry of Education and Training "envelope" economics.

With the passage of Bill 136 and the merger of municipalities, school boards and health care facilities, amalgamation was considered a sale of business. The pay equity liability of the legacy boards of education was assumed by the newly established district school boards. All boards were to have negotiated pay equity plans with all employee groups and the subsequent payouts were to have been completed by the end of 1997. All boards then had to renegotiate their pay equity plans as of January 1998, and this time without a phasing in or cap limitation. Currently, there are several boards that have an unexpected, unfunded pay equity debt that dates from 1990.

The distinction between justice and justification has been made apparent. Case law documents the futility of boards claiming their inability to pay as a reason to escape their pay equity responsibilities. Even further, in June 2003, CUPE, the Ontario Nurses' Association, OPSEU, the Service Employees International Union and the United Steelworkers of America won a landmark pay equity settlement. They successfully demonstrated that the Ontario government knowingly fostered sex discrimination in compensation practices contrary to the Pay Equity Act by failing to provide the necessary pay equity funding in the public service sector. In upholding a previous charter challenge, Justice O'Leary also found

that the public sector employers would go bankrupt without the necessary financial assistance. Hence, jurisprudence does not acquit boards and, for that matter, the government of their responsibility to fund pay equity.

There are 44 bargaining units within OSSTF attempting to negotiate a plan with a retroactive timeframe of at least six years. As well, 16 bargaining units have not even started to negotiate a plan with their employers. This unfunded liability puts added strain on the already stretched financial resources of district school boards.

In Thames Valley, our continuing education instructors, a small unit of mostly women, are not only struggling with low wages as a result of the underfunding of adult and continuing education, but are also into their eighth year of negotiations for a pay equity plan, with no end in sight. Boards need dedicated funding and a definitive time deadline to reach pay equity settlements with these most vulnerable employees.

Priority number 3 is staffing for school support. The government must establish base staffing levels for support of all schools regardless of location and size. Without a legislated requirement for staffing levels in most support staff areas, school boards have been decreasing attendance counsellors, psychologists, speech pathologists, office clerical and plant support positions continuously since the funding formula was launched in 1998. With inadequate funding in all areas of the funding formula, pressure falls on grants that are not protected by legislation.

The constant pressure to balance a school board budget without adequate funding forces employers to shift funding to meet demands in the legislated areas such as teachers with a 21- or 22-to-1 average class size or by compliance requirements such as the minimum spending levels in the special education grant. Plant support, office clerical, and professional school support personnel positions are, for the most part, funded by vulnerable areas of the grant structure. For example, the pupil accommodation grant is the sole source of funding for plant support personnel. The salary benchmarks for staff make up part of the formula to generate the grant, but there is no requirement to have any particular staffing level. Building maintenance, utilities, insurance and a long list of other requirements to operate the school board's facilities are also funded by that same grant. In addition, millions of dollars are diverted from the pupil accommodation grant each year to other areas of the board's balance sheet.

Office clerical staffing is funded from two areas of the grants. The foundation grant provides funding designated for school secretaries and the administration and governance grant supplies funding directed at board office personnel. These batches of funding create an inadequate pool of revenue to pay for all costs related to office management in schools and school boards. Since this funding is not protected, it is commonplace for significant portions to be moved to other underfunded areas of school board expenses. Boards have adopted the practice of "testing the bottom" to get by with minimum staff by expanding duties of the remaining personnel.

In 2003 a study was done to study methods of improving delivery of education to northern and rural schools. A major conclusion of the study was the need to increase the levels of support staff that help run the schools. The funding and compliance regulations can be based on the study *Strengthening Education in Rural and Northern Ontario*. All schools, regardless of location, must have the support staff required to maintain safe and effective learning environments.

Priority 4, average credit count: We urge the government to remove the 7.5 average credit cap from the teacher compensation grant.

Many district school boards, for a number of reasons, have designed the school day so that students may take more than four courses per semester and possibly more than eight courses per school year. Many school boards have music and other programs that provide credits for work done outside of the traditional instructional class time. In addition, the shortening of the secondary program to four years has caused the average credit totals in school boards to steadily increase.

The funding formula provides initial funding for an average of 7.2 credits per student in the foundation grant. The teacher compensation grant provides funding for additional credits above the 7.2 up to a maximum of 7.5 credits per student. Many boards are now reporting an average above the 7.5 maximum that is funded. A number of boards, including Thames Valley, are reporting an average of a least 7.6 credits per student. That may not seem like much, but the main non-funded expense for these extra credits is teacher cost. Even though these boards have credits above the funded level, the board must still comply with the 21- or 22-to-1 class size regulation. Therefore additional teachers must be provided.

For example, Thames Valley has an enrolment of 25,000 students. If the average credit count is 7.6 credits per student, the board would need to fund an additional 18.9 teachers above that provided by the formula. This is an expense of over \$1 million. To address this, the government must remove the 7.5 average credit cap from the teacher compensation grant.

Priority 5, adult education: The government must fund all credit programs equally, regardless of the ages of the pupils. Learning is a lifelong experience. Access to elementary and secondary public education ought to be a fundamental right for the individual and a non-negotiable priority for the continuance and growth of a society. The previous government viewed adult education as an economical way to deliver programs with no student support services, large class sizes, cheaper labour costs and low capital costs. As OSSTF predicted, the enrolment in the previously successful adult education programs has plummeted since the government instituted cost-cutting measures. The government must fund all credit programs equally, regardless of the age of the pupils.

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I've identified a few other priorities as well with less detail.

Funding for benefit plans: The Rozanski report indicated that funding for fringe benefits trailed actual cost increases by a wider margin than salaries. The report suggests an immediate increase in funding of 9% is required to bring the funding up to what the actual costs are.

Base staffing levels: Government must establish a base number of staff in each school, including administration and office clerical. That should not just be for the rural areas but it should be for all schools.

Special education funding should be based on IEPs and not on ISA standards, which in many cases rely on outdated medical descriptions. Staffing must be allocated to records and reporting in addition to service delivery to students.

Teaching time regulations: Remove the onerous 6.25 and 0.42 aggregate averages to allow more flexibility for teachers to perform their instructional duties with students. Include mentoring other teachers as a qualifying duty.

Professional development: The government's own Education Improvement Commission in its final report recommended that the ministry "increase funding for professional development to support continuing improvement in student achievement." The EIC observed that professional development, training and leadership are the cornerstone necessary to excellent education.

Finally, student support: The funding formula was released in conjunction with new legislation governing what support in the school is considered classroom and non-classroom. Any number of studies have clarified that a student's success in school depends on significant support from areas other than teachers. Teacher-librarians and guidance counsellors are key supports left out of the classroom designation. Subject department heads in their role as mentors to new teachers were another category that had funding cut. The government must support, through funding and other regulatory provisions, increases in staffing levels in these areas of the funding formula.

The Chair: We only have three minutes, so we'll put that time to the official opposition.

Mr Arnott: Thank you very much, Mr Rowdon, for your presentation. You have asked for a very substantial increase in education spending with your presentation today. I'm not sure what the total cost would be, but I think each of the recommendations would represent significant increases in spending.

The provincial government before Christmas found some additional money for education above and beyond what had been previously committed to by the former government, that being our commitment to fully fund and move forward on the Rozanski recommendations over a three-year period. I believe it was \$112 million that was set aside primarily for school boards in Toronto and the GTA, I guess, to assist with ESL costs.

The Minister of Education, when he gets new money, has to somehow prioritize how he's going to spend it. Do you think that was the right priority?

Mr Rowdon: Yes, I certainly think it's a good first step. It wasn't isolated to the GTA. Our board did benefit from that influx of money.

Mr Arnott: I believe it was primarily of benefit to the city boards.

Mr Rowdon: Yes, and it was for our vulnerable students—students who are at risk with the new curriculum, with the literacy tests and not being able to pass it, ESL. That is a step that we definitely supported and are very appreciative of.

Mr Arnott: A few months ago there was talk about the establishment of an education quality auditor to ensure that there was no money being wasted in our educational spending. The idea was that if we could identify wasteful spending and then savings, that money could be plowed back into the classroom to support important programs.

Would you support that kind of thinking, the appointment of an education quality auditor?

Mr Rowdon: I'm not really privy to the details of that. I would suggest, based on the cuts that have happened over the past seven or eight years, that finding waste would be very, very difficult. We're currently in a position where in a small school you make a decision: Do you have a secretary or do you have a skid of paper? Those choices are not ones that we want to continue to have to make.

The Chair: Thank you very much for your presentation this afternoon.

OXFORD HEALTH COALITION LONDON HEALTH COALITION

The Chair: Has the Oxford Health Coalition arrived? Please come forward. Good afternoon. You have 20 minutes for your presentation. You might leave time for questions if you desire. Would you please state your name for the purposes of Hansard? You can begin.

Mr Shawn Rouse: My name is Shawn Rouse. I'm here as a representative of the Oxford Health Coalition. I'd like to take this time to beg indulgence of the Chair. With the apologies of myself, being late with the weather coming in from Woodstock, and seeing the timetable, as the London Health Coalition is coming right after us, I would ask if it would be possible for us to do a joint presentation.

The Chair: Do we have unanimous consent? Agreed. You may do them together.

Mr Rouse: With the understanding that if we split this up it would be 40 minutes of the committee's time, perhaps we could look at an arrangement of a little bit more than the 20 minutes.

The Chair: The deputants are asking for somewhat more than 20 minutes. How is half an hour?

Mr Rouse: I believe that would be more than sufficient, and I thank the committee for their time.

The Chair: Do we have unanimous consent to allow this presentation for half an hour? Agreed.

Mr Rouse: Thank you very much. As I have done my introduction as Shawn Rouse from the Oxford Health

Coalition, I'd like to allow my co-presenter to also introduce himself at the beginning of this presentation.

Mr Peter Bergmanis: My name is Peter Bergmanis, co-chair of the London Health Coalition. Many thanks for the indulgence.

Mrs Beverly Dodman: I'm Beverly Dodman. I am one of the coordinators of the London Health Coalition.

Mr Rouse: The Oxford Health Coalition is a network of many organizations and individuals in all areas of Oxford county. Our primary goal is to empower the people to become actively engaged in the making of public policy on matters related to health care and healthy communities. Through public education and support for public debate, we contribute to the maintenance and extension of a system of checks and balances, a system which is essential for good decision-making. We are a non-partisan group committed to honour and strengthen the principles of the Canada Health Act.

In October, Ontarians voted for the fundamental change in direction promised by the Liberal Party during the election. What has alarmed people is the impression that government policy appears to be the adoption of a regime of asset sales, privatization and constraint rather than reinvestment in our social programs through a progressive tax system. Ontario's public health care system has been severely battered in the past eight years while the previous government gave first priority to tax cuts to the wealthy, leaving the sustaining of health and social programs in a distant place. Current priorities don't appear much different. We are hearing almost daily that the inherited deficit has to be remedied before anything can be done to improve health care or education, even though the crying needs in both sectors remain Ontario voters' highest priority. Our health care system, and Ontarians who need it, cannot sustain more of the same.

We have learned a few key lessons from the last eight years in Ontario and from worldwide evidence that privatization and restricting services do not save money and threaten the future of the health system. From our experience, it is clear that:

(1) Delisting and attacks on universality of medicare are a false economy, replacing progressive taxation with regressive and inefficient out-of-pocket costs. After the recent years of Conservative government, Ontarians now have the highest out-of-pocket expenses for health care of any province in the country, an average of \$1,072 per person each year. For many of the working poor, for example, this more than wipes out what they received in so-called tax cuts. For middle-income families, it diminishes significantly any tax cut savings.

(2) Privatization has increased our health care costs and fostered a system that is less accountable and responsive, not more. The most efficient use of society's resources is thoughtful investment in necessary public infrastructure and restoration of public, non-profit delivery of services.

(3) Health promotion and disease and injury prevention are cost-effective, yet governments fixated on this year's bottom line have failed over and over again to invest now to save costs and build a better health system.

(4) If one wants to look at the high costs of privatization, one need only look at the pharmaceutical industry. Ontario's drug costs have increased by a whopping 130% since 1995-96. The solution is not to destroy the universality principle of the health system. It is imperative that the province work to advocate for controls on drug pricing.

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It is our belief that the goal of a public medicare system is to create the best health and health care possible for all residents. For too long, public policy regarding health care and the determinants of health has been based on short-term financial planning. In the meantime, closed-door negotiations have upheld old-fashioned monopolies of power, and the health care reform agenda has been captured by an increasingly powerful private health care industry.

Unlike policy-makers, Ontarians do not see health care as a commodity. We see it as an essential social program, an integral part of our social infrastructure. Medicare must not be seen merely as a public insurance scheme covering parts of a largely private industry. It will not be sustainable if defined in this way.

The future sustainability of medicare will depend on stable and adequate funding. It will depend on a greater percentage of health spending directed to patient care rather than advertising, profit and excess administrative costs. Medicare's future depends on restoring public confidence through building democratic decision-making, improved transparency, accountability and public access to information. It depends on renewal of and extending the application of the principles of universality, comprehensiveness, accessibility and public administration. It depends on the extension of the principles of the Canada Health Act to cover home care. It depends on control and coverage of drug and treatment costs. It depends on stable coverage of preventive services, including homemaking, physiotherapy and other therapies, and access to timely treatment, of course. It depends on a serious commitment to combat the social causes of ill health: poverty, lack of safe and healthy housing, barriers to the access of public services and education, and unhealthy environments and workplaces.

In the last decade, cuts and increases in pharmaceutical prices have increased the out-of-pocket burden Ontarians carry for health costs. According to the Canadian Institute for Health Information, Ontarians now pay \$1,072 per person per year in out-of-pocket costs, up from \$860 in 1995. OHIP delisting, high pharmaceutical costs, shortened hospital stays, poor funding of rehabilitation therapies and inadequate home and long-term care have contributed to an escalating burden of out-of-pocket expenses for Ontarians. Some 45 procedures, amounting to approximately \$100 million, have been delisted from OHIP in the last eight years. With the passage of Ontario's Bill 26 in 1996, seniors and those on fixed incomes began to pay user fees for their drugs. Inadequate funding and cuts to home care budgets have caused thousands of Ontarians to lose homemaking and

home care services if we cannot afford to pay for them. Almost three million Ontarians have inadequate drug coverage, according to a recent report commissioned by Health Canada.

While the temptation to delist services as a means of cost control may work to move costs off the province's books, it does not eradicate those costs. Mr Romanow noted in his report that these cuts were a "false economy," simply shifting the burden of payment from the progressive tax system to individuals. If we must pay either way for health services, why not pool our resources through the tax system and increase our efficiency through bulk purchasing and non-profit public services, as the medicare system is designed to do? The proposed delisting of substance abuse programs and hearing aids and the proposed dismantling of universal drug coverage for seniors must be abandoned, and a renewed commitment to universal, publicly funded services must be made.

The global evidence is that the more privatized health systems are the most costly. Certainly we can look to the results of the massive privatization in the United States over the last 10 to 15 years to see the impact of privatization. In 1971, when the last province signed on to medicare in Canada, both Canada and the US spent approximately 7% of our GDP on health care. Since then, US costs have grown exponentially higher, now accounting for almost 15% of GDP compared to our 10%. Weighed down by unequalled administrative costs, duplication, white collar fraud, advertising-fed demand and profit-taking, Americans now must pay \$5,440 in US dollars per person for health care, more than double our per person cost, even though more than 50 million Americans have no health coverage whatsoever. As in Canada, the multinational pharmaceutical industry is one of the main cost drivers in the system, accounting for one sixth of the increases in health spending over the last year.

A growing portion of Ontario's health service is controlled by private, profit-seeking corporations—many of them the same companies as are operating in the US. The outcomes of this experience provide evidence of the negative effects of privatization of health services.

In Ontario, an increase in private delivery amounts to an increase in cost and a diversion of resources away from patient care. Privatization of cancer care and emergency triage systems has been accomplished only at a greater cost than the public systems, with unproven results.

Drug costs have the dubious distinction of being the greatest growing provincial budget item. The net effects of privatization have been higher per-unit costs, erosion of service levels, money redirected from care to profit, higher out-of-pocket expenses and inefficiencies. Cost control in Ontario's health system relies on non-profit delivery of services. We need less privatization, not more.

The evidence that so-called public-private partnership, or P3, hospitals cost more is overwhelming. Following

the same model as the privatization in Britain, termed PFI, or private finance initiative, Ontario's P3 hospitals are already showing cost increases from initial projections.

In Brampton, capital costs alone have increased from a projected \$300 million to over \$350 million. In Ottawa, costs are up from an original cap at \$100 million to \$125 million, and they haven't even broken ground yet.

In Britain, the deputy controller of the national audit office described the PFI-for-money test as pseudo-scientific mumbo jumbo. Consultants for the first 18 British P3 hospitals cost over \$110 million alone.

In Australia, the New South Wales state auditor found that their P3 hospital could have been built two times over in the public sector for what they will eventually pay to the private sector. The Enron-style accounting for these schemes has been similarly criticized by auditors general in the UK, Scotland, New Brunswick, PEI and Nova Scotia.

In addition to higher costs, P3s hide debt from the province's books in their complex long-term lease deals. The contract for Coventry's Walsgrave Hospital was 17,000 pages long. Britain's auditor general and deputy controller says the accounting exercise used to justify these projects "becomes so complicated that no one, not even the experts, really understand what's going on."

What is clear is that in the P3 model we will pay more simply to hide debt from the public and we will lose vital control over our hospitals and health system as a result. It is imperative that the government stop these P3 deals and revert to public financing and control over our hospitals.

I have a video on that issue that I will present to the Chair afterwards as well, just for your own record.

The Chair: We'll make copies for each member.

Mr Rouse: Privatized delivery of home care through the competitive bidding model adopted by Ontario is redirecting precious health care dollars out of patient care and into ballooning administration. Six years after its inception, Ontario's home care system is rife with duplication, inability to use staff efficiently, excess administration and profit-taking.

A recent report by the Canadian Union of Public Employees uses the data that are available to estimate that these problems cost approximately \$247 million per year, or 21% of the CCAC provincial budget. There is no ministry assessment of the inefficiencies that have been created in the system.

Tinkering with the competitive bidding model adopted by the province will not be enough to solve the core problems in home care. A core component of the system's inefficiency is profit-taking. It has been estimated that \$42 million per year of public money is currently paid out in profit to owners and shareholders of these companies. If there were public access to financial and contract information across the province, more specific examples of this would be found.

Managed competition has created instability in the industry, redirected health funds to profit and administration, contributed to severe staffing shortages and

caused a decline in patient care. The province should move immediately to restore public, non-profit home care and allow CCACs to hire staff directly to eliminate duplications and profit-taking.

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Mr Bergmanis: Thank you, Shawn. I'd like to address issues surrounding private labs, public labs, long-term-care reform and hospital restructuring.

In the instance of labs, an investigation of the public-private partnerships for laboratory services reveals that increased private delivery has not contained costs and has created new user fees and problems for the remaining public labs. Public labs operate at a disadvantage. Where private labs bill OHIP on a fee-for-service basis, public labs are funded out of the hospital's block funding. They do not have the means to deal with higher volumes of services, especially outpatient work, and they do not have the means to invest in new technology or facilities. While for-profit labs have taken the higher-volume and lower-cost services, public labs must deal with more complicated, specialized, non-routine and less profitable tasks involving skilled technologists and high-cost equipment.

In long-term care, the Ontario government is funding, for the very first time, for-profit corporations. While government and out-of-pocket spending is on the increase, staffing and care levels are among the lowest in the country and new funding has disappeared into a black hole of unaccountability. Recently, there have even been layoffs in some homes, and lack of preventative care contributes to expensive hospitalizations of clients. Last November, one of the biggest for-profit nursing home companies in Ontario, Extendicare, reported record profits. Its CEO was attributing this to direct financing by public funding. New regulations to force nursing homes to spend their funding on care through minimum staffing levels and improved inspection and enforcement regimes are desperately needed to protect staff and residents and to ensure efficient use of resources in this sector.

On the restructuring front, in the mid-1990s approximately \$800 million was cut from hospital budgets. This, ironically, is also equivalent to the sum we seem to be paying to service the provincial debt due to our tax cuts. Funding instability has not only caused deep cuts to services, it has also created new monetary and other costs. The cuts and restructuring have combined to create grave inefficiencies and redirection of precious resources from patient care to administration, capital costs, consulting fees, etc. Non-monetary costs, such as demoralization of staff, increased stress, accidents, injuries and staffing shortages, are all on the rise. Insecure budgets have diminished the ability of facilities to hire permanent full-time staff and create working conditions to attract and retain personnel.

The justification for the cuts was that savings would be reinvested in community care. However, the costs of cutting proved to be much higher than anticipated and the anticipated savings never really materialized. In Ontario, literally hundreds of millions were spent on consultants and restructuring to reduce patient length of stay, lay off

staff and close hospital beds. London was no exception to this. In fact, we recently had the discredited Andersen Consulting, of Enron scandal fame, as well as IBM Global Consulting more recently, as two high-profile consulting firms engaged in restructuring hospitals in London. Andersen received a total of \$300,000 for its slash-and-burn advice and, lo and behold, IBM Global's deal remains shrouded in mystery. Unfortunately, the same result applies: The system is sent spiralling into crisis, forcing refunding of hospitals. Ironically, millions more had to be spent trying to hire back staff and reopen hospital beds in the long run.

As important as overall funding is, where that funding is directed within the health care system is also very important. It is evident that the refunding of hospitals and funding increases in long-term care have not improved population access to staff and beds. By last spring, Ontario was spending more than ever on hospitals, but 5,900 hospital beds remained closed from the cuts originating in the mid-1990s. According to Statistics Canada figures, staffing per population has declined since 1995, when there were 168 hospital staff and 93 long-term-care staff for every 10,000 Ontarians. By 2003, we saw that hospital staff had been reduced to 153 and long-term-care staff to 75 per 10,000.

While hospital executive salaries have increased substantially over this period, and London is informative in this in that we have two CEOs here who probably combined have over \$700,000 annual income, front-line staff wages did not keep pace with the cost of living.

We know as well that Ontarians are largely satisfied with the care hospitals provide. Hospital report cards consistently report, however, their dissatisfaction with the quality of food and cleanliness of facilities. These are the two most privatized or, shall we say, contracted-out services that hospitals provide.

Looking at the evidence from the last decade, the government should be wary of restructuring plans that cut access to services. In this city alone, by 2006-07, seven physical health care sites in London and region will be reduced to five and two emergency departments will be closed, while currently we still are looking at 20,000 city residents unable to find a family physician.

In conclusion, Ontario's health system has been substantially weakened through a decade of privatization and restructuring. It cannot sustain more of the same. It is in part because of the decline in medicare over the last decade that Ontarians voted for change. We expect the government to fulfill its promises to stop profit-taking and privatization in health care, to rebuild access to care and to promote population health.

The evidence is clear: A refusal to reinvest in health care through a progressive tax system is a false economy. Privatization will simply increase costs and hide debt. As a society, we will pay, and pay dearly, if this policy direction is not stopped. This government has both the mandate and an obligation to Ontarians to institute a fair taxation system to reinvest in medicare. The situation is critical and, through irresponsible tax cuts, largely self-

inflicted. The future sustainability of our health system relies on your recommendations. I thank you for your time.

The Chair: Thank you. Does that complete both presentations, then?

Mr Rouse: Yes, it does.

The Chair: We have about three minutes per party. We'll begin with the NDP.

Mr Prue: In three minutes I'm going to try to ask two questions. First of all, could you give us some more information about the level of dissatisfaction that people have with the contracted-out hospitals? This is the first time I've ever heard about the contracted-out portions of the hospital—the maintenance, the cafeteria. I'd like to just get a little bit more information. What percentages were dissatisfied, that kind of stuff?

Mr Bergmanis: Sorry, Michael, I don't have the exact percentage figures but this is readily available from the Ontario Hospital Association. They released their annual report card as of January 26. It defines various areas within acute care settings and other sectors of the hospital where they have looked at the quality of care, patient satisfaction rates. Needless to say, just in a broad stroke, patients have been pretty satisfied with the level of care they're getting in Ontario, but they consistently keep repeating that the quality of food is down, that the cleanliness of hospital facilities is down. This can be directly attributed to the fact that we put in private operators to do the housekeeping, that we contract out the food production. Here we have a situation under our noses where the private sector is obviously cutting corners in order to establish a profit margin.

Mr Prue: I'm also interested in the statement you made around the discredited consultants. We live in a world where we're seeing that the private sector can't do it as well as the public sector, in spite of what we've been hearing for years from my friends here to the right. Do you know how much the city of London or the hospitals pay these people? I'd like to know how much they were paid for this service.

Mr Bergmanis: The only figures I can put my hands on are what transpired back in the mid-1990s with Andersen, before it decided to morph into Accenture. At that time it received \$300,000 from St Joseph's Health Care to provide its consulting services. That basically came down to, again, how can you cut staff, how can you reduce the amount of beds, turnover rates etc.

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IBM Global is currently on the verge of releasing a study of its own for the London Health Sciences Centre, and that is shrouded in secrecy. We cannot get information from the hospital. They cite commercial interests as being the reason. We again, as a coalition, are very opposed to these kinds of secretive arrangements. The public predominantly pays for this and yet we have no access to the information.

Mr Prue: Sort of like MFP in Toronto.

The Chair: We move to the government.

Mr Colle: In terms of the cost of the American system to the Canadian system—this came up yesterday in Niagara Falls, and it's something that we've asked research to give us more information on. One of the things that I think you point out is the American health care system is much more expensive, that 15% of their GDP is spent on health care. We spend 10% and our system is 10 times better, and everybody will agree with that.

I'd like to ask you, in terms of making people appreciate what they're getting in their public health care system—this was even talked about by the last government but they didn't implement it. We would send an invoice if you went into a hospital and got your tonsils or gall bladder out or whatever it was; the person receiving that operation received an invoice basically saying that for care in a public hospital this is what the cost was, these are the services you received, that's the value of it, and then with a huge reminder at the end, "Because of your taxes that you pay, you received this medically necessary public service at no cost." I know a lot of people don't like that. Don't you think it would help make us appreciate, as Canadians, what we're getting for our tax dollars?

Mr Rouse: It does enlighten some folks as to what the actual cost of surgical or medical procedures would be, but there's a really strong position out there that that in turn has people double-think about whether or not they will actually seek medical attention. Those folks who are under the poverty level may see it as their duty not to seek medical attention because of the cost incurred to the system, when in fact they need it anyway.

You want people to appreciate what they get. Hospitals, facilities that I'm very familiar with because I work in a hospital, do exit surveys with patients upon discharge. Overwhelmingly patients appreciate the level of care they are receiving within the hospital. Just recently there was a study that was released about the amount of wait times in emergency rooms. The concern that was raised was not that people didn't think they were well cared for in emergency rooms; they just thought they had to wait too long.

So all things said and done, people really appreciate the level of care they receive, and when they get it, they show that verbally and physically. The old adage is, when you get bad service you tell 10 people; when you get good service you tell one person. In this case, it is a prime example. Those people who speak the loudest are the ones who have poor service. I don't think poor service is what we're getting. Service delivery is where the issue is.

Mr O'Toole: Thank you very much, Shawn. I gather you work at the hospital. In the hospital you work at, are you a member of CUPE or are you a doctor?

Mr Rouse: No, I'm a member of CAW.

Mr O'Toole: OK, not that it matters.

Mr Rouse: Not that it matters, yes.

Mr O'Toole: I just didn't want to address you as "Doctor" when I shouldn't be.

But anyway, right now I think you should know that about 28% of all health care is private. Did you know that? Today; it has been for a number of years. Do you know that most of the drug plans you're referring to are under drug benefit plans? So 28% or more—that's \$7 billion is private now. Do you appreciate that WSIB, the Workplace Safety and Insurance Board, is private health care? Do you know that? Your employer pays a premium and they buy insurance against risk of accident and WSIB is assessed a risk factor and pays the province of Ontario from its general revenue. Did you know that?

You know it's very expensive for auto insurance; 28% or more of that is private insurance against accidents, which is personal injury, which is a broken arm, or whatever. That's private.

So when you make the profound statements, it's a very large and growing part, the drug part especially, under benefit plans, which are challenging employers like yours to drop your benefit plan because of the cost of drugs—are already and have already been private. I'm not lecturing, I'm just sort of trying to have you be quite straightforward.

The P3 experiment of this government here: Where are they going to get the \$400 million to \$700 million to build a hospital? Where are they actually going to get the dollars to pay the tradesmen?

They're going to borrow it. From where? From a pension fund? The pension fund charges a profit. That's private. I don't care whether they call it P3 or mortgage, leaseback or whatever; it's private. So you've got to sort this thing out a bit. A lot of what you are saying is actually wrong.

It's discouraging sometimes. I'm not lecturing you, but it's actually wrong.

Mr Colle: Oh, come on, John.

Interjections.

Mr Rouse: In deference to the member, I would appreciate—

Mr O'Toole: It's disappointing when the information is false.

The Chair: Order, Mr O'Toole. You can respond.

Mr Rouse: In deference to the member, I really appreciate your comments and know them to be of value to this committee, but that's where the difference of opinion stands. The ownership, leaseback, mortgage or otherwise is a fact of hiding debt from the public in private, secret deals that the previous government has compounded with secrecy and backroom deals, power structures accordingly with multinational and large financial institutions without a stitch of information coming to the public to let them know that what is actually happening is better for them. The deals are secret. While they remain secret, they will be the paramount fault of what has happened in our health care system.

Mr O'Toole: Ted has a question. He lives here.

The Chair: The time has expired. I want to thank you for your presentation this afternoon and your cooperation in putting your two presentations together.

JOHN ASTLES

The Chair: Is Mr John Astles in the audience? Please come forward.

Good afternoon. You have 10 minutes for your presentation. You may leave time for questions, if you so desire. If you would, please identify yourself for the purposes of our record, Hansard. You can begin.

Dr John Astles: My name is John Astles. Good afternoon to the committee.

How many working people can say it has been almost 15 years since they last had a raise in pay? I hope not many. Unfortunately, Ontario's optometrists can say this since their last fee increase for OHIP-funded services was on April 1, 1989.

I am an optometrist who has practised in London, Ontario for over 23 years. The concern I bring to you today, which is also the main concern of the Ontario Association of Optometrists, is the OHIP reimbursement issue. The OAO, of which I am a member, represents the overwhelming majority of optometrists in the province.

Optometrists are the main providers of primary eye care in Ontario. Over three million Ontarians visit an optometrist per year. We diagnose and treat eye diseases and disorders and refer when appropriate. An eye examination involves determining the refractive, binocular and health conditions of the eyes and visual system. On average, I take 30 minutes to do a full eye examination. Most of that time is spent on eye health assessment.

What does the fact that optometrists have not had a raise in almost 15 years mean to us, the practitioners? It means, with the current OHIP fees, it is virtually impossible to meet the standard of care as set down by the College of Optometrists and at the same time have a financially viable practice. Yet, even under these difficult circumstances, my colleagues and I continue to meet the standard of care because it is paramount to our patients that we do so. In my case, when considering what I receive from OHIP, plus the contributions from my associates for their OHIP-paid exams, and then taking into account my overhead costs—which include staff, equipment, maintenance, heat, hydro, telephone, instrument purchasing, leasing, municipal taxes, insurance and, lately, snow removal—I make approximately \$3 an hour.

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We receive \$39.15 for a full eye examination and have stayed at this, as mentioned, since 1989. Considering the change in the cost of living, \$39.15 in 1989 would be equivalent to \$53.18 today. Therefore we have actually received a reduction in pay of \$53.18 minus \$39.15, which equals \$14.03 per full exam. Ontario's optometrists receive the lowest reimbursement for an eye examination in Canada.

What does the current funding situation mean for patients? For one thing, it has created a crisis in that we can no longer afford to purchase important instrumentation to keep pace with advances in knowledge and technology for the benefit of our patients. For example, I will not be able to purchase an instrument recent research

has shown vital for the diagnoses of glaucoma called a pachymeter. Also I have had to abandon plans to purchase something called a digital fundus camera. This takes photographs of the inside back of the eye, the retina. It is probably the best way to document and monitor eye diseases of the retina caused by diseases such as diabetes.

In 1999, the OHIP Optometry Schedule Review Commission presented a proposal to the Ministry of Health and Long-Term Care which determined that, in an environment of limited resources, there is merit in focusing coverage of optometric services on those most in need. I acknowledge this government has inherited a significant budget deficit. Therefore, would it not be time to consider all fair options, such as allowing for partial de-insurance, or balance-billing, such as is allowed for chiropractors?

The negotiations with the last government began at the start of 2003, but fell through on July 15. The OAO is asking for an increase in compensation equalling the cost of living between 1989 and now. However, the last government failed to offer a raise and, worse, wanted to impose a universal hard cap less than the profession billed to OHIP in 2002. Instead of a raise, this would have meant a reduction in pay. The OAO has not met with the Ministry of Health and Long-Term Care in over six months. The ministry will not consider any options other than the status quo and they refuse to appoint a mediator.

An optometry practice is a business and, like any business, it must be financially viable. This is confounded by our being captives of a system of reimbursement for our clinical services controlled by the government. We have no choice in this; we cannot opt out and we cannot balance-bill. Therefore we have to rely on good faith by the government to reimburse us fairly. This, of course, has not happened. Our patients need for this to happen. The quality of care they must receive and deserve to receive is unsustainable at the current level of reimbursement. Please choose the right thing and support either a significant raise in our fees or other options to allow us to be reasonably compensated for our services.

Thank you for the opportunity to speak to you today.

The Chair: Thank you very much. We have two minutes per party. We'll begin with the government.

Ms Judy Marsales (Hamilton West): Thank you very much for your presentation. I have tremendous sympathy for your organization, based on a meeting I had with Mr John Aldridge in Hamilton. I believe it was his father who actually was the founder of your organization. I think part of the challenge is that the general public does not understand the difference in the services being offered against the cost of glasses today, and upon understanding that would quickly realize that you don't seem to be achieving fair compensation for your skill level, the degree of knowledge and the service that you are providing to the general public.

I was appalled by the treatment, I guess, in the past few years by the government in terms of your organ-

ization. My question to you then would be, what singular thing could your organization do to make the general public more aware of the need for your services, as well as our organization and this committee to be of some support and assistance?

Dr Astles: We do have a program in place of advertising our services to the public that goes across the country; not just in Ontario. I think that we have to consider a press release to educate the public about what we do and what our current situation in terms of funding is, and also that basically it's unsustainable. It's gone on for almost 15 years and just can't keep going on. We can't continue to give away our services like this.

The Chair: We'll move to the official opposition.

Mr Arnott: What does OHIP pay an optometrist for a routine eye examination?

Dr Astles: About \$39.15.

Mr Arnott: That's the fee that hasn't increased since 1989?

Dr Astles: That's correct.

Mr Arnott: In the midst of negotiations with the government, your association has put forward a proposal, I'm sure, as to what it should be. What do you think is a fair fee for that procedure?

Dr Astles: Their proposal is that we simply keep pace with what we received in 1989 and therefore make the raise equivalent to what the cost-of-living increase has been between then and now. In a sense, that's not even a raise; it's just keeping pace with what we received originally in 1989, if you want to call that the original date. But I think that's what the members of our association would be happy with, and that's what the association is asking.

Mr Arnott: I would agree with you. On the surface, it seems extremely low and it seems that if there hasn't been a raise since 1989, certainly there should be consideration given to an increase.

Dr Astles: They weren't even asking for any retro-active pay in that time.

Mr Arnott: Your request that a mediator be appointed has been ignored by the government?

Dr Astles: Yes.

Mr Arnott: Why do you suppose that is?

The Chair: Thank you, Mr Arnott. We'll move to the NDP and Mr Prue.

Mr Prue: You started my question. Why do you suppose that is? I think this is really important. When did you apply for the mediator?

Dr Astles: The last negotiations were at the start of 2003, and they fell through on July 15. I wasn't a part of that. I'm not really here to represent the OAO—I'm representing myself—but I think it was probably somewhere in the spring or early summer of 2003.

Mr Prue: So it was the previous government that refused the mediator.

Dr Astles: Yes.

Mr Prue: OK. Have you applied since this new government? Have you applied for mediation again? Because I think they may be somewhat more sympathetic; at least I hope so.

Dr Astles: Not that I know of, we haven't.

Mr Prue: May I suggest to you that that's really what needs to be done. I think perhaps you guys need to be just a little bit more militant. I can't imagine any other group in this country—and I don't want to lecture you—waiting 15 years without a raise. So might I suggest that to you.

Having said that, obviously your skill levels have had to go up with all the new technology, all the new instrumentation and some of the processes used and described here today.

Dr Astles: There's been a transfer of responsibility from ophthalmology to us too because of the shortage. So there too we're assuming more responsibilities.

Mr Prue: More responsibilities, more duties, more knowledge, less money.

Dr Astles: Yes. That's what it amounts to.

The Chair: Thank you for your presentation this afternoon before the committee. We appreciate it.

STRATEGIC ALLIANCE FOR E-LEARNING

The Chair: The Strategic Alliance for e-Leasing—I'm sorry; mine has a printing error. The Strategic Alliance for e-Learning. You have 20 minutes for your presentation, and you may leave time for questions if you so desire. I would ask you to identify yourselves for the Hansard record.

Mr Jim Empringham: Hello. I'm Jim Empringham. In my day life I'm a superintendent of education with the Thames Valley District School Board. In my night life I'm the chair of the Strategic Alliance for e-Learning, a consortium of district boards of education in the province focusing on the virtual learning environment.

Ms Ruth Mattingley: I'm Ruth Mattingley. I'm a superintendent of education from the Lambton Kent District School Board, and our board is a member of the strategic alliance for virtual learning.

Ms Alison Slack: My name is Alison Slack. I'm the operations manager for the Strategic Alliance for e-Learning.

Mr Empringham: Thank you for the opportunity to present today to the standing committee. I think it is important to make sure we clarify the typo. E-learning versus e-leasing is a wide gulf.

E-learning: We're talking about educational opportunities for students in this province. You should have a handout from the alliance. I'm simply going to introduce the topic, and Ruth will give you some of the background. I'll follow up with the conclusions and recommendations.

The key issue here for us is that the Ministry of Education for the province of Ontario has not established a provincial direction to support virtual learning for students in the province, unlike much of the world around us: provincially, states, and internationally. The current funding model doesn't recognize credits achieved through the virtual environment as equal to credits achieved in a traditional day school class. Students in this province are disadvantaged in relation to their national

and international peer group by this lack of direction. It is essential that a provincial direction for virtual learning be established in the immediate future, and that really is our purpose here today.

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Ms Mattingley: Due to the wide range of needs and community conditions in Ontario, the delivery model for Ontario curriculum must continually evolve to ensure equity of access and responsiveness to changing needs. Virtual learning has been recognized across Canada and throughout the world as a viable and effective means of providing educational programs to students, and yet in Ontario there has been no provincial direction to support virtual learning for our students. We are here today to ask that you consider virtual learning as an essential component of your budget deliberations to ensure that Ontario students have greater access to quality courses, that no matter where they live or the size of their community or school, they have equitable access to Ontario curriculum.

Not only does virtual learning provide greater access to courses, but it also provides our students with a skill set that enables them to function in an environment that is used worldwide in post-secondary education and the world of work. Students in our province will be disadvantaged when compared to their national and international peers if they have not had access to virtual learning.

As Jim stated, the current funding model does not recognize credits achieved through a virtual environment as equal to credits achieved in a traditional day school class, nor has there been provincial encouragement for innovation through start-up funding to school boards to develop virtual learning sites. Without adequate funding and appropriate changes to existing legislation, it will be impossible for Ontario school boards to move forward in providing virtual learning opportunities for our students.

Virtual learning provides students with the opportunity to achieve secondary school credits on-line in a virtual learning environment. Students have access to instruction from a fully qualified teacher and engage in learning in an interactive electronic environment. Students have the ability to learn anywhere at any time. Students have opportunities to dialogue with each other and the teacher. The only difference between virtual learning and a traditional classroom is that there are not four concrete walls limiting where they can access these courses. Class size is comparable to regular day school to ensure a quality experience. Virtual learning is designed to meet the needs of learners who are unable to access the courses they need in traditional classroom settings.

There are many reasons why students in Ontario should have access to virtual learning. Aside from developing an important set of skills that enable them to function effectively in a virtual environment nationally and globally, virtual learning provides greater equity of access to Ontario secondary school courses.

Virtual learning provides students with greater flexibility in obtaining courses, providing a solution to time-

table conflicts or personal schedules or issues that might interfere with a regular day school program. Parents who home school their children would have an option of a delivery model that provides access to Ontario courses while still enabling them to provide an education in their home environment. Currently, students who are in hospital or at home due to medical reasons are not able to access a range of courses. Virtual learning would enable these students to continue their education.

As many of you know, in Ontario we have seen a decline in enrolment in many jurisdictions. Remote, rural and small schools often struggle to be able to provide the range of courses students need to graduate or to meet the requirements of their post-secondary destinations. Students who have access to virtual courses can stay in their home schools and communities while accessing a course that a teacher may be delivering many miles away. Virtual learning broadens our options, provides flexibility for students, and, most importantly, provides greater equity of access to Ontario courses for the students of Ontario.

Virtual learning is not new in other jurisdictions in Canada. Eight provinces currently have a virtual learning strategy in place. These include Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Nunavut, Quebec and Saskatchewan. By developing a provincial direction, all of these provinces have recognized the importance of providing their students with the tools to thrive in a virtual environment and the role that virtual learning plays in providing greater equity and flexibility for students. It is extremely troublesome to see that provincially Ontario has not yet recognized the importance of virtual learning and addressed the growing demand for access to this learning environment.

Since there is no provincial vehicle for the development and operation of virtual learning, many boards have ventured out on their own to develop courses and provide on-line learning. Local school boards have struggled to find enough funds to cover start-up costs, course development, professional development, delivery and technology costs. Due to the lack of provincial direction and adequate funding, boards are struggling to sustain the current efforts.

In the absence of a provincial direction, the Strategic Alliance was formed in 2001 and, as Jim mentioned, consists of 10 district school boards. These boards represent a broad cross-section of Ontario students. Our alliance of school boards formed to address the demands of students and their parents to provide equitable access to courses and virtual learning opportunities in a way that created economies of scale. The alliance brings together a group of like-minded boards recognizing the need for students to have access to virtual learning and the importance of sharing resources and developing high-quality learning opportunities for students.

The Strategic Alliance has trained teachers, shared expertise, written outstanding on-line courses for secondary school students and provided a network for furthering on-line learning. The Strategic Alliance, through effec-

tive collaboration, has been able to deliver and develop virtual courses to students across the province.

The Strategic Alliance has developed over 20 courses, which were written by teachers and subjected to a rigorous quality assurance process in order to ensure strict adherence to the expectations of the Ontario curriculum. Course developers were all trained together in order to ensure consistency in format, delivery, and assessment and evaluation. All school boards within the Strategic Alliance operate on a common platform to ensure interoperability and to be able to share the resources and courses.

Hundreds of students in the Strategic Alliance school boards have accessed courses through virtual campuses, and not only had positive experience but were able to access courses that they might not have been able to access in their regular day-school program. We are extremely excited and proud of the progress that we've made in a very short time, but we're at a critical point. Like other boards that are offering virtual learning, we need the support of the Ministry of Education.

The current lack of funding for the development of virtual learning and insufficient dollars for operating these sites will result, in the very near future, in member boards being forced to cancel virtual learning courses for students. The benefits of virtual learning are too great to see the loss of what has proven to be a highly successful course delivery model.

I'll turn it over to Jim to talk about the recommendations.

Mr Empringham: Thank you, Ruth. Just to add a couple of more points before I do the conclusions and the recommendations, I think it's important to note that we have made numerous presentations in the past to the Ministry of Education, to various committees and various individuals, to inform more of what virtual learning is. One of the key things is that it is not text-based correspondence education on-line. Correspondence education has a success rate in the low teens. That's not what we're looking for. We're looking for an interactive, real classroom environment that allows children to interact with teachers and students and be successful.

It is important to note two things: that it isn't the old kind of learning and it is also something we have broached with the ministry on numerous occasions. The other thing to keep in mind is that we're not here representing truly just the alliance; we're representing the students of Ontario. We happen to be a group which has joined together to provide opportunities for our students, but certainly we are looking for the students of Ontario.

If I might briefly run through the conclusions that we have drawn from the materials that Ruth has presented, the first is that clearly the opportunity to access learning opportunities through a virtual environment is an essential need for our students, and this is a critical time in the world, let alone in this province, in that regard.

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It is also essential that students in these schools today acquire the knowledge and develop the skills required in a virtual environment. As an aside, an interesting thing is

that there are a number of private schools cropping up in the province providing e-learning—virtual learning—to students. It's hardly an equal plain for the students in this province: If you have money you can go; if you don't, you can't. Clearly we need to have a public position.

Ruth has mentioned, and one of the conclusions that can't be understated is, that in these times we have declining enrolment; an implied, if not direct, pressure on students to complete secondary school in four years; and five destination pathways to complete high school, which end up in a fragmented curriculum. Many of the secondary schools in this province are unable to provide the required range of courses. That is a clear outcome of the most recent changes in the expectations for student graduation.

Virtual learning should be available to all students. We are representing all the students in this province, but clearly if you're in Moose Factory with less opportunity than a student in London, Ontario, you need to have some equitable opportunities. If you are a disabled youngster or someone with significant challenges that otherwise disallow you from attending a regular school, there should be something that evens the playing field and not simply text-based mail-in courses. Students in rural and isolated Ontario are clearly at a disadvantage without the opportunity to access such courses.

This is a new environment and does represent an increase in costs to boards. Yes, we can say that if they're on-line they're not in bricks and mortar, but be assured that there are many other related costs that make up for that.

Districts offering virtual courses will be unable to sustain this for much longer. It is important for you to know that within the alliance, we had 12 boards at one time; we now have 10. We had two leave this year, and we are likely to lose another two or three or more if we don't have some kind of impact soon to help boards support this concept. Trustees have recognized this is essential for their kids. If you look at the boards that are associated with the alliance, you can see that they're spread across this province. Many are small. Thames Valley may be a large board, but it's spread across a very large part of this province. It is essential that these needs be recognized, because we're stealing money to pay for this right now and we can't keep doing that. The reserves are gone.

We recommend that any plan that is developed should be real-time learning as opposed to simply the correspondence approach.

Our recommendations to this committee are:

—That in some fashion, not knowing how you fund task forces, you find a way to encourage the creation of a task force within the province, comprised of the appropriate stakeholders, to begin investigating varying strategies of virtual learning and try to learn from what the other eight provinces have been doing, some of them for many years, so we can benefit students in Ontario.

—Consideration that effective teaching, whether it be on-line in a virtual environment or traditional, be considered equitably.

—That any strategy to be developed should consider that the work performed by a teacher in a virtual environment is the same as that of a traditional teacher.

—That clearly regulations will have to be developed to support what constitutes a school day and what does not. Right now, the register we use is the independent study register—the old correspondence register. We get about a third of the value of a regular credit out of that. It's a money-losing operation.

—We would ask that as you look at solutions, you offer the importance of partnerships. We have formed partnerships within boards. We have a corporate partnership that helps us on the technical end. It's a partnership we pay for, but it's a partnership nonetheless. I would offer that that should be something to consider. There aren't more dollars being created here. We need to find new ways to do business.

—Flexibility in terms of how we use technology should be a part of any recommendation.

—Equity of access has to be a key element of any recommendation that comes from this committee.

—Any strategy developed should place a high priority on funding approaches to virtual learning that support student retention. Let's not throw good money after bad. It should be money that comes back many times over in student success.

—Quality assurance is key, and I hope that would be a recommendation of your committee. I would offer, too, that your committee should consider that there are boards in this province that have been, as I say, robbing from reserves and other places to try to serve the kids, because they know the kids need it. They've put in significant amounts of money, and any recommendations should try to compensate those monies that have been invested already by boards in this province.

—If there is any way you could influence the pre-service and in-service needs of teachers, we would really encourage that any recommendations coming from here encourage the implementation of a service program for both pre-service and in-service teachers.

Thank you for the opportunity to speak today.

The Chair: Thank you for your presentation. We only have a few minutes left, and in this rotation they go to the NDP. Mr Prue, you have three minutes.

Mr Prue: I'm trying to figure out the rationale for e-learning being broken up into regions or districts. Could it be done centrally? If, say, there were someplace in downtown London that operated for the whole of Ontario, could it not be done? I'm just trying to figure out why a district would have to do it. If this were a government program mandated by the Ontario government, why would we have to do it in districts at all?

Mr Empringham: I'll start, and Alison can talk perhaps from a technical point of view. Philosophically it could be, assuming that all the appropriate protocols and checklists were in place. Quality assurance is absolutely essential. If one looks at correspondence education today, it's a disaster.

Mr Prue: I'm not going there.

Mr Empringham: OK. I think the caution we would have about a provincially directed single focus would be: Who is going to determine it, and will it serve the needs of kids, or will it politically expedite getting something off the ground without having the kind of impact on kids' learning that we need to have? That would be our concern.

Mr Prue: I understand the concern, and I understand what has happened in the past. But it would seem to me quite logical that if you had a group of dedicated teachers who knew e-learning, and you had them all together to teach each other and learn from each other and you were able to broadcast through computers all over Ontario, that would be preferable to having one or two in each district who may never be able to develop the expertise.

The reason I'm asking is because this is an exciting new possibility. It's going to have to be funded, and it seems to me quite logical that it be funded centrally, at least at first, until all the kinks are worked out. Would you not agree?

Ms Slack: It could definitely work, but I think that by starting at the provincial level with a central virtual high school you lose all the experience that those of us who have started from scratch, like the Avon Maitland district and Trillium Lakelands in the alliance—you'd be behind and you'd lose the experience we've gained. That could be a direction, but I think you'd have to pull in all the partners to start with and sort of aim that way, but learn from what we've learned.

Mr Prue: OK. Thank you.

Ms Mattingley: If I could just add to that, one of the things that I think we've shown is the power of working together with the alliance. We have 10 boards that are working together, so I think it's a concept that needs to be looked at.

The other part of it is that we're capitalizing on the expertise that is around the province, and that would have to be taken into consideration to make sure we're using the experts who are out there and that when we talk about central, it's not in one location. I think the power of this is that there are no boundaries, that we bring people together. Where you might not have access to a physics teacher in the far north, there may be a physics teacher in southwestern Ontario who could run that course. I think your teachers may be from across Ontario, but there may be a way, once you've wrestled with the legislation and registers that cross boundaries and all those pieces, that it could be very powerful. The more we work together, the better it is and the more effective it will be for our students in Ontario.

The Chair: Thank you for your presentation.

1530

HURON PERTH
COMMUNITY LEGAL CLINIC

The Chair: I would ask the Huron Perth Community Legal Clinic to come forward. Good afternoon. You have 20 minutes for your presentation. You may leave some

time for questions, if you prefer. Would you just identify yourself for the purposes of our Hansard record, and then you may begin.

Mr Michael Cormier: My name is Michael Cormier. I'm the executive director of the Huron Perth Community Legal Clinic.

I have three requests I want to make: The first is that as you look for efficiencies, I'd ask that you look at the tribunals that oversee the poor and many of the relationships with the poor for some of the inefficiencies in there that I think have been built in over the last eight or nine years; the second is a shameless request that you continue and in fact increase the funding for legal aid; and the third is that you not use the poor as a way of getting out of the deficit. I'll start with number one.

Over the last few years, a number of inefficiencies have crept into the tribunals we appear in front of. I think those tribunals have become inefficient for any number of reasons having to do more with ideology rather than with helping the poor. I want to give you two examples; the first has to do with landlord-tenant.

Prior to bringing in the Tenant Protection Act, when the Landlord and Tenant Act was the act that oversaw tenants, all the hearings were held in a courthouse. When the Tenant Protection Act came in, a whole new tribunal was set up, and the tribunal hearings were put into leased premises in different cities. So one of the things that happens regularly at our clinic is we go off to do tenant hearings. We go to a Legion in the local town, and down the street sits a courthouse that's empty or half empty at the time we're doing them. So we, as taxpayers, are paying for both the courthouse and the Legion when we could have kept the hearings in the courthouse.

Furthermore, the hearings are not held in a place that's adequate or appropriate to the type of hearings we have. In the Legion where we have our hearings in Stratford, we are in an open hall. We have asked any number of times for rooms where we can talk to our clients. We're not given them. We act as duty counsel in those hearings, and we appear for the first time as duty counsel; we haven't met those people before. We have to talk to the people about their problems in front of the adjudicator and the other side, which first of all, quite frankly, is a breach of law society rules—please don't turn us in to the law society for doing this.

It also is terribly uncomfortable. We're talking about marginalized people who are already feeling down-trodden, and now, in front of the person who's trying to evict them, they have to tell us their story and take the chance that any advice we give is being overheard by the person they are taking on. It's not an acceptable process, and if we moved it back into the courthouse, we would in fact have a process that would be acceptable and, in the process, probably would also save a certain amount of government money.

The second example I want to give is the Ontario disability support program. This is a program for people on welfare who are permanently disabled. At the moment, like all clinics, we have an enormous load of

ODSP applications. We win some 75% to 80% of the hearings we go to. As a lawyer, this suggests to me that the hearings are unnecessary; that somewhere in the process, the material is not being looked at in the beginning; that the doctors' reports and the other evidence put in are not being looked at carefully enough in the internal processes.

When we go to a hearing, you add to the former doctors' reports new doctors' reports. We're told on a regular basis that our family doctors are overworked. We're now asking them to fill out more forms and write more reports to support something they've already submitted to this government agency. You also will normally add at least one lawyer—usually one of the clinic lawyers, but there are sometimes certificates given for it. So you've added to the cost of giving someone something that ultimately we're relatively certain they're going to get.

Somewhere along this process, we've gone wrong. In about the last eight years, the cost of doing these things has escalated from several hundred thousand dollars for legal disbursements—that is, for the medical reports—to over a million now for those medical reports. Why are we now having to spend so much more money on medical reports to do what we did eight years ago for an awful lot less? We are simply costing the taxpayer an awful lot more money. In truth, there's no particular reason for us to not in the beginning have some sort of a specialist look at these people and have some recommendation for them that goes in without a hearing.

The next thing I want to talk about, my second pitch, is the need for legal aid funding. Legal aid has been underfunded probably since it began in 1967, but certainly there have been several reports since then that have shown that it is underfunded. Both the clinic system and the legal aid system itself cannot provide the level of service they ought to be providing to the number of people they should be providing it to because we do not have the money to do so.

This government has talked about democracy and the need for getting rid of the gap in democracy within our society, and I think one of the biggest gaps is to have the voices of the poor heard. One of the places where the voices of the poor need to be heard is in the justice system. Virtually the only way for people who are poor, marginalized and downtrodden to be heard in the justice system is through legal clinics, which come to places such as this and lobby for them, lobby for law reform and also represent them in hearings of many different types.

Finally, I want to ask that you not get rid of the deficit by hurting the poor again. Over the last eight or 10 years, whatever it has been, the poor have been consistently hurt. Anyone who works in a clinic such as the one I do sees constantly the faces of families who are desperately trying to feed their children, to heat their homes, to make sure that they're not thrown out on the street. It is time to relieve them. I hate to say this, but quite frankly, I can afford an increase far more easily than the people I serve. I would ask that as you look at the deficit and as you look

at trying to solve the economic problems of Ontario you consider that the last place to make any changes that are going to be of harm and are going to cost more is with the poor. Thank you.

The Chair: Thank you for your presentation. We have about four minutes per party. We'll begin with the government caucus.

Mr Wilkinson: Thank you for coming, Michael. It's interesting that your office is right behind my constituency office in Stratford.

Mr Cormier: We could have tea some day.

Mr Wilkinson: That's right. As a bit of background, I had a chance to meet with the people who provide social services in conjunction between the city of Stratford and the province and talk about the arrival of your clinic and the good work that you've been able to do for people who really are voiceless.

But what I want to talk about is this idea about the inefficiencies. We are a government caught on the horns of an exquisite dilemma fiscally, and we are very interested in your presentation because we're looking for these areas where there are these inefficiencies that are built in and perhaps driven by previous ideology. We're not actually getting the core job that we're supposed to do as a government done.

The first thing I want to ask you is whether you'd be able to have your proposal for this committee in a written format prior to the deadline so we have that to consider. I don't know whether you can do that.

Mr Cormier: What's the deadline?

Mr Wilkinson: Katch, the deadline for written submissions?

Clerk of the Committee (Mr Katch Koch): February 13 at 5 pm.

Mr Cormier: Yes, I can do that.

Mr Wilkinson: You can get that to my office, and we'll make sure it gets to the committee.

On a day-to-day basis, all of the members here are swamped with people in the ODSP system. Anecdotally, it seems to me that our system is saying to people at the first round just no, without actually looking at the evidence, almost in a system that if we say no, some of these people—

Mr Cormier: Will go away.

Mr Wilkinson: —will just give up, because they don't have somebody like you with your legal background to help them out, and therefore kind of save the system money by somehow disenfranchising people of benefits to which they are rightfully entitled.

The people with whom you are dealing—and I mean this with all respect—do you find, in your day-to-day work, that the people who come to see you, in your opinion, are qualified, that they really are truly disabled? You always hear these other people who are driven by ideology saying, "Oh no, these people are just trying to take advantage of the system." You're right there at the front line.

1540

Mr Cormier: Let me give you an example of actually a change that causes a problem. It is someone I've seen. I

obviously won't give you the information about who it is. In the previous legislation, if you were 60 years old, you were on welfare and you had a physical disability, you were automatically put into ODSP. That has been changed. I have a client whose first language is not English, in fact who speaks very little English, who has very little education, who is 60 years old, who has a physical disability and for whom I'm going to have to get several doctors' reports in order to get her put on disability. There is no employer in this province who is going to hire her. We all know that.

One of the lawyers I've worked with said to me, "I think if you were to sit down in a room with most of our clients for half an hour, you would without a medical report decide this person should be on disability." You get people walking in who can barely walk, who come in on walkers, who quite frankly are not likely to have a high education. It's very difficult talking to them. Many of them have mental disabilities and end up having a very difficult time communicating with you. You think, "Who on earth is going to employ this person?"

We're asked, in the case of my 60-year-old client—we have to, as I said, get doctors' reports. In the meantime, she's supposed to be out looking for work and doing community service. There isn't even a volunteer service that can use her. There is no place, and that's very unfortunate, in this province where she would be of great use to anyone, even on a volunteer basis.

We're going to get two doctors' reports, we're going to spend a day or part of a day with an adjudicator, and we're going to have a lawyer there—an enormous waste of money.

The Chair: We'll move to the official opposition.

Mr Arnott: Thank you very much, Mr Cormier, for coming in today to offer us your views and your advice as to how the provincial government should respond to these legal aid issues.

You mentioned during the course of your presentation that, since the passage of the Tenant Protection Act, all of these hearings that are conducted to resolve disputes between landlords and tenants take place in community auditoriums. Was it in the act?

Mr Cormier: I said "leased facilities." Some of them are Legions, some of them are auditoriums, some of them are office buildings.

Mr Arnott: Leased facilities; they use a Legion, for example. I represent a lot of small towns, not unlike Huron and Perth, in Waterloo and Wellington counties. Was it a provision of the act that required that these hearings would take place in these kinds of leased premises or is it just a policy change? Do you know why that changed?

Mr Cormier: I presume it was a policy change. The act isn't going to tell you where you have to have your hearing, except of course when you have a civil procedure and it must be in front of a Superior Court.

Mr Arnott: I didn't think it did.

Mr Cormier: But in setting up the act, the government—your government—decided that they weren't going to hold them in courthouses—

Mr Arnott: It's all my fault.

Mr Cormier:—and you have to hold them somewhere, so they went out and leased the facilities. I suspect you have more access as to why that was done than I do. All I can tell you is that it's inefficient and ineffective.

Mr Arnott: I'm trying to glean some information from you, and I appreciate your pointing out that our party was in government for eight years, because I needed to know that.

I would agree with you that it would save a lot of money. If there are existing court facilities that are vacant, it would certainly make sense that those facilities be utilized.

Mr Cormier: When we go in Stratford to the Legion Hall, there are two courthouses down the street, five minutes away, both of which are usually at least half empty—

Mr Wilkinson: And accessible.

Mr Cormier:—and accessible, and they have interview rooms, and I sit in the Legion Hall.

Mr Flaherty: As a former practising lawyer and a former Attorney General, I think I heard my first case in the Polish Alliance Hall in Mimico, Ontario. There has been a long tradition in Ontario, actually, of getting space where you can get it, on the assumption that the courthouse is busy. I agree with you entirely that if the Stratford courthouse is not being used sufficiently, then it ought to be. That is a question of administration as opposed to policy, one would think, unless there's some kind of policy directive that says that these hearings cannot be held in a courthouse. Is there?

Mr Cormier: My understanding is that the previous government wanted to move a number of things out of courthouses; I have no idea why.

Mr Flaherty: I can tell you why. They were trying to reduce the backlog in the criminal courts in Ontario because there was a substantial backlog. That was the reason. But it has to be intelligently applied. That is, in a particular community, be it Stratford or be it Cornwall or wherever, if there's room in the courthouse, then I think you've raised a very important point and it's something the government should address.

Mr Cormier: I should say that on removing the criminal backlog you have to recognize, first of all, that none of those courthouses is dedicated only to criminals.

Secondly, most of the hearings were in fact pre-hearings in the courthouses that were held in what are the equivalent of masters' offices, and being a lawyer you'll understand that. Therefore, I'm not sure anything was saved, and I'm relatively certain that what we did was add to the taxpayers' costs, to no purpose.

Mr Flaherty: The government should fix that.

The Chair: We'll move to the NDP.

Mr Prue: I first of all want to commend you for what you had to say about ODSP. Certainly that has been the experience in my office, even before the office that I inherited from my predecessor. I don't think I've ever lost a case where we represented someone for ODSP the

second time around. Quite frankly, in my view, it is simply to discourage the great majority of them from coming forward to a legal clinic or their MPP, or whoever, and just hope they go away. But once they show up, that's the reality. I do agree it is a total waste of the system, and for all of those people who don't have the wherewithal to come to an MPP or to a lawyer, I think that what has happened to them is a real crying shame. So I'm in total agreement.

Having said that, the second thing I'd like to get into a little bit is the Tenant Protection Act. I don't know how big a problem this is in smaller-town Ontario, but certainly in Toronto over the course of the last number of years since it came into effect we see a great many summary dismissals—hundreds, thousands of cases being dismissed. We see the evidence of people being evicted from their apartments rising exponentially, sometimes over as little as being \$50 short in any given month. We see almost all of the decisions weighted against the poor and the tenants. Can you tell me about your experience in small-town Ontario? I only know the Toronto one; I have to be blunt with you.

Mr Cormier: I can tell you about experience both in small-town and big-town Ontario. I was at the University of Western Ontario before I went to take over the Stratford clinic and so was here when they started the Tenant Protection Act hearings in London. Because it's the finance committee, I talk about finance rather than procedure, but let me tell you that I was appalled at the level of misunderstanding and ideological problems that we saw with the tribunal chairs that were picked.

Let me give you two quick examples. One was a chair in London who started a hearing by thanking the landlord's paralegal for the gift she had received.

Interjection.

Mr Cormier: We hoped so too. It didn't make the tenant feel all that comfortable.

Not long after that, the same tribunal person refused to allow one of the students that I was overseeing to do a closing argument. We had to appeal in order to be allowed to do a closing argument in a case. This was more than a little disturbing.

When you talk about small towns, recently one of the adjudicators who comes regularly, unfortunately, to our area told a lawyer that a matter was being adjourned to a particular date which was problematic for the tenant lawyer. When the tenant lawyer said, "Look, that's simply not going to work for us," she said, "Well, that's the date the landlord wants, so we'll do it on the date the landlord wants."

That same adjudicator, who unfortunately still sits regularly, in another case that I know of, decided that maybe the landlord's representative wasn't working hard enough and decided to raise several new issues to help the landlord, one of which the landlord disagreed with. But she went on and made a finding for the landlord on it anyway.

I think the level of people who have been hired to these tribunals is just abysmal. It's incredible that it has been allowed to go on.

Mr Prue: I trust that these are all appointments for only a certain given time and they can be replaced with dispatch.

Mr Cormier: I pray to God.

Mr Prue: I hope you heard that, guys.

The Chair: Thank you for your presentation.

1550

ONTARIO PUBLIC SERVICE EMPLOYEES UNION

The Chair: I would call the Ontario Public Service Employees Union. Good afternoon. You have 20 minutes for your presentation. You may leave some time for questions if you prefer. Please identify yourselves for Hansard.

Ms Leah Casselman: My name is Leah Casselman. I am president of the Ontario Public Service Employees Union. With me is Ron Elliot, who is a regional vice-president here in southwestern Ontario.

OPSEU represents 100,000 Ontario workers in 525 bargaining units. Almost all of those units are at least partly funded by the province. We are very interested in the next Ontario budget.

In the Ontario public service, we represent direct government employees who perform hundreds of different jobs on behalf of Ontarians.

Our members are water inspectors and meat inspectors. We are correctional officers and court clerks. We are psychiatric nurses and tax auditors. We process birth certificates and issue OHIP cards. We regulate day care centres. We write the curriculum for our schools. The complex machinery of government depends on the work of OPSEU members.

The majority of OPSEU members work outside the public service, however.

We are a leading union in health care, representing home care professionals, ambulance paramedics, long-term-care workers, hospital support staff and hospital professionals. We are Ontario's leading union for mental health care workers. We are Canada's leading union for hospital professionals like laboratory technologists, respiratory therapists and so on.

In education, we are the union for faculty and support staff in our community colleges. Our members also work in universities and school boards.

In social services, we represent staff at children's aid societies, children's mental health centres, young offender facilities and homes for people with developmental disabilities.

Our members also provide services to municipalities, including property assessment for the Municipal Property Assessment Corp.

This is only a brief sketch, but when it comes to public services in Ontario, OPSEU covers the waterfront. No organization that will come before you at these hearings has the breadth of experience that we do. So you should believe us when we say that Ontario's public services are in crisis.

OPSEU members have to deal with this crisis every day. If any of you have seen the new show *This Is Wonderland* on CBC—public television—you may get an idea of the daily chaos in our criminal courts, especially in our big cities. It is a picture of a system on the verge of total breakdown. It's no wonder that the backlog in our courts now adds up to 99,000 cases, according to our Provincial Auditor. Judges may end up dismissing tens of thousands of criminal cases because the accused are not getting the speedy access to justice that they deserve. I'm warning you now that if this happens, the people of Ontario will be outraged as you've never seen before. They won't be interested in excuses, so we must fix this problem.

The daily disaster in our public services is in no way limited to the courts, however. How many times have you heard people say, "This sounds like another Walkerton"? How many times have you heard people wonder, "Are there other Aylmers out there, waiting to happen"? The sad answer is that public service tragedies are happening every day.

In long-term-care facilities, thanks to the previous government, we have no minimum standard of care. This allows private operators to make sure staff are run off their feet every minute they're at work. This is not a recipe for quality care for our seniors.

In our colleges, where faculty have already been cut by 20%, the employer is demanding that faculty members give up all limits on workload for preparation time, evaluation time and one-on-one contact with students outside of class. Higher workloads mean poorer education; it's as simple as that.

In children's aid, social workers spend three quarters of their time filling out forms instead of helping families and children in trouble. The last government doubled the funding for children's aid but tripled the workload. To keep our children safe, children's aid workers need to be face to face with clients, not filling out forms.

In home care, competitive bidding guarantees that care for our aging, sick or disabled family member will be provided by the lowest bidder. Non-profit organizations with long histories of providing quality care, like the Victorian Order of Nurses, are being driven out of home care by this cutthroat competition.

Ambulance dispatch is another example. The wages of communications officers are so low that positions remain vacant for months on end. Low wages mean high turnover rates, which means most dispatchers are basically still in training. Ontarians are dying because the last government wouldn't address this crisis.

In group homes for people with developmental disabilities, our members are routinely getting beaten up because provincially funded agencies refuse to fund safe staffing levels. Many of our public services are long past the point of meltdown. Try to imagine what this means for the people who are actually trying to provide these services. Would any of you like to work at the Don Jail? No takers?

These days, when our public services function at all, they function because front-line workers are going flat out. But there's a limit to how much you can ask people to stretch themselves. Superman and Superwoman can only carry so much.

Aside from on-the-job stresses, public employees have faced added stresses in their daily lives for over 10 years. After inflation, wages in the public service are 10 per cent lower today than they were 10 years ago. The situation is, if anything, worse in the broader public sector.

When people embark on a career, they want to move ahead. They want recognition for doing a tough job and they want respect.

Public employees got no respect from the previous government. There isn't a single worker in the Ministry of the Environment who can forget what Tory MPP Bill Murdoch said after the Walkerton disaster. He said that the problem with his government's cuts at the MOE was that they laid off the wrong people.

This kind of insult was routine under the Tory government. It's not good for morale, and low morale is not good for public services.

Ontario desperately needs to rebuild public services. We desperately need to improve conditions for public sector workers. The two go hand in hand. When we hire enough staff, we reduce stress levels for public employees, and that makes their lives better. When wages match the skill levels that jobs demand, people are attracted to those jobs and want to stay in them. Their experience makes public services better.

OPSEU does not support any move to cut funding for any public service in Ontario. Recently, your finance minister, Mr Sorbara, said there were no sacred cows in his government's quest for cost savings. We believe the government has many options for raising revenue. But on the expense side of the ledger—the public service side—I have to tell you that every sacred cow that could be slaughtered is already hanging upside down from a hook.

When it comes to particular public services, if the Tories didn't cut it, it couldn't be cut. The last government's zeal for cutting, privatizing, and downloading public services was unmatched in Ontario history. The Tories sold the furniture; they sold the groceries in the cupboards; they sold the light fixtures; they stripped the place bare.

So it is very upsetting to OPSEU members, who voted for Liberals in large numbers, to hear a Liberal government come in and start—

Interjections.

Ms Casselman: Did you want to fly back and forth for a second? I'll take a sip of water if you do.

Mr Flaherty: Who wrote that drivel?

Ms Casselman: I thought it came out of your office—oh no, sorry. It didn't come out of your office? I thought you were trying to change your spots. Oh, sorry, you can't.

So I hear the Liberal government come in and start talking about selling the furnace. It's simply not possible. There is nothing left to cut. Listen closely, Mr Flaherty.

We are willing to accept Mr Sorbara's rough estimate that Ontario has a "structural deficit" of \$4.5 billion a year. Because of the Tory tax cuts, this year's budget has about \$13.3 billion less in revenues than it would have had without the cuts. The chickens certainly have come home to roost.

But after over two years of NDP cuts and over eight years of Tory cuts Ontario does not have a spending problem; we have a revenue problem.

We can solve this problem. Our economy is fundamentally strong. Interest rates are low. Inflation is low. The dollar is higher than it was, which may hurt exports, but on the other hand, the US economy is now cranking up rapidly, which will help exports.

There is no reason Ontario has to suffer another Walkerton. We can easily house the homeless. We can afford to put provincial money into public transit. We can afford to live in a safe, healthy, orderly, well-governed modern society. But we cannot do it if we don't rebalance our revenues to match our needs.

There are three ways we can do this.

The first way is through better management of public services. Every Provincial Auditor's report since the Tories got elected has attacked their managerial incompetence.

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There are several things we can do to undo some of this damage:

(1) Collect all corporate taxes. Half of Ontario businesses have not filed tax returns, according to our auditor. This is not acceptable, and we need to find out what they owe and have them pay.

(2) Hire more tax auditors. You couldn't find a better investment. If new auditors find only an extra 1% in revenue, that's \$500 million right there.

(3) Get rid of the consultants in the OPS. In 2002, the Tories spent \$662 million on consultants in the public service, a jump of \$400 million compared to a few years before. Many consultants are doing the same work that in-house public employees do, but at two, three, or even six times the hourly rate. It's time that we stop buying champagne and caviar for high-flying vultures.

(4) Improve management and accountability at transfer payment agencies. Time and time again, the auditor has said that the government simply doesn't know whether or not money being spent by transfer payment agencies is being well spent. Our experience backs this up. Last year, for example, we learned that one young offender facility had received several million dollars to provide a service even though it did not provide any service at all during an 11-month lockout of its staff. We still don't know what happened to that money.

(5) Fix the Family Responsibility Office. If you hire enough staff at the FRO to get caseloads there under control, you will save tens and even hundreds of millions of dollars in welfare costs. We say, make the deadbeats pay.

(6) Abolish the Ontario Innovation Trust. As the auditor pointed out, we don't know anything about the

Ontario Innovation Trust except that it has \$500 million of our money. Its real purpose was as a slush fund for Jim Flaherty's Tory leadership campaign, and we don't support that use for tax dollars.

Interjections.

The Chair: Order.

Ms Casselman; The second major way to rebalance Ontario's revenues is by closing tax loopholes. Economist Hugh Mackenzie, with the Ontario alternative budget project, has identified over 50 corporate tax loopholes. Close the loopholes and you could boost government revenues by over a billion dollars. I encourage you to consult Mr Mackenzie on this.

A big part of Ontario's economic success is our health care system. We've all heard about how every car built in the United States costs hundreds of dollars more because US employers have to pay directly for employee health insurance. The employer health tax is a very small price for Ontario employers to pay for this huge competitive advantage. We favour the elimination of all exemptions from the employer health tax, and this would raise an extra \$1.1 billion.

The third major way to rebalance government revenues is to restore taxes to a level that will allow us to rebuild public services. I say this because (a) it's obvious, and (b) most people seem to be scared to say it.

I'm not scared to say it. If we have to restore tax levels to rebuild our public services, then we should do it. The crisis that we face in Ontario is not a financial crisis; it is a public service crisis. It is absolutely idiotic to deepen the public service crisis when the problem lies on the revenue side.

So, how much do taxes have to come up? That depends. If the government implements all the suggestions here, it could take as little as \$1.4 billion to balance the books—\$1.4 billion is a tiny 2% increase in personal and corporate taxes. How much would it cost most taxpayers? Not much. Half of Ontario taxpayers would pay less than \$60 more a year. Half would pay more than \$60. The average taxpayer would pay an extra \$130 a year, even less than the 200 bucks we got back, right? Hey, not a bad bargain.

Really, no one would notice it. Not many people would notice twice that amount, or even five times that amount. Remember that the Tories cut taxes by 30% in their first term and 20% in their second. Many Ontarians didn't even notice these tax cuts. If they didn't notice these cuts, they certainly won't notice an increase that is much, much smaller.

Restoring taxes will not really be a problem for Ontarians. Whatever they invest, they will get back in the form of improved public services. However, we recognize that restoring taxes may create a political problem for Liberals.

To the Liberals, I say, give Ontario voters some credit. They were very clear on that when they were voting on October 2. They had three choices: The Tories would cut taxes and cut public services; the NDP would increase taxes and improve public services; and the Liberals

would improve public services by some means that wasn't exactly clear. Forty-six per cent chose the Liberal option.

You shouldn't think that Ontarians voted Liberal because they thought they could have their cake and eat it too. They voted Liberal because they wanted someone at Queen's Park who would fix our schools, improve our health care, and prevent the next Walkerton.

Now that you've got control of the province's books, you can see what the situation really is. You don't have to base your plans on fictitious Tory numbers. Tell Ontarians the real story. Go to them with a proposal of a reasonable tax increase. Tell them what they will get in return. If you do that, you will have their support.

The Chair: Thank you for your presentation. We have about two minutes per party and we'll begin with the official opposition. Mr Flaherty.

Mr Flaherty: I've taken note of your libellous remark.

On the issue of ways of balancing budgets, you'll recall the famous remark by President Kennedy, "Ask not what your country can do for you; ask what you can do for your country."

You've got 100,000 people whom you're representing. The government of Ontario says here in their document from December, "So we are asking our partners in health care, in education and in the rest of the broader public sector to temper their request for more." That is the strategy of restraint described by the Liberal Minister of Finance, Mr Sorbara. Do you agree with the government?

Ms Casselman: I believe that if you're going to maintain certain systems in this province which the public felt were critical, you're going to have to pay people a wage that would attract and retain them in the jobs that are necessary. You're not going to be able to attract and retain laboratory technologists or nuclear medicine techs or respiratory techs, because they're all going off to the States or elsewhere, or to different provinces, because you're not paying them the proper wage.

Mr Flaherty: That's right. That's what I expected you to say. You are going to continue to demand everything you can get for your 100,000 people. You're not prepared, like with the rest of the people of Ontario, to participate in the effort over the years to balance the budget. What are you going to do when there's another social contract? What are you going to tell your members in Ontario when that happens?

Mr Ron Elliot: We are part of the process. We're here, contrary to your belief, with a very well written document with progressive ideas in it.

Mr Flaherty: Where's the restraint?

Mr Elliot: We're here. We're trying to be part of the process. The last eight years you locked out 100,000 people who couldn't talk to cabinet ministers, who couldn't talk to the government. We plan on having discussions with the government.

The Chair: The NDP. Mr Prue.

Mr Prue: Contrary to one of the comments I heard from down here, I don't think that Howard Hampton

wrote this, but I commend you on it. It's pretty good all the same.

Since I only have two minutes and since I agree with most of it, I'd just like to get to the part about getting rid of the consultants in the OPS. You have the figure here of \$662 million on consultants in the public service. I know that Dalton McGuinty and the Liberals ran—one of their 230 promises was to get rid of the expensive consultants. Would you put a limit in terms of dollars, what this government could or should be spending on consultants within the public service? Should it be nothing? Should it be limited to \$100 million? What should it be limited to?

Ms Casselman: I think the number should be far less than it is today. Clearly, there are going to be some situations where you're going to have to bring in some expertise which is not available in the public service. Those situations would be minimal.

What we're seeing now, particularly in the technology area with all the contracting out and the fee-for-service, is you're losing the knowledge in the public service. So not only do you pay two or three or five times what you should be paying if it was a public sector worker at that computer, you're actually losing that institutional knowledge that the public service can no longer rely on. So if they develop a program and it breaks down, you now have to go out and hire them back to fix the problem because you don't have that institutional knowledge inside. So there's actually a double impact here.

The use of consultants should be extremely limited and, quite frankly, I don't think ministries should have direct control over going and getting their own consultants. They should have to go to cabinet to get approval for those.

The Chair: We'll move to the government.

Mr Wilkinson: Ms Casselman, thank you for coming today. We appreciate that. I think we are doing something that hasn't been done in a long, long time. We appreciate that you understand that we're on the horns of an exquisite dilemma. But we've been elected to deal with it and we are trying to consult.

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I just want to ask about the consultation—obviously we have this channel and other channels, but the consultation that we've started within the OPS. I think it was back on December 18 when the Premier kicked that off. We are hearing anecdotally that we're getting excellent suggestions from within the OPS, who feel that they have not been asked for perhaps a decade for input into how government is run. They have the greatest of professional vested interest in making sure it's run efficiently, because they see what happens with inefficiency. I'd just like your comment as to whether or not you think that's a valuable exercise. Are we going down the right path? Do we have enough time to make sure we get that input back from your members?

Ms Casselman: Let me start off by saying, with respect, you should move back from those horns and get into the saddle and just start steering the thing.

Mr Wilkinson: Well, there's a budget in April. It will be there.

Ms Casselman: I know. You can't be riding those horns. You've got to get into the saddle and get hold of those reins and move the issue forward.

Mr Wilkinson: That's how we do it in a democracy. We have a budget.

Ms Casselman: It might be a little more comfortable for you too.

Mr Wilkinson: We'll get over it.

Ms Casselman: That consultation process is interesting. I guess my concern would be that we have a number of issues where we've been dealing, or trying to deal, with Management Board in particular, that we think would save the government a lot of money, trying to get some of those issues dealt with from the Management Board perspective and seeing what kind of control they will gain over the ministries. The ministries have had pretty much *carte blanche* to do whatever they want under the guise of, "Cut as fast and as deep as you can, and make sure you don't hire staff." That's why the consultant level went up, because they were reported on a different budget line.

Mr Wilkinson: Enron accounting.

Ms Casselman: I would hope those consultations aren't directed in a way that folks would see it as an opportunity to not look at the big picture of where public service is going, that we get into the minutiae and don't look at what's happening to the quality of public services. My example to most of the ministers I've spoken to is that the Tories took out every nut and bolt of the public service, which is this big truck rolling down the highway. I guess first what we saw were the tires flying off, but then we saw Walkerton and then we saw Aylmer. It takes a long time for those wheels to fall off, but when they start, it's going to fall apart. Our offer to the new government is, we can tell you which ones need to be put back in first so that you aren't faced and, quite frankly, the citizens aren't faced with that kind of disaster again.

Mr Wilkinson: We're consulting because we fear those unintended consequences.

The Chair: Thank you for your presentation. We appreciate it very much.

Mr O'Toole: On a point of order, Mr Chair: I'd like to bring up and ask Mr Colle if he is going to respect the input from this deputation, the last page, on the 2% tax increase. Is this part of what you're going to submit in your final report, a tax increase of 2%?

The Chair: That's not a point of order, Mr O'Toole.

Mr Colle: On a point of order, Mr Chair: I move adjournment of the session.

Mr Flaherty: Point of order—

Mr Crozier: The motion to adjourn has been moved.

The Chair: Is there any debate?

Mr O'Toole: Point of order, Mr Chair—

The Chair: The motion to adjourn is on the floor. The motion to adjourn is debatable. Is there any debate?

Mr O'Toole: Yes, I do have a debate, and I would defer that to Mr Flaherty at the moment.

Mr Flaherty: We have some proposals we'd like to put forward in the spirit of the consultation. This is a pre-budget consultation—

The Chair: There is a motion to adjourn, Mr Flaherty.

Mr Flaherty: I'm going to speak to it. I think it should not happen until we have a motion—

Mr Prue: It's not debatable.

Mr Flaherty: Yes, it is debatable.

Mr Prue: A motion to adjourn?

Mr Flaherty: Actually, I'm going to talk for quite a while about it, Mr Chair. I hope we're going to spend a good deal of time here talking about democracy and talking about the government and talking about their refusal to entertain an opportunity by members on this side, the members of the official opposition, Her Majesty's loyal opposition in Ontario, who wish to put forward some suggestions arising out of the evidence that we've heard today and the deputations that have been made today.

Now, if the intention of this motion brought by the Liberals is to shut off debate and to prohibit the opportunity of Her Majesty's loyal opposition in Ontario, having heard these people who came here today well-intentioned, then we'll have a long debate, I guess. We'll have to have a long debate on this motion seeking to adjourn, regrettably, because I had thought Bruce Crozier, who is here and who apparently is in favour of going home early today without having any response to the people who have been here, would want to have all the input that's possible, that Mr Crozier would want to have all of the information from the opposition available to him for his consideration in preparation of the report. So I'm surprised that he would set that example for new members of the Legislative Assembly or on the government side. It's really quite amazing that, as an experienced member of the Legislature, that's the kind of position he would take.

The Chair: Order. We want to check the standing orders on the motion to adjourn.

Mr O'Toole: Chair, while that is being done, there were really three excellent delegations here today, and in a very positive sense we had every intention to bring forward, really, requests for information, nothing more, with respect to the Victorian Order of Nurses presentation, as well as Cheshire Homes, who had an extremely interesting presentation on how to deal with the acute care costs in hospitals and the home care support in the community. These were extremely valuable—

Mr Crozier: They require motions.

Mr O'Toole: That's what I'm saying, and this is what you're really blocking.

The other one was the—

The Chair: Could you speak to the motion to adjourn, please.

Mr O'Toole: I am. The reason we're reluctant to adjourn, with due respect to Mr Colle and others, is that the deputations today seemed to get lost. There seems to be no structure here to bring some consensus after a day of work, of listening to the people of Ontario. I think if

you want to just move to adjourn, it does a complete disservice to the people who have taken the time, in inclement weather, to come to London to make what I feel are responsible observations.

I just want some sort of response from Mr Colle. You're the parliamentary assistant to the Minister of Finance. What can I feel comfortable in that the three—not to mention the e-learning. I think there was an extremely valuable observation made by the e-learning consortium. Technically—

The Chair: We're going to recess for 10 minutes.

The committee recessed from 1615 to 1628.

The Chair: The committee will come back to order. The motion to adjourn is not debatable. All those in favour?

Mr O'Toole: Point of order, please.

Mr Colle: We're in the middle of a vote.

The Chair: Carried. The motion is carried. This meeting is adjourned.

The committee adjourned at 1628.

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Mr Larry Johnston, research officer,
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