



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)**

Thursday 29 January 2004

**Journal
des débats
(Hansard)**

Jeudi 29 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

Président : Pat Hoy
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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**

Thursday 29 January 2004

Jeudi 29 janvier 2004

The committee met at 0900 in the Hilton, Windsor.

HARROW HIGH SCHOOL
COMMUNITY GROUP

PRE-BUDGET CONSULTATIONS

The Chair (Mr Pat Hoy): The standing committee on finance and economic affairs will come to order. The committee is pleased to be here in Windsor this morning.

I remind persons that they must shut off their electronic devices in this room.

Mr John O'Toole (Durham): On a point of order, Mr Chair: With the indulgence of the members of the committee, I would like to start by saying it's been a very collegial arrangement travelling together and working together for the people of Ontario.

But yesterday and the day before, we tried to introduce resolutions, and with the indulgence of the people in the room—it's not my intention to delay the proceedings in any way—we have heard some very considered input from people in Niagara Falls, as well as London yesterday, and we tried to summarize observations on an ongoing basis by way of motions. On Tuesday, I guess it was, we tried in Niagara Falls, with some success, to have some debate.

Yesterday, there was a motion to adjourn, which pre-empted any opportunity to debate the motions. In fact, those motions were never received, and I was somewhat disappointed, because I think it's important to, at the time and place, put on the record some observations.

What I'm suggesting here is if we could take time some time during the day—and I'm at your discretion, Chair—to move a motion. We had three or four different motions. I could be clear on that. I'm asking for unanimous consent that we amend the current subcommittee report to allow time for the moving of motions during the procedures, which are from 9 till 4 each day.

I'm quite prepared to do it either first or last, but I would like to have an opportunity without having procedural motions that pre-empt any debate, therefore, in some respect, not reflecting the time and effort that people—with bad weather and all other conditions that challenge them to make their presentations to the table. I'm seeking unanimous consent to allow us to bring forward motions during the business of the day.

The Chair: Do we have unanimous consent?

Mr Mike Colle (Eglinton-Lawrence): No.

The Chair: We do not have unanimous consent.

The Chair: I would ask the Harrow High School Community Group to come forward.

Good morning. You have 20 minutes for your presentation. You may allow some time within those 20 minutes for questions if you so desire, and I would ask you to identify yourselves for the recording, Hansard.

Mr Greg Yantzi: Thank you very much, ladies and gentlemen of the committee. My name is Greg Yantzi and I'm co-chair, along with Barry Mannell, of the Harrow High School Community Group.

Just to give you some background, the town of Harrow is located about a half-hour south of Windsor, just off the north shore of Lake Erie. It is a town of about 3,000 population. The surrounding area has an additional 6,000 people. So that gives you kind of a background to what our community is like.

In June 2003, the Greater Essex County District School Board accommodation planning report targeted Harrow District High School for possible closure. You have a copy of our presentation in front of you, which is a portion of the final report that our committee made to the board of education. In response to this report, a community study group was created in accordance with board policy to provide input into the board process. We formulated a response to that accommodation study report. While the work of the community study group is officially complete, some of its members have chosen to continue to work together to push the case for the survival of Harrow high school. Our report to you today is on behalf of that group of dedicated citizens of Harrow, a wonderful group of people who have worked very hard since last September making their case to the board.

The accommodation report commented extensively on the viability of education at Harrow high. However, in the end, the issue boiled down to one item: money. While schools across the spectrum have suffered as a result of this model, the research clearly shows that the current funding model has adversely affected small schools in Ontario to a greater degree than larger schools. Smaller schools have been more likely to have lost resources and more likely to have been closed outright. In many cases, the schools closed were the only schools in the community.

Research conducted examining the socio-economic impact of the closing of a school on a community is clear: the closing has a long-term, negative impact. On virtually every indicator of social and economic well-being, larger rural communities that have schools ranked higher than communities without schools.

There are numerous authors who have made the argument that schools in rural communities are central to the social and political life of the community. In addition, a community's sense of identity is often connected to these public institutions such as schools. Identity is essential to community health.

If consolidation is presented as cost-cutting to accommodate the current funding formula, it is incumbent for our school board trustees to consider the other side of the equation. Schools in small communities have a standing that goes beyond education. Consideration of the long-term social and economic effects of school consolidation on communities is imperative.

A study of a rural, agricultural town in Leonard, North Dakota that lost a high school through consolidation found a 6% decline in retail sales. A 6% loss in retail sales would have a devastating effect on the merchants in a small town such as Harrow.

As might be expected, retail businesses in Harrow are especially concerned with the potential closure of Harrow high school. A survey submitted this past fall to 30 downtown merchants resulted in a participation rate of over 95%. The survey revealed deep concerns by almost all of those merchants about the negative effects on their business in the long term if the high school were to close, mainly due to the reduction in population growth that would be expected. Concern was also addressed due to the anticipated decrease in traffic to the town that the high school creates, not only by the students but by parents, teachers and staff. There is also the loss of the direct economic impact of the students themselves. Based on this survey, we estimate that there would be a loss of \$100,000 annually to the Harrow merchants.

Schools also maintain residential and commercial property values. A study on the economic impact of the presence of a school on real estate values in communities in New York, for example, showed appreciably higher real estate values in communities with a school when compared to similar communities without a school. The average real estate value in communities with a school was 6% higher than the average real estate value in communities without a school.

A decrease in real estate values of 6% means a total reduction in real estate value of \$30.5 million for the residents of Harrow and Colchester South. This translates into a loss of equity of \$3,219 for every resident.

A decrease in assessment of this magnitude would mean a reduction in property tax revenues for the town of Essex of \$218,000 on an annual basis. It would also mean a reduction in revenue to the county of Essex of \$118,000 and a decrease in education tax revenues of \$102,000 for the province of Ontario. This makes a total reduction in revenues of \$438,000, which would then

have to be made up somewhere by taxpayers in the municipality and the province each and every year.

0910

At present there is a developer in Harrow who is interested in putting up a 40-home subdivision but is delaying that development until he finds out more about what's going on with the high school. A loss of 40 homes at an average of \$180,000, for a total loss to the municipality of \$7.2 million.

Total net loss of property tax revenue to the municipality is an estimated \$98,000 annually. There is also a loss of jobs, the number of which is unforeseen at this point, based on the development and also what is created by that development.

Another local merchant has put on hold a \$1-million expansion of his business as a result of the threat to our high school.

The closing of Harrow high has the potential to reduce annual property tax revenue by \$266,000 for the town of Essex, \$145,000 for the county of Essex, and \$125,000 for the province of Ontario, for an annual property tax revenue reduction loss of \$536,000. This reduction in revenue would also result in higher tax rates in order to recapture this lost revenue.

Schools such as Harrow anchor and unify communities by bringing residents of all ages and backgrounds together for a variety of activities and services. The high school, in particular, plays a far more complex role in its community than do other schools. Institutions such as high schools serve a much broader constituency within a community, more so than other organizations such as churches or service clubs, and as such are an integral part of the community infrastructure and economy. Schools are responsible for a sense of community and collective identity. Schools educate generations of friends, family, and neighbours, providing a shared experience and sense of community from one generation to the next.

For the past 100 years, Harrow high school has been that community, a place where generations come together and where that identity is forged. The closure of Harrow high school would detrimentally affect the social, civic, and economic health of Harrow for generations to come.

Mr Barry Mannell: The accommodation study report made many references to the existing funding formula for the education system, specifically, how the funding formula in the secondary panel relates to supporting a principal, which requires 909 students in a school, and a vice principal, which requires 667 students. In the section of the accommodation planning report entitled Regarding the Viability of Programs, reference is made to the support required for a librarian, also 909 students, as well as a guidance counsellor, 385 students. The report indicates that Harrow, as a small school, does not have enough students to generate funding for a principal or a librarian. But the fact is that a full 43% of the high schools in Ontario do not have enough students to generate funding for a full-time principal or a full-time teacher-librarian using the existing funding model.

Harrow high is a small school; it always has been. As such, it suffers under the funding formula. The board indicates that Harrow high operates at a loss of \$260,000 per year, and that it would save \$586,000 by closing the school. However, this saving is predicated on the assumption that all students would stay within the public school system. This would not happen. Surveys have shown that up to 40% of the students would switch systems if Harrow high school were to close. If only 100 students leave the system, the savings to the school board decreases to \$440,000. This figure represents less than one fifth of 1% of the school board's total budget.

The current funding formula treats students as if they were widgets being produced in a factory. It is to a school board's advantage to have schools as large as possible to reap the benefits of the formula, without any regard to how this affects the students' education. Current research indicates that the ideal size for a secondary school is 400 to 800 students. Yet the existing formula provides funding for a principal and librarian only after a school achieves an enrolment of 909 students.

We recommend that the funding model be amended to reflect the fact that students are educated in schools, not factories. The funding should reflect not only the number of students a school board has but also the number of schools within a board system. One local school board system receives funding for 61 principals based on the number of students they have and yet they have only 50 schools. Why should a school board receive funding for principals they don't have? That money should be redirected to other areas of the system where it is vitally needed.

The current funding formula allows for the local separate school board to close a school and then receive additional funds to replace it with a new building. Why would a school board choose to keep an older school open and renovate it for \$1.5 million, using monies that must come from their existing funding, when they can close the school and get new additional grants to build a new school for \$4 million? This is allowed as long as they are operating at over 100% of their capacity. If a school board is under 100% capacity, then this possibility doesn't exist. School building renewal should be based on the condition of the building, not whether a school board is over capacity.

It is clear that the closing of a school would have long-lasting social and economic impacts on a community. However, under existing government guidelines, a school board is under no obligation to consider these negative impacts as part of the decision process in closing a school.

Some politicians have been known to say that there is only one taxpayer. Yet when government bodies make policy decisions, they seem to consider only the impact on themselves and not the impact on any other body. The school board has estimated that they would save some \$586,000 annually by closing our school. Our report indicates that closing Harrow District High School would mean an annual property tax revenue loss of \$536,000.

The net savings to the one taxpayer is a mere \$50,000 a year, the equivalent to the total funding of 10 students. If, as anticipated, the school board loses students, the loss of 100 students would decrease the savings to the school to \$440,000, which means that the savings of \$50,000 is now a net loss of \$96,000 to the one taxpayer.

When a school board is considering a school for closure, there must be a process which measures and takes into account not only the social and economic impact on a community but also the resulting loss of tax revenue to all government levels, so that while the school board may seem to benefit, that benefit is not wiped out by the cost to the local municipality and other levels of government.

The state of New York has passed legislation which stipulates that a decision by a board of education to close a school in one community and consolidate enrolment in another community must undergo a state environmental quality review. While the board of education may feel that they have good reasons for consolidation, this process ensures that a town that loses its school, as well as its residents, is compensated for its losses.

There must be a change in the process by which schools are considered for closure, especially in communities where that is the only school there. In the case of schools closed for consolidation, there must be a mandated process which takes into account the social and economic impact on the community, including the loss of future tax revenues. In the case of schools being closed and then rebuilt, this should be done only after an audit of the physical condition of the school by the Ministry of Education.

The current government has repeatedly said that fundamental changes must be made in order to deal with what they have termed a systemic deficit. Our local school board continues to struggle with the empty spaces in their secondary school system which were created by the full funding of the separate school system and the subsequent drain of students to that separate system. It is small communities like Harrow that have suffered the loss or the continued threat of the loss of their high school due to full funding. The pot of money is only so big. It is apparent to us that the government cannot continue to fully support two school systems within our province. Our community should not have to suffer the loss of our high school while the province is struggling to support two school systems when only one is needed.

You will note that at the end of the report we've summarized some of the financial figures we have mentioned in our report. We would like to thank you for the opportunity to be here this morning, and we'd be happy to entertain any questions you may have.

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

0920

Mr O'Toole: Thank you very much for your presentation this morning. I commend you; you've done a pretty thorough economic analysis and spent some considerable time. I should say that I had been a school

trustee for a couple of terms back in the 1980s. Basically, on an average basis from the 1980s on, all governments of all stripes have closed schools in Ontario. That's not new. I hope you appreciate that.

I should say that in my riding of Durham there are a number of small rural schools similar to yours. The complaints I receive basically are that they don't have enough students to offer a full range of courses. When you have a low population of students, you're unable to offer some of the more advanced courses. That's really a disadvantage for the students.

Not denying the argument that you're presenting for the economic value to the community at large, I have one particular school, Cartwright High School, which is the smallest high school in Ontario. They have some very creative ways of providing both the students and the staff with a good solid learning environment while maintaining the school in the community. They have to be quite different. The board has to be quite flexible, and the teachers' union has to be quite flexible too, with the number of courses etc that they offer.

But you understand the fixed cost. There is some number, whether it's 300 or 200 or 100, some cost for the unit cost of the fixed cost—that is, the custodians and capital etc. There is some point where there is a decision to be made. I'm sure in your own analysis you would know that. You can't have one student in the school, or two or 20 or 40. So there's some number where there should be some cut-off.

I'm going to concentrate my question on having one system, which I felt was quite direct, and it might be quite controversial here. You're advocating one school system, really, as a solution. I can tell you, as this committee travels—and I've travelled with it for several years—that in northern Ontario you would be impressed with what they do. They have four systems running in one school: public, separate, French and English panels running in one school. My question is, do you favour, whether it's the Harrow school or whatever, having all the systems—the French and the English, the public and separate—in one school? Then you'd have enough students. Would that be the solution?

Mr Mannell: The problem that exists in Harrow is that it's a small school. We're running at 83% capacity. The problem is not in Harrow, it's in surrounding schools that have empty spaces. Those students have been drawn out of the existing system into brand new buildings that have been built.

The system that existed prior to the mid-1980s was a perfect size for the number of secondary school students we had; we might have had to build a few schools here and there. But the issue for small communities like Harrow is—just to go back to your comments for a minute, we didn't talk about the education at Harrow District High School today, because this isn't the education committee. If you'd like a copy of our report, in which we examine the education the students get at Harrow high, we'd be happy to provide you with that. There is no problem with the education that the students get at Harrow high, the problem is with the funding. You're

right: There may be a magic number. But how do you balance that against the economic impact? Any number you pick would still have that economic loss if you were to close a school in a community such as Harrow. Is putting more than one system into one building possible? Maybe. But I think, for our case, we just need students back into the public system to fill up the empty spaces that exist.

The Chair: We'll move to the NDP.

Mr Michael Prue (Beaches-East York): I'm particularly intrigued by just how you closed this off. Are you asking this newly elected Liberal government to save money in the budget by doing away with the separate school system? This is right down to it. Is that what you are asking this committee?

Mr Mannell: Yes, that's exactly what we've said.

Mr Prue: Having made that statement, can you indicate to them any way that they might be able to do that, given the constitutional guarantees of such a system in Ontario?

Mr Mannell: As I understand it, the constitutional guarantees allow the provincial government to offer that funding, they do not mandate that funding. I believe the court decision in that case says exactly that. It does not mandate it; it says that it's allowed.

Mr Prue: Which court case is that?

Mr Mannell: The appeal process that went through after the funding was introduced.

Mr Prue: That would be my question.

The Chair: We'll move to the government.

Mr Bruce Crozier (Essex): Thanks both to Greg and Barry for being here today. We in this area know the struggle that Harrow high has gone through in its own right, but I'm asking you if what you've explained to us in detail today about Harrow District High School would apply to the upwards of 100, we understand, small rural schools, and maybe some small schools in large urban areas, and the importance to their communities.

Mr Yantzi: Our study was obviously primarily focused on what happens in our own community and our own county with our board here. But studies have shown that more than 40% of schools in Ontario don't fall under the funding formula guidelines so they can have funding. Do we need to have 900 students so we can have a principal? Aren't 300 students allowed a principal as well? Isn't that good enough to have a principal?

We think the formula is focused on larger schools, which in the province of Ontario doesn't seem to be the predominant experience. Most schools are much smaller. We're just questioning, how does this impact? We think, yes, we have a case that applies to many schools all across the province, that it's not just us. In fact, we don't want the board to close Kingsville school or Amherstburg school or Leamington school. This is an issue that is much bigger than Harrow but certainly affects us very specifically here right now, and has for the last 14 to 16 years, with the board wanting to close us more than once. We just think that it needs to be a bigger issue that's looked at, with bigger problems.

The Chair: Thank you for your presentation.

GREATER WINDSOR
HOME BUILDERS' ASSOCIATION

The Chair: Would the Greater Windsor Home Builders' Association please come forward. You have 20 minutes for your presentation. You may leave time for questions if you so desire. I would ask that you state your name for our recording, Hansard. You may begin.

Mr Mike Dinchik: Mr Chairman, members of the committee, good morning. My name is Mike Dinchik and I'm the executive officer of the Greater Windsor Home Builders' Association.

I appreciate the opportunity to speak with you today to deliver an important message from our local residential construction industry. I'd like to start by telling you a little about our local association and the Ontario Home Builders' Association.

The Greater Windsor Home Builders' Association is the voice of the residential construction industry in this region of the province. Our association includes 150 member companies involved in all aspects of the industry and is an important component of the local economy. Our local association is one of the 31 that, together, form the Ontario Home Builders' Association. We have been around since 1953. Our member builder/developers are responsible for approximately 70% of the new housing starts in this area.

The Ontario Home Builders' Association is the voice of the residential construction industry in Ontario. As a volunteer organization, OHBA represents about 3,500 member companies across the province. Our membership is made up of all disciplines involved in residential construction. Together we produce 80% of the province's new housing, and renovate and maintain our existing housing stock. We estimate our industry directly employs over one quarter of a million people and contributes approximately \$30 billion to the province's economy every year.

Over the past several years, Ontario has generated tens of thousands of new jobs. Many of those new jobs were in residential construction. It's estimated that each average housing start generates approximately 2.8 person years of employment. Therefore, with housing starts at 85,000 in 2003, Ontario's new housing industry directly provided over 238,000 person years of employment last year. Housing starts in the Windsor-Essex county region were over 2,500 in 2003, which directly provided for over 7,000 person years of employment.

Ontario's housing market in 2003 was active and healthy. Starts last year were up by 2% over 2002 and reached a 14-year high of approximately 85,000. The housing industry was a bright spot in the provincial economy despite a series of unpredictable economic shocks. Low mortgage rates, increased immigration to the province and high consumer confidence all contributed to strong sales in 2003.

The Ontario Home Builders' Association and its members are looking forward to another healthy new housing market again this year. OHBA is forecasting a very

healthy 78,000 housing starts this year. Renovation spending is also on the rise, with about \$12 billion spent in this sector last year. Canada Mortgage and Housing Corp once again expects another active year in the renovation sector for 2004 and forecasts approximately \$13 billion in spending for 2004. This certainly bodes well for Ontario's existing housing stock, which benefits from efforts to maintain and upgrade housing standards.

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Locally, the housing market in 2003 was down slightly from 2002; however, our members remain confident that 2004 will be another solid year for new housing in Windsor-Essex county.

While most builders are very optimistic for 2004, they do have some concerns and listed the top five barriers to growth as follows: skilled labour shortages, increasing material costs, shortages in the availability of land, development charges, and over-regulation. In order to maintain Ontario's healthy residential construction industry, these barriers need to be addressed.

The Greater Windsor Home Builders' Association would appreciate your consideration with respect to the following.

Excessive regulation and over-taxation on the home building industry has pushed the price of new homes higher and higher, which in turn has put home ownership out of the reach of many families. New housing is in fact the highest-taxed industry in Ontario after tobacco and alcohol. Studies by the Urban Development Institute have found that the total taxes, fees and charges paid by a homebuyer were up to 30% of the cost of a new home. In 2002, the Greater Windsor Home Builders' Association collected data from local municipalities with the purpose of informing the public about charges, fees and taxes when purchasing a new home. We found that, on average, 20% of the cost of a new home consists of permit fees, taxes, development charges, land processing costs etc. On a new home costing \$155,000, this equates to \$31,000.

Not only do these charges contribute significantly to the cost of housing in the province, there are serious concerns that some municipalities may be manipulating development charge calculations to increase revenue.

Currently, many municipalities are in the process of preparing new background studies to be used in setting development charges. The Greater Windsor Home Builders' Association and the Ontario Home Builders' Association are very concerned that in some instances background studies have been prepared using very inconsistent and sometimes flawed methods of data projection, which has resulted in various municipalities implementing development charges that are artificially high.

As we begin another round of background studies and consultant reports to set new rates, we recommend that government identify and correct abuses of development charges in the home building industry and intervene to ensure that the intent of the legislation, which is to reduce costs, is met. The Ontario Home Builders' Association seeks to ensure that developers pay only their fair share

of growth. The mantra has always been that growth should pay for growth. Municipalities should include new property tax revenue in the equation when calculating development charges. As an example, a local municipality stated in the Windsor Star recently that instead of a 5% tax increase, it had been reduced to 3% due to the new property tax revenue from new housing. Basic equity principles would imply that if growth should pay for growth in capital costs, then growth-related savings in the operating budget should be credited to growth.

The Ontario Home Builders' Association has been actively involved in the consultative process as the government seeks to develop strategies for promoting and managing growth in ways that sustain a strong economy. Transportation links are extremely important in achieving balanced growth. It is critical that government ensures efficient transportation links between neighbouring communities and that mass transit is reasonably priced. The Ontario and Greater Windsor Home Builders' Associations are in full support of government promises to allocate two cents per litre of the existing gas tax toward transportation infrastructure. While our members understand that the government has to make tough choices to wrestle down the \$5.6-billion deficit, we urge the government that if the full two cents per litre of gas tax cannot be allocated this year, the gas tax be phased in over time.

The shortage of skilled labour is a major concern for the construction industry and has been a top concern for our members over a number of years. The increasing number of skilled trades people retiring is not being offset by the numbers of young people entering our industry. Informing and educating the public about the opportunities available in the construction industry, as well as dispelling some of the negative stereotypes associated with skilled trades, is a major challenge for the industry and government.

In the past year, Ontario has finally turned the corner in the production of private rental housing. Investors are returning to this market, and private construction of new rental units is increasing. Since the Tenant Protection Act was introduced in 1997, private rental starts have increased by 400%. In addition to new supply, since the introduction of the Tenant Protection Act, landlords have invested over \$1 billion per year on upgrading and maintaining existing rental properties across the province.

The culmination of this activity has resulted in over 30,000 jobs being created annually. Vacancies have increased significantly in urban centres across the province and in some cases are the highest they've been in decades, providing consumers with unprecedented choice. Canada Mortgage and Housing Corp recently reported that the Windsor census metropolitan area has a vacancy rate of 4.3%, up from 3.9%. In addition to this, rental rates are also decreasing, thereby making rental housing more affordable for tenants across the province. This is proof that the Tenant Protection Act is working. The proposal by the provincial government to repeal this act would have devastating consequences for the new rental construction industry.

OHBA and the Greater Windsor Home Builders' Association further recommend the elimination or lowering of development charges on rental units to increase the economic viability of private rental construction. Government is encouraged to continue to review policies that discourage private investment in this sector. For those who simply cannot afford housing, both of our associations recommend that the province provide shelter allowances. The private sector is prepared to work with the government to provide high-quality rental housing for tenants across the province. Adequate shelter is a basic necessity for all Ontario citizens, and we continue to support the provision of shelter allowances for citizens truly in need.

Pressure from the underground economy continues to plague our industry, particularly in the renovation sector. On the provincial level, estimates range from \$1.1 billion to \$1.7 billion per year in lost tax revenue. Both our associations recommend that the government work together with industry to seek out ways of encouraging and enticing customers to utilize the skills and services of legitimate, honest renovators and contractors.

The Ontario and Greater Windsor Home Builders' Associations have some concerns and recommendations regarding the future of the Ontario Municipal Board. The Ontario Municipal Board has served a vital role as an independent adjudicative body in Ontario for over 100 years. There is a need for an independent and impartial body to pass judgment on appeals in Ontario to ensure that land use decisions are made based on good planning, in adherence with the stated goals of the province. However, the residential construction industry is open to improving the system and recommends an increase in remuneration for board members as well as a lengthening of members' tenure. The planning system is best served by the province articulating its interests through the provincial policy statement, with municipalities adopting clear policies through their official plans. The industry strongly supports an independent OMB that provides checks and balances outside the political process.

Let me conclude by stating our concern about potential changes to the land transfer tax rebate for first-time buyers of newly built homes. Since its introduction in 1996, rebates totalling approximately \$196 million have helped more than 135,000 Ontarians purchase their first home. This has certainly contributed to the strong growth experienced in the new housing market. Both our associations support provincial initiatives to target growth toward brownfields and infill sites, but our membership is concerned that any changes to the land transfer tax may place new housing out of reach for many young families. We recommend that the province investigate other means of providing consumers with a tax break for purchasing new housing in targeted growth areas or providing builders with incentives to build in target areas of the province.

The Ontario and Greater Windsor Home Builders' Associations are in full support of government initiatives to balance the budget. The residential construction

industry has a valuable role to play in the elimination of the \$5.6-billion deficit. The residential construction industry contributes \$30 billion to the provincial economy and employs over 350,000 people in a variety of disciplines across this province. As the engine that drives the provincial economy, the residential construction industry pours billions of dollars into provincial coffers, with a significant portion coming from the Windsor-Essex county area. Government is well advised to work with the industry to ensure that the new housing and renovation industries continue to thrive in Ontario.

Mr Chairman and members of the committee, I would like to thank you for your attention and interest in this presentation, and look forward to hearing any comments or questions you may have.

0940

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

Mr Prue: Two minutes and I have so many questions, but I'm going to start with the OMB. Most municipalities, most ratepayer groups, most community associations have a diametrically opposed view of the OMB to your own. They think it is a tool of the developers. Would you comment on that? The position you're taking here is diametrically opposed to most public policy.

Mr Dinchik: We've always looked at it as an impartial body that provides a process where both parties can put forward their points on a particular issue and have it decided without political influence.

Mr Prue: The municipalities, most of the bigger ones anyway, believe the decision should rest with the municipal council—the elected people who are responsible to their electors—as opposed to a body that is out there which is responsible to no one. Would you comment on that?

Mr Dinchik: Municipalities put forward official plans, and in a lot of cases some of the issues that go the OMB still fall within the official plan designations or the municipality's planning decisions. But some of the issues that go forward are from other interest groups, and there has to be a way of bringing those issues to the forefront and having an impartial body look at them, because most of the municipalities are politically motivated by their decisions.

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

Ms Judy Marsales (Hamilton West): Thank you very much for making this presentation to us this morning. I thoroughly enjoyed reading some of your material, which reflects some of our experiences in Hamilton through your other association.

I have one question. You were speaking about brownfields. Could you tell me the existing impediments to your members currently in developing and/or working on brownfields?

Mr Dinchik: In this particular area, and let me speak to Windsor in particular, they haven't really pushed brownfield development. The new mayor and members of council recently put forward an interest in re-looking at brownfield development and making it easier for

developers to get involved in these types of situations. The municipalities have not really been reviewing this in this area, and it affects, probably for the most part, the city of Windsor.

Ms Marsales: So it's not your membership that's struggling to participate, it's your community?

Mr Dinchik: That's what we have found in the past. Some of the developers in the area have done some things like convert office towers to apartments and things like that. But we found there wasn't an interest until recently.

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

Mr O'Toole: Thank you very much for your presentation. I commend the industry, because you have really been the engine of the economy over the last decade really, or since about 1995. I should say I would support the industry in many respects for job creation and the trades and skills. I'm very familiar with Peter Saturno, who lives in my riding, who is president of the Ontario Home Builders' Association this year, from Durham.

I do have a couple of points, and then I have a question. The point I'm trying to make is that I've argued that the whole issue of lot levies, or development charges as you've referred to them, is an onerous problem, together with the fees and licences, all of which you've described. It's 20% of the price of a house, really. That 20% in my area is about \$40,000 per house, and that \$40,000 actually goes on the mortgage. You don't pay it; the purchaser of the home pays it. If you do the numbers, over a 40-year or 30-year mortgage the new homebuyer is paying almost half a million dollars on the costs, fees and permits. It's onerous. I think it's discouraging, whatever government is in power, home ownership, which I believe is fundamental to a strong society. That's my statement here.

I'm impressed with your analysis on the vacancy rate and the implications in the market that actually when the vacancy rate goes up, the rent goes down. That's what the market is doing after four or five years in all cities; it's actually going down. The market then has some ability to take over.

Also, people should know that one of the best-kept secrets—I served on municipal council for some time—is that the property tax rate on multi-residential, which is apartments, is two and three times the residential rate, because the renter doesn't see the taxes. It's blended into their monthly rent.

My question to you is—

The Chair: Thank you, Mr O'Toole.

Would you care to comment on the remarks by Mr O'Toole?

Mr O'Toole: I have a question, though. The question is with respect to the gas tax.

The Chair: Your time has expired, Mr O'Toole.

Interjections.

The Chair: Order. We'll let the presenter respond.

Would you care to respond to some of the statements by Mr O'Toole?

Mr Dinchik: The only thing I'd like to pick up on is the impact of the charges, fees and taxes on the new home purchaser. It has a tremendous effect, especially here in the city of Windsor. The city of Windsor has such a large entry-level market; 70% of the new housing starts in the city are priced below \$175,000, and that's the market area that is most susceptible to these increases in charges and fees.

The Chair: Thank you for your presentation this morning.

WINDSOR AND DISTRICT LABOUR COUNCIL

The Chair: The Windsor and District Labour Council, please come forward. You have 20 minutes for your presentation.

Mr Peter Pellerito: First off, I'm going to start the presentation and Brother Parent will finish it off. My name is Peter Pellerito and I'm on the executive of the Windsor and District Labour Council.

On behalf of the over 42,000 affiliated members of the Windsor and District Labour Council, I would like to thank you for the opportunity to participate in what we hope will be a truly open debate about the future of Ontario's public services.

Further cuts to our public services cannot be an option as we look to rebuild them after the devastation they faced with the previous Tory government.

We happen to believe that most citizens in the Windsor-Essex area are prepared to pay for better public services, as was evident when they and the rest of Ontario voted for an end to tax cuts and approved the expenditure of \$5.9 billion in new investment towards services renewal.

The previous government reduced our ability to pay for public services by nearly \$14 billion in annual revenue. We find it difficult to comprehend the newly elected Liberal government's continuous statements of how they can't live up to their pre-election promises, and would like to offer the following as an attempt to keep these promises. But, as government, you will need the political will to follow through.

The Ontario alternative budget has put forward a plan to raise an additional \$3.5 billion a year, maximizing the revenue we would get from our current tax system by closing tax loopholes, tightening up tax enforcement and recovering a portion of the revenue forgone in the eight years of the Harris-Eves government's income tax cuts. The alternative budget estimates that an increase of only 2% in tax rates across the board would generate an additional \$1.25 billion in personal income taxes and \$200 million in corporate taxes. Closing loopholes in the corporate income tax and the employer health tax would generate almost \$2 billion more.

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The point we are trying to make today is that we have to get away from the idea promoted by the previous government that taxes are a burden imposed on us for no

reason. We pay taxes to buy public services, and as long as there is tangible evidence that the tax dollars are going toward these services promised, there will be more public acceptance.

Health care: We have seen first hand in our community of Windsor-Essex county how funding cuts have affected us over the last eight years.

We have seen the waiting list for children's mental health care get longer. We have seen our three remaining hospitals—we did have five—constantly having to cut spending, which in turn results in the layoff of front-line staff, thus reducing the quality of care for the most vulnerable in our communities.

We've seen the closure of Villa Maria, a long-established, good-quality, long-term-care facility, which in turn created a great deal of anxiety for both residents and family members.

In talking about health care we would be remiss if we didn't raise our opposition to the P3 hospital models, which during the election campaign the existing Liberal government was opposed to. However, according to media reports, the government is now looking at expanding from three P3 to eight P3 models, which we believe would not only have a devastating effect on our delivery of quality care within the provincial health care system, but diminish accountability as well. Simply put, Ontario cannot afford a private health care system, and that is exactly what this is.

Education: We look at the outcome of the flawed funding formulas of the Harris-Eves government, and what we see are eight Windsor inner-city core schools closing under the separate school board system, as well as similar cuts, including closures at the secondary level, by the public school board.

This same past government did nothing to enhance our publicly funded system. Instead, they set out, soon after their 1995 election, to destroy our education system.

The constant badgering and belittling endured by the men and women in our province who have been given the responsibility of teaching our children and grandchildren should not have been allowed. These professionals deserve the utmost respect and nothing less.

The recommendations of the Rozanski report on education funding should be adopted so that the wrongs of the previous government will not continue to go forward.

Mr Gary Parent: Social services: In 1995, we had a thriving program in this community that was building hundreds of new affordable housing units every year, and thousands of units throughout the province. Since then, there has literally not been a single affordable housing unit built.

We would like to know if this government is looking at partnering with the federal government to once again create a program that will build both single and family affordable housing units. We are led to believe that there is \$300 million available in federal monies that the previous government has let sit there without being implemented, and the partnering of the province obviously

would afford us what we're talking about in building affordable housing.

We then look at the available child care spaces: There are fewer today than in 1995. This is absolutely unacceptable in 2004.

This happened at the same time social assistance benefits were cut by 22%, and since then have been frozen for the last eight years. This, we submit, has had a direct, devastating effect on these social assistance recipients and their families and, obviously, the communities.

One only has to look at our Downtown Mission here in Windsor and our community food banks to see that they are busier today than ever, with no sign of relief on the demand for their much-needed and valued services.

We can no longer have our provincial government dumping their responsibility on local municipal governments. There has to be a new deal for our local governments, because if we continue to ignore them, we allow our cities to decline at our peril; and heaven forbid that we, as a province, enter a recession similar to that of the early 1980s. How will we as a city and county be able to assist those affected now that the municipality will be responsible for the delivery of social services as a result of this downloading?

Selling off revenue-generating assets: In the strongest of terms we say to you that the selling off of our hydro system, LCBO, or TVOntario must be off limits. These sales would only benefit the province in the short term and be a detriment in the long run. I think when we look at the 407 toll road in Toronto it is proof positive of what happens when we turn things over to the private sector.

This government has already broken faith with the electorate with increases to both hydro and gas rates. Let's not compound things by selling off services that are already generating revenues for the cash-starved provincial coffers.

I dare say that the members in this community stood fast with this community when we talked about the whole question of gas rates going up. Now we're asking these same members, who are now in government, to do something about these particular things.

In conclusion, we feel strongly that this current government must follow through on their election campaign promises. This would bring much-needed new financial investment for our much-neglected public services. We need a plan that will provide skills training for the unemployed and underemployed so that they can find suitable employment, thus giving more families the opportunity and ability to adequately provide the needed nutrition for their children and have less dependency on our local food banks. We need a plan that recognizes that Ontario faces a revenue problem, not a spending problem, and not to be fooled into thinking that further tax cuts would be beneficial. Further tax cuts will only have an adverse effect on us as a province. The stakes could not be higher, as the future of Ontario is in your hands. We are prepared as a labour movement to do our part. Do you as a government have the political will to make sure our public services continue to be accessible and not turned over to the private sector?

Mr Chair, I'd be remiss if I didn't do this, and I think that you as Chair understand the importance of what I'm going to say. This is on the question of our auto campaign that we've started here in Windsor, Ontario. It's in regard to a campaign that affects us not only in this community but in this province and in this country, because I happen to believe, and we within the CAW happen to believe, that the economic engine for this province and this country is the auto industry. It has been neglected. It has been neglected by the previous provincial government and the federal government. We've lost two plants, new plants that could have been coming to the city of Windsor and Essex county had it not been for the federal government dragging their heels, as well as the provincial government.

I want to share with the committee—and if I could, Mr Chair, I would give this to you. I apologize. We're putting these packages together. We had a meeting this morning with the chamber of commerce to talk about our campaign. I want to give you some statistics, if I may. In the big three—GM, Ford and DaimlerChrysler—Canadian sales were 967,315; production employment was 50,000; jobs per 1,000 vehicles sold were 52—52 jobs for every 1,000 vehicles sold.

Honda and Toyota Canadian sales were 277,975; production employment was 6,000; jobs per 1,000 vehicles sold were 22. Then, look to our offshore. The Nissans, the Hyundais, the Volkswagens, the BMWs: 327,306 units sold in Canada; production employment was zero; jobs per 1,000 vehicles sold were zero.

I am saying this to say to this committee that something has to come out in this budget, something firm and committed and a commitment to the auto industry in this province. I know that prior to the last provincial election the McGuinty campaign talked about the whole question of investment in the auto industry, but I'm saying to this committee that we have to have some sign in this budget that's coming up that's going to reaffirm and further commit to the auto industry in this particular community and in this province. But more importantly, talk to your federal colleagues and make sure that they understand the importance, because it's unfortunate, but we happen to believe that they don't understand the importance of the auto industry.

All the things that are compiled in this information packet will show the direct effect in the Windsor and Essex county area of the billions of dollars that are re-invested in this community as a result of the auto industry. The things that we're asking for in our brief from this budget cannot happen if we have a faltering, non-existent auto industry. We need an auto industry that's going to be vibrant and competitive, and we need a level playing field. Currently, with the offshore dumping of vehicles into our province and into our country, we don't have that level playing field. That's what this campaign is all about. Thank you very much.

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The Chair: Thank you for your presentation. If you leave any material with us, we can have a copy given to

each committee member. We have about two minutes per caucus, and we start with the government.

Mr Colle: Thank you very much for taking the time to be here and helping us to give direction to the government on where we should go. We appreciate that direction you're giving us, and we'll certainly move on your suggestions.

I would first of all like to say that in terms of the points you brought up, and I think they're very valid ones, the fact is that there are programs that the federal government has offered the province that the previous government did nothing about—an immigration agreement, a child care program and also affordable housing. I'll just let you know that the daycare has already been unleashed. Discussions are going on about the immigration agreement; we're the only province without one. Also on the housing front, Minister Caplan is in discussion with the federal government.

My one question was on the auto industry. I know a lot of it is federal and has to do with the high value of the Canadian dollar, but if there is one thing that we should push as a committee when we make this report, what should we do as a province to help the auto industry remain healthy and stop the erosion that's taking place?

Mr Parent: The one thing that's obviously happening is that, as I said earlier, the sands have shifted. Unfortunately for the auto industry, with June 1, 2001, and the elimination of the Auto Pact, our content legislation is non-existent. We have to get some form of content legislation back in this country and this province.

More importantly, you have to attract investments by potential producers that want to build assembly plants. You have to make an atmosphere within this province that's going to be inviting. It's not inviting. There has been too much left up to the value of the dollar, saying that it will take care of itself and that is going to cause investment here. We have the rising cost of our health care system that has to be looked at in relationship to making sure that we have a good-quality health care system. That is going to cause investment in this province. As a government, you have the tools available to try to put these types of incentives and investments back into the province so that we are less dependent on the value of the dollar being the sole reason that people should look at investing here.

Mr Colle: So keep the health care system strong and affordable and the climate for investment, for expansion?

Mr Parent: Absolutely.

The Chair: We move to the official opposition.

Mr O'Toole: I apologize for not being in attendance when you made your presentation. I have heard similar presentations. A very good presentation was made by Hugh Mackenzie. My question to you would be, just reviewing what I've heard over the last few days, would you encourage the government to go forward with a deficit, and do you think that's their plan, when they promised that they would balance the budget?

Mr Parent: We're saying, Mr O'Toole, and I've said this many times before this committee, you have to make

investment in public services. I'm a firm believer that if you show value for taxes, people are more receptive to paying. What has been happening is that we've been paying taxes in the past, particularly over the last eight years, that have not shown a result. There were promises made by your government that you were going to put more income in the pockets of the people of Ontario. All you did was make less money available for people in the policies that came from your government. It's unfortunate that people want to see value for their money. So are people prepared to pay taxes, an increase, as long as they see that there is value at the end, in other words, a strong education system, not one that has been destroyed under past policies, and a health care system that's strong, which was absolutely under attack again by the policies of the last eight years? They don't want to see the eroding of our health care and education systems.

You heard earlier today from Harrow high school. This isn't about a high school and bricks and mortar; it's about a community. The funding formula, which was flawed, has affected that community to the degree that they want to eliminate that high school. You need to have planning that's going to stabilize things, because people are going to go to the community of Harrow if there's a school, whether it be a public or high school or a separate school—as long as there is school availability. You take that out of that community and that community is no longer the community that Harrow is today. Those are the types of things that have happened during the last eight years.

The Chair: We move to the NDP.

Mr Prue: I have a question on housing. Contrary to what I think the previous speaker had to say, the number of rental units in Ontario is not going up with new building. In fact, the number of rental units available is less today than it was in the last five or six years. It has declined quite rapidly as homes are converted.

This government campaigned on a promise to build 20,000 units of affordable housing, plus, I think, an additional 5,000 units of assisted housing. It's a very expensive process. You have said you believe that taxes should be increased. My question to you is, should this be a priority? They made 230 promises. How high up on the list is this to you?

Mr Parent: I think it's very high. I think it's an absolute right for people to have food and shelter, shelter being part of that priority, affordable shelter. As a labour movement in this community, we happen to have the responsibility of 600 co-op and affordable units to manage—600 units. That was done over many years prior to 1995. But since 1995, as we've said in our brief, not one single unit has been built. So it is a top priority for us. I believe that people do believe that people have an ultimate right. So is it a priority of ours? Absolutely.

Mr Prue: Should it be a priority of theirs?

Mr Parent: It should be an absolute priority of theirs.

The Chair: Thank you for your presentation this morning.

ONTARIO SECONDARY SCHOOL
TEACHERS' FEDERATION,
DISTRICT 9, GREATER ESSEX

The Chair: The Ontario Secondary School Teachers' Federation, District 9. Good morning.

Mr Brad Bennett: Good morning. My name is Brad Bennett. I am the president of OSSTF, District 9. I'll start by saying that I do have a handout for everyone, but being a teacher, I know if I give it to you upfront you'll be reading ahead, so I'm going to give it to you after.

Thank you very much for the opportunity to provide input into the next provincial budget. Teachers and education workers in Windsor and Essex county are very excited indeed about the fact that the new Liberal government is going to make education its number one priority. As we are all too painfully aware, publicly funded education has been starved for cash since 1995, and the damage done to the system has been growing exponentially since that time.

Crumbling buildings, too few teachers and educational workers, ongoing disputes regarding salary and working conditions year after year, low staff morale and a severe shortage of student resources are but a few examples of the devastation which came about as a result of under-funding. We are hopeful that we are about to turn the corner as this government embarks on its ambitious education agenda.

It is worth noting that a clear majority of voters in Ontario did in fact choose change in the last election, due in no small part to tiring of the ever-declining services, particularly in the areas of health care and education. We urge the government to not let the inherited deficit get in the way of making progress in the vitally important area of education. The future of Ontario depends on it.

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.

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The former government began implementing Rozanski's recommendations, and we think, at the very least, this new government, planning to make education its number one priority, must continue to fully implement these recommendations. Being in a position of talking to front-line teachers and education workers within this board on a daily basis, I can tell you that the future of public education very much depends on an immediate financial commitment from this government.

We see the following areas as priorities for the first budget.

Priority number 1, updating the benchmarks for salaries and supplies in the funding formula: The development of the funding formula included a 1997 study of costs of services and goods provided by school boards.

Supposedly, the actual costs were used to determine the benchmark values that boards receive to cover salary, benefits, learning resources, classroom supplies, computers and related costs, school operations, and construction and maintenance. In many cases, the benchmarks were set artificially low to begin with. To compound this problem, other than a minor adjustment in 1998, no benchmark adjustments were made for several years, amounting to a year-over-year loss of real dollars due to inflationary pressures. This is why Rozanski's number one recommendation was to update the benchmark costs in the funding formula to reflect the actual costs in 2003.

Because the benchmarks are so out of step with reality and the total cost to catch up was \$1.1 billion, a recommendation was made to allow the government to allocate the catch-up money over a three-year period. To the former government's credit, they did include the first instalment of catch-up money in the 2003-04 budget. It is now incumbent upon the Liberal government to at least inject the second instalment into the 2004-05 budget.

In addition to catch-up funding, the funding formula must be updated annually in order to keep up with inflation. Otherwise, education funding falls further and further behind. That is why Rozanski's recommendation number three stressed the need to provide annual funding increases to keep the benchmarks current.

We believe that updating the benchmarks would have the widest ranging impact on providing school boards with the means necessary to negotiate fair collective agreements with teachers and education workers. This would provide the much-needed peace and stability in education.

The cost of catch-up money, coupled with inflationary increases, may be expensive, but these steps absolutely must be taken just to bring relative spending in education back to 1997 levels.

Priority number 2, restoring adequate levels of support staff in schools: Without a legislated requirement for staffing levels in some support staff areas, school boards have been decreasing 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.

Priority number 3, pay equity: The government must provide sufficient money to school boards so that they may complete pay equity agreements. Presently, school boards do not have funding for pay equity and therefore face an unfunded liability. In order to come up with money for pay equity, boards are presently forced to steal money from other areas of the budget.

Priority number 4, 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 actual current costs.

Priority number 5, average credit count: 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 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 are reporting an average of a least 7.6 credits per student. 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 21:1 or 22:1 class size regulation. Therefore, additional staff must be provided with no funding from the government.

Priority number 6, base staffing levels: The government must establish a base number of staff in each school, including administration and office clerical.

Priority number 7, special education funding: Special education funding must be based on IEPs and not on ISA standards. Staffing must be allocated to records and reporting, in addition to service delivered to students. There is presently too much of teachers' time being spent filling out paperwork rather than teaching students.

Priority number 8, teaching time regulations: The government must remove the onerous 6.25 and 0.42 aggregate averages to allow more flexibility in teachers performing instructional duties for students. Include mentoring other teachers as a qualifying duty. In the past, department heads have had the time allocated to assisting other teachers within their departments. This provided an excellent opportunity for teacher mentoring as well as program development. It is worth noting that when the teaching time regulations were put into place, we lost approximately 5% of the secondary teachers in our schools. Fewer teachers serving more students is not a recipe for success.

Summary: Although these priorities have significant costs attached to them, they are all essential to returning to educational excellence. Too often over the past eight years, education has been treated as a cash cow for a government looking to extract money. Education is a pillar of society in Ontario and there is a lot more to look at than the bottom line.

As I indicated at the beginning, the citizens of Ontario chose change during the last election, and even considering the status quo because of an inherited deficit is not going to be acceptable.

Public education's future hangs in the balance after years of starving for money. If catch-up and keep-up funding is not implemented immediately, the quality and tone of our schools will continue to be eroded.

We believe that running a deficit or implementing modest tax increases would be far less damaging than continuing to underfund education. Proper funding in the government's first budget will be the proof that the education community has been looking for to verify the government's commitment to improving public education. Not only would it allow for much-needed building repair or replacement, adequate student resources, a higher level of support for our neediest students and peace and stability through a more realistic collective

bargaining process, but it would allow for much-needed hope for the future of public education.

There is only one way to fix this problem that was created over the past eight years, and that is to reverse the trend. That is to increase funding to adequate levels based on educational priorities and real 2004 costs. Anything less would be more of the same.

The Chair: Thank you. We have about three minutes per party and we'll begin with the official opposition.

Mr O'Toole: I recognize that you have complimented the government with respect to follow-up on the Rozanski report, and I hope that the current, new government does the same to fill up that gap. Also, I agree totally with your observation that the IEP as well as the special ed assessments and evaluation bundle of red tape is something that should be dealt with. The year after year assessments etc are probably a waste of your time and the students' time. By secondary school, certainly they've defined the special need and some kind of strategy.

My question is, the majority of your presentation dealt with the salaries and benefits of teachers. My wife's a teacher, and my daughter's a secondary school teacher as well. You should realize, where I come from, having been a school trustee, about 85% of the budget in education is wages and benefits—85% of \$14.7 billion. You're asking for a 9% raise, really. That's what I heard you say. That's \$1.4 billion, just for wages and benefits. That's astounding.

What I really want to know is, first of all, what is the average salary for a secondary school teacher? I've heard it's \$62,500 for an average salary for a secondary school teacher. Is it true? Would you confirm for me what is the average salary for a secondary school teacher, as you are the president of the local here?

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Mr Bennett: I'll just correct a couple of things that were said before I answer that question. I will take the compliment with a grain of salt, because I think if the former government was able to do that, any other government should be able to do better.

On the second issue, I didn't propose 9% increases for salary and benefits. What I said is that the funding for benefits currently lags by 9%. Obviously, that money to cover the costs of benefits has been coming from other areas within the funding formula. I certainly wasn't proposing a 9% salary increase.

I don't know the average salary within our district. I think \$62,000 would certainly be high, because we have had a lot of new teachers enter the profession over the past three or four years. I do know the range is between about \$33,000 for a beginning teacher and \$74,000 for a teacher after 11 years of service and a lot of upgrading. So I can tell you the range. The last time I looked at it I think it was more in the neighbourhood of mid-50s.

The Chair: We'll move to the NDP.

Mr Prue: A lot of people have suggested this government increase taxes in order to pay for the social deficit. You are one of the first who has suggested that they actually run a deficit. I wondered if you might

explain why you think they would consider such a thing, considering that they supported the Tory bill against deficits. Certainly Dalton McGuinty has said that he would not entertain a deficit. Why are you suggesting that they might want to listen to that?

Mr Bennett: If I recall correctly, there were 231 promises made: 230 on one side of the ledger which I agree with, and then the one was to not increase taxes. At that time, obviously no one knew the size of the deficit the Tories were going to leave behind. So in the short term, in fairness, given that the new government may have been blindsided by the numbers, it may be better or it may be an option to run a deficit until there can be some long-term planning around taxes and spending and so on.

I don't know that we have a preference between a deficit and a modest tax increase, but we know that both of those are favourable to continuing to choke the system by not funding it properly. That, to me, is what people were talking about at election time, the improvement of our public services, including health care and education and so on.

Mr Prue: We had deputants earlier who were talking about the closing of a school in Harrow, and I think that can be revisited many places across this province. Does the OSSTF have a position on the closure of these schools which do not meet what I would suggest is a very, very rigid funding formula?

Mr Bennett: We do. We think that every community deserves a school. We support that concept. We think very much that a school is the centre of a community, and it's devastating for a town like Harrow to even face school closure. Because it has been considered for closure, it almost becomes a self-fulfilling prophecy; people get antsy and they may move to another community school. But you're right, the funding formula has been too rigid. More important, it hasn't kept up with inflation, so it has gotten worse year by year.

Measuring a student's worth by square footage in a building, which is what this amounts to because you get so much funding per square foot, I don't think is a fair way to measure what a community needs and what a student needs.

The Chair: We move to the government.

Mr Crozier: Thanks for coming this morning, Brad. There's something that wasn't mentioned in your presentation but that I'd like your opinion on as a professional educator. Recently we were given statistics that—and I stand to be corrected—upwards of 40% of students are leaving the secondary education system because they've just simply given up and don't feel they can graduate. Can you give us some suggestion as to what we might do as a government to encourage those students to stay in school?

Mr Bennett: It's a complex issue. I appreciate the question. The reason we face this today is that there were poor decisions made a number of years ago with rushing in a new curriculum for what I believe were political reasons, while at the same time compressing secondary

school from five years to four years. The new curriculum is extremely rigid, as is the standardized testing, and it's sort of a one-size-fits-all approach. We're in the people business and one size doesn't fit all.

I think the most fundamental advice I can give to the government is that if we're going to make changes in education, it's really important to work with the educators up front. Get some input, get some buy-in up front, because if the front-line people aren't up to speed on it, aren't comfortable with it or don't believe in it, chances are it's not going to be very successful. This top-down approach that we've seen over the past eight years has to go. We have to get some involvement from teachers and education workers at the planning stages before any more massive reform is introduced.

The Chair: Mr Peterson, you have about a minute.

Mr Tim Peterson (Mississauga South): Industry in the last 10 years has had huge gains in productivity by implementing technology and software programs in both automation and communication. Have you, as the OSSTF, looked at any ways that we can improve teacher productivity in this, and are you sharing that information with other associations?

Mr Bennett: I'm sorry; I don't understand. When you say productivity—

Mr Peterson: Use of technology in teaching, more computers, more computer programs, remote communications.

Mr Bennett: OK. A couple of things have to take place, I believe. One of the reforms the Tories introduced was removing professional development days for teachers, so it became more and more difficult to stay on the cutting edge with technology. That's one part of the problem.

The second part, of course, is just funding. It's expensive to keep up with technology, and because the benchmarks have been so out of whack and there's been so much financial pressure in all areas of the funding formula, it's become increasingly difficult for schools to keep up, to stay modern.

I can give you some examples locally. Although this is the mold-making capital of Canada, our machine shops are equipped with equipment that was used in the 1960s, when the school board bought it.

The Chair: Thank you for your presentation this morning.

Applause.

The Chair: Order. I remind the audience that demonstrations aren't allowed in the committee room.

CANADIAN MENTAL HEALTH
ASSOCIATION,
WINDSOR-ESSEX COUNTY BRANCH

The Chair: I would call upon the Canadian Mental Health Association, Windsor-Essex county branch. Good morning.

Mr John Clark: Thank you, Mr Chair and members of the committee. John Clark, vice-president of the Can-

adian Mental Health Association, Windsor-Essex county branch, and Pam Hines, our chief executive officer. I'll present remarks and leave time for questioning after.

The committee has already been provided with a brief by the Ontario division of the Canadian Mental Health Association. It provided the committee with an actionable, relatively inexpensive solution that would address many of the concerns of people with mental illness in Ontario, their families and mental health workers. We will not repeat those today, but what we want to do today is give you a local perspective on mental health challenges that cry out for attention in the budget.

1030

Some context to start with: Regrettably, Canada's health care system has not treated mind and body with the same emphasis. The Kirby report referred to mental health as the "orphan child" of health care. The province of Ontario has been engaged in mental health reform for 20 years. Unfortunately, the walk has not matched the talk. Building Community Support, 1987; Putting People First, 1993; Making it Happen, 1999: three reports commissioned by three different governments, three policy position papers on mental health reform. They are remarkably similar in proposed direction, which included a shift from dependence on beds to community services.

I'd like to read from a column that appeared in the London Free Press this past December. It's authored by Helen Connell. She's the executive director of the London and Middlesex United Way. The Windsor-Essex county branch of the Canadian Mental Health Association is a proud member agency of Windsor and Essex county's United Way. Ms Connell doesn't say anything new, but I think it stands repeating and stands some emphasis.

She says, "More than a generation ago, the province began closing beds in psychiatric hospitals—and sometimes entire facilities.

"The philosophy behind that decision is as sound today as it was then: People whose illnesses or conditions do not require them to be in a hospital or other institution should not be there.

"The problem has been that successive governments have failed to put in place a comprehensive and effective community mental health care system. Since 1988, there have been no fewer than 19 government reports"—I mentioned three—"that recommended more funding for mental health service core budgets. Yet the last time the government increased funding to those budgets was 1992.

"You need only take a stroll along the streets of any major city or town to see the walking wounded—people with obvious mental health issues who aren't receiving the help they need. But they represent only the tip of the iceberg.

"There are far more people who suffer quietly in their homes from depression and other disorders that are as debilitating as physical illnesses that impact sight or mobility.

"And mental illness kills. Each month, 300 Canadians commit suicide—90% of whom have a diagnosable mental illness.

"What other illness would Canadians tolerate being ignored to the point that people see no way out other than to kill themselves?

"It's not that governments are saving money by shortchanging the needs of the mentally ill. One study found that the Canadian economy loses \$14.4 billion annually from lost productivity due to mental illness.

"Besides losing out on the personal contributions people with mental health issues could be making to society, the costs associated with mental health care are simply being downloaded on other public services that don't have the mandate or expertise to respond effectively"—police, children's aid, hospitals with other specific mandates.

Individuals with mental health issues are currently discharged from hospitals without access to adequate primary care or community health services.

What have we done here in Windsor-Essex county? Concerned about the lack of access to primary care, our branch responded to a request for proposals, and three years ago we received funding for a nurse practitioner. We were the first community mental health agency to provide an integrated approach to primary care and mental health services.

This model was presented at the national conference for Canadian mental health in 2002 by our nurse practitioner, Bonnie Myslik, and Ms Hines, who then presented the model last year at the mental health congress in Sydney, Australia. The model has been so successful that in the latest request for proposals, several branches and community mental health agencies were funded to provide similar services.

With one nurse practitioner, we had approximately 900 individuals rostered for whom we provide primary care. These are individuals who otherwise would have difficulty accessing primary care services. It is challenging, if not impossible, to provide mental health support to persons with a serious mental illness in the community when their physical health needs have not been addressed.

Our primary care services have reduced hospitalizations by 74.5% in our client group, and the number of days in hospital by 78.8%. Providers have reported increased continuity of care; clients reported very high satisfaction with the services.

A strategic review of the community health centres program commissioned by the Ministry of Health two years ago, "identified evidence that CHC patients have lower health care costs compared to fee-for-service patients and that CHC patients have lower rates of hospitalization."

The community health evaluation project, which our association is a partner of, along with the Centre for Addiction and Mental Health and the Ontario Mental Health Foundation, has conducted or is in the process of conducting a multi-site study. Their preliminary findings

are that clients are showing improvement in community functioning, symptoms, use of substances, and are experiencing fewer crisis episodes and, again, fewer days in hospitals.

The mental health budget in Ontario has been eroded with increased costs and no economic increments for 12 years. The Ontario government has mandated pay equity and ministry accountability systems, but without appropriate resources. It's had a serious impact on access and capacity in our community.

Having achieved all possible service efficiency, we are convinced that there is a present need for increased capacity and base funding, as our Ontario division has pointed out in its submission, that will permit us to keep up with a growing demand and proceed with the next steps in mental health reform and system restructuring.

We need adequate resources to support individuals currently receiving services and those on waiting lists for intensive care management and hospital discharge planning.

We are proof that community mental health services work. They improve the quality of life for people with mental illness and their families. They reduce the pressures on hospitals, emergency services and municipal governments who must fund the shelters in which people with mental illness are often found.

The province has committed to a shift in shifting mental health services to 60% community-based funding and 40% institutional.

Presently, spending is 66% on psychiatric facilities and 34% community. The transition is ensuing, but it is essential, as Ms Connell pointed out in her article, that as that transition continues, beds not be divested without appropriate collateral supports and resources.

We believe in Windsor-Essex that structures are not presently in place to ensure that areas outside regional centres will receive appropriate access to out-patient services when tertiary facilities or operations are closed.

We believe that we have demonstrated the effectiveness of providing primary care in a community mental health setting. We believe that a community health care centre with specialization in mental health would attend to the physical needs of persons with mental illness in a more cost- and time-efficient manner than is currently the case.

Two years ago, we submitted a proposal for a community health centre with a specialization in mental health. We are confident that funding of proposals such as ours would not only provide health care to hundreds of thousands of people in Ontario, but also create cost efficiencies in the system by reducing that utilization of hospital emergency services and hospital admissions.

We are sensitive to the issue of the deficit. That said, we believe that funding of CMHA branches such as ours is a less costly alternative than hospitalization, detention in correctional facilities, and socially, in terms of human cost and suffering borne by individuals having a mental illness, their families and the wider community, both socially and as a contribution to the economy.

Mental health spending as a percentage of health spending is now less than it was in 1989.

We urge the committee to recommend mental health reform and proper support for that in the manner proposed by our Ontario division. Mental health is important. We believe that as a government priority it should be treated at least equally with other health care issues. We believe that waiting lists for people with mental illness are no more acceptable than waiting lists for people with cancer or heart disease. Thank you, Mr Chair.

1040

The Chair: Thank you. Do you have any comments?

Ms Pam Hines: No.

The Chair: Thank you very much for your presentation. We have about three minutes for each rotation. We'll begin this set with the NDP.

Mr Prue: You've made some excellent points here in terms of the less costly approach, and certainly we have seen statistics from other presenters showing that if you spend money on community services then you significantly reduce the far more costly elements that the province pays for: hospitals, jails, parole services, children's aid, all of those things.

Perhaps if I could zero in, there is a finite amount of money, I think, that this government is going to have available to it. Is your proposal that the monies to fund community services such as your own come from the existing health budget or are you looking for additional funds? What I'm saying is, in order to fund your service, would it require a corresponding decrease in other funding—to hospitals, to parole services, to jails? Is that where you see getting the money from, or do you see getting the money from additional tax revenues or from running a deficit? How do you see this happening?

Mr Clark: Ultimately the question of a deficit is up to the government side. In essence we are looking for a bit of both: a reprioritization—it may require a down payment on community health services; it may require an investment in the system as the transition ensues. Whether that would result in an addition to a deficit, whether that would result in a rejigging of the total health care budget, I don't know. But one way or the other, I think it behooves the government to pursue this proposal as each of the successive governments over the last 15 years have proposed.

Mr Prue: I'm not from this area, I'm from Toronto, but I would assume that Windsor has much the same problem, perhaps in fewer numbers, but the identical problem in terms of homelessness. We have about 6,000 people per night staying in the shelters and about another 2,000 or 3,000, depending on the time of year, living rough on the streets. A great many of them, not all of them, have mental health issues. Could I understand in terms of your community involvement, is it your intention as well to seek assisted or supportive housing to get these people with mental health issues off the streets?

Ms Hines: Our branch does provide supportive housing. We were pleased to receive funding about two

years ago for a homelessness initiative for 116 subsidized units where we provide not only the housing but also the supports to the individuals in those homes. That is a priority; it was mentioned in our provincial submission to this committee. People can't live in the community if they don't have shelter.

I think the other important thing, though, is that we don't create institutions in the community. As soon as you start congregating people with a mental illness, you're compounding the difficulties. I think what we want to do is create a community housing situation for those individuals, with adequate supports that go into wherever they live, whether it's their family, an apartment on their own, or wherever they choose to live.

Mr Prue: How many such units would you need?

Ms Hines: It's difficult to say right now, because sometimes people stop referring because we don't have the availability, but I would probably say another 100 units if we're to adequately support the individuals in this community.

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

Mr Colle: Thank you very much for the presentations. As you know, the Premier and the Minister of Health have decided to go in a new direction when it comes to health care in Ontario. The direction is basically one of upstream solutions and prevention. We would like to try to help give direction to the ministry and the cabinet in terms of shaping this new budget. I think all of us around the table understand there's a deficiency here in helping people with mental illnesses. So how could you help us frame your request for help for these people in need in that framework of prevention that the government has now outlined as its new direction?

Ms Hines: I think early prevention and identification is absolutely critical in serving people with mental illness. For most mental illnesses, they are symptomatic in late teens, early 20s. I think if we can identify those individuals and support them prior to their first psychosis break, you're going to have a lot more success in treating them and supporting them, and they won't become as treatment resistant. We have 163 people on waiting lists right now. When people have a serious mental illness, you can't ask them to wait two years for service and not expect it to be more difficult. They are treatment resistant. Their families are hostile because they've been let down by the system and by the community.

If we can prevent the hospitalization in the first place and prevent them from becoming dependent on services such as ours by keeping them out of the system and keeping them connected to their natural supports, like in school with their friends, and catch them before they become socially isolated, we're going to be a lot more successful as a community in providing caring support to these individuals.

Mr Clark: I'd refer you to our Ontario division's proposal, which speaks specifically and makes a proposal as to early intervention. That would be a collaborative intervention with all interested in mental health, some with institutions, some with community groups. So I think that's how you might frame it.

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

Mr O'Toole: Thank you very much for what you're doing on an ongoing basis for the most vulnerable in society in terms of people whom even Kirby and Romanow indicated as not being addressed. I'm quite familiar with that, as I was parliamentary assistant to the Minister of Health for a couple of years, and I know the other demands in health care seem to superimpose all of the need for resources. Dan Newman, who was part of the consultations on the Making It Happen report, was my seatmate, so I was quite interested and did attend a number of the public sessions.

I think recommendation 4 is the coordination of services right across the whole thing. When you integrate into the community, it isn't just the treatment orders and things like that, it's housing, it's resources broadly, because their life is in a basket, technically.

I want to commend you again. That's really my only comment. It's a sense of almost helplessness. If you look at the homelessness issue, where do you start?

I just want to get a comment. Jean Achmatowicz-MacLeod did the divestment report for the Central East mental health facility at Whitby. She's a personal friend. I know her, she's a member of the Order of Canada, a wonderful, committed person, like yourself, I'm sure. You know what the divestment is. It's really become a part of the community hospital group. I believe it's important to go forward with that step. I really think it's critical for that whole coordination piece. Would you just comment on that divestment initiative, which we failed to do in the case of Central East.

Ms Hines: In terms of what's happening with St Thomas and any kind of regional divestment, I think we have to be vigilant to ensure that the dollars that were in the system actually go out to the communities and that there is an equitable process to ensure that each community is provided the appropriate resources to support the individuals in the community as compared to the bed supports that used to be there. For example, if St Thomas is divesting beds, you don't just divest the beds. What about the collateral services for rehabilitation that were attached to those beds?

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Mr O'Toole: They've got to go to the community.

Ms Hines: Exactly. You can't divest the beds in isolation.

Another concern in terms of regional divestment is, if a hospital has a regional program with in-patient services and they decide they're not going to provide them anymore and they're going to provide out-patient services, how does that help us in Windsor-Essex? A lot of the time those dollars end up in the community in which the hospital was located instead of an equitable process for determining how those services can be provided on an out-patient basis in the other communities in the region. When you ask about how dollars should be reallocated, in addition to dealing with the operating budgets, which have not been addressed for 12 years, ensure that the dollars that are already in the system are distributed on an equitable basis, especially in divestment of hospitals.

The Chair: Thank you for your presentation this morning.

VICTORIAN ORDER
OF NURSES, WINDSOR

The Chair: The Victorian Order of Nurses, Windsor. Good morning. You have 20 minutes for your presentation. You may allow time for questions if you so desire. If you would, please give your names for the purposes of our recording Hansard. You may begin.

Mr Jeffrey Beach: Good morning. I'm Jeff Beach. I'm the executive director of VON, Windsor-Essex county branch.

Mrs Phyllis Hicks: Good morning, Pat and committee. I'm Phyllis Hicks. I'm the president of the board of directors of the VON. We really appreciate the opportunity to address you today, not only on behalf of VON but on behalf of the multiple number of Ontarians who are in desperate need of health care and community support services.

VON is a non-profit, charitable organization that has been in Canada for over 100 years. With a network of branches across the county and 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 very unique, as it really reflects the makeup of its own community.

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

We believe that individuals have primary responsibility for their own health and that they have access to comprehensive and compassionate family- and community-centred health care, and that is a right of all individuals. We respect the value and dignity of human life and believe that community health services of assured quality are essential. I don't think anybody would really argue that principle.

The VON commitment to activities that improve the health of Canadians is articulated in our mission statement:

"VON Canada, a charity guided by the principles of primary health care, works in partnership with Canadians for a healthier society through:

- "(1) Leadership in community-based care;
- "(2) Delivery of innovative, comprehensive health and social services; and
- "(3) Influence in the development of health and social policy."

VON is proud of our heritage and the significant role we play, and 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.

Mr Beach: I'd like to comment now on the home care and community support services in Ontario. Ontario has the highest health care budget in the country and represents Canada's largest provincial population group in need of home and community care. The health care system is made up of three key pillars, those being acute care, 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 sector and the long-term-care facility sector. Home care services comprise medical and support services provided in the home setting to meet the needs of individuals and their family 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 or CCAC system, which is comprised of 42 centres across the province, contracts with 60 direct service providers—both not-for-profit, such as VON, and private home care services—to deliver services such as nursing, home and personal support and therapies. The total budget for these is \$1.2 billion or 4.2% of the Ontario health care budget.

The Ontario health care budget for 2003-04 was \$28 billion in total, and the portion allocated to acute care, long-term care and home care was as follows:

—For acute care or hospital services, there was \$11 billion allocated, serving 1.4 million clients, which works out to about \$7,500 per person.

—Long-term-care in facilities: \$1.8 billion allocated, serving 65,000 clients, which equates to \$27,692 per person.

—Home care and community support services, which can be split between CCAC home care and community support: CCACs were allocated \$1.2 billion in funding, serving 440,000 clients, or an average of \$2,727 per person. Community support services, on the other hand, served 750,000 clients under a budget of about \$300 million, which equates to only \$401 per person.

Both the Hollander report and the Romanow report acknowledge that home and community care are integral to the continuum of health care in Canada and to making our health care system function more efficiently and effectively. Home and community care can often prevent or delay, and often substitute for, admission to hospitals and long-term-care facilities, at a lower cost of care, which is evident from the figures that were provided.

The growing elderly population wants and needs access to home care and community support services. In 2001, it was estimated that 3.92 million Canadians were 65 years of age or older, two thirds more than in 1981. The senior population is expected to reach 6.7 million in 2021. According to the 2001 census, 18.2% or 4.58 million Canadians over 15 years of age devote some of their time to caring for a senior, and as many as 2.85

million Canadians provide support to family members who have disabilities. Clients without appropriate family support are forced back to hospital or long-term-care facilities.

As family caregivers continue to play a growing role in providing care, their need for adequate support in the home and community is also growing. Families are feeling increased stress due to the fact that they have to perform medical procedures that would normally be reserved for health care professionals. Research has proven that unsupported family caregivers experience undue stress, often resulting in their utilization of the health care system.

Ms Hicks: Relative to the funding of home and community support services, in 1998 an increase of \$551.8 million over eight years was committed to the home and community care system to meet the needs of the 21st century in Ontario. Regrettably, the promised funding was frozen in 2001-02 and the home and community care system was thrown into disarray and instability resulting in significant cuts to service being made. In 2002-03, some \$25 million was released, leaving \$270 million—almost half of the 1998 commitment—still to be allotted to the home and community care system over the next few years. This has resulted in home care provider agencies and community support agencies across Ontario struggling to meet the increased demands of an aging population with a funding commitment that is two years behind.

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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-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, over 115,000 Ontarians are forced to either go without care or receive it in an institution. 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 homes.

As Jeff said, long-term-care facilities average \$27,692 per person, while home care is \$2,727, and community support services are \$401. These are services to keep people in their homes and out of institutions.

Despite the government having transferred a great deal of health care from the hospitals to the community—and we all know this in health care—health care workers are being driven from the community back to the hospitals. Why? It's a result of lower wages—they're 20% lower in the community—part-time positions, lack of seniority and pension systems, and high expenses.

The increased competition from United States hospitals and health care providers has also had a detrimental impact on the number of health care professionals working here in Ontario. This province has lost highly trained and skilled health care professionals to United

States employers at an alarming rate—and I'm sure you all are very aware of that—because of higher wages, the strength of the American dollar and the incentives, such as the educational opportunities they offer and the signing bonuses. The impact of this competition is felt at an even greater level in Ontario's border communities like here in Windsor-Essex.

What is even more disconcerting is the number of new graduates from Ontario nursing programs who are working out of the province. In fact, almost 100% of the students who are graduating from the school of nursing here in Windsor are planning on leaving Windsor and going to the United States once they finish their education and their certification. I've talked to them. Have you talked to them? Ask them. I haven't found one yet who says they're going to stay here in Ontario. That's sad. We're in a desperate situation here.

A health care crisis is imminent if the nurses who are now providing 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 in their 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, the Alzheimer day care programs, home and personal support programs, supportive housing and transportation programs—all services that people need if they're going to be able to stay in their home. There are over 750,000 Ontarians who receive these services annually. The budget for these services is \$300 million or 1% of the Ontario health care budget. For each dollar spent by the government, clients receive approximately \$1.40 of service due to the contribution of so many volunteers. The budgets for these not-for-profit community support service agencies are funded by the Ministry of Health, but not fully. Only about 60% of the actual expenditures are funded by the Ministry of Health. The additional monies need to be raised through donations, client contributions and fundraising efforts.

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 have had to ration the amount and quality of services they provide. Agencies are at risk of closure in 2004-05, due to the current funding crisis. Some community support service agencies are currently projecting deficits as high as \$20,000 to \$150,000. Cuts as high as 30% have been made in their services already. With the projected deficit, this number will increase.

In addition to services having to be reduced and wait lists having to increase to offset the deficits, there will be escalating difficulty in recruiting and retaining staff here in Ontario, and in finding volunteers. No doubt the health and well-being of Ontarians will be put at risk.

VON provides home care through the CCAC, and that's based on the request-for-proposal process. As well, we do deliver some community support services.

Mr Beach: VON's recommendations: VON believes that there must be a systemic approach to the delivery of health care, including all sectors involved in the health care continuum. Absence of the systemic 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 our system. However, in order to sustain and continuously improve Ontario's health care system, we recommend:

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. Some \$70 million is needed immediately to restore lost service and reduce the waiting lists in the home care system.

Second, that funding levels be provided to support wage parity for home and community care workers with nursing homes and hospitals. As Phyllis mentioned, we have a human resource crisis in home care services and we need help. Salaries are much lower in the home and community care sectors than for similar positions in hospitals and nursing homes. Steps must be taken to resolve this crisis in staff recruitment and retention to ensure that workers will be available now and, even more urgently, in the future to support people living in the community.

Third, that the \$50 million Premier McGuinty committed to in his first budget be injected immediately into community support services for our 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 our efficiency and quality services and to meet the current and emerging health care needs of Ontario's communities.

As a director of a local branch of a community support agency, I can tell you it's very difficult for us to plan for any sustainable programming without multi-year funding and community support.

In conclusion, as a leader of community health care and social services in Canada for over 100 years, VON is well poised to work with the Ontario government and all levels of government to improve the home and community care systems and ensure that service is appropriate and available for Ontarians, not only today but also in the future. This can only be achieved, however, by immediately addressing the current funding and recruitment and retention issues that we face in this important sector.

VON believes that the strategies outlined in *The Health Care We Need: The Ontario Liberal Plan* for

Better Health Care are a positive step toward building a strong base from which to create solutions for improving health care in Ontario. More specifically, VON supports hiring 8,000 additional nurses; hiring more nurse practitioners—we have two nurse practitioners working for us in the community of Lakeshore and I'm sure Mr Crozier would agree that they've been embraced by the community and they're providing excellent services to the community; creating more nursing school spaces so that we have a stronger future; 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 in their homes.

We applaud the Ontario Liberals and their commitment to provide the investment needed to ensure that home care services, including homemaking and personal support services are available to all Ontarians who need them.

VON pledges its commitment to the government to work together in ensuring that Ontarians get the health care they need when they need it.

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The Chair: Thank you. We only have time for one question, and in this rotation it will go to the government. Two minutes.

Mr John Wilkinson (Perth-Middlesex): We saw a similar presentation yesterday in London from the London-Middlesex VON, and the thing that struck me—and we were saying this yesterday—is that you make such a compelling case about how if we just put the money into home care, that is so much less expensive.

The thought would be, if you went to the Minister of Health and the Minister of Finance and said, "You've got people in acute care beds that are costing \$27,000 a year"—if we didn't have your sector and we were spending \$27,000 in acute care beds, \$7,000 in hospitals, and someone came along and said, "If you spent \$401, we would help solve your problem," government would jump to say, "We're running a deficit. That would be wonderful."

I think it's just so underutilized and I think we have to see that in a new light, that this is the most compassionate and the most cost-effective thing to do about reallocating limited resources where people can best be served and where they are in the comfort of their own home and surrounded by their family.

The question I have—and I get this in my riding of Perth-Middlesex—is the burnout of volunteers and how more and more is being dumped on to the people who are helping you. I was just wondering if you could comment on the status of your volunteers and just how close to the edge these people who are making your programs so successful are. What kind of stress are you under there?

Mr Beach: I could see us being under two stresses. First of all, the volunteers are under a lot of stress because, as you said, they're being almost dumped on more and more. We're calling on people to do more and more and more in the community all the time.

The VON branch in Windsor-Essex county has approximately 300 active volunteers at any given time. A lot of those are used to deliver community support services such as Meals on Wheels. Meals on Wheels can be a very rewarding experience, but it can be very challenging too. You can imagine, especially this time of year, those of us in the sunny southwest aren't used to as much bad weather as we've had lately.

These people are out in the rain and the snow; they're delivering meals. On average, they have about 20 people on the route, and they're given a certain section of the area to cover. So they're under a lot of pressure. In a lot of cases, they are the only human contact that these individuals have, especially for people who don't have family in the community.

Secondly, I would say another big challenge for us would be in the actual recruitment of volunteers because of the fact that we're one of many agencies in the community that's looking for volunteer resources. So we're doing more. We're putting more effort into volunteer recruitment and retention and training because they're such an important part of the service that we provide. But it's becoming increasingly difficult.

We've been targeting our efforts toward the younger retired folks. As you know, a lot of our population is employed in the auto industry and a lot of these folks are able to retire earlier than maybe they had in the past. So we're targeting them to get them out and working. We also target people who are working shifts, so that, say, for Meals on Wheels, they might be able to deliver when they're on an afternoon shift.

We're trying to be innovative. We're trying different recruitment strategies, but we're always facing a shortage of volunteers. We're finding that our volunteer base is getting older too. As that happens, these people are getting sicker and some of them end up going on to these support services themselves.

The Chair: Thank you for your presentation this morning.

Mr Beach: Thank you very much. We appreciate the opportunity.

Mr O'Toole: With the indulgence of the committee, we have tried to—

The Chair: Do you have a point of order?

Mr O'Toole: Yes. On a point of order, Mr Chair: That the finance and economic affairs committee recognizes the need for investment in health care, and the VON specifically; and recommends to the Minister of Finance that the following promises made—

Mr Colle: It's not a point of order.

Mr O'Toole: This is a motion, Mr Colle. I would like to, with your indulgence, read it.

The Chair: Are you making a motion, Mr O'Toole?

Mr O'Toole: Yes, I'm making a motion, and if I could, I have the floor, Mr Chair. I appreciate it.

The Chair: I'm just asking. You've changed to a motion now?

Mr O'Toole: To a motion.

That the government hire an additional 8,000 nurses in Ontario, in part through the creation of more nursing school spaces;

That the government fund more positions for nurse practitioners, who play a vital role in delivering better family health care;

That the government work with communities to improve programs to attract and retain health professionals in rural Ontario. This will be achieved by:

Improving incentives for doctors to work in under-served communities, such as job placement for spouses of physicians;

Expanding initiatives to train medical professionals in the north; and

Partnering with communities to create family health teams.

That the government increase the standards of care in Ontario nursing homes and ensure those standards are met through proper inspection;

That the government immediately inject \$50 million into community support service based budgets.

I move that this motion now be put on the table.

The Chair: Any comment or debate? Seeing none—

Mr O'Toole: If I may comment, I would ask other members: It is in response to what we heard from Mr Milak yesterday in London and what we've heard from the Victorian Order of Nurses, as well as the ONA, who had their reception last week in Toronto—that this promise, 8,000 nurses, not in year one, and also addressing the new graduates and the lack of opportunities. There's no initiative that I've heard of. I want to know today if there's anything I can expect in the budget that will make sure that the money and investment the people of Ontario have made in the education of the nurses who are graduating this year in Windsor and across this province—that they will have an opportunity to work in this province. That can be done by this government. That's all we're putting, that we're trying to make some vital use of the input from the communities that we've heard from.

Mr Colle: On a point of order, Mr Chair: The purpose of these hearings is to hear from deputants who have come a long way.

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

Mr Colle: The point of order is that there is an order and a proper time to put motions, and that is during the report writing stage. He is out of order by taking up the time of the deputants who are waiting in line and want to be heard. We don't want to hear from the MPP at this time. There will be a time, and the order is during the report writing. We are here to hear from the people and we will get his motion at an appropriate time per the sub-committee report as has been done by other committees in past years. He is trying to jump the queue ahead of people who have the right to be heard.

Mr O'Toole: Mr Chair, with all due respect, I know procedurally that a motion is permitted. I now request that you put the question. I ask for a recorded vote.

The Chair: All those in favour of the request that the question be put.

Ayes

O'Toole, Prue.

The Chair: All those opposed? Carried. It was a recorded vote.

I'll read the motion. The question was put that the motion be put.

Mr O'Toole moved "that the standing committee on finance and economic affairs recognize the need for investment in Ontario's health care system; and

"That the committee recognize the recommendations brought forward by the Victorian Order of Nurses;

"That the committee recommend to the Minister of Finance that the following promises made by the Liberal government during the recent election be kept and included in the 2004-05 provincial budget:

"That the government hire an additional 8,000 nurses in Ontario, in part through the creation of more nursing school spaces;

"That the government fund more positions for nurse practitioners, who play a vital role in delivering better family health care;

"That the government work with communities to improve programs to attract and retain health professionals in rural Ontario. This will be achieved by:

"Improving incentives for doctors to work in underserved communities, such as job placement for spouses of physicians;

"Expanding initiatives to train medical professionals in the north; and

"Partnering with communities to create family health teams.

"That the government increase the standards of care in Ontario nursing homes and ensure those standards are met through proper inspection;

"That the government immediately inject \$50 million into community support service based budgets."

Mr Prue: Recorded vote.

Mr O'Toole: Recorded vote.

The Chair: All those in favour?

Ayes

O'Toole, Prue.

The Chair: All those opposed? The motion is carried.

1120

Mr Colle: On a point of order, Mr Chair: In light of the fact that the main purpose of these hearings is to hear from deputants and not to have individual members pursue their own agenda to basically circumvent the rules, as agreed upon by the subcommittee, as agreed by past precedence committees and how they operate, I'd like to move a motion.

I move that, in order to ensure that all scheduled presenters are treated with respect and dealt with without delay during the committee's public hearings on pre-budget consultation, the committee adopt the following procedure:

That notice be provided of any proposed motions that would refer to issues that would normally be included in the committee's report-writing stage;

That the time limit for providing notice of a proposed motion be up to two minutes;

That, upon notice being given of such a proposed motion, each party be allowed up to two minutes to respond to the proposed motion;

That, following any responses, the committee postpone further consideration of the proposed motion until the committee commences its report writing; and

That adoption of the above notice procedure would not limit in any way the right of committee members to move any proposed motion during the committee's report writing stage.

The Chair: Any comment or debate?

Mr Prue: On a point of order, Mr Chair: I would think that since we have already agreed to the rules—it may be in order, but could I seek some direction from you? Does this require unanimous consent because this is in opposition to the rules that the committee adopted at the first point of sitting?

Mr Crozier: At the first meeting?

Mr Prue: In Toronto, yes.

The Chair: We will look over the motion and take a 15-minute recess.

The committee recessed from 1125 to 1138.

The Chair: The meeting will come to order. The motion presented by Mr Colle is in order. Any comment or debate?

Mr O'Toole: Mr Chair, I first would ask the clerk, through you, if this motion is in order, because in my view it attempts to amend a subcommittee report that was adopted by this committee.

The Chair: The motion is in order, because it does not contradict the subcommittee report.

Mr O'Toole: I would put on the table that in my view it does.

Mr Wilkinson: On a point of order: Are you challenging the Chair?

Mr O'Toole: I'm not challenging the Chair; I'm speaking to the motion. It suggests there is nothing in the current subcommittee report that prohibits the moving of motions during deliberations. This does modify that unanimous subcommittee report.

If I may, Mr Chair, while you're listening to the clerk, in Niagara Falls we did set somewhat of a protocol or priority. We tried yesterday and were pre-empted. The Liberal caucus unanimously defeated any attempt to table any motion ending the sessional day for us. With respect to the presenters, it is very important that substantive response is made to some of the input we receive, and it's not prohibited, in my view. All we're trying to do is tie

all of us together to some substantive input to the final report.

Having had the same role as Mr Colle in years past on this same committee, there is the opportunity for a final report, which in general lists the presenters and maybe an observation from the presenters, but really it goes into the cardboard box, which is called file 13.

Mr Crozier: That's what your government did.

Mr O'Toole: I would only say to you that those were the orders of the day. But anyway, I'm still waiting for clarification.

Mr Crozier: Now we have an admission of what their government did.

The Chair: To the member, there is no mention of motions in the subcommittee report. As well, the subcommittee report says March 10 is for report writing, which reinforces my ruling that the motion stands.

Further debate or comment?

Mr Colle: I put the question, Mr Chair.

The Chair: Are you asking that the question be put?

All those in favour that the question be put?

Mr O'Toole: On a point of clarification—

The Chair: We're in the middle of a vote.

All those opposed? The motion is carried.

Now we'll put the question on the motion.

All those in favour of the motion?

Mr O'Toole: I need a point of clarification.

The Chair: Mr O'Toole, we're in the middle of a vote.

Mr Prue: It was read kind of fast. I'd like to hear it again.

Mr O'Toole: With your indulgence—

The Chair: No. We're in the middle of a vote, Mr O'Toole. I will read Mr Colle's motion for the benefit of the members:

"I move that in order to ensure that all scheduled presenters are treated with respect and dealt with without delay during the committee's public hearings on pre-budget consultation, the committee adopt the following procedure:

"That notice be provided of any proposed motions that would refer to issues that would normally be included in the committee's report-writing stage;

"That the time limit for providing notice of a proposed motion be up to two minutes;

"That, upon notice being given of such a proposed motion, each party be allowed up to two minutes to respond to the proposed motion;

"That, following any responses, the committee postpone further consideration of the proposed motion until the committee commences its report writing; and

"That adoption of the above notice procedure would not limit in any way the right of committee members to move any proposed motion during the committee's report-writing stage."

All those in favour? Opposed? Carried.

Mr O'Toole: Mr Chair, I want to give notice that I will be tabling a number of motions, at an appropriate time not to cause further delay.

The Chair: We just read the new—

I call upon the Greater Essex District School Board to come forward.

Mr O'Toole: Mr Chair, we're at a critical time here. I'm giving notice that I will be moving motions.

The Chair: Is this a point of order?

Mr O'Toole: No. I'm giving notice, following what was just passed, that there will be motions during procedures between 9 and 4 of each day of sittings.

The Chair: Mr O'Toole has given notice.

GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

The Chair: I call the Greater Essex County District School Board. On behalf of the committee, I apologize for the delay but appreciate your attendance today and your patience.

Ms Penny Allen: First of all, I would like to bring apologies on behalf of my director of education, Mary Jean Gallagher, and the chair of our board, Gail Simcoe-Hatfield. They both had to be at a meeting in Toronto today, so instead I would like to introduce the people from the Greater Essex County District School Board who are here to present to the committee today.

Kevin Wilkinson is one of our trustees. He was here with us, but unfortunately he had to go back to work, so I send his regrets as well.

Heather Liffiton is the superintendent of special education, and I am Penny Allen, the superintendent of business for the Greater Essex County District School Board.

We'd like to thank you for the opportunity to provide information to assist the government in the preparation of the 2004 provincial budget. The Greater Essex County District School Board has information regarding funding that we hope will be valuable to the committee. It is divided into four areas: special education and children's mental health; building renewal; salary, benefits and other cost benchmarks in the student-focused funding model; and student transportation. The first two areas are the ones we are going to discuss verbally; the last two are included as part of the written brief you have in front of you. If we do have extra time, I might address them, but we'll concentrate on the first two.

Special education and children's mental health: We are a board with both a high number of special-needs students and a high number of students with severe issues such as autism, behavioural and developmental delays and other mental health issues. In fact, our board has formally identified 911 students as needing extra support due to high special needs. Of these students, 667 are identified as autistic, or behaviourally or developmentally delayed.

Our issues with respect to funds for special education are twofold. First, we strongly support the Ministry of Education's allocation process to assist high-needs students through the intensive support amount; second, there is an urgent need for a significant increase in

funding for children's mental health in our community. I will expand on these two concerns in the next two paragraphs.

The current funding formula for special education is divided into two main areas: first, the special education per pupil amount or SEPPA, which pays for general special education, including psychologists, and provides for special classes or support for students with moderate learning challenges. It is based on the total number of students enrolled in the board. The second key piece of the formula is the intensive support amount, which is called ISA level 2 or level 3, level 3 being more severe. The ISA 2 and 3 amounts are granted to boards based on claims that are audited by the Ministry of Education for specific students.

Our board supports the existing model of both SEPPA and ISA 2 and 3. You may be told by some school boards that preparing the claims for ISA 2 and 3 is a time-consuming process and uses a great deal of staff time, and that instead the government should just increase the SEPPA amount. We agree it takes time to prepare the proper claims, although this time is decreasing due to changes in the process; it's getting better. However, we do not at all agree with moving to a full SEPPA model. This model would be based solely on total enrolment in the school system, not on the number of special-needs students and certainly not on recognition of the severity of those needs. This is contrary to the principle of recognizing local and student needs. We suspect that boards that do not have a large number of high-needs students or students with severe needs are the ones advocating for total per pupil funding, and we are not in that boat by any means.

In addition, part of our board's concern—this is the second issue—regarding our special-education students is that some of our most needy students cannot access the care they need from the local mental health agencies—I know you listened to the Canadian Mental Health Association earlier, and I guess we're going to be supporting some of what they've said.

1150

These agencies have received inadequate funding from the Ministry of Community, Family and Children's Services, resulting in a large shortage of spaces for children and huge waiting lists, particularly in this area. The Windsor-Essex area is one of the most underserved areas of the province for children's mental health, similar to the situation in the Far North. These children have nowhere to go except to school and, by law, school boards must take them. We have no waiting lists, but nor do we have the level of intensive therapy available for these children and their families that they really need.

These children are very expensive to help. They would be much better served in agencies designed to address their needs specifically so that they can then be returned safely to a regular school setting. In fact, some students are so aggressive that they present a safety hazard to other students and staff and they must be put on a modified school day or repeatedly suspended for be-

haviour. For the sake of these children and the other, regular children in our system, the government needs to address funding to these agencies. We're not saying to the school board, we're saying to these agencies. They are the ones that are the experts in this area.

Research indicates that addressing these mental health needs at a young age significantly reduces later problems and the associated costs of dealing with the problems. This increased funding would be offset, at least in part, by the elimination of the ISA 2 and 3 funding for these students while they are in the care of these agencies. In other words, instead of giving it to us, give it to the agencies that are more the experts in this area, while these children are in care.

So that's the first part of our presentation, which is special education. The other one we wanted to highlight was building renewal.

Our board has the second-oldest stock of buildings of any school board in the province. The province has, as stated in the Education Equality Task Force chaired by Dr Rozanski, a backlog of \$5.6 billion in building renewal as of December 2002, and growing. Our board has a backlog of \$150 million.

Our board supports the two initiatives currently undertaken by the Ministry of Education. The first is a study to develop a plan to leverage large building renewal expenditures provincially by spending now and repaying through long-term financing over 25 years. This was also recommended by Dr Rozanski in his report. We support implementing this approach wholeheartedly. It would address not only the failing building systems but also the need to modernize our schools, particularly science and technical labs, to meet the new curriculum. It would also address an equity issue, which, since the new funding was announced in 1998, has not been addressed, and which the Education Improvement Commission pointed out very clearly in its second interim report. I'm just going to quote one little bit from the report:

"If the renewal grants are insufficient to provide the necessary facility renewals and program upgrades in these older schools, there will be a growing inequity in the quality of school facilities that are available to students, teachers and communities across the province."

The second initiative we support is replacing very old schools rather than spending more money in the replacement of individual building components. At the end of a building's life cycle, it just needs to be replaced, which the Ministry of Education has recognized in its funding of replacement schools in 2002 and 2003. We strongly recommend this part of the funding model, called "prohibitive to repair school replacement," be continued and expanded if possible. It is a matter of equity; boards with older schools are at a disadvantage in terms of providing a good physical learning environment for their students.

I think I have time to go into the other two, so with your indulgence, I will read them as well.

Benchmarks: As you will no doubt hear from many groups involved with the funding of education, the

salary, benefit and other cost benchmarks in the funding formula need to be fixed. This was also addressed in the report by the Education Equality Task Force which stated there was a shortfall of \$1.08 billion in the 1998 benchmarks for all costs. These benchmarks still form the foundation of the funding formula. None of the increases to the funding formula since 1998 address the key issue of the starting benchmarks being too low. Without an adjustment to the benchmarks, boards will continue to be underfunded. In other words, they've given us percentage increases, but on a base that was too low to begin with. That's the key problem in the benchmarks.

Finally, transportation, a subject near and dear to my heart since I'm responsible for that area: The student transportation funding model has not been revised since the mid 1990s, although some ad hoc funding was added. It is our understanding that there is to be a new funding formula for transportation for the 2004-05 budget year. We support the need for a new formula and hope it is equitable but not a one-size-fits-all model. We support the proposed requirement that boards must belong to a transportation consortium. Our board is part of a very successful consortium comprised of both our co-terminus English and French Catholic boards. We hope the model addresses special education transportation costs adequately, as this has been the fastest-growing transportation cost for our board as well as for many boards in the province.

In conclusion, again, we appreciate the opportunity to address the standing committee. We hope you found our input helpful to the process of preparing the provincial budget, which we all know is an onerous task. Thank you for your time.

The Chair: Thank you. We have about three minutes for each party and we'll begin with the official opposition.

Mr O'Toole: Thank you very much for your presentation. It is an important component of our standard of living on an ongoing basis. I wish you the very best with acquiring more funds in these difficult times.

I'd just compliment you on the observation on the transportation consortium. I fully agree, on the record, that unless they are coordinated transportation systems, I wouldn't give them five cents. OK? That's a fact. So in your work, I encourage you to—it seems like you're already doing it.

Ms Allen: We're there.

Mr O'Toole: But it's out of necessity you're doing it and that's really what I believe the funding, why they never bopped up the—they gave them \$30 million a year in supplementary funding just to sort of get over the bump. But good luck. I hope you go ahead and do it.

The only comment I have is somewhat observational. I did chair a special ed advisory committee when I was a trustee, and my wife is a special ed consultant—not my wife, my sister. I'm supportive but surprised that you would say that you would move to a non-integrated special ed model. I want to just go on to that, because we have with us today the deaf and hard-of-hearing. There

are many complex special needs today. Autism is just one example, where this acting out may play a role.

So you're advocating that the ISA funding, the intensive support amount funding, especially the high-needs group, level 3, would actually be allocated to service agencies in the community to provide the more relevant supports. I kind of agree with that, and that's my comment. Are you really saying to me you don't favour a fully integrated special education model?

Ms Allen: In our board we have a full model, continuum, right from one end to the other, and we do have a lot of integrated children who have ISA claims. What we're saying is the children we can't service in our schools, who are so severe, who need the special support, say, of the Canadian Mental Health Association, while they're in the care and getting the treatment they need there before they come back to us—we wouldn't have an ISA claim because they're not in our system. When they come back, of course we would have an ISA claim to support them, in either a segregated or an integrated setting, whichever better supports their need.

Maybe I'll ask Superintendent Liffiton if she wants to make a comment. She is our special education superintendent.

Mrs Heather Liffiton: Again, we do support integrated settings. In fact, we have a strong tradition of a full range of programs and services with the Greater Essex County District School Board. What we're saying is that within the ISA 2 and ISA 3 model, there are children whose needs are so severe that they require the expertise of those people associated with mental health facilities. We're not able to access those supports in the community at this time due to lack of funding for those supports in the community. They are sitting in our classrooms and our teachers are being bit and hit continually. We feel that we need to be able to access professionals through mental health facilities to come into the schools at least and give us advice about some of these psychotic conditions we're experiencing. We're not saying we would not serve these children. We would serve them better if we could partner with the children's mental health facilities.

There has been an interministerial review that I know has been going on at least since 1998-99. We've never heard the results of what the interministerial review of coordinated services is going to be. We continue to have to, I think, water down our services to children with mild and moderate needs because our services are consumed by the students whose needs exceed what the school is able to provide in a school setting.

1200

The Chair: We'll move to the NDP.

Mr Prue: My question will revolve around your proposal that ISA 2 and 3 continues to be used. You are right, every other person—every other one; probably five or six—who has been here on this issue has said exactly the opposite of what you're saying. I need to understand why you are saying this, because if you go to the system being described by the others it will save an inordinate

amount of money and staff time and will include all children, not just those who are able to be assessed. In the Toronto area—I can't speak for Windsor—there are literally thousands of children who have not yet been assessed because it takes eight to 16 hours, I understand, depending on the child, for each assessment. Why would you want to maintain this system when the other system will work equally as well, be more cost-effective, include all children? I don't understand.

Ms Allen: It's quite simple. Let's do the math. You have two school boards. We'll say they're the same size, both have 20,000 students. They would get on the SEPPA system exactly the same amount of money for special education because it's based on your entire enrolment. So you'd get the same amount of money. However, the first school board has very few high-needs special education children. Maybe they have enough money to cover all their moderate-needs students and they're doing just fine. School board B has a lot of high-needs students. They get the same amount of money to address much more expensive high-needs students than school board A.

We see that as totally inequitable and ignoring the fact that one school board—this particular part of the world has a very high rate of autism, for example, so we have a lot of autistic children. Our board would get the same amount as a board that maybe has virtually no autistic children to provide service to children, because they both have the same number of students. It's one size fits all. Not all boards have the same level of high-needs students or the same severity, and they both get the same amount of money. For one, that may be more than enough money. They may be putting money into a special ed reserve. The other board would be terribly short to provide the service.

I understand the problem with the time to prepare the claims, but in the end if your claims are well prepared, at least you get the money to go back to these kids to have the supports they need. Heather and I were just talking. The ministry originally estimated that, on average, boards would have 1.5% special education children. We have, just in high-needs alone, not our moderate children—2.5% of our total enrolment is high-needs, very high-needs, identified ISA 2 and 3. For us, and for boards that have a lot of these high-needs children—I'm not saying the current system is perfect. The great fault of it is the time and the claims, but the alternative is that boards that have high-needs are not going to be able to address them and other boards are going to have an excess of funds. It's totally inequitable, in our opinion.

The Chair: We'll move to the government.

Ms Marsales: Thank you, Heather and Penny, for your presentation. We sincerely appreciate your patience over our procedural wranglings, which is ironic given the mess that was left with education. However, moving forward, clearly the new Ministry of Children's Services demonstrates the leadership that's necessary in this area.

I do have a question. I think it was some time ago that a study was put forward indicating that children make

much better progress in an integrated setting. I was a little concerned with your comment vis-à-vis the children in need being removed and put into some special service. Could you expand on that, or did I misunderstand that?

Mrs Liffiton: I think there's a misunderstanding, because we definitely promote a range of programs and services. We have an inclusive environment and it's very integrated in terms of our approach to programs and services. Where students appear to have very rare conditions and needs that exceed what the school expertise is able to deal with, what we're looking for is an opportunity to work closely with the community where we can access expertise, whether the student is going to the children's mental health facility for counselling and therapy throughout the school day or that therapist is providing consultation to us about how to manage specific behaviour. So we're looking for increased opportunities at local agencies.

Right now, section 20 schools are ISA 4 funded. When I worked in one of those facilities locally, we had 90 beds for children with mental health issues. We now have just a handful of beds. I don't know if anyone has made presentations about that, but the services have been significantly cut. We feel that the responsibility for those children has been downloaded on to school boards. The shared cost for those children does not seem to be a reality at this time.

The Chair: Thank you for your patience and your presentation.

To the committee members, the following group on your list has cancelled.

WINDSOR AND AREA HEALTH COALITION

The Chair: I would call up the Windsor and Area Health Coalition. You have 20 minutes for your presentation.

Mr Mike Longmoore: We expect to use significantly less. We have a fairly brief presentation. I'm going to read half—Mike Longmoore—and Dennis Siemon is going to read the other half and see where we go.

The Windsor and Area Health Coalition has existed since 1995, dedicated to fighting the disintegration of our public health system. We fought against the privatization of home care, the betrayal and destruction of the Riverview-Malden Park chronic care hospital community, the privatization of public health care services and its transfer to the giant US and Canadian insurance corporations, the gutting of health care transfers from the federal government, and in the mid- to late 1990s, the underfunding of hospitals, nursing and physician care. More recently, we opposed the closing of Villa Maria home for the aged. It was closed by Hotel Dieu Grace Hospital, at a terrible cost to the residents. In fact, the fears of the children who said their parents would die if they moved were realized.

We didn't win a heck of a lot of battles, but we kept at it and can take some credit for the fact that almost every

auto worker knows that the public single-payer delivery system gives Canadian assemblers a significant competitive advantage over similar operations in the US. I think stubbornness is an important factor in the ultimate success of the movement for rational, public health care.

Today we have a disturbing problem. Governments at all levels are saying, "We don't have the money." The federal government says it will replace \$2 billion it previously took away, if it has a sufficient surplus. The new provincial government, after promising the Canadian Taxpayers Federation that it would not run a deficit, suddenly discovered a deficit from the last gang of tax busters to inhabit Queen's Park.

Preventive and curative health care are foundations of a productive economy and a moral community and the foundation of a competitive and efficient workforce. We have seen the devastation that inadequate funding and privatization have inflicted upon the people of our community.

The privatization of home care: The VON talked about it. Every December, the CCAC runs out of money and cuts back critical services. Yet community care was the rationale for closing two acute care hospitals under the restructuring that began under the Rae government. This problem cannot wait for a budget surplus.

Lack of psychiatric care has been alluded to. Four Essex county residents—Dr Barnes of the social work school at the University of Windsor, Dr Demers, an OPP officer, and a child on Lauzon Road—were among those killed by people who were denied acute psychiatric care just the day before the killings took place. We have 800 children on waiting lists for psychiatric or psychological counselling, which impacts greatly upon the ability of schools to teach kids.

Parents have to give their children to the CAS to get treatment. Parents of children with developmental disabilities and their families face unsustainable emotional stress due to lack of respite funding, which can lead to disease, as was alluded to.

If a young man in Windsor underwent surgery and needed nursing assistance to walk in order to prevent an embolism and did not get that support and died as a result, is this a budgeting problem or is it a moral problem?

A letter appeared in the Windsor Star Wednesday from a Patricia Robinson of Amherstburg: "Later that night," at the hospital, "having to use the washroom, I found it in repulsive shape with human waste on the toilet, the seat and the floor. When I asked if it could be cleaned, I was told they do not have staff on the night shift for this purpose." She then asks, "What is going to happen in the near future if government keeps cutting back on our health care?" I think that's a valid question.

Windsor is in a border situation. We've been underserved since 1998, according to the government of the day in 1998. Doctors and nurses are lured to the States to work. Detroit hospitals offer as much as US\$10,000 to Windsor nurses to work in the States. Why would Windsor nurses work part time, moving from

hospital to hospital, if they can actually work and get the hours they need in Detroit? How are we going to deal with that issue? And I'm sure the other border communities are affected as well.

1210

If nurses are not paid sufficiently, they'll go to the States. If doctors are not offered opportunities to use and develop their skills and to have inadequate access to hospital facilities such as operating rooms, we will lose our specialists. We are continuing to lose them. How will the government deal with this crisis if they do not put more funding into health care?

A critical issue is the influence of the insurance, pharmaceutical, and health industries in Ontario. It's not just that we can't think of things. There is too much influence of the giant corporations. In spite of the fact that the great majority of Canadians support public medicare, private industry continues to encroach on the percentage of publicly delivered health care. During the 1970s and most of the 1980s, according to Colleen Fuller, private insured health care expenditure was around 25%; by the end of the 1990s, it was at 30%. What is it now?

The people want public health care. They are getting private health care. When my wife required medical care at the new year, all the so-called acute care clinics that were going to replace hospitals were closed and the hospital was a scene of absolute bedlam.

Dennis will continue.

Mr Dennis Siemon: The threatened plethora of private public hospitals under the new government of Ontario causes us great concern. Health corporations are lined up to move us toward private ownership of hospitals in Ontario. The evidence from the British Medical Association, the British association of chartered accountants journal, is that these hospitals in England are not a cheaper or more efficient way to supply medical service. They are more like the Enrons or the Hospital Corporation of America in their financial goals.

The people of Ontario have spoken clearly. Remember the Romanow report? They do not want private health care. Will provincial politicians have the courage to represent the people of Ontario in a creative way? Why could money not be borrowed directly from the CPPIT instead of the Canada pension plan-owned Borealis, which is in a joint partnership with private investors providing financing for hospitals and then progressively taxing the people of Ontario and Canada to make the mortgage payments? It would be a much safer investment than the flyers that CPP has been taking in the stock market since 2000.

If you have to, break the promise you made to the Canadian Taxpayers Federation, and keep the promise you made to the Ontario people. We will give you our complete support.

The Chair: Each party will have four minutes. We'll begin with the NDP.

Mr Prue: First of all, you've hit a number of areas. I'd like to go back to the lack of psychiatric care. You list

that four Essex county Windsor residents were killed over the last several years by people who were denied acute psychiatric care. Were all of these the subject of coroners' reports or media? How would one come to know this?

Mr Longmoore: I can't tell you if there were coroners' reports in the Demers affair. There probably was when the OPP officer was killed out on the 401 near, I think, Leamington, by somebody who was psychotic and racing to a hospital and got wrong information. I know they were reported in the press. Whether there were coroners' reports, I don't know.

Mr Prue: So the press reported that they were denied. Did anyone come and clarify that? I'm always a little bit leery about press reports, I have to tell you, because sometimes they seem to sensationalize.

Mr Longmoore: There were no contradictions; it was fairly factual. There was a small article about Dr Barnes, who was up at his cottage. There was an uncontradicted story about the OPP officer run down by a psychotic who got the wrong information at the hospital in London that they couldn't take him and in fact they could.

Dr Demers took his own son into the hospital the night before he was killed and said, "We have to get this child into the hospital." They wouldn't do it and the next day he was murdered.

The psychotic taxi driver—that's the only word I can think of—ran down a child on Lauzon Road and killed it, only a day after he was in the hospital showing extreme symptoms of psychiatric distress. I think that's a failure of the psychiatric system and the hospital system.

Mr Prue: You went on to talk about the problem of Windsor, being a border city, having a problem with the big lure of American dollars that one can see just to the north. It's a very strange place. I think it's the only place in Canada where you can look north into the United States. The lure has been ongoing for some time, maybe not for nurses but certainly for lots of people. There's quite a flow back and forth, is there not, of workers, one country to the other?

Mr Longmoore: Yes, there is. We're only five-eighths of a mile away from Detroit. It was only recently, in the last couple of years, that the big American hospitals began offering huge bounties for nurses to go over. The problem in Windsor was that the hospitals were putting nurses on part time, in my belief, to avoid paying benefits. So the nurses say, "Screw this, I'm going to Detroit and get a real job."

Mr Prue: So the problem is not so much that the Americans are offering the incentive. That's one small problem, but the bigger problem is that past governments have not offered full-time employment, have not offered benefits, have not offered security, have not offered what is now being offered across the river.

Mr Siemon: Yes.

Mr Prue: Do I still have time?

The Chair: Half a minute.

Mr Prue: Half a minute, OK. I'll just pass on the half minute.

The Chair: We'll go to the government side. Any questions?

We'll move to the official opposition.

Mr Jim Flaherty (Whitby-Ajax): Thank you for being here today and making the presentation. A good deal of your presentation deals with persons with mental challenges. I represent a community, Whitby, Ontario, that since 1917 has been the home of one of the largest psychiatric hospitals in Canada, and a relatively new one now which our government completed.

We also have substantial experience with persons as outpatients and living on the street. We developed, not the government but in our community, a series of group homes that have been remarkably successful and now receive substantial provincial government funding, as they should. So I understand your intense and heartfelt concerns, which are shared in other communities in Ontario.

I do want to raise an issue, though, about cutbacks in health care which you mentioned. This is the finance committee of the Legislature and we're doing pre-budget consultations. The regrettable reality in Ontario is that health care spending is going up at 8% a year, on average. Our economy, even on the projections of the current government, will not grow over the course of the next several years at anything close to 8% per annum. I'm sure you're familiar with that, and everyone in this room can anticipate that. We dream of that kind of economic growth, but it's not likely. How do we address that challenge?

I don't mean to be so long-winded. But governments can run deficits, which merely means our children will pay for our enjoyment, which I think is wrong, and I hope you share that view. Governments can raise taxes, which is another alternative. But a third alternative, and these aren't mutually exclusive, is that those who provide services in the public sector and broader public sector exercise restraint in their wage demands, perhaps to the level of inflation and not beyond. What's your view of that?

Mr Longmoore: On the question of restraint, the market determines wages. If certain people exercise restraint, the rest of the marketplace will—what you're doing in effect is saying let's get away from the market system.

Mr Flaherty: Well, there is no market in a universal health care system.

Mr Longmoore: There sure is. There's a market right across the river from us.

Mr Flaherty: You have competition from other countries, but within our own province—I guess I'm asking your view of whether people are willing to pitch in and be part of the solution. Yes, there's sacrifice involved, but it's important so that we can provide more services for people, rather than 3% and 4% wage increases for service providers.

Mr Longmoore: I don't buy the argument that we should ask the workers to restrain their wages below the market, because they just won't work. You know that yourself.

What we can do is mobilize our community—and we've got CAW retirees, who were alluded to earlier, to deal with some of these problems, to deal with the young fellow who died of an embolism because there weren't enough nurses to walk him up and down the aisle as they should have done. Get some volunteers in there, but at the same time, fight all levels of government to provide the resources to preventive health.

The pollution in this city is absolutely amazing and we have high rates of disease based on the level of pollution from the hydrocarbons in our community. Preventive health is important, but when somebody gets hurt, we've got to take care of him. If we end with an American system, the Hospital Corporation of America spends more time in court than it does serving patients.

The Chair: Thank you for your presentation this morning. We appreciate your patience as well. We appreciate it very much.

The committee recessed from 1218 to 1302.

The Chair: The standing committee on finance and economic affairs will come to order.

WINDSOR-ESSEX CATHOLIC DISTRICT SCHOOL BOARD

I assume I'm looking over at the Windsor-Essex Catholic District School Board. Good afternoon. Welcome to the committee. You have 20 minutes for your presentation. You may choose to leave time for questions if you so desire. I would ask you to identify yourselves for the purposes of our recording, Hansard. You may begin, gentlemen.

Mr John Macri: My name is John Macri. I'm the chair of the Windsor-Essex Catholic District School Board. With me are Mr Moher, our director of education; Mr Marchini, our superintendent of business; and Mr Tim Halford, our communications director.

Good afternoon. May I begin by very sincerely complimenting and thanking you for recognizing and acknowledging all the ratepayers of Windsor-Essex county by your presence here today. The recognition and acknowledgement are appreciated by all of us at the Catholic school board.

The Windsor-Essex Catholic District School Board is proud to be a partner with the province of Ontario in striving to shape our learners to achieve their fullest potential. We too believe in the students-first focus in all that we do.

For our board, this focus is maintained through the implementation of our strategic plan, Blueprint for the Future. Student achievement, employee development, communication, and faith development are the four pillars of this comprehensive plan that has enabled us to rejuvenate and to have our system revitalized through Windsor and Essex county.

Our students, staff and parents now share in a positive partnership, enjoying the benefits of maintaining a focus true to the values of public education and, in our case, the gospel teachings of Jesus Christ. This clear and concise

direction has afforded us stability through a number of recent successes, some of which include: numerous long-term collective agreements, many new functional state-of-the-art facilities; the elimination of a long-term deficit; and improved provincial rankings in EQAO test scores, just to name a few.

The Windsor-Essex Catholic District School Board is proud to be responsible for the academic and character education of approximately 27,800 students in 50 schools. The board's jurisdiction covers eight different municipalities comprised of the former Windsor and Essex county Catholic school boards.

The Windsor-Essex Catholic District School Board has supported and will continue to support the Ministry of Education's objective of maintaining a fair and equitable funding model. Seeking input from affected stakeholders of the educational funding model is a positive first step. New initiatives must be well thought out, carefully planned and financially feasible. Advice and input from local school boards and education organizations should be obtained prior to announcements of new initiatives and distribution of provincial funds.

This brief will once again touch upon areas that have been highlighted in previous submissions.

The Windsor-Essex Catholic District School Board has eliminated an operating deficit of \$3.4 million through a number of difficult decisions.

—We closed nine elementary schools;

—We reduced the number of vice-principals, resource teachers and consultants;

—We increased custodian workloads. We reduced the number of superintendents;

—We reduced the complement of management and clerical staff. We consolidated all administrative offices to one location;

—We implemented health and life benefit premium copays;

—Member of various consortiums: gas, benefits, transportation, courier and purchasing;

—We reduced the number of department heads; and

—We also eliminated teacher-librarians at the elementary and secondary level.

For the 2003-04 fiscal period, the board has again submitted its revised estimates, indicating a balanced budget. Even though this is the case, there are a number of issues that continue to threaten the financial viability of the school board. These will be briefly discussed in the balance of our submission.

I would first like to discuss employee compensation. Recent increases to employee compensation of 3% in the 2002-03 year and a further 3% increase for 2003-04 have been appreciated. Maintaining a level of average compensation for the board's employee groups has and will continue to absorb all of the 3% adjustments provided by the ministry. The school board, like many other school boards, is also faced with contract bargaining pressures that seek to set new compensation benchmarks.

In order for the board to provide its secondary A4 maximum teachers with a salary of \$77,000, the prov-

incial average salary for September 2004, a 5.4% increase would be required.

Coupled with inflationary increases to employee benefit plans of approximately 6%, the board will be faced with a funding need for 2004-05 in excess of 4.2%.

For 2004-05, benefit costs for employee groups now average 18% for the Windsor-Essex Catholic District School Board. For teachers, the cost of benefits has risen to 14.8% of every dollar of wages paid.

The Ministry of Education funding formula still pays for 12% of a base salary of \$54,079 or \$6,490 per teacher. The board's cost of benefits has risen to \$9,470, which includes the cost to fund life, health, mandatory benefits and sick leave retirement gratuity provisions, a shortfall of \$2,980 per teacher.

This is in spite of the boards recent contract negotiations that have capped dispensing fees; instituted copays and eliminated sick leave gratuities for staff hired after 1999.

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It is recommended that the Ministry of Education recognize school board actual costs for life, health, mandatory benefits and sick leave gratuity payments through the formation of a compensation advisory committee made up of representatives from local boards and other provincial organizations.

Next, we briefly talk about school renewal. The Windsor-Essex Catholic District School Board uses RECAPP, being the real estate capital asset priority planning program. This program has provided the board and its stakeholders with both financial and engineering statistical information on the board's 50 facilities.

A graph which is attached to our presentation shows there is a projected \$113-million discrepancy between funding dollars and the board's renewal-needs data over the next 20 years.

The board has closed nine schools that were too small and not energy efficient and were in need of millions of dollars of repairs. Other schools have been closed and rebuilt through the use of new pupil place grants. In spite of these steps, the forecast for the next 20 years presents a real financial concern.

A recent proposal to introduce a new school renewal funding formula that would provide funding to school boards over a 20-year period, based on the board's average facility condition index, would be of great assistance in bridging the funding disparity.

This approach would be similar to the NPPG formula in that boards would receive an annual per-student allotment that would be used to pay for a 20- to 25-year school renewal debenture. One million dollars paid annually to a school board will fund approximately \$13.5 million in school renewal repairs and renovations. This initiative would provide the necessary funds for boards to catch up with the backlog of maintenance repairs needed for aged facilities.

Our recommendation is that the Ministry of Education utilize the facility data provided through the RECAPP

software and adjust school renewal funding formulas to assure long-term maintenance of school facilities.

Next, briefly, on transportation: For border cities such as Windsor, the events subsequent to September 11, 2001, have had a tremendous impact on busing costs for the local four-board consortium. Traffic congestion in both the city of Windsor and other municipalities bordering the city has resulted in the addition of several new routes. In the past, contracted vehicles could be double- or triple-routed, whereas since September 11 many of these vehicles are only contracted for one route. The increase in annual costs is estimated at \$300,000.

Our recommendation is that the 2004-05 transportation funding model takes into consideration the impact of September 11 on border school boards such as the Windsor-Essex Catholic District School Board.

Next, briefly, on the primary grade level, the 20:1 pupil-teacher ratio: The Ministry of Education has announced a plan to cap primary grade level—JK to grade 3—PTRs at 20:1. The current contractual PTRs range from 17:1 at the JK level to 24:1 for grades 1 to 3 students.

Mandating a 20:1 cap for JK to grade 3 students would require a significant investment in school board operations. The Windsor-Essex Catholic District School Board has analyzed the effect of a 20:1 PTR cap. The staffing and financial impacts are as follows: Teacher cost, at 65 teachers at \$50,000, is \$3,250,000; custodian costs would entail \$240,000; maintenance cost, approximating the cost at \$5,000 per school, is \$85,000. The total additional cost is \$3,575,000. In addition, portable classrooms would be required, at \$1.36 million. The total additional cost—operations and capital—would be approximately \$4,935,000.

Our recommendation: The board has reviewed a number of alternatives. As an example, the 20:1 cap for JK-SK students would result in an increase of three teachers and at the same time provide a higher level of educational service to early-years students at a cost of \$150,000 and the need for three additional portables.

Other issues we'd like to touch upon: There are a number of other issues facing the Windsor-Essex Catholic District School Board. These concerns are not unique to the Windsor-Essex Catholic District School Board but rather will most certainly be addressed by several other Ontario boards.

We'd like to discuss the school construction benchmarks as one of these issues. The benchmarks associated with new pupil place grant funding formulas—\$1,100 for elementary and \$1,560 for secondary—have not been adjusted since the inception of the funding formula. On most occasions, construction estimates prepared by board architects are exceeded by more than 10% during the tender process.

Since the inception of the funding model in 1998, school boards have dramatically increased their number of capital projects as capacities have been reduced and new pupil place grants generated. New construction has resulted in higher demands on large, well-established

construction companies. Higher demands have resulted in higher pricing.

Recent amendments to the Labour Relations Act giving school boards the opportunity to be classified as non-construction employers under the act may grant some relief in that tenders will not be restricted to general contractors and subcontractors who are signatories to the provincial ICI trade agreements. It is important that this provision of the act be maintained.

Our recommendation is that the funding formulas for new pupil place grant projects be adjusted to reflect current costs in various areas of the province.

In conclusion, the Windsor-Essex Catholic District School Board would like to emphasize its support of the principles of the current funding model. Further initiatives that are aimed at putting students first and enhancing their character and academic achievements will be supported by the Windsor-Essex Catholic District School Board if they are equitable and provided through increases in the benchmarks. The Windsor-Essex Catholic District School Board would be pleased to assist the Ministry of Education as it commences deliberations on the 2004-05 budget.

Thank you once again for providing us with this opportunity, and we compliment the government of the day for coming to Windsor-Essex to hear our views on behalf of those young learners and their families we are honoured to serve.

The Chair: We have about two minutes per caucus for questioning, and we'll begin with the government.

Mr Crozier: Good afternoon and welcome to the committee. Very briefly, on page 3, where you outline how you eliminated your operating deficit—and I understand why you had to take drastic steps in some cases to do this—you've noted that you reduced the number of resource teachers, in one instance, and "eliminated teacher librarians" is another one of the steps you had to take. What effect did this have on the education and the future education of your students?

Mr Macri: I'll pass that to our director of education, if I could.

Mr Michael Moher: In the case of the library services dimension at our secondary level, it certainly put some hardship on our program for a period of time. We are using a different type of approach, with para-professionals in the library. It is an adjustment. But with the benchmarks at the level that we were at, it would have caused us serious problems. We would not have had a collective agreement if we were not able to make some accommodations in that particular envelope in the past.

If the government sees fit to make some adjustments in the benchmarks, then that's something that our board could reconsider. But at the present moment, the money is just not there to meet the current compensation demands of the teacher group.

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

Mr O'Toole: I appreciate that, and I also appreciate your indirect compliment that when we were government we did recognize the equity in funding of the separate

school system. I thank you for putting that on the record here today.

The other thing I was going to comment on is on page 5. I want to clarify that the average salary is \$77,000. I guess that does not include the additional \$9,000 for benefits and \$2,000 for gratuity. They're not included in that \$77,000?

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Mr Peter Marchini: That's correct. The \$77,000, in our estimation, is the benchmark that OECTA is attempting to achieve. Even in its own area right now, with the local coterminous board, they're over \$76,000, and that's prior to September 2004. But you're absolutely correct: The \$77,000 is maximum salary and would not include the cost of benefits. The benefits we have listed there for \$9,000 do include the retirement gratuity benefits as well—

Mr O'Toole: So it's \$87,000 as a basic salary?

Mr Marchini: Correct.

Mr O'Toole: That's actually not bad.

The last point, and my question, is the better use of capital—I hope you don't find this shocking. My children went to school on shifts—they're older now, and they're finished—because they had asbestos in the schools. They closed one of the high schools and used one high school for two high schools. They started at 8:30 and went to 12:30, and the other group started at 1 and went to 5 or 5:30. The buses, the computers, the books, the capital facility—teachers chose a shift. Is there any merit in that? You've got this great deficit in capital—not just you but across the province, billions. Why don't we use the capital better? Imagine using the computers more, the books more, the buses more—what's wrong with that idea?—and pay the teachers more, too. I have no problem with that; good teachers should get lots of pay. Do you feel we should even talk about making better use of capital?

Mr Macri: I can just give a comment.

Mr O'Toole: This could get you in trouble; I understand that. The boards will all be mad at you.

Mr Macri: Our high schools are at full enrolment. Our newer high schools are at peak capacity at this point. Our secondary capacity is where we have the majority of our students. So to entail two shifts—in one of our schools we have 1,600 students; it's at capacity.

Mr O'Toole: Thirty-two hundred. Eliminate a couple of high schools.

The Chair: We'll move to Mr Prue of the NDP.

Mr Prue: I'm wondering what you're trying to say on page 12: the 20-to-1 pupil-teacher ratio, which was a plank of the Liberals in the last election. What I see here, first of all, is that you have analyzed what that will mean: nearly \$5 million for your board, which I guess they're going to have to find if they implement that. But then you go on to say you've reviewed a number of alternatives, and you talk about the 20-to-1 cap for JK/SK and that that would cost only \$150,000 plus three additional portables.

Are you recommending to the government that they not honour the commitment and that they only do this for JK/SK? Is that what this means?

Mr Moher: No. Our advice is that they stage it in, one year at a time. It would accomplish a couple of things. It would reduce the overall cost to the program plus the capital cost. For some other boards, that's not a problem. For us, it's a significant problem, and if it were just phased in one year at a time, it would dramatically reduce the overall cost, if the government is committed to that particular program. Philosophically, we don't have a problem. It's just a matter of identifying what the costs are at our local level.

Mr Prue: And for your local level the best thing to do is start with the JK/SK?

Mr Moher: Yes. Our recommendation is to take it slowly, carefully. If they do the JK/SK for the first year, it will only mean three additional teachers in our school system and three portables.

Mr Prue: And then the next year you would do something else in kindergarten?

Mr Moher: Do grade 1, grade 2, grade 3—take four years to do it.

Mr Prue: But your group may be unique. The school system next door may have an alternative that's completely different.

Mr Moher: If you were to speak to the directors in probably Lambton, Sarnia or Chatham, they would want you to do it right away, because they have a lot of empty spaces. In our case, it's an issue where we have streamlined and reduced our capacity. Now we have a new government with a new direction, and we want to share with you how that new direction would impact us and our school system.

The Chair: Thank you for your presentation this afternoon, gentlemen.

CANADIAN HEARING SOCIETY

The Chair: I call on the Canadian Hearing Society to come forward. Good afternoon. You have 20 minutes for your presentation. You may leave some time for questions if you prefer. Please state your name for the purposes of Hansard. You may begin.

Mr David Kerr (Interpretation): Good afternoon everyone, I want to take this opportunity to thank you for inviting me to the table. My name is Mr David Kerr, and I'm the regional director for the Canadian Hearing Society here in the Windsor-Essex-Chatham-Kent region.

The Canadian Hearing Society is an established organization since 1940. We've been around a long time providing services to deaf, deafened and hard-of-hearing individuals as well as to their families. We provide a range of services to children straight through to seniors, and it is an extensive range of services.

I provided copies of our submission from the Canadian Hearing Society for everyone today. The topic we'd like to discuss today is the assistive devices program funding. It's our understanding that this committee

is considering cutting the funding for the assistive devices program. Since that information has gotten to our stakeholders and our consumers, we've received numerous phone calls and letters concerning this cut and how it would affect our consumers.

If we look at the statistics in Ontario today, the number of individuals aged 65 and over is 1.74 million. If we look into the year 2026, they're projecting double that number of seniors over the age of 65. Typically, seniors experience a hearing loss that would require them to purchase and utilize a hearing aid. The loss of the assistive devices program funding would incur an additional cost to seniors living on a fixed income that they may not be able to afford. According to the Charter of Rights and Freedoms and the Eldridge case, which was determined by the Supreme Court of Canada—it was argued that the government needs to provide public accessibility to all individuals, be they deaf, deafened or hard of hearing—we believe the Ontario government has a responsibility to provide complete accessibility and accommodation to all its citizens regardless of funding and the cost of funding. At this point, it is strictly a matter of each individual's right to access and freedoms, and it should be guaranteed to them. If that access is denied to them, it is a violation of their rights.

If I can refer to the number of letters, calls and e-mails we've been receiving from our consumers regarding this budgetary cut, I do want to say that I appreciate our opportunity to be able to come and speak to you today and share the concern that our consumers have regarding this. If I can perhaps relay a scenario to you that our consumers would be facing, it would be easier for you to understand the impact this would provide to the people of Ontario who have a hearing loss. I'll provide you with three different scenarios.

At this point, the assistive devices program will fund up to \$500 per hearing aid for a period of three years. The average cost of one hearing aid is approximately \$1,000. If the ADP funding—the \$500—were to be eliminated, the impact on the senior who requires that hearing aid in order to live independently would be that they could no longer afford to purchase it.

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Our seniors are able to function independently and live on their own in a safe environment because they can answer the phone; they know that somebody is at the door; they can receive Meals on Wheels. They can do all that because they're living independently, because of that hearing aid. If they can no longer afford to purchase a hearing aid, you're no longer enabling this senior to live independently.

Therefore, they would have to make the choice between either buying food or being able to live independently. It's not a tough decision to make. If you eliminate accessibility for them, if they can no longer communicate with their care providers, their family and supporters, then they're isolated. They're no longer safe in their own home if they can't hear their own smoke detector or fire alarm. They can't answer the phone when

their family or friends are calling in to check on them. They can't make a phone call to tell anybody how they're feeling because they can't hear anybody on the other end of the line.

Therefore, they are forced to move out of their own home and into long-term care. I would argue that there would be an increased cost to the government to support this individual in a long-term-care facility, as opposed to the funding that ADP allows them to purchase the hearing aid and live independently.

The \$500 for a period of three years is certainly more cost-effective than costing the government approximately \$24,000 a year for a long-term-care facility, not to mention, of course, the psychological impact on this individual no longer being able to remain in their own home and having to live in care. I think you can see the ramifications that it would provide, not only to that senior but also to society on a much greater level. Because our long-term-care homes are already underserved and understaffed, it would put an additional burden on our long-term-care facilities and an additional financial burden on to the government as well.

Another scenario I'd like to present to you would be that of a young, single, hard-of-hearing mother who has gainful employment and is able to do that because she has a hearing aid. If the ADP funding were eliminated, then she would no longer be able to communicate on the phone, no longer be able to attend meetings at work or perform well on her job. Therefore, she would lose her employment and be forced to live on social assistance to support herself and her children. So not only would we lose that person's independence, we would also lose the tax revenue and we would incur the expense of another person on our social assistance rolls.

The third scenario I'd like to present to you would be that of a young child in a regular, mainstream classroom who with a hearing aid is able to function independently, is able to create relationships with both her teacher and the other students. If the hearing aid is not there, is not provided for the student, she can no longer access the information, access education. They're frustrated with a system that's unable to meet their needs, which compounds their frustration and their inability to access mental health services for them and increases the stress to the family. So once again, just by eliminating the \$500 that ADP is supporting per hearing aid, you can see the large ramifications that it would provide in each one of these three scenarios.

I think that it would be very fair to present to you that the ADP funding is the most successful and effective funding we can provide as far as hearing aids at this point, and that to eliminate it would incur a further financial burden for you.

The former Premier said in 2001 that there were concerns about the delisting of audiological testing, and that the delisting of audiological testing forced individuals with hearing loss to pay out of pocket in order to get a hearing test. Since that was delisted, we see people now who are just forgoing the testing. They're

just not being screened. So I think it's been proven, now that they have to pay their \$50 for a hearing test, and they're not getting done, that these individuals are certainly not going to be able to afford to get their hearing aids. It is my fear that people are not going to be able to access these, that they will suffer severe barriers in their life. So I would urge you to strongly consider maintaining the current funding as it is.

Our recommendations to you are:

—That we keep the current ADP funding as it is, as we have proven that it is the best and most cost-effective method for all sectors in accessing hearing aids;

—If we could also explore further possibilities of alternative revenues for accommodation for individuals in accessing communication needs as well as safety needs for individuals with a disability so that they are able to live their lives independently and equitably, as every other individual in this great province is, and so that they can access employment and health care etc;

—That the government recognize that eliminating barriers is the most cost-effective tool we have. Once barriers are eliminated, the long-term effects are a cost saving to our government. They no longer have to increase spending in other areas and other sectors to meet the needs of the taxpayers if we can implement policies and procedures for contractors who must provide barrier-free design as well as barrier removal and preventive strategies in order to save costs in additional renovations to existing and future buildings;

—Finally, I recommend implementing clear policy development and design that would increase training against anti-ableism and anti-audism for policy-makers. By enabling this anti-ableism and anti-audism awareness training for policy-makers, we really will save all parties, including government, from costly and time-consuming legal battles.

I remind everybody that the ADP funding, as it currently stands, is in accordance with our Canadian Charter of Rights and Freedoms. Eliminating the ADP funding is a violation and contradiction of basic human rights that are guaranteed to Canadians and Ontarians.

The Romanow report on the Commission on the Future of Health Care in Canada, as well as the other reports that have been commissioned by the government and submitted to you, all stand in accordance with barrier-free access for all individuals. I strongly recommend that you maintain that.

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

Mr Frank Klees (Oak Ridges): Mr Kerr, thank you very much. I hope you will forgive my back here.

Mr Kerr (Interpretation): That's OK. The accommodation for me is to look at the interpreter.

Mr Klees: I very much appreciate your submission. I have a question for you. By the way, I certainly support the argument that you made that the degree to which we provide independence ultimately, in the long term, will save the government a great deal of money and certainly will strengthen our communities. I do want to ask you a

question, though, because this committee is dealing with the challenge of affordability, whether it relates to this or other services that are being offered. I would ask your view on the issue of means testing. In other words, we obviously have people in our society who can well afford on their own—whether it be Mr Frank Stronach or others who may not be quite as well off as he, but certainly many of higher income. What is your view on the issue of means testing for services such as this?

1340

Mr Kerr (Interpretation): We could look at means, but I can say that the greater number of our consumers cannot afford these devices. Particularly, deaf people and hard-of-hearing people face low incomes because employment opportunities are not in place. There are a lot of barriers in the workplace, so a lot of our consumers end up relying on the government for funding, whether it's through ODSP, Ontario Works or something like that. Also, looking at many of our seniors who are on old age pension, they are on a fixed income and these costs are incurred on a yearly basis.

Really, if you look at every individual, we have a right to hear; we have a right to information and a right to communication. So to look at means, while that may be a viable option, I can say that the largest number of our consumers cannot afford this extra cost to have access to communication.

The Chair: We'll move to the NDP.

Mr Prue: I commend everything you have said here today. It is absolutely correct, there can be no doubt. I have to say, I was dismayed when I heard the Premier talk about delisting or charging seniors for hearing aids.

I don't really have a question, but I want to make this statement. I hope the government listens very carefully to what you have said today, because if the government's intent is to attack people with disabilities, or if the government's intent is to attack those who cannot afford even small expenditures like this, then I think they have started off on a very wrong path.

I was very proud of Mr Gary Malkowski, who came from the East York area and who represented the people, and me for a while, in the Legislature. The devices that he required enabled him to make a contribution to this province and to the deaf community that will be remembered for a long time. To have denied that to him, to have denied that to anyone, would have been a disservice to the people of Ontario. The Premier had better hear this one.

The Chair: We'll move to the government.

Mr Wilkinson: Thank you so much for coming today. I want to let you know that of all the people who have come, you have given by far the most eloquent presentation to this committee.

Mr Kerr (Interpretation): Thank you.

Mr Wilkinson: I have two questions; one, just quickly, as we deal with the financial implications. I saw your chart about the cost of \$167. Do you know what the total cost of ADP for hearing aids was in the province last year, just so we have a context of how much money we're talking about in the larger provincial sense?

Mr Kerr (Interpretation): You're talking about the expense that was incurred by ADP for individuals all across Ontario?

Mr Wilkinson: For hearing aids.

Mr Kerr (Interpretation): No, actually, I would not have that number.

Mr Wilkinson: I would ask that research get that for this committee, please.

My second question is—this is a new concept to me, point 5 about implementing anti-ableism and anti-audism awareness training. Could you elaborate about your concern, for a layperson like me? What is anti-ableism and anti-audism?

Mr Kerr (Interpretation): OK. That's something we are currently working on as an organization, but it really speaks to attitude. There is a perception generally that if you can't hear, then you are not able. There are many employers—large factories, large companies—that discriminate against people who can't hear with the assumption that they can't do the job, or sometimes there's the lack of desire to provide any accommodations. We as deaf individuals are trapped within the system. It has this attitude and perception that if you have a hearing loss, there are things you can't do. That system inhibits us from contributing to society. It's a sick system, and we really need to clean that up.

The Chair: Thank you for your presentation this afternoon.

LEGAL ASSISTANCE OF WINDSOR

The Chair: I would ask Legal Assistance of Windsor to come forward. As you may have heard, you have 20 minutes for your presentation.

Ms Marion Overholt: My name is Marion Overholt, and I'm a staff lawyer at Legal Assistance of Windsor. Our clinic is a joint facility of the faculty of law and school of social work at the University of Windsor and the Ontario legal aid plan.

Supporting us and present here today in support of this presentation are a number of social services organizations, and I'll just ask the individuals to stand as I call out their name and organization.

With us today from Citizen Advocacy is Jody-Lee Farrah, Pat Taman from the Well-come Centre for Human Potential, Pat Noonan from Taking Action on Homelessness Together Coalition, Mr Skip Graham from St Leonard's House, Elaine Isaacs from the Can-Am Urban Home Centre, Shelly Hodare from Housing Information Services, and Colleen Mitchell from the United Way.

In February 2002, we appeared before this committee, and our brief focused on three points: the need to increase disability and social assistance rates; the need to invest in affordable housing; and a request to end the clawback of the national child tax benefit from social assistance cheques.

Unfortunately, those requests were not implemented by the government of the day. On that day in February

2002, a variety of community agencies, school boards, labour organizations and health facilities all identified poverty as the underlying source of an increase in demand for services.

Educational institutions advised the committee that trying to teach hungry children whose home life was in constant upheaval because of evictions was next to impossible.

Despite the community consensus on the need to address poverty, the government of the day did not respond. Since that time, the following consequences have been observed: There has been a 119% increase in the demand for counselling and debt management; the city of Windsor rent bank has experienced a 147% increase in requests for services; emergency and transitional housing programs are reporting longer stays in emergency and transitional housing in addition to the reliance on food banks, meal programs, clothing programs and preventive financial support.

In Essex county alone, almost 800 people sought such assistance in the year 2003. There are over 3,000 families on the waiting list of the central housing registry, which is the access point for individuals and families seeking rent-geared-to-income social housing.

This community's services are organized and networked through the Taking Action on Homelessness Together Coalition. There is a host of services that struggle to keep their doors open to help low-income residents maintain food and shelter. The fatigue among the service deliverers is palpable.

However, when we look at why we have poverty in Ontario, it is important to recognize that we have poverty as a result of legislation. We have legislated poverty in the province of Ontario, and this government has the power to address this fundamental problem.

1350

When we look at the rates for social assistance benefits, they were cut in 1995 by 21.6%. The adequacy of welfare incomes has declined dramatically. Ten years ago, benefits were between 55% and 80% of what was needed to reach the poverty line. Now, benefits for single persons are only one third of the poverty line.

For single disabled persons, a single parent with one child, and other families with children, benefits are little more than about one half of the poverty line.

Across the province, typical rents far exceed the housing portion of welfare benefits.

You heard this morning a presentation by the home builders' association of Essex county, and they were saying that because of housing starts, we've seen a decline in rents. When you look at the figures that are available from the Canadian Mortgage and Housing Corporation, the rents have steadily increased since 2000, and those rents are well above the shelter proportion of social assistance benefits, whether we're talking Ontario Works or the Ontario disability support program. So it's important to keep that in mind.

It's critical then for the government to implement the following changes to social assistance:

(1) We need to raise the shelter portion of Ontario Works and ODSP to average rents in communities;

(2) We need to increase the basic allowance portion of Ontario Works and the Ontario disability support program to 1994 levels; and

(3) We need to index social assistance benefits to the cost of living.

Affordable housing is not just a social and health issue; it is economic policy. That's not a quote from a social activist; that's a quote from Don Drummond, who is a senior vice-president and chief economist with the TD Bank Financial Group.

I'm quoting from him. He says: "An inadequate housing supply can be a roadblock to business investment and growth, and influences a potential immigrant's decision on whether or not to locate in Canada."

As such, he added, "Addressing this serious situation ties in well with the goal of raising the standard of living for all Canadians."

At last count, 1.7 million households in Canada, or about one in five, could not find adequate and suitable housing without spending 30% or more of their pre-tax income.

We support the 1% solution, which calls on all governments to double their commitment to housing programs by restoring and renewing housing spending. A multi-year commitment is required.

The government's own figures show that for an average-priced home, lower interest rates have reduced monthly carrying costs by 25% from 1990 to 2002. However, average rents in Ontario rose more than twice the rate of inflation between 1999 and 2002.

This housing shortage creates a vicious cycle for tenants, who often tolerate slum dwellings in desperate need of repair, always fearful that their landlords will evict them at the first instance of a late payment of rent.

Municipalities have been saddled with the cost of provincial social housing programs. Funding housing from property taxes is bad public policy.

Emergency shelters are not the answer to the homeless crisis. We have witnessed the struggle that clients have faced when they have lost their accommodation and ended up on the street. The uphill battle to re-establish them in housing is huge. Each success story is tenuous as they are one financial crisis away from being back on the street.

Besides investing in social housing, the Ontario government should join with the governments of Manitoba, New Brunswick and Newfoundland and stop the clawback of the national child tax supplement. Since its inception, the Ontario government has prevented families on welfare from receiving the full tax supplement. This money belongs in the hands of families to provide for their basic needs.

The bottom line, to use financial lingo, is that it's a mistake to let the market overshadow human needs. It's the need of everyone to lower poverty rates and to raise the standard of living for people living in deepest poverty. This is the social deficit that must be given priority over the fiscal deficit.

As Minister of Energy Dwight Duncan has said, the government must be aware of the opportunity cost. What price will be paid if the government misses this opportunity to restore dignity and income to our poorest citizens? Can we afford that cost?

Every report on child poverty from 1989 onwards reports the deepening crisis. It is time to shore up our resources and protect our communities from the further onslaught of social decline and despair.

The Vice-Chair (Mr John Wilkinson): Thank you. For Hansard purposes, if there's any written material you would like to table with the committee, we would appreciate that. We'll now have questions. We have about three minutes for each caucus, and under our rotation I'd ask Mr Prue to go first.

Mr Prue: Thank you very much. You said a number of home truths here. I'd just like to get some statistics in terms of evictions in the Windsor area. We have noted across the province in many locations that since the Tenant Protection Act, the number of evictions has gone up and with a very solid reason: because once the apartment is vacant you can charge whatever the market will bear. So you get rid of people who aren't paying enough and you bring in people and the next time it's rented it's for \$300 or \$400 a month more. How often does that occur in the Windsor area? It's pretty common in Toronto.

Ms Overholt: The Ontario Housing Rental Tribunal sits weekly in Windsor. There are a steady number of evictions that take place. Windsor has been fortunate to set up a rent bank through the city of Windsor, which provides people with assistance on a one-time-only basis. The difficulty is, for people who are on assistance, getting help one time to avoid eviction is not going to forestall the long-term problem, because the next month they still won't have enough money for the rent. Without adjusting the shelter allowance of Ontario Works and ODSP, we're just going to continue to see that cycle of continuous evictions. They will continue to occur in Essex county and throughout the province, because there isn't housing available.

That's why we're saying that with the affordable housing initiative we need to build those units across this province. There have been a number of initiatives—Mr Klees, I was so sorry to see that Mr O'Toole had to leave the committee this afternoon. He was asking this morning about what to do with homelessness; it's such a big problem. I hope you'll be able to convey to him that what we're saying is we need to raise those shelter rates, you need to raise the rates of social assistance, because if you're putting more income into the recipient's hands, then they'll be better able to afford the rental costs, better able to feed their children and participate in the community.

The Vice-Chair: I'd ask Ms Marsales from the government.

Ms Marsales: Good afternoon. Thank you very much for making this presentation today. It's wonderful to see such a collaborative effort between all of your partners in

helping those who need the help most of all. I just have a question. I'm from the Hamilton area.

Canada Mortgage and Housing has recently suggested that the vacancy rates are starting to rise, therefore putting pressure on landlords to reduce rental rates, which may be of some assistance to some of your membership. Have you witnessed the vacancy rate increasing in this area?

Ms Overholt: Yes, I think there is an increase in vacancy rate, but it's outside of the market for people who are on social assistance and disability. I can give you some figures here. The average rent for a bachelor apartment in Windsor in 2003 is \$494. So if you're a single person on welfare, you're receiving \$520, and that's your whole monthly benefit for your food, your shelter, your clothing, everything. That would leave you \$26 for the rest of the month, so it's not feasible.

When we go through the list, the average rent for a one bedroom is \$650; your shelter allowance for one parent and one child is \$511. That's not looking at utilities. What we've seen with the hydro crisis is more landlords are moving to a situation of saying, "This is what I want for rent, and you pay your own utilities." It's very hard to find accommodations that include utilities. We regularly have clients saying, "I don't have the money for rent. I don't have the money for utilities. How am I going to get by?"

When you look at the work we do before the social benefits tribunal in trying to help people obtain disability benefits, so often we're seeing an increase in mental health conditions, and it's because of the despair that people experience trying to live in poverty.

Your minister, Sandra Pupatello—this is her riding, and we have every expectation that the government will keep those commitments to increase social assistance rates and disability, because it needs to happen now.

1400

The Vice-Chair: Now I would ask the member from the official opposition, Mr Klees.

Mr Klees: Thank you very much for your presentation. I think we've had some discussions in the past.

Ms Overholt: Yes, we have.

Mr Klees: In my time with community and social services, I recall that we had, I thought, some very positive deliberations. I'm interested in your comments relating to shelter allowance. I've wrestled with this, and actually had tried to advocate, unsuccessfully at the time, but I know we have the ears of the members of this committee, and in some ways it's a new day. You refer to Sandra Pupatello, who I know was a strong advocate of a number of these things. We'll be watching very carefully, and hopefully she will deliver on the many commitments that she made on these issues.

But with regard specifically to shelter allowances, would you be in favour of having variable rates, levels of shelter allowances across the province? Because the reality is that the rents in Windsor are in fact very different than the rents in Toronto or in Leamington or in London. Part of the problem, as I've observed it over

time, is what we often try to do at a provincial level is implement a policy that applies everywhere. We could, I believe, be much more efficient, much more cost-effective, if we were to look at individual, regional circumstances and make adjustments, perhaps not only in shelter allowance, but in fact for the basic rates as well. I'd be interested in your comments.

Ms Overholt: Absolutely, Mr Klees. In fact, what you're talking about is a market-basket approach to social assistance, and that was one of the fundamental recommendations of the Thompson report back in 1988. For members of government it should be required reading, because it was a five-year plan on how to reform our social assistance system. What it recognizes, as Mr Klees is saying, is that the cost of living in different communities is different, and to pay one blanket sum to people and say, "That should do it," isn't going to do it. You need to look at what the costs of living in those communities are and meet those needs in an adequate way with your social assistance programs. I think that's a fundamental area of reform.

Mr Klees: Mr Chair, if I had the ability—and I understand from previous proceedings I don't—I would love to make a motion here for the committee to endorse that the government seriously look at moving to that market-basket approach. Will you allow me to do that?

The Vice-Chair: Under our agreement, you have two minutes.

Mr Klees: I really would ask this committee to seriously look at this approach to dealing with the issue of support payments, both in the area of disability benefits for those who are on disability, as well as for those who are on the Ontario Works program. It recognizes the fact that we live in a province that is very diverse. The economic conditions—

The Vice-Chair: Mr Klees, is this a motion?

Mr Klees: It is my preamble to the motion. I would like to make the motion:

That the government seriously consider the benefits of moving to a market-basket approach to setting shelter allowances and basic benefits for disability benefits and for welfare benefits.

The Vice-Chair: Thank you. Under our agreement, both other caucuses have two minutes to speak to this.

Mr Prue: I will support that. I have to tell you, I'm somewhat flabbergasted that the member of the previous government is coming forward with such a good recommendation.

The Golden task force examining poverty issues, mostly in the Toronto area but I think across Ontario, recommended such an approach. They recommended that welfare recipients and ODSP recipients get the equivalent of 85% of the average that housing costs in the city of Toronto. It seems to me that once you resolve the issue of adequate housing, you resolve most of the rest of the problems of poverty.

The members opposite have to know that in adopting this, this will involve an additional expenditure, quite a bit of money. I'm hoping you can see your way clear to

do it. I'm hoping you can see your way clear to follow it, because if Mr Klees has seen the light, you should be able to see it too.

The Vice-Chair: For the government, Mr Colle.

Mr Colle: It is amazing that the road to Damascus leads through Windsor, obviously.

I think you made the key statement that governments can legislate poverty. We have a minister of the former government that systematically legislated poverty in this province, arbitrarily rolled back assistance 20%, clawed back child care benefits, made enemies of people who were not up to their standard and gave away \$13 billion in tax cuts to the corporate elite, basically. Now we have an attempt here to try to demonstrate—and I know you're too smart, that you're going to put in perspective where it's coming from.

We will assure you that, unlike the previous government—earlier today one of the members said that what they used to do with these hearings is they had a special box called file 13, and all the deputations were put in this box and never seen again—your advice, along with everybody's advice as we go across the province, will be considered. We're looking for specific strategies and remedies that will help us unlegislate poverty in this province as best and as soon as we can.

The Vice-Chair: Thank you very much.

Ms Overholt: I don't get to make a response to that?

The Vice-Chair: Unfortunately, not under the rules we have. I would like to call on the next presenter, though, because we have many people waiting for us to hear.

ESSEX COUNTY MEDICAL SOCIETY

The Vice-Chair: I call on our next presenter, the Essex County Medical Society. Welcome to the committee.

Dr David Paterson: Mr Chairman and committee members, good afternoon. I'm Dr David Paterson. I'm president of the Essex County Medical Society and a family physician here in Windsor. I want to thank the committee for this opportunity. Please excuse my voice. I'm recovering from a cold from being up in northern Ontario last weekend.

Mr Crozier: You'd better go see a doctor.

Dr Paterson: No, this takes rest time and chicken soup.

My prepared remarks will be short so there is time for some questions if you have any.

I've practised for almost 30 years in Windsor, and I have a firm understanding of the deep appreciation and value my patients, and in fact this entire community, have for our health care system; it's their number one priority. During this committee's travels and as you draw up your recommendations, I would ask that you keep that thought on the top of your mind, and understand that when you invest in doctors and nurses you are investing in your communities.

Living in a border community like Windsor, I have a clear view of the effect that not enough doctors has on

patient care, providers in the system and the entire county of Essex. In my almost 30 years of practice, I have seen the system slowly erode to the point where colleagues, both doctors and nurses, are choosing to leave Windsor and seek employment elsewhere—nurses especially in Detroit.

A recent landmark survey of 2,000 doctors in this province found that almost one out of every six doctors in Ontario is seriously considering moving their practice outside of the province. The survey suggests that an inability to treat their patients in a timely manner, the chronic shortage of doctors and a declining quality of life are contributing factors as to why doctors are considering moving to other jurisdictions.

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When asked about the state of the health care system in Ontario, the survey clearly shows that doctors are most concerned about the negative impact that results from physician shortages, general underfunding of the health care system and delays in treatment caused by waiting lists. The effect is very bad on patient care. In a similar survey completed three years ago, 75% of doctors felt that increasing the number of doctors in Ontario should be a priority, but now 97% feel that this is a priority.

When asked about their working lives and life satisfaction, doctors in the province reported low levels of satisfaction due to their inability to treat and refer patients adequately. Only 20% of physicians report being very satisfied with their lives as doctors in Ontario, and 75% feel that their quality of life has declined in the last three years. The survey suggests that working 50 hours a week, on average, having difficulty in accessing specialty care and diagnostic tests for their patients and sending patients out of province for care are factors attributable to this dissatisfaction of our profession.

With Ontario recently going through an election, I'm sure from your time on the campaign trail you know the difficulty your constituents have in getting timely medical care. While the causes for this are many, one major cause was the decision 10 years ago to cut medical school enrolment. Today we see the results: fewer doctors, longer waiting lists, and a system lurching from crisis to crisis.

My message to the committee is a simple one: Ontario doctors are looking to other provinces and other jurisdictions to practise medicine for more competitive remuneration. While this may not be a very popular message to politicians, it is nonetheless a fact. We need to once again make Ontario the most attractive place to practise medicine in the country.

If we are to retain the physicians we currently have and reduce the growing doctor gap by attracting new physician recruits, we need to make the fee schedule in this province the best in the country. Physicians are a highly skilled, mobile and valued commodity. The government has to recognize this, and addressing the shortfalls in the fee schedule must be a budgetary priority.

Over the last four years, fee increases in Ontario have not kept pace with inflation and the rising cost of running

a practice. Furthermore, during the last four years, contracts reached in other provinces have resulted in a steady decline in the relative value of Ontario's fee schedule. Saskatchewan had an 8.3% increase; Manitoba, 9%; Quebec, 7%; Alberta, 8%. On top of these increases, arrangements were made for pension benefits and maternity leave. Compared to other provinces, we rank seventh among the Canadian provinces.

These gains in the other provinces now have Ontario as number seven when it comes to the fee schedule for physicians. It is no wonder that, as a result, we are experiencing extreme difficulties in recruiting and retaining doctors in the province. In turn, we have a million people in Ontario without the expert care of a family doctor, a figure that could triple in the next 15 years.

Despite the erosion of Ontario fees, our doctors remain committed to managing the medical system in Ontario in partnership with the government.

My colleagues here in Essex county are working longer and harder to deal with an older population and its complex medical problems. Doctors are living up to their obligations and are now looking forward to negotiating a new medical service agreement with the government.

We have demonstrated initiative and ingenuity in developing new ways to deliver care to our patients and new ways of providing payment to physicians to meet the needs of both doctors and patients alike in their respective communities.

As different as the regions of Ontario are, so are the medical needs of the communities in those regions. That is why physicians have worked hard with the government to design funding models that best meet the needs of the physicians in those communities. For example, we have introduced new payment plans for doctors in the north, emergency doctors and community service contracts for smaller towns and regions. Ontario is also leading the way when it comes to the team approach for primary care.

Just a couple years ago, fewer than 300 doctors were in primary team practices, but now, thanks to new agreements reached with the government, over 2,000 family doctors are caring for over three million Ontario patients in these new care models. They provide improved reward to our front-line family doctors for the delivery of comprehensive care, and they offer the flexibility that many of our younger doctors are looking for.

Ontario doctors are deeply concerned about the physician shortage in this province. The OMA has produced strong and practical recommendations to improve the physician human resources situation in Ontario. I understand that a colleague, Dr. Scott Wooder, provided the committee with a copy of those recommendations when he had the pleasure of appearing before you in Niagara Falls. I strongly encourage the committee to study those recommendations, as they have suggestions to address short-, medium-, and long-term solutions. For those who did not get a copy, they can be found by going to the OMA website: www.oma.org

Ontario's doctors are leading by example and are not asking the government anything they themselves are not

prepared to do. We are working to create new ways to improve the health care system and deliver care to our patients where and when they need it. The fact remains, however, that the system in Ontario remains woefully underfunded. Our population is growing and aging, and per capita health care spending has not kept pace. Our patients need more specialized and expensive care. There are major gaps in the continuity of care for many of our most vulnerable citizens.

Waiting lists to see a family doctor or a specialist are unacceptably long. Our emergency departments are overloaded. Doctors share in the public's frustration with poor access to limited health system resources. We have cut back and consolidated in the name of efficiency. The end result, however, is too often increased stress for providers and frustration and fear for our sick patients and their families.

Here in Essex County alone, we are short more than 41 family doctors. We need to improve physician morale. We need to improve doctors' perceptions of this province. There is no more room for cutting. It's time to move beyond the rhetoric and demonstrate the fiscal commitment we have seen in other jurisdictions, to improve the professional lives of our physicians and to provide the resources necessary to allow doctors to do the job they are trained to do: care for the people of Ontario.

I can tell you from my personal experience and from the experience of former colleagues of mine, and this is a very important point for the committee to remember: Once we lose our physicians to another jurisdiction, it is extremely difficult to get them back. We've likely lost them forever.

I'm the father of four children. I have a mortgage and monthly expenses. I know what it is like to deal with the challenge of setting a household budget and trying to live within one's means, even when the demands for more spending arrive on a daily basis. Our negotiations with your government to enhance medical care in Ontario are not about options and luxuries and things that can be put off until tomorrow, next year or the year after that. Physicians are fighting for the basics for their patients.

The OMA strongly believes these talks are a turning point. Our doctors are tired, frustrated and undervalued. The patients we see are sicker and require more time, and the support systems to meet their needs at home and in the community are lacking. How this province turns, in terms of the long-term health care of its citizens, is up to the current government. You can't pass the buck. You can't blame others. You must deal with these issues yourselves head-on.

There is nothing more upsetting to a physician than to have to explain to an anxious patient or family member that they will have to wait to receive medical care that he knows should be provided today. The Premier campaigned on delivering better care to the people of Ontario. If the government truly believes this, then it's time to do as Ontario doctors have been doing and step up to the plate and address the real issues that are driving Ontario doctors out of the province.

1420

My wish list for Essex County includes:

(1) The potential loss of two neurosurgeons in our community would be a devastating blow to the population of this county and as far away as Chatham. Improved funding, especially to Hôtel-Dieu Grace Hospital to address some of their needs, is critically important;

(2) Funding for a Windsor angioplasty unit is almost a no-brainer, because the amount of money your government spends on care provided in the US would readily allow us to have such a program here in Windsor;

(3) Pay increases for physicians should not be equal across the board. Higher fee increases should apply to the most underpaid physicians doing the work that has the most effect on patients' needs.

(4) Funding for a CAT scanner in Leamington and an MRI scanner at the Windsor Regional Hospital cancer clinic.

We can't wait any longer. The time to act is now. Thank you for your attention.

The Vice-Chair: Thank you. I would ask for the recommendation part. I don't think it's part of our package. If you could table that with Hansard, that would be most helpful for them.

Dr Paterson: OK.

The Vice-Chair: We have a very short amount of time for questions—two minutes each. Based on the rotation, the first question goes to the government.

Mr Crozier: You and your society in Essex county have kept us very much abreast of concerns here in our area. Can you give me your assessment, your position and what we might do when it comes to internationally trained doctors who are already in the country and wish to practise here?

Dr Paterson: This is an issue that's probably more attributable to the Canadian Medical Association and through them to the provinces. I've discussed this issue with Dr Albert Schumacher, who is either the president or to be the president of the CMA. We have weekly newspaper articles called the ECMS forum in the Windsor Star. Next Thursday, he will be addressing that very issue. He knows the importance of licensing these graduates from other countries. We need them badly here.

Mr Crozier: So your assessment is—and I don't want to put words in your mouth—that we need them badly, so we should move ahead on this issue and address it and somehow arrive at a decision on each internationally trained doctor and their ability to practise?

Dr Paterson: That's sort of way beyond my ability; that's an across-the-country issue.

The Vice-Chair: And now, from the official opposition, Mr Flaherty.

Mr Flaherty: Mr McGuinty made some substantial promises during the election campaign, and now that he's the Premier with his team, I hope they live up to those promises, some of which were made to physicians in this province. We'll see, I guess, soon.

I wanted to talk about something positive that you referred to in your notes and your remarks. The 2,000 family doctors who are caring for over three million Ontario patients in primary team practices was an innovation that our team brought in when we were the government. My recollection of the discussions about those teams is that there was some initial fairly serious concern in the medical community about embarking on the project of team practices, which, as I understand it, means 24-hour-a-day coverage for a group of patients, because there are multiple physicians working together in a team. How is that evolving in the medical community, particularly here in southwestern Ontario?

Dr Paterson: We now have one group in Windsor, Dr Ziter and colleagues. I talked to him this morning about this very issue. This is called a family health network or FHN. The first try at this was a family health group or FHG. There were multiple problems with that. First of all, there was something like a 500-page agreement to be signed by the doctor, which was just overwhelming in its complexity. Doctors were very sceptical about getting into something like this.

The FHN is an improvement on the FHG. I don't pretend to understand it completely, but according to Dr Ziter, whom I hold in high regard, he is very supportive of this. He definitely thinks it's a step in the right direction for family doctors to be paid better for comprehensive care for their patients.

The Vice-Chair: And now, from the NDP, Mr Prue.

Mr Prue: My question relates to your statement that there is a growing doctor gap for attracting new physician recruits. You suggest that the fee schedule needs to be made the best in the country. What kind of increase would doctors in Ontario need to take us from seventh place to first?

Dr Paterson: I can't give you an exact figure, but in keeping with what happened in Saskatchewan, Manitoba and Alberta, 7% to 8%. We've averaged about 2%, and so have fallen behind year after year. So it's increasingly going downhill. We don't have enough graduates from medical school who are interested in going into family practice, because it pays so poorly with high overhead. The residency positions for family practice residents are not filled in Ontario. We are not attracting any graduates from other provinces. In fact, the way it's set up here right now, we're losing them to other provinces and to the US, and we have to change that. We have to make it attractive.

Mr Prue: I have to go back, then, and perhaps phrase my question another way. Before Manitoba, Saskatchewan and the others got 7% and 8% increases, was Ontario at the top of the list?

Dr Paterson: I don't know the answer to that question.

Mr Prue: I'm having a little bit of difficulty. I think you should be either at the top or near the top of the list, because Ontario is a very complex and very wealthy province—quite frankly, it is—so one would expect that. Perhaps in the future you could give us, or have someone

give us, that information: what would be necessary. The committee would appreciate knowing that.

Dr Paterson: Would you like that to be forwarded to the committee?

Mr Prue: Yes, if you could.

The Chair: Thank you for your presentation this afternoon.

ONTARIO UNDERGRADUATE STUDENT ALLIANCE

The Chair: I ask the University of Windsor Students' Alliance to come forward. Good afternoon.

Mr Jeff LaPorte: My name is Jeff LaPorte. I believe there are some packages being passed around right now that the Ontario Undergraduate Student Alliance has prepared for this forum.

The previous speaker was a great preamble to what I'm about to talk about. It's about higher education and about a social good, something that is very important to University of Windsor students. My capacity here is more that of president of the Ontario Undergraduate Student Alliance. We represent over 100,000 undergraduates and professional students from across Ontario, and we would like to submit this on behalf of 100,000 students.

What you'll find here is an introduction and six recommendations. I'll quickly go through those, and then hopefully you will have enough time for some questions.

In the recent throne speech, it was stated that tuition fees would be frozen for two years in both regulated and deregulated programs. This is something that Ontario students are very elated about; we couldn't be happier.

You might ask, "Why freeze tuition?" I think the Liberal government identified some of the reasons, and I'll go through them quickly.

Ontario students are paying disproportionately more for their education than those in any other jurisdiction. We can see that in the graph on the first page. We're paying for roughly 44.1% of our education. That's actually doubled in the last 10 years, from 22% back in 1993-94.

In the next graph you can see that the proportion of funding for universities from tuition fees is continuing to increase at a tremendous rate. What we're seeing here is that the share of tuition in universities' operating budgets is also continuing to increase. So tuition is increasing and universities are also using tuition to operate; that would make sense.

The second thing I'd like to highlight is that average tuition fees are too high. This graph is a perfect example of that. What we're seeing here in pink is Ontario average tuition. Even since 1993 we've always been higher, but we see a disturbing trend where Ontario tuition fees are increasing. The inflation rate is rather stagnant when you compare it to tuition fees, and students are being required to pay more and more tuition.

If an increase in tuition automatically meant an increase in quality, you might be able to sell students on it. But later in my presentation I'm going to highlight

some areas where an increase in tuition doesn't necessarily mean an increase in quality.

Tuition fees in Ontario are the second-highest in the world compared to other international jurisdictions. You can see that on the fourth page.

Deregulated tuition fees in Ontario have increased dramatically and are having significant impacts on debt levels and career choices of students in choosing these programs. That's a good point, because the last speaker highlighted doctors and the problem with rural and urban doctors and things like that.

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Let's take an example like law. If you go into law, the average tuition right now is roughly \$9,700. If you incur that much debt every year over a three-year period, that is roughly \$30,000. You want to be able to pay that debt off very fast, so you're going to be more apt to go into corporate law or immigration law than maybe, say, human rights, environmental, things like that. We see that also with dentistry and doctorate programs, when you want to become a doctor. More and more doctors are staying within urban areas so they can make their money back as fast as possible, because nobody wants to have debt.

Also, with deregulation, students are incurring, just with an undergraduate program, roughly \$22,700 in debt. That's a four-year program. If students want to go ahead and get a professional or graduate degree, we're seeing what we like to call at OUSA "sticker shock." What's happening is students are saying, "Look how much it is for a professional graduate degree. I don't think I want to incur that much debt." So they're not only thinking about the next three to four years; they're thinking about 10 to 12 years from now when they have families and want to buy cars and things like that.

Also what we see here is that middle-income students have seen a surge in their debt load, and I'll get to that in a moment. What I'm talking about is OSAP and some of the problems with OSAP. It's a great program but I really think it can be a lot better.

So recommendation number 1 is that there is a clear need for government to follow through with its commitment to freeze both regulated and deregulated programs in Ontario. OUSA has been very active on this. We love it that the provincial government has promised this. We're hoping that it's going to follow through, and we're talking about a fully funded tuition freeze. I'll get to some of these stats in just a moment.

There are two major reasons for providing compensatory funding in the context of a tuition freeze:

(a) Improve the current funding structure for universities. In 1996 the provincial government cut operating grants by \$280 million. This represents a cumulative deficit of well over \$1 billion for the university system. So what we're seeing is that per-student funding is the second-lowest in Canada at \$5,948, compared to the highest, which is Newfoundland at \$9,000.

(b) Maintain and improve the quality of Ontario's universities. What we see here is that quality must be of

the utmost importance when making any decision around funding and the tuition freeze. That's very important. The consequences of failing to make this investment are already being felt. Student-faculty ratios are 22 to 1. That's the highest in Canada. What we're seeing is a deferred maintenance bill of roughly \$2 billion all across Ontario. To give you a little local number: \$36 million at the University of Windsor.

Recommendation number 2: There is also a clear need for the government to provide compensatory funding for the tuition freeze. This funding should be allocated through an overall increase to Ontario universities' operating grants. Here it goes through some of the reasons why OUSA believes this is very important.

One of the things I really want to stress, because this is mostly about money, is table 1. If we have the tuition freeze and we fully fund it, it's going to cost roughly \$70 million the first year and \$150 million the second year.

Next is, invest in access. Just to let everybody know, OUSA does have a campaign called Invest in Access. You can check it out at www.investinaccess.ca. Here we're talking about the student financial aid system. The current government promised, "We will improve financial help for students.... We will make the Ontario student assistance plan work for more students by expanding eligibility and increasing loan amounts." That's great.

Actually, right now we're looking at a committee and looking at a new structure for the student financial aid system. But I want to really stress that the total educational costs have increased disproportionately compared to income, and you can see that in the graph right here.

Also, current OSAP assessments do not meet the current cost of living. If we turn the page, we can see what I'm talking about. These three graphs highlight students living at home, students living in residence and students living off campus—three general categories of students going to university. What we see is that the Ontario student assistance plan only gives a maximum of \$9,350, but a student who is living off campus in Toronto, for instance, has an actual need of \$18,500. Where are those students getting this money? They're working a lot more hours at part-time jobs, but more and more students are actually getting private loans. Private loans have skyrocketed. Now the average student is not only getting OSAP but also a private loan, and that's equating to roughly \$7,500, on average, per student. That means they have to pay, just to service that bank loan, \$108 a month, or \$1,200 a year. That's a lot of money.

Next I'd like to highlight recommendation number 3: The maximum student aid package must be raised from \$9,350 to \$11,050 to better meet the real cost of attending university. Instead of asking for an increased loan limit, we're actually asking for that extra money to be in the form of upfront grants that students don't have to repay. A \$22,700 debt after an undergraduate education, as far as the Ontario Undergraduate Student Alliance is concerned, is unacceptable, especially for a social good.

I'm soon going to be highlighting in the rest of this document that a study done in the mid-1990s by the

Council of Ontario Universities highlighted that every public dollar invested in the university system will yield \$4 for the local economy. So that just gives you an idea of what higher education actually does for the economy in the long run.

What we're asking for here with this program for upfront grants to increase to \$11,050 is that the total cost of this program would be roughly \$207 million. A two-year phase-in of this increase would be \$104 million in 2004-05 and \$207 million in 2005-06.

Moving on to recommendation number 4: The OSAP regulations around contributions from parents must cease penalizing students who are receiving less money than mandated by unfairly reducing a student's financial aid package or disqualifying them altogether. Pretty much what this is talking about is that OSAP assesses your need and then takes your parents' income. Sometimes parents' income might be in the six figures, but if parents, for whatever reason, can't afford to give their students what OSAP says you have to give them or they say, "Sorry, little Jimmy or little Jane, I'm not going to give you any money at all," students won't be able to get any money from OSAP. We don't think that's right. What you're seeing is that those students are going to private lines of credit, incurring more debt, and it's not right.

How much time do I have left, Mr Chair?

The Chair: You have just a little under 10 minutes.

Mr LaPorte: Thank you. In talking about these changes, we further recommend that we harmonize the Ontario and the Canadian student loan programs to better reflect both of those policies. Currently, parents have to begin contributing if they make \$35,000 or more for the Ontario student loan. But if you make \$54,000, for the Canadian student loan, that's when you have to start contributing to your student's education. So what we're seeing is that these two programs aren't exactly matching up and students are getting the raw end of the deal in the long run. We factored in these costs and we estimate that these initiatives will cost between \$3 million and \$10 million.

Funding for the future: Ensuring quality and building socio-economic capacity: A study was published, like I said, by the Council of Ontario Universities in the mid-1990s concluding that for every public dollar spent on universities, \$4 was generated for the local economy. That's an amazing statistic. I think it's something that's sure to be driven home, that a university education keeps on giving, not only to the recipient of that education but also to the local economy. That's one of the reasons why Canada is an amazing country, and we need to maintain our level in the world market.

A recent Canadian study also concluded that society realizes a substantial return on investment in higher education, stating, "All university programs analyzed ... yield a social rate of return that exceeds the real interest rate."

We can see in this graph provincial university operating grants per FTE enrolment. FTE enrolment is

full-time equivalency. There's a lot of jargon within post-secondary education, you've probably noticed.

Moving on, part A of this is funding for growth. As an FYI, Ontario universities are booming and the double cohort is the cusp of something we like to call steamrolment. Using numbers from the Council of Ontario Universities, enrolment has increased by over 23% over the past two years, from 2001 to 2003. We're actually factoring in that by—let me find the number here. I can't seem to find it, but I do know that in the next 10 years there will be an additional 70,000 to 90,000 students potentially who could be going into university education. That's to do with demographics—the baby boom echo, I believe it's called—and things like that.

Also, I'd like to highlight B, funding for quality. The infrastructure of our campuses is in need of repair. The deferred maintenance bill for university campuses is roughly \$2 billion, and like I said, at the University of Windsor it's \$36 million. Between 1988 and 1997, the ratio of full-time students to full-time faculty rose by more than 30%. Right now we're staying at 22 to 1. With students paying so much for an education and with faculty-to-student ratios climbing, you can see my argument when we talk about how an increase in tuition fees doesn't necessarily mean an increase in quality. We also see that in deferred maintenance, in larger class sizes, in all sorts of things.

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I also want to stress that in the next 10 years we need 13,500 more faculty. That's bad because, as I mentioned before, a lot of undergraduate students are incurring debt and then being scared of more debt if they go on to graduate or doctorate levels. They are incurring debt and they don't want to get into any more, so then we don't get those potential doctorate students to teach the future of Ontario and the future of Canada.

Recommendation 5 says that per student operating grants to universities should be increased to meet and surpass the national average to ensure that every Ontario student receives a high-quality education. That's very important, because Ontario will always be a net exporter of brilliant minds. We have the most universities, we have the most money, and we need to maintain that, especially within the world market.

Recommendation 6 says that the provincial government must commit to providing the infrastructure, faculty and resources to accommodate enrolment increases while ensuring a world-class educational experience.

That's pretty much the end of my presentation. I hope there's enough time for questions, but I'd like to highlight what I've talked about: that this investment includes a tuition freeze accompanied by compensatory funding, an increase to the total financial aid package in the form of grants, adjustment to the OSAP parental support criteria and appeals process, and a long-term plan to bring Ontario's per student university funding to the national average. What we're trying to do are short-, medium- and long-term goals for Ontario universities over the next five to 10 years.

The Chair: Thank you for your presentation. We only have time for one question at this point, and continuing in that one-question rotation, it would go to Mr Prue of the NDP.

Mr Prue: I think what you're asking for is actually quite modest. You really didn't touch on this graph, but I think it says it all, a graph that shows that most of the industrialized world, at least the countries that you picked out here—Germany, Sweden, Norway, Ireland and, to a very large extent, France, followed by the Netherlands and Australia—all have virtually no fees for post-secondary schools. They seem to be on the cusp; they seem to understand that in a highly technological world, a world where knowledge is far more important than strength or manufacturing, that's the way to go. Why is it that you are being so timid?

Mr LaPorte: Well, considering the context of the political landscape and considering the state of universities right now, it is the view of the Ontario Undergraduate Student Alliance of always getting the first down. So what we do is we take steps to our ultimate goal of an accessible, affordable and quality university education. We feel that by asking for a tuition freeze and a more robust student financial aid system, and by having partnerships with government increasing per student financial aid, within the next 10 to 15 years we can achieve that goal that you talked about of more affordable tuition, something with respect to France or even the Netherlands or Norway, where it's free, the same as Germany.

Mr Prue: We heard some discussion over the last number of days of doctors and nurses, particularly here in Windsor, eyeing across the river as a place where you can make more money and have better opportunities and get signing bonuses. Should we be instituting with students—and I've often wondered about this—in terms of the loans that if you stay in Ontario, if you get a job in Ontario and you give back to Ontario the costs of your education, some or all of that loan might be forgiven, and that if you run across the river to Detroit, you've got to pay the whole thing back? Have you guys ever discussed that?

Mr LaPorte: Yes, there have been discussions on that. In fact, Newfoundland's Premier was very active on that front before the previous election. As far as I know, there have been grumbings that that would actually be a charter infraction on mobility rights.

Mr Prue: The mobility is only within Canada. I'm talking about going to the States.

Mr LaPorte: I think it's a great idea, and I think that's something we should definitely look into.

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

WINDSOR ASSOCIATION OF THE DEAF

The Chair: The Windsor Association of the Deaf are the next presenters. Good afternoon. You have 20 minutes for your presentation. You may leave time for

questions if you so desire. Please state your name for the purposes of Hansard.

Mr Chris Newman (Interpretation): Good afternoon. I'm Chris Newman, the vice-president of the Windsor Association of the Deaf. My interpreter today is actually our president. I want to thank our community representatives who are here in the audience as well.

The impact that deafness or hearing loss has on an individual and their family cannot be measured in dollars. However, it is clear today, as we have heard from various agencies and organizations, that prevention is always more cost-efficient than intervention.

The Windsor Association of the Deaf's mission is to promote the welfare of the deaf community. As each of you knows, essential to the quality of life is access to communication and information.

We were informed yesterday by Mr Douglas Arnott, the senior committee clerk, that our request to this standing committee to make this public meeting completely accessible to our members was denied. I realize that you took immediate action when a deaf member showed up and was here; however, the unfortunate situation of myself sitting here through the morning, or part of the morning, without access could have been avoided. Imagine the isolation and frustration that I felt to sit in this room feeling discriminated against by a committee which includes elected officials from my own riding. These are public meetings that our government is putting on, and they should have interpreters in place so that we can have access to communication and information.

In this situation, the government should have taken action to ensure access to this meeting. Instead, it was up to us as individuals to take the initiative to contact your office, and even in that event our request was denied. This is just one small example of the burden placed on deaf individuals on a daily basis.

Deaf people already face barriers and additional costs to ensure that our quality of life comes even close to that of the general public. If this government chooses to cut funding of specific devices such as hearing aids and FM systems—and I'm not sure what other devices we may face cuts for in the future—that will have a direct impact on the quality of life and it will be harmful to the well-being of others. We'll be excluded from information in the classroom, information on the job, and in many other places. Access to information for some deaf individuals who rely on their hearing aids is essential. For some deaf people it is essential to their job.

Many already marginalized individuals such as seniors and children will be at further risk if they face further funding costs to devices such as hearing aids. You have heard from the Canadian Hearing Society today the scenarios and the impact that funding cut would have. The costs that we as deaf individuals already face because we have a hearing loss is minimized by ADP funding. To increase that cost would be a detriment to our community. We have also heard today from the Canadian Mental Health Association and the school boards about the limits in resources that they have.

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Deaf people need to have equal access to information. If you take a deaf child and place them in an educational system where it is commonly known by the deaf community that the quality of interpreters is not very high—the school board interpreters are the lowest paid, and therefore qualified and certified interpreters seek work elsewhere—it impacts the education of the deaf child. If you add to this scenario the inability to pay for hearing aids and maintaining them, we are likely to see a frustrated child who goes on to experience mental health issues. This could lead to low motivation and/or the inability to obtain gainful employment, becoming a further cost to the system. The frustration that we feel, being isolated and cut off from information, could see an increased cost to government. It leads to low self-esteem, which impacts our motivation, and sometimes even the motivation to get out and find a job, because every day, as I have already mentioned, we face barriers.

This gainful employment contributes to society through tax revenues. Those who are not able to find jobs, whether they face barriers or just aren't motivated, become a cost, dependent on the government rather than being a contributor to the economy. It is our hope that this government will take a look at the severity and long-term expenses that these cuts would have on individuals who already live in a society that is yet to be barrier-free. We also hope to ensure that no further cuts will be placed on other devices such as TTYs, which are devices that deaf people use to communicate on the phone. These devices are essential to our everyday living.

I'd like to open it up for questions.

The Chair: Thank you. As a point of information for committee members, the clerk did ask for a written request for interpretation. That written request was never received. However, we are providing the interpreters here this afternoon. We have about four minutes per party and we begin with the government.

Mr Colle: I guess the one thing we'd like to try to get your help on is, if the government were trying to find upstream solutions and upstream strategies that will help all Ontarians be more active in society, have better opportunities to contribute, whether they be disabled or not, or from the community that you represent, can you think of two or three things we should start looking at that will start to unlock these barriers on a long-term basis?

Mr Newman (Interpretation): I could certainly answer some and then I am going to defer to our president, who is also interpreting, to help me out.

One of the barriers we see that could be removed is providing 100% access and support. When we look at cutting access to devices such as this ADP funding, that's a cost that deaf people have to incur that our general society doesn't have to pay. What we see with the TTY, something I use on the phone every day, is that it's a \$2,000 machine that I use to talk on the phone. You as non-deaf individuals can purchase a phone for \$30 or \$40. So even when ADP covers 75% of that cost, I'm

still looking at a \$400 to \$500 cost for a TTY. What I would like to see the government doing is making sure that we are not paying extra for a quality of life that everyone else has because they have access to communication and information. I know that supporting us 100% and anticipating all the needs that might come up is not possible, but I would hope that there will be legislation that will open up doors for employment so that we can become more contributing members of society, and open up doors for access as well.

Mr Colle: I have another question. As you know, the previous government refused to legislate a meaningful Ontarians with Disabilities Act similar to what was passed in the United States of America and has been in place, I think, for over a decade. What are your comments to our government in proceeding to introduce a meaningful Ontarians with Disabilities Act as per the US model?

Ms Becky Stuckless: I'm going to answer that. Chris is going to move so he can see the interpreter. The Americans with Disabilities Act, which is the American counterpart, if you will, of legislation that we're trying to model our own after, is, as you say, meaningful. The ODA that was introduced leaves open a door for employers specifically to deny access for deaf members in particular. The cost of interpreters is rising, the shortage of interpreters is rising, but part of that is because there is not a supply and demand. Interpreters who are community freelance interpreters often don't know if they are going to work two hours one week or 40 hours the next week. It's a kind of Field of Dreams philosophy: If you build it, they will come. If you would see opportunities for interpreters to work, there would become a bigger pool of interpreters. We'd be able to recruit interpreters into the college system to train them so that we would have a bigger pool. I think that over time you would see that cost not be so high. I also think we need to look at tax incentives for employers to have those things in place for access for deaf people to have employment.

The Windsor Association of the Deaf's current objective, as I think Chris mentioned, is to promote the welfare of deaf individuals. Quality of life requires employment. A deaf individual who can't obtain gainful employment sits at home feeling isolated, frustrated, and that leads to other mental health issues and the cost just keeps getting bigger. So we need an ODA that not only speaks to accessibility and is nondiscriminatory, but also has some system in place to ensure that that's being followed. That's our biggest concern. I know we are meeting with the government next week to talk about the Ontarians with Disabilities Act, and that would be our biggest push: Not only do we have to ask for access; we need to ensure that it is provided.

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

Mr Klees: I very much appreciate this presentation. We have much to learn, obviously, and this is an important opportunity for us to learn about the specific challenges that you face. I really have two questions. One relates to the issue that you mentioned in your pres-

entation, namely the experience of a child coming into the educational system and not having the necessary support services there, and the frustration that that results in. Obviously, that can lead to many other complications in the child's life, in fact in the family's life.

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Could you give me a sense, give the committee a sense, of just how serious that issue is at the school level? I'm not familiar with this, and so I really need to know: Is the school system doing an average job? Is it doing a very poor job? Can you give us some sense of just how serious an issue this is?

Mr Newman (Interpretation): I personally feel that when you have a deaf student in a school, the schools are doing what they can. Often, the quality of interpreters is not adequate for deaf children. We have a language issue, a language barrier. As we said, the interpreters who are highly qualified go on to work in other settings, not in the educational system.

We also have provincial schools, though, where everything is accessible to the deaf child. Information and communication with your peers is accessible, information with your staff is accessible. Whether you have a non-deaf teacher or a deaf teacher, there is a language requirement so that student goes in and has complete access to information as they're in the provincial schools.

But when we go back to the mainstream setting, we find that the deaf child, if they don't have access to interpreters or if the quality of interpreters is not good, maybe hearing aids don't work for them, they're not getting any information. They go home and ask their parents for help; their parents typically do not sign. Most deaf children are born to families where sign language has never been used; this is the first deaf person in the family. So the parents take on the responsibility of making sure they go to school, but the parents rely on the educational system to make sure their child becomes educated. Then it becomes a stress on the family dynamics, frustration for the parent and the child.

Mr Klees: Could I just very quickly follow up on that and ask specifically your opinion as to the preference for a setting where all of these supports are there, ie in a provincial school, or the integration approach in the public school? What is the ideal, from your standpoint?

Mr Newman (Interpretation): For me, as a deaf individual, I attended a provincial school. I felt that the benefits were great. You were socially integrated. That can't happen in a mainstream setting. Students in a mainstream setting are often isolated; leadership skills are not incurred. Really, in the deaf school we knew what legislation was about, what legislation impacted us as deaf people because we had complete access, whether it be to conversation in the classroom, sidebar conversations—everything was accessible. Unfortunately right now we're hearing talk around some of the provincial schools closing. I hope that doesn't happen, because I think that is where the self-esteem is built, through giving them information on their own culture and access to information and meeting their needs.

The Chair: We'll move to the NDP and Mr Prue.

Mr Prue: I'd just like to talk a little bit more about the Americans with Disabilities Act, and ask if you would remember back a few years ago when Gary Malkowski, as a member of the Legislature, introduced the Ontarians with Disabilities Act to the Legislature, which never passed. I don't know whether it was modelled on the American model or not. Could you comment on that proposal that, I guess, just needs to be dusted off? Would that go to the extent that is needed today to ensure that Ontarians with disabilities have full justice in Ontario?

Ms Stuckless: I'm going to answer that question. I think the original legislation that Mr Malkowski did bring to the table definitely made sure that there was access, although I have seen drafts over time that have really watered down what the true needs of the community are. So if we could go back to that original legislation that was brought forth, or that draft of legislation and look at what needed to be put in place, then, yes, I think that would meet the needs.

Yes, it was modelled after the Americans with Disabilities Act. What I have found, at least in the deaf community—and I'm sure it is in every community—is that when another country is ahead of us on something, we take it and we look at not only the positives, but what needs to be improved. I think Mr Malkowski did a great job of doing that to make sure that we could have legislation that would truly meet the needs and not just be a document on paper that really didn't improve the quality of life for deaf people.

Mr Prue: So if we were to take Mr Colle at his word—and I do—that the government is intent on doing something, it would be very easy for him to go get the original draft from Mr Malkowski and introduce it in the House on March 22?

Ms Stuckless: I would think so.

Mr Colle: Maybe you'd like to find out why your government didn't pass it.

Mr Prue: Because you voted against it.

The Chair: Order.

Mr O'Toole: On a point of order, Mr Chair.

The Chair: It's very difficult, Mr O'Toole, with the interpreter. If you could hold that point of order, it'd be appreciated. They're in the middle of a question, so I allow for the answer.

Ms Stuckless: I think that could be done.

Mr O'Toole: With your permission, I just wanted a response on a simple question. What is your position on the cochlear implant?

The Chair: Your time has expired for questions. You can talk to the deputant after their presentation is completed.

I thank you for your presentation this afternoon.

ONTARIO LIQUOR BOARDS EMPLOYEES' UNION

The Chair: The Ontario Liquor Boards Employees' Union, zone 4. You have 20 minutes for your presentation.

Mr Michael Sullivan: Thank you, Mr Chairman. I'm Michael Sullivan. I'm third vice-president of the Ontario Liquor Boards Employees' Union. Sitting beside me to my left, to your right, is Mr Tom Galli, who is the director for the Ontario Liquor Boards Employees' Union.

I'm going to start my remarks off. There is a script in your kit with other information pertaining to our organization and the items I will be discussing this afternoon.

I am presently employed by the LCBO and I have been employed by the LCBO for 32 years. I currently work in Tavistock, Ontario, which is just south of Stratford. Tom Galli currently works in Windsor and has over 20 years' experience with the LCBO.

The OLBEU represents approximately 5,500 members in retail liquor stores, warehouses and head office, and is commonly known as the LCBO. I'm here today to address the potential privatization of the LCBO as it relates to warehousing and agency stores and franchise stores.

Mr John Coones appeared before this committee on January 27, 2004, in Niagara Falls to give the union's position on the general issue of privatization. You will also be hearing from other labour representatives throughout the deliberation of your meetings who will be addressing labour's positions on provincial budgets.

My focus today is to bring to you our concerns on any initiative which would see the privatization of the LCBO warehouses or an increase in the number of agency or franchise stores which are now operating in this province.

In the presentation from Mr Coones, you heard that the LCBO has had record profits in the amount of over \$975 million. When looked at as total revenue, that figure jumps up to well over \$3.1 billion.

A publicly owned LCBO generates revenues that are returned to the people of Ontario. The Ontario government invests those revenues to help reduce taxes, to support education and health programs, and to fund other valued public services.

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The LCBO is a highly successful, efficient and profitably run organization. This success is not the result of any one factor but rather the combined hard work and efforts of all employees of the LCBO, including our warehouse employees.

The LCBO's customer-focused retail services need efficient retail-sensitive warehousing and distribution. In order to achieve the best possible results there must be a unique linking of all services into a single, integrated system. The LCBO is highly efficient because it operates smoothly and effectively as an integrated system. Removing one link from the chain by privatizing the distribution will only cause the rest of the system to flounder and fail. An approach which reduces services rather than improve them would be contrary to the LCBO's mission to give the people of Ontario the very best.

The following questions should be asked when considering the impact of a privatized distribution system

or expanded agency or franchise store system upon the people of Ontario.

First, will the LCBO's award-winning service be improved or undermined?

Second, the LCBO has an excellent product selection of approximately 3,000 brands, uniform pricing across the province, and the ability to maintain adequate levels of stock to meet customer demand. How will these services be affected under a privatized system?

Third, will the pricing be determined by the distance you live from the distribution centre because of increased transportation costs under a privatized distribution system?

Fourth, the LCBO's 630-plus retail store system serves large cities, small towns and villages equitably as a single market. Will this single market be destroyed, and if so, which communities can expect to suffer?

Fifth, will the mandate to maintain high levels of social responsibility be properly enforced under a privatized system?

Any contemplated changes to the system must meet these requirements.

The current warehouses operate on a hub system, with the centre located at our Durham facility. Smaller regional satellite warehouses in Toronto, which is a location that provides numerous specialty services, will also offer services and warehousing in London, Ottawa and Thunder Bay. These warehouses serve the retail stores in their respective geographic areas. This is the type of system that best serves a province as large as Ontario.

The attachments to this presentation contain a number of documents and briefs which our union presented to the previous government on this issue of privatization. It is our firm belief that after the committee, and eventually the government, has had an opportunity to review all the information that has been presented, they too will agree that the LCBO is worth holding on to.

I'd like to thank you for the brief time before the committee and I certainly expect some questions. I would be more than pleased to answer any questions committee member may have.

The Chair: We have about three minutes per party and we'll begin with the official opposition.

Mr Flaherty: Good to see you.

In the newspaper I read that Premier McGuinty says he might sell the LCBO. You've probably read that too.

Mr Sullivan: That's why we're here.

Mr Flaherty: But he's said a few things that haven't come to pass, so don't worry too much about it right now.

Let me ask you something about the word "profits." Andy Brandt and I have had this discussion many times.

Mr Sullivan: I'm sure you have.

Mr Flaherty: I think it's misleading for the LCBO to talk about profits, because we, that is, all of us here, are the shareholders of the LCBO and we have given the LCBO a monopoly in Ontario. The LCBO, which we own, marks up alcohol and other things and sells it back

to us and then tells us that that's a profit they've made for us with our money. I have a little trouble with that, because actually, I think it's a tax. I think what we're doing is taxing ourselves on the sale of alcohol through a monopolistic organization which we own. I guess you could call it a profit, but in essence it looks a lot more like a tax. Now, I'm not against that profit being made or that tax being made and those revenues coming to the province. I think that's terrific.

Having said all of that, do you have a problem with the private sector being involved in the sale of alcohol in Ontario, other than the fact that it would create some competition for the LCBO?

Mr Sullivan: Let me start off by answering your question about taxes. The profits generated by the LCBO—and this year we will actually generate over \$1 billion in profits—are over and above the provincial and federal taxes that are put on. We understand that. Certainly, if one does not want to use or purchase at the LCBO, they're not going to pay the taxes to purchase a bottle of spirits or a bottle of alcohol or a case of beer that our combination stores carry. It's not really a tax that you have to pay if you don't want to pay. It's a luxury item. We'll call it that, and that's what it's been called for many years.

One of the problems we see in privatizing it and expanding the franchise store program is that if down the road we look at expanding the franchise store program as the LCBO is doing now, the Ontario government is in a position where they reap the benefit of an enormous amount of profit from us. If it goes to a private retailer—we'll say store A in town B—and that retailer sells you a product, he will generate a profit for that product. In the LCBO, that profit gets returned to the Ontario government. With a private retailer, that retailer will keep the profit. The Ontario government in return will get a portion of taxes off that profit but will not be keeping the overall profit as they now keep.

Mr Flaherty: The competition, though, I would suggest, based on experience elsewhere, including Alberta and the United States and other places in the world, would result in differential pricing; that is, some people would sell some things on sale, some people would cater to a different market, that kind of thing. There could be more or less profit.

Mr Sullivan: That's one thing we're quite proud of at the LCBO, that we don't offer differential pricing. You can buy a bottle of wine in Wawa, Ontario, and buy the same bottle of wine in Windsor for the same price.

Mr Flaherty: But if I want to buy a case of Coca-Cola, somebody in my town of Whitby has probably got it on sale. I can shop around and I can go buy it cheaper somewhere else. Why can't I do that with alcohol in Ontario?

Mr Sullivan: It's quite possible, but the reverse side of that, Mr Flaherty, is that that person may sell it for more and you may pay more.

Mr Flaherty: But isn't that up to shoppers?

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

Mr Prue: Thank you very much. You've just given me a whole bunch of new stuff, including an evaluation of business options in Nova Scotia. I've tried to read through it—it's pretty thick—but even reading the executive summary and some of the charts in the last couple of minutes, it seems they did not come to a conclusion, at least not in this report. The options were set out to follow systems like in Quebec or Alberta or franchises; they were all completely set out. Did Nova Scotia ever come to a conclusion from this PricewaterhouseCoopers study, or is it still a study in progress?

Mr Sullivan: As we sit here today, it's still a study in progress. I can tell you that the Nova Scotia Liquor Commission is still controlled by the Nova Scotia government. It has not privatized. There was a province in the western part of the country, British Columbia, that was considering privatization that has now withdrawn from that concept and has decided to let the BC government retain authority in the sale of alcohol and spirits. So to answer your question about Nova Scotia, they are still controlled by the Nova Scotia government.

1520

Mr Prue: I listened to Mr Flaherty and his free trade and privatization sort of stuff. I've heard it many times, but this is the first time in terms of liquor sales. From my travels in the United States, which is about the only place I've ever seen this kind of privatized sale of spirits—I've seen the privatized sale of wine and beer in many countries—it seems to me fraught with all kinds of difficulties. I go in and see bars on the windows, I see robberies—I saw the aftermath of a robbery, not the actual robbery itself, at a little local store—things that seem to be very foreign here. I mean, you just don't see that. It seemed to be very foreign here in Ontario or in Canada.

Mr Flaherty: Have you been to Toronto lately?

Mr Prue: I live there.

Is this any part of what you're trying to tell us? I'm very nervous about going down the road that he's suggesting.

Mr Sullivan: Certainly the social responsibility and the sale of alcohol is a concern to us and to our members. You're right, we haven't experienced the bars in the window, although some stores in the province do, depending on the location, as I just overheard Mr Flaherty say. But the overall concept about the LCBO and what we do—it's a very fine balancing act to be a retailer and a regulator. The LCBO has, over the past 10 to 15 years, balanced that, has given the Ontario government more money. Back in 1995, when the PCs were elected to Ontario government, at that point we gave them \$630 million in profit. This year, we're going to be giving over \$1 billion in profit. We've been able to balance the social responsibility and also create revenue. It's not easy to do. We've done it in the store system. We've turned our store systems, that were regulators, into retailers, and we've done that in a socially responsible way.

Your concern about what's happened in the States has always been a concern of ours, and we have addressed

previous governments about that and have been fairly successful in talking to local police services that have the same concern you do. Because of the scope and the size of the province, there are some days when police cruisers—every place in the province is not Toronto or Windsor that have a centralized police service. In fact, for some of our rural stores it could take the police as long as 20 minutes to get to a simple call, which would impact greatly on our staff and the overall community of wherever the person's being called to.

So it is a concern of ours, but it's something we've been able to balance. We've been able to work with the LCBO; our employees have been trained in how to deal with that concept. We want to keep alcohol flowing in the province and we want to do it responsibly and fiscally.

The Chair: We move to the government.

Mr Crozier: Good afternoon, and thanks for coming. I think the LCBO has done an outstanding job. I think right back to my youth when they were socially responsible, and I think they continue to—

Mr Klees: They kept you out of there.

Mr Crozier: Frank would know that. We won't tell stories on each other, Frank.

The thing I like about the LCBO and the way we operate it here in Ontario is the social responsibility. It may not be widespread, but we do have a continuing kind of gnawing problem with tobacco products, for example. We have to monitor all the retail distribution areas of tobacco products because we don't want them sold to youth, those who are under age. Comparing that kind of daily monitoring, then I think the LCBO does a good job.

It seems that every time the government either changes or we have an election, the LCBO seems to be on the block. I don't recall exactly that my Premier said that he was looking at selling the LCBO. I think what was asked by a reporter was, "In this looking at government, will you sell the LCBO?" I think the normal political answer, and there are others around this table who would answer it the same way, rather than saying yes or no, would be, "Everything's on the table." I think those were the terms that were used.

The Chair: Question, please.

Mr Crozier: No, I don't have a question. I just want to applaud the LCBO for the socially responsible way in which it handles the sale of spirits in Ontario.

Mr Sullivan: Thank you very much.

The Chair: A point of order, Mr Flaherty?

Interjection.

The Chair: That's not a point of order. Time has expired, but I think it ended on a good note, from Mr Crozier's point of view at least. Thank you for your presentation this afternoon.

I would ask the Hepatitis C Network of Windsor and Essex County to come forward, please.

Mr Klees: On a point of order, Mr Chair: While the next delegation is coming forward, is this an appropriate time—I believe you've been given notice of a motion

that is going to be presented. Is this a good time to read it into the record?

The Chair: Yes, you can move it.

Mr Klees: I move that the standing committee on finance and economic affairs recognize the need for the government to improve health care services and expand the number of beds available for care, while maintaining fiscal responsibility by finding creative solutions to difficult problems;

That the committee recognize the benefits of the proposals from Cheshire Homes with respect to supportive housing such as:

Supportive housing is more cost-effective than long-term hospital care. This is evident in the case of Cheshire Homes where an investment of \$60,000 to support a bed in a supportive housing environment will result in a net savings of \$120,000 for the government when it is compared to in-hospital care; and

The \$50 million promised by the Liberal government for community support services in the 2004-05 budget will go a long way to resolving the staffing crisis in the supportive housing sector; and

A long-term strategy for supportive housing will assist the Ministry of Health in meeting the future health care needs of vulnerable Ontarians; and

That the committee request that the Minister of Health and the Minister of Finance complete an analysis of the recommendations brought forward by Cheshire Homes with respect to supportive housing units (recommendations 4, 5 and 6 from the presentation), and return said analysis to the committee prior to the writing of the committee's pre-budget report.

The Chair: You have two minutes to discuss the motion if you so desire.

Mr Klees: I'd actually prefer to allow Mr O'Toole to make some comments on my behalf.

Mr Colle: On a point of order, Mr Chair: Who are the two sitting members in substitution right now? The members have all been going in and out, so who are the two voting members?

The Chair: Anyone can speak to a motion.

Mr Crozier: Not everybody can introduce one.

Mr Colle: But I'd like to know, who are the two sitting members?

The Chair: Mr Klees and Mr Flaherty are recognized members of the committee today.

Mr O'Toole: That doesn't count as part of my two minutes.

The Chair: No, it does not.

Mr O'Toole: I appreciate that. In fairness, the issue we're discussing in this particular motion came forward principally yesterday. We were talking about the need for the government to look at what it costs for the chronic acute care cost of about \$180,000 per person and the need for more community support programs; supportive living is about \$60,000 a year.

The point of this was really to get Mr Colle and his colleagues—Mr Colle is the parliamentary assistant to the Minister of Finance and is really the lead on this com-

mittee—to bring to the attention of Mr Sorbara a small change which really would save money and improve access for supportive living. I think it's a reasonable request to bring forward substantively as a motion so that we have it duly recorded; an excellent presentation, I believe, made by Cheshire House yesterday in London.

That's really all I have to say. It's not meant in any mean-spirited way. It's to take a micro issue that has macro implications. If it applied to Cheshire House, it would apply across the province of Ontario. It would improve community supportive housing without costing more money. That would mean transferring the funding that would normally go to the acute-care bed, which is \$180,000 a year, to a community bed in supportive housing, like Cheshire House, which would be \$60,000 a year. That's really the substance of the motion.

The Chair: Any other comment? Mr Prue, you have two minutes.

Mr Prue: I won't even need the two minutes. I just have to express my awe and delight at what is happening to the Conservative Party in Ontario since their defeat.

1530

The Chair: Any other comments?

Mr Colle: I echo the sentiments of my colleague Mr Prue. It's incredible. Here's a government which, over eight years, did nothing on this issue, and all of a sudden they've found the light here in Windsor on the road to Damascus. We'll put this up for consideration, like we will everything else, but primarily we're here to hear the citizens of Ontario. They had their chance for eight years. We want to hear from you.

HEPATITIS C NETWORK OF WINDSOR AND ESSEX COUNTY

The Chair: Now we will hear from the Hepatitis C Network of Windsor and Essex County. I remind you that you have 20 minutes for your presentation.

Ms Michelle Graham: Good afternoon. My name is Michelle Graham. I am a caseworker at St Leonard's House and the secretary of the Hepatitis C Network of Windsor and Essex County.

Ms Susan Price: I'm Susan Price. I'll be doing the body of the presentation. I'm the acting director of the Hepatitis C Network of Windsor and Essex County.

Ms Patricia Messenger: My name is Patricia Messenger. I work for the Metis Nation of Ontario. I'm their health services coordinator, and I sit on the core group of the Hepatitis C Network.

Ms Liz Atkinson: My name is Liz Atkinson. I'm with the Teen Health Centre. I'm a community representative for the Hepatitis C Network.

Ms Price: As I said, my name is Susan Price, and I am serving as acting director of the Hepatitis C Network of Windsor and Essex County. I'm accompanied by my colleagues today, who will be available to answer questions. I'd like to take a moment to thank all of you for the opportunity to appear before you, especially in light of the fact that no hepatitis C group, to our knowledge, has

appeared before a government committee such as this in Ontario. Dr Wong-Reiger, who has contributed to this report in supplementary notes and recommendations, is not available today to answer questions concerning her supplementary notes. Let me go on to the main body of the presentation.

Born of the concern and commitment of St Leonard's House and members of our local aboriginal community, the Hepatitis C Network of Windsor and Essex County is a collaborative of consumer and agency representatives dedicated to improving life for persons infected with hepatitis C. We feel that having consumer representation on our committee is vitally important. As a community-based, volunteer organization, we currently receive no funding through any level of government.

The Hepatitis C Network continues to deliver community service solely through the efforts of an administration of dedicated core group members, consumers, volunteers and peer-support people. Some of the services we provide to this community include hepatitis-C-related care and treatment support, counselling, advocacy, outreach and education. In the past years, our outreach has included such diverse workshops as doing a workshop in a daycare and another workshop at the Windsor jail. We also participate in advocacy with the hepatitis C clinic advisory committee, which is advocating for a hepatitis-C-specific clinic in the city of Windsor.

Hepatitis C, otherwise initialized HCV, is a serious, progressive viral infection that was differentiated—or discovered, if you will—from hepatitis A and B in 1989. Since then, the virus has spread rapidly through the blood supply system as well as through other routes of transmission. Today, it is estimated that worldwide 170 million people are infected, up to 300,000 of those in Canada. This is leading to grave concern that our health care system will be overwhelmed. Because most persons with chronic hepatitis C infection have yet to be diagnosed but are likely to come to medical attention within the next 10 years, a fourfold increase in the number of adults diagnosed with chronic hepatitis C infection is projected over the next decade.

For those new to the topic, hepatitis is a medical term meaning inflammation or swelling of the liver. Hepatitis C can cause inflammation and scarring of the liver that may lead to cirrhosis, which is when healthy liver cells are replaced by scar tissue. Cirrhosis may reduce the liver's ability to function. The initial phase of hepatitis C infection is called acute hepatitis C. If the virus persists in the body for more than six months, the disease enters the chronic hepatitis C phase.

Let's look at what happens to a group of 100 people infected with hepatitis C. The virus becomes undetectable in the blood of about 20 of these infected people. Even without treatment, they spontaneously recover from the infection. The remaining 80 people go on to the chronic phase of the disease. Of these 80 people, about one quarter, or 20 people, will develop progressive liver disease leading to cirrhosis after 20 years. The chance of developing cirrhosis increases the longer you have the infection.

People remain feeling healthy even if they have cirrhosis. This is one of the reasons why hepatitis C has been called the silent killer. A relatively small number of people, about 5% of the group that develops cirrhosis, will experience liver failure or liver cancer.

In 2002, the last year for which annual statistics are currently available, Ontario reported 5,280 cases of hepatitis C to Health Canada's surveillance data. Only between one third and two thirds of those currently infected with hepatitis C have been identified. That means up to 60,000 Ontarians do not know they carry the virus in their bloodstream, are not accessing treatment and are at risk of infecting others.

Locally, every couple of days, one of our fellow Essex county residents is diagnosed with hepatitis C. A Health Canada funded study showed that Essex county has a 19% higher rate of hepatitis C than the provincial average: 5.77 per 10,000 people as compared to 4.9 per 10,000 in the province. Close to 1,800 people in Essex county have hepatitis C, with 163 cases diagnosed last year alone. The number of people in our community at risk is close to 56,000. At-risk populations include: the homeless, people with addictions, youth between 12 and 14, corrections and mental health workers, as well as the aboriginal community.

The experience of persons affected by hepatitis C in Windsor and Essex county is confounded in so far as there is no hepatologist practising in Essex county. A family physician is the first access point for people who come to exhibit the symptoms of hepatitis C, but as you've heard, I'm assuming a number of times today, Windsor remains a gravely underserved area in terms of both family physicians and specialists. Therefore, it can take many months to access appropriate medical care and/or to commence anti-viral therapy. Persons requiring anti-viral treatment in Essex county may be referred to one of four gastroenterologists practising in the city or 200 kilometres to the London Health Sciences Centre, home of the closest hepatologist.

Although the federal government has earmarked over \$700 million for hepatitis C compensation and programming, government response overall to this epidemic has been fragmented and largely ineffective. It has only been in the last three years that federal funding has been allocated to begin to address the multiple issues facing individuals, health care and service providers and communities.

The province of Ontario has demonstrated leadership in compensation for hepatitis C victims, but there remains a dearth of provincial resources for programs supporting infected individuals and their families. Those programs that do exist are carried out with volunteer and private industry support without the province assuming its fair share of responsibility.

Federal transfer payments to the province for the Care Not Cash program have yet to reach those for whom they were intended. Hepatitis C sufferers who do not meet the criteria set out for the province's compensation package but who do qualify for financial support under the Care

Not Cash program have been unable to access financial assistance for out-of-pocket medical expenses. The Hepatitis C Network has received a variety of requests for assistance that could be served under this program, including one from a senior citizen requiring financial assistance for a ride from Windsor to London for an appointment with her hepatologist.

Reducing the burden on our health care system by preventing infectious disease is of critical importance. We have witnessed the success of investing in infectious disease prevention. The Ministry of Health's current \$44-million investment in Ontario's flu shot campaign is increasing public awareness of respiratory illness and demonstrating results in reducing the impact of infectious influenza in the province.

Corresponding investment in strategies to prevent new hepatitis C infections, slow disease progression, increase public awareness and to provide compassionate care and support to those infected and those who care for them will be key activities in reducing hepatitis-C-related deaths and hospitalizations. Examples of savings to our province can include: If we reduce the need for 100 people to access disability benefits because of hepatitis C disease progression, we'll save close to \$1 million per year; every 40 people who do not require interferon or ribavirin treatment will save the health care system another \$1 million per year; every 20 people who do not die of HCV-related liver failure saves the health care system an additional \$1 million.

We are at the point where there is an understanding of the necessity for a coordinated response that incorporates the best practices of all the stakeholders including: Health Canada, the provincial health care system, health care providers and community-based support, education and prevention programs.

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Community-based support programs play a key role in educating and supporting the affected individual, their family, friends, employer, co-workers, health care providers and the community as a whole. Community-based support programs are cost-effective. In BC they have found that the simple fact of assisting just two patients on antiviral therapy to deal successfully with the significant physical, emotional and psychological effects of treatment and to achieve sustained viral response could recoup the annual cost of a community-based support program.

The Hepatitis C Network supports this government's commitment to comprehensiveness, accessibility, transparency and accountability in health care and is optimistic that while cost savings to the province may be realized through integrated disease reduction strategies, efficacy in minimizing the impact of the hepatitis C virus is realized through providing timely access to medical care and treatment support.

Because it can reside quietly in an infected person's liver for up to 20 years before causing symptoms, the progression and spread of the disease hepatitis C has been called the "silent epidemic." As hepatitis C con-

tinues its silent march through our communities, the voices of those both infected with and affected by this disease combine with those of the tireless community volunteers and agencies that care for them to reach out beyond the silence in the hope of being an active participant in a meaningful process that truly does, as was delivered in the throne speech in November, provide real and positive reforms in public health care.

As part of that process, we'd like to start with sharing seven issues and recommendations that in our opinion need to be addressed. These are included in your written package.

(1) Invest in comprehensive and integrated health strategies: Ontario needs coordinated health care programs that cut across the silos in public health, hospitals, clinics, home care and pharmacare. Nowhere is the lack of an integrated strategy more evident than in the area of hepatitis C. Harm reduction programs directed at high-risk populations do not carry an effective hepatitis C message. Moreover, those supporting high-risk communities—for example, street youth, injection drug users, incarcerated populations and aboriginals—are not effectively engaged, informed, or supported to focus on hepatitis C prevention.

(2) Invest in community collaborations and support networks: Collaborative community networks bring together health care professionals, health care consumers and their families and support resources while providing cost-effective delivery of care, support and education.

(3) Recruitment of a hepatologist and continued recruitment of primary care physicians to Windsor and Essex county: Persons infected with hepatitis C face long waiting lists to access medical treatment. Sometimes they must travel 200 kilometres to London to see a hepatologist. Furthermore, continuity of care is affected by the fact that people are unable to access a primary care physician in this community.

(4) Invest in public awareness and education: There has been no real public awareness and education campaign that targets those at risk, reduces the stigma of hepatitis C and assures adequate support for those who are screened and identified.

(5) Immediate adoption of Common Drug Review recommendations: Ontario is slow to add new drugs to the provincial formulary. It still does not list the newest drug, which is pegylated interferon combination with ribavirin. Limited access for drugs delays patient access, and limited patient access means that the disease can progress and patients may have to remain on the older drugs that deliver very difficult side effects.

(6) Accountability for hepatitis C funding and access to Care Not Cash funds: Federal funding given to Ontario to deal with hepatitis C has not been accounted for. Infected persons outside of the provincial compensation package require immediate assistance with out-of-pocket expenses. A process must be put into place that facilitates access to Care Not Cash funds.

(7) Approach health care as an investment, not as a cost centre, by investing adequate funds in the commun-

ity. You've heard before today that community support is necessary. Investing funds in reducing hospitalization and physician intervention while promoting interdisciplinary care, prevention, education and community support pays off in both the short term and the long term.

Thank you, and I hope we have enough time for questions.

The Chair: We have two minutes for each party, and we begin with Mr Prue of the NDP.

Mr Prue: In two minutes I guess I get one question, so I'd better make it good.

Ms Price: I guess so.

Mr Prue: Recommendation 5 is, "Immediate adoption of Common Drug Review recommendations," and you're talking about a newest drug, pegylated interferon combination with ribavirin. Has this been approved for use in Ontario? That is, is it one of the drugs that is available through OHIP or that people can access?

Ms Price: Liz, perhaps you could address this.

Ms Liz Atkinson: I'll address that.

It's not easily accessible. A lot of times there has to be compensation and we have to go through care programs and stuff like that, and trillium programs, to get access. There are two different kinds: There's the alpha-2a, which is approved, and then there's the alpha-2b, which is a bigger-molecule medication and is shown to be more effective with genome type 1, which is one of the strains that is harder to treat. That one is not approved as of yet in Canada.

Mr Prue: So we're still waiting for approval?

Ms Atkinson: Yes.

Mr Prue: But the other one is available for anyone who needs it?

Ms Atkinson: The other one is available.

Mind you, the other one is effective, but the rate of effectiveness is showing only 65% for genome type 1, where the alpha-2b is effective in 85% of genome type 1.

Mr Prue: So we need to get the new one.

Ms Atkinson: Yes, we want the new one.

The Chair: We move to the government.

Mr Wilkinson: I have a particular personal interest. First of all, I commend the work at St Leonard's. I've known of your work for over 20 years. I had breakfast with your former executive director this morning, had a chance to look at your review, and in my riding, of course, Mike McCarthy has been a great advocate for hepatitis C. He comes from my riding and has been a true voice in the wilderness for so many years, particularly about a friend of mine, a woman—she's in her late 50s—who is one of these people who got caught in the silent epidemic.

She was infected because of an emergency medical procedure I think about 15 years ago. She was finally diagnosed after years and years of driving the doctors nuts. They couldn't figure out what was wrong with her. They finally realized that she had hepatitis C. She has been on this pegylated interferon with ribavirin, the new antiviral drugs, with substantial side effects. So I'm aware of it.

I just want to get to this question about prevention, because there are two things: (1) cash for care. I would ask research to see if we can get an accounting of why this federal money of cash for care—where is that right now, the Ministry of Health and Long-Term Care? But in regard to prevention and about how to get a strategy that goes across the silos, would you be recommending to us that the local public officers of health, the district officers of health—is that the right kind of lead person in the local community to try to coordinate those resources so we can get the message of prevention out there? I mean, you guys are doing great work as the community, but what part of the government or where should you interface with our government to improve things?

Ms Atkinson: The system right now is very fragmented, so you have clients running to maybe St Leonard's House for support and then going to London for treatment, and then they're maybe seeing a gastrologist in Windsor. So it's very fragmented. We'd like to see it come together where it's under one clinic. We'd like to see something based on the HIV care programs where everything is under one roof. There are resources, there's support, there's counselling, there are doctors, there are nurses, there are blood labs, so everything is in one place, instead of having these people run as far away as Toronto to get treatment, to see doctors.

Mr Wilkinson: And the prevention strategy should be from what group?

Ms Atkinson: I think the prevention strategy should also be under that roof, where we continue. Right now we work at the Teen Health Centre and with the Hepatitis C Network. We work together within this community to do various prevention strategies such as visuals and awareness campaigns and different things that we do to just get it out there. We can say that the number of people being diagnosed has increased in Windsor and is steadily increasing, whether that's more people becoming infected or whether it's more people learning about the disease and then getting the idea to get tested for it.

The Chair: We move to the official opposition.

Mr Flaherty: Thank you for the presentation here. One of the purposes of legislative committee hearings is to be brought up to date on serious social issues, and you've accomplished that. Thank you for that.

I was reading through the paper and listening while you were presenting it. What I didn't pick up was an explanation, if there is one, for the reason or reasons why there appears to be substantial growth in the number of cases. I know about the blood services issue, of course, but what is happening out there, or do we know, that is being reflected in these substantial numbers?

1550

Ms Price: In many instances what we're seeing now is people diagnosed now who were actually infected 15 or 20 years ago. Those numbers are currently being reflected and they will continue to be reflected over the next 15 to 20 years. Yes, you're right. The risk of transmission through blood transfusion currently has been addressed and is less than 1%. We also have a problem

with injection-drug users. We're running into the situations you heard about today: homelessness and helplessness. There are people out there in that predicament who are injecting drugs. The situation inside jails, for example—tattooing and injecting drugs is very serious. Youth are going to get tattoos.

Luckily, we have been seeing a decrease in the number of cases province-wide in every year since the province started keeping statistics. I would like to continue to see that decrease. Quite frankly, I'd like to put us out of a job. You're going to continue to see an increase in hepatitis C infections, diagnoses happening, I'm going to tell you now, over the next 15 to 20 years from people who are currently infected.

Ms Atkinson: We also have incidents of immigrants who were infected through same-needle inoculations back in Italy and different countries where they did the same needle. So when they come over they could go years and years with having it and passing it on in the meantime before it becomes diagnosed.

The Chair: Thank you for your presentation this afternoon.

Mr Flaherty: Is there time for a motion? It's a short one. I move that the committee on finance and economic affairs recognize the safety concerns of the people of southwestern Ontario and heed the recommendation of the MPP for Chatham-Kent-Essex, Pat Hoy, in the Legislature, where he said, "I would say to the Minister of Transportation and the Minister of Public Safety" and Security "that we need to have fully paved shoulders on both sides of the highway"—401—"not just one side of the highway. We need that extra lane," on November 20, 2002, and that the committee recommend to the Minister of Finance that fully paved shoulders be installed on both sides of Highway 401 between London and Windsor, in an effort to address the traffic safety concerns that have arisen on this stretch of highway in recent years.

That's the motion, Chair.

The Chair: Thank you.

Mr Flaherty: It's self-evidently beneficial to the people of this part of the province.

The Chair: Is there any discussion? Hearing none, we will move to our next presenter, Dr Janice Bellemore.

JANICE BELLEMORE

The Chair: Thank you for your patience.

Mr O'Toole: There's no discussion on that?

The Chair: I asked for discussion; no one answered.

You 10 minutes for your presentation. You may use the time for that presentation in total or allow some time for questions.

Mr Colle: On a point of order, Mr Chair: Is she responsible for the gum?

Dr Janice Bellemore: Yes.

Mr Colle: Thank you very much. It's the first gift we've had.

The Chair: That's not a point of order. Please identify yourself and you may begin.

Mr Peterson: We can't chew and talk.

Dr Bellemore: Can you chew and listen?

My name is Janice Bellemore. I want to thank you, members of the standing committee on finance and economic affairs, for the opportunity to provide recommendations to the government of Ontario concerning Ontario health billing and reimbursement for optometrists.

The handouts there are not what I'm covering today—well, it is; it's just information that I received from the Ontario Association of Optometrists. It supports what I'm going to tell you today.

Before I begin I have two questions:

If you gave 150% at your job, were underpaid, hadn't had a raise in your salary since you started working, you'd been working for 14 years and your boss won't even discuss a raise with you—

Interjection.

Dr Bellemore: I was going to ask you if you would quit your job. Would you look for a new one?

Let me try this one:

If you owned your own business serving the needs of the community and helping thousands of people every year but you were making no money, in fact you were losing money, would you continue to be a good Samaritan or would you go get a paying job so you could support your family? What do you think is the responsible thing to do?

I'm an optometrist and those are the questions I ask myself.

I graduated from the University of Waterloo in 1990 with a bachelor of science and a doctor of optometry.

I've been practising in Windsor for 14 years.

I have 22,000 patient files and it's a minimum one-month wait to have an examination in my clinic. I am currently working 50 hours a week.

I love my job, I love my staff, and my patients are like my family and friends.

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 disease and disorders and refer when appropriate. An eye examination involves determining the refractive, binocular and health conditions of the eye and visual system. On average, an eye examination takes about 30 minutes, and most of that is spent on eye health assessments.

Four years ago, when I was discouraged by all my hard work and lack of income, I hired an optometric consulting firm out of Nebraska. They made me realize that I made no money practising as an optometrist in Ontario. In fact, optometrists in Ontario recover the lowest reimbursement in Canada. My clinic loses \$3,000 a month. They told me that I could make money if I concentrated on selling glasses. I didn't go to school to sell glasses; I went to school to be an optometrist. However, when I realized that I am losing \$10 on every eye examination, \$700 a week, \$3,000 a month and \$36,000 a year doing only eye exams, I quickly learned how to sell glasses.

I spend 95% of my time doing eye exams and my staff sell the glasses.

I'm sad, I'm embarrassed, and I'm angry that after all my efforts, my education, my financial investment, I cannot afford to be an optometrist under the current funding.

Under the current funding, I cannot afford to be an optometrist unless I sell glasses. I can no longer afford new, state-of-the-art equipment for my clinic unless I sell more glasses. Someday I may not be able to see my glaucoma patients and my cataract patients, who are my friends now for 14 years, who are in all the time for health issues, because they may not buy glasses from me and I can't afford to see them. Someday I may need to close my clinic and only sell glasses unless I make money as an optometrist.

Half of my graduating class moved out of province to make better money. Seven or more of them have left Ontario since then. They started practising in Ontario and they left. My university roommate left optometry entirely and now sells pharmaceuticals. My best friend is selling her practice and going back to school for dentistry.

As optometrists, we have to rely on the good faith of the government to reimburse us fairly. This is not the case. Our patients need this to happen. The quality of care they deserve cannot be sustained by the current levels of reimbursement.

I recommend a significant raise in our fees or allow balance billing as you do for chiropractors or partially deinsure us, as is done in all the other provinces in Canada.

I want to thank you for your time, and I'd be happy to answer questions.

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

Ms Marsales: I want to sincerely thank you for attending this hearing today. We did hear a submission by a fellow optometrist, and I have certainly had requests made of me in Hamilton from Dr Aldridge, who, as I mentioned to one of your colleagues—his father was the founder of the association. We have expressed how appalled we are at the current fee system that you're operating under. We hope to have an opportunity to look at that.

Is there any advice you could offer us, notwithstanding the fees, which could help us in our deliberation?

Dr Bellemore: I'm not exactly sure what you're asking.

Ms Marsales: In terms of policy, other than just the simple fee, is it just that one issue that the optometrists are facing right now?

Dr Bellemore: Oh no, there are a tremendous amount of issues we're facing. I'm just looking at one of them right now.

Ms Marsales: Could you elaborate?

Dr Bellemore: Sure. In other provinces, optometrists are able to use pharmaceutical drugs to treat their patients. I can't get an ophthalmologist to see a patient for conjunctivitis. So I have to send them over to the

drugstore to get Polysporin because I can't prescribe Polysporin to them, but it's an over-the-counter drug at the drugstore.

There are a lot of issues that optometrists are facing. We have to go with the times and do the same as all the other provinces. Optometrists in the United States are treating ocular disease, but in Ontario we can't. In Ontario we are not even paid properly for our services so we can cover our overhead costs.

1600

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

Mr Klees: You made reference to partially de-insuring as perhaps one part of the solution. If the government were to move in that direction, can you give me a sense of what the additional charge might be? What would happen to the actual charges themselves?

Dr Bellemore: I have some examples from all the other provinces in the back pages of the handout that I provided for you. In the other provinces, what they have done is that patients between the ages of 20 and 65 are no longer funded. Patients over 65 and under 20 are funded, and patients with ongoing health issues—diabetes, glaucoma—are all funded on a regular basis, and they're funded more than \$39.15 for an examination. I really don't know what they are being paid in the other provinces. I'm assuming around \$70 or perhaps more, but I really am not exactly familiar with what they are being paid.

Mr Klees: I think my colleague has another question.

Mr O'Toole: I hear from Karen Macpherson, who is one of the optometrists in my area, about the scope-of-practice issues that would allow you to do other procedures that now are only able to be performed by a general practitioner, who doesn't have nearly the training. Could you address that for the members of the committee who may not know the issue of scope of practice within optometry, ophthalmology and opticians? There's a huge issue.

Dr Bellemore: An optometrist is the primary eye care provider. The ophthalmologist is the surgeon. That's who we refer glaucoma and cataracts to. The optician is where you go to purchase your glasses. In Ontario you also purchase your glasses from optometrists, so that we can continue to be in business.

The Chair: We'll move to Mr Prue, of the NDP.

Mr Prue: A previous speaker, an optometrist—I think it was yesterday; it's all turning into a blur—talked about how the optometrists met with the previous government last July and it didn't go anywhere. Is there a move afoot to come back with a mediator? I think this needs to be resolved—it's quite clear it does. But I don't know whether your speaking to this committee is going to resolve it. I would like to see something a little bit stronger: a request for mediation, a sit-down with the minister. Quite frankly, I think that's what needs to be done.

Dr Bellemore: I'm not 100% sure, but I think we were almost there and now we're not. Yes, we do need a

mediator and we need to do something about this. Someone needs to listen to us. That's why I'm here today.

Mr Prue: So if this committee, in its wisdom, were to make the recommendation that a mediator be immediately established to sit down with the appropriate officials and representatives of the optometrists, you would be in agreement with that?

Dr Bellemore: Absolutely.

The Chair: Thank you for your presentation today.

RICHARD KNIAZIEW

The Chair: Dr Richard Kniaziew.

Dr Richard Kniaziew: Thank you, Mr Chairman. I feel at home. I have Bruce and I have Frank Klees here. Frank was from Leamington. God created Leamington, and he did such a great job that he decided to create the rest of Ontario. Anyway, I'm also an optometrist—

The Chair: Doctor, if you would identify yourself for the purposes of Hansard, so that it is on the official record.

Dr Kniaziew: Certainly. It's Richard Kniaziew, and I reside in Leamington. I'm here to speak as a taxpayer. I'm also an optometrist, and Janice spoke quite eloquently about problems in our profession.

To answer the question about scope of practice, in Leamington, for instance, if a person comes in and has an eye infection, we have one of two options: either send them to emergency, where they have to wait three to four hours to be treated, or send them to Windsor. What we have worked out with some ophthalmologists is that now we just pick up the phone and call, and they send a prescription to the drugstore and the patient can be treated and monitored. Four provinces in Canada presently allow optometrists to do that. Our training allows us to do that, but because of the turf wars in the past, OMA and other groups, the party chose not to grant us this. I'm looking to the Liberal Party to be more innovative, to look at the doctor shortages and visits and waiting times in hospitals and allow us to do what we trained to do.

I'm here to talk about three things, basically. One of the things I want to talk about is the minimum wage, because I'm an immigrant. Secondly, I want to talk about education. I used to be a school board trustee, and I understand education a little bit more than the average individual does. Thirdly, I want to talk about health care, especially access to physicians and health care availability in the community I live in.

Minimum wage: As an immigrant, when I came to this country I was fortunate, because my parents and I were able to work 70 hours a week making minimum wage. In the period of a year we were able to accumulate money and buy a home. Eight dollars an hour in a number of years is not enough, folks. My suggestion to this government is to become a little bit more proactive and increase it to \$10. What does it do? It increases spending money. It creates wealth for those people who need to work. Sure

it's going to cost industry a little bit more money, but that's offset by how much workers get paid.

You're looking at eliminating the 60 hours. If that was the case when I came to this country 39 years ago, we would not have been able to work 70 hours a week. We enjoyed working 70 hours a week, because we could get ahead. That was OK for us. Nobody put a gun to our heads. If you mandate 40 hours, I have a concern about that. My son is in farming. Because we grow peppers and they have to be harvested, you have to put in seven days a week. So the concern is there in our farming community, and Bruce is aware of that.

Mr Crozier: But they're exempt.

Dr Kniaziew: Now. Things are changing.

Education: Education is the most important thing we can give our kids and the future of our province. Go to province-wide negotiations. It would save you \$200 million a year. The teacher federations negotiate provincially. Our local unit doesn't move to negotiation unless the province tells them how to speak, how to walk, how to talk. So I suggest to you that by removing individual board negotiation and going provincially, you would save yourself about \$200 million a year.

Get away from confrontational negotiation. Go into interest-based negotiation. Each party in that advises what the problems are—puts them on the table—and each party finds a solution. Come up with a solution and then attach funding to it: Everybody's a winner. The CAW is doing that right now. When they negotiate with Chrysler and other companies, they're going to that type of negotiation. There's no more them and us. Get into that.

The other issue is health care and kids. Obesity in the States is costing \$75 billion. We're one tenth of the States, so it's \$7.5 billion. If you break it down to the province of Ontario, it's about a third of us. The cost saving if you address obesity is \$1 billion. How do you do it? The Liberals brought out 20 minutes of physical activity a day. Attach a grant portion to it so every school board gets a grant for bringing in 20 minutes of physical activity. What that does is change lifestyle. There's a new term now, "structural deficit." If you introduce lifestyles early that carry through life, over the next 30 to 50 years you have how many billions of dollars in structural savings?

I have to look at my notes here, because I got excited about health care.

The other issue is extracurricular activities. I hope the government realizes—my two daughters are teachers. They put in ample hours and coach all the sports. Twenty-year teachers choose not to do it, and that's their choice. I understand that. They're making \$70,000, and my daughters are making \$35,000. Where's the pay equity, folks? This is the year 2004. If this individual teaches the same chapters that individual does, why do we pay him half as much when he or she has to work twice as much? Attach funding to it so that if they do extracurricular activities, we pay them or give them something in lieu, like an extra prep period.

How much time do I have left?

The Chair: You have about five minutes.

Dr Kniaziew: Five minutes? Thank you.

Reduce the school boards. Initially when the NDP government came in—actually their Minister of Education, David Cooke, comes from Windsor—they said, "We have to reduce school boards. Everybody says the education system is going to fall." So they reduced it to 72 boards, and what happened? If you look at our scores, we're doing better. Things are working. I suggest we reduce to 30 school boards and go to regional boards. Do you know what the superintendents do today? They don't go into the schools any more. The schools are run by the principals and the parent councils; it's school-based management. By reducing that, you add another \$200 million to \$300 million a year in structural savings. So now I've saved you \$500 million dollars a year, haven't offended any unions, haven't offended any parents, haven't offended anyone. The only ones I've feathered hats with is bureaucrats. I'm sorry, but it was cost saving.

1610

If you go to a health care issue in my community—and it is not the NDP's fault; I was there during the social contract negotiations on behalf of my profession, sitting in a hotel—get rid of caps. What the caps have done in my community is, we had three physicians who were working 60 to 70 hours a week. They liked working 60 to 70 hours and provided care for their patients. When the caps came in and they could only bill \$300,000, they got rid of two thirds of their practices. That created a shortage of six physicians overnight.

If somebody wants to work 60 or 70 hours a week, provides good health care and sees the patients, why not? The OMA decided on caps, not the government. The OMA created that. I think the government of today should revisit this and look at it carefully.

The issue of scope: You have nurses and nurse practitioners. The NDP government—who was health minister? She brought in the nurse practitioners. We have a school in Windsor that produces nurse practitioners. The only difficulty was that the NDP didn't go far enough and didn't attach funding to it. So nurse practitioners graduate but can't go anywhere. They have to work for hospitals or doctors or clinics. But if you attach funding to it, all of a sudden they can set up clinics in Leamington, Harrow and Essex, and they can see patients.

What the Ontario Nurses' Association president tells me is that if you utilize nurses to the full scope they are trained to, you'll have too many doctors in Ontario. We don't have a shortage of doctors; we don't utilize the people we have in the profession to their full potential.

The Chair: You have about two minutes left.

Dr Kniaziew: I can go on for hours. I'm a proud Canadian. I love being in Ontario. We have the best country in the world. I've travelled the world. I look at our country, and I'm really proud of it. People are dying to get into our country. They want to get in because it's so great. We have the NDP, PCs and Liberals. We have a

vital government system, and I'm really proud of it. You should be proud of it too, because you're part of the greatest country in the world. I want to thank you for giving me an opportunity to speak to you.

The Chair: Thank you for your presentation today.

Mr O'Toole: Any questions?

The Chair: We only have about a minute left; it would be hard to divide a minute.

Dr Kniaziew: I can stay until tomorrow.

The Chair: We have others behind you, sir.

Dr Kniaziew: I'll buy dinner.

Mr Crozier: Wait, you're one of those poor optometrists.

Dr Kniaziew: No, I never said I was poor. I am a very wealthy person: I have a wife, four kids and a dog, and I'm very proud of being an Ontarian.

Mr O'Toole: Best presentation yet.

LEAMINGTON DISTRICT MEMORIAL HOSPITAL

The Chair: I would ask Leamington District Memorial Hospital to come forward.

Mr Klees: Chair, with your permission, while they're coming forward I'd like to put forward a motion.

The Chair: I had called the presenters first, so they have the floor.

Mr Klees: Fair enough. Can we do this immediately following?

Interjection: On a point of order.

The Chair: Good afternoon, gentlemen, you have 20 minutes for your presentation this afternoon. You may choose to leave time for questions, if you so desire. Please state your names for Hansard, and then you can begin.

Mr Cole Cacciavillani: My name is Cole Cacciavillani, and I'm here representing Leamington District Memorial Hospital. I'm chair of the board.

Mr Frank Zaitel: My name is Frank Zaitel. I'm the assistant administrator at Leamington District Memorial Hospital.

Mr Cacciavillani: Am I the last presenter today? So they saved the best for last?

Thank you, Mr Hoy and members of the committee, for allocating some of your valuable time to hear from the chair of the board of a small community hospital on what our board considers important in upcoming budget considerations.

Leamington District Memorial Hospital, as the only hospital in Essex county located outside Windsor, serves 50,000 residents of south Essex county and has an annual budget of \$26.5 million. Care is provided by 340 dedicated and caring staff and physicians through 81 inpatient beds and numerous outpatient programs and clinics. The hospital offers a 24-hour physician-staffed emergency department that helps 33,000 patients a year. Surgical services, obstetrics and internal medicine are major specialties of care. A very active diagnostic imag-

ing department with 40,000 visits supports treatment plans and confirms clinical assessments.

Premier McGuinty and his government made hospital funding a cornerstone of their 2003 election platform. I wish to bring the committee five areas that should not be forgotten in preparing the upcoming budget.

Hospital funding shortfalls: Ontario hospitals face a deficit of \$470 million in the fiscal year 2003-04. Many of these hospitals are in dire financial straits. Special funding assistance to these institutions is needed to maintain stable and sustainable health care. At the same time, I plead with you: Do not forget to also fund hospitals that have struggled to operate without creating an operating deficit. Government's stated policy on health care administration is one of accountability to the public and making sure that your health care dollars are invested wisely. Please reinforce this policy by rewarding good performers. For a hospital that has not generated a deficit in more than 10 years, not recognizing the hard work of hospitals without a deficit is an injustice and a major deterrent to responsible fiscal management.

Financial realities for 2004-05: Staffing costs represent 75% of the costs of operating a hospital. Some 85% of the staff are unionized and represented by strong labour unions such as CAW, ONA and OPSEU. During the past few years, average salary increases have exceeded 3% and the salary-related benefits push this figure closer to a 4% annual increase in compensation. Another related factor is the multi-step salary grids used in hospitals. Every year a staff person with limited experience moves up the grid in recognition of experience gained. The difference between the steps is 2% to 4%, and this automatic progression on the salary grid creates a grid creep of at least 1.5% per year. A number of hospitals have already signed collective agreements to 2006, and salary increases in these agreements are in the 3% range. Adding benefits and grid creep, the hospitals need at least a 5% to 6% increase from the government in order to maintain present services.

I need not mention the increase in the cost of drugs, medical supplies, energy and insurance premiums, nor draw your attention to the fact that each year 150,000 people, many requiring health care services, make Ontario their new home.

The stated need of 5% to 6% may even be low, as it is not unrealistic when one looks at where Ontario stands in bed availability relative to other developed countries—Ontario is at 3.2 beds per 1,000 population; France is at 6.7. Health care costs per capita in Ontario are \$2,245, and in the US, \$4,887. Recent international increases in health care budgets: Britain recently announced 7.5% in addition to their inflation rate. In the US, hospitals forecast 6% per year to 2011.

A realistic allocation for 2004-05 is absolutely essential. If realistic costs are not faced up front, the hospitals will be here next year asking for deficit remedy.

Multi-year funding: For a decade, the hospitals and other public services have been asking for a predictable long-term financial commitment. The government

expects the hospitals to have a strategic plan and multi-year forecast, yet the funding is at best year to year and does not fairly reflect market realities. As a business person, I could not operate an enterprise where my revenues were not predictable for a number of years. I could then tailor my expenses to the projected revenues. Is there anyone on this committee who believes it is good fiscal management to announce a budget increase in the middle of a fiscal year, for one year only, and furthermore when these increases are well below the real costs?

1620

There is a shortage of health care professionals. This area is especially underserved with physicians. Some 17% of the registered nurses residing in the Windsor-Essex county area work in the Detroit area. Not knowing what revenue will be available makes it extremely difficult to make meaningful commitments to professionals. Medical professionals, especially in border cities, are extremely mobile, and any hint of instability will cause an irreparable exodus. However, with costs increasing at 6% per year and government officials talking 1% or 2%, there will be a reduction in staff, there will be a reduction in care, increases in waiting lines and further loss of health care professionals.

A three-year funding cycle would indeed help in projecting levels of care, services offered and staff recruitment and retention. This request is so logical that one must ask, "Why did this not happen many years ago?"

Information technology: Although hospitals are in the business of providing care, the care is based on timely and accurate information. Therefore, hospitals are more and more in the knowledge transfer business. Professionals secure knowledge from patients and exchange and pass this information among caregivers. Exchange of knowledge provides for integrated and seamless care. Failure to invest in information technology deflects many of the government stated goals. As we all know, computers, networks and software programs are available to handle the vast amount of information and facilitate rapid transfer of this information. Hospitals lag behind the private sector in information technology. It is imperative that the government recognizes that information technology is an integral part of health care and starts funding the large capital costs of information technology. With federal support for health care expected, federal funds to this specific area present a real, cost-effective opportunity to improve the quality of health care.

Partnership: Our hospital is committed to working with other hospitals, health care providers and social agencies to improve the health status of the people we serve and provide a continuum of care. The three local hospitals provide all the required care to 95% of the local population without referral elsewhere.

A local success that needs recognition and is a good example of partnership is the integrated laboratory service, providing laboratory results to three hospitals—Hôtel-Dieu Grace, Leamington and Windsor Regional. The joint venture ensures that all three hospitals are

electronically connected, share data and reduce and in most cases eliminate duplication of service. It is the commitment to partnership that made this project a reality here, while the rest of the province is struggling with laboratory restructuring.

Formal partnerships should be encouraged, financially supported and acknowledged. Nuclear medicine examinations at Leamington hospital are only possible as a result of our partnership with Hôtel-Dieu Grace Hospital. Windsor-Essex is in the process of standardizing pain pumps between the three hospitals, the hospice and the community care access centre to make transfer and portability a non-issue.

Let me recap for you what, in my opinion and in the opinion of Leamington District Memorial Hospital and, for that matter, all Ontario hospitals, is of great importance in order that we, our children and their children can expect and receive good, publicly funded health care:

(1) The government must assist hospitals that are experiencing deficits but at the same time recognize those that have succeeded in operating within budget allocations.

(2) The government must be realistic in granting funding increases each year that more closely approximate market realities.

(3) Good planning and responsible fiscal management has a multi-year timeframe; therefore, multi-year funding is a necessity.

(4) Without reliable and timely information, quality patient care is a myth. Information systems are as important as operating room lights.

(5) No person is an island. Partnership and innovative non-territorial thinking is a way to ensure that our highly regarded and respected health care system survives.

The Chair: Thank you for your presentation. We have two minutes per party for questions. We'll begin with the official opposition.

Mr O'Toole: I'll just make a quick comment. On the technology part, I was PA to health and I can tell you we have—in Management Board some decisions have been made—billions of dollars in technology commitments. I'm going to name some of them to put them on the record.

The Smart Systems for Health Agency is the huge, single most important decision that this government will have to move forward with. It's all contingent upon the health privacy debate, Bill 8, that is before one of the committees, and Bill 31. E-health is up and operational, as is telehealth. The other one is the NORTH Network through Sunnybrook, dealing with distance medicine. There are huge amounts that are there and committed. That infrastructure is critical to the overlap and duplication you referred to.

I commend your hospital for the work you're doing. If you'd care to respond, there are a number of—with the partnerships and innovations opportunities, whether with labs or other service providers, hospitals to some extent have been leading the way, whether it's laundry, food services, whatever. There are better ways of doing things.

Stick to core business like any other business and do it under the Regulated Health Professions Act and you're on the right track.

Mr Cacciavillani: That's what we're doing.

Mr O'Toole: Great. Excellent job.

Mr Prue: I want to go to your second point on the last page, "The government must be realistic in granting funding increases each year that more closely approximate market realities." We heard from some of the staff on the first day of these hearings, and that was one of the questions I had: Why were they going so much more in inflation as anticipated revenue needs? The explanation they gave was very much the same as what you're suggesting here today. So I think you've already at least convinced the staff.

But 6% still seems a little bit high to me. It seems a little bit high when you consider—I don't know, I just have a little bit of a problem with what you call the—

Mr Cacciavillani: Grid creep?

Mr Prue: Grid creep, yes. I think that is so commonplace in literally almost every industry, every job. It's just a factor. It's just a factor wherever you go to work—a factory, a supermarket.

Mr Cacciavillani: Yes, it's a factor, but in industry you can be much more innovative in how to generate other revenues. With a hospital structure, we're limited in what we can do and where our revenue can come from. We can't give less care, we can't turn out 300 more patients and expect our gross income to go up. It doesn't quite work like that. So grid creep is a big problem. Yes, it's in every industry, but it really shows in the health care field because of how we are funded and how we can generate revenue, which is very limited.

Mr Crozier: Thanks for coming, Frank and Cole. On behalf of Pat and I, who kind of share Leamington hospital, I'm pleased that you're here today. Of the five points you've made—and they're all good—I would re-emphasize two of them because they're indicative of Leamington District Memorial Hospital, as far as I'm concerned. You do operate very efficiently. I think there should be some way to reward you other than just a pat on the back, because there are other hospitals that, hard as they might try and for whatever reasons, have deficits that governments then have to cover. So I take that point well, and we'll take that back to the Minister of Finance and the Minister of Health, as well.

The other point was on responsible fiscal management and a multi-year timeframe. It's one that governments always suffer from. I guess we're in the best position to do that, because presumably we have three and a half years or so left in our mandate. But as you're aware from your experience in it, governments kind of work from election to election, and other than declaring ourselves a dictatorship for the next 10 years, we'll have to work on that one. But I think the point is well taken. It's also that way in education, but certainly in health care you could plan much better if you had commitments for multi-year funding. I just want to thank you for being here. You're a

great rural and small community hospital that's doing a great job.

Mr Klees: On a point of order, Mr Chair: Two issues. I want to congratulate the board on a job well done. It is a great hospital. My daughter was born there, and she's doing just fine. She's 25 years old, and I'm proud of her.

Chair, I have a motion I'd like to put forward for the committee at this point, with your permission.

This is a motion regarding the border issue here in Windsor. I had meetings this morning with representatives from the trucking industry as well as the tourism industry and business. The motion reads as follows:

That the standing committee on finance and economic affairs identify the Windsor-Detroit border as a priority for the government of Ontario and recognize that the current situation which is resulting in lengthy delay and traffic gridlocks, is having serious negative effects on the local and provincial economy and is affecting the quality of life of local residents; and

That the committee request that the Minister of Transportation and the Minister of Finance take immediate steps to begin implementation of the nine-point plan announced by the provincial and federal governments and that the financial commitment of \$300 million in support of this plan be confirmed in the 2004-05 budget.

The Chair: Any comment?

Mr O'Toole: Yes. I think we witnessed last night on the way in on our bus—

The Chair: You have up to two minutes.

Mr O'Toole: I won't take all two minutes. I just think of road safety in this area. Mr Crozier, Mr Hoy, you've long argued for the importance of that corridor, and I commend you for it. We're here. We saw it last night. The border congestion here in Windsor is worse than I thought it was, really. I think maybe it was that the representation didn't make the point with our then-ministers of transportation, but certainly we've seen it and we want to make the point.

The Chair: Any other comment?

Mr Prue: I don't know, maybe I banged my head this morning, but here I am agreeing with them again. Although that has not been before this committee, and all we saw was from driving in on the bus, it is a point well made. I'm sure this community would very much appreciate some recommendation coming out from the committee in due course. I know that a lot of it is a federal matter; it's related to trade, it's related to September 11. But if we can improve the highway system—even putting in another bridge that's especially for trucks. I don't know what could be done, but if it can be done, certainly I think the residents of this community would be most appreciative.

The Chair: Any other comment?

Mr Crozier: We, of course, have been working on this for some time. We don't mind somebody else jumping on the bandwagon to help us out.

The Chair: Thank you. This meeting is adjourned.

The committee adjourned at 1633.

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