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Wednesday 22 February 2006

Journal des débats (Hansard)

Mercredi 22 février 2006

Standing committee on government agencies

Intended appointments

Comité permanent des organismes gouvernementaux

Nominations prévues

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON GOVERNMENT AGENCIES

Wednesday 22 February 2006

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Mercredi 22 février 2006

The committee met at 1005 in room 151.

SUBCOMMITTEE REPORT

The Chair (Mr. Tim Hudak): Folks, I'm going to call the standing committee on government agencies to order for our regularly scheduled meeting. Good morning.

Mr. Gilles Bisson (Timmins–James Bay): Good morning.

The Chair: Look at the sophistication that Mr. Bisson has brought here to our committee.

Mr. Bisson: Just me, or the computer?

The Chair: A little bit of both, I guess. We'll decide at the end of the day who's more impressive.

Mr. Bisson: The sophistication is, my glasses are broken.

The Chair: Folks, we do have some routine business to begin with. First is the report of the subcommittee on committee business dated February 16, 2006.

Mr. Ernie Parsons (Prince Edward–Hastings): I would move adoption.

The Chair: Is there any discussion? Seeing none, all those in favour? Any opposed? It is carried.

In the interest of time, I'm going to move other business to after our interview process and the concurrence votes. Seeing no objections, I'll go ahead and do that.

We do have a deferred vote concerning Garry Minnie to the ARB, which I'll propose that we do just before the concurrence votes.

We'll proceed with the interviews at this point in time.

INTENDED APPOINTMENTS

VINCE BUCCI SR.

Review of intended appointment, selected by official opposition party: Vince Bucci Sr., intended appointee as member, Health Integration Network of Hamilton Niagara Haldimand Brant.

The Chair: Our first interview is with Vince Bucci Sr. Mr. Bucci, please have a seat and make yourself comfortable. You're welcome to make some opening remarks about your background and your interest in this position. We follow a rotation basis for questions from the members of the committee. Today we're beginning with the third party. Mr. Bucci, the floor is yours.

Mr. Vince Bucci Sr: Thank you very much, Mr. Chairman. I do have a couple of words.

Thank you for giving me the opportunity to appear before this committee to discuss my qualifications and what I can bring to the LHIN board.

A cursory examination of my resumé shows that I am an educator who has had great interest in the health field, evidenced by the variety of boards and committees that I've sat on, such as district health council, mental health, ambulance, long-term care, health unit, hospital and hospital foundations.

My experience as a former chief negotiator, first on behalf of 500 OSSTF members, then for two management organizations—the Catholic school board and the Brant County Health Unit—is a skill set that would be an asset to the LHIN board as it attempts to deal with various health sectors, such as home care, hospitals and support programs, and as it attempts to deal with all the towns and cities under its jurisdiction.

My nine years as a grievance officer and as a city councillor make me an excellent advocate for patient care, with the knowledge and experience of balancing those needs with those of the whole region that the board will oversee.

My ability to work with people of different views and backgrounds can be demonstrated by my successful chairing of a provincial task force, during the Bill Davis era, whose mandate was to respond to former Deputy Prime Minister Erik Nielsen—the Nielsen report section that dealt with multiculturalism.

I take great pride in having established and been the president for 20 years of Immigrant Settlement and Counselling Services of Brant. This agency had representation from 24 countries. A key program was the mental health services that we provided to first-generation Canadians. A tenet of mine for this not-for-profit organization was to run it like a business. You can imagine, then, how proud I was when, in 1985, I received an award of excellence from the Expositor, our local newspaper, and then, in 1990, the Brantford Chamber of Commerce recognized our agency with the Business Excellence Award.

As a city councillor, my experience in taking legislation or bylaws from the theoretical to the practical, such as the merging of three district health councils into one or restructuring the governance of the city of Brantford or the establishing of a public rating system for food

premises, will make me an effective member as the board implements the Local Health System Integration Act, 2006.

The last two points that I want to touch on briefly to illustrate my ability to effectively contribute to the LHIN board are my leadership skills and my ability to find solutions to problems. The former point can be demonstrated by the numerous boards and committees that I chaired, and the latter can be shown by the many solutions outlined in my resumé, such as the problem of the 205 D beds that our municipal long-term-care facility faced.

During most of my adult life, I have been privileged to hold positions, both paid and as a volunteer, which have allowed me to make a difference in people's lives. The responsibilities of members of the LHIN board are huge, because their decisions will make an impact on all of us. The prospect of contributing to the success of the LHIN board by joining my skill sets with those of the other board members is something that I would look forward to with great enthusiasm and dedication.

Thank you for giving me this opportunity to address you.

1010

The Chair: Thank you, Mr. Bucci, for your opening remarks and expression of interest in serving on the LHIN. We begin any questions or comments with the third party. Monsieur Bisson.

Mr. Bisson: I looked at your resumé yesterday in detail, and I'm glad to note that you have a pretty good wealth of experience in regard to health: mental health, community health, institutional health and long-term-care institutional health. I'm normally the guy who sits here in committee and says they're mismatching people to particular boards. On this one, I'm going to take the opposite position and say that you seem to be very well matched to where you're going. The couple of questions I have are just about where you're coming from philosophically.

I see you have quite a bit of experience in various parts of health care, and I think that would bode well for where you're going. There are a couple of pointed questions I want to ask you. The first one is your view on the role of the private sector in the health care system. Are you in favour of an increased role for the private sector in the health care system, yes or no?

Mr. Bucci: I don't think there is a yes-or-no answer. I believe philosophically in whomever can provide the best care. My experience with not-for-profit organizations has been very positive. They have done as good a job as anyone could ever do. So I would be extremely cautious to go down the road of privatization, simply because my personal experience has been that they've been very positive.

Mr. Bisson: Positive on the public side, I take it?

Mr. Bucci: Yes, not-for-profit. I think the key is, are they committed to patient care? For me, that's the ultimate component.

Mr. Bisson: I ask the question because there are two things happening at the same time in our country. We have a Prime Minister who is really flirting with the idea of increasing the role of the private sector in the health care system and is about to jump into bed, as they would say, with Jean Charest in Quebec in regard to the increased role that province is finding towards privatization, and that worries me. Number two, under this legislation is the possibility of introducing private services in the health care system. So I ask you that question within that context.

The pointed question I would ask you is this—and I think you've already answered it, but I want to make it very clear on the record what your position is: Do you see yourself as somebody who would be willing to promote an increased role for the private sector within the LHIN system?

Mr. Bucci: No, I think you misunderstood what I said. I said I'm open. If there is a sound business case that agency A can provide better service than agency B, then I would consider it, but I'm coming to it from my personal experience, which says that not-for-profit organizations have always done as good as anyone else. So it would be extremely challenging for people to convince me to go down that road.

Mr. Bisson: So what you're saying is that in your experience the public model or the not-for-profit model has worked quite well.

Mr. Bucci: Extremely well.

Mr. Bisson: However, you would not close the door on allowing the private sector to come in and compete against those and win contracts and deliver services.

Mr. Bucci: If a sound business case was brought forward, yes.

Mr. Bisson: That, to me, is troubling, just so you know. Everybody's entitled to their opinion, but you've answered my question.

You alluded to something which I thought was interesting, and I want to understand what it was. You talked about the creative solution of the D beds. What is that all about? Explain that one, if you could.

Mr. Bucci: D beds are beds that are no longer acceptable to the ministry. There were 205 beds that were classified as D beds. The municipality—

Mr. Bisson: That would become unfunded? Is that what you're saying?

Mr. Bucci: If the municipality had not improved them within five years. The problem was that it was going to cost the city of Brantford $32 million to proceed with the changes. I came up with the idea. Fortunately, there was an empty hospital that had been closed under Dr. Sinclair, a vacant building, and St. Joe's Healthcare was still interested in proceeding. So I approached city council that perhaps we should examine and do a feasibility study of whether we could end up turning over the 205 beds to St. Joe's, and St. Joe's would then take on the cost. It took about two years to convince not only my colleagues on council but also my colleagues in the county of Brant, but I'm glad to say that that long-term-care facility is open and running extremely well.

Mr. Bisson: The other one is just a comment, and then maybe just your thoughts afterwards. I don't know if this is going to happen, but I know within agencies there's a certain fear that they may get less attention than they want to get when it comes to funding, and the attention they need in order to properly support their needs as agencies, for example, in the mental health field.

I have a sister who's schizophrenic and who relies on the Canadian Mental Health Association to provide services to her. She's part of an ACT team, where they basically go in and make sure that she's always taken care of. So from a personal point of view, I'm preaching from my own experience, and that is that the people who often tend to be lost in our society are those who are least able to protect themselves, and unfortunately, a lot of people in the mental health end sometimes get forgotten.

There's a bit of a fear within the mental health system that the LHIN system itself is not going to bode well towards really doing the kind of work that needs to be done to expand services into communities, because we're not penetrating the communities far enough to be able to pull people into the mental health field. Your thoughts, your experiences—because I know you were involved in mental health counselling. You're coming to this from what perspective?

Mr. Bucci: I think I agree with you that there is that challenge when you're a small agency, as we were. To go right back, I came up with the idea when I became president of Immigrant Settlement Counselling. We did research, and then it took us five years to convince the Conservative government at the time that there was a need for mental health with first-generation Canadians. It was always a challenge to continue demonstrating that, until the district health council came up with a plan whereby the four different mental health programs in the city of Brantford were going to be united under one. I negotiated that on behalf of our agency, and we got assurances in writing that all our programs and the way we carry out our programs were going to be met and agreed to. That's when we closed our doors.

Mr. Bisson: One last question in regard to ambulance services, because I note you were involved in the whole issue of ambulance services. There's some dialogue I've been having with communities in regard to uploading the social services off municipalities. I think, as a municipal councillor, you will agree there are too many services that both federal and provincial governments have transferred on to municipalities. Quite frankly, they don't belong there, I would argue—a whole bunch of them on the social service side.

On the ambulance side, one of the arguments I'm hearing from some of the municipalities is that ambulances are best served by being controlled within the emergency service of the region. Therefore, if you were to do a complete upload of social services, the offset would be to keep ambulance services at the local level. Your thoughts about that?

Mr. Bucci: Right now—

Mr. Bisson: Because of the integration of fire emergency.

Mr. Bucci: I think the dispatching system that exists right now, which takes care of the LHIN board region, has not always worked out well. It's been a very frustrating thing for us, because the people in dispatch are not familiar with Brantford, are not familiar with the county of Brant. There are some streets in the city of Brantford and the county of Brant that have similar names, and quite often the ambulance has gone to the wrong place. So that has been brought forward by us in the past through the chair of the ambulance to the ministry at the time.

Mr. Bisson: That wasn't my question, but I think I'm out of time.

By the way, we dealt with that. We changed all the street names in the city of Timmins. After 90 years of having street names like Main Street and Golden Street, they changed them all, because there were three different Mains within our territory. It's one of the ways of dealing with it.

1020

The Chair: Thank you, gentlemen. We now move to the government.

Mr. Parsons: We have no questions regarding either qualifications or ability. We're pleased to support it.

The Chair: To the official opposition.

Ms. Laurie Scott (Haliburton–Victoria–Brock): Thank you, Mr. Bucci, for appearing here before us today and for all the work you've done in the past and your qualifications.

I have a couple of questions about the process when you applied. How did you find out about the opening in the LHIN? How did you apply to be a member of the LHIN board of Hamilton Niagara Haldimand Brant?

Mr. Bucci: I downloaded the information from the Web. It was fairly well known that this was a new initiative. I read about the general scope or the basic philosophy behind it. I thought it would be an interesting board to sit on because there are numerous challenges facing that board. It also was of interest to me because, as I understand the bill—I haven't read the bill—the primary goal is patient care, and everything else will be addressed from that particular perspective. To me, that seems to be an area I'm really interested in, and so I applied.

Ms. Scott: Did you speak to anyone in the interim? Just to clarify, are you the gentleman who was the campaign manager for Dave Levac in Brant riding?

Mr. Bucci: I was, yes. But I applied, as I indicated, from the Web. I spoke to David regarding my application after I had received a call from—I don't recall the name—

Ms. Scott: That's okay.

Mr. Bucci: —indicating to me that my name was going forward to the cabinet and that I had some forms to fill out regarding a security check. It was only after that that I spoke to Dave about it. That's about it.

Ms. Scott: Are you currently a member of the Liberal Party, either provincially or federally?

Mr. Bucci: Legally, I'm not a member of any party right now, either provincially or federally, but I should tell you, to be totally candid, that I have been a member of the Liberal Party for the last two decades. Before that I was involved and played a small role in electing Phil Gillies, a member of the Conservative Party here in the mid-1980s. When I graduated from university, I had a membership in the NDP.

Ms. Scott: You've had long involvement in your community. What kind of preparations did you do for today's meeting? Do you know other members of the LHIN board? Do you know the chair or the CEO?

Mr. Bucci: No, I don't. I haven't spoken to anyone. I would not presume anything until, hopefully, this committee ratifies me.

Ms. Scott: You represent a very large area.

Mr. Bucci: I'm sorry?

Ms. Scott: You represent a very large area—the LHINs do—as a member sitting on the board. Do you see any change in services you'd like to see in the area? How do you feel about some amalgamation of the services that might exist, which the LHIN board has the authority to do, as in moving certain procedures to one hospital and removing them from another? I just wanted to get your take on your LHIN, the size of your LHIN and a possible change in services that might come about because of the LHINs.

Mr. Bucci: One of the things that also attracted me to this committee is, as I understand it, that there's significant consultation with the citizens at large. I can tell you from experience that I chaired a committee to try and bring a civic square in our city, and it took two years of consultation before we got to the point where there was an election, and they still haven't done anything about it.

The consultation component is very attractive to me. I would answer you by simply saying that I would be looking to the people at large. What impact would this have? How is this better for the patient; for example, an elderly person who doesn't speak the English language? I come to that with personal background, knowing a lot of people. If you have only one facility, say, in Niagara, how does this individual, an elderly person, get to Niagara for that service? I guess my answer is, as I said to Mr. Bisson, that I look forward to a sound business case—that's what I referred to in my introductory speech—and meeting with the citizens at large and the health providers before I went down any road.

Ms. Scott: What I'm trying to get to is that the provincial government, the Minister of Health, by OIC, appoints these individuals. You're making major decisions for health care delivery in your regions, yet the public has no way of holding the LHINs accountable for the services. It's a top-down procedure.

Mr. Bucci: No, I see it the opposite way.

Ms. Scott: What can they do if they don't like a decision? Do you think there's going to be enough of an appeal mechanism for them?

Mr. Bucci: With all due respect, I see it as bottom-up. I see patient care being the primary concern of the LHIN board members. I'll give you an illustration that occurred. When Dr. Sinclair came to Brantford and recommended the closing of St. Joe's hospital, 33,000 adults out of 80,000 signed a petition saying not to closing the hospital. If something of that nature were to occur again, I would not be in favour of closing something. In other words, as I understand it, the patient and the dialogue are the guiding principles that are to assist you in making your decisions.

Ms. Scott: Just to let you know, under certain sections of the LHIN bill, the minister actually has the power to close hospitals.

Mr. Bucci: I just gave you that as an illustration. You were saying the integration suggests that you're going to reduce the number of facilities.

Ms. Scott: But he didn't have that power before and now he does, even over the LHIN boards. He can listen, and I'm sure consultation—you would be a strong advocate on the LHIN board, but I just wanted to let you know that the power of the minister is that he can close down hospitals. He can say he consulted the LHINs, but he has the ultimate power for that. I want you to bear in mind that it is a power he has that he didn't have before.

The Chair: One minute.

Ms. Scott: I've got one minute left. You've been a fundraiser before; you've been on the foundations. Also in this bill, the minister has the power to move: If a foundation has given money or they've raised money and bought equipment, he can actually move it from one hospital to another. So he could move an MRI or a CAT scanner that the community has raised money for and put it in a hospital, say, in Toronto or some other area of the province of Ontario. He has got a lot of power, again, and this is with the foundations. I know you've raised money before, and I just wanted to know if you have any comments on that.

Mr. Bucci: Actually, I had direct experience in this regard. When St. Joe's closed, I was president of the foundation. We had roughly $4.5 million in assets. First of all, there are huge legal implications. I don't know if you've examined that, but there are phenomenal—

Ms. Scott: This actually removes them. He can just do it. He doesn't have to go to court, like in other provinces—just to make you aware of what's in the bill.

Mr. Bucci: You don't? Okay. My basic principle is that if someone wanted to give money to A, they would have given it to A. That money, unless the foundation—in fact, we looked at the possibility of trying to return all the money to the people who had donated it, rather than transferring it to someone else because we did not want to presume that with the money that had come to St. Joe's it was necessarily the intention of the donor to go to someone else. That would be my position.

Ms. Scott: That's not how the power stands in the new bill.

Mr. Bucci: I understand that.

Ms. Scott: I just wanted you to be aware of that.

The Chair: Thank you very much, Mr. Bucci, for your presentation and responses to the members' ques-

tions. We're going to move on with our other intended appointees, but you're welcome to stay here. In about one hour's time we'll have what's called the concurrence votes. Members will vote whether to agree with the appointment or not.

1030

STEPHEN KYLIE

Review of intended appointment, selected by official opposition party: Stephen Kylie, intended appointee as member, Central East Local Health Integration Network.

The Chair: Our next intended appointee is Stephen Kylie. Welcome. I was just reading through your bio here. Mr. Kylie hails from Peterborough, Ontario, and is an intended appointee as member of the Central East Local Health Integration Network. You've been kind enough to be here in attendance, so you've seen how the committee works. You're welcome to make an opening presentation. Any questions this time will begin with the government members. The floor is yours.

Mr. Stephen Kylie: Thank you, Mr. Chair. I do have some introductory comments.

It's my pleasure to be here with you today to address this committee. There are two basic reasons why I let my name stand for an appointment to the Central East LHIN. Firstly, I feel that the creation of the LHINs throughout Ontario can provide an opportunity for real grassroots solutions to Ontario's health care challenges by exploring appropriate integration of services and delivery in the most cost-effective manner. With my background, I very much want to be part of such a process.

Secondly, I wanted to be in a position personally to provide input into the decisions that the Central East LHIN will be called upon to make. It is critical that all the stakeholders in the delivery of health care be given reasonable opportunity to contribute to this process and be satisfied they are fulfilling a role.

I feel that with my skills, qualifications and background, I am in a position to contribute in a material way to the success of the Central East LHIN. I have practised law for 26 years in the city of Peterborough and have broad experience in corporate and business law, including acquisitions, restructuring, amalgamations, partnerships and joint ventures. I have also been involved in significant business and strategic planning both for non-profit organizations and private corporations.

I have been very active on boards of trustees and boards of directors for various health care organizations in Peterborough, and also on the board of the Catholic Health Association of Ontario, which has more of a provincial mandate.

I have been a member of the board of directors of Marycrest Home for the Aged, a long-term-care facility, for approximately 20 years and have been chair of the board for most of those years, recently stepping down as chair this past year but continuing as a board member. While on the board of directors for Marycrest, I was involved in the management of that facility, but was also instrumental in the design and construction of Marycrest at Inglewood Seniors' Residence, a rent-geared-to-income project under the Homes Now program, which arose out of significant strategic planning that Marycrest had undertaken.

As chair of the board of directors of Marycrest, I was very involved in concluding a partnership with Anson House, another long-term-care facility, to combine our beds under one governance, now known as St. Joseph's Care Group. St. Joseph's Care Group eventually entered into a unique partnership with Sir Sandford Fleming College in Peterborough, resulting in the construction of a new long-term-care facility on the campus of Fleming college known as St. Joseph's at Fleming. St. Joseph's at Fleming was the first of its kind and has since become a model for other post-secondary institutions with a desire to partner with a long-term-care facility or other health-related organization. St. Joseph's at Fleming offers a new and state-of-the-art home for our residents, but it also offers educational opportunities for the Fleming students, including those enrolled in nursing, recreational therapy, technology, horticulture etc.

I was also previously a member of the board of directors of St. Joseph's Health Centre in Peterborough for approximately five years. During that period, the health centre entered into a unique joint service model with Peterborough Civic Hospital, with a view to rationalizing service between the two facilities and to ensure that the best care was delivered in the most cost-effective manner. This joint service partnership proved to be a model for the rest of Ontario, and was completed without being compelled and before the creation of the Ontario Health Services Restructuring Commission, which of course later ordered that St. Joseph's Health Centre and Peterborough Civic be merged into one facility, now known as the Peterborough Regional Health Centre. I was involved in the transitional planning that led to the merged hospitals in Peterborough.

I am on the board of directors of three of Peterborough's four electric corporations, which were put in place following the deregulation of the electricity market in Ontario. As a member of these boards, I have experience in strategic planning and have been involved in pursuing partnerships and joint ventures.

As an active volunteer in the city of Peterborough, I have had the pleasure of chairing and being responsible for the planning and delivery of large-scale events. In this regard, I was the chair of the 1998 Ontario Winter Games in Peterborough, the 1998 Ontario Winter Games legacy fund committee, Peterborough's bid to host the 2001 Canada Summer Games, Peterborough's bid to host an Olympic youth camp in co-operation with the city of Toronto's Olympic bid and, most recently, chair of the mayor's centennial celebrations committee.

That concludes my opening comments. I'd be pleased to answer any questions from the committee.

The Chair: Thank you very much for your opening comments. Any comments or questions from government members?

Mr. Parsons: Yes. I do want to clarify something that I think is related to this question with LHINs. The statement has been made earlier in this committee meeting that Bill 36 gives the minister the power to close hospitals. In fact, the minister already has the power. All previous ministers have had the power to close hospitals. What Bill 36 does is restrict the power of the minister to close hospitals, in that the minister can close a hospital if, and only if, the local LHIN recommends it. It in fact puts in a restriction; it adds due process rather than opening up the possibility of a hospital closing.

No further questions.

The Chair: The official opposition. Ms. Scott.

Ms. Scott: Thank you, Mr. Kylie, for appearing before us today. I commend you on all your community service. There were two pages of all the things you've done for your community and recognitions you've received. I'm in your neighbouring riding of Haliburton–Victoria–Brock, and you're included in the LHIN that we have.

I see my colleague from Durham has arrived. He likes to say that the LHIN encompasses everything from Algonquin Park to Queen's Park, it's so large. It is the largest LHIN, and it has some challenges. Certainly I've heard from my smaller hospitals in the north, in Haliburton—and then we have the hospitals in Scarborough—concerns about their health care services and the delivery that may have impact on their communities.

I guess we can start off with that, saying that you've been in the community a long time, you've been very involved in the amalgamation of the hospitals and, I'm sure, in the building of the new hospital in Peterborough. Do you have specific areas in service delivery that you've heard might change—I think of orthopaedics to start off with—or some centralization that you think may be coming to our LHIN for services that are provided?

Mr. Kylie: I think it would be a little bit premature to comment on those kinds of issues. I would defer to the creativity of the new LHIN board to work out whatever services can be rationalized. I do know from being involved in that joint service agreement in Peterborough that there is significant opportunity to look at rationalization of service.

Ms. Scott: So nothing specific as yet.

Mr. Kylie: No. I might have personal thoughts from having been on a long-term-care board for 20 years, but again, I would defer to the skill set of the LHIN board and their staff.

Ms. Scott: Mr. Parsons and I disagree on the power that the minister has here, but according to my research, under this bill the minister does have the power to close and amalgamate hospitals. He has not had that power since 1999, but we can debate that otherwise. We feel—and certainly you've heard in our local communities—that it's decentralization of the power from the local communities. You may or may not know some of the LHIN members. Do you feel that the community is going to be consulted enough? Your opinions may be about what kind of physician consultant boards you might like to have to give input to the LHINs so that there is more community involvement and you'll hear from the community, and thus you can make decisions for delivery of health care.

Mr. Kylie: I know the chair of the board, as you do, Ms. Scott, and I've been involved in many of his public presentations already. They are geared towards public input and comment. I don't see that there will be a problem in that regard. I think that if our nine-member board is representative of the entire geographic region, it will make it easier to reach out to the community. But I have the utmost confidence that we'll be involved in community feedback programs.

Mr. John O'Toole (Durham): Welcome, Steve. Good to see you. Just a couple of things: We, as members, are getting a lot of feedback on some of the concerns about Bill 36, which will implement the LHINs. I feel that the definition of local health integration networks, the LHINs themselves, is kind of an oxymoron. They're anything but local when you look at the Queen's Park to Algonquin Park Central East area that you will be serving. I have no doubt that your intentions to bring as much voice as possible to the concerns of Peterborough and the whole LHIN area are good. I know the persons involved myself, many of them on a personal level, and I'm here out of respect for your willingness to stand for this.

I just want to know how much you actually understand about the empowering legislation. Section 28 and section 36 of the bill are quite onerous in terms of their dealings with the profit and not-for-profit sectors and the ability of the ministry and the ability, to some extent, coming from the boards to make decisions to rationalize and amalgamate service, putting under threat some of the not-for-profit sector that you were involved with in long-term care. That's a very important issue that needs to be clarified. What would your position be on those attempts to rationalize service, specifically in any of what we call the public, not-for-profit sectors?

1040

Mr. Kylie: As I mentioned before, I think it would be premature to really file any personal comments, because I would defer to the expertise of the LHIN board. Personally, I would not be very supportive of any programming or service that's going to jeopardize levels of care for Ontario residents.

Mr. O'Toole: The same applies in those two sections I mentioned, one of which was the competitive bidding model. One of the members from the Liberal caucus—the member from Hamilton Mountain or Stoney Creek, I think—made the well-intended comment last night that she's supportive of this because of the damage that we did, theoretically, under the formation of the CCACs. But this bill does exactly that. There's quite a good article in the Sudbury press, I guess it was on Monday, indicating that these are identical. This is a competitive bidding model; I guess, value for money or whatever way you want to frame that. What's your position on that whole idea that this is an exact copy of the competitive bidding process, where the LHINs will in fact contract services?

Mr. Kylie: I'm not really in a position to compare the two. I am very optimistic about what the LHINs can accomplish. They're probably going to be faced with some tough issues, including profit versus non-profit care. Each of those issues is going to have to be deliberated on by the board, in conjunction with the staff, to work out the best and most appropriate model for that LHIN, with patient care, resident care, appropriate levels of care being the paramount consideration.

Mr. O'Toole: Getting to that at a little deeper level, what's your opinion of the current CCAC in Peterborough in terms of providing community-based support services? Are they doing a good job or are they not?

Mr. Kylie: As someone sort of looking from the outside in, being on the board of a long-term care provider, I think that they've been delivering a very valuable service, but I think there are some aspects of what they do that can cause frustration to the health care providers. But generally speaking, they're meeting a need.

Mr. O'Toole: The only thing I would like to say is that most of these cases, my feeling is that the minister—not you specifically, but the minister, in his one-hour speech last night, a very eloquent speech; I don't know how accurate it was, but it was eloquent. The point he was making, technically, is that these are going to be non-partisan appointments. Do you have any direct affiliation? It's a rhetorical question, because I kind of know the answer, but with the appointment process, everybody brings a certain amount of expertise to many tables. Do you know George personally?

Mr. Kylie: No, I don't.

Mr. O'Toole: How much does this actually pay?

Mr. Kylie: My understanding is that the typical board person gets a per diem rate, and clearly that per diem rate would suggest that I'm not in this for the money.

Mr. O'Toole: Thank you very much.

Ms. Scott: I just have a minute left but I wanted to ask a question, because John and I have worked a lot in moving forward the Peterborough hospital and trying to get it done on time and to service all our constituents. It's going to be a big service centre. You've been a fundraiser in the community; you've been involved. Do you understand that this bill is going to be able to take donated money—I know that our area certainly raised a lot of money, for example, for the heart catheterization lab that went in. There were a lot of communities involved in raising money for that. What's your comment? Do you feel that the minister could just move money over without any consultation with the public and without any court intervention?

Mr. Kylie: I've been through the bill once or twice, although I understand that there are numerous amendments that are coming down that I have yet to see. When I read the bill I recognized the authority of the minister that's in the bill. I would have made the assumption, although I didn't do the legal research on this, that the minister had some of those powers before. The way I interpreted the bill was to give the minister the ultimate authority to bring unco-operative parties together. I've seen it happen before where you have a rationalization plan worked out that meets the needs of the community and makes eminent sense, but one of the partners isn't all that willing and co-operative to come together. The way I read the bill would be to give the minister the final say to break that deadlock and to say, "This is a good plan for this community. Let's bring the partners together." I hope it would never come to that, because I have complete faith in the ability of this LHIN board and the staff to work out those rationalization or integration models.

Ms. Scott: Okay. Well, I hope it's interpreted that way and does become that way. I just wanted to thank you for being willing to sit on the board, and I commend the other board members. I do know a lot of them personally. They're there for the right reasons—

Mr. Kylie: Absolutely.

Ms. Scott: —and I hope that you're given the authority to make some good decisions. Thank you for appearing here today.

The Chair: For the third party, Mr. Bisson.

Mr. Bisson: Thank you and welcome to our committee. I just have a couple of questions. I've been going through your resumé. I read it yesterday and looked at it again today. You certainly have some experience in the health care field, so that bodes well, hopefully, for where you're going.

Just your thoughts in regard to this whole debate that's ensuing nationally and provincially around the increased role of the private sector in the health care system; your views?

Mr. Kylie: I've spent a lot of time working in the non-profit sector, and in those 20 years I have felt that the profit and non-profit sectors can work co-operatively together. But again, in terms of whether the question relates to privatization, I would be very concerned about any model that would jeopardize the level of care in Ontario. I think we have to look at any reasonable model that will give us equity and balance in the delivery of health care in Ontario.

Mr. Bisson: For example, one of the things the current Prime Minister was musing about during the last election—I think he did far more than muse; he probably proposed it—is jumping the queue. If you can't get a hip replacement, it's not a problem. If you've got a little bit of extra money, pop to the front of the list: Go a private clinic. Do you think that's a good idea?

Mr. Kylie: Again, I think that I would defer in terms of the structure of the LHIN board to work on issues like that, but personally that is not equitable delivery of health care.

Mr. Bisson: Just for the record, if we start going down that road, I think you know as well as I do where we'll end up. It will become far more profitable for doctors to work outside the system and therefore charge patients. It means that there will be less money in the public system and you'll have to wait that much longer. I really worry about any further integration of the private sector into the health care system, because it brings us closer and closer to that. That being the case, what are your views in

regard to an increased role for the private sector within the LHIN process that you're going to be going through? Do you think there is a larger role for the private sector to play?

Mr. Kylie: I think there is a possibility for both the profit and non-profit providers to play a role in the delivery of health care. To what extent remains to be seen.

Mr. Bisson: So you're not averse to the idea of the private sector playing a role within the LHIN system.

Mr. Kylie: I'm not averse, as I mentioned before, to the delivery of any health care system or product that maintains an equitable health care model in Ontario for our residents.

Mr. Bisson: Just on the broader issue of the work that the LHINs will do—you've read the legislation. We can sit here and debate the pros and cons, and I'm not going to go through that. I just want to go to the philosophical approaches; that is, you're going to be asked to oversee, along with your other board members, basically the health system in your area, trying to balance off the needs of the mental health sector with those of the long-term-care sector, the community care sector, the institutional sector etc. It's a bit of a balancing act; even the ministry has difficulty at times doing that. One of the things that I'm hearing from agencies—this is their view and I'm sure this has been raised with you—is that there is a little bit of a fear that a LHIN could become more institutionally driven or more community driven at the expense of one or the other. Your thoughts on that?

Mr. Kylie: As I said at the outset of my comments, one reason I let my name stand here is to ensure that all providers of health care in the overall health care delivery system in Ontario have a voice and are heard and are part of the model.

Mr. Bisson: Do you think it important that the province play a large role in making sure that there are some policy guidelines that LHINs have to follow when it comes to how we divvy up the health care dollars in a local area so that we don't end up in a situation where a LHIN all of a sudden says, "We're really community driven so we're going to really go on the community side," and as a result, some of your institutional services may fall down? Do you think the province should play a role in setting out a guideline as far as policy, making sure those kinds of things don't happen?

Mr. Kylie: In terms of the budgeting and the dollars, I think that's not really for me to comment on. But I would think that if there is a deficiency of service in the region I serve, I would be communicating that back to the ministry.

Mr. Bisson: My question and my argument is, do you think the province should still play a role in making sure that the overall principles of making sure the various sectors are cared for?

Mr. Kylie: That's not really for me to say, as someone willing to stand on the LHIN board. I think that's for the provincial government to determine. I will honour whatever mandate is given to us.

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Mr. Bisson: Well, that's interesting. Let's say all of a sudden there's a change in government and the mandate is to privatize the health care system. Would you honour that?

Mr. Kylie: Well, within reason.

Mr. Bisson: Okay. I'm just wondering where you're going. So you're not just going to—you still have your principles, do you?

Mr. Kylie: I can't pass the legislation and carry it out at the same time.

Mr. Bisson: Sometimes even we can't do that.

The other thing, just to touch on it quickly as well, is a follow-up to the last question. I'm just going to end on this. There's going to be a competition of sorts that's going to happen at the local level for people to be heard. Some people might like us to believe that the health care system is fragmented. I think it works fairly well together. What kind of things can you do as a board member to make sure that the various sectors in the health care system in your local communities are heard and not forgotten? What kind of things do you think need to be done in order to prevent that from happening?

Mr. Kylie: I think eventually we'll develop through that process, but contemplating this in the last couple of months, I think what I would do is immediately configure a local advisory board, just in the Peterborough area—that would be the area that I'm most familiar with—with representatives of acute care, long-term care, community care—just have all the groups there—and they can provide me with their advice and feedback in a very quick and orderly way. That would just be on a very localized basis. We'd also have to figure out how to accomplish that regionally as well.

Mr. Bisson: That's why I'm of the view that the LHIN boards themselves, at one point, should have been elected. At least that way you can get the LHIN board members as a community and say, "I don't like the direction you're going in." That's just my editorial comment, and with that I'll end.

The Chair: Mr. Kylie, that concludes the interview process. Thank you very much for presenting and responding to the members' questions. You're welcome to stick around. Probably in about 45 minutes' time or so we'll do our concurrence votes on the intended appointees

Mr. Kylie: Thank you for your time, Mr. Chairman.

BALMUKUND PATEL

Review of intended appointment, selected by official opposition party: Balmukund Patel, intended appointee as member, South East Health Integration Network.

The Chair: Our next intended appointee is Balmukund Patel. Mr. Patel, welcome to the standing committee on government agencies. Mr. Patel comes from Stirling, Ontario, and is a pharmacist—

Interjection.

The Chair: There you go. Also, not only in Stirling, but he has practised pharmacy in Nairobi, Kenya; Dhahran, Saudi Arabia; and then—very daring—Chatham, Ontario.

Mr. Balmukund Patel: That's correct.

The Chair: Welcome to the committee. Make a presentation on your interest in the position and your background. Any questions will begin with the official opposition.

Mr. Patel: Thank you very much. I'm very pleased to appear before this committee and thrilled to be nominated for the board of my local LHIN. My career as a pharmacist began around 1977 in England, after graduating with a bachelor of science degree from the University of Bath. I won't repeat what I've studied in my curriculum. I have been really involved in my community of Stirling and have gotten to know most of the health care professionals in my area, including staff of the access centre as well, but more importantly, many of the physicians, surgeons and specialists. I have seen health care evolve over the last 20 years here in Ontario from a pharmacist's perspective. I also had the chance to compare it to the way health care is delivered in the United Kingdom, where private and public systems coexist.

I think I have a unique perspective on our health care. I know it's not working perfectly, but it's working well, and obviously we need improvements. The changing demographics have placed a big demand on our services, and the lack of professionals obviously has made that worse.

I think I have a very unique perspective that I can contribute to the board. I'll just answer your questions.

The Chair: Mr. Patel, thank you very much for the opening remarks, and we'll begin any questions with the official opposition.

Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford): Thank you for coming here today. I noticed, off the top, in your resumé application summary, that one of your references is MPP Ernie Parsons, who I believe is here with us today.

Mr. Patel: Maybe that was a mistake.

Mr. Tascona: Could you repeat that?

Mr. Patel: He's my neighbour. I've known him personally for a very long time, long before I supported him.

Mr. Tascona: I notice that you contributed $150, I believe, to the Prince Edward–Hastings Liberal riding association. Is that correct?

Mr. Patel: That's correct. I have also donated to the Conservative Party as well, in previous years.

Mr. Tascona: I understand. Ernie couldn't get any more than $150 out of you, I take it.

Mr. Patel: I don't think he needed any more, to tell you the truth.

Mr. Tascona: Did Mr. Parsons approach you, or did you approach him about this particular appointment?

Mr. Patel: I never approached anybody, actually.

Mr. Tascona: How did you end up here, then?

Mr. Patel: I ended up applying for this position because I received an e-mail from our pharmacy association saying that the district health commissions were going to be abolished and the local health integration networks were going to be formed. My perspective is that I have never seen any pharmacist take part in the development of our health care or have any input.

Mr. Tascona: You're telling me that you became aware of this from the pharmacy association?

Mr. Patel: Yes. I guess every health profession informs everybody about what's happening in every health care system.

Mr. Tascona: I'm just asking about you. You're saying that you were informed by the pharmacy association.

Mr. Patel: I received a general e-mail. I guess everybody got a notice about what's happening.

Mr. Tascona: I take it you consulted with Mr. Parsons before—

Mr. Patel: No, I never consulted with anybody.

Mr. Tascona: Let me ask you this: I take it you consulted with Mr. Parsons before you put him on your application form as a reference.

Mr. Patel: No, I did not.

Mr. Tascona: Interesting.

Mr. Parsons: I think the fact that I'm here proves that.

Mr. Tascona: On the local health integration networks, quite frankly, the government has been very slow with respect to implementing this particular process, Bill 36. You're going to be on there as a part-time member and director. Is that what you understand you're going to be?

Mr. Patel: That's correct.

Mr. Tascona: Do you have any understanding of what you're going to be doing?

Mr. Patel: Yes, I did meet with the CEO of the LHIN and with Georgina Thompson.

Mr. Tascona: When was that?

Mr. Patel: Just about a week back.

Mr. Tascona: A week ago. And what did they tell you?

Mr. Patel: I read about what they have been up to. They've obviously said that they want to meet with all the health care professionals from the hospital boards. They have already started that process.

Mr. Tascona: Did they tell you what you were going to be doing?

Mr. Patel: I hope to attend a lot of the board meetings in the area; for example, the hospital board meetings and things like that.

Mr. Tascona: No, no. What did they tell you you're going to be doing? You said you met with the CEO.

Mr. Patel: They said they encourage me to do that. Their schedule is to have a board meeting twice a month.

Mr. Tascona: Did they tell you what your role is going to be?

Mr. Patel: To tell you the truth, I don't really have any idea how this is going to work. I'm pretty green at it,

but obviously I have opinions about how certain parts of health care should be run and I'm hoping to make—

Mr. Tascona: Who is the CEO of the LHIN that you met with?

Mr. Patel: Paul Huras.

Mr. Tascona: So he had you in for a meeting?

Mr. Patel: Well, I suggested that I wanted to meet them. It's not that they asked me.

Mr. Tascona: So you set up the meeting with them.

Mr. Patel: Obviously, I wanted to make sure that I was going to be able to make a contribution before I went forward with this. In my mind, I had to be reasonably sure that I was going to be able to contribute. Otherwise, it would be pointless for me to go forward.

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Mr. Tascona: You submitted your application on April 8, 2005. You were interested in getting on the LHIN, I take it. That's what you were applying for?

Mr. Patel: That's right.

Mr. Tascona: So at that time, you didn't have any idea what you were getting into, I take it.

Mr. Patel: No. All I knew is that I wanted to take part in the process of the delivery of health care. I have perspectives from Kenya, where obviously we were very unfortunate with the health care system they have. I've also seen what private and public care have done in the United Kingdom.

Mr. Tascona: I fully understand your intentions. No one is suggesting here that your intentions aren't in good faith, and I respect that. When you met with the CEO—you really aren't any more familiar with what you're going to be doing now, I would take it.

Mr. Patel: I know that we have to make the system better. We need to get together with all the stakeholders to see where the problems lie, and hopefully try and address those problems.

Mr. Tascona: Did he tell you how often you'd be meeting as a member and a director?

Mr. Patel: I already mentioned that it would be twice a month, every other week. Besides that, I intend to attend other board meetings.

Mr. Tascona: I'm going to pass it over to my colleague Ms. Scott.

Ms. Scott: Thank you very much for appearing here today. Is Ernie a good neighbour? Should I ask that?

Mr. Patel: Well, he's a neighbour.

Ms. Scott: Okay. Well, we won't ask any more questions about that.

Mr. Patel: I've already mentioned that I've known him for about 10 or 15 years. I know him very well. He's a good friend.

Ms. Scott: I know a little bit about your area. I am actually a nurse and went to Loyalist College and worked at the Belleville hospitals in Napanee and Trenton as part of my practicum. You do have a big area—not as large as the area that I'm going to be part of in the LHINs.

Mr. Patel: It's extremely big. It may not be the biggest, but it is very big.

Ms. Scott: Do you know a bit about the services that are offered or some type of idea of where you'd like to see some services consolidated in the area? Can you comment in general on the health care delivery for the new LHIN?

Mr. Patel: From my own perspective and from what I hear every day in my practice, I know there are lots of bottlenecks of people needing timely care. Hopefully, the board is going to be able to make suggestions that will eliminate the bottlenecks and have quicker access. I know that the way you practise health care has changed quite a bit. We're doing more replacement surgeries than hemorrhoid treatments, for example. Obviously, replacements cost a lot more. We don't feel we have enough professionals, and there's probably a holdup because there's not enough money.

Ms. Scott: Yes, you do have big challenges, certainly, in the health care delivery of all the areas.

Mr. Patel: Those are the things that hopefully the LHIN, together with the other boards, the stakeholders, will be able to work out. I know that we have a very big shortage of family physicians. The hospital was not able to cover all the emergency shifts for the month of January.

Ms. Scott: We hear from a lot of people, like the Ontario Hospital Association, that hospitals don't have enough money. You're going to be in charge of juggling the demands of the health care services in the area. Are you familiar with some of the hospitals and their challenges? I know Ernie keeps very abreast of what's happening at—it's Quinte now, not Belleville General Hospital.

Mr. Parsons: Quinte Healthcare.

Ms. Scott: It's Quinte Healthcare now. There are some challenges there.

Mr. Patel: We have challenges, obviously. We are always running a shortfall in the budget because of the demands placed on it. There are not enough professionals, I guess. That's my biggest thing.

Ms. Scott: You said you've been Ernie's neighbour for 15 years. Have you been practising in the area for a long time?

Mr. Patel: I've been in Stirling since 1993.

Ms. Scott: I've got one minute left. I guess there's a lot of concern. You've heard some of our questions before about the power of the minister and that maybe the LHINs are going to be this new level of bureaucracy. I just wanted your impression of your role in interacting with the ministry and servicing the needs of your communities. Do you see this as maybe another layer of bureaucracy? How do you think this is going to be effectively run?

Mr. Patel: I don't think it's going to be another bureaucracy. I think, from what I understood with my meeting with Georgina and Paul, we intend to act pretty quickly. I don't think we want to make recommendations and have nothing happen. Obviously, in the past, many people have made reports, including Senator Kirby, and I don't know where that goes—

Ms. Scott: On the shelf.

Mr. Patel: They get left on the shelf. Hopefully, the board will be able to act in a timely manner. If they don't, then obviously there is something—I don't know how it's going to evolve, but my hope is that we want to act and we want to act quickly once we make sure that what we need to do is in consensus with everybody.

The Chair: That's the time, Ms. Scott. Monsieur Bisson.

Mr. Bisson: Just a couple of questions. You said something that kind of took me aback when you said it, and I just want to make sure I understood correctly. You put Mr. Parsons down as a reference on your resumé without talking to him?

Mr. Patel: I don't really have any problems with that. I have known him for a very long time, and I'm sure he'd speak well of me.

Mr. Parsons: I don't know if it's appropriate, but some years ago he asked if he could and I said certainly, just for anything.

The Chair: Sorry to interrupt—

Mr. Parsons: I don't want to make him look bad.

The Chair: Why don't we concentrate this time on discussions through the Chair to the intended appointee, and if there's discussion about this, we could save that for debate.

Mr. Bisson: I just raise it because from a professional standpoint—and you're a professional—you never put somebody on a resumé when you haven't gotten their authorization to do that. If he says you did, then you weren't truthful to this committee. That bothers me.

Mr. Patel: It's been a few years.

Mr. Parsons: On a point of order, Mr. Chair—

The Chair: Folks, maybe we could—

Mr. Bisson: It's my time. I'm making a point.

Interjections.

Mr. Bisson: You can make a point of order if you want, but it's my time.

The Chair: We'll discuss Mr. Patel's nomination in due course, so please continue.

Mr. Bisson: I raise it, and I'm a little uncomfortable raising it. I had no intention of speaking against your intended appointment, but it just bothered me when I saw that. You're a professional. I take it you did talk to him, I take it you did get permission, and you should have been forthcoming to the question when it was asked. We understand—and I have no problem with governments appointing their people to committees; I understand how that works. But a little bit more forthrightness in your answers would have been the thing to do.

Mr. Patel: I think I have been forthright.

Mr. Bisson: Don't get me going down this direction, okay? You don't want me going there. I've made my point and I'm moving on.

My question to you is this: In your answers to some of the questions, I wasn't too clear what your position was on the role of the private sector within the health care system. You've heard my comments to other members. I'm asking you the same question. Do you think that—

Mr. Patel: I'm hoping that if there is a role—

Mr. Bisson: Can I finish my question? Thank you. Do you think there's a need to increase the role of the private sector within the LHIN?

Mr. Patel: I don't know if I can answer that correctly, but if there were to be any privatization, I'm hoping the privatization will be in the form of technology and the people who supply the technology who are able to interpret the results. But I would prefer the health care professionals who look after patients to be in the public sector only, so that people who are providing the service are providing it on a public basis and the efficiencies can be brought in by technology.

I don't really want two separate systems where a physician is able to charge a person for a service and there's the other sector. The public is aware that you can go and—because I've seen what's happened in the UK, and I'm not really for that kind of privatization.

Mr. Bisson: That's where I was going in the end, but I just want to make it clear here. There is, as you know—and I've said it to other intended appointees—a debate ensuing in this country about increasing the role of the private sector in the health care system. My question is fairly specific, and I'm going to try it again just to make sure that we're clear: You believe there is a role for the private sector to actually deliver health care services. I'm not talking just information; I'm talking about hard services to patients. Do you believe there is a role?

Mr. Patel: I would have to say that public would be a better way to go. I'm not really for privatization.

Mr. Bisson: Excuse me. Say that again.

Mr. Patel: I'm not for privatization, a two-tier health care system, because I've see what it's done in England.

Mr. Bisson: So let's say there was a proposal at a LHIN to go out to tender to provide a service—

Mr. Patel: What kind of service?

Mr. Bisson: We'll just take Meals on Wheels as an example, that there is an RFP to go out in regard to Meals on Wheels and we start soliciting the private sector to take over from what used to be done by a non-profit sector agency. Would you favour that RFP going out?

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Mr. Patel: If they can do it better, I think I'm not against it. I'm against a physician performing an operation on a person on a private or a—

Mr. Bisson: So if there are services, as you would say, soft services—meals, cleaning up homes, community supports—that can be done by the private sector and they can do it efficiently, you're not opposed to that?

Mr. Patel: Again, I think you'd have to weigh the benefits. I can't really just say it from—I think you'd have to look at every situation on its own.

Mr. Bisson: I think I heard you the first time. You're saying that if there's an RFP, you would not stand in the way. You wouldn't oppose an RFP going out.

Mr. Patel: What I'm saying is that if we have people who are going to be able to provide the MRIs or the X-rays and they're going to be able to provide the same service more efficiently without bottlenecks, that's fine. I

have a problem with a physician working, you know—I don't want two different kinds of hospitals.

Mr. Bisson: We can get into a debate; it does become two different kinds of hospitals if certain services are being done by private clinics and doctors are working in public clinics. Anyway, that's a whole other debate.

You were in the UK about 15 years ago, I take it?

Mr. Patel: That's correct. I've had the experience because my family is still there, and they have had some health problems and I've seen what's happened there.

Mr. Bisson: All right. The last question, I guess, is that there is in this legislation—obviously, the aim is to be able to, at the local level, start making some decisions as far as where we allocate funds in our health system locally. That means everything from community care to institutional care. There are people—and I've raised this before because it's been raised with me—who are worried within certain sectors of the health care system that they may be left behind. Do you see any way, at the local LHIN level, to make sure that there is a fair process, to make sure that community care is not in jeopardy of money going to institutional care, or vice versa?

Mr. Patel: I think by consulting with everybody, including the access centres, we are hopefully going to be able to come up with the right answers. But I don't really see how I can answer that, saying that we're going to privatize this or that without—

Mr. Bisson: Are you in favour of electing board members to the LHINs?

Mr. Patel: I really have no problems with that.

Mr. Bisson: This is my last comment and I'll just end on this: If you're going to go the way of the LHINs, in my view, I think one of the failures of this model is not to have an elected system. I can understand the government wanting to have some appointments on the boards, the same way we do with health councils and others, or public health units, but I really believe that you have to have some mechanism for the public to get at the board appointees, because the problem we've got now is that you're all intended appointees. I'm sure you're very honourable and you're going to try to do the right thing—

Mr. Patel: I think anybody could have applied for that position, to tell you the truth.

Mr. Bisson: I'm not arguing that you're not qualified; that's not my argument. My argument is—

Mr. Patel: No, I'm not saying about the qualifications, but any member from the public or anybody is free to apply for this.

Mr. Bisson: You can only get in if you get appointed by the government. That's how it works. So the point is—

Mr. Patel: However, I think the process is to apply first, and then you may be appointed or not.

Mr. Bisson: You're going to be appointed as long as you're friendly with the government. We know how the process works.

Mr. Patel: To tell you the truth, when I made the application I had totally forgotten about it. So it caught me by surprise when I was even contacted by the ministry. I had never—

Mr. Bisson: My point—

The Chair: Mr. Bisson, you have about 30 seconds. Are you making wrap-up comments, as opposed to questions?

Mr. Bisson: My wrap-up comment is that I believe the board should be appointed. I asked you if you were in favour, and you said yes.

Mr. Patel: I think everybody's entitled to their—

The Chair: Okay. Thank you. We'll move to the government side. Mr. Parsons.

Interjection.

Mr. Bisson: I want to correct the record. I said "appointed." I meant "elected." Thank you, Monique.

Ms. Monique M. Smith (Nipissing): I'm just trying to help you out.

Mr. Bisson: Monique, we're northerners. We're always working together.

The Chair: Okay. Mr. Parsons has the floor.

Mr. Parsons: Just to clarify, in a community our size, everyone knows the only pharmacist in town, and if there's a gentleman whose ethics should not be questioned, it is the candidate before us. Quite some years ago—and I find I used to get annoyed at my father's poor memory. I now understand totally what he was going through. Three, four, five years ago, Mr. Patel asked if he could use me as a reference—I believe I said something to the effect of yes, as long as it's not in a nomination meeting against me or something, but just go ahead; I don't need to be informed every time. On that basis, his answer that he hadn't contacted me is correct, but your assertion that he had not asked permission is not correct either. It was just a blanket one given years ago.

Mr. Bisson: Thank you for clarifying. On that point, he should have answered the question.

The Chair: Again, the floor remains with Mr. Parsons.

Mr. Parsons: I have no questions, and I don't believe any of my colleagues do.

The Chair: Great. Thank you very much, Mr. Patel, for your presentation and response to members' questions. You're welcome to stick around for our concurrence votes, which will take place probably in about half an hour's time.

SUSAN WEATHERBY

Review of intended appointment, selected by official opposition party: Susan Weatherby, intended appointee as member, Simcoe county community care access centre.

The Chair: The next intended appointee is Susan Weatherby, intended appointee as member of the Simcoe county community care centre. Ms. Weatherby, welcome. I saw that you have been here. You come from Barrie, Ontario. I'm just scanning this. I see a reference to Athabasca University; your master's in nursing is in progress. Good for you.

You're welcome to make some opening comments about your background and interest in this position, and then we'll split up the time for any comments or questions from our members. If I'm following rotation, Mr. Bisson will have the first opportunity. The floor is yours.

Ms. Susan Weatherby: Thank you, Mr. Chair and members of the standing committee. I would like to thank you for the opportunity to meet with you in order to outline my career and life experiences. I am hoping that this will provide you with a sense of the appropriateness that my appointment would bring to the Simcoe county community care access centre board.

I was born and raised in the military life; yes, an army brat. This did provide me with an opportunity to live in a number of provinces, as well as overseas. I always had a desire to be part of the health care system, and thus completed my nursing diploma in St. John, New Brunswick in 1980. Upon graduation, I relocated to Edmonton, Alberta and remained in that province for 10 years. I was fortunate at that time to develop nursing skills in the critical care field. I then moved to the more northern community of Valleyview, Alberta, in the south Peace area, and worked as a community health nurse. Actually, I was the sole community health nurse in that environment. I was quite instrumental in developing many programs for that community, some of which are still standing.

In 1989, I moved to Ontario with my family, and after residing for one year in Orangeville, I moved to Barrie and have been a member of that community for 15 years. I've been an RN at both Orillia Soldiers' Memorial Hospital and the Royal Victoria Hospital, with the majority of my career being at the RVH. Believing in lifelong learning, I completed by bachelor of science in nursing from Laurentian in 2004 and immediately began my next journey in completing my master's in nursing through Athabasca University.

My current role has enabled me to enhance leadership skills, as well as developing skills in program planning and development. I have been the recipient of two RVH awards, the president's and chairman's awards, in recognition of implementing quality improvements within the units that I am responsible for.

Having had 25 years' experience in the health care field, I am aware of the current issues regarding our stressed acute bed situation and the shift to provide more services within the community. These services primarily are for acute care, rehab and continuing care, children's and seniors' programs, as well as programs for the cognitively impaired. I am also aware of these needs not only in my capacity as a nurse but as a wife and mother, a daughter to aging parents—I'm aging myself—as well as a community member.

As a new board member, I know that I will have a huge learning curve, but I do believe that my knowledge and experiences within the health care field and the community will be an asset. Professionally, I have been recognized for my ability to collaboratively develop processes, as well as being results oriented. I would love the opportunity to support my community by serving in this capacity.

The Chair: Thank you for your opening comments. Any questions or comments, Mr. Bisson?

Mr. Bisson: I rather like the idea that you were an army brat. I was in the armed forces back in the early 1970s. What's your dad's name? Maybe I served with him.

Ms. Weatherby: Dallas Mason.

Mr. Bisson: Dallas? Oh, I knew a Paul Mason. Just a little bit of trivia.

Ms. Weatherby: He was there for 35 years.

Mr. Bisson: We'll talk later. Maybe we ran across each other.

First of all, I'm a big fan of nurses. Our eldest daughter is a nurse and about to become a nurse practitioner, so I'm a big fan of nurses and the work that you do. You've got me convinced just on that point.

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I just want to ask a couple of questions. You well know what CCACs are all about. I'm not going to go down that road. You obviously bring some experience to the appointment, so I think that's a positive thing. However, in the CCACs, the experience has been that there has been a lot of moving services out of the not-for-profit sector and into the private sector. In one case in our community, when CCACs were created, the Canadian Red Cross, which provided, I think, 75 years' worth of continuous services and community care, was basically pulled out and the work was given to a private, for-profit organization. Your view on that: private versus not-for-profit?

Ms. Weatherby: I actually also worked for Canadian Blood Services for a number of years and was there when it shifted from the Canadian Red Cross to Canadian Blood Services. I did realize at that point that it was very risky business moving towards—

Mr. Bisson: For-profit.

Ms. Weatherby: Yes, exactly. I think it is very risky, and I would have a number of concerns with a movement towards that.

Mr. Bisson: You're going to be seeing at the CCAC level requests for proposals come before you. Actually, you're going to have to determine what's in the request for proposals when contracts come due and new contracts need to be put forward for RFP. In your view, should we try as much as humanly possible to keep it in the public sector? Should we allow the private sector to compete or just ban the private sector from competing, if you had your druthers?

Ms. Weatherby: I would need a whole lot more information to make a decision like that. My first thought is to support the public sector primarily. But of course, things change, times change, situations change, and I would require a lot more information to make a decision.

Mr. Bisson: Do you have any experience with central placement coordination?

Ms. Weatherby: No, I do not.

Mr. Bisson: When people are in the community and end up in crisis, they will, from the community services or if they end up in an institution, be put on the list to get a long-term-care bed. That's what they call central placement coordination. Have you ever had any dealings with them at all as a nurse?

Ms. Weatherby: No, I have not.

Mr. Bisson: So I won't go down that road.

I noticed that you worked in a community health clinic, I believe. You were a director?

Ms. Weatherby: No, I was a community health nurse.

Mr. Bisson: Oh, you were the community health nurse.

Ms. Weatherby: Yes, the sole nurse in the community.

Mr. Bisson: Should we be emphasizing providing more services, trying to move some of our services from the institutional setting into the community? Your view on that?

Ms. Weatherby: Yes, I would totally support that. I know there was always a lot of care provided in the home by the family. There was a shift, all of a sudden over the years, to bring more of it into health care facilities, but I believe, as a community member and a family person, that families and patients want to have more of their care provided within their own home environment. That's their comfort zone, and I believe that process is needed, that transition, in the interests of community members.

Mr. Bisson: One of the challenges you're going to face as you go in, and what we're finding—and I think it's the same for all MPPs—is that the community care access centres are very cash-strapped as far as getting the dollars they need. The need is this big and the funding ability is that big, and the effect has been that we've been rationalizing services within those CCACs. What do you see as your role, if there is a funding shortfall, in trying to advocate for more funding? What's your view on that?

Ms. Weatherby: First of all, I think you have to prioritize. You have to find out what the needs of the community are; you've got to collaborate with the main stakeholders and find out what trends are happening. For example, the wait-list strategies we're implementing right now through the government—working with those and finding out exactly where the priorities are, and from that, moving on to see how you can provide the services within the resources that are allocated to that program.

Mr. Bisson: I guess what I'm asking is that often what happens is you don't have enough money. You've gone through that whole process and, at the end of the day, it's a dollars-and-cents issue. Do you think there's a role for a CCAC board to lobby to get more money, and if so, how?

Ms. Weatherby: I have not sat on a board, so I'm not quite sure how we go about that. It will be part of my learning curve, absolutely. I do see a role with the board. You absolutely have to advocate on behalf of the centre itself, and I see that as a role for them.

Mr. Bisson: One suggestion I would make is to work with your local MPPs from both the government and opposition sides, because this is fast becoming a crisis in our communities. We're really lacking the resources to provide services for people in the community. We're starting to see people end up in institutions probably quicker than they need to be. I think you understand the result of that. The longer we keep people at home with support, the longer they're going to live and the better the health determinants will be as well.

I think I know who your father was now.

Ms. Weatherby: Uh-oh. He was a sergeant major, if that gives you any recollection.

Mr. Bisson: Was he part of the 3 RCR at one point?

Ms. Weatherby: The RCHA.

Mr. Bisson: No, it's not the same guy. We'll talk later.

Ms. Weatherby: Okay.

The Chair: To the government side.

Mr. Parsons: We're very pleased with the individual's qualifications, thank you.

The Chair: Mr. Parsons and gang are very pleased. We'll move to the official opposition.

Mr. Tascona: I appreciate your coming here today, Susan. I've got a few preliminary questions. How did you hear about this appointment?

Ms. Weatherby: Like my teenagers, I was surfing the Net and I came across—I believe it was the Ministry of Health website I was on, and there was a call for volunteers to sit on a number of committees. Via the Internet, I submitted my resumé and never heard a thing back. Months went by, and I forgot about it. Actually, I'm a member of the Ontario Metis association, and Kirk Hebner came by to speak to me. We were talking about a few things, and it came up that I had submitted this and never did hear any response. He left me with a name to contact, Jerry Haas. I contacted Mr. Haas and he forwarded me to another website, the appointments website, and I submitted my name to that.

Mr. Tascona: Okay, because I noticed that you submitted it November 28 of last year.

I understand that currently there's a chair and two members on the Simcoe county CCAC. Do you know who they are?

Ms. Weatherby: I had gone to the website and saw that it was Mr. Bell, but I actually understand that he is now moving on to a LHIN board, perhaps, so I'm not quite sure who the current chair is. But I know there are three other members: Mr. White, Mr. Scarth and Mrs. MacDonald.

Mr. Tascona: You're going to be a part-time member. As you know, the government's going to be reducing the number of CCACs from 42 to 14. Currently, the Simcoe county CCAC is part of the North Simcoe Muskoka Local Health Integration Network, which is headquartered in Orillia. Do you know how your role as a part-time member is going to impacted when they do the downsizing of the CCACs?

Ms. Weatherby: I'm aware that they'll be downsized because the numbers of board members currently in place

would have to be reduced. I would still be willing to serve in the capacity of a board member.

Mr. Tascona: But you haven't been told how it's going to impact your current appointment.

Ms. Weatherby: No, I have not.

Mr. Tascona: The changes with respect to the CCAC—are you familiar with the work of the Simcoe county CCAC at all?

Ms. Weatherby: Yes, I am, to some degree.

Mr. Tascona: What's your knowledge?

Ms. Weatherby: The Simcoe county CCAC actually works collaboratively with a number of stakeholders—the community, the service providers, the hospital—in the provision of care to residents of the community. As I said in my opening statement, they provide a specific number of services within the community: both adult and paediatric services, rehab and long-term acute care.

Mr. Tascona: Do you have any comment on what you think the major challenges are facing that corporation?

Ms. Weatherby: I believe one of the challenges would be funding. I know that the funding has not mirrored the increases. Although there have been injections of money, I don't believe that they are injections that have maintained programs that have been asked to be developed. I think one of the main challenges has been continuing financing or funding for these programs.

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Mr. Tascona: You've got a very good background in the health care field, obviously. What skills or expertise do you think you can bring to the board to make it the most effective it can be?

Ms. Weatherby: Besides my general nursing knowledge, I have had the opportunity to work as a manager, and have participated in program development, evaluation, auditing, review—all those sorts of processes—which I believe would be an asset.

Mr. Tascona: The board's size is relatively small. You've indicated today that the chairman, Mr. Bell, is going to be moving on to the LHIN. That would make about three members at the moment, and you'd be the fourth. Do you think that poses any challenges with respect to how it can effectively operate and successfully perform for the community?

Ms. Weatherby: In terms of corralling the group for a meeting, I don't think it'll be a challenge, because it's a smaller group. But I do believe that it puts a lot of responsibility on a small group in making decisions or making recommendations. I would like to see a little bit of a larger group to get more feedback and different viewpoints in order to come to an educated decision or recommendation on anything.

Mr. Tascona: Other than the funding issues that have faced the Simcoe county association, do you have any knowledge with respect to how effectively the CCAC served the residents of Simcoe county?

Ms. Weatherby: How I would effectively serve?

Mr. Tascona: No, how it has.

Ms. Weatherby: I believe that it has been very successful. Speaking in the capacity of a nurse at RVH, we have been able to provide services in the acute field because we've been able to move patients from the acute care setting into the community, and that's been with the assistance of the CCAC. They keep the flow going. They have been very instrumental in that.

Mr. Tascona: In terms of RVH's relationship with the CCAC, are there any areas, do you think, where that can be improved, because RVH is the largest hospital in Simcoe county?

Ms. Weatherby: I'm not sure that there are any problem areas at this point. I believe they have an excellent relationship, and I would hope that would continue.

Mr. Tascona: Do you have any familiarity with the CCAC that's going to be merged with Simcoe county?

Ms. Weatherby: No, I do not.

Mr. Tascona: I think that's going to be a big challenge with respect to an area the size of Simcoe county. Then adding Parry Sound-Muskoka is going to make it a fairly large area. Also, there are going to be issues with respect to the allocation of the resources. Basically Bill 36 would appear to be taking that out of the hands of the CCAC. It's going to be in the hands of the LHINs, in terms of determining how much money the CCACs are going to get, with the final say of the Minister of Health, in that particular area.

It would appear to me that your role is going to be even more instrumental in terms of not only working with the LHIN, but also working with them through the ministry in terms of getting the proper funding for this particular area. Do you have any thoughts about that in terms of how best to deal with that?

Ms. Weatherby: As I previously stated, this will be a huge learning curve for me, because I have never functioned in that capacity before. I will actually need the cue from the other members of the board to assist with that, and hopefully there are individuals on that board who do have experience in relation to those types of—

Mr. Tascona: How often will you be meeting as a board?

Ms. Weatherby: I believe it's once a month, and as needed.

Mr. Tascona: Did they indicate to you what you would be doing? Would it be an advisory role?

Ms. Weatherby: I have not spoken to them directly.

Mr. Tascona: Would it be an advisory role, or some other capacity that they were looking for?

Ms. Weatherby: I believe it says it's an advisory role.

Mr. Tascona: Who's the person from the CCAC? I don't know if they call it CEO, or head person for the CCAC; do you know who that is?

Ms. Weatherby: No, I don't.

Mr. Tascona: Okay. Those are all the questions I have, unless Ms. Scott has a question.

The Chair: You've got one minute left.

Ms. Scott: Okay. Thank you very much for appearing here before us today. It's always nice to see a fellow nurse continuing on. You've had various jobs, furthered your education and are giving back to your community, so I want to say thank you for that.

I noticed in some of the information we received that the CCACs are interested in evolving more of a role within the community and within LHINs. I know that you're just being prepared to come on to the board, but do you see, even just from living in the community and from you're nursing in the community, more of a role that the CCACs could play in delivery of service?

Ms. Weatherby: More of a role?

Ms. Scott: Yes.

Ms. Weatherby: I see that they already play a significant role in the delivery of service, so broadening the region is going to be a big challenge for them.

Ms. Scott: I'll mention one thing just quickly. In my area, we hear a lot about autistic services that just aren't available to help the parents and to help people give parents a bit of a rest, a reprieve, but there isn't the training there. Some of the parents are looking to the CCACs to possibly train some health care workers to get some respite or relief. Do you hear that in your community, or do you think that might be something that the CCAC in your area could get on to?

Ms. Weatherby: I think that would be part of the mandate, knowing that they do provide services for paediatrics and also for cognitively impaired individuals. I would think that would fall within that grouping and definitely be something—

The Chair: Sorry to cut you off, but we've run out of time.

Ms. Weatherby, thank you very much for your comments and responses to members' questions. I'll ask you to stand down temporarily. We're going to move now to our concurrence votes, but thank you very much for your presentation.

We'll proceed in the order of the interviews, and then of course we have one that was deferred until this week from last.

We'll now consider the intended appointment of Vince Bucci Sr. Mr. Bucci, as you will recall, is the intended appointee as a member of the Health Integration Network of Hamilton Niagara Haldimand Brant.

Mr. Parsons: I would move concurrence.

The Chair: Mr. Parsons moves concurrence. Comments or questions? Seeing none, all those in favour? Any opposed? It is carried. Mr. Bucci, congratulations and best wishes on the LHIN.

We will now consider the intended appointment of Stephen Kylie. Mr. Kylie is the intended appointee as a member of the Central East Health Integration Network.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons moves concurrence. Any discussion? Seeing none, all those in favour? Opposed? It is carried. Mr. Kylie, congratulations to you as well.

We will now consider the intended appointment of Balmukund Patel. Mr. Patel is the intended appointee as a member of the South East Health Integration Network.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons moves concurrence. Discussion? Seeing none, all those in favour? Any opposed? It is carried. Mr. Patel, congratulations and best of luck on the South East Health Integration Network.

We will now consider the intended appointment of Susan Weatherby, intended appointee as member, Simcoe County Community Care Access Centre.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons moves concurrence. Discussion? Seeing none, all those in favour? Opposed? It is carried. Ms. Weatherby, congratulations and best wishes on the CCAC.

Members will recall that last week we had a deferral of one intended appointee. We will now consider the deferred vote on concurrence in the intended appointment of Garry Minnie. Mr. Minnie was an intended appointee as a member of the Assessment Review Board. I'll need a concurrence motion.

Mr. Parsons: We're voting?

The Chair: I'll need concurrence.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons moves concurrence. Is there any discussion?

Mr. Bisson: I'm not going to belabour the point; I made my point. I just want the government to try to take this somewhat seriously. We've seen various people come before this committee for appointment. A number of times, like today, you've got some appointments that, yes, are Liberal partisans, we understand that, but at the end of the day, have some qualifications. I just get somewhat discouraged when I see the government moving a person into a position where they're probably best suited elsewhere.

As we know, the Assessment Review Board is there so that the public has an opportunity to go to hearings when they're in dispute with the assessment on the value of property. It would seem to me that we would want to have people on the board who have some knowledge of what real estate values are, what the act is, how that works. In this particular case, this gentleman is very capable of serving in other areas, I thought, like in the education field and possibly even in the health care field. He had some interesting experiences on his resumé that he probably would have been better suited to.

That was the reason I withheld the appointment. It was only to tell the government that you should take more care to try to suit your appointments better. I accept—I don't like it, but I understand it—that the government is going to appoint Liberals to boards. I just ask that you try to suit them better in your choice of where they're going.

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The Chair: Any other discussion?

Mr. Parsons: Our government takes this very seriously, and we believe that Mr. Minnie is qualified. After making his application, as every other individual can in the province, he was interviewed by the chair, the vice-chair and a member of the board. This was not a political interview; this was an interview to deal with qualifications. I would suggest that in fact the people who did the interviews are eminently more qualified to determine whether he is the appropriate candidate for that position.

He had a 45-minute oral interview followed by a written interview in which he is given a scenario, and he then writes a decision, which he's graded on. I certainly can say that we strongly believe that he has the skills. There will be training for him as for every other new person to this board, but we certainly believe he has the skills.

The Chair: Any other comment?

Mr. Tascona: Mr. Minnie, who is a twice-defeated Liberal candidate in the riding of Durham, certainly in the Liberals' eyes has earned the right to an appointment. I guess that's why he was here, and I expect him to be appointed today by the Liberal government.

Mr. Bisson: Exactly the point I was making. It's fairly clear, as we look at appointments coming through this committee, that the predominant factor is, are you a member or are you associated to the Liberal Party? That's part of what this was about; it was a political payoff. I understand. The person has some qualifications. I don't argue that. I'm just saying, next time try to slot them into the particular areas that they're most suited to. It was clear that this particular gentleman was a previous Liberal candidate. That was determined through the interview and what we knew of him. I understand that you want to appoint him to something. You've got to give your partisans something to do. I'm just asking you to better slot them into what they're most suited for.

The Chair: Any further discussion?

Mr. Parsons: This committee has appointed former PC and Liberal members and former candidates who certainly were qualified for the position.

Let's call the question.

Mr. Bisson: You use closure here as well as you use it in the House.

Interjection.

Mr. Bisson: Come on, David.

The Chair: Folks, let's take a step back here.

Mr. Bisson: I was just about to finish. He didn't even need to do that.

The Chair: People have had their chance to make comments. Let's make sure we continue to direct the comments through the Chair. Continue debate, if you like, Mr. Bisson.

Mr. Bisson: Chair, I was about to end this debate, but Mr. Orazietti is provoking me to continue the debate.

Mr. Tascona: Big time.

Mr. Bisson: Big time. I just say to poor Mr. Orazietti, who is in his first term here and probably his last, this is a place where members come and debate. This is a place where members bring their concerns. To say "Give it a rest," I think, speaks volumes of your understanding of what this place is all about. On that, thank you very much, Chair.

The Chair: Any further discussion regarding Mr. Minnie's intended appointment? Seeing none, we have a concurrence motion by Mr. Parsons. All those in favour? Opposed?

Mr. Tascona: Recorded vote.

The Chair: Sorry. You have to ask for it before the vote. The motion is carried. We wish Mr. Minnie the best with the ARB.

I'd just remind members that, procedurally, if you want a recorded vote—we always have the right to do so—just do it before we call the question.

Mr. Tascona: Sorry, Mr. Chair.

The Chair: No problem. We'll know for the future.

Mr. Tascona: I'll try to do better next time.

COMMITTEE BUSINESS

The Chair: Is there any other business to be discussed today?

Mr. Bisson: Just a quickie on the issue that my good friend Mr. Tascona raised, which was the other part of the mandate of this committee, which is the review of actual agencies. If we can schedule some time to deal with that because it would be good, I think, for each party to select an agency that we might be interested in spending some time on so we can do the other part of the mandate of this committee.

The Chair: I will try to get back to the committee next week with an update on that. I was going to tell you before. We are meeting next week.

Is there any other business, and then I'll just talk about next week?

Ms. Scott: I just want to bring to the attention of the committee that Michael Lauber was interviewed last week on the Smart Systems for Health Agency. At that point when we questioned him, we had the material that he was to become a member and he was under the impression he was to be the chair of the board.

I just wanted to bring to your attention that on the Public Appointments Secretariat website his name does not appear as a board member; it does not show up on the list at all. That is as of yesterday, February 21. Yet on the Smart Systems for Health Agency site, he is listed as the chair. So I guess my question is maybe that we clarify later what his status actually is: Is he a board member? Has he moved to the chair position?

The Chair: I'll offer a brief comment on that. I think, working with the clerk, we'll get back with more detail next week. As far as this committee's information was, a certificate was issued for him as an intended appointee as a member of that particular board. The committee did discuss this, and we did vote him in as a member of that committee. We do understand and appreciate that you bring to our attention that instead he's been appointed the chair. I'll work with the clerk and get some clarification on how that came to be, and we'll report back to committee next time.

Mr. Parsons: It's a legitimate issue that needs to be resolved. Certainly, the paperwork that came to us was conflicting. We don't question that. I had some sense from the discussion we had that we were under the understanding that it was "chair." I know the issue was raised; I'm not sure by whom. We talked about it, and at that stage I thought the committee had the sense that we were voting on "chair," because it didn't arise again; it wasn't questioned. I do remember that as an issue, and

it's certainly our sense that there was some agreement that we were dealing with "chair."

Mr. Tascona: Wait a second. He has brought it forth to be discussed, and the appointment and all the paperwork would indicate he's going to be a member. There is no consensus that we were voting on—we voted him on as a member, and if he was going to be the chairperson, then he should have been in front of us as the chairperson. So I don't know where you think you're getting consensus. We can only deal with the formal paperwork that's in front of us, and it would be nice to know that when we're voting for and interviewing somebody, we know exactly what position they are, other than what's in the paperwork. That's all we can rely on.

Mr. Bisson: I just concur. It was pretty clear that we were doing the appointment as a member, not as chair, and I concur with the comments made by my colleague from the Conservative Party.

The Chair: I can probably help to conclude it for today's meeting, but we could continue to go on if members so choose. I thought I was clear, as Chair, that we were voting with the certificate that was available to us at the time, which indicated that Mr. Lauber was an intended appointee as a member. Mr. Lauber before us seemed to feel that he was being appointed as chair. We can only deal with the certificate that is before us. If there was a problem with the certificate, then we will look into that and report back to the committee. If a proper certificate is to be issued, we'll try to resolve that, but for the time being—I do remember this discussion, and I'm sure I was quite clear, as Chair, that we vote on the certificate that's presented to us, and that certificate did clearly say "member," not "chair."

Mr. Parsons: I believe Hansard is not yet available for that meeting. That may help clarify it.

The Chair: We'll investigate it. I don't think there's any grand conspiracy or anything here, but we do have to make sure that the paperwork that we get and give to the committee accurately reflects the decisions. If there's a mistake, we'll find out why that mistake was made and try to correct it.

Mr. Tascona: I think there's precedent that if someone had a certificate to be appointed as member and, in fact, after that happened, became chair, they had to come back. I would certainly make the request that Mr. Lauber come back here if in fact he's been bumped up to chair. It's highly improper that he would come forth in a certificate as a member and then get bumped up to chair, which is a separate appointment. It's highly irregular and, quite frankly, the precedent is for him to return. If that's the case and he is the chair, I would expect him back before the committee.

The Chair: I appreciate the advice. I think it's important before we make any decisions to make sure that we have all of the facts before the committee. If there is a precedent that you're aware of, let us know, and that could be part of our discussion next week.

The facts that we know are that we agreed to the certificate. My recollection of those facts was that it was as a member and that the Chair had made that clear. According to Ms. Scott, it's been brought forward that he has been appointed the chair. We will find out what the problem is and bring it back to committee next week. The clerk and I will endeavour to get material to the members before the committee so you can give some consideration before we enter into debate on it.

Mr. Tascona: With respect, we're not going to set up a precedent here today in saying, "Oh, by the way, let's have agreement. We'll bump him up to another position." That is not on. We have to deal with what's in front of us and, as far as I'm concerned, we'll deal with the facts as they are, but we have an obligation and a standard in this committee which will not be lowered by the government.

Mr. Bisson: For the record, the New Democratic caucus concurs with that position. If he's been appointed as a chair, bring him in as a chair. If it was improperly done, he's got to come back.

The Chair: I will get the facts to the members in time for the next committee, and we'll discuss it further at that point in time.

Any other business?

Mr. Parsons: One more item, and I mean this sincerely: Ms. Scott has a reputation for doing her homework and for researching the facts, so when you raised the issue about the minister having the power to close hospitals, I used an electronic device to ask that that be checked. The information I've been made aware of was that in 1996, a hospital restructuring committee was struck that had the powers. In 1999, the powers were reverted solely to the minister to close hospitals. As Wayne Gretzky would not say, I'll bet on it.

Mr. Tascona: Are we meeting next week?

The Chair: Thank you, Mr. Parsons, for that information.

Is there any other business for the committee before I get to next week? Seeing none, we are meeting for our regularly scheduled meeting of Wednesday, March 1, 2006, regular time. We do have four intended appointees lined up, I believe. We will have a regular meeting then, and also we'll get back to you with this notion, this idea, this thought, this fact brought up by Ms. Scott a few moments ago.

We are now adjourned.

The committee adjourned at 1153.

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