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## **Official Report of Debates (Hansard)**

**Wednesday 29 March 2006**

## **Journal des débats (Hansard)**

**Mercredi 29 mars 2006**

**Standing committee on  
government agencies**

Intended appointments

**Comité permanent des  
organismes gouvernementaux**

Nominations prévues

Chair: Tim Hudak  
Clerk: Tonia Grannum

Président : Tim Hudak  
Greffière : Tonia Grannum

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

## STANDING COMMITTEE ON GOVERNMENT AGENCIES

## COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Wednesday 29 March 2006

Mercredi 29 mars 2006

*The committee met at 1007 in room 151.*

### SUBCOMMITTEE REPORTS

**The Chair (Mr. Tim Hudak):** Good morning, folks. I'm going to call the standing committee on government agencies to order for our regular meeting on Wednesday, March 29, 2006. Our first order of business is to welcome our new clerk, Tonia Grannum. Folks here have worked with Tonia in the past, I'm sure. She's an outstanding clerk, and we welcome her.

**The Clerk of the Committee (Ms. Tonia Grannum):** Thank you.

**The Chair:** Her baptism by fire yesterday was at our subcommittee meeting.

We'll start with reports of the subcommittee. The report of the subcommittee on committee business dated March 2, 2006.

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

**The Chair:** Mr. Parsons moves its adoption. Is there any discussion on that report? Seeing none, all those in favour? Any opposed? It is carried.

The next order of business is a report of the subcommittee on committee business dated Tuesday, March 7, 2006. Any adoption motion?

**Mr. Parsons:** Adopt it, because it was a good one.

**The Chair:** Mr. Parsons particularly recommends this subcommittee report. Is there any discussion?

**Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford):** Can I ask him why he's so—can you tell us, Mr. Parsons?

**Mr. Parsons:** Was I speaking too fast or something? It looks good.

**Mr. Tascona:** Okay. Is it maybe because there were no selections?

**Mr. Parsons:** Yes.

**Mr. Tascona:** Okay.

**The Chair:** Any further debate? Seeing none, all those in favour? Opposed? That is carried.

The next order of business is a report of the subcommittee on committee business dated Thursday, March 9, 2006.

**Mr. Parsons:** I move adoption.

**The Chair:** Mr. Parsons moves its adoption. Any discussion on this one?

**Mr. Gilles Bisson (Timmins–James Bay):** What was that one?

**The Chair:** That was Thursday, March 9, 2006. Seeing no discussion, all those in favour? Opposed? It is carried.

Extension of deadlines: Pursuant to standing order 106(e)11, unanimous consent is required by the committee to extend the 30-day deadline for consideration for the following intended appointee: Erin Netzke. Erin Netzke is the intended appointee to the Grey-Bruce Community Care Access Centre. Do we have unanimous consent to extend this deadline to May 2, 2006? Agreed.

Pursuant to standing order 106(e)11, unanimous consent is required by the committee to extend the 30-day deadline for consideration for the following intended appointee: Lorna Marsden, intended appointee to the GO Transit board of directors.

**Mr. Tascona:** How come the extension is needed at such a late date?

**The Chair:** I think it's just a matter of scheduling. Ms. Marsden is the—what's the proper term?—chair of York University, or the chancellor; one of the bigwigs at York University.

**Mr. Tascona:** It's just that it's May 19. It's quite far out there. But if that's the reason, then that's fine.

**The Chair:** We also have an issue the clerk brought to my attention. There have not been any new certificates, I think, for the last couple of weeks, so we're in a position right now where we probably will not be meeting next Wednesday nor the week after that because of a lack of certificates, to call before members.

**Mr. Tascona:** That's very disappointing.

**The Chair:** I appreciate it, but that's also one of the reasons we are recommending Ms. Marsden's deadline be extended to May 19, 2006.

**Mr. Tascona:** Does that Liberal cabinet never meet? What's going on? We need some appointments for this committee.

**The Chair:** It looks to be a boisterous day at the agencies committee today.

**Mr. Bisson:** At least we know what day the Liberal cabinet meets in Ontario, and where they're meeting. As a New Democrat, I don't want to complain. At least I know where you're meeting.

**The Chair:** All right. Is there any further debate with respect to Ms. Marsden's extension?

*Interjection.*

**The Chair:** No, I think we're getting off topic. Seeing no further debate, do we have unanimous consent? Perfect. That is extended, consented to, agreed upon etc.

I'll call members' attention as well to the hard-working research officer to my left. Larry Johnston has kindly provided responses with respect to questions members had on how the agencies appointment process is currently working, particularly on time frames, and a question with respect to Mr. Lauber that we had dealt with a meeting or two ago. Members would have received this already and it's also in your packages, I believe. I thought I would call that to members' attention, not that it's an item of debate, but an item of information.

Lastly, before we get to the appointments review, the subcommittee met yesterday to discuss the calling of agencies before the committee. The clerk has prepared minutes for the subcommittee meeting that have been shared with the subcommittee members. I think the subcommittee members were going to endeavour to speak with members of their caucus, and we're going to reconvene the subcommittee meeting for next Tuesday to finalize that report to bring back to committee.

**Mr. Bisson:** Next Tuesday. What time?

**The Chair:** My preference is 1 o'clock. The clerk will call around to confirm, just like we did yesterday.

I'm going to move "other business" to the end of the agenda, so now we can proceed with the appointments review process.

## INTENDED APPOINTMENTS

### ABDUL SHAKOOR

Review of intended appointment, selected by third party: Abdul Shakoor, intended appointee as member, Scarborough Community Care Access Centre .

**The Chair:** I'd like to call, as our first member for review, Dr. Abdul Shakoor.

**Mr. Bisson:** As he's coming up, I have a question.

**The Chair:** Go ahead, Mr. Bisson.

**Mr. Bisson:** Call him up. My question can be answered while he's walking up.

**The Chair:** Dr. Shakoor, welcome to the standing committee on government agencies. Please make yourself comfortable on either of those chairs. Dr. Shakoor is an intended appointee as a member of the Scarborough Community Care Access Centre.

Mr. Bisson, did you want to say something first?

**Mr. Bisson:** Just a question to the clerk: In the packages, I notice that a lot of times it's just the overview of the resumé; no actual resumé. Is there a way that could be included? In this particular case, I have the appointee's background as far as educational background and professional background are concerned, but there's no actual resumé, where he works and all that stuff.

*Interjection.*

**Mr. Bisson:** We'll talk about that later. Okay, thanks.

**The Chair:** Welcome, Dr. Shakoor. I don't know if you've had a chance to see this process before. You're welcome to make an opening address about your qualifications and your interest in this position. Then we'll follow on a rotation basis for any questions the committee members will have. Today's questions will begin with the official opposition. Welcome to the committee. The floor is yours, sir.

**Dr. Abdul Shakoor:** Good morning, Mr. Chairman, members of the standing committee on government agencies, ladies and gentlemen.

First of all, thank you for the opportunity to meet with you today to discuss the intended appointment to the board of directors of Scarborough Community Care Access Centre.

For your convenience, I'll try to highlight my experience, skills and expertise that will assist the work of the board. I have completed my Bachelor of Science degree in engineering, and master's and PhD. degrees in economics. I have served for 25 years, directly or indirectly, a diverse population of all ages in the areas of education, planning, energy, information, culture, health care, disability, international relations, relief, humanitarian assistance, administration, human resources, human settlement, water and sanitation, peace building, research, social studies, economic studies, assessment, evaluation, capacity building, access control, marketing, customer relations, efficiency, cost reduction and business development.

I have worked for Development Vision—it's a consulting firm, a UK organization; University of Manchester; World Bank; United Nations development program; UNCHS—that is the United Nations Centre for Human Settlements—Habitat; UNESCO; UNICEF; UNIDO; WHO—that is the World Health Organization; ILO—the International Labour Organization; ICRC; Oxfam; CARE; ADA; International Assistance Mission; NADA—the National Association for the Disabled of Afghanistan; PSFO—Peace, Solidarity and Friendship Organization; and MOP—Ministry of Planning.

I have served in Canada, Afghanistan, Liberia, Sri Lanka, Philippines, Central Asia, Pakistan and India.

Health care and social services become one of the most important concerns that matter to all people. The combination of my sophisticated and multidisciplinary expertise and strong managerial, coordination, leadership, research, analysis, policy, strategy and consulting skills, as well as my interpersonal communications skills in three Asian languages, understanding of a diverse community, and also working knowledge of computer-related technology, make me fit for this appointment.

I am confident that my personal and professional integrity and input will enhance the work of the board.

Thank you for your time. I think three minutes; I hope one minute per party. I am happy with that. Thank you very much.

**The Chair:** Thank you, Dr. Shakoor, for the opening comments and your interest. As I said, any questions begin with the official opposition, Mr. Tascona.

**Mr. Tascona:** Thank you for joining us here this morning. I just have some elementary points to get out of the way that we do at these committees. Who is your MPP?

**Dr. Shakoore:** I think Mrs. Chambers, for provincial. I think Minister of—

**Mr. Tascona:** Children's services.

**Dr. Shakoore:** Children and youth.

**Mr. Tascona:** Are you a member or have you ever been a member of the provincial Liberal Party?

**Dr. Shakoore:** No.

**Mr. Tascona:** Have you ever made a financial contribution to the provincial Liberal Party?

**Dr. Shakoore:** Never.

*Interjections.*

**Mr. Tascona:** Have you ever been a member of the federal Liberal Party?

**Dr. Shakoore:** Actually, I love politics. That's my nature.

**Mr. Tascona:** Have you ever been a member of the federal Liberal Party?

**Dr. Shakoore:** I have been before, but not now.

**Mr. Tascona:** Oh, okay.

**Dr. Shakoore:** For one year. For the time being, I'm non-partisan. But I love politics. I support any idea of any party which is good for people.

**Mr. Tascona:** Now, Mrs. Chambers—did you have any discussions with her about this appointment?

**Dr. Shakoore:** Actually, I don't know her. It's my own knowledge that I know she's our MPP.

**Mr. Tascona:** So how did you go about applying for this position?

**Dr. Shakoore:** I have no idea.

**Mr. Tascona:** No, how did you come to apply for this position?

**Dr. Shakoore:** I actually applied online on a government website, which is the federal government and also provincial. It was three or four times I applied. Fortunately, recently I received a call from a government office, which is the first call I got. I think it was the Appointments Secretariat. They called me and sent a document to complete. The process is about a month. I'm in the process, and finally today I got an opportunity to be here with you.

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**Mr. Tascona:** Okay. Why are you interested in this particular appointment?

**Dr. Shakoore:** Maybe you reviewed my resumé, and also I gave the main points. My background—I'm a humanitarian, just about 20 or 25 years. I work with different organizations, with the nature of all of them similar to this work. Frankly speaking, I applied for any type of job that goes with my nature, but this is the first response I got. I applied also for the Ontario Energy Board, but I have not received a response—because I have lots of experience on that side. But this is the response I got.

**Mr. Tascona:** What do you hope to accomplish by being a member of this organization?

**Dr. Shakoore:** I reviewed about this access centre in general, its background and what is the situation today, and Bills 130 and 36, which were newly—let's see how it's going on. Still, I think I'm in the very preliminary stage to tell you really precisely what I can do there, what clearly is a transition period. But with the background I have, with the experience I have, where I did similar things before—for example, if you see the evaluation that we did, we evaluated the European Union-funded projects. They hired us and we re-evaluated their management, and we proposed to them that they change the organization, which now we'll see, what is going on in the health system in Ontario. So I hope I can use that knowledge in this context which today we have in Ontario, and particularly in Scarborough. I'm sure that, after studying and researching that, I come with some conclusion, with some idea or vision to share with my colleagues on the board, and with other stakeholders. Let's see—

**Mr. Tascona:** Have you had any experience, you or your family or friends, with a community care access centre?

**Dr. Shakoore:** Some of the friends.

**Mr. Tascona:** What has your experience been with this community care?

**Dr. Shakoore:** They actually use the services through the access centres.

**Mr. Tascona:** Has it been a positive experience?

**Dr. Shakoore:** Yes. We have elderly people in long-term hospitals. They stay there. Also, we know that they get some assistive services at home. We know about that through our relatives and friends.

**Mr. Tascona:** I'm not getting on what you can do in terms of your past—you've talked about that—but, what do you hope to accomplish? What are your objectives?

**Dr. Shakoore:** My objective is really that I put all my efforts just to contribute to this committee, to this board, to help the health system as a whole and also the centres. I mean, it starts with itself, and also it's a part of the system, and it would be helpful for Ontarians, in particular in Scarborough, where I work.

**Mr. Tascona:** Okay, that's fine. I have no other questions.

**The Chair:** Mr. Bisson.

**Mr. Bisson:** Thank you, and welcome to our committee. I have a couple of questions. You know that the board you're going to basically is responsible for providing services in the community so that people can live at home independently; for example, a person is elderly and needs to have support services at home. The community care access centre, whose board you'll take part in, is responsible for making sure that the services to help the person live at home independently is there. Conversely, if somebody is disabled and would normally have to live in an institution but could live at home independently, again, services are provided within a community in order to assist. That's basically what community care access centres do.

I guess my question is this. As you know, under the former government and under this government, community care access centres tender services out. For example, if they need somebody to do housekeeping, they could ask for requests for proposals for people to come in and to bid on that. I want to know what your views are. Do you think that that bidding process should be restricted to the not-for-profit sector, or should the private sector be allowed to bid in as well?

**Dr. Shakoor:** That's really a very good question. I thought also about that when I read the document. I did my own research, because my knowledge is only based on the research; I've never been on the board. I don't really know the situation, what's going on there. Principally, I think that's the right of every citizen and every Ontarian, to get the service. But we will count that about the non-profit organization and private sector. That's something that really depends on lots of other factors, which would be very difficult for me at this stage to comment on.

When I'm on the board, I'm working, I evaluate the situation, maybe I can give you a precise answer to that. But I'm really in favour of it. I work in a non-profit organization. At this stage, in this knowledge which I have, I'm really in favour of that side, but maybe I'm not right at this stage because I have not enough information.

**Mr. Bisson:** So let's speculate. Let's say there is a request for proposal that's being tendered for housekeeping services and some private company says, "I can come in and do it cheaper." Do you think they should be allowed to bid in? Do you think they should be allowed to put their bids in and do you think the private sector has a role to play in the delivery of health care?

**Dr. Shakoor:** Of course. The private sector will always, I think, play a great role in the socio-economic development of this country. The point really at this stage: I look for—quality is something I always look for. Transparency I look for. Accountability I look for. Price is also one of the factors. So these are also important, and price is another one. And there are maybe other criteria. At that time which we have this criteria, we should see on the basis of all these.

**Mr. Bisson:** So you don't reject the concept that the private sector should not be allowed to operate within the public health care system?

**Dr. Shakoor:** Yes, you're right, I'm not really absolutely against. But I want a balanced role for the private sector, not really—

**Mr. Bisson:** Go ahead, you were saying something.

**Dr. Shakoor:** The private health sector in some countries is very strong, which I don't see in Canada and Ontario that type. But we may give a little bit more room to the private sector to see how it works. That's for the quality reason.

**Mr. Bisson:** You will know that, in Canada, that is an increasingly larger debate vis-à-vis what other provinces are doing, namely, Quebec, Alberta and British Columbia, to be specific. And also this new federal government under Stephen Harper, which has a different approach.

There are people, myself included, who have some very serious concerns with the encroachment of the private sector in the health care system. So that's why I asked you the question. You're saying, if there's a role for them to play—

**Dr. Shakoor:** I have the same concerns.

**Mr. Bisson:** But you're saying, if the private sector has a role to play, let them in.

**Dr. Shakoor:** No, just at this stage—that's why I say, in the information which I have today. But when I am on the board, I'm sure I'll get more information and learn more. So on that basis, maybe I give a precise answer to this.

**Mr. Bisson:** Let me ask you this other question. What I'm noticing, and I'm sure other members are seeing it in their constituencies as well, is that agencies such as community care access centres have had increasingly more demand on their services because the population is aging and we're now providing more and more services in a community, but the budgets really have not kept up, and that's an unfortunate reality. Let's say, in your capacity as a community care access centre, you're facing a decision of how to provide services to your community. Do we ration services? In other words, rather than giving, let's say, 35 hours a month service, we're going to drop it to 33 or 32, or would you be averse—I guess the question is, would you do that before asking the government to provide more funding? Do you see your job politically as well as saying, "Listen, the board at one point has to make a decision: Do we provide services?" and if there's not enough money, are you prepared to lobby the provincial government publicly and privately in order to increase the funds for the community care access centres?

**Dr. Shakoor:** Absolutely; I agree with you. When I also read the material, when I saw the budget—one point four six something I saw there; maybe it was precise or not, but that was the figure I got. Also, I learned that 21% of the needy people now do not get it, compared to the five years before. These are the questions that come in my mind that I have not really answered today. About the budget: Now I understand that really the budget is not enough. The first thing we should look for: budget. Because health, I think, is the right of every—

**Mr. Bisson:** Just so you know, I think the former government was wrong, because they muzzled the CCACs. And at one point, they didn't even muzzle them; they fired them, because they were lobbying the provincial government, both publicly and privately, to provide more funding. We're now having to deal with that, being the Legislature—I'm a New Democrat; I'm not a Liberal. But they're having to deal with what to do next.

**1030**

I ask you that question because I need to know this before we vote on your appointment. I think you've already answered that you're there to serve your community and not to serve the government. At the end of the day, if it means more money is needed, you have no aversion to doing what needs to be done, publicly or privately, to lobby for more funds.

**Dr. Shakoor:** Actually, you know what we can do? I saw another point about these 1,000 contractors. That was also very interesting for me. I'm not saying at this stage that the funds—that is a big thing to answer, I think. On my level it's very difficult. But there could be different things about the efficiency that I mentioned, about accountability, transparency. I'm not sure how it is. When I'm involved, after I see, I go and do my research in depth and find out what is really going on in the present situation.

Budgets—it's easy. Always we can ask, "We need more budget, more budget," but we should also see other things. Budget is one side. And also we should correct other—the system itself is very important, particularly with the new Bill 36. But the new transition, for example, the community care access centres, from 42 to about 40 now. I see the number come down. But after, they want to give more authority. I need to learn about that, what is the motive behind all these things. At that time, after four or five months, maybe I could give you a precise answer.

**Mr. Bisson:** I'm just going to end on this point, and you don't have to answer. You're going to be hard-pressed to try to make the case that these organizations aren't efficient. I believe CCACs have been doing an extraordinary job, and I'm sure most of the government members will agree with me. It's not a question of bloated bureaucracies. We're getting to the crunch, where we have an aging population, increasingly more so every year, and we're really challenged to figure out how to provide services in the community, because the offset is that if we don't do it in the community, we've got to put them in an institution, which is much more expensive. That's why I asked you those questions. Thank you.

**The Chair:** To the government side

**Mr. Parsons:** We have no questions.

**The Chair:** Thank you very much, Dr. Shakoor, for your responses to members' questions and for your presentation. We appreciate your time.

**Dr. Shakoor:** Thank you very much for the opportunity.

**The Chair:** You're welcome to stay if you have the time. We'll move to our concurrence votes after the intended interviews, so about an hour to an hour and a half's time.

#### JILL PRESSER

Review of intended appointment, selected by third party: Jill Presser, intended appointee, Consent and Capacity Board.

**The Chair:** Our next interview is with Jill R. Presser. Ms. Presser is an intended appointee as a member of the Consent and Capacity Board. Welcome to the standing committee. You have been here in rapt attendance and attention and you've seen how the process works. You're welcome to make some opening comments on your interests and your background. Following the rotation, any questions will begin with Mr. Bisson. Ms. Presser, the floor is yours.

**Ms. Jill Presser:** I thank you very much for affording me the opportunity to talk to you in regard to confirming my appointment to the Consent and Capacity Board.

First, my professional background and credentials: I am a lawyer. I was called to the Ontario bar in 1997. Since that time, I have practised in the area of criminal and quasi-criminal law. In private practice, I have represented criminally accused persons at trial and on appeal. Of particular relevance to my proposed appointment to the CCB, I have represented numerous criminally accused persons with mental health issues. I have appeared with them and on their behalf in the special mental health court, in the criminal courts, and at the Ontario Review Board. At times, I have also represented family members of criminally accused persons with mental health issues, to help them navigate the justice system and ensure that their voices were heard where appropriate in the system.

After becoming a mother in the spring of 2000, I gave up my full-time criminal defence practice. In the fall of 2001, I started prosecuting criminal offences for the provincial crown on a part-time, per diem basis. I continued prosecuting on this basis until January 2003, and started again in October 2005, after my second child was over a year old.

While working part-time for the crown, I have also established a part-time law practice of my own, principally involving work on criminal appeals, doing research and writing, and then appearing at the Court of Appeal for Ontario for the hearing of the appeals.

I have published a number of articles in legal journals, and two of them have been cited in decisions of the Supreme Court of Canada.

I have a strong history of community service and volunteer work. Currently, I'm representing my neighbourhood association, the Summerhill Residents' Association, on the 53 division community police liaison committee. I'm currently acting as a volunteer peer counsellor in the University of Toronto postpartum depression peer support trial study.

If you affirm my appointment today, which I ask you humbly to do, the people of Ontario will be getting a board member with demonstrated high competence in legal research and writing, skills which are in demand in boards like the CCB, which generate a high volume of written judgments. Ontarians will also be getting a board member with demonstrated focus, judgment and sensitivity as to the complex nexus of mental health and justice. I look forward to augmenting my existing body of experience in this area with the kind of intense training and practice that can only come with appointment to this board.

I ask you humbly to allow me the opportunity to serve on this important board on behalf of all Ontarians, and I thank you for your consideration. I welcome any questions.

**The Chair:** Outstanding, Ms. Presser. Thank you very much for your opening remarks and presentation.

**Ms. Presser:** Thank you, Mr. Chair.

**The Chair:** Monsieur Bisson, the floor is yours, sir.

**Mr. Bisson:** I've only got a couple of very simple questions. I know why you're applying. Obviously, you have the qualifications to do so. How did you come about finding out about this particular appointment?

**Ms. Presser:** As I mentioned in my opening remarks, Mr. Bisson, I've long been interested in mental health issues, particularly as they come into contact with the justice system, and dealt with those issues in my criminal practice, and also appeared before the ORB. So I've long been aware of the ORB and, coincidentally, the CCB as well. I have a brother who's a psychiatrist in the province. He's appeared before the CCB, and we've talked about that on a number of occasions. I also have some friends who are lawyer members of the ORB and the CCB. I've talked about the work of the board with them.

Most recently, a friend of mine who sits on the CCB and the ORB as a lawyer member encouraged me to apply and indicated that she thought there might be an opening coming up on the CCB, and so I applied in September.

**Mr. Bisson:** Where are you from again? I'm sorry.

**Ms. Presser:** Toronto.

**Mr. Bisson:** Toronto? Okay. Basically, this is of your own interest that you've made an application. You weren't approached by any MPP or Liberal member etc.?

**Ms. Presser:** Correct.

**Mr. Bisson:** Okay. That's all I've got.

**The Chair:** We're going to be ahead of time today. Thank you, Monsieur Bisson. Government members?

**Mr. Parsons:** We have no questions, thank you.

**The Chair:** You're all happy.

**Ms. Presser:** Thank you.

**The Chair:** You're on a roll. Official opposition?

**Mr. Tascona:** Who's your MPP in Toronto?

**Ms. Presser:** George Smitherman.

**Mr. Tascona:** George Smitherman? Okay. Have you ever been or are you currently a member of the provincial Liberal Party?

**Ms. Presser:** I'm not currently a member of the provincial Liberal Party, but I may well have been in the past. I am a member of the federal Liberal Party. I've also, in the past, been a member of the federal and provincial Progressive Conservative Parties, as they then were.

**Mr. Bisson:** What have you got against us?

**Ms. Presser:** Nothing at all.

**Mr. Tascona:** Have you made any financial contributions to any political party?

**Ms. Presser:** Yes, I have.

*Interjection.*

**Mr. Tascona:** Gilles, do you want to start questioning her?

**Ms. Presser:** I've donated, in most recent memory, to the provincial and federal Liberal Parties, and in the past I've also donated to the Conservative Party.

**Mr. Tascona:** Did you have any involvement in the last provincial election with Mr. Smitherman and his campaign?

**Ms. Presser:** No.

**Mr. Tascona:** No? Okay.

What are your hopes and objectives with respect to this particular appointment, the Consent and Capacity Board? What do you want to achieve?

**Ms. Presser:** I would very much look forward to the initial training period, because I know I would have the opportunity to expand greatly my knowledge in this area, and that's exciting to me. As a member of the board, I would look forward to having the opportunity to sit in hearings in an adjudicative capacity and adjudicate fairly; so apply the law, that you all as elected members have given us, to the facts of each particular case and come to a fair, legal determination.

**1040**

**Mr. Tascona:** But do you have any opinion with respect to things that could be done better in this particular area on the Consent and Capacity Board that you'd like to see done? There are a number of issues that they take with respect to informed consent and treatment and things like that. Is there anything that you'd like to see done?

**Ms. Presser:** With respect, I don't think it's appropriate for an adjudicator to take a position on political issues that may come before the board. As an adjudicator, one's role is to apply the law, as it's set out, to the facts.

**Mr. Tascona:** I realize that. I'm a lawyer myself, but the thing is, there are issues facing the Consent and Capacity Board. There are issues with respect to determining whether patients may pose a threat. Are you familiar with that issue?

**Ms. Presser:** Yes, I am.

**Mr. Tascona:** Do you have any thoughts on the role of the board in protecting the public from potentially dangerous persons?

**Ms. Presser:** My view, sir, is that the role of the board is to apply the law, as it's been set out by legislators and as it's been interpreted previously by the board and by higher courts, fairly and impartially to the facts that come before it. I'm not trying to be evasive—I'm really not—and I appreciate your sensitivity as a lawyer to this issue, but when you appoint somebody to be an adjudicator, I know you're looking for somebody who has the ability to apply the law that democratically elected legislators provide for the people of Ontario, and that's what I would do.

**Mr. Tascona:** But, you know, this committee has a bit of a broader role too. We like to know what people think. I know you know what the role is in terms of applying. There are other issues, like the Personal Health Information Protection Act. With the passage of PHIPA, the psychiatric facility may withhold the patient's record without applying to the board. The health information custodian must only give written notice to the patient of the refusal. The patient may make a complaint about the refusal to the Information and Privacy Commissioner under part VI of the act. Do you have an opinion about the changes to the disclosure law implemented by PHIPA? Are you aware of that?



**Ms. Presser:** I am aware of it. I wouldn't characterize my knowledge as extremely detailed. That would be one of the things that I would need to learn a bit more about once appointed to the board. I think it would be premature for me to state an opinion until I have more information and more experience on the board.

**Mr. Tascona:** The Ministry of the Attorney General was involved in the Divisional Court decision under the name of Ontario (Attorney General) and Jane Patient on February 21, 2005. The court ruled that the Consent and Capacity Board does not have jurisdiction to consider constitutional challenges to the Mental Health Act. The Divisional Court ruling was based on administrative law principles, and did not address the question of whether CTOs are constitutional.

The Ministry of the Attorney General doesn't expect the decision of the Divisional Court to be appealed in the Court of Appeal for Ontario. However, the use and effectiveness of CTOs are currently under review for the Ministry of Health and Long-Term Care, as mandated by law, by a consultants' group headed by Stephen Dreezer. The final report was filed in December 2005, but has not yet been made public. Do you have an opinion on the use of community treatment orders?

**Ms. Presser:** Again, with respect, sir, as a member of the board I would feel bound to apply the law as it stands and deal with the cases on a case-by-case basis as they came before me.

**Mr. Tascona:** That's fine. How much do you get paid for this position?

**Ms. Presser:** From what I'm aware from the Public Appointments Secretariat website, it's a per diem rate of \$550 a day.

**Mr. Tascona:** And do you know how much you'll be working at this? Did they give you an idea of how many days?

**Ms. Presser:** It's a part-time appointment, from what I'm aware, and the website estimates approximately five days per month. However, I think that is really variable because the board's hearings are triggered by patient requests for hearings. So from what I understand, it could be more, it could be less.

**Mr. Tascona:** You say you're currently, if I understood you correctly—are you practising law in any capacity?

**Ms. Presser:** I am. I prosecute Criminal Code offences on a part-time, per diem basis for the provincial Attorney General. I also do some appellate work. But all the work that I do is part time. I currently work about three days a week, so I do have the time to serve on this board.

**Mr. Tascona:** Do you want to add anything with respect to this appointment for the committee? Is there anything else you've got to add?

**Ms. Presser:** Nothing, just to thank you very much for your consideration and to ask for your support of my appointment.

**The Chair:** Mr. Tascona, thanks very much.

**Ms. Presser:** John Matheson said some nice things about you. You're a friend of John's?

**Ms. Presser:** Yes, I am.

**The Chair:** Well, we won't hold that against you. Thank you very much for your presentation and your responses to the members' questions. You're welcome to stay with us. We'll move to our concurrence motions in about 45 minutes' to an hour's time.

**Ms. Presser:** Thank you all very much.

#### PAUL DEVILLERS

Review of intended appointment, selected by official opposition party: Paul Joseph DeVillers, intended appointee as member, Consent and Capacity Board.

**The Chair:** Our next interview is the Honourable Paul Joseph DeVillers. Mr. DeVillers is the intended appointee as member of the Consent and Capacity Board. Of course, folks remember that Mr. DeVillers had served as the member for Simcoe North since 1993, if I am correct.

**Mr. Paul DeVillers:** Correct.

**The Chair:** Sir, welcome to the standing committee on government agencies. You've been here for a bit, so you're welcome to make a presentation about your interest and your background, and then any questions will begin with the government members.

**Mr. DeVillers:** Thank you for the opportunity of appearing here this morning. As you indicated, I am a former member of Parliament for the riding of Simcoe North, but I don't believe that it's necessarily my political background that qualifies me to sit on the Consent and Capacity Board. There are some skills that I've acquired during that time that may contribute, but basically it's my legal background.

I was born and raised in the town of Penetanguishene. I practised law for 23 years prior to entering politics. During that time, I concentrated on municipal law and am familiar with the administrative tribunal process. I also worked summers at the mental health centre in Penetanguishene and am familiar with the mental health system.

As a practising lawyer, I appeared before the Ontario Review Board. My interest was in applying for a position on the Ontario Review Board, but when I went to the website, I saw that there were the two boards and that you could make a joint application. After making the application, I had an interview with the vice-chair, Susan Opler, of the Consent and Capacity Board, and was informed at that point that there were no openings on the Ontario Review Board and that this would be an appropriate appointment.

As I say, my background—I practised extensively in administrative law and in Ontario Municipal Board hearings etc.; I'm familiar with the process. In my political experience, I had the opportunity of chairing the national caucus of the government for two years. Most recently, I chaired the standing committee on justice, human rights, public safety and emergency preparedness, so I'm

familiar with the issue of chairing meetings and handling witnesses etc. I understand the role of the lawyer member of the board would be to prepare and write the decisions. That's something that my legal background, I believe, prepares me for.

**1050**

I intend to settle permanently in Ottawa. In fact, our house in the riding has been recently sold, with a closing date in June. So I'll be in Ottawa permanently and would expect, if my appointment is confirmed, to do what work I would be asked to do on the board in Ottawa.

Je suis bilingue. J'ai appris de Madame Opler dans notre entrevue qu'il y a une demande pour des séances qui sont conduites en français, en les deux langues officielles dans la région d'Ottawa, puis je suis disponible et prêt à entreprendre cette tâche.

I think, in conclusion, that my past experience, both legal and the skills I've acquired through my political time, qualifies me for this position on the board, and I ask the committee's endorsement of my appointment.

**The Chair:** Thank you, Mr. DeVillers. Mr. Parsons?

**Mr. Parsons:** Absolutely no questions. Thank you.

**Mr. Patten:** Welcome. If you move to Ottawa, I hope you live in my riding. The need is great for bilingual members of the board, as you've just expressed, and we are exploring and looking far afield, actually, to find that category.

There was one area that I remember Mr. Tascona brought up: the community treatment order issue. I had some involvement in that. Brian's Law actually was taken over by the government, but it was my bill—I presented it—so I got the opportunity to be deeply involved in that issue. Have you had a chance to reflect upon community treatment orders, what that means and how that program is going? As you said, there is a review which was required by the legislation at the time.

**Mr. DeVillers:** Yes, I'm familiar with the legislation, but I think I have to agree with the previous witness that, as someone who would be asked to adjudicate, it's inappropriate to be giving opinions. I was paid for 13 years to have political experience. I'm no longer paid to have them, and if I were appointed to this board, it should be the legislators who would be contemplating those issues.

**Mr. Patten:** One last question. Whenever you have a board of this nature—review—while it does require a strong sense of background from a legal point of view, it's the human dimension that really attempts to deal with the spirit of the law, because you can apply the law as it is, which can very often, in certain circumstances, be totally inhuman and unjust, and that's why we have these. So we need people with some compassion. I was going to ask this question of the previous nominee as well. So while you are a lawyer and you have an understanding of the law, it seems to me that we need people who are looking at how thoroughly the assessment was done, what the conditions were and what the history was of this, that and the other thing. While that's within a legal framework, there is some latitude under which people exercise their own personal discretion.

**Mr. DeVillers:** Yes, and that is the process of reviewing the facts and seeing that all the bases have been covered in the assessment etc. when applying the law.

**Mr. Tascona:** Thank you for coming here today, Paul. I'm surprised you're going to be moving to Ottawa, but I guess that's your choice. I know you've applied for this appointment. Are you going to be doing anything else besides this particular—

**Mr. DeVillers:** I have nothing planned at this point. We're involved in raising a grandson. Part of the reason I didn't seek re-election was to be more available to have time with him. He's four years old and he resides with us. So I expect I will be spending a lot of time around the house with him and would have the time to devote to this board.

**Mr. Tascona:** You're being a little modest with respect to your political background. What cabinet posts did you hold?

**Mr. DeVillers:** First I was Secretary of State (Amateur Sport) and the deputy House leader; then that became Secretary of State (Physical Activity and Sport) and health, which was inherited, and the deputy House leader. So I had three different roles as Secretary of State in the Chrétien government.

**Mr. Tascona:** I was interested in your comments with respect to the lawyer role in the Consent and Capacity Board. You know this is being televised, so perhaps you can just explain to us what your understanding of the Consent and Capacity Board's mandate is.

**Mr. DeVillers:** I think primarily it's to afford a review to people who are retained on an involuntary basis in psychiatric facilities. From what my research has told me, that's about 80% of the work of the board. It's the issue of human rights that interests me, determining that a person is held on good grounds.

**Mr. Tascona:** How does it come to be that a person would be held involuntarily?

**Mr. DeVillers:** Often people are behaving in peculiar ways and are brought into psychiatric facilities of general hospitals or the mental health system. As a consequence, they're entitled to a review within seven days, whether they should be permitted to leave that facility. That's when the board would convene and have that hearing.

**Mr. Tascona:** I obviously haven't appeared in front of the Consent and Capacity Board as a lawyer or in any other capacity. I'm not that familiar with the terms. I know that Janice Laking, the former mayor of Barrie, has been on the board for a number of years and was recently reappointed. What's the makeup? If you come in front of the board, there's a lawyer—

**Mr. DeVillers:** A lawyer, a psychiatrist and a layperson is the usual composition of the board. I understand there are times when there can be one board member, but those are rare. I think it has to be a lawyer who is the one board member at that time.

**Mr. Tascona:** The lawyer's role, as you understand it, is what?

**Mr. DeVillers:** To make sure that the legislation is properly interpreted and applied to make sure that the

rules of natural justice are applied and to write the decision in a legal context, because these decisions are appealable through Divisional Court and then on up and have gone, as you've cited earlier, right to the Supreme Court of Canada.

**Mr. Tascona:** Does the lawyer have any role in a questioning capacity?

**Mr. DeVillers:** The lawyer chairs, so as chair of any committee, he would have the ability to pose questions as well.

**Mr. Tascona:** To the—

**Mr. DeVillers:** To the witnesses.

**Mr. Tascona:** Is the witness normally represented by legal counsel or is there any representation provided?

**Mr. DeVillers:** My understanding—and again I'm going from the research I've done on this—is that they are sometimes represented, but I think more often than not they are not represented.

**Mr. Tascona:** That begs the question: Does that concern you?

**Mr. DeVillers:** No. In that case, I think the role of the chair would be more as an arbitrator in that sense, assuring that the person who's being reviewed is fully aware of the proceedings, and making sure their interests are protected.

**Mr. Tascona:** We always have some research done on the board and the issues facing the different agencies and boards. There's one, with respect, that I want to read, because I think it would give the public a better understanding of what we're dealing with here, and you may want to choose to comment on it. It's the right to refuse treatment.

"In 1998, Scott Starson was arrested for threatening a neighbour. After a judge ruled that he was not criminally responsible, he was sent to a forensic psychiatric facility. There, he refused the treatment necessary to enable him to be discharged. His psychiatrists determined that he was incapable of making treatment decisions. Mr. Starson appealed this finding to the Consent and Capacity Board, which ruled in favour of the psychiatrists. The case ultimately made its way to the Supreme Court of Canada. On June 6, 2003, the Supreme Court upheld the Ontario Court of Appeal's ruling that Mr. Starson was capable of refusing treatment.

"At the time of the ruling, Anita Szigeti, a lawyer who represented Starson's interests as a 'friend of the court,' stated that the court's decision sends a message to boards in Ontario and other provinces 'to put an end to their paternalism' when dealing with mentally ill persons. On the other hand, Dr. Russel Fleming, psychiatrist-in-chief at the Penetanguishene Mental Health Centre"—which I think you're familiar with—"said the ruling lays the groundwork for a potentially dismal future for people like Starson.

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"Following the decision, Mr. Starson's condition deteriorated to the point where he refused to eat. A new application was made to the Consent and Capacity Board and Mr. Starson was ruled incapable of making treatment

decisions on February 16, 2005. Mr. Starson has since been treated against his will, but with the consent of his mother, his substitute decision-maker.

"Daphne Jarvis, former legal counsel to the Schizophrenia Society of Canada, comments that the Supreme Court ruling has 'given birth to an "unfortunate myth" among some patients, families and health care practitioners that there is no point in going to the Consent and Capacity Board if someone refuses treatment.' Rather, she argues, the court ruled that the board did not have enough evidence to support its finding that Mr. Starson was incapable of deciding on treatment. Joaquim Zukerberg, legal counsel to the board, states that the decision has necessitated that, 'The board (must be) very careful when making a decision to state that we're not here to decide what the best interests of the patient are.'"

Do you have an opinion on the difficult issue of ruling on an individual's capacity to refuse treatment?

**Mr. DeVillers:** No, no opinion, other than if I were to be confirmed to this appointment, I would look at the legislation, I would look at the recent court decisions, and I would base the interpretation on that. I think the issues that you've discussed there, that the stakeholders are discussing in the citation you just read, are things that the legislators, yourselves, should be reviewing and bringing forward into amendments to the legislation.

**Mr. Tascona:** Okay. In terms of going in front of the Consent and Capacity Board and in terms of the decisions that are made, a person goes in front of the board and they determine in that person's favour, that they're capable of making decisions, where does that person go from there in terms of that process?

**Mr. DeVillers:** I'm sorry. If the board says that they are capable of making a decision?

**Mr. Tascona:** They are capable.

**Mr. DeVillers:** I would presume, then, that they're just free to go and make those decisions.

**Mr. Tascona:** Free to go. And if they say no, that you're not capable, what would happen to that individual?

**Mr. DeVillers:** Well, then, under the terms of the Mental Health Act, I think the attending physicians have authority to retain the person.

**Mr. Tascona:** And do you know when that person would be able to challenge that—I know they can challenge up through the courts, but is there a period of time that would have to lapse for them to come back?

**Mr. DeVillers:** Yes. In the act, there are various periods of review for the different levels of certifications, we used to call it under the old act.

**Mr. Tascona:** Thanks very much, Paul. I appreciate it.

**The Chair:** Mr. Bisson?

*Interjection.*

**The Chair:** Certainly. You have the time.

**Mr. Bisson:** Good luck, and do a good job.

**Mr. DeVillers:** Thank you very much.

**The Chair:** Mr. DeVillers, thank you very much for your presentation and your responses to the members'

questions. It's good to see you, live and in person. All the best with the move.

**Mr. DeVillers:** Thank you very much. I appreciate the committee's time and look for their support.

**The Chair:** I'm sure Simcoe county regrets the loss, but all the best in the new digs.

**Mr. DeVillers:** Thank you.

#### KENNETH BERTRAND

Review of intended appointment, selected by third party: Kenneth Bertrand, intended appointee as member, Renfrew County and District Health Unit Board.

**The Chair:** Our fourth and final interview is with Kenneth R. Bertrand. Mr. Bertrand, welcome to the committee.

Mr. Bertrand is the intended appointee as member of the Renfrew County and District Health Unit Board. Mr. Bertrand, you hail from which part of that area?

**Mr. Kenneth Bertrand:** From just outside of Pembroke.

**The Chair:** Just outside of Pembroke. Welcome to the standing committee on government agencies. I know it was a bit of a drive for you, so welcome, and please make an opening statement, as you see fit, about your interest in the position and your background. Any questions would begin with the official opposition. Sir, the floor is yours.

**Mr. Bertrand:** Thank you, Mr. Chair, and good morning, everyone. Thank you for the opportunity to introduce myself. I have a short opening statement, which I'll read.

As an intended public member appointee to the Renfrew County and District Board of Health, I bring a variety of experience from my 30-year career with the Ontario Ministry of Finance and five years as a financial adviser, and other skills from other professional and volunteer experience that I believe would benefit the board in its important work.

I retired from the Ontario Ministry of Finance, the property assessment division, as a senior manager. The last two years of my career, I was a senior manager responsible for the implementation of the residential section of the Ontario fair assessment system, which was implemented at the end of 1998. During that time, I was a member of various committees and chaired the committee responsible for the valuation of approximately three million properties across the province.

After retirement, in December 1998, I was asked by MPAC to take a consulting position to coordinate an ISO 9000 project province-wide. I completed this project, and then delivered the report in April 1999.

For the past five years, I have been a financial adviser with Investors Group. Over my career, I have been involved in many projects involving committee work and training and education. I spent five years leading management seminars across Ontario for government managers, and developing training and development policies and procedures for the Ministry of Finance. I also taught

management courses and financial workshops as a continuing education professor for Algonquin College.

I have been involved in a lot of community work over the years, including campaign chairman for the United Way, Upper Ottawa Valley, and vice-president of the board of directors of Community Living, Upper Ottawa Valley. Currently, I am chair of Pembroke/Renfrew County Crime Stoppers. I also chair the community policing committee for Laurentian Valley township, and I volunteer with the VON in the CRA volunteer income tax program, providing income tax services for low-income people, seniors and the disabled.

Apart from this experience related to professional and volunteer work, I have a genuine interest in public health and the ever-increasing role of public health in our community. I am also keen to learn more about it as quickly as I can and to contribute as a member to the health board.

I think I bring a number of qualifications to this appointment. I have a good blend of public and private sector experience; I have sound understanding of provincial legislation and regulations; I have considerable volunteer experience in the community, working for the people of Renfrew county; and I have read and reviewed the Health Protection and Promotion Act, which is the legislation the health boards primarily work under.

I hope these qualifications will assist me in obtaining a favourable consideration for an appointment to this position.

That completes my statement, and I look forward to answering your questions.

**The Chair:** Mr. Bertrand, thank you very much for your opening comment.

The official opposition, Mr. Tascona.

**Mr. Tascona:** Thanks very much for coming here today. Who's your MPP?

**Mr. Bertrand:** The current MPP in my riding is Paul Yakabuski.

**Mr. Tascona:** John Yakabuski?

**Mr. Bertrand:** I'm sorry.

*Interjection.*

**Mr. Bertrand:** That's right. Paul was his father, who was a member for many years. It's John Yakabuski. Sorry.

**Mr. Tascona:** Do you have any political affiliation with any party?

**Mr. Bertrand:** No, I don't at the present time. As a senior manager with the Ministry of Finance, it would have been in contravention of the legislation if I had any political activities at that time. Since then, I have taken a great interest in politics, but I do not have any affiliation at this time.

**Mr. Tascona:** How is the board of health going to be impacted by the LHINs legislation? Do you know?

**Mr. Bertrand:** From the facts I have before me, I don't see a lot of impact. I think that probably there has to be a liaison in communication between the LHIN and the board of health, especially in the case of any outbreak

of flu pandemic or something like that. Other than that, I'm not aware of any implications.

**Mr. Tascona:** Is there anything you want to specifically accomplish while serving on the board of health? Is it a three-year term?

**Mr. Bertrand:** I believe it can be up to three years—one year, two years or three years—from what I've read.

**Mr. Tascona:** What are you up for, do you know?

**Mr. Bertrand:** No, I don't. I would like it to be a three-year, though.

**Mr. Tascona:** Do we not know that, Mr. Chairman?

**The Chair:** I'm sorry?

**Mr. Tascona:** We know he's up for appointment, but we don't know the term, I take it.

**The Chair:** The term for this intended appointment?

**Mr. Tascona:** Yes.

**The Chair:** I don't know if we have the answer right now. Why don't you continue with the questioning. We'll try to get back to you on that.

**Mr. Tascona:** I don't know whether we've ever asked that question in terms of knowing the terms, but you're not aware of that, though. Is there any compensation for being on this?

**Mr. Bertrand:** I believe there is. I'm not aware of what it is, though. There was no information on the Public Appointments Secretariat website on remuneration.

**Mr. Tascona:** Okay. I certainly have no questions. Thanks very much for appearing.

**The Chair:** Thank you, Mr. Tascona. We'll endeavour to get back on the length of the term. I'm getting the signal from Ms. Smith.

**Ms. Monique M. Smith (Nipissing):** Three years.

**The Chair:** It's three years.

**Mr. Bisson:** Welcome to our committee. I've just got a couple of questions, so I won't keep you too long. I guess my question, simply put, is: In regard to the involvement of the private sector in our public health system, where do you fall on that?

**Mr. Bertrand:** As it has to do with an appointment to the board of health of Renfrew county, I'm really not sure of what the implications would be. I haven't been given any information or received any training as of this date. I know it's a debatable item in society today.

**Mr. Bisson:** But generally, where do you fall in that debate?

**Mr. Bertrand:** I do know that certainly a lot of our medical services—doctors, dentists, chiropractors, for example—are private services as of today, and that has worked well over the years. How far we should go in the privatization of medical care is another issue completely, and I'm sure it will be debated and decisions will be made as the years go on.

**Mr. Bisson:** Do you have any particular views?

**Mr. Bertrand:** No, I don't. I'm very interested in it, of course, and I read as much as I can on the subject, but I haven't formed any opinion at this time.

**Mr. Bisson:** Are you averse to the private sector being involved in the health care system?

**Mr. Bertrand:** No, I'm not averse. As I said, we have always had some private sector involvement in the health care system, and it has contributed very well to the health of our Ontario residents. I'm not averse to it; I just don't want there to be any adverse effect on the people of Ontario.

**Mr. Bisson:** A different question: Public health, as you know, is a cost-shared service between the municipalities and the province. There has been some up-loading—I think it's in the right direction—back to the province. Is it your view that that should remain cost-shared, or is it one of the soft services that you think should be more properly funded by the provincial government?

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**Mr. Bertrand:** Once again, without any briefing or training on the matter, I believe that the ratio of the cost-sharing arrangement can probably be debated. But I know the local municipalities are suffering because of the fear of rising property taxes, so I guess it depends on the cost of health care in the municipalities and whether they can afford it or whether the province has to take a greater role.

**Mr. Bisson:** Are you aware that most of the responsibilities of the health unit are provincially mandated?

**Mr. Bertrand:** Yes, I am, under the legislation.

**Mr. Bisson:** And that the municipalities don't have a lot of say?

**Mr. Bertrand:** No, that's true.

**Mr. Bisson:** I'll rephrase the question: With that in mind, do you think it's more appropriate to upload the cost of services to the province so that the municipality can then go and do what it does best on the other end, whatever that might be?

**Mr. Bertrand:** That makes a lot of sense when it is mandated by the province. However, there are a lot of services that are offered that are very local in nature; for example, water tests for wells, education on sexually transmitted diseases and a lot of the local work that goes on. Some of it could probably be contributed to by the local.

**Mr. Bisson:** At the end of the day, you're of the view that there is an argument to be made that part of the cost should be shared with the municipality, even though most of it is provincially mandated?

**Mr. Bertrand:** Yes, that's right.

**Mr. Bisson:** The other thing is the role of the public health unit within your community. What do you see its—not its role; that's not really where I want to go. Do you see them as being proactive enough in regard to the questions of public health within the community? Is there more that needs to be done?

**Mr. Bertrand:** Yes. From any experience I've had with the Renfrew County and District Health Unit or any friends or associates I've had, I've always been impressed with the friendly and efficient service they give. I recently returned from a trip to Taiwan and had to have the required shots for travel, and it was very efficient. The flu shots, for example: I attended their flu clinic. I

think they do an excellent job, and I would like to see that maintained for the people of Renfrew county.

**Mr. Bisson:** Yes, there's that part of it, but I'm talking about the promotion of healthier lifestyles. Certainly all of us are becoming much more aware that a determinant of how long we live is how well we take care of ourselves. Sometimes it has to be beaten over the heads of some more than others—meaning me. Obviously, there's a role for the public health units in public education within the workplace, within the community and within the schools. Do you think that there's enough of that being done—I guess that was my question—or do we need to be doing more?

**Mr. Bertrand:** That's a difficult question, because I know a lot is being done in the area in which I live concerning those types of things: health hazards of smoking. We have an aging population in Renfrew county, and arterial diseases seem to be higher than in the rest of the province. I know that there has been a lot of literature put out; I know that the people spend a lot of time in schools; I know that they visit a lot of the senior clubs and organizations giving lectures and seminars on good health. However, a lot of it boils down to change, and a lot of people just aren't willing to make that change.

**Mr. Bisson:** If you beat people over the head long enough, as my family has with me, we do eventually start to change. I only say that because I noticed that, in the communities that I represent, the health unit plays a fairly important role. More and more, they are being proactive, and it's having a positive effect. I leave that with you before I go to the next question.

In the short run, it's obviously going to save us money in our health care system if we can have people who have healthier lifestyles, because there will be less need for the health system. Unfortunately, the longer we live, the more expensive to other parts of the treasury we're going to become. It's a bit of a trade-off, but if I have to choose between the two, I'll go for longevity.

The other issue: Where do you fall on the debate in regard to sexual education when it comes to schools and stuff? That's one of the mandates, obviously, of the health unit. Where do you fall on that?

**Mr. Bertrand:** As it has been, I think it's a very useful thing to inform people at the appropriate age so that they can take the necessary precautions and make the right decisions regarding their personal life.

**Mr. Bisson:** So you wouldn't see yourself as a zealot in the sense of, "We should not be talking to children about these things"—or teenagers, I should say, more appropriately.

**Mr. Bertrand:** No.

**Mr. Bisson:** The other issue, and you touched on it very quickly, is the flu pandemic, or, I should say, other pandemics that we've been talking about. Just before I get into the question, I've got mixed feelings. On the one hand, my brain says that we need to do as much as we can to make sure we're ready, should it happen; that we don't get caught flat-footed. I want to put that on the

record so that nobody misunderstands what I'm saying. But I, like you, have had a chance to travel around the world. I've been in places like Vietnam and other places where that is a much bigger issue. I'm just wondering, do you think there's a certain amount—and I don't want to say this wrongly; I don't want people to misunderstand—of fearmongering on that issue? On the hand, yes, we have to be prepared, but are we making more of it, in your view, than what is actually the threat?

**Mr. Bertrand:** I don't think so. I've read a lot on the subject; I've read the newspapers. All the evidence seems to suggest that a pandemic is overdue, and I think it's just prudent to be able to plan for it and be ready for it. At the present time, I know the health unit and other organizations are planning for what would happen as far as drugs go and that type of thing. I think maybe we could go a little further and help the public and businesses and corporations in planning for it vis-à-vis what would happen if it occurs; for example, 50% or 60% absenteeism, and how that company or business could continue on with people being absent. I believe that probably we could be a little more proactive in helping people plan for that type of thing.

**Mr. Bisson:** For the record, I'm of the view that it is a threat in the sense that we're a much smaller global village than we were 20 years ago. God, I remember, growing up as a kid in the early 1960s, if somebody came into town on the train, it was front-page news. Nowadays, people are travelling around the world, and your neighbours have been to every part and continent of the world, and that close contact does raise the threat. However, I sometimes worry that we don't get ourselves caught up in hysteria. We've got to come at this from a very calculated perspective of doing what's right, without trying to trample over people's fears and stuff, so that's why I just raise that.

Okay, that's all I've got.

**The Chair:** Thank you very much. Government members.

**Mr. Patten:** Welcome, Monsieur Bertrand. Vous parlez français?

**Mr. Bertrand:** No, I don't.

**Mr. Patten:** Pas du tout? Okay. There are a lot of people in the valley who have names from all over the place.

I was interested to hear you comment on one of the reports related to the area of heart disease, which seems to be higher in the Renfrew district area than in other comparable areas. This question just really underpins your perception of the role of the district board in terms of leadership. The reason I say that is because often some people will just say, "Well, the province has this and this, and we've got a lot of mandated areas," and there are often disagreements. So what I'd be curious about, given your very rich background—it certainly looks like you would do a great job, by the way. In the area of leadership, what do you see the board being able to do in terms of representatives from the area being able to say, "Hey, for us here, here is what we believe should be the accent

or an additional area,” because each region has variables that are different from others?

**Mr. Bertrand:** I think in Renfrew county, the aging population is one thing. There are not a lot of young people moving into the area because of employment prospects or whatever. So statistically, there is an aging population, and that may skew the record somewhat; I’m aware of that. But I’m a firm believer in educating and promoting people to live a healthy lifestyle. I’ve always believed in it. Eating properly—everything you do throughout your life, doing it properly—and having good exercise on a daily basis throughout life will certainly do a lot to lower the expectations and the health costs in our province. I think that would be a very appropriate route to take.

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**Mr. Patten:** If I just may add a comment. As the growing high-tech sector increases, especially in the western part of Ottawa, the most recent information I have is that indeed there is a growth of people moving to the Arnprior and Renfrew area, especially with the improvement of the highway, the twinning of the highway. That has provided some new, youthful enthusiasm and energy to the area, so it will present some new demography issues down the line. But thank you for your question. I appreciate it.

**Mr. Bertrand:** Thank you, sir.

**The Chair:** Further questions or comments? We’re all good? Great.

Mr. Bertrand, thank you very much for your presentation and responses to members’ questions. You’re welcome to stick around. We’re about to proceed with our concurrence votes. So you can see democracy live and in action.

Look at this. For the first time, all four of our intended appointees are here for the final drama—

*Interjections.*

**The Chair:** That all four have been in the room. Yes. It is good to see.

Now we’ll proceed with our intended appointments in the order in which they were interviewed. So we’ll start with Dr. Abdul Shakoor. Dr. Shakoor, as you will recall, is the intended appointee as member of the Scarborough Community Care Access Centre.

**Mr. Parsons:** I would move concurrence.

**The Chair:** Mr. Parsons moves concurrence. Is there any discussion? Seeing none, I’ll put the question. All those in favour? Opposed? It is carried.

Dr. Shakoor, congratulations, and all the best in the new appointment.

**Dr. Shakoor:** Thank you.

**The Chair:** You bet.

We will now consider the intended appointment of Jill R. Presser. Ms. Presser is the intended appointee as member of the Consent and Capacity Board.

**Mr. Parsons:** I would move concurrence.

**The Chair:** Mr. Parsons moves concurrence. Is there any discussion? Seeing none, I’ll put the question. All those in favour? Any opposed? It is carried.

Ms. Presser, congratulations, and all the best in the new appointment.

**Ms. Presser:** Thank you.

**The Chair:** We will now consider the intended appointment of Paul Joseph DeVillers. The Honourable Mr. DeVillers is an intended appointee as member of the Consent and Capacity Board.

**Mr. Parsons:** I move concurrence.

**The Chair:** Mr. Parsons, on a roll, moves concurrence. Debate? Discussion? Seeing none, all in favour? Opposed, if any? It is carried.

Mr. DeVillers, congratulations, and best wishes in the appointment.

**Mr. DeVillers:** Thank you.

**The Chair:** Gee, I like this bunch. They’re very nice. They stick around—very mannerly.

We will now consider the intended appointment—

**Mr. Parsons:** They’re more qualified than we are.

*Interjections.*

**The Chair:** Order. We don’t want to get back on that one again.

We will now consider the intended appointment of Kenneth R. Bertrand. Mr. Bertrand is the intended appointee as member of the Renfrew County and District Health Unit Board.

**Mr. Parsons:** I move concurrence.

**The Chair:** Mr. Parsons, going for four in a row, moves concurrence. Is there any debate? Discussion? All those in favour? Opposed, if any? It is carried.

Mr. Bertrand, in the back row, congratulations, and all the best.

**Mr. Bertrand:** Thank you, members of the committee. Just in case the record has to be corrected, my middle initial is “E,” not “R.”

**The Chair:** Thank you very much. So it’s Kenneth E. Bertrand. We will make sure that it is correct: “E,” as in echo. Is it Edward?

**Mr. Bertrand:** Yes.

**The Chair:** Edward Bertrand. So thank you for correcting the record, because I did have “R” and that’s what I had said.

Super. All of our concurrence votes now being completed, is there any other business? Mr. Bisson.

## COMMITTEE BUSINESS

**Mr. Bisson:** Just very quickly—and I don’t want to get into a large debate on this—in regard to our subcommittee meeting yesterday with respect to the other part of our mandate, which is overseeing government agencies and doing reviews, I just want to remind members of the committee that this is really an opposition committee. There are certain oversight committees of the Legislature that give the opposition a chance to scrutinize the operation of government, one being the estimates committee, which everybody’s aware of, and the others being this committee and, I would argue, public accounts.

The discussion we had yesterday at the subcommittee meeting of “I’ve got to check with my people” and all

that kind of stuff: I just remind you that this is meant to be an oversight committee, and I would hope that the government doesn't use its majority in a way that would prevent the opposition from doing its job. So in your deliberations at caucus next week on this issue—should we or should we not do reviews of government agencies—I ask members to keep that in mind. I know Mr. Patten would understand that quite well, because he's been here before and understands, from an oppositional perspective, what this is all about.

**The Chair:** Any other comments, other business?

Seeing none, I'll let members know that unless they hear otherwise through the Chair and the clerk's office,

our next regular meeting will not be until April 19. We'll see if certificates come out this Friday, but there is no need for intended appointment reviews until April 19. So you will hear from me, but otherwise, schedule your next meeting in your BlackBerries for April 19, same bat time, same bat channel.

**Mr. Bisson:** What am I going to do with myself for two weeks?

**The Chair:** I know. Free time.

Seeing no other business, this meeting is adjourned until April 19. Thank you very much, folks. Have a good afternoon.

*The committee adjourned at 1125.*









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