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Assemblée législative  
de l'Ontario  
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## **Official Report of Debates (Hansard)**

**Tuesday 20 April 2010**

## **Journal des débats (Hansard)**

**Mardi 20 avril 2010**

**Standing Committee on  
Government Agencies**

Intended appointments

**Comité permanent des  
organismes gouvernementaux**

Nominations prévues

Chair: Ernie Hardeman  
Clerk: Douglas Arnott

Président : Ernie Hardeman  
Greffier : Douglas Arnott

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## LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON  
GOVERNMENT AGENCIES

Tuesday 20 April 2010

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES  
ORGANISMES GOUVERNEMENTAUX

Mardi 20 avril 2010

*The committee met at 0903 in committee room 1.*

**The Chair (Mr. Ernie Hardeman):** We'll call the committee meeting on government agencies for April 20 to order. Thank you all, first of all, for being here. We appreciate that.

## INTENDED APPOINTMENTS

## MS. FAY BOOKER

Review of intended appointment, selected by official opposition party: Fay Booker, intended appointee as member and Chair, Niagara Parks Commission.

**The Chair (Mr. Ernie Hardeman):** The first order of business is to deal with the concurrences from the previous meeting.

If we could have a motion dealing with the concurrence of Fay Booker, we would appreciate that.

**Mr. Michael A. Brown:** I'm proud and pleased to move concurrence in the appointment of Fay Booker as member and chair of the Niagara Parks Commission.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Discussion?

**Ms. Lisa MacLeod:** Recorded vote, please.

**The Chair (Mr. Ernie Hardeman):** A recorded vote has been requested.

## Ayes

Balkissoon, Brown, Cansfield, Carroll, Delaney.

## Nays

MacLeod.

**The Chair (Mr. Ernie Hardeman):** The motion is carried.

## DR. COLIN GERMOND

Review of intended appointment, selected by official opposition party: Dr. Colin Germond, intended appointee as member, North East Local Health Integration Network.

**The Chair (Mr. Ernie Hardeman):** The second one is consideration for Dr. Colin Germond, an appointee to the North East Local Health Integration Network. A motion for concurrence?

**Mr. Michael A. Brown:** I am proud and pleased to move the concurrence in the appointment of Dr. Colin Germond as member, North East Local Health Integration Network.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Any discussion?

**Mr. Michael A. Brown:** Recorded vote.

**The Chair (Mr. Ernie Hardeman):** Any further discussion? A recorded vote has been requested. Yes?

**Ms. M. Aileen Carroll:** I'm voting.

*Interjections.*

**The Chair (Mr. Ernie Hardeman):** It's very important that we get the votes in, but we do have to wait for the voting times.

## Ayes

Balkissoon, Brown, Cansfield, Carroll, Delaney.

## Nays

MacLeod.

**The Chair (Mr. Ernie Hardeman):** The motion is carried.

## MR. HOWARD CHARLES DICKSON

Review of intended appointment, selected by official opposition party: Howard Charles Dickson, intended appointee as member, eHealth Ontario.

**The Chair (Mr. Ernie Hardeman):** With that, we will move to today's appointment reviews. Our first interview today is with Howard Charles Dickson, intended appointee as a member of eHealth Ontario. Mr. Dickson, if you would come forward and have a seat at the table. Sit there in front of the light.

We thank you very much, Mr. Dickson, for coming in this morning for this interview. We will provide you with an opportunity to make a few opening comments if you so wish. At that time, after your opening comments, all three parties will have an opportunity to ask any questions they may have about your appointment and your interest in the board of eHealth. Upon the conclusion of that, we will have consumed the half-hour of time that has been set aside for this. With that, Mr. Dickson, the floor is yours, if you wish to make opening comments.

**Mr. Howard Charles Dickson:** Mr. Chairman, members, thank you for the opportunity to appear before you today to discuss my interest and suitability to serve as a member of the eHealth Ontario board of directors. Let me provide the background on why I'm here before you today.

I have had the privilege to serve the province previously as a member of the large-scale I&IT projects panel back in 2004-05. Our recommendations on information technology project governance were well received and influenced policy.

One of my colleagues on the panel, Carol Stephenson, who's the dean of the Ivey School of Business at the University of Western Ontario, is an eHealth Ontario board member, and she invited me about a year ago to join her projects and performance committee.

I've served as an adviser and member of the committee since then, and I also shared my perspectives and experiences with the new chair, Ray Hession, earlier this year. He had suggested that I apply to join the board of eHealth Ontario, which has resulted in our discussion today.

I see the role of electronic health records as a fundamental prerequisite for the improved functioning of our health system, as they will provide the factual information base for moving forward prudently.

In sorting out any complex problem, turning on the light is usually a good first step. The eHealth Ontario environment is an opportunity to ensure that related information technology investments are managed wisely and in a manner that delivers public value.

We have seen in other industries that computers alone do very little. However, when they are used as part of a transformative drive to measure service, empower both providers and clients—and obviously, in our case, patients—through improved communications, they can be very effective.

EHealth, particularly in its role of enabling transformation in health care delivery, is important to us all. Consequently, I believe that my experience and depth of knowledge in overseeing and leading projects and operations that depend upon information technology can contribute to eHealth's success. I'm ready, with your support, to serve.

I will be delighted to take your questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation. As I should have mentioned before it started, the questioning will start with the government side. Mr. Brown.

**Mr. Michael A. Brown:** Welcome, Mr. Dickson. We're pleased to have you here this morning.

I was just wondering: You briefly went over this, but maybe you could expand upon it. You had a role on the government of Ontario's large-scale I&IT projects panel, so I suspect that's one of the reasons that your name has been put forward here. Could you elaborate on the experience you had there and how this contributes to you as an appointee to this board?

0910

**Mr. Howard Charles Dickson:** Yes, delighted. I joined the panel because I observed that I felt somebody

who'd spent most of their career in information technology should be part of it. The chairman of the panel was the former Auditor General, Denis Desautels, and I contacted him and said that I would really like to contribute.

The observation that I made at the time, and I think since then, is that we're very concerned about the success rate of large IT projects. I looked at the set of projects that were before us then, six years ago, and I noticed that 80% of the projects were actually on time and within budget, but they only represented 20% of the budget. Some 80% of the projects by budget were in trouble. When you go and look into them, it's not the technology; it's not the quality of the programmers—and I say this honestly with experience from defence and experience from Hong Kong. These are business transformations, and if we delegate business transformations to the technology department, I think we're going to be disappointed. I think that's been our history.

Candidly, I would suggest that we advocated, then, that for business transformations, when IT projects are that big, we needed to have very senior members of the administration involved, and that can be a very critical success factor in those. People tend to look for technical problems. Yes, we do have technical problems, but more often it's a lack of senior client commitment and understanding that changing their business is only something that they can legitimize.

**The Chair (Mr. Ernie Hardeman):** Anything further? Ms. Carroll.

**Mr. Michael A. Brown:** No, Mr. Delaney, I think.

**The Chair (Mr. Ernie Hardeman):** Mr. Delaney.

**Mr. Bob Delaney:** Yes, a couple of questions just to have you elaborate a little bit. In looking at some of the assignments you've had in your very extensive portfolio of experience, could you go over for me the scale and scope of some of the projects that you've managed?

**Mr. Howard Charles Dickson:** Well, there have been portfolios of projects, and I must admit that the recall of all the details is not there. But I do remember one called the Canadian Forces supply system upgrade, which had started some 15, 16 years before I joined defence. It was running in the \$300-million range, and on my watch, it was going two months further behind for every month that I was in defence, so I felt the need to blow the whistle. In that case, again, it was a question of executive management really getting involved with what was going on, understanding clearly without any kind of bias where we were and how much money was left, and then getting the suppliers to estimate what they could do for the balance of the funds. In this case, they finished what they said they could do for the balance of the funds, and I was able to get them the remaining funding to continue.

But when these programs, may I say, are lost in middle management without somebody who can come and apply a reasonably senior perspective to them, they don't get out of the ditch, and we have to make sure we have sufficiently senior oversight who can come along and get the facts straight.

**Mr. Bob Delaney:** Looking at some of the projects that you've overseen in, say, the past decade, what are some of the factors in them that the challenges in eHealth may have in common?

**Mr. Howard Charles Dickson:** The challenge that I see in common with eHealth is—again, if I look at the program, and I would be the first to admit that I'm relatively very new in the health business, what I see in common is the sense that we can build electronic health records sort of as an appliance that we can plug into the health system. My sense of the commonality is that eHealth standing on its own is kind of like the days when we felt there were huge economies by applying computers and cutting out tellers. The importance of applying computers is that they're part of a program to transform how you're going to deliver service, and I see a very strong parallel there that if we have an eHealth records program that is separate from the mainstream policy-making and the mainstream operations of health, I don't think it will be very successful. If, in fact, it's seen as a means for moving forward in transforming health where that's required, I think it can be very successful. So that's where I see a huge linkage.

The potential projects are very, very large; I saw the number \$2.3 billion mentioned here in the strategy. Where it's very, very large, I think it's absolutely essential that it's seen not as an IT family of projects but as a family of business transformations that the business owners, i.e. those in the policy-making and in the hospitals, are part and parcel of.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. Mr. Wilson?

**Mr. Jim Wilson:** Thank you, Mr. Dickson, for putting your name forward. You were already a volunteer member on eHealth?

**Mr. Howard Charles Dickson:** Yes.

**Mr. Jim Wilson:** What have you been doing there?

**Mr. Howard Charles Dickson:** Back last May I went to an introductory meeting. I was then, I think, at two or three of the eHealth committee meetings on projects and progress. Every quarter I saw and reviewed a fairly large portfolio of projects. Throughout the process, my concern was: Why this set of projects? How do they connect directly to the strategy? My activity there was very much one of getting familiar with the environment and, as I say, overseeing the about three dozen projects that we were taking an interest in.

**Mr. Jim Wilson:** Given the scandals that have occurred at eHealth, are you sure you want to join them as a part-time member?

**Mr. Howard Charles Dickson:** Well, let me answer this in this way: I come from a country where they say where there's muck there's money. But there's an opportunity, I believe, a professional opportunity to address just about the most important issue facing Canada and other countries at the moment, so I'm really delighted, in a retirement role, to have that opportunity. I do also think we have, for the last year, been treating symptoms, and the symptom is resourcing within the public sector. Why would we be going to such extremes with consultants if,

in fact, we can find sufficiently proficient public servants? I think that's one of the underlying challenges. That's not talked about so much in the press because the other material is obviously far more attractive, but I think that's one of the underlying root causes that is in the back of my mind and that has to be addressed going forward.

**Mr. Jim Wilson:** Thank you. I don't have any further questions.

**The Chair (Mr. Ernie Hardeman):** We'll then go to the third party. Mr. Hampton?

**Mr. Howard Hampton:** I have no questions.

**The Chair (Mr. Ernie Hardeman):** That was a short half-hour, but we thank you very much for coming forward and we wish you well in your future endeavours.

**Mr. Jim Wilson:** I would like to defer the vote on this, given that Ms. MacLeod has taken ill this morning and she would like to vote on this when it comes up.

**The Chair (Mr. Ernie Hardeman):** Thank you.

#### MR. BYRON TURNER

Review of intended appointment, selected by official opposition party: Byron Turner, intended appointee as member, North East Local Health Integration Network.

**The Chair (Mr. Ernie Hardeman):** Our second appointee this morning is Bryon Turner, intended appointee as a member of the North East Local Health Integration Network. Mr. Turner, if you would come forward. Again, we thank you very much for being here this morning. If you wish to make a few opening remarks, we would be happy to hear them. Upon conclusion of that, we will have an interview by the members of the committee. Each party will have 10 minutes to ask questions related to your appointment, and that will conclude the hearing this morning. In the next round, we will start with the official opposition in the questioning. With that, the floor is yours, Mr. Turner.

**Mr. Byron Turner:** Thank you, Mr. Chairman. My first name is Byron. You can call me Jib. I have a nickname but I go by either one.

Good morning, Mr. Chairman and members of the committee. I would like to thank you for this opportunity to meet with you today. I come before you here in response to your ad in the Manitoulin Expositor regarding the need to fill a position on the board of the North East Local Health Integration Network.

Having watched the development of the LHINs over the last several years, I have developed a keen desire to participate in the process. Being from northern Ontario, I recognize the challenges associated with delivering quality care over such a large geographic area in a consistent and efficient manner. I want to be involved in moving this process forward and ensuring that quality services continue to be delivered across the north.

#### 0920

I also see an opportunity for personal development and growth. Having recently left municipal politics, I am seeking the opportunity to continue contributing to my community and my province.

I understand that the two most important functions of the province are the provision of education and health care services. The need to protect these vital services while ensuring that they're delivered in the most effective and fiscally responsible manner is critical as we face the increasing pressures of an aging population and limited resources.

I have a solid understanding of local and regional issues. I have been involved in development and growth on Manitoulin Island and the surrounding area—the North Shore—for the past 30 years. I have an excellent relationship at the municipal and community levels, and I have a keen interest in addressing health and long-term care issues in northern Ontario.

I also have direct experience in management and the development of budgets and financial information. That should prove useful in my role as a board member.

As a businessman, I have developed strong entrepreneurial skills which will enable me to bring a creative and financial approach that encourages looking beyond the obvious and seeking unique solutions to problems. I also have some flexibility in my work life, which will enable me to attend meetings across northern Ontario.

As a business owner, I fortunately have a very strong support staff—my wife. They are able to manage business while I would be attending any of the board meetings. I believe that these critical supports will ensure my attendance and availability to be an active member of the board.

The purpose of my opening statement was to provide you with a sense of who I am and how I might fit this organization. I believe I have a contribution to make, and I look forward to the discussion.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation. First of all, I want to make apologies. I introduced you as Bryon, and it's Byron?

**Mr. Byron Turner:** It happens all the time.

**The Chair (Mr. Ernie Hardeman):** We apologize for that. I always feel that the first time I make an apology in the day, it makes the rest of the day go better.

**Mr. Byron Turner:** Very well.

**The Chair (Mr. Ernie Hardeman):** With that, we'll start the questioning with the official opposition. Mr. Wilson.

**Mr. Jim Wilson:** Thank you, Mr. Turner. You may or may not know that there was a mandatory review of the LHINs scheduled for this year, but in the budget bill—in schedule 16 of the current budget bill that's before the House—the government cancelled that mandatory review, I guess because of the scandals at the LHINs. Do you have any comments on that?

**Mr. Byron Turner:** No. I think that in any new entity, which the LHIN would be considered, a review is necessary. It was likely that it wasn't the appropriate time. I don't know the answer. It takes a while to get things off the ground. I'm looking forward to getting involved in the North East LHIN at this point and getting it prepared for the upcoming review, which I suppose is slated for later.

**Mr. Jim Wilson:** Do you have any experience in the health care field?

**Mr. Byron Turner:** No, I do not. I have sat on committees in and around our health centre in our municipality. I was directly involved in the municipal council when the family health team was brought into our hospital area. We supported that wholeheartedly. It was a tremendous addition to our community.

I am in business in the community. I see the incredible strength of the social network with both our long-term-care facility and our hospital. Basically, we're in the small retail business in downtown Little Current. It's a town of 2,500. We have a short season in the summer trade; my father used to say that we get a recession every September.

But the people who work in and around our health care system and our long-term-care facility are great customers and support our local businesses, as do the people who visit the patients there who are under care, as do the patients. It's great for us to have that in our communities, and I see the need to continue that. I see a very significant role for services in the smaller towns.

**Mr. Jim Wilson:** As a member of the LHIN, if you came across untendered contracts, what would you do?

**Mr. Byron Turner:** Untendered contracts: Anything that I've had to do—certainly in municipal politics, everything that we have done or that I have been involved with has been tendered. I would suggest sticking with that policy.

**Mr. Jim Wilson:** Okay, thank you.

**The Chair (Mr. Ernie Hardeman):** Third party: Mr. Hampton.

**Mr. Howard Hampton:** Do you mind telling me how your name was put forward?

**Mr. Byron Turner:** I saw the ad in the local newspaper. I have checked with a few colleagues and also talked to the MPP's office in our riding. Then I did the application on the Internet, sent it through and received a contact after that was done. It was all done online.

**Mr. Howard Hampton:** Recently, it has come to light that the former CEO of the North East LHIN left halfway through the year, yet received remuneration—I think the figure was \$237,000. How do you feel about that?

**Mr. Byron Turner:** I don't know the specifics of his contract, and I wouldn't want to comment on the contract, as I'm not a lawyer and I don't know anything about the contract.

I think that, going forward, we have to build in efficiencies into the system. Efficiencies means streamlining. My background is small business. We're doing that continuously, and we still have to be able to get an effective service out to the general public. As far as the amounts you're asking about, the dollar figures, they have to be in check at all times, I believe.

**Mr. Howard Hampton:** In my part of the province, what you might call "streamlining," people see as the centralization of more and more health care services in one larger centre, in effect taking health services out of the smaller centres. How do you see streamlining?

**Mr. Byron Turner:** More along the lines of efficiencies in the system itself. I do not want to see a lack of services in the smaller rural areas. I am from the same type of area as you. I see the terrific advantages, especially when it concerns seniors and their inability to move around a very large area. I support the role of our small hospitals and I support the role of our long-term-care facilities out in the rural areas, and not regionalized.

**Mr. Howard Hampton:** I can tell you, the other thing that creates certainly a slow burn in people—in some people it creates a very fast burn—is when they see nurses and health care workers being laid off from their local hospital or home for the aged, and then they see quarter-of-a-million-dollar salaries being paid out to executives of the LHIN. People just don't see how this can be happening. What do you think has to happen to ensure that we don't see more of this?

**Mr. Byron Turner:** Again, the board has to oversee a well-run executive structure. I think that in our area, the problem isn't with layoffs; it's with human resources and finding the people to work in the system.

I would like to see more graduating students. I would like to also see—as well, I still think that a strong executive management team is very important. Therefore, using the resources properly would be able to make sure that the services and the people keep their jobs. We need those jobs in the north.

0930

When I was a young fellow growing up, we had candystripers. I have a 15-year-old daughter. There isn't any program for her, and community services aren't aware of the health care system at all. Getting the message out, I'd love to see getting the kids and our high school students involved in volunteering in our local hospital. I think they really need to understand the value of going to a doctor and how much it costs when they go to emergency. This message could clearly—I think if you use the route of one of the fruit-bearing computer companies and get to our generations early, we can not only bring some volunteers into the system but also make them aware of how expensive it is to operate it.

**The Chair (Mr. Ernie Hardeman):** The government side: Mr. Brown.

**Mr. Michael A. Brown:** Thanks for appearing today. We're really very pleased that you put your name forward to represent the part of the world that I'm from.

One of the things that's unique to Manitoulin but certainly not unique to the north, and members may not know this, is that Little Current, our northeastern Manitoulin and the islands municipality, has two First Nations as neighbours. A large portion, as much as 50% of the population of Manitoulin, are First Nations people. I know that you've had strong relationships with both of the very close First Nations, but there are larger ones not far away. Could you maybe comment on the relationships between First Nations and the health care system, or business in general, perhaps?

**Mr. Byron Turner:** We're quite fortunate. We have a tremendous rapport. I have an older daughter as well and two First Nations grandchildren. We're very proud that

my family's been in business for now six generations in the Little Current area. Over the years, as they all say in the north, we played hockey together, but we worked together. We still do.

We have a terrific sense of community between the native and non-native populations. It's very unique. I think it's something that could be modelled everywhere.

My great-grandfather spoke Ojibwa. Unfortunately, the language was set aside for a little while, so none of us bothered. I can understand a bit of it.

With regard to the health care system, they have terrific availability of health care in the area. Because of the diabetes situation, we're able to have a diabetic clinic in our hospital. Again, it creates a lot of really good socioeconomic benefits to the community. People have to come in. People have to work there. We have a dietitian. We have a nurse and a nurse practitioner who oversee it. It's quite an addition to our hospital. It's a benefit to me. I'm a type 2 diabetic as well.

But I see the opportunity, if on the board, to take that kind of knowledge that I've got of our local success working with First Nations and non-native peoples to other areas.

**Mr. Michael A. Brown:** Do I have more time?

**The Chair (Mr. Ernie Hardeman):** Go ahead.

**Mr. Michael A. Brown:** You mentioned in passing the family health team that was instituted at Little Current some time ago. We also have one at Manitowaning—

**Mr. Byron Turner:** Mindemoya.

**Mr. Michael A. Brown:** —and recently, they're now forming one at Mindemoya. And Espanola has a family health team. Contrary to the experience in Mr. Hampton's riding, I would suggest that local health care is being provided better than ever. We provide services that weren't there not too long ago.

My question is—you won't just represent the district of Manitoulin or that area—do you have experience across the broader north? I know that you've been involved in a number of other activities besides just operating a business at Little Current.

**Mr. Byron Turner:** Oh yes. I spent several years in the 1980s and 1990s in the tourist business, so I have knowledge of the Northern Ontario Tourist Outfitters Association. I was in and around for quite some time. I worked with several people and sat in on a lot of the discussion that went on in and around that very wonderful and beautiful part of our Ontario experience. I loved every minute of being in that business. I can only recommend that you do it in your 20s and 30s and not in your 50s and 60s. I've still got some aches and pains.

I also am quite active in sailing and boating. Because we live on the beautiful North Channel, which is one of the most sought-after cruising grounds in the world, we have a great yachting fraternity. So I've spent several years on the North Channel Marine Tourism Council and got to work with the marketing and economic development of the North Channel cruising marine tourism with various representatives all the way from Sault Ste. Marie to Killarney.

**The Chair (Mr. Ernie Hardeman):** You have more time.

**Mr. Michael A. Brown:** Oh, we still have more time.

I don't think we need to extend this other than to say that we view the North East Local Health Integration Network as a positive, in that we now get local input in the decisions that are made that affect our health care in northern Ontario rather than ceding the responsibility of looking after northern Ontario to faceless bureaucrats in downtown Toronto.

**The Chair (Mr. Ernie Hardeman):** That concludes the interview. We thank you very much for coming in. We do wish you well in your future endeavours.

**Mr. Byron Turner:** Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Thanks very much for taking the time to come all the way from the north to here to have this interview.

**Mr. Jim Wilson:** Mr. Chairman, I just want to make a point of order. I believe committees are supposed to start when orders of the day are called. I may be wrong on that, but that's the way it always was. So if I'm up in the House, as I was this morning, for prayers, you'd already taken the votes. In fact, every week you do that. My understanding is that committee starts when orders of the day are called.

**The Chair (Mr. Ernie Hardeman):** I can check into that. That may be part of the rules, but the process has always been that the committee starts at the time the committee's set to at the last adjournment. This morning, the time was 9 o'clock and the first delegation was scheduled to begin the interview at 9 o'clock. We will check that, Mr. Wilson, and if that's the case, we will do that. I've had a number of times sitting here wondering whether we should wait until after prayers or start right at 9 o'clock, and I have continued to wait under the Speaker was through with prayers and I saw the Sergeant-at-Arms moving to his seat, and that's when we started. We'll check it and we'll let you know at the next meeting if there's any change to be made to that.

**Mr. Michael A. Brown:** Just on that point, I'd like to clarify too: When I first came here a while ago, committees could only sit when the House was in session also. So if there was an adjournment upstairs, we adjourned too. I'd just like some clarity. I know things have changed and I'm just not totally up to speed, and I think the committee members would all appreciate the advice.

**The Chair (Mr. Ernie Hardeman):** We'll check that, too. I don't believe that's the case, that the House has to be in session. I do know the committee must adjourn when the bells go for a vote. In fact, in the standing orders it does speak to holding meetings when the House is not in session and that we can do that at the call of the committee and we can only do it three meetings per month. That would be when the House is not sitting. So I presume that we can sit when the House is not sitting. But we'll check on both of those and get back to you on that. Thank you very much.

**0940**

We now have the concurrences. We did have, I believe, a request to defer the consideration of the first—

**Mr. Jim Wilson:** We don't need to do that now that Ms. MacLeod's here.

**The Chair (Mr. Ernie Hardeman):** Oh, okay.

**Mr. Jim Wilson:** Thank you.

**Mr. Michael A. Brown:** Mr. Chair, could I just get some clarification? Deferring a vote when the vote has been called seems to me to be contrary to the way we do things in the Legislature itself.

**The Chair (Mr. Ernie Hardeman):** But I would point out to Mr. Brown, we're not deferring the vote. We're deferring the consideration, okay? That's why we don't call the concurrence vote and have the motion put and then defer the vote. That's why it's important that it's asked for prior to, because it's the total consideration that can be deferred up to seven days.

**Mr. Michael A. Brown:** Okay. Thank you.

**The Chair (Mr. Ernie Hardeman):** So, with that, do we have a motion to deal with the appointment of Howard Charles Dickson, intended appointee as a member of eHealth Ontario?

**Mr. Michael A. Brown:** Mr. Chair, I'm pleased to move concurrence in the appointment of Howard Charles Dickson as a member to the board of eHealth Ontario.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Discussion?

**Ms. Lisa MacLeod:** Yes, Mr. Chair. I'm sure Mr. Dickson is a fine fellow. The official opposition isn't necessarily opposed to great people coming forward; of course we do support that. But I will be voting against this, for a number of reasons. One is, again, until there's a public inquiry into eHealth, it's going to be very difficult for the official opposition to continue to support its operations.

In addition to that, there is a question, I think, that's hanging over this committee room over Mr. Dickson's residency in Quebec. I think that is something our constituents might be concerned about.

Again, with respect to somebody who is probably a very good person, we won't be able to support this candidacy.

**The Chair (Mr. Ernie Hardeman):** Any further discussion? Yes, Mr. Brown.

**Mr. Michael A. Brown:** This question of residency is of interest to us. We believe, on the government side, that we should always choose the most capable person possible. That's why, for example, the chair of Ontario Power Generation is Jake Epp, who is a resident of Calgary. That does mean we believe we should have the best person possible, going forward. For example, we do not believe that a member needs to live in their constituency to be elected in it. Unless members are suggesting that, I don't see that as a valid objection to the appointment of the best person.

**Ms. Lisa MacLeod:** Mr. Chair, I think that's actually an unfair statement, because I wasn't going there. I said that there is a question there. It is a concern. It was a concern with the appointment of Ms. Booker last week, when we heard from Niagara residents. I've simply stated it. I did not want to engage in debate with the member

opposite. It is a concern I have. I have a right to that concern, as do my constituents.

With all due respect, I'm sure he's a lovely fellow. He does work in my riding and that makes him probably better than anybody else we've seen in this committee, because he has some ties to my riding.

But again, that is a concern that we have, and I'll let that stand.

**The Chair (Mr. Ernie Hardeman):** But again, we just want to debate the appointment or the concurrence, not the merits of how each individual member of the committee proposes to vote.

**Mr. Michael A. Brown:** Well, yes, we think Mr. Dickson, obviously, has much merit and that he should be supported.

I still find it passing strange that the way the official opposition chooses to conduct themselves is to call appointees and then vote against everyone who gets called.

The government would prefer that we look at these people on their merits. We believe that Mr. Dickson certainly exhibits all the qualities we, as Ontarians, would like to see in a member of this board.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. Any further discussion on the concurrence motion, not on the debate of how other members of the committee propose to vote? Ms. Carroll.

**Ms. M. Aileen Carroll:** I don't know if I fit into those parameters. Is it not incumbent on members of this committee, if they have reservations, to articulate them as to why?

**The Chair (Mr. Ernie Hardeman):** Yes. The committee members are allowed to say anything they wish as it relates to the motion that's before us, which is to concur to this appointment. So any committee member who wishes to speak to the merits of the appointment has every right to do that. My question and my suggestion is only that it not become a debate of talking about each other's position. Articulate one's own position on the committee.

**Ms. Lisa MacLeod:** Mr. Chair, I put the vote.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Recorded vote.

#### Ayes

Brown, Balkissoon, Cansfield, Carroll, Delaney.

#### Nays

Hampton, MacLeod, Wilson.

**The Chair (Mr. Ernie Hardeman):** The motion is carried.

Our second appointment is considering the concurrence of Howard Charles Dickson, intended appointee—no, that's the one we just did, isn't it? Byron Turner. My apologies, again. We have a motion to deal with the concurrence of Byron Turner.

**Mr. Michael A. Brown:** I am pleased and proud to move the concurrence in the appointment of Byron

Turner as a member to the board of the North East Local Health Integration Network.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Discussion? Ms. MacLeod.

**Ms. Lisa MacLeod:** Yes. Just to say: We thoroughly enjoyed Mr. Turner coming to committee today. I think he's a fine person who obviously cares very deeply about his community. We got that. He's a decent person.

With respect to the LHINs: It has been no secret that the official opposition has had some serious concerns about untendered contracts with the LHINs. A review was supposed to take place, but was delayed by the government. It has been no secret that our leader, Tim Hudak, and the PC caucus have some serious reservations moving forward, if we were to form government, to maintain the LHINs. So with respect to Mr. Turner, we wish him well. But, unfortunately, given the circumstances surrounding the LHINs, we won't be able to support LHIN appointees. So I just want to inform him of that.

**The Chair (Mr. Ernie Hardeman):** Any further discussion?

**Mr. Michael A. Brown:** The government's view, of course, is that Mr. Turner is a fine candidate for this position. This is not the place to play silly partisan politics about the appointment of people to boards of the province.

**The Chair (Mr. Ernie Hardeman):** Any further discussion? If not—

**Ms. Lisa MacLeod:** Yes. I just take exception to that. It's not really appropriate, given the fact that you either stand on principle on an organization or you don't. My constituents have serious concerns and reservations. Our caucus has serious concerns and reservations.

**The Chair (Mr. Ernie Hardeman):** Again, I would point out to the committee that this is a debate about whether we are going to vote for or against a concurrence of the appointments. I would hope we could keep it at that.

**Ms. Lisa MacLeod:** Mr. Chairman, I do caution members when they do vote on principle of accusing people of playing partisan politics.

**The Chair (Mr. Ernie Hardeman):** Again, we don't want to get into that debate, so we'll call the question. Recorded vote.

#### Ayes

Brown, Balkissoon, Cansfield, Carroll, Delaney.

#### Nays

Hampton, MacLeod, Wilson.

**The Chair (Mr. Ernie Hardeman):** I declare the motion carried.

That concludes the consideration of our interviews this morning.

For the next meeting, we have appointees again. We do need unanimous consent for Dr. Shaun McGuire, intended appointee as a member of eHealth. By our next meeting, the deadline will have passed by two days, so we would require unanimous consent to have the inter-

view at the next meeting and extend the deadline to that meeting. Okay? Thank you very much.

If there's any other business for the committee—I used to say, when I used to be chair of the scout

committee, "Any other business that would further the cause of scouting?" If not, the committee stands adjourned until next week.

*The committee adjourned at 0951.*



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