



NEWS RELEASE

Ted Arnott, MPP
Wellington - Halton Hills

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MPP Arnott vows to keep up fight for local hospitals

(Queen's Park) – Following debate in the Ontario Legislature on hospital projects important to the people of his riding, Wellington-Halton Hills MPP Ted Arnott vowed to keep up the fight.

"We're not giving up," declared Mr. Arnott after the vote on his resolution, which the Liberal majority voted to reject.

That resolution called on the Minister of Health to immediately approve the planning grant requested by the Groves Memorial Community Hospital, and requests approval for a small project capital grant for the Georgetown Hospital, allowing it to proceed with its needed emergency room addition and diagnostic imaging renovation project.

Mr. Arnott expressed disappointment with the Liberals' partisan response to his resolution.

"I made every effort to work with the government in a constructive, non-partisan manner," he said. "In the end, they did not reciprocate."

The Liberals' refusal to accept Mr. Arnott's resolution came in the same week the Auditor General released a scathing report on the government's use of health care dollars. That report unveiled some hospitals' use of high-priced lobbyists to access government officials.

Hospitals must be able to go to their MPPs, without having to hire lobbyists, to advocate for their needs, explained Mr. Arnott. On that score, he says, the Liberals' actions just don't match their rhetoric.

"On the very day that the Minister of Health was quoted in the *Toronto Star* as saying MPPs should advocate for their hospitals, her Liberal colleagues slammed the door in our faces."

Though local in scope, the resolution had implications for hospitals across Ontario.

"Too many projects are still waiting, seemingly indefinitely," Mr. Arnott explained. "It's time the McGuinty Liberals finally disclosed exactly which hospitals are on its list, how long they've been waiting, and when they can expect to see progress."

MPPs Elizabeth Witmer and Christine Elliott spoke to Mr. Arnott's resolution during the debate.

"I applaud my colleague," said Mrs. Witmer, herself a former Minister of Health. "He has been professional. He has been passionate. He has taken every step necessary trying to find out where these two hospitals stand in the queue," she said.

Ms. Elliott agreed.

“I would like to point out again how tirelessly [Mr. Arnott] has worked on behalf of his community for this,” she said. “He’s asked in all of the proper ways to do that. He’s written to the minister, he’s gone through all the proper channels, but he’s been stymied at every turn.”

Mr. Arnott thanked local hospital and community leaders for their support of his resolution and for their part in further strengthening health care services.

“I want to thank the representatives of the Groves and Georgetown hospitals, as well as Mayor Rick Bonnette and Councillor Jon Hurst, for coming to Queen’s Park and standing up for our fine hospitals.”

- 30 -

Attached: Ontario Hansard

For further information, contact Ted Arnott, MPP

Phone 416-325-3880

Email ted.arnott@pc.ola.org

Web www.tedarnottmpp.com

HOSPITAL FUNDING

Mr. Ted Arnott: I move that, in the opinion of this House, the Minister of Health should immediately approve the planning grant requested by the Groves Memorial Community Hospital in the township of Centre Wellington, allowing it to proceed to the next stage of planning for a new hospital; and should also immediately approve a small project capital grant for the Georgetown Hospital in the town of Halton Hills, allowing it to proceed with its needed emergency room addition and diagnostic imaging renovation project.

The Acting Speaker (Mr. Jim Wilson): Mr. Arnott moves private member's notice of motion number 49. Pursuant to standing order 98, the honourable member has 12 minutes for his presentation.

Mr. Ted Arnott: I begin my remarks this afternoon by quoting from an article in today's Toronto Star, in a column written by Jim Coyle, where the Minister of Health of the province of Ontario was quoted as having said, "Our MPPs are more than willing to act as lobbyists. I urge the hospitals to make use of the best lobbyists they have and that's their MPPs." I couldn't agree more with that statement.

Privileged to serve in this Legislature, members of provincial Parliament must always bear in mind why we are here: We are here to serve the people. We are here to provide leadership, yes, but also to give voice to the views and aspirations of the people. Perhaps most importantly, we are responsible for addressing their genuine needs. It is in that spirit that I tabled this private member's resolution in support of our hospitals in Wellington-Halton Hills.

The Groves Memorial Community Hospital in Centre Wellington and the Georgetown Hospital in Halton Hills are the hospitals located within the boundaries of my riding. Both are centres of excellence in local health care, and are the hubs of health care delivery in their communities and the larger catchment areas that they serve. But they not only have to address the health care needs of today, which they are doing very well; they must also plan for future needs. To do that, they need the government to come forward with a long-term plan for hospital projects, a plan we are all anxiously awaiting.

But I first want to focus on the good work our hospitals are already doing in their respective communities. Groves Memorial Community Hospital, located in Fergus, serves a community that is geographically very large. Its catchment area includes, in addition to my riding of Wellington-Halton Hills, the riding of Guelph and the riding of Perth-Wellington. Founded by Dr. Abraham Groves, a visionary surgeon who has the historic distinction of having performed North America's first appendectomy, the hospital has a long history of innovation, excellence and integrity.

Continued growth, development and partnership of services reinforce the need to have appropriate facilities to promote wellness and opportunity to be creative in providing care. For Groves, this means continued investments in ongoing improvements, service, equipment and people. But it also means planning and preparing for long-term projects like the new hospital development.

I want to outline just a few of the many reasons why Groves deserves that long-term investment. First of all, we are ready to go. Secondly, this hospital provides service to approximately 25,000 patients each year through the emergency department and thousands more through diagnostic, ambulatory care and in-patient services. For its success in addressing the health care needs of a relatively older, rural population, Groves was called a cornerstone in the community for rural residents to access health care in 2010.

Groves's exceptional and dedicated medical staff are top-notch. Since March 2007, Groves has provided educational training and support for 108 medical students and 27 residents, making Groves a leader as a pre-eminent rural teaching facility, training physicians all across the province.

Last year, Groves added a CT scanner, providing this essential diagnostic technology to patients, serving them closer to home. And yet, the hospital is also benefiting patients far beyond its catchment area because the Groves team knows how to form successful partnerships. This is one of their greatest strengths. They've led the implementation of the Upper Grand Family Health Team. They've formed the community oncology clinic with Grand River Hospital. They've shared services with Guelph General Hospital. They've formed an administrative alliance with North Wellington Health Care in order to maximize efficiencies between small, rural facilities for the last five years. They've done all of this and much, much more. Thanks to their aggressive action on emergency room wait times, Groves took its four-hour average wait time to nearly 2.5 hours for the average ER visit in just eight months.

They've done all this while exercising respect for tax dollars. While some hospitals, unfortunately, have had to run deficits, Groves over the last three years has had balanced budgets or surpluses. It's no wonder Groves enjoys such extraordinarily strong support from the community and it's no wonder that some 250 people choose to volunteer their time with this fine organization. In anticipation of the new hospital project, the volunteer association and the hospital foundation raised \$15 million from local residents and supporters. They've also raised \$2 million so far for the CT scanner.

I want to acknowledge the presence of a few people here today from Groves seated in the members' gallery and I want to thank them for their excellent work. Having made so much progress on so many fronts, Groves now needs the government to do its part. Allow us to move on to the functional program stage, which is the next stage of planning, for our new facility.

In the very same way, Georgetown Hospital also has every good reason to be proud. Here we have a hospital that is doing a tremendous job serving the residents of Halton Hills. This is true in a number of areas but most notably in its emergency department. Georgetown Hospital led the province in improvements to length of time admitted patients spend waiting. The hospital beat expectations and achieved a 32% improvement. In fact, 84% of patients admitted to an in-patient bed from the emergency department spent less than eight hours in the ER. For that achievement, the Ministry of Health awarded a year-end financial bonus to assist the hospital in sharing its strategies for success.

The hospital's accolades don't stop there. Even the Recycling Council of Ontario has recognized the hospital for achievements resulting from its green program, through which it has achieved a 60% recycling rate. The hospital also holds a safety expo recognizing patient safety initiatives. In the last two years the Ontario Hospital Association has recognized the hospital for many of those initiatives.

Perhaps no recognition, however, is more meaningful to our health care providers than those coming from patients themselves. The Georgetown Hospital has achieved strong patient satisfaction results in all areas of the hospital. Improvements in pay-for-results metrics have shown improved satisfaction results in nearly every dimension measured.

But I want to return to that emergency room so central to the hospital's proposed improvement. The current emergency department was designed in size to accommodate 14,000 visits per year, yet in the last fiscal year, the hospital saw 32,800 visits, well over twice the number for which it was designed. Here's what they tell us: "The most important initiative is the [emergency department] pay-for-results program. It is difficult to describe the incredible results we have achieved and what a difference it has made in our ability to treat patients. The staff and physicians are totally engaged in the performance.... Everyone is engaged in making sure we meet our targets." So it's clear that Georgetown Hospital is doing a great deal to showcase the very best of our system, and for being here today, I want to thank representatives from Halton health care and the Georgetown Hospital, who have also joined us.

I began working with them in 2007 when I picked up where our distinguished colleague from Halton left off, after a redistribution which added the town of Halton Hills to my riding. The very day after that election in 2007, I wrote to the Minister of Health to ask for an expeditious review of Georgetown Hospital's pending CT scanner application. The hospital now has received that approval. But now we need to move forward with this diagnostic imaging project and renovate our emergency department as well.

This past summer, on August 26, we had a meeting to discuss the project with hospital staff and senior Ministry of Health staff in the minister's boardroom here at Queen's Park. The ministry was clearly informed that the hospital would appreciate receiving a small capital grant to expedite the project. But in order to plan responsibly for the project, the hospital needs to know where it might be in the queue. We know that there are dozens of proposed hospital projects in dozens of communities across Ontario. I have been asking for the whole list of projects through an order paper question, and more recently, through a freedom-of-information request. We're still waiting for it.

The outstanding community support for the Georgetown Hospital, like the community's confidence in Groves, should suggest that we need to move forward, but we must respectfully ask this government's help. They could send a positive signal today by supporting this motion.

I think it's important to state my firm belief that decisions on approvals for hospital projects should not be made on a partisan basis. It would be wrong for a government, any government, to show favouritism to the ridings that it holds at any given time when it comes to deciding which hospital projects will be seen as high priority and which ones will score as lower priority-wrong and short-sighted, for the provincial government must seek to govern for all the people. The process for determining which projects will go ahead first must be objective and transparent and explicitly non-partisan. Otherwise, in effect, the government opens itself up to the charge of punishing communities for their traditional voting patterns.

Any government doing this would show itself to be contemptuous of democracy itself, for inherent in our idea of democracy is the right of individual voters and communities to choose their representatives freely, without coercion and without intimidation. Any government that refused to approve a hospital project because of local politics would be beneath contempt and deserving of the defeat that would surely follow.

I should also point out that the catchment area for the Groves hospital, meaning the geographic boundaries of the area that it serves, includes communities outside of Centre Wellington. For example, many residents of the riding of Guelph use the Groves emergency department because they believe they may see a doctor faster if they present there than at Guelph General. Residents of Alma and Arthur and the surrounding areas in the riding of Perth-Wellington have always used Groves as their local hospital. When you look at it this way, Groves can look to three MPPs to advocate for them, two of whom are currently on the government side of the House.

I have been pleased to encourage the member for Guelph and the member for Perth-Middlesex to show their support for Groves, and I was glad to receive a written expression of support for the Groves project last December from the member for Guelph. Now that she serves as the parliamentary assistant to the Minister of Health, we hope she's in a position to follow up, and we would ask her to do the same for Georgetown.

When I'm in Georgetown, whether it's at the walk for the hospital in the fall or the annual golf tournament in the summer or the annual Christmas ball in December-all successful fundraisers organized by the hospital foundation-we often hear that it's never easy to raise money. Many people simply do not know that hospitals don't receive funding from the government for new equipment. They assume, incorrectly as it turns out, that the Ministry of Health pays for equipment, which makes it harder for the fundraising efforts to be successful. It would be helpful if the Ministry of Health would develop a communications

strategy in co-operation with the Ontario Hospital Association to support the work of our hospital foundations.

In closing, I look forward to the debate on this motion. I have tried to approach this in a non-partisan manner and have written all MPPs to seek their support. I know that many members have hospital projects in their riding, and I would encourage them to talk about their own hospital needs this afternoon. Let's work together across the partisan divide in the best interests of our constituents.

The Acting Speaker (Mr. Jim Wilson): Further debate?

Mr. Howard Hampton: I want to commend my colleague for speaking up for his constituency and for speaking up for people—in this case, the community hospital in the township of Centre Wellington. I think it's important that all members do what they can to speak up for their constituencies. But I want to disagree with him in principle on a couple of things.

We have just witnessed, over the last couple of weeks, examples where hospital funding apparently is not being allocated on the basis of need; it's being allocated on the basis of who you know, who your consultant is and how close your consultant is to the Premier's office or the Minister of Health's office. That's a terrible way to make health care decisions. Equally, I think it would not be a good way to make health care decisions simply in terms of the lobbying we might do. I want to see better health care for the constituents in my constituency, but where a hospital should be placed and what kinds of services that hospital should provide I believe should be decided by people in the Ministry of Health whose business it is, whose work it is, whose dedicated task it is to look at the health care needs and to look at what can be provided and where it is best to be provided.

I think MPPs should play a role, certainly, in making the case and in arguing the case, but at the end of the day, the decisions should be made on the basis of health care need and on the basis of how to most cost-effectively and how to most efficiently provide those services. Just as it's wrong for a hospital board that has money to throw around to purchase the services of a consultant who claims to have the inside door to the minister's office or the Premier's office, just as it's not proper to have health care funding made on that basis and hospital funding made on that basis, it would be improper, in my view, for health care spending or health care investments in my riding to be made on the basis of who is closest to me.

MPPs should advocate; we should advocate on behalf of our constituencies. But at the end of the day, these decisions should be made according to a rational process, a process that looks at health care need, a process that looks at how to most efficiently and cost-effectively provide these services and ensure that the services provided are the services that people need.

I wish my colleague success with his resolution here today, but I wanted him to know the different lines that I draw in the decision-making process so that he is not taken by any surprise in this.

The Acting Speaker (Mr. Ernie Hardeman): Further debate?

Mr. Bob Delaney: I think very highly of the member from Wellington-Halton Hills and I consider him a friend. In that spirit, I'd like to follow on his debate and try to keep this to some of the issues.

The member is a good lobbyist and an effective member. I can say that across the floor. Firefighters know that: He's brought their case very effectively to the floor. But I have to ask: Is he lobbying the right people, is he lobbying at the right time and is he lobbying in the right place? Is the process being proposed by the member in this resolution indeed a rational process? Is it a responsible means of asking for something that I'd like to have if I were in his place? Is it a fair process?

I'd have to say, in looking at the resolution, it's unfortunate that the word "immediately" has been put in, because "immediately" makes it very clear that his needs supersede that of every other region in the province, and it also requires the government, if the will of the House is to be heeded, to overturn any decision made outside this chamber, made for reasons that we here don't know. It's unfortunate that that word was put in because it constrains the debate on what I think is a very worthwhile resolution.

So I would ask the member to think carefully: Does he really and truly want this decision to be made on the floor of the Legislature? One of the reasons I say that is because here in the greater Toronto area, the GTA, for about the last 35 years running, in terms of growth, we have done the equivalent of building the city of Kingston every year—all of its people, all of its infrastructure, all of its support services and facilities. Every year in the GTA, we build the equivalent of a city the size of Kingston.

The member is asking us not to balance the needs of high-growth regions and communities such as York region, Peel region and cities like Vaughan, Brampton, Mississauga and Oakville with some of the needs of the communities that he's in. I ask him again: Is this process rational, is it responsible, and is it fair in the circumstances?

He's pointed out some things with which I very much agree. Groves Memorial Community Hospital in Fergus received base funding of more than \$15 million in 2009-10, which is an increase of \$3.3 million, or 28%, since our government was elected in 2003. It's a fine institution, and its performance shows. Halton Healthcare Services, of which Georgetown hospital is a part, received a more than \$77-million increase in base funding since 2003, a 72% increase. It, too, is a very fine health care facility. We join with its management and staff in celebrating its accomplishments. On the watch of his former government, that was a little different. Again, just to ensure that we're talking about the same thing: Groves Memorial Community Hospital, on the watch of his party, sustained an \$834,140 cut, or about 9.29%. In the nearby community of Guelph, Guelph General: a cut of \$877,516, or about 3%. Halton Healthcare Services: a cut of about \$1.9 million, or 3.23%.

Since our government has been elected—let's talk about some of our record in the Wellington-Halton Hills area. There are three new family health teams in Wellington-Halton Hills. They've hired 50 doctors. They've hired 35 other health care professionals. They're providing care to 58,034 people and, indeed, 9,890 previously unattached patients have been enrolled.

In contrast, when the Leader of the Opposition served as the parliamentary assistant to the Minister of Health, they closed 28 hospitals, they fired some 6,200 nurses and they closed some 7,110 beds. The flip side: Since 2003, Ontario has built 18 new hospitals, hired more than 10,000 more nurses and more than 2,300 additional doctors.

I understand the member's request. Can he square it with his party's policy to cut \$3 billion from health care funding by eliminating the health care premium? And should they still choose to do that, how do they plan to fund the request that the member makes in the resolution that he's just brought forward?

Talking about the Georgetown Hospital emergency room: The hospital received ministry approval to acquire and operate a CT scanner at the Georgetown Hospital site in September 2009. The approval was provided with the understanding that an approval for an own-funds capital renovations project would be requested and undertaken by Halton Healthcare Services to accommodate the scanner. Due to the limitations of the existing building condition, the hospital is now proposing an addition to extend the emergency department, including purpose-built space for the new CT scanner and renovations to the diagnostic imaging department, with an early capital cost of \$10 million, including equipment.

In July 2010, the hospital wrote to the Health Capital Investment Branch, inquiring about the availability of small capital project grants to fund a proposed Georgetown Hospital emergency room expansion and

CT scanner acquisition project. As I understand it, this is the essence of what the member's resolution is about.

In August of this year, the ministry met with the hospital and with the member for Waterloo-Wellington to discuss this proposal further and the new process, in light of the Ministry of Health and Long-Term Care and the LHIN joint capital review framework. The hospital has been advised, both in writing and at that August 2010 meeting, of the following: "The hospital must work with the LHIN to ensure that they obtain appropriate advice on the program and service elements of their capital proposal," which leads me back to my original question: Is this the appropriate time and place in which to bring this project forward?

"The ministry's small project allocation is under considerable pressure; therefore, there is little capacity to explore small projects in 2010-11. The hospital is encouraged to explore alternate options for accommodating the CT scanner only, including an own-funds project, a phased approach or a scaled-back approach."

Talking about the investments at Groves Memorial Community Hospital, they've had a more than \$3.6-million increase in base funding since 2003-04, nearly 30%; more than \$200,000 in total funding received from that first year, 2004-05, to 2010-11 to reduce wait times, which amounts to 202 more procedures, including general and pediatric surgeries.

Groves Memorial Community Hospital signed their two-year hospital service accountability agreement with the Waterloo Wellington LHIN in 2008. Is the member proposing to supersede that agreement? I don't have that information as a legislator to make that type of an informed judgment based upon the resolution presented.

The hospital signed an amending agreement with the LHIN in 2010, thereby extending the agreement through 2010-11. I ask the member again: Are you sure you want to bring this measure to the floor of the Legislature rather than working with the LHIN?

Now, in terms of local hospital funding, the Groves Memorial Community Hospital in Fergus received base funding of more than \$15 million in 2009-10, which is a total increase of \$3.3 million, or 28%, since 2003.

Province-wide, the province has created more than 170 family health teams, teams of doctors, nurses and other health professionals working together. Three of those family health teams are in Wellington-Halton Hills where, as I said before, they've hired 50 doctors and 35 health care professionals, providing care to 58,034 people, and have enrolled 9,890 previously unattached patients.

In the Upper Grand Family Health Team, they've hired 22 doctors, 17 health care professionals, providing care to 25,776 people, with 3,876 previously unattached patients enrolled.

The Halton Hills Family Health Team hired 22 doctors, hired 13 health care professionals, providing care to 27,064 people, with 4,870 previously unattached patients enrolled.

In the East Wellington Family Health Team, they've hired six doctors, five health care professionals, providing care to 5,194 patients, with 1,144 previously unattached patients enrolled.

Now, it's not as if Ontario has ignored the member's area. Indeed, the member has done very well during a time in which many fundamental changes had to be made in order that health care, as we know it, would remain sustainable. All of us, particularly those of us who are in high-growth areas, understand the nature of what the member is proposing. We wish that the amount of funds available to all of us were infinite because nothing would please anybody more than to say, "You can all have everything that you need." But in order to do that, I have to say to the member that we need to make those sacrifices. If we decide to do that, what does that do to the rates that we charge for taxation, for health care premiums

and for the other means by which we make the investments that we need to make in health care in the province of Ontario?

1540

In summary, while I have a great deal more information that I could discuss, I'm nearing the end of my time. I want to ask the member to consider and to address in his closing remarks whether he feels that this is indeed appropriate to bring to the floor of the Legislature; whether, as members, we have the information that we need to make an informed, fair, rational decision; and, to echo the comments of my colleague from Kenora-Rainy River, is the process the right process in the circumstances?

The Acting Speaker (Mr. Jim Wilson): Further debate?

Mrs. Elizabeth Witmer: I think I want to begin my remarks by responding to the member from Mississauga-Streetsville and just point out to him today the remarks of the Minister of Health in the paper, where she strongly encouraged MPPs to lobby on behalf of hospitals, because we are in an appropriate position to do so.

I also want to congratulate my colleague from Wellington-Halton Hills, who has advocated very patiently, but very passionately and very strongly, on behalf of the two hospitals in his riding. He has done so and brought this motion forward today with the approval of the Minister of Health. She thought it was most appropriate, and that's why we're here.

We're also here today because at one time, we did have a list of capital projects. We actually did know which hospitals were going to be receiving approval for what stage at what time. Unfortunately, over the period of the past seven years, we seem to have lost the list. In fact, some of the hospitals that were on the list have suddenly disappeared from the list. Hospitals that were in Liberal ridings, I might add, suddenly found themselves on the list. I think all the member is asking is, "Where's the list? Where do my communities fit on the list?" He raises a question: "Are my communities not being informed about the status or non-status on the list because I am a Conservative?"

Do you know what? I hope we haven't reached that point, because I want to tell you what happened when I was Minister of Health. We had the Health Services Restructuring Commission-and by the way, I hope the opposition starts to get the facts right-

Mr. Norm Miller: The opposition? The government.

Mrs. Elizabeth Witmer: The government. You will be in opposition next time if you continue to make some of the statements that you do.

But the reason that hospitals were closed was because we did amalgamations. We had a Health Services Restructuring Commission. We identified that there were needs in Mississauga that weren't being addressed. You were being asked to travel to downtown Toronto. We had the commission and you, as a result, got cancer facilities, you got cardiac facilities, you got new emergency rooms, and you know what? There was progress made, but we got rid of some of the small hospitals as a result of the commission recommendations. So for you to say repeatedly that we closed hospitals-we didn't. In fact, I'm going to tell you what happened, and your own members wanted it to happen. The other thing I'll tell you is, we hired 12,000 nurses. So for any statements to be made on an ongoing basis-they are not true, and you probably should take a look at the record.

I want to go back to what we did, because we were not partisan. We relied on the commission to make the recommendations as to what changes should be made to hospitals, which hospitals should close and which hospitals should become new state-of-the-art facilities. We built new hospitals.

But I want to tell you what happened when two of your colleagues approached Premier Harris and me. Lyn McLeod, the former leader of your party, and the member from Thunder Bay-Superior North came and said, when it came to Thunder Bay, "We don't like the recommendations of the commission." The commission said they were going to close three hospitals and have two. They said, "No, we want you to close all five hospitals." So you're probably including the five in whatever count you used on a daily basis. They said, "We want a new Thunder Bay regional health sciences centre."

They also said to me-and I remember it so well-"But we won't get one because we're Liberals and Conservatives are never going to give a new hospital to Liberals." I said, "Do you know what? If your community can demonstrate the need and is able to support one new, state-of-the-art, centrally located facility, I guarantee I will fight for you at the cabinet table and I guarantee that my Premier and my cabinet colleagues will approve your new hospital, because we're not interested in playing partisan games."

Well, guess what? Much to the delight of Lyn McLeod and the member for Thunder Bay-Superior North, we approved the request from the community for which Lyn McLeod and the member Michael Gravelle advocated so strongly, and to their surprise they got the new hospital.

I hope-I ask the government today-that surely you will listen to my colleague who is here today, not representing himself, but representing the people from the two hospital communities who have recognized that they have an outstanding facility, but based on future needs, they need more. They're only asking to know, "Where are we on the list? When are we going to get the funding?" They need permission to move forward to the next stage of planning the Groves Fergus hospital. That's what they are looking for. At Georgetown, they want to put the CT scanner in place, but they can't, based on the facility that they have today.

All he's asking for today is, "Please tell us, where are we on the list? We have future needs. Our citizens deserve to have access to care that is required, but right now they do not know where they stand and they can't move forward. They're not getting any answers."

I applaud my colleague. He has been professional. He has been passionate. He has taken every step necessary trying to find out where these two hospitals stand in the queue. There have been no answers forthcoming, and that brings us to today. I hope this government will demonstrate the same type of concern for people in the province of Ontario, whether they live in government-held ridings or opposition ridings. I hope they'll carefully consider what's being asked for by these communities as indicated by my colleague. I applaud him for all he's done in such a professional manner.

The Acting Speaker (Mr. Jim Wilson): Further debate?

Mr. Paul Miller: This is an interesting request. I must commend the member from Wellington-Halton Hills. He's doing his job as an MPP. He's representing his people, what they require in his community and probably what his local council has asked for. He's doing his job.

I personally can support this. I can't speak for my colleagues, but I do feel a bit uncomfortable voting for something that's out of my field of expertise without confirming it with the experts in the field. I would have liked to have seen a little more data. The member did send me some information on it, but I would have liked to have seen more.

I have mixed feelings here. While I'm sympathetic to the community, hospital planning should not be done by this chamber, in my opinion. We all could use more health services in our communities. Hamilton has been very hard hit. We all need more facilities, especially for the aged, and more hospital beds opened up for serious things, and long-term care taken outside the hospital environment with the good facilities we need. I don't really think this should be decided by politicians, and I certainly don't favour going along party lines. I think this should be a non-partisan decision.

As for the comments of the former speaker, I wish he wouldn't rule us out. We may have to make a decision down the road. It's always between them and the official opposition, but you never know: The NDP might be making decisions, so don't rule us out.

Health dollars should flow to where they're needed. Health services are required in every community. Unfortunately, this government is a little tired. Its precious health dollars go to whichever organization hires the best lobbyists, in my opinion, with insider friends in the McGuinty government. That's not good.

It doesn't matter which politician is sitting in that riding or that constituency, the health dollars should go to the place that needs them the most, not because the person sitting there is Liberal or NDP or Conservative.

I'm not quite sure that those decisions are always made in this House or by the government. Unfortunately, party lines sometimes interfere with good decisions for our health care. I don't like that. That's not a good thing.

Instead of improving health care for Ontarians, the McGuinty government is shutting down emergency departments and cutting nursing hours. Hamilton closed emergency services at McMaster University, if you want to know where.

Mr. John Yakabuski: Fort Erie, Port Colborne.

Mr. Paul Miller: Port Colborne and Fort Erie. When they attack the official opposition, they're not exactly running a stellar program either, in my humble opinion. Once again, if you live in a glass house, don't throw rocks.

As has been witnessed in the last few weeks, we are squandering millions upon millions of dollars on insider consultants-absolutely atrocious.

I'll bring eHealth to the front again, the scandal last summer. In committee, I asked questions and other people asked questions about what we got for our dollar. They spent \$388 million on eHealth electronic health cards-studying, setting it up. I said, "What did you get for that?" They told me, after I pushed and asked for freedom of information, which we had to pay for, by the way. We're the government, but we still had to pay to get it; I can't figure that one out.

We got the information, and they told me, "Well, Mr. Miller, it looks like we got about \$100 million worth of hardware and software programs for eHealth cards." I said, "What happened to the other \$288 million?" They weren't too anxious to answer, but it went to consultants. Sixty-six per cent of the budget over the five-year period went to consultants. That's a pretty scary figure.

That's one ministry. We have 22 major agencies that you've now decided to audit. I don't even want to think of how many billions of dollars have gone out the window. It's pretty hard for me to explain to a mother in Hamilton with two kids and nowhere to go because she can't pay her rent and can't pay her hydro that the government is spending \$2 million a day on consultants. What do I tell that mother? What do I tell the person waiting for a position in a long-term-care facility who can't get in because there's a waiting line-not enough facilities?

Really, there is so much to look at, so much to do, so many people who require health services, so many people who require new hospitals, new facilities. I don't blame this member for doing what he is supposed to do as their representative, and I don't have any problem. To me, it's not a motion that's going to hurt anybody; it may help some people in his community. I'd hope he would return the favour, if I was in the same boat.

To make a long story short-I could go on for hours about waste of money, but this is a good project, a new hospital for a community. I don't have a problem with that. I don't have a problem with a new hospital in anybody's community. So my personal vote will be with the member; I will support his motion. I don't have a problem with it.

The Acting Speaker (Mr. Jim Wilson): Further debate?

Mrs. Christine Elliott: I am very pleased to stand this afternoon in support of the resolution that's brought forward by my good friend and colleague the member from Wellington-Halton Hills with respect to his resolution to ask for the planning grant to be granted to Groves Memorial Community Hospital to allow them to continue to plan for a new hospital and to the Georgetown Hospital for the hospital redevelopment project.

I would like to point out again how tirelessly the member has worked on behalf of his community for this. He's asked in all of the proper ways to do that. He's written to the minister, he's gone through all the proper channels, but he's been stymied at every turn. I think the members of the community have been extremely patient up until now, but naturally their patience is starting to wear thin. They have raised over \$15 million in order to start this capital project, as we expect all communities to do. But, frankly, if that's the expectation in communities across Ontario and you never know where you are in the lineup, it starts to cool people off. People figure, "What's the point of trying to raise this money?" If you want to sustain that momentum, you have to know where you are in the line. I think that's really what this resolution is aimed at: It's to have a clear, open, transparent and rational process for determining the priority of capital projects like hospitals in the province of Ontario.

There are dozens of projects across the province, and I'm sure the members of the communities who are represented here aren't asking for special favours. They're not asking to jump the queue. They're not asking to be given priority as far as anyone else is concerned. What they are asking is, "If I take a number, tell me where to take the number and tell me where the line is." But they don't know. It's out there.

That's what we really need, and I can certainly speak to that from my own community, coming from Whitby-Oshawa. We have a huge, growing population; it's one of the fastest growth areas in southern Ontario. And we're just waiting to have our own little hospital reopened. It was closed July 2, 2007, as the result of an electrical fire, and we had to wait for two years, until the end of September 2009, to hear from the Minister of Health that money would even be coming to repair the work that needed to be done in order to reopen the hospital, never mind even thinking about asking for a new hospital, which we so desperately need. But we know that until-we are waiting. I don't even know when it's going to be, some time next spring, I hear, before this hospital is going to be reopening. We need that, just to sustain what we have as well.

I know this is happening in places all across the province of Ontario. What we really need is a plan. We need to know where the lineup is for capital projects. We also need to have a 10-year health strategy, which I know my colleague the member from Kitchener-Waterloo has been mentioning on many occasions. We don't have a 10-year plan for health care in the province of Ontario. We're starting to see our health care breaking down at the seams, with the huge pressures on our emergency rooms, emergency rooms that are closing down in various parts of the province, with those incredible increases in the number of ALC patients, people who can't find nursing homes, who can't find the home care they need in their own communities.

What we really need from this government is a plan, a thought, instead of ad hoc gestures here and there. We need a plan for long-term care and health in the province of Ontario. We need to have a capital projects list so that communities across the province can know where they are, so they can plan for it. If they are going to be 10th in line, they know that they have that time period in order to do the fundraising that they need to do. But you have to give people a reasonable expectation of time; that's all that is being asked for here. I think that's all the members of this community that are here to support their member and the wonderful advocacy that he has done-I think this is something the government should certainly support as well.

1600

The Acting Speaker (Mr. Jim Wilson): Further debate?

Mr. Peter Kormos: I think Mr. Arnott is going to find that the New Democrats are supporting him in this effort today. Of course, this isn't the place, here on the floor of the chamber, where you should be doing hospital planning. But, hell's bells, when you have LHINs that are political hacks-political appointees-that are doing the government's bidding in a very political way; when you have LHINs that are unelected, unaccountable and oftentimes irresponsible, and certainly anonymous; and when you have hospital boards that are hand-picked people and where there's no democratic or open or public process, no transparency whatsoever-I commend the member for his diligence.

Let me tell the government: Its sophistry in response to Mr. Arnott's motion will end up biting them on the britches, being too cute by far in somehow dodging the issue here. You know what this is about. This is about either letting the folks in the communities that the member for Wellington-Halton Hills represents know that the government is with them or that the government is against them. Mr. Arnott is doing a very effective job at demonstrating that today. He's shedding some light on some health care needs down in his community. He's doing the job he's supposed to be doing; good for him.

The Acting Speaker (Mr. Jim Wilson): The honourable member for Wellington-Halton Hills, Mr. Arnott, has two minutes for his response.

Mr. Ted Arnott: I want to thank you very much and the members who have spoken to this resolution this afternoon. I want to thank the member for Kenora-Rainy River, the member for Kitchener-Waterloo, the member for Hamilton East-Stoney Creek, the member for Whitby-Oshawa and also the member for Welland.

I say to the member for Mississauga-Streetsville, who spoke on behalf of the government-who was a last-minute fill-in, it appears, for the member for Oakville, who apparently was called away to an important meeting at the last minute, even though he was apparently scheduled to speak-and who asked the rhetorical question: "Is this a rational and responsible and fair way to approach it?" I would say that your Minister of Health would say yes to all three questions. Again, the quote in the Toronto Star today: "Our MPPs are more than willing to act as lobbyists. I urge the hospitals to make use of the best lobbyists they have, and that's their MPPs."

I again reiterate to the member that I spoke to the Minister of Health before I even tabled the resolution that we're debating today. I informed her of it, and I said to her, "I'm going to try to take a non-partisan approach to this, as non-partisan as possible, because I'm trying to sincerely bring forward the needs of my community." Her response was, "But Ted, you have to do your job." In other words, she understands that this has to happen. I've spoken to the parliamentary assistant to the Minister of Health, the member for Guelph, three or four times to make sure that she's aware of what we're doing here today. She has already written in support of the project with respect to Groves. In fact, I have a letter in writing from her from December of last year where she expresses support.

The LHIN in Waterloo-Wellington has expressed support for the Groves project to move forward to the next stage of planning. Again, I would urge the government to support this motion in that regard. The Georgetown Hospital, given the fact that I was informed of their project a few months ago, and my opportunity to raise a private member's resolution-I obviously wanted to include them in it too. That's why a reference to their project is in the motion as well. Theirs is just as important as Groves, obviously, in their need. I want to represent both communities equally. That's why I'm bringing this forward today.

I've tried to do it in as non-partisan a manner as possible. I'm concerned about the partisanship of the remarks of Mississauga-Streetsville. I accept the fact that he was asked to speak on short notice, but the fact is that our communities need the approval to go ahead with these projects. I again urge the Minister of Health to show that they're not going to put partisan politics ahead of the patient needs in my riding, and I would urge all members of this House to support it.

HOSPITAL FUNDING

The Acting Speaker (Mr. Jim Wilson): Mr. Arnott has moved private members' notice of motion number 49.

All those in favour of the motion will please rise and remain standing until recognized by the Clerk.

Ayes

Arnott, Ted	Hardeman, Ernie	Prue, Michael
Bisson, Gilles	Kormos, Peter	Tabuns, Peter
Elliott, Christine	Marchese, Rosario	Witmer, Elizabeth
Hampton, Howard	Miller, Paul	

The Acting Speaker (Mr. Jim Wilson): All those opposed to the motion will please rise and remain standing until recognized by the Clerk.

Nays

Arthurs, Wayne	Fonseca, Peter	Qaadri, Shafiq
Balkissoon, Bas	Jaczek, Helena	Rinaldi, Lou
Best, Margaret	Jeffrey, Linda	Ruprecht, Tony
Brownell, Jim	Johnson, Rick	Sergio, Mario
Delaney, Bob	Kular, Kuldip	Sousa, Charles
Dhillon, Vic	Mangat, Amrit	Zimmer, David
Dickson, Joe	Moridi, Reza	
Flynn, Kevin Daniel	Phillips, Gerry	

The Clerk of the Assembly (Ms. Deborah Deller): The ayes are 11; the nays are 22.

The Acting Speaker (Mr. Jim Wilson): I declare the motion lost.