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**Official Report
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Tuesday 2 November 2004

**Journal
des débats
(Hansard)**

Mardi 2 novembre 2004

**Standing committee on
social policy**

Health care sector agencies

**Comité permanent de
la politique sociale**

Organismes du secteur
des soins de santé

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 2 November 2004

Mardi 2 novembre 2004

The committee met at 1539 in committee room 1.

The Chair (Mr Jeff Leal): I'd like to bring this meeting of the standing committee on social policy to order.

SUBCOMMITTEE REPORT

The Chair: The first item of business is a report from the subcommittee. Mr McMeekin, please.

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot): The subcommittee met yesterday and recommends that we consider the method of proceeding on a standing order 124 notice of motion. We recommend as follows:

That we divide the 30-minute debate time, which is currently allocated under standing order 124, so as to have the Progressive Conservative caucus, the framers of the motion, speak for 15 minutes, the New Democratic Party caucus for 10 minutes and the government caucus for five minutes.

We were unanimous in making that recommendation as your subcommittee, Mr Chair. I'd be pleased to move that.

The Chair: Mr Baird, please.

Mr John R. Baird (Nepean-Carleton): We in the official opposition would certainly be more than pleased to extend the amount of time, if there was unanimous consent, to give other members, if they wanted, more than five minutes to debate this important public policy issue.

The Chair: We had a very thorough discussion in the subcommittee yesterday, Mr Baird. Your fine representative, Mr McMeekin, and Mr Bisson of the New Democratic Party agreed on the framework.

Interjection: Mr Chudleigh.

The Chair: Mr Chudleigh, yes. Mr Chudleigh very ably represented Mr Bisson.

Anything further? All in favour of the subcommittee report? Carried.

Mr Arnott, then we'll start proceedings with you.

HEALTH CARE SECTOR AGENCIES

Mr Ted Arnott (Waterloo-Wellington): I move the following:

We propose that this committee study and report on the matters relating to the mandate, management, organization and operation of the ministries and offices which

were assigned to the committee, specifically the relationship between the Ministry of Health and the departure of Cyndy DeGiusti, vice-president at the Hospital for Sick Children, as well as Dr Koka, chief of staff for the North-east Mental Health Centre, with regard to the environment of fear and intimidation that exists among many health care sector agencies and employees.

I certainly want to express support for this particular resolution. I believe it's in the public interest that we, as a committee, proceed on this inquiry into what happened. I think the light of day needs to be shed on this issue.

Unfortunately I'm not able to stay for the bulk of the discussion, because in my capacity as First Deputy Chair of the committee of the whole House it's my turn this afternoon to preside over the House. But I know that our health critic, Mr Baird, is prepared to speak to this issue. I would encourage all members of the committee to give consideration to supporting it so that this committee can show its effectiveness by studying this issue and reporting back to the House.

Mr Baird: Thank you, Mr Arnott. The Ministry of Health is a ministry like no other, not only for the size of its budget—it's a budget of approximately \$30 billion, so it is a public policy issue which enjoys a huge public interest and public support—but also, unlike most other areas within government, it is an area in which every citizen relies on services on a day-to-day basis; not like education, which would obviously be of greater interest to some at different points in their life and not like social services, which would be of particular concern. Health affects everyone virtually every day.

The Ministry of Health is also an organization that's different from other ministries in that the minister himself, or herself, has a tremendous amount of authority over all the agencies which it funds, whether it be hospitals, community mental health centres, the drug formulary, addiction programs and services, palliative care—just a wide range. The Minister of Health can decide, in collaboration in some instances with his cabinet colleagues, how much hospitals get, which and what, whether a capital plan is approved or not approved.

I'll compare that, if I could, just to put it in context, with the Ministry of Education. The Ministry of Education is big; it's important. It's got a \$14-billion to \$16-billion budget. But by and large, it's a policy operation in the funding framework because they don't deliver education. They deliver fairly uniformly between 72 different

school boards, so the Minister of Education, while a very important position under any government, doesn't have the same line item authority to be able to involve himself or herself in a wide range of issues.

Just as an opposition MPP, I was mindful when I first visited with my hospitals following the last general election, and said that first and foremost I'd never wanted to do anything that might hurt that important relationship, not that you just have personally with the minister but with the political administration, because I think it's important for every hospital in all of our ridings to get along and to work constructively with the government under any party. That's something that's important. I certainly volunteered that.

It has been questionable as to how some of these hospital funding frameworks have worked. While notionally, on average, hospitals are supposed to get a 4.3% increase, some hospitals are getting 0.2%. We spoke about one in London in the House today. One hospital in my riding is getting 0.6%. Other hospitals—the Montfort Hospital is getting a 15% budget increase. So you can see the huge authority the minister or the department would have over those individual hospitals.

Whether their capital plans—I fought quite hard to get the capital plan approved for the Queensway Carleton Hospital in the year running up to the election because I didn't want any change in government, change in minister, change in deputy, change in regional director, to have any negative effect on the hospital. That was very important for me. Others, perhaps, weren't gotten to as quickly as they would like and of course still haven't moved, some 12 months into the new administration. There may be valid reasons for that; I make no comment today about that.

Each hospital in the province has been asked to come forward with plans on how they would balance the budget. More than 65 hospitals are having desperately difficult times in balancing the budget because they haven't received even inflation. The health care inflation rate, according to the most recent information by the Ontario Hospital Association, is running at between 7% and 8%. Our own drug costs, provincially, are up 14%, so that would be one driver; energy costs, with the lifting of the hydro cap; let alone wage rates for specialized employees, whether they be in radiation services or whether they be in other specialties, whether it's surgical nursing or what have you.

These reports were submitted on a Friday. The Toronto Star did a rather large piece on the effects, particularly in GTA hospitals, of these reports on reductions. With that, the Hospital for Sick Children here in the city of Toronto—which is not a hospital for residents of Toronto; it's a hospital for all residents of Ontario. It provides a lot of specialized services to children in the north. Even children who require advanced cardiac treatment in my community have to use the hospital. The Toronto Star ran a rather explosive headline about the effects of the plan that they submitted, to live within the government's guidelines, to the Ministry of Health. The

Star took it out of the pile of hospitals and gave it special prominence, partly because the hospital (1) is not one that has traditionally cried wolf, and (2) has a special place in the hearts of certainly residents of Toronto and particularly readers of the Toronto Star.

In an article on the Saturday, the day after the hospital submitted their plan, they had a significant reaction to it. Ms Cyndy DeGiusti, the vice-president at the hospital, was quoted extensively throughout the article. This woman has been with the hospital for some six years, is widely regarded as a champion of children's health issues and children's health services, not just at the Sick Kids hospital but indeed of health policy. She serves a role really as the chief advocate for children at the hospital. Part of that responsibility is to speak out. My understanding is that conversations between the Toronto Star and the chair of the board of the hospital, the following Monday, suggested that there was nothing false, wrong or erroneous in her statements to the paper.

Ms DeGiusti arrived for work, as she is accustomed to, on Monday morning. Within a few short hours she had left the hospital; she had been requested to resign. I don't know whether she is reluctant to come public because of any sort of agreement with respect to severance payments that required her not to speak publicly. She has departed. She has talked to some people in the media and has been in tears. Her staff were in tears the morning that she left.

One has to wonder why this would happen, with no notice to the board of directors, no notice to staff—nothing. Was it the reaction of someone in the bureaucratic level, someone in the political level, to the story? The Minister of Health had requested—basically, required—in this plan, submitted on the Friday, that all hospitals would co-operate with their partners, meaning Big Brother, the Ministry of Health.

This causes us a tremendous amount of concern. There are a number of hospital executives, CEOs, whom I've spoken to off the record who don't want to be put in a position where retribution may be sought, who have talked of an atmosphere of fear and intimidation. It was well publicized in the North Bay newspaper, and confirmed by the mayor of East Ferris, that the Minister of Health threatened to pull approval of the capital plan that was awaiting that hospital. That certainly caused that community some concern.

1550

The minister, to his credit, has been incredibly clear and forthright in saying that neither he nor any member of his political staff or his ministry had any contact with the hospital.

I would like, the opposition would like, to be able to question Ms DeGiusti about the issues surrounding her departure, because as one of the chief child advocates in the province of Ontario, we can't afford to lose this woman. She is a skilled professional who is well-regarded, not just at the hospital but, indeed, by the children's services sector. I was minister of children services for one to three years, depending on how you define it,

and she is someone who was very well-regarded. We want answers. We want to find out why she departed, and this committee is in a position to do that.

Also, the motion makes reference to Dr Koka, another well-regarded health care professional, and his suspension following his speaking out in Sudbury about the effects of the health care policy.

This is of huge concern on a personal level, and we would like the opportunity to talk to these professionals and get their interpretation of events. Given the minister's clarity and absolute clearness that neither he nor anyone in his ministry or staff were involved and had no communication with the hospital in that short intervening period, I would suspect there would not be a terrible objection. It could probably be done in an hour or two to have these two individuals and would reinforce our role as independent members of the Legislature.

How much time do I have?

The Chair: You have about five minutes, Mr Baird.

Mr Baird: I'll just speak one minute, and then maybe I can use the four minutes at the end.

In the House today we had the official opposition split on two bills. I was actually very pleased to see that. We talk about the need for democratic renewal. Sure, that's important, and I applaud the government's talk in that regard and look forward to seeing what their proposals are, but we don't need to renew anything but our ability to stand up as members and ask good questions and hold the government to account.

I can appreciate it's particularly difficult for members of the government caucus, and I would just ask your consideration for even two hours, an hour with each of these individuals. We could do it closed-door if that would be more comfortable for them and the future of their careers. So I hope we can count on the support of all members for this committee motion.

The Chair: So you'll keep your four minutes, Mr Baird. Mr Marchese, you have 10 minutes.

Mr Rosario Marchese (Trinity-Spadina): We support this recommendation, for many of the reasons that were raised by John Baird here. I have to tell you, I'm worried about the Liberals. I'm worried about you; this is why I am speaking in favour of this motion.

Ms Kathleen O. Wynne (Don Valley West): Save it.

Mr Marchese: And you may not want my help, I quite appreciate that, but I want to explain it anyway. You might recall—well, nobody was here when they were in power.

The Chair: Ted was.

Mr Marchese: Ted, of course. Ted, you will remember that the Tories were bullies themselves. John knows that because he was there. I think with that experience, we have John ready and prepared to say, "We learned a fair bit." They did a good job of it as well, I thought. I decried what they did, because I thought they created an atmosphere of fear. This is why, with them, there were never any brown envelopes, you will recall. Never. Do you have a sense of why? Well, let me tell you why. They intimidated the civil servants so much that every-

body was afraid for their job. Not one job was lost due to that, because the climate of fear was so very effective.

So we thought Tories could be such bullies and the Liberals were so angry at what the Tories used to do, like New Democrats, that we thought Liberals would never, ever do that kind of stuff. Right. But I'm worried about you guys, because I just don't see that you've learned from what the Conservatives did in their eight years.

I have some experience, because I see it with Kennedy. Gerard is very much in the same spirit of bullying. He might not see it that way, because when you're in government you tend not to see what you're doing. You tend to believe you're doing this for the common good, for everyone's common good, not just your own. Gerard used to attack micromanaging of the economy of every individual ministry, and they did do that. Gerard was very critical and we were very critical of what the Tories did, and I see exactly the same things happening. I see it with George and I see it with Gerard: micromanaging everything, calling everybody, telling them what they should or shouldn't do, in their own inimitable styles, both of them. I suspect other ministers are doing the same but probably much differently. But George and Gerard have a lot more experience.

I've got to tell you, I was in Ottawa last week, talking to trustees, and they were not happy. And I hear things, which I hope to be able to report as we go in the House, in the debates and questions. But that's why I tell you I'm a bit worried about what I see happening as a modus operandi of your government and at least some ministers of which I am aware. We feel that George has created a climate of fear, a climate of bullying, a climate of intimidation. With some people it works, and with many people it doesn't work. It's bound to create trouble.

All Cyndy DeGiusti did was simply to state the obvious: There are cuts, and if we have to make cuts of this magnitude, people are going to be hurt. Someone's going to get hurt and someone's going to suffer. It's very obvious. She was only stating the obvious, and for that she got penalized by someone. It would be hard to say that George did it. I believe this is a causal relationship between what a minister tells the administrators of the hospital and the effect of that. There is a causal connection. You will deny it; I understand that. But if calls are made to administrators and/or things are said in a committee setting where administrators have a good sense of what they should or shouldn't do based on what they're told or what they hear, by assumption, directly or indirectly, then it has causal connections and implications.

George and the rest of you will never say that there was a direct connection. If the hospital board fires somebody, you and George will say, "It's got nothing to do with me. Whatever they do is independent of me." And I'm making the connection between what a minister says and does with administrators and the effect that has on people like Cyndy DeGiusti.

When someone says, "Everybody's chilled; there will be consequences for not toeing the line," coming from an administrator it tells you something is going on. People

are afraid. People are told basically to be careful. The language might vary depending on whom they talk to. "Things could be worse for you. Let's work together. We can do this together," is the kind of language that you probably get from the government through the ministers in many cases.

So I worry about the bullying, I worry about the intimidation tactics, and I think it does have an effect on people. And I believe there is a direct relationship between what the ministry or the minister has said and the effect of the firing. I think it would be interesting to have this committee review it in the 12 hours that we would have to deal with such a matter. It doesn't have to be 12 hours; I don't think we need that. John, I think, said we could do it in two. Even a shorter timeline could solve it. So let's not say we need to drag it out for a long period of time to get a couple of people to come in front of this committee and talk a little bit, talk to us in a frank way. It couldn't hurt.

You Liberals would feel great that you were able to do it because you've got nothing to hide. If you oppose this motion, you understand, you will be seen to be hiding something. You don't want to be seen to be hiding anything, right? Because you guys have got nothing to hide. Is that correct? Exactly. George's staff say they have nothing to hide.

Mr Baird: I don't know how he gets stuck with these things all the time.

Mr Marchese: They know these things.

If they've got nothing to hide and George has nothing to hide, surely you've got nothing to hide, because you don't know anything. And you only know as much as we do. So it would seem to me—

The Chair: You have one minute, Mr Marchese.

1600

Mr Marchese: One minute, yes. Time flies. It would seem to me that it is in all of our interests to bring a couple of people together here for a couple of hours; we ask them a couple of questions, you ask them a couple of questions, and in the end we clear the air. You're happy, we're all happy, everybody goes home and we start at zero again. George will learn from it and Gerard will learn from it: "We'd better be careful about bullying others. It could get us into trouble and get us to this committee again." But once you clear the air, you don't have to worry about it, right? I recommend you support it.

The Chair: Mr McMeekin, please. You have five minutes.

Mr McMeekin: I have a lot of respect for Ted Arnott, who brought this motion forward, and it's always difficult to disagree with a good friend, but on this one I just—I don't know how my colleagues on the government side will vote on this motion, but I certainly don't intend to support it. Notwithstanding the best efforts of some to paint, even create the belief that there's some kind of environment of fear and intimidation, I just don't think the evidence supports that. In fact, there are all kinds of references from speaking notes, and I always

hate speaking notes, about bully tactics from the Tories, and even Michael Prue is quoted as saying he doesn't think there's a connection here.

Listen, we're all honourable members here. I believe the minister when he says that he's had no direct role, but more importantly than that, I believe the chairman of their board, David Galloway, who said, on October 19, "I can assure you there was absolutely no interference from the government whatsoever." I mean, we're not about to put ourselves into the precedent-setting business of trying to micromanage comments in the media and personnel decisions that are being made in individual hospitals. That's bizarre. I mean, we'd be doing nothing else as a committee. We wouldn't have to worry about the 60-hour workweek; we'd be spending 60 hours just checking in with people making comments, critical or otherwise.

So I offer that up. I don't think the motion is particularly constructive or helpful. It certainly doesn't reflect the new era of collaboration and encouragement and openness that we're trying to create with the hospitals.

In fact, one of the things that was prepared at my request was a list of the 40-odd hospitals that Minister Smitherman has been visiting. He's been getting very good reviews in a lot of the media about the spirit of openness and collaboration, notwithstanding the fact that we had to come to the table with millions of dollars to clean up the debt and talking about accountability arrangements with hospitals. Any time you use the word "accountability," particularly in sectors where that's seen as something new, there's going to be some tension. I don't think it's helpful to exacerbate that tension by feeding it like this.

That having been said, I just want to read into the record—I've made the reference to David Galloway's comments, and there are all kinds of other comments about the collaborative, co-operative, open, transparent, value-based approach of the government. Far be it from me to try to defend the health minister; he doesn't need my help doing that. He does quite a capable job himself of that and, I think, speaks well. But I received a letter. I was given this from Dr Koka; he's referenced in the resolution. He got wind of what was happening here and subsequently had a conversation with the Minister of Health and Long-Term Care. Here's the very person mentioned. I think this needs to be shared. He writes,

"Dear Minister:

"Further to our discussion on Friday, I would like to reaffirm that I have a very good working relationship with you. I further confirm that you had" absolutely "nothing to do with my dismissal by the board of directors. As discussed, I look forward to working with you at your earliest convenience regarding regional beds and the review of the service delivery model for mental health.

"Thanking you,

"Yours sincerely,

"Dr R. Koka."

So I think the letter is instructive; it's helpful. It clarifies very directly—

Mr Baird: It wasn't Ms DeGiusti.

Mr McMeekin: Well, I think the chairman of the board spoke there. We're not about to get involved in the personnel issues of the individual hospital. She obviously made a decision, or had that decision made for her, I don't know, but it's not our business to micromanage hospitals.

So I don't intend to support this. I want to commend—
Mr Marchese: Did you say that you do?

Mr McMeekin: I don't intend to support it, I said. I want to commend the government generally, and the minister specifically for his initiatives; the government's initiatives to build in the kinds of accountabilities that I think the good people who we represent in Ontario are demanding.

The Chair: Mr Baird, you have four minutes.

Mr Baird: To address the issue head-on, someone at the Ministry of Health may or may not have. At this table, I'm not saying that they did or they didn't. Nevertheless there is a concern, obviously, taking Mr Galloway's comments at face value, that they felt, in this environment, that they couldn't have this woman working in a senior capacity who had so clearly spoken out against government policy, that it might hurt the hospital and its important operational relationships with the ministry. The minister and the Premier both said that if they fired her for that reason, they were wrong to do so. I want to know why this woman left. I want to follow up on what the Premier and the minister said directly. If this woman was let go because of the atmosphere, maybe not a—

Mr Khalil Ramal (London-Fanshawe): She left [*inaudible*]. You can't open a file on everyone.

Mr Baird: I'm not proposing to open a file. Mr Arnott has been here in the House for 14 years. He's never once asked to do anything. He's never once asked for one of these hearings. Yes, in Ottawa we did fire the hospital board and the CEO. We did it publicly, under the Public Hospitals Act. It was open. It was transparent. I was available, as a backup to the Minister of Health, to publicly defend and be accountable to the community for that action. Mr McGuinty gave a report card for health care in Ottawa in front of the Ottawa Hospital 18 months after this happened. He had every institution listed in town except for the Ottawa Hospital, which was right behind him, 20 feet away, because I think he recognized that the hospital had really been cleaned up and put under new management.

One of the things I said on election night was that I would support the government when I agree with them and won't be negative just to be negative. Today in the House, for example, I supported Bill 70. I supported Bill 60. Before the bill was even passed, months ago I already gave the minister some draft amendments, seeking to work with her in a nonpartisan fashion. We had a question today on community living. I think the government is doing the right thing on community living. They put cash upfront, and I support what they're doing. I've talked to families who are concerned about what the government has done and I've defended them because they're doing the right thing. Certainly the policy, when I

was the minister, they're continuing. It's one of the few policies which has continued.

Our role as legislators, one of the essential roles we have, is to hold the government of the day accountable. We can't even ask these questions. I don't want to micromanage every hospital in the province or every employee in the hospital. I just have two that I'd like to talk to, on the record. It could be 12 or 20 hours; it could be an hour or two. We can do it in closed session if that would be more comfortable for the individuals involved. I would like nothing more than to go out and say, "Boy, I was wrong." But when there's no light of day, when there's no openness, when there's no ability for us to ask the question, this is none of our business? This is a personnel issue? Baloney. Our tax dollars pay for this woman's salary and her severance payment. Our tax dollars pay for the services that are delivered at the Hospital for Sick Children.

I think we have every right to be concerned about the third most important child advocate in the province of Ontario. After the Ontario children's advocate—and notionally, I think I would include Dr Bountrogianni as having an equal role to that individual—we're losing this woman from serving our community. That's a real shame, and I'd like to know why.

The Chair: Mr McMeekin, quickly.

Mr McMeekin: I think I've got maybe 20, 30 seconds. I just want to say that the truth is here. You are wrong. You've been told you're wrong by both the chair of their board as well as Dr Koka directly. I'm not about to open the—

Mr Baird: I'm not saying that. I made no statement that George ordered them to fire this woman.

Mr McMeekin: I'm not about to set the precedent of opening every potential Pandora's box all over the province on personnel issues and micromanaging every hospital and institution in this province. That's nonsense.

Mr Ramal: Mr Chair?

The Chair: Quickly.

Mr Ramal: Yes, quickly. So I think there's no case to open. I think for every person that has resigned or quit, we would have to open their file, so it would be—

Mr Baird: Just one. One in 14 years.

Mr Ramal: Well, that's why I don't think it's an issue. Therefore, I'm against the motion.

The Chair: Perhaps we'll just go ahead and deal with this motion.

Mr Marchese: Recorded vote.

Ayes

Baird, Marchese.

Nays

Fonseca, Marsales, McMeekin, Ramal, Wynne.

The Chair: The motion is defeated.

That's all the business of the committee for this afternoon.

Mr Baird: You have two other items of business on the agenda, and I have some other things I'd like to suggest.

The Chair: Sure, Mr Baird.

Mr Baird: I'm just kidding.

The Chair: Oh, thank you very much. Just after we adjourn, I would ask Mr Marchese and Mr Baird, we want a short subcommittee meeting with Mr McMeekin with regard to Bill 63, which is the 60-hour-workweek

legislation. We want to have a quick discussion on how we want to handle that in terms of committee hearings, maybe outside of Toronto or whatever. If I could have about 10 minutes of your time.

Mr Baird: I'm not the subcommittee person.

Mr Marchese: Let's call for another meeting.

The Chair: OK. At this time, the committee stands adjourned.

The committee adjourned at 1612.

CONTENTS

Tuesday 2 November 2004

Subcommittee business	SP-383
Health care sector agencies	SP-383

STANDING COMMITTEE ON SOCIAL POLICY

Chair / Président

Mr Jeff Leal (Peterborough L)

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Mr Jeff Leal (Peterborough L)

Mr Rosario Marchese (Trinity-Spadina ND)

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot L)

Mr Khalil Ramal (London-Fanshawe L)

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