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**Official Report
of Debates
(Hansard)**

Wednesday 20 March 2013

**Journal
des débats
(Hansard)**

Mercredi 20 mars 2013

**Standing Committee on
Public Accounts**

Special report, Auditor General:
Ornge Air Ambulance and
Related Services

**Comité permanent des
comptes publics**

Rapport spécial, vérificateur
général : Services d'ambulance
aérienne et services connexes
d'Ornge

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
PUBLIC ACCOUNTS**

**COMITÉ PERMANENT DES
COMPTES PUBLICS**

Wednesday 20 March 2013

Mercredi 20 mars 2013

The committee met at 0900 in room 151.

**SPECIAL REPORT, AUDITOR GENERAL:
ORNGE AIR AMBULANCE AND RELATED
SERVICES**

The Chair (Mr. Norm Miller): I call the committee to order.

We're going to be going into closed session to look at some documents that are of a confidential nature. So we shall go into closed session now.

The committee continued in closed session from 0900 to 1230.

The Chair (Mr. Norm Miller): I'd like to call the committee to order, then, and first of all just note that we did discuss a number of documents that have been presented to the committee and agreed that they would all remain confidential and that there would be an opportunity for all three caucuses to review them for a time period and then determine which, if any, of those documents might be released to the public. They were from the Ministry of Finance and the Ministry of Health from the motions of May 9, 2012, June 13, 2012, June 13, 2012, and August 2, 2012. That is it. So I just note that for the record.

Yes, Mr. Klees?

Mr. Frank Klees: Chair, just further to documentation, we all received the letter from Ornge this morning, and we'll have some further discussion with Dr. McCallum about his response to our request for financial information. That letter seems to make it clear that Ornge is taking the position that documents that are currently under their control they'll deliver. There was reference to a number of these corporations that are either in bankruptcy or, for some other reason, Ornge no longer has control over them.

I'm not satisfied that we simply, as a committee, leave it there. I asked the minister this morning if she would agree to do what she can to help us source that information, but I would look to the Clerk perhaps to give us some guidance in terms of what we as a committee would have to do to follow up with the trustee in bankruptcy, if that's the direction that we have to go, with regard to some of these other documents. On the reference to the insurance policy, again Ornge is saying that they don't have control and they cannot deliver that. I think we need to follow up either with Sun Life, the trustee if that's the case, or Dr. Mazza himself to get his

agreement to produce that document. I just think that as a committee, we have a responsibility to do what we can to ensure that we have possession of those documents.

The Chair (Mr. Norm Miller): Our Clerk will look into that. He just received the letters this morning, so he hasn't a great deal of time to fully research them. But he will take what you've said and look into it further.

Mr. Frank Klees: Thank you.

ORNGE

The Chair (Mr. Norm Miller): Can we start with the witness? France, could you—

M^{me} France Gélinas: Yes; absolutely.

The Chair (Mr. Norm Miller): Okay, so if we could call our first witness this afternoon: Dr. Andrew McCallum, president and chief executive officer of Ornge. Welcome, Dr. McCallum. I understand you have received the letter for witnesses testifying before the committee.

Dr. Andrew McCallum: That's correct.

The Chair (Mr. Norm Miller): Very well. You're going to do an affirmation, I believe?

Dr. Andrew McCallum: Yes.

The Chair (Mr. Norm Miller): Okay. Our Clerk will do that with you.

The Clerk of the Committee (Mr. William Short): Dr. McCallum, do you solemnly affirm that the evidence you shall give to this committee touching the subject of the present inquiry shall be the truth, the whole truth and nothing but the truth?

Dr. Andrew McCallum: I do.

The Clerk of the Committee (Mr. William Short): Thank you.

The Chair (Mr. Norm Miller): Very well. You have 10 minutes for an opening statement, and then we'll have rounds of questions from the three parties.

Dr. Andrew McCallum: Thank you very much, Mr. Chair. Good afternoon, members of the committee. My name is Andrew McCallum, and I am the president and chief executive officer of Ornge. I appreciate the opportunity to appear before you today so that I may provide you with updates on the important work under way at Ornge and talk about the excellent staff who come to work every day for the benefit of Ontario patients.

I want to begin by saying how excited and energized I am to be leading this organization. I believe that we have a superb board, and a group of pilots, paramedics, com-

munications officers, aircraft maintenance engineers, executive staff, management staff and a whole host of other support staff who are second to none. I want to express my appreciation to all of them. They have truly made me feel welcome over the course of my first weeks at Ornge, and it is an honour to be part of this team of dedicated professionals. I also want to acknowledge the fact that they've had to carry out their duties under difficult circumstances not of their own making.

This is an important time in the history of air ambulance in the province. It's indeed a long history, one which I had the privilege of being a part of, earlier in my career. I started my career in Canada's military as a flight surgeon and followed that with training in emergency medicine at a time when there was only one air ambulance in Ontario operated by the government. At that time, I learned about the specific challenges of transporting a critically ill patient in a mobile environment and gained an appreciation for the work of our front-line staff that is carried out each and every day across Ontario.

From there, I practised emergency medicine for more than 20 years, with a heavy focus on the care of major trauma. I know, from both the sending and the receiving hospital perspectives, the challenges faced in moving patients safely and quickly to the care that they need.

I have held a series of leadership positions since then, culminating in my role as chief coroner for the province of Ontario for the past almost five years. As a coroner, I focused on safety, both of the public and of the patient.

I commenced my duties at Ornge on January 21, 2013. In my eight weeks at Ornge, I've had the opportunity to travel to a number of our bases, and I look forward to meeting face to face with the rest of our staff across the province. Throughout these visits, I have been asking for their advice, and I have been impressed with their candour and practical suggestions to improve the service. And we are listening.

I have told staff of three principal challenges that we must meet in maintaining the excellent patient care that Ornge provides every single day. The first challenge is that we need to focus our core businesses. We will be working hard on this over the next few months.

I believe that we are fundamentally a pre-hospital and inter-hospital care provider. This means establishing our mission profiles, and not just a one-size-fits-all model for the province. Each of our bases in Toronto, Markham, London, Ottawa, Peterborough, Sudbury, Timmins, Thunder Bay, Kenora, Sioux Lookout and Moosonee provides a very different service.

In the urban settings of southern Ontario, we are called upon frequently to provide rapid air ambulance response for traumatic incidents like motor vehicle collisions. But in the Far North, this is far from their reality. Some communities have no paved roads. For places such as Fort Albany or Kashechewan, Ornge is often the only way out of the community when a medical emergency arises, and this often means long-distance transport by our fixed-wing aircraft. More than 60% of our transports

occur north of Sudbury, and it's a responsibility we take very seriously.

Given the divergent services provided by Ornge, and the north-south divide that exists, it is essential for us to establish and communicate our mission profiles.

Going along with this, the second challenge that we must meet this year is that we must refresh and update the strategic plan for the organization. This might not seem like a critical item to those who are on the front lines, but of course one quickly realizes that if one doesn't know where one is going, one won't get there. That's what strategic planning is all about, and we're going to do that in the next few months. Our strategic plan will refocus our vision, mission, values and goals and objectives. I can tell you that I am making no assumptions except that we will do everything for the maximum benefit to the patients we serve.

The final challenge is our financial position, as it always is in the public sector. The transport of critically ill patients in the air and on land is, by its very nature, an expensive endeavour. On top of that, we are dealing with the implications of financial decisions made under previous leadership. While handling this situation will not be easy, we are fortunate that there are real opportunities to correct these problems, and the executive team and I will be working hard to identify them while still maintaining our core business.

Aside from articulating a vision for the service, we continue to make progress in resolving operational issues, about which this committee has heard much. In January, we announced a commitment to add a third line of paramedics at our Thunder Bay base to ensure all of our vehicles serving northwestern Ontario are staffed properly. We're working on that, and it's a work in progress, but we'll be able to report on that shortly.

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We successfully implemented the interim medical interior in our fleet of AW139 aircraft, and the process of finding a permanent solution is well under way. We continue making improvements within our operations control centre, including the certification of all the staff in the medical and flight specializations and the acquisition of new dispatch software later this year.

All of this is taking place on a backdrop of transparency and accountability. This is vitally important to ensure we regain the trust of the people of Ontario. We've made considerable progress in this area over the past year with the introduction of conflict-of-interest and whistle-blower policies, the posting of expenses and salary ranges on our website, the amended performance agreement which has boosted government oversight of Ornge, and a publicly posted quality improvement plan, just to name a few. This has led to a more robust model of government oversight for our organization and has significantly strengthened our relationship with the Ministry of Health and Long-Term Care. This, in turn, will lead to better value for money for taxpayers.

It has been said over the past year that Ornge has been one of the most reviewed, investigated and audited public

sector organizations operating anywhere in Canada. With each review, we have learned more about what can be done to make our service better. This process continues to this day.

While I was chief coroner, I asked the patient safety review committee of the Office of the Chief Coroner, under the leadership of Dr. Dan Cass, who is now interim chief coroner, to review deaths where air ambulance transport may have been a factor. Now, in my new role as CEO at Ornge, I look forward to seeing the results of this review and any recommendations that may be made which we can use to improve patient care. In addition, we are respectful of the ongoing Ontario Provincial Police investigation, and continue to co-operate fully.

I am also mindful of why we're all here at the public accounts committee today, which is the Auditor General's report on Ornge released just about one year ago. We are committed to ensuring that the recommendations set out in Mr. McCarter's report are implemented. This committee has done some fine work in examining the circumstances that brought Ornge to the point where management and the new volunteer board of directors assumed responsibility in early 2012. We appreciate your work, and we look forward to reading your report and any recommendations you may have.

I do want to point out that, parallel to the efforts of this committee and other agencies looking into Ornge, the staff at Ornge has been working diligently and tirelessly to rebuild the organization. This is a significant task, especially since the media and political spotlight have, understandably, been focused on things that happened in the past. One of the biggest challenges we've faced under these exceptional circumstances is ensuring our people are focused on the future rather than looking in the rear-view mirror.

I would respectfully ask this committee that you afford us the opportunity to continue to look forward, improve the service and put together a vision for air ambulance in this province. We have come a long way. But we have much work to do, and the people need to be given leeway to get the job done.

I want to close my remarks by reiterating that the principal strength of Ornge is the highly committed people who work within it. This is often said, but we believe that to our core. Every day, Ornge staff members meet the public and take care of patients, wearing uniforms emblazoned with our logo. My goal for the organization is that each of these people wearing our uniforms and riding in our vehicles, flying our aircraft and caring for patients and working in our offices will feel proud to be seen doing their duty. In turn, I want the people of Ontario to see our people and our vehicles, and have a sense of confidence that, should the worst happen, they will receive the very best possible care. Thank you.

The Chair (Mr. Norm Miller): Thank you, and thank you for that opening statement. We'll have 20-minute sessions for each caucus, and there'll be a few minutes left over after that with a little flexibility. We'll start with the opposition: Mr. Klees.

Mr. Frank Klees: Thank you, Dr. McCallum, for your opening remarks. You indicate that we should be looking forward to the future, and I agree with you. But given the history of Ornge, I believe we also have a responsibility to be very mindful of what took place in the past and ensure that the structure and the leadership and the oversight is in place to ensure that what happened in the past won't happen again.

Dr. Andrew McCallum: I agree.

Mr. Frank Klees: A common theme over the 57 witnesses that we've heard from over 16 days of hearings has been consistently the lack of oversight on the part of the Ministry of Health. I want to start my question off with this: How many times have you been asked to meet with the Minister of Health to receive a report and to discuss the progress that is being made on both the operational issues as well as the financial circumstances in which Ornge finds itself?

Dr. Andrew McCallum: With the minister to date in the eight short weeks I've been involved in the organization, I have not met with her yet regarding the—

Mr. Frank Klees: I'm sorry?

Dr. Andrew McCallum: I have not met with her regarding the matters you've raised.

Mr. Frank Klees: She has never asked you to meet with her?

Dr. Andrew McCallum: Not to date.

Mr. Frank Klees: You see, that's disturbing to me, because one would have thought that, given the excuses that we've had over the last number of months from the minister, the reason that things were allowed to slide is because she didn't know about what was going on—she told us that she actually asked for meetings with Dr. Mazza and he didn't show up. I would have thought that one of the first priorities that she would have would be to have regular meetings with you to be briefed on the progress that you're making.

I'd like to follow up on something. I need to clear the air, Dr. McCallum. Please bear with me. The reason that I'm going to be asking you the questions that I am is because we come from a culture in Ornge that was anything but transparent, anything but accountable. The decisions that were made were made behind closed doors. Whether the ministry knew about it or not, there's a cloud that certainly we as a committee are well familiar with.

I have to tell you that I was first encouraged, because I personally sent you, as you well know, a number of referrals from constituents as well as people from across the province over the last year, year and a half, of family members who had a loved one who died while being transported or having been refused transportation by Ornge. We referred those cases to you. You always responded immediately to say, "It will be investigated." We have, and I'm sure you're familiar with, this cabinet document, that apparently was presented to cabinet on a monthly basis, that reported on incidents where Ornge was unable to be available, reported on 26 cases where a patient died while either under the care of, or—there was

an incident where Ornge air ambulance was not able to even take the patient on board because of the interior, because a paramedic felt that they couldn't provide the appropriate care. Of those, 24 cases were referred to the coroner, and I'm assuming that the coroner proceeded to investigate.

So we have a situation where you, as the chief coroner, were well familiar with the challenges that Ornge had, and you were investigating; your office was investigating. When I heard that you had accepted the job of president and chief executive officer of the same organization that you, your office, was investigating for possible deaths that may have been contributed to by the operations of that organization, I couldn't help but think that this would present a significant conflict to you as a professional.

I have a question for you, and that is, at what point did Ornge approach you—or did you approach Ornge—about this job?

Dr. Andrew McCallum: I can tell you that I was in the process of looking at what would be my next career move in mid-September. I wasn't aware that the CEO position at Ornge was available. It came to my attention as I was looking at jobs, and I think it was on the Internet; I can't remember the exact site that I was looking at. So I thought, you know, "Gee." I did, in fact, as you correctly state, know that there had been significant public issues with Ornge, but I thought that my particular skill set might be advantageous in a leadership role in the organization.

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To your point regarding the concern about conflict of interest: I wanted to be certain that I behaved in an ethical manner and that I did not in any way either appear to or in actuality influence the investigation, because I think it's a critically important investigation. As I said in my opening remarks, there may be recommendations that can improve patient care that arise from it—and answers that people need—from those investigations.

What I did was two things. One is that I spoke to the ethics executive, to whom I'm accountable—that is, the deputy minister of my ministry—and advised him of my interest so that he would be aware. The second is that I took pains and steps to ensure that I was not in any way involved with either the direction or the conduct of the investigation. That all was done under Dr. Dan Cass, so I in no way directed or assumed carriage of any of the investigations at that point.

Mr. Frank Klees: Had you had any involvement in overseeing those investigations at any time leading up to that point?

Dr. Andrew McCallum: Only insofar as the chief coroner's duty to supervise, direct and control coroners in the province broadly.

Mr. Frank Klees: So you were supervising—

Dr. Andrew McCallum: That's correct.

Mr. Frank Klees: —the investigations.

Dr. Andrew McCallum: All investigations.

Mr. Frank Klees: Yes. And you obviously had some sense that there would be a question about this, which is why you went to—

Dr. Andrew McCallum: I did, yes. It's a fair—it's a very reasonable question.

Mr. Frank Klees: You understand our concern.

Dr. Andrew McCallum: I do.

Mr. Frank Klees: You understand my concern on this.

Dr. Andrew McCallum: I do.

Mr. Frank Klees: When I talk to people about this and I say, "Think about this scenario: The chief coroner is investigating an organization that, quite frankly, has had a very questionable track record, and now that same chief coroner who had charge of that investigation is working for the company or for the organization that he was investigating," it leaves a lot of questions.

Dr. Andrew McCallum: Well, again, the important distinction I would make—and I think you appreciate this—is that I was careful to separate myself from the conduct of those investigations. In no way did I influence—nor will I. In fact, I have no knowledge of what the investigations will lead to.

Mr. Frank Klees: Okay. With regard to that, you must know how many investigations were being conducted that either were started to investigate deaths that involved Ornge and may have been closed and/or how many are continuing. In total, how many investigations involving—

Dr. Andrew McCallum: I actually don't know. I know that there are about 30, but you'd have to ask Dr. Cass, who could give you the definitive answer to that. I can't tell you.

Mr. Frank Klees: Do you know at this point, or when you were the chief coroner, were there any of those deaths where Ornge, or the conduct of Ornge, in fact played a role or contributed to the death of that patient?

Dr. Andrew McCallum: I don't, and I need to explain to you why. As I said earlier, Dr. Cass has conducted the investigations from the very start. He briefed me at a very high level back in May, when I asked him—and you'll recall this—if there were any cases, just to your question, that we could say Ornge's role had a material effect on the outcome. At that point, the answer was no, but as you said, there continued to be cases brought to our attention. For that reason, Dr. Cass said—and I agreed with him—"We really need to do a systematic look at all these cases, in a very comprehensive way." From that point on, I actually don't have any further knowledge.

Mr. Frank Klees: You use the term "material effect." In your news release of August 15, you make reference to that. "The Office of the Chief Coroner initially reviewed a number of deaths and found that none of them appeared to have been materially affected by issues pertaining to air ambulance transport."

When I read that—again, I admit to you that I was puzzled by this, and I think the families of any patient whose death may have been referred to the coroner's

office might be equally as concerned about it. What does it mean, “materially affected”? Can you define that for us?

Dr. Andrew McCallum: I think I can. What I would say it means to me is, did the role that Ornge played lead to the outcome? In other words—and we all know about the operational issues that were occurring at Ornge over the period of time—did those operational issues affect the outcome? Did someone die because of Ornge, to put it bluntly?

Mr. Frank Klees: And in none of the cases up to August 15, that would be the case?

Dr. Andrew McCallum: I can say that in none of the cases that I was aware of, up to June. After that point, I would not make that statement. I don’t know the answer, and it certainly would be a possibility that one would have to consider.

Mr. Frank Klees: Again, I find that very confusing. The cabinet document that is in circulation, available to committee members back in July 2011—one of the cases here. I’m just going to quote from the cabinet document. The committee members have it. I’m sorry that you don’t have it here, but it is on file. I’m just going to read this:

“While en route to an on-scene rotary-wing request, the CCP notified Sudbury CACC he was unable to perform CPR on the AW139 and would have to accompany the patient in the land ambulance. The patient subsequently was declared dead.” I’m not sure how that can’t contribute materially when the land ambulance had to refuse transporting a patient—send them by land ambulance. I would think that timing means a great deal.

There’s another, this one on July 17, 2011:

“Upon arrival at scene of a motorcycle accident, the single primary care paramedic on board the helicopter informed local land EMS that due to the interior design of the Ornge helicopter, he would be unable to perform CPR” on a patient. The patient “was transported by land ambulance and died en route.” I’m not sure how I could be convinced that that wouldn’t have had some material contribution to the patient’s death.

December 8, 2011:

“Responding to a collapse of a 14-year-old male, the single paramedic on board the Ornge helicopter informed local EMS he was unable to perform CPR on patient during transport. Patient transported by land and died.”

I could go on. This document is full of those examples. Dr. McCallum, I have a serious concern that—I’m going to ask you this question. Now you’re on the other side. Now you have responsibility to ensure that these things don’t happen again.

Dr. Andrew McCallum: You’re right.

Mr. Frank Klees: That interior that cost us millions of dollars was designed by an individual who is still on your staff and had responsibility to oversee the design of those interiors. Have you ever had discussions with him about this issue and how he could have allowed that to happen?

Dr. Andrew McCallum: I’ve been focusing on the go-forward. I wanted to make certain that we got the

interior corrected to the point where we could work with it; it’s an interim interior at the moment. But no, I’ve not gone backwards and said, “Why did this happen the way it did?” Again, it’s a valid question. It’s early days for me, but it’s something I will definitely be pursuing, because, as you correctly state, my most fundamental goal is to ensure that we don’t make mistakes that cost people their life or limb, and we should do everything we can to minimize that possibility.

I would add one thing, if I might, Mr. Klees, and that’s—quoting from the documents you did, there’s a paucity of information that would allow either you or I to determine whether or not there was a material effect. I don’t know the answer. I’m not saying you’re wrong that there was; I’m just saying that I’d need to know a lot more about the case, and I actually haven’t seen the document.

Mr. Frank Klees: I’d like to move forward, then, to deal with the circumstances as they are today.

The Chair (Mr. Norm Miller): You have four and a half minutes.

Mr. Frank Klees: Okay. In that case, Chair, what I’d like to do is defer to my colleague. I’d like to pick up on this with some continuity, following in my next round.

The Chair (Mr. Norm Miller): Okay; very well. We’ll move on to the NDP. Ms. Gélinas?

M^{me} France Gélinas: Thank you, Dr. McCallum. Thank you for coming. My first question will be very similar to my colleague’s first question. I understand that you haven’t been on the job very long. You haven’t had an opportunity to brief the Minister of Health, but I would be interested in hearing from you: Who else have you been in contact with at the Ministry of Health to report on what’s happening at Ornge?

1300

Dr. Andrew McCallum: I have—and I don’t think it’s overstating it to say—daily contact with the director of the air ambulance oversight branch, Richard Jackson, and with Patricia Li, the ADM who has overall responsibility for Mr. Jackson’s portfolio. We have frequent contact—at the present time we have the auditors in from the Ministry of Finance as part of the business of the Ministry of Health. We have, I think, very significant contact with them. The oversight that I’m experiencing in this current job—my only benchmark is my old job—is very significant. I think it’s appropriate given the circumstances of what’s happened.

M^{me} France Gélinas: Are you requested to prepare a written report that has to do with oversight of Ornge for the ministry?

Dr. Andrew McCallum: Yes.

M^{me} France Gélinas: Talk to me a little bit as to what this looks like, where it came from.

Dr. Andrew McCallum: Every month we produce a series of financial and operational reports that go to the ministry. They are scrutinized, I know, by them, and they pay a great deal of attention to the various parameters and metrics that we use to indicate how we’re doing. There’s that. There’s an operations report that goes to

them every single month. And then there's more frequent interaction when issues of the day arise, so they're fully briefed on matters that might come out of a day-to-day operation that wouldn't fall within those monthly reports.

Mr. Jagmeet Singh: Are there any examples of when the ministry has raised a concern recently? What has the concern been?

Dr. Andrew McCallum: There are frequent examples. Obviously, the pay for performance was an area where there was a lot of dialogue. Our financial situation has been obviously one that has got the attention of the ministry—appropriately so. Our responsiveness to the Auditor General's report and what has been done in the areas that Ornge has carriage of, related to those recommendations; our quality improvement plan, which is currently being finalized for the coming year—those are just a few examples, but there are more.

M^{me} France Gélinas: The report that you present with your financial position and operational position: Are those reports that your predecessor, Mr. McKerlie, was doing, or are they new since you're there?

Dr. Andrew McCallum: They're pretty much the same as what Mr. McKerlie was doing. I haven't changed the actual reporting structure.

M^{me} France Gélinas: Who do you send those reports to?

Dr. Andrew McCallum: Mr. Jackson.

M^{me} France Gélinas: The person who works—

Dr. Andrew McCallum: The director of the air ambulance oversight branch—or persons within his staff.

Mr. Jagmeet Singh: There's a number of issues regarding Ornge, and we're all aware of the scandal that surrounded that. Are there any outstanding issues in your mind that still need to be addressed? How are you addressing those?

Dr. Andrew McCallum: Well, we have a host of issues that need to be addressed. One of them is defining how we actually conduct our operation from the nerve centre, and that's the operations control centre. We need to streamline that process.

Let me give you an example of why that's important. I've been in this situation myself, and I know there are physicians on the committee. A small-town doctor is dealing with a desperately ill patient—badly injured or desperately ill. He or she now might have to make three calls to obtain help and move the patient to where they need to be. One call is to the receiving hospital to talk to the physician. Then they would have to call CritiCall. Then they would have to call Ornge. Each time they call these individuals, they have to give the information over again. That to me seems duplicative, and we ought to be able to do something about that. There are systems in the world where this is done in a seamless way by one entity managing it all.

Similarly we have, as you know, the Provincial Transfer Authorization Centre, which was put into place after SARS. That is added on—or bolted on, if you like—to the Ornge operation centre. It needs to be there; we need to do it because we've got to make sure we

control or manage outbreaks if they occur. We don't want another SARS situation, and we know it's going to arise; it's the nature of infectious disease.

Right now, some of those are done in a very inefficient way. It takes time from staff, and it makes it harder to transfer patients. There's another opportunity.

We have issues with aircraft deployment and being ferried around the province so that we have extra hours being flown that I think if we manage more efficiently—we've got new managers who are, I think, capable of making this kind of intervention—it would lead to some significant savings. I believe strongly that we can attain those savings and work within our budget so that we can deliver the services that needs to be delivered.

M^{me} France Gélinas: You mentioned that you've had a lot of discussion with the ministry regarding the pay for performance. We usually use the term “bonuses” around here, but I'm sure we can find a word that we can both agree with.

Dr. Andrew McCallum: We all know we're talking about the same thing.

M^{me} France Gélinas: Yes, exactly. A lot was made that the legislation that was used for those employees to keep their bonuses was through federal legislation. Could you explain a little bit to us why you dealt with the federal labour laws rather than provincial?

Dr. Andrew McCallum: Well, it was actually the employees who sought redress federally because the company that they belonged to is federally incorporated, and that relates to the fact that it's an aviation company, which is a federally regulated activity. We are looking at ways and means, as we try to simplify—and I know the committee is interested in this—this incredibly complex corporate structure that evolved at Ornge. One thing we'd like to do is to move the active entity into a provincial organization. There are some legal issues that have to be surmounted for that to happen, but that would obviate the federal involvement.

But that's where it arose. This is actually a federally incorporated company because of the aviation element.

Mr. Jagmeet Singh: You mentioned simplifying the complex structure. What steps have been taken and what steps are you going to take to simplify the structure?

Dr. Andrew McCallum: The biggest one is the one I just spoke to. I'm not sure if the committee has received this document. Have you received that?

M^{me} France Gélinas: Yes, we have.

Dr. Andrew McCallum: Oh, good. Okay. If I might refer to it, Mr. Chair?

The Chair (Mr. Norm Miller): Go ahead.

Dr. Andrew McCallum: You'll see on the right side that there is a series of companies that are set off. Those are companies that are not controlled by the current board and management of Ornge. They are privately incorporated. The dotted-line relationship of three of the top four is to indicate that they are the bankrupt companies; they were made bankrupt through actions taken last February. The others are subsidiaries and not controlled.

None of these companies, to the best of my knowledge, has assets except for the ones that were put into

bankruptcy, and those are being controlled by the trustee in bankruptcy. We expect to recover some monies from that action. We don't have the authority or the power to wind those up, but because they're bankrupt and have no funds in them, they will eventually simply cease to operate. But we have nothing to do with them in terms of how we control them, and that's one of the conundra that we face—if that's a word. We want to co-operate with the committee and provide you with documents from those companies that aren't controlled by Ornge, but we simply don't have the control or the authority to get them to produce anything.

On the left side, you'll see that there is a series of companies under Ornge, which is the entity that I have the privilege to head. Above that are the Ornge Issuer Trust and the Bare Trustee, which is essentially a holding company. The two companies in the bottom left are the Ornge Foundation and J Smarts, and both of those are in the process of being wound up. It's really a matter of compiling and completing the HST return for that to happen.

Ornge Real Estate and Ornge Global Real Estate are the holders of the lease and the bond on the property at 5310 Explorer Drive. Again, we're making efforts to try to fold those into Ornge itself to reduce the complexity.

I talked earlier about the Ornge Corporate Services—pardon me, Ornge Air. There are a lot of benefits to integrating that company back into the Ornge structure proper that go beyond just the simplification of the corporate structure. We think it would be very good for both the management and the employees if we could do that.

Finally, Ornge Corporate Services has already been transferred to Ornge. So while the entity exists, it has no assets and no employees.

M^{me} France Gélinas: Coming back to the bonus, the employees went to the federal labour laws because they understood they were—do you figure things would have been different had they gone under provincial laws?

Dr. Andrew McCallum: My understanding is that there's a six-month limitation period in provincial law. Had they appealed within six months, as these employees did, there would have been the same result. That appears to have been the legal test that was used.

I can't get into the mind of the adjudicator, but that, I understand, is the analysis that was applied.

Mr. Jagmeet Singh: Did the provincial government have any powers that you're aware of or any ability that you're aware of to have prevented the bonuses from being provided? Could the provincial government have intervened in any way?

Dr. Andrew McCallum: I wouldn't be able to comment on that. I just don't know.

M^{me} France Gélinas: While we're talking about money, we also know that your predecessor, Dr. Mazza, seemed to owe Ornge quite a bit of money. Can you talk to us about the process to get that money back to you, as into Ornge?

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Dr. Andrew McCallum: Well, as you know—I think you have probably read the papers—as was reported this

morning, we've been able to serve a statement of claim on Dr. Mazza's counsel. That's in process, and I don't think I can speak more about that at the moment, but the sum of money that's being sought is \$500,000 to be returned. There are also assets within the bankrupt structures which we expect we'll receive once the bankruptcy proceedings are completed. So some proportion of \$600,000 will come back.

M^{me} France Gélinas: And that's the bankrupt agencies—

Dr. Andrew McCallum: That's on the right side.

M^{me} France Gélinas: On the right side.

Dr. Andrew McCallum: Correct.

M^{me} France Gélinas: Okay. So you would be a beneficiary because you filed a statement of claim?

Dr. Andrew McCallum: Correct.

Mr. Jagmeet Singh: Just quickly, just returning back—sorry to bounce around—to the bonuses, are you aware of how they were calculated in the past and how they will be calculated moving forward?

Dr. Andrew McCallum: Yes, I am. The way they were calculated in the past was a major factor in the decision of the HRSDC, and in essence, they were essentially paid out almost universally, 97% of the time. So that was the reason why the feeling was that employees had a reasonable expectation that they would be provided these bonuses. That was the process used in the past. That was the test in the current situation. Going forward, I've said to the board—and we will be making recommendations to the board—that financial solvency would be a key aspect of whether anybody would be awarded any kind of performance pay.

M^{me} France Gélinas: So you still intend to work with a payment structure where people would not be paid on salary but would be paid a bonus tied to whatever agreement?

Dr. Andrew McCallum: We would work with the structure. All these people are on salary, but they would have some of their compensation at risk, depending on the achievement of both personal and corporate goals, with the overarching concept that the attainment of financial solvency for the organization has to be the first order of business.

Mr. Jagmeet Singh: And the current structure allows for all of this to be publicly disclosed in terms of the bonuses as well as the salaries?

Dr. Andrew McCallum: Absolutely.

Mr. Jagmeet Singh: Just turning your mind now to the air ambulance bill, are you aware of the new air ambulance bill?

Dr. Andrew McCallum: I am.

Mr. Jagmeet Singh: And in terms of some of the changes that have been included, one of them that I'll just read out to you roughly is the government's ability to change the corporate bylaws without notice or consultation. Do you think that these actions are necessary, and what would the impact of this be, positive or negative, in terms of Ornge?

Dr. Andrew McCallum: Well, I understand the necessity, given the circumstances that have arisen over the last three or four years. I do think that the ability to respond in a nimble fashion to changing—because there are business aspects to what we do—could be hampered by over-intrusive governance.

We have a board of governors, who I can say—and I am happy to say this in any forum—is second to none in terms of their knowledge of governance and oversight. We have a very strict performance agreement with the ministry, and again, I see that as an appropriate measure in these circumstances. We have committees such as yours who are doing good work by holding us properly to account.

So I think one has to be cautious about being even more—offering even more oversight; that's how I'll say it. But I understand that the Ambulance Act amendments are necessary, given the circumstances.

M^{me} France Gélinas: Would you say that if the bill passed—once the bill passes, what will change for you?

Dr. Andrew McCallum: If I do my job properly, not much.

M^{me} France Gélinas: Absolutely nothing. Okay.

Dr. Andrew McCallum: You know, if we're responsible, accountable, transparent, we can do our job, and I would say that it would be a non-issue for us.

M^{me} France Gélinas: It would be a non-issue. So whether we pass this bill or not, right now you have a governance that is working for the long-term strategic direction of Ornge, we have new management in place that is fully co-operative with whatever oversight the government needs or wants, so whether we rush through this bill or not, this will continue to be there?

Dr. Andrew McCallum: I want the committee to be reassured that we're heading in the right direction. We're not there yet. There was a lot of momentum going in the other direction that had to be stopped. We're moving in the right direction now, and I think that we will be happy to come back in the future and report to you again at some point, hopefully with news that you'll be pleased to receive.

M^{me} France Gélinas: Okay. Just quickly—sorry, Jagmeet. We've talked about the bankruptcy where Ornge will get its share of the \$600,000. You've talked about serving papers to Dr. Mazza regarding an amount of half a million dollars. Are you pursuing other avenues that could lead to the recouping of money elsewhere for Ornge?

Dr. Andrew McCallum: Not at the present time, but it's a constant matter that I turn my attention to. So if there are circumstances that come to my attention where compensation was paid without work being performed, and there's evidence that that's the case, we would certainly take the necessary steps, with appropriate legal advice.

M^{me} France Gélinas: Okay. Sorry.

Mr. Jagmeet Singh: No problem. So, as of now, the oversight mechanism that you talked about, where you're meeting regularly with ministry officials and disclosing

to them the steps you're taking—financial disclosure as well as operations disclosure—that's all going on right now? Is that correct?

Dr. Andrew McCallum: It is.

Mr. Jagmeet Singh: And in terms of disclosure of salaries, that's all going on right now?

Dr. Andrew McCallum: It is, with one important exception—

Mr. Jagmeet Singh: Sure. What's that?

Dr. David McCallum: —and that is that the current federal organization is incorporated as a for-profit; therefore, the Public Sector Salary Disclosure Act does not apply to it and can't apply to it.

Mr. Jagmeet Singh: Are you still asking those folks to disclose their salaries?

Dr. Andrew McCallum: Yes.

Mr. Jagmeet Singh: And are they still disclosing them?

Dr. Andrew McCallum: Well, it's early this year. I don't know what the response is going to be. One of the challenges we have is that—as I hope you can see, I'm committed to being transparent about what we do financially. I think that the equitable thing to do, if our provincially based employees are disclosing, would be to have all our employees disclose, just as it was equitable for all people to receive the performance pay from whatever side of the organization they're on.

Mr. Jagmeet Singh: Have you received any opposition to that idea of requiring—

Dr. Andrew McCallum: I think there are some people who are a little uncomfortable about their privacy being—as they see it—invaded.

Mr. Jagmeet Singh: At the end of the day, will they disclose their salaries, though?

Dr. Andrew McCallum: I'll have to come back and tell you. I don't know.

Mr. Jagmeet Singh: Okay.

Dr. David McCallum: Last year, we had good co-operation, though.

Mr. Jagmeet Singh: Last year, you had their co-operation?

Dr. Andrew McCallum: We did.

Mr. Jagmeet Singh: And those are the folks that are on the for-profit side?

Dr. Andrew McCallum: Correct.

Mr. Jagmeet Singh: And they did disclose their salaries?

Dr. David McCallum: They did.

Mr. Jagmeet Singh: And this is all done under the existing performance agreement?

Dr. Andrew McCallum: It is.

Mr. Jagmeet Singh: As you're well aware, the new bill hasn't been passed yet, so all these steps that have been taken—all this disclosure, all this oversight—has all occurred under the previous performance agreement.

Dr. Andrew McCallum: The amended performance agreement?

Mr. Jagmeet Singh: Yes, the amended.

Dr. Andrew McCallum: Yes. Sorry, just to be clear.

Mr. Jagmeet Singh: Yes.

M^{me} France Gélinas: So, from what you know of—

The Chair (Mr. Norm Miller): You have two and a half minutes left.

M^{me} France Gélinas: Okay, in two and a half minutes: From what you know of the workings of Ornge and from what you know of where Ornge has derailed, can you see how it could happen? Can you point to, “Here’s the flaw in the structure; here’s the flaw in a human being” or “here’s a flaw on oversight,” that allowed something so good to go so bad?

Dr. Andrew McCallum: I think that probably the single biggest thing was the loss of focus on the core business of the organization, which is to provide paramedical transport to the residents of Ontario. As soon as the organization moved off that area of focus, things started to go wrong, and the focusing outside—and I think, hopefully, what I can bring to the organization is an unrelenting focus on the public service to Ontario. All of our funding comes from Ontario taxpayers, and that’s where we need to entirely focus ourselves.

M^{me} France Gélinas: And now you’re making sure that you share with the ministry what your focus is?

Dr. Andrew McCallum: Indeed.

M^{me} France Gélinas: And is the ministry interested?

Dr. Andrew McCallum: I would say, they’re more than interested. They’re intensely involved.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Norm Miller): Very well. We’ll move to the government side: Ms. Jaczek.

Ms. Helena Jaczek: Thank you, Dr. McCallum, especially for your opening remarks, because you touched on a number of issues that I think are of prime interest to the committee and, I know, certainly to me.

As you were finishing your remarks just now, you made a couple of statements which I was going to open with. Essentially, to me, the provision of air ambulance services in Ontario—the primary responsibility is public safety; in other words, ensuring that patients are looked after in the most timely and effective way possible. Then, of course, we want to ensure that there’s value for the Ontario taxpayer dollar in that those services are provided as efficiently as possible.

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You’re talking about the daily interactions—almost daily—that you are having now with the oversight branch and personnel within the Ministry of Health and Long-Term Care. Can you maybe describe for us how those conversations relate to the performance agreement and to the development of the quality improvement plan? In other words, is the performance agreement something that is a real-time disclosure of events, incidents and issues that are necessary for discussion? I want to get a sense of what these conversations are.

Dr. Andrew McCallum: Very much so. It is very much something that we look at every day. The key performance indicators are well known. The seven-day and 30-day key performance indicators are completely understood by our staff. We take a very proactive ap-

proach with the ministry folks to make sure that they’re not surprised. I don’t want anybody to have something pop up that, “Gee, we should’ve known about this, and we don’t.”

My staff are very good at having antennae up and ensuring that the ministry is aware if there’s an issue. In an organization as diverse and broad as ours, across a province as large as Ontario, there are inevitably areas where you say, “We’ve got to do something about that; we’ve got to fix this. We’ve got an aircraft down in the northwest,” or whatever. That sort of thing is now regularly known to the Ministry of Health personnel. They’ve actually been very supportive and assistive with us in making sure that the political arm is aware, so that, again, there’s knowledge that’s transferred back and forth.

The performance agreement is, as I’ve said earlier, a very prescriptive document, we’ll say. I understand why it’s like that, and I can understand that, having been once burned, the folks in the government are saying, “We’re not going to make that mistake again.” We want to be certain that we work efficiently and that we can undertake the business decisions that need to be undertaken so that we can operate this service, so critical to Ontario, in the most efficient and effective manner.

Ms. Helena Jaczek: The quality improvement plan that—I get the sense that it’s in development; it isn’t finalized at this point.

Dr. Andrew McCallum: That’s right.

Ms. Helena Jaczek: Would it relate directly to the Auditor General’s recommendations in some way? Obviously, why we’re here is because of the Auditor General’s report of 2012. Are you looking at those recommendations and constantly checking, “Is this another thing we can put into the quality improvement plan”?

Dr. Andrew McCallum: I have a whiteboard in my office that has the recommendations posted on it. I told Mr. McCarter that when he kindly gave me a bit of a briefing as to what I could expect today.

It’s a serious matter. I know because, coming from the coroner’s side, I made recommendations as well—or my staff made recommendations—and I know two things: One is that most people will implement recommendations; we’re keenly interested in implementing recommendations that are made to us, but further, if you look at a recommendation and say, “We can’t do it exactly that way, but we can achieve the intent of the recommendation through an alternate means,” we’ll do that.

Just to give you some sense of it, the performance agreement has been renegotiated; that was in recommendation number 1. We have, I think, got lots of financial accountability in the system now, as we should have, so that has been done. The Excellent Care for All Act, as you know, is the genesis, as you well know, of the QIP.

The QIP that was put in last year was done, I think, with great speed because of the dire situation that had occurred. This year, we want to make it more like the QIPs that come from hospitals so that it better fits with the health care perspective in Ontario. We’re working on that, but the key performance indicators that are in that

plan are still there. We're working hard to deal with some of the areas where there have been shortfalls, like availability of aircraft and crews. We have challenges there, frankly, still. There's a lot of work to be done.

Ms. Helena Jaczek: Okay. I want to just take you back to when you were thinking of a potential career change and you were on the Internet and you saw this particular position at Ornge posted. You thought the skill set that you had would match very well. Could you just again outline some of those key components of your past history that you felt would serve you very well in the position of president and CEO of Ornge?

Dr. Andrew McCallum: I spent a lot of years working with paramedics. I've actually flown as a paramedic on aircraft. I trained in aviation medicine through the military. I was a flight surgeon to a helicopter squadron when I was in the armed forces. I trained in emergency medicine. I've had increasingly senior positions and leadership roles in both hospitals and government. I own and operate an aircraft myself; I'm a private pilot and have an instrument rating, which has served me in good stead, being around the bases periodically. It's nice to be able to walk into a room and somebody says, "You actually know how an airplane flies." The rotor pilots, not so much; they're not impressed, but the fixed-wing guys, they take note. I did have—I shouldn't say that about the rotor pilots. They're a great bunch.

The fixed-wing: I thought that my skill set was probably quite well suited to it, and frankly, I thought, "Gee, this is obviously an organization that's in very severe straits." And I have been in an organization like that before; I came to the coroner's office after the Goudge inquiry, so I'm not unfamiliar with taking over organizations that have been through difficult times.

Ms. Helena Jaczek: I think you were very clear on addressing the potential, possible conflict of interest between your previous position as chief coroner and now here at Ornge. I, personally, am completely satisfied with the way you've alluded to that.

Could you just perhaps—it has been a question here at the committee—explain to us exactly, or to the extent that you know in your previous role as chief coroner, how the expert review panel has been established, the types of terms of reference? We're concerned about the length of time in terms of getting some results from that review.

Dr. Andrew McCallum: I do know something about that. I can tell you that Dr. Cass, who has been leading it—and again, as I said, I can't tell you where he's leading it at the moment, but I can tell you that he's been leading it—was working with a regional coroner by the name of Dr. Craig Muir. Dr. Muir is also a pilot and a surgeon, and they engaged two independent experts, both of whom have expertise in aviation and emergency medicine. They're reviewing all of these cases in some detail. You might recall that in December there was an announcement that they would need more time.

My understanding, now that I'm in Ornge, is the reason they need more time is because of the volume of

materials that were required for those investigations to occur. Much as this committee has faced, there were thousands of pages of material that had to be reviewed. I don't know the time frame for completion. Again, you'd have to ask Dr. Cass.

Ms. Helena Jaczek: But it's certainly a very thorough review, from what you're hearing?

Dr. Andrew McCallum: That's my understanding.

Ms. Helena Jaczek: Now to turn it over to my colleague Dr. Qaadri.

The Chair (Mr. Norm Miller): Mr. Qaadri?

Mr. Shafiq Qaadri: At the outset, Dr. McCallum, I think, perhaps, not only on behalf of the government side, but as well as on behalf of Ontarians, if I might, I think we'd like to commend you and salute you for the inspiration and, hopefully, the leadership that you bring to this, as you've said, burdensome responsibility.

As you highlighted some of your own personal career achievements—flight surgeon, emergency medicine specialist, certificate of the Royal College and chief coroner of Ontario—I can't help observing that perhaps the only step up is flight surgeon on a space shuttle mission, perhaps in the future. I hear that's opening up to Canadians more and more.

I'd also just like to reference—probably more from a personal point of view—the honourable Dr. Dan Cass, a classmate of mine from the University of Toronto, 1988—clearly a good year at the University of Toronto medical school.

Having trained, for example, at a level 3 trauma centre at Sunnybrook Hospital, we were usually on the receiving end of the helicopter flights and the transport. I was wondering if you might share, not only for the benefit of this committee, but also for Ontarians by way of the press—they are well represented in this room—what are the sort of patients that are transported? You've mentioned, for example, trauma, of course, MVAs, motor vehicle accidents. How do they differ, generally, from land ambulance? For example, we've talked about mortality rates, and Mr. Klees mentioned this issue of, as you've said, the material effect of Ornge transport on outcomes. How should we think of that?

Dr. Andrew McCallum: First of all, let me just say that the rotor-wing environment is very different than the fixed-wing environment. Fixed-wing aircraft are travelling long distances, usually in the north, often where there are no paved roads, as you heard in my opening remarks.

Rotor-wing is point to point in the south, often from the scene to a helipad directly at a hospital, and rotor-wing emergency medical service is a remarkable and unique feature of the pre-hospital care environment. The commitment and dedication of the pilots who fly these aircraft and their ingenuity and ability to fly in difficult circumstances is really remarkable. The paramedics aboard our aircraft are as highly skilled as any in the world. They have very advanced skills, to the point where they can essentially run a mobile intensive care unit. They can provide, for example, intra-aortic balloon

pulsation to a patient who's got a failing heart, which would not be an ordinary feature of an air ambulance in many parts of the world. They can do all of the manoeuvres that one would expect to see in an ICU.

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To your question, the kind of patient that one would see in the circumstances would be a person who had suffered a motor vehicle collision, was perhaps trapped in the wreckage some 100 miles away from the hospital. That is the perfect kind of situation where a rotor air ambulance can make a very profound difference in that patient's outcome. But to your point, if someone has injuries that are going to be fatal no matter what intervention is offered, then unfortunately, they're beyond help. So the conveyance, the type of people, the interventions that are offered may all be for naught, unfortunately. That does happen. We know that in the trauma world, there is a small group of patients who are so severely injured that even though they have vital signs on first contact, they can't be retrieved.

That's the challenge, sorting out in those dire situations: Is the patient one of those folks who, sadly, is in a very difficult circumstance and not going to survive, or is it someone who is in a very severe circumstance who, with the absolutely optimal treatment, including rapid carriage to the hospital, proper care en route—would they then survive? You can appreciate that there's some subtlety to that; it's a challenge for someone interpreting after the fact to say—right at the margins.

Sometimes, it's obvious. If someone has an injury that's clearly fatal, it's easy. If someone has an injury that's clearly minor, it's easy. It's the ones in the middle that can be quite challenging. I know, myself, having looked at lots of cases not specifically related to Ornge, but after the fact for traumatic injury, it can be very hard to know whether things could have been different even if the care had been provided differently.

Mr. Shafiq Qadri: Just out of curiosity: Motor vehicle accidents, would you say, are the absolute bulk of the transport required?

Dr. Andrew McCallum: No. In fact, that's useful information for the committee. Only about 6% of our transports are actually from the scene. So it's a relatively small proportion, but obviously, in the circumstances where it's needed, it can be so highly critical for people.

Mr. Shafiq Qadri: I see. Now, you've made reference to your whiteboard; you've made reference to the posting of the Auditor General's recommendations. You're clearly well aware of the added oversight being brought not only by this committee, but other entities. I was wondering if you might share with us some of the priorities that you see going forward from today and maybe share a couple of examples of how you've attempted to implement those priorities.

Dr. Andrew McCallum: I said earlier that obviously, the threefold priorities that we have are—obviously, we have to be physically solvent. I think that's of great interest and concern to this committee. But I do believe that we have the ability within the funding envelope

provided to be efficient enough that we can work and not diminish service and in fact increase service. The way we need to do that is by taming some issues that we have at the moment. We have challenges with empty flight hours, so aircraft having been flown around the province to cover this vast province. We actually only have at any given time four fixed-wing aircraft flying in the north. Then we use, of course, standing-offer carriers—these are private charter companies as well—for the non-urgent-type cases. We must deal with that, and that's an expensive proposition.

The second is that we have overtime costs engendered by, sometimes, I think, avoidable circumstances where we force crews into areas where they—you've heard the term "duty out," meaning they've reached the end of their duty day and can fly no longer, and they have to literally stop where they sit. That is partly Transport Canada and partly collective bargaining agreements, but the point is that we can't work our people forever, and we've got to find ways to more efficiently deploy them to avoid that. I believe there are opportunities there.

Interjection.

Dr. Andrew McCallum: Time to stop?

The Chair (Mr. Norm Miller): No, no. I'm just giving him the time.

Dr. Andrew McCallum: Oh, sorry. I believe there are opportunities in that regard.

The second area of major focus is getting the right people aboard the aircraft. We have a shortage of advanced care and critical care paramedics, and that is a complex situation. Part of it has to do with, under the former management, people were hired at the primary care level even though there are advanced care people around. Advanced care matters, because you have a base upon which you can build more quickly to the level of care that we need to have on our aircraft, that mobile ICU-type situation. So we're working with our educators and with our colleagues in other areas like other educational institutions to streamline that and make it happen more quickly. That not only benefits patients by having the right people aboard—and we're not there yet. I'm going to be every candid. We've got work to do there, but once we do it, it makes the dispatching much simpler because all of a sudden the communications people aren't sitting there saying, "Well, who do I send? What kind of a skill set is aboard that aircraft?" That's going to be of great assistance as well.

Third is development of a clear understanding, both within the organization and outside the organization, of the mission profile. The mission profile matters a lot because you might remember that I alluded to that 100-mile-out patient and the benefit of rotor in that situation. If the patient is 250 miles out, the rotor's not so useful because the rotor can cruise at about 140 knots. You want an aircraft that's going to be able to get the patient back more quickly or get the patient traversing the distance. So we have to work with that. There's lots of knowledge about that in emergency medical services systems. We've got the right people in the organization to do it now, but we'll be working hard to fix that as well.

Mr. Shafiq Qaadri: Thank you. I'll turn it to Ms. Damerla.

The Chair (Mr. Norm Miller): And you have about three minutes.

Ms. Dipika Damerla: Thank you so much. I'd like to begin by thanking Ornge on behalf of all Ontarians for recovering half a million from Dr. Mazza and trying to go after another \$600,000.

My question is: You said that the new performance agreement is more prescriptive, and I understand that to mean that it goes into greater detail as to the oversight, but I'm just wondering if you could share some simple examples as to how it differs from the previous performance agreement and why it's making such a difference.

Dr. Andrew McCallum: I'm not sure I know the previous performance agreement well enough to give you a really detailed answer, but I can give you one example. In the new performance agreement, if we are going to sell an asset, for example—and we're working on that because we need to optimize our fleet—the Ministry of Health has to approve it. That necessarily requires the involvement of multiple folks, and they've got to make decisions. That does take more time than perhaps a business which is purely functioning on its own would have to take. I think we have to find a fine balance between an appropriate amount of oversight and being nimble enough to conduct business. That's an example of a difference and where we've got to get the right balance.

Ms. Dipika Damerla: My other question is, you mentioned earlier that if you did your job right, the new bill is not going to make much of a difference, but my question is, what about somebody who doesn't do their job right? Would the bill make a difference?

Dr. Andrew McCallum: That's fair, and I think that's exactly the point. Good fences make good neighbours, and as long as you've got a good neighbour, you don't need a fence. So I do take your point. I was merely referring to my intent to conduct the affairs of the company to the best end.

Ms. Dipika Damerla: Thank you.

The Chair (Mr. Norm Miller): Very well, and we'll move on to—

Mr. Shafiq Qaadri: Mr. Miller, how much time do we have left?

The Chair (Mr. Norm Miller): You have a minute left.

Mr. Shafiq Qaadri: Quickly. Six per cent, you said, trauma, which is very surprising to me—

Dr. Andrew McCallum: Scene calls.

Mr. Shafiq Qaadri: Sorry?

Dr. Andrew McCallum: Six per cent scene calls, which is tantamount to—

Mr. Shafiq Qaadri: So the others are hospital transport?

Dr. Andrew McCallum: That's correct.

Mr. Shafiq Qaadri: So these are, for example, patients who are in an ICU and so on who are deteriorating?

Dr. Andrew McCallum: Not every one of them. There's a proportion of them that are very sick, but we also do non-urgent transfers for repatriation purposes, for people who need to go for routine care. Actually, in the north that's a very common use of the aircraft.

Mr. Shafiq Qaadri: I see. Thank you.

The Chair (Mr. Norm Miller): Very well. We'll move to the opposition. Mr. Klees, you have nine and a half minutes.

Mr. Frank Klees: Thank you. Dr. McCallum, I understand that Transport Canada did an audit in January of this year. Is that correct?

Dr. Andrew McCallum: Yes.

Mr. Frank Klees: Could you describe the overall findings of that Transport Canada audit team?

Dr. Andrew McCallum: I would be happy to do so. I would caution the committee that I'm not an expert on the technicalities of aviation. They did an audit which is part of their routine inspection process of both the rotor and the fixed-wing side, and they made findings—as, from my perspective, I would have expected they would—in a number of areas on both sides. The way they categorized their findings is into minor, moderate, major and critical. There are definitions for them. I don't have them in front of me. I apologize, but I think they're pretty much common language definitions. "Critical" needs to be attended to immediately.

In the case of the rotor operation, there were three critical findings related to safety procedures in the aircraft. I can tell you that in each case they required about an hour per crew to rectify. Before that crew flew again, the findings were rectified.

Mr. Frank Klees: So, in that case, there would have been a downtime for that crew. They weren't available for service; is that correct?

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Dr. Andrew McCallum: That's right. It was absolutely necessary to ensure flight safety, so there was a downtime of about an hour.

Mr. Frank Klees: Was Ornge threatened with a suspension of their operating certificate by Transport Canada as a result of that audit at any time?

Dr. Andrew McCallum: No.

Mr. Frank Klees: No?

Dr. Andrew McCallum: No. But of course, compliance was required.

Mr. Frank Klees: Right. Can you provide the committee with the correspondence between Transport Canada and Ornge related to this?

Dr. Andrew McCallum: Certainly. I don't have it with me, but I'd be happy to undertake to do that.

Mr. Frank Klees: I appreciate that very much.

I'd like to just talk about the staffing. You indicate that your staffing is a work in progress. There was an article; you were quoted—and this relates to Thunder Bay—that you are now staffed up at the Thunder Bay plant. You've hired some additional—

Dr. Andrew McCallum: Well, actually, no. If I was quoted, I was misquoted, because we're not actually

staffed up yet. We are in the process of recruiting staff and expect to be staffed up by June, I think.

Mr. Frank Klees: And in that same article—maybe you were misquoted again—you indicated that you don't need additional funding, that you're going to do that from within the same funding envelope. You're going to find efficiencies. Is that a correct statement?

Dr. Andrew McCallum: It is.

Mr. Frank Klees: And what kind of efficiencies? I think you need an additional—was it nine paramedics there?

Dr. Andrew McCallum: Yes.

Mr. Frank Klees: What kind of efficiencies are you finding?

Dr. Andrew McCallum: Well, I alluded to some of them earlier, but I'll just go through them again: obviously, the training program that we're looking at so we can simplify the dispatch circumstance; the management of overtime and duty out by better allocation of aircraft and utilization of crews—a lot of this is coming back to OCC again, isn't it?—and the more efficient use of the maintenance function that we have. We think that there are a number of things that we can do.

It's not like we're coming in and saying, "There's nothing here to cut or to change."

Mr. Frank Klees: Okay. There is an aircraft out-of-service report that we used to have access to. In fact, I used to be able to go on the website and access it myself. I'm not able to do that anymore.

Dr. Andrew McCallum: I wasn't aware of that.

Mr. Frank Klees: Would you be willing to open that up so that we can access that out-of-service report?

Dr. Andrew McCallum: I'm certainly predisposed to doing it, but if you'd permit me, I'd just like to consult internally and get back to you—and I will.

Mr. Frank Klees: Is there any reason why the committee couldn't be presented or given the—

Dr. Andrew McCallum: Off the top of my head, I don't see one. I have no reason not to provide it. But I would like to have the opportunity to consult internally.

Mr. Frank Klees: Okay. I'd like to make a formal request that the committee receive that data for a 12-month period—current, if possible. I think it would be great to have that available. There should be no reason why—

Dr. Andrew McCallum: I agree with you, as I said, off the top of my head—but I want to make sure I speak to the aviation folks.

I can tell you that the availability of aircraft for the fixed-wing is about 100% right now, and the availability for the rotor-wing is above 85%.

Mr. Frank Klees: I'd like to talk budget briefly. You now have a \$2-million hit for these bonuses that you've agreed to pay. Again, you're not asking for an increase in budget from the minister in order to accommodate that?

Dr. Andrew McCallum: That's correct.

Mr. Frank Klees: So you flatlined your budget from last year, no increase?

Dr. Andrew McCallum: Well, I actually don't know that we didn't get an increase, but it's \$152 million, and it's not changing.

Mr. Frank Klees: When I had some conversations here with Mr. Feeley about that so-called balanced budget that he was bringing in last year, he admitted that it actually wasn't a balanced budget at all. The reason that he admitted that was that he said that he was actually instructed not to put anything into the budget to deal with the maintenance requirements for the aircraft, which, as a pilot you know better than anyone here, is significant. I understand that at this point, Ornge has probably flown some 8,000 hours on the current AW139 fleet—

Dr. Andrew McCallum: That's about right, I think.

Mr. Frank Klees: —and will probably fly 3,500 hours per year, from information that I have.

I also understand that what should be set aside through proper accounting is \$1,000 an hour per aircraft for that residual maintenance. These are issues that won't be covered by warranty, but if we're properly keeping our books, then that should be book-kept and should be on reserve and should be calculated into the budget. Mr. Feeley agreed, when we had the conversation here, but he also admitted that he was directed not to put that into the budget because if he did, the budget wouldn't balance. Can I ask you, sir: Are we keeping two sets of books here?

Dr. Andrew McCallum: No, we're not keeping two sets of books, and to my knowledge, and having spoken to the CFO, we are conducting ourselves according to generally accepted accounting practices. The specific issue that you raise I am not conversant with, so I don't want to put myself before the committee and suggest that I know the answer to it, but I will find out. But I'm confident that we are keeping the books exactly the way they are supposed to be kept.

Mr. Frank Klees: Okay. Well, according to information that we have, the properly accepted accounting principles in the aviation business are that those maintenance costs must be recorded in the budget. So if you could get back to us and confirm, because—

Dr. Andrew McCallum: I'd be happy to do that. I also want you to know, to be truthful to the committee, that at the present time we're projecting about a \$2.5-million deficit on the \$152-million budget. You used the term "balanced budget," and I don't want to suggest to the committee that we're there yet. We've got work to do, but we are tracking in a positive direction.

Mr. Frank Klees: So you'll have to ask for \$2.5 million.

Dr. Andrew McCallum: Well, or carry it forward and deal with it in the next year and manage the budget down.

Mr. Frank Klees: Does that \$2.5 million include the \$2 million that you owe for bonuses?

Dr. Andrew McCallum: It does.

Mr. Frank Klees: Okay.

I'd like to ask about staffing. You indicated that there's a shortage of staffing. Are you looking to offshore labour to fill some of your spots?

Dr. Andrew McCallum: No.

Mr. Frank Klees: You're sure about that?

Dr. Andrew McCallum: Well, to my knowledge. I'll put it that way: to my knowledge, no.

The Chair (Mr. Norm Miller): And you have about a minute left.

Mr. Frank Klees: Can you please get back to us and just confirm that?

Dr. Andrew McCallum: Yes.

Mr. Frank Klees: The reason I'm asking this question is that there have been calls from former employees who are making application who can't seem to get through the front door, but they are being advised that others are getting jobs and that Ornge is actually bringing people in from outside of Ontario.

Dr. Andrew McCallum: Well, I certainly have no knowledge of that, but I will certainly undertake to find out if in fact there is any truth to that.

Mr. Frank Klees: I'd like to ask one other question. I think it would be good for this committee to have an opportunity to visit the Ornge headquarters. Would you be willing to arrange a site visit for us so that we might see what's happening there and, ideally, perhaps have an opportunity to speak with some of the front-line people?

Dr. Andrew McCallum: I would be more than willing. You'd be welcome.

Mr. Frank Klees: Okay.

Dr. Andrew McCallum: And if you wish, I would also be willing to arrange for you to see the Toronto base, which is quite close. I think it's worth visiting if members of the committee are interested.

Mr. Frank Klees: I think it would be very beneficial, and I think—

Dr. Andrew McCallum: And to speak to front-line people.

Mr. Frank Klees: Yes.

Dr. Andrew McCallum: For sure.

Mr. Frank Klees: Great. I think that would be very helpful. It's one thing for us to have a technical conversation here. I think for us to hear directly from employees what's happening on the front lines and what is good and what still perhaps needs to be addressed—

Dr. Andrew McCallum: I agree completely. I don't think you're going to go in and hear everybody say it's all sweetness and light. There are always issues and there are always going to be issues, but I want to make certain that we're moving in the right direction.

Mr. Frank Klees: Thank you very much.

The Chair (Mr. Norm Miller): We'll move on to the NDP, and you have six minutes.

M^{me} France G  linas: Thank you.

You have mentioned in your opening statement that you now have a whistle-blower policy. Are you familiar with it?

Dr. Andrew McCallum: Yes.

M^{me} France G  linas: How does it work?

Dr. Andrew McCallum: An employee can go to an independent website and seek to advise the independent entity that monitors these statements or concerns that are

raised. If that occurs, then those are drawn, anonymously, to the attention of the management at Ornge and we're required to respond. It would also be available to third parties such as yourselves, I think, who would be interested in finding out the truth of the matter.

M^{me} France G  linas: So who gets that email?

Dr. Andrew McCallum: I would get it. Also, the independent—the board would get it as well. There's a notification. So as I understand it—I don't have an in-depth understanding, but as I understand it, the notification goes to Grant Thornton, which is the independent group that deals with it.

Mr. Jagmeet Singh: Is there a provision that if someone went directly to the ministry or directly to an MPP and made a complaint, anonymously or otherwise, would that also be covered in terms of protection for that person?

Dr. Andrew McCallum: Yes, absolutely.

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M^{me} France G  linas: Because in the bill that's in front of the House right now, the bill calls for the whistle-blower—that anybody at Ornge could call an inspector. Do you have any idea what they're talking about?

Dr. Andrew McCallum: As I understand it, the minister has the power to appoint a special investigator to look into concerns that are raised. There are investigators now, appointed by the ministry, who are looking into concerns raised about Ornge, and I don't know whether they'd be one and the same or there would be some new person appointed to deal with a whistle-blower incident.

M^{me} France G  linas: Okay. But they exist right now, because you have supervisors—you have inspectors in place. But on an ongoing basis, there shouldn't be inspectors at Ornge, should there?

Dr. Andrew McCallum: If things are functioning properly, correct.

M^{me} France G  linas: When life goes back to normal.

Dr. Andrew McCallum: One hopes.

M^{me} France G  linas: Go ahead.

Mr. Jagmeet Singh: One of the issues that we, as the NDP, raised was that in the proposed bill that's coming forward, the air ambulance bill, there wasn't any inclusion of oversight by the Ombudsman, should the Ombudsman see the need to oversee or to investigate anything. Your opinion on that, on allowing the Ombudsman to have access to overseeing Ornge if there ever arises a need?

Dr. Andrew McCallum: As I've said, I think that there's a lot of oversight available already. From my standpoint, I don't worry about any further oversight, except that it does lead to the potential for even more fettering or—not "fettering"; that's not the right word. It makes the process more bureaucratic. I think there are protections that are available.

I have great respect for the Ombudsman. I think the work that's done through the Ombudsman's office is very valuable. I've worked a lot with them in my former role.

Mr. Jagmeet Singh: You wouldn't see any reason to preclude him or his office from having access to Ornge—

Dr. Andrew McCallum: As I said, I think any time one undertakes a well-intentioned act, one has to think about the unintentional consequences.

M^{me} France Gélinas: I come from northern Ontario. For somebody in northern Ontario who is not happy with your service—you do try your best to do good work, but sometimes it derails. Families tend to call the Ombudsman. He is known. Your internal complaint and issue process is not known to people in northern Ontario; the Ombudsman's 1-800 number is. So those people, if something derails, if they're not happy, if they have issues, they will call the Ombudsman.

I live in northern Ontario. I deal with people who have had issues with your organization. I wouldn't know who to call, and neither do they.

Dr. Andrew McCallum: I think we'd have to accept the wisdom of the Legislature on this matter. Certainly, we'll work with whatever regime is determined to be the best.

M^{me} France Gélinas: Okay. So you respect the work of the Ombudsman—

Dr. Andrew McCallum: I do.

M^{me} France Gélinas: —and if he was to take in complaints for your agency, if there are complaints in the future, you would deal with that?

Dr. Andrew McCallum: As I said, whatever regime is determined by the Legislature, we would of course work with it and respect it.

M^{me} France Gélinas: Okay. Right now, if somebody has a complaint, how does it work?

Dr. Andrew McCallum: We have a patient advocate who they can contact and whose name is on the website. They would deal directly with her. I can tell you that she's a strong advocate for the folks who raise issues with us. She would deal with the affected individuals and ensure that the matter is properly dealt with.

There are a number of other agencies that can be contacted: of course, the Ministry of Health; MPPs; the coroner, in the sad circumstance where someone has passed away.

I think there are a number of mechanisms that are available. I take your point that it may not be easily understood by someone as to what their options are, but I believe that there are options.

Mr. Jagmeet Singh: Asking you to use your lens now, as someone who's overseeing—I mean, who's running Ornge at this point, would you be able to, in hindsight, look back into Ornge and—in your opinion now, as someone who's now the CEO of Ornge, where do you think Ornge went wrong? What mistakes did they make, and what were some of the telltale signs, in hindsight, that you would pick out as being a major problem?

Dr. Andrew McCallum: I can only echo what I said before, which is that they became very diffused and looking, in my estimation, at areas of work that were outside what would properly be the focus of a large

public sector entity. I think that that was really where things went awry. I think there was a lot of vision; there was a lot of intent to make things better and bigger than they were. But at the same time, there was perhaps the lack of focus on the fundamental core of why we exist.

The Chair (Mr. Norm Miller): Thank you very much. Your time is up.

We'll move to the government, and you have five minutes. Ms. Jaczek?

Ms. Helena Jaczek: Thank you. Dr. McCallum, would you agree at this point in time that restoring public confidence in Ornge is a key priority in your role?

Dr. Andrew McCallum: It is absolutely essential, from my perspective.

Ms. Helena Jaczek: We've had some conversation on the amendments to the Ambulance Act, Bill 11. Do you think that Bill 11 will go, in some measure, to restore public confidence in Ornge?

Dr. Andrew McCallum: I believe that it will.

Ms. Helena Jaczek: Thank you.

Just in regard to some of the documents that have been requested of Ornge—Mr. Klees made reference to them—could you perhaps elaborate a little bit on the challenges in terms of responding to these requests?

Dr. Andrew McCallum: Certainly. As I replied in my letter, which went out this morning and I've got in front of me somewhere, many of the documents are documents that we don't have immediately under our control but can obtain, but it takes time, and I'm referring specifically to banking documents.

The second issue is just the volume. There's an opportunity challenge for us in that it requires a lot of staff time to get these documents together. It's my earnest hope that they'll be valuable to the committee in the performance of its duties.

Those are really the two things I want to draw your attention to, and it's the reason why, while we'll certainly undertake to make every effort to comply, it'll take us a bit longer than the time that was specified in the original request.

Ms. Helena Jaczek: Can you give us any sense of the volume? Do you have any idea of the numbers of documents—

Dr. Andrew McCallum: Hundreds of thousands of pages.

Ms. Helena Jaczek: Hundreds of thousands?

Dr. Andrew McCallum: That's what I'm told by my staff.

Ms. Helena Jaczek: Thank you.

The Chair (Mr. Norm Miller): Ms. Damerla?

Ms. Dipika Damerla: I just had a quick question. I'm very intrigued by your comments around the fact that the rotor-wing planes are more short distance and used probably more in southern Ontario, and it's the fixed-wing that can do the longer haul, I guess, that's required in the north.

Dr. Andrew McCallum: Correct.

Ms. Dipika Damerla: The reason I'm asking is that I know that Madame Gélinas had raised some concerns

around the fact that perhaps planes that were meant for the north were being used in the south. I'm just curious: Given the very different nature of the planes that operate in the north and south, would that be happening?

Dr. Andrew McCallum: No—short answer. We have fixed-wing aircraft in the north, and as I mentioned at the outset, the northern environment is very different.

In fact, we have an esteemed visitor from the Royal Flying Doctor Service here meeting this week with us. We're exchanging ideas, and we've had a very useful interchange. I've been struck by how similar the Western Australia environment is to northern Ontario—a different climate extreme, but remote; many indigenous and First Nations communities in both; vast, inhospitable terrain; and on and on it goes. It's remarkably similar. They fly exactly the same aircraft we fly in the north: the PC-12. I think we've got a great aircraft for the north.

We're more like a European context in the south—like Germany, for example. We've got multiple rotor bases in the south, and I include Sudbury because it's the near north. Thunder Bay has a rotor base as well—has elements that make it more like an urbanized area.

One of the challenges I put to my staff was to determine, "Have we got our aircraft based in the right places so that we can maximally serve the population?" We need to look at all those things. I'm not interested at all in diminishing service, but I am interested in optimizing service, and part of it is looking at where those aircraft are situated.

Ms. Dipika Damerla: So it would be fair to say that resources aren't being disproportionately used by one region at the expense of another—

Dr. Andrew McCallum: No.

Ms. Dipika Damerla: —in part because of the very different nature of the planes?

Dr. Andrew McCallum: Correct. Well, I think you could, but paradoxically—and I say this—I want it to be interpreted correctly—60% of our flights are north of Sudbury, and 60% of our population is certainly not north of Sudbury. We know that in the north the challenges of health status are significantly different. That's why it's happening the way it is, and it's happening because of the geographic challenges as well.

Ms. Dipika Damerla: Thank you so much. I really appreciate you coming today. You were extraordinarily eloquent and very enlightening. Thank you so much.

Dr. Andrew McCallum: My pleasure.

The Chair (Mr. Norm Miller): Thank you for coming before the committee today, Dr. McCallum; we appreciate it.

Dr. Andrew McCallum: My pleasure.

ONTARIO PROVINCIAL POLICE

The Chair (Mr. Norm Miller): Our next witness is Ontario Provincial Police Commissioner Chris Lewis.

Mr. Chris Lewis: I'm going to sit in a chair, if I could, Mr. Chair, that is of normal height.

The Chair (Mr. Norm Miller): Welcome, Commissioner Lewis.

Mr. Chris Lewis: Thank you very much.

The Chair (Mr. Norm Miller): Just to confirm: You've received the letter for someone testifying before the committee?

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Mr. Chris Lewis: That's correct.

The Chair (Mr. Norm Miller): I understand you'll swear an oath, and our Clerk will do that. There's a Bible there.

The Clerk of the Committee (Mr. William Short): Commissioner Lewis, do you solemnly swear that the evidence you shall give to this committee touching the subject of the present enquiry shall be the truth, the whole truth and nothing but the truth, so help you God?

Mr. Chris Lewis: So help me God.

The Clerk of the Committee (Mr. William Short): Thank you.

The Chair (Mr. Norm Miller): Thank you. You have 10 minutes for an opening statement, if you'd like to make one, and then we'll split the rest of the time evenly amongst the three parties.

Mr. Chris Lewis: Great. Thank you very much, Mr. Chair.

Mr. Chairperson and committee members, it is my pleasure to appear before you today. Thank you for the opportunity to inform the committee members about the progress of the OPP's ongoing investigation into the Ornge air ambulance service.

I know you will appreciate that I cannot discuss the specifics of any evidence collected to date. To do so would potentially prejudice the prosecution of any offences that may result from this investigation, which I'm certain none of us, or the public that we collectively serve, would want to see. This investigative privilege has long been recognized by the courts. There's a significant public interest in preserving the integrity of a criminal investigation and ensuring persons committing offences are ultimately held accountable for their actions.

As well, it is critical that evidence heard publicly in this forum does not in any way taint potential interviews with subjects, or the levels of their cooperation in what remains an ongoing and incomplete investigation.

I fully accept that such privileges may well be applied differently in committees of this nature than they would be in criminal court proceedings. I also understand that judicious and diligent consideration would be required by this committee in terms of any such privilege.

Let me start by bringing you up to date on the OPP's ongoing investigation into the Ornge air ambulance service.

On February 16, 2012, the Ministry of Health and Long-Term Care requested an investigation, based on reports by company insiders, of financial improprieties by management of the Ornge conglomerate. If government representatives have reason to believe that a criminal offence has occurred, they file a complaint and the OPP may initiate an investigation. I can confirm that

the OPP commenced an investigation under the direction of a detective inspector from our criminal investigation branch. This major case manager is heading up a team of investigators from the OPP's anti-rackets branch's corruption unit, which includes a forensic chartered accountant. Additional investigators from the anti-rackets branch are supplementing this team as required.

Support staff from our evidence management unit have been utilized to manage and process documents seized for review. Investigators have followed up on tips and information received from current and former employees of the Ornge organization. OPP investigators have conducted interviews with more than 50 people during the course of this investigation.

I can advise you that investigators have travelled throughout Ontario and outside of Canada to conduct some of these interviews and to collect documentary and electronic evidence. The investigative team has been in communication with members of United States law enforcement agencies and has been assisted by these officials. These interviews have provided a history of the air ambulance service in Ontario from pre-2006 to present time, with a view to understanding the culture and workings of Ornge in the recent past.

Investigators met with and secured the cooperation of Mr. Ron McKerlie, interim chief executive officer of Ornge, who provided signed consent for a review of documents and communications belonging to Ornge. Mr. McKerlie also authorized OPP investigators to speak with the law firm providing corporate counsel to Ornge. This co-operation extended by Mr. McKerlie has continued since Dr. Andrew McCallum's recent appointment as CEO of Ornge.

Investigators have gathered over 22,000 pages of documents and more than 500,000 email communications. They're examining these exhibits for items of evidentiary value. This analysis is a lengthy and complex process, but a thorough review of these exhibits is essential for a proper and complete investigation.

I can tell you that the analysis conducted by investigators has provided the following:

- an understanding of the corporate structure and evolution of Ornge, a private company;
- an awareness of the performance agreement and reporting structure between Ornge and the Ministry of Health and Long-Term Care; and
- insight into the relationships between Ornge and vendors of aircraft.

The investigation into activities at Ornge continues.

I can also tell you that the OPP is devoting the necessary resources to conduct a complete and thorough investigation into the allegations. I cannot predict with certainty, however, when the investigation will be finished or whether charges will be laid. Investigations of this nature are involved, lengthy and take time to properly complete.

The OPP investigates financial crime and corruption offences in OPP and municipal police jurisdictions across the province of Ontario. Much of this work is done

through the anti-rackets branch, which was formed in 1960 and is part of the OPP's criminal investigation services. The anti-rackets branch consists of police investigators, civilian staff and forensic accountants. The criminal-investigative expertise of these teams is often utilized throughout the province in OPP and municipal jurisdictions.

Anti-rackets branch members investigate fraud and corruption schemes that are multi-jurisdictional, complex and highly organized in nature. These cases are often multifaceted, and their offences are frequently not easily recognizable. They require dedication and a diverse skill set to bring them to successful conclusions. Co-operative partnerships between police, legal experts and forensic accountants are essential.

The complexity of these cases drives the time required to complete the investigations. Although a properly completed financial crime investigation may seem lengthy to some, it is absolutely necessary to invest the time to thoroughly analyze the information gathered if the true nature of the allegation and the actions of the involved individuals are to be revealed. In my experience, it is not unusual for such complex investigations to take multiple years to complete.

In other aspects of our operations, the OPP is pleased to work closely with all of our partners in emergency response, such as municipal police services, fire and ambulance. To provide the best possible emergency response system for Ontario, we need an air ambulance service that is effective and efficient. We support your efforts to study the workings of Ornge air ambulance service and improve it for the benefit of all.

Thank you for this opportunity to speak with you today. I would be pleased to answer any questions you may have in regard to my comments and the progress of this ongoing investigation. As I noted at the outset, however, the disclosure of the specifics of any evidence gathered to date will potentially compromise the integrity of the investigation and prejudice the prosecution of any offences arising therefrom.

Thank you.

The Chair (Mr. Norm Miller): Thank you, Commissioner, for that opening statement. I know members will want to be sensitive to the ongoing investigation; the last thing the committee would want to do would be to negatively affect your investigation.

We'll start with the NDP. You have 17 minutes.

M^{me} France Gélinas: Absolutely. I have no intention of trying to get information that could do any damage of any kind to any people, so if I do ask a question and you feel that I'm going somewhere I shouldn't, let me know and I'll be quite happy to change direction.

Mr. Chris Lewis: Thank you, ma'am.

M^{me} France Gélinas: One of the main reasons I was looking forward to talking to you is because the one-year anniversary has gone by. People feel that when you don't hear anything, is it because nothing is going on? Is it because they've done their work, there is nothing to lay charges on, and they've moved on and forgot to tell us?

Let's say that we do all of this and there is no need to lay charges. How would you tell us that and when would you tell us that?

Mr. Chris Lewis: As I said, I can't predict when the end of the investigation will come. We have to follow the evidence; sometimes when you conduct an interview or look at a document, that adds to your list of work to be done. Just preparing for interviews sometimes takes weeks, let alone actually conducting an interview, given legal rights, access to counsel and all of those things.

At the same time, I really appreciate the concern of the public—or the members present—as to the length of time these things take. I've seen complex, multi-million-dollar fraud investigations take seven years before charges were laid. I've seen a number that took years to investigate and no charges were ever laid; when it went to a crown attorney, the crown said there was just no reasonable prospect of conviction or grounds to lay a charge.

Having said that, at some point we will either reach the point where we will lay charges and will subsequently announce that through a press release and put those matters before the courts or, given that the Ministry of Health and Long-Term Care asked us to conduct this investigation, we will write some report to them—if, in fact, there are no charges—saying what we can in terms of what our findings were.

1410

M^{me} France Gélinas: Would that correspondence back to the ministry be public record or is it something that is privileged to the ministry?

Mr. Chris Lewis: I think it would be privileged to the ministry. How that goes from there would be up to the ministry. Of course, there's always freedom-of-information requests and things of that nature. It wouldn't be us trying to hide anything from anybody, but they are the complainant and potentially the victims, if, in fact, a criminal offence occurred. So we would leave it to them to make that decision in terms of the further distribution.

M^{me} France Gélinas: As those investigations progress, is there any milestone as to, "Okay, we have talked to all of our witnesses. We have finished reviewing the paper evidence"? I'm making this up because I have no idea how you do those things. Are there any steps or milestone that you can say, "Here's what's on our work plan and here's what's done that we know of"—understanding that a work plan could change—"and here's what's left to do."? Is this something that makes sense?

Mr. Chris Lewis: I'm not aware of any specific milestones other than the facts and figures that I spoke of today, ma'am. I know that the case manager himself, who is a detective-inspector and a former full-time fraud investigator who now oversees a variety of complex cases, including homicide investigations—it's up to him, in the case management model that we operate under in this province, to determine the pace, the flow and the direction of the investigation, which could change at the drop of a hat. Just given my own experience in investiga-

tions, you interview witness A, and subsequently you've got 50 witnesses and a whole different direction to go in.

Just to put it into context, as commissioner of the OPP, some might wonder, "Well, why don't you know this stuff?" I deliberately don't know this stuff. We have investigators that work at the pace that they require to work at, given that they're specifically trained and chosen to do that stuff. If they have a roadblock or need something they will go to their bosses who may keep me in the loop, depending on the nature of the problem or the resources required, or travel out of the country and things like that. But I don't ask questions that might make them think that I want the investigation to go a specific way. I deliberately don't ask questions of an evidentiary value, that I may suddenly know information that I could inadvertently release in a media interview. You know, someone says, "How is it going?" and I slip and say something I can't take back. That may prejudice the investigation and hurt the subsequent criminal court process.

So, I don't want to know details, whether it be a complex investigation like this; we have many high-profile—not as high-profile as this, given the nature of this, but multi-million-dollar fraud investigations on the go at any given time as well as numerous homicide investigations into organized crime and the like. Number one, I don't have time to know all of that stuff. Number two, I don't want to interfere, nor do I want to know information that I can inadvertently release.

So, I don't know specifically of the milestones. I know very high-level facts, as I gave them to you here today.

M^{me} France Gélinas: Okay. If the investigation, either through the pace, flow or direction, needed to work with another level of policing, either through the RCMP or through another jurisdiction as in another country etc., is this something they do on their own or is this something that somebody like you has to know of?

Mr. Chris Lewis: No, they do that on their own. To deal with the police agencies in other countries, we go by agreement. We go through the RCMP because they have contacts in all those countries and often have liaison officers that are deployed to those countries other than the United States, who we routinely deal with as law enforcement agencies, back and forth. I do know that the investigators have dealt with American law enforcement agencies on this. I don't know which agencies—federal, local or state in that case—but I know there is ongoing communication. There has been some travel to the United States; I don't know where.

M^{me} France Gélinas: Okay. My colleague has—

Mr. Jagmeet Singh: Thank you. In terms of this investigation, it was initiated by the Ministry of Health's request to you, or was there any independent desire to investigate it on behalf of the OPP?

Mr. Chris Lewis: No, the deputy minister of the Ministry of Health and Long-Term Care, Saäd Rafi, called me personally on February 16, 2012. Subsequently, at my request, he followed that up with a letter that he sent to

me right away, and I replied to say we had assigned a detective-inspector to investigate this—that simple.

Mr. Jagmeet Singh: Okay. Obviously each fraud case, each investigation generally, has a different timeline. Is there any sense of what the timeline is in this case in terms of when you'll be in a position to know one way or another whether charges will be laid?

Mr. Chris Lewis: I can't put an end date on it, but I am confident that within a year, we'll know whether or not there would be criminal charges laid.

Mr. Jagmeet Singh: Okay.

M^{me} France Gélinas: So 12 months from now?

Mr. Chris Lewis: Yes.

M^{me} France Gélinas: Okay.

Mr. Chris Lewis: I am confident within that time period; it may be sooner, and it could be later, but around that time period, really, at the longest. I can't say, "Without a doubt, by this date we'll have an answer," because as I say, we follow the evidence, and we don't know where the evidence may lead us. And then, where does the evidence lead us, and what is our ability, through proper judicial means, to get access to documents? Getting documents from Ornge is simple: We don't have to have search warrants, because we have the approval of the victim in this case, that reported this, to get those documents. But if it's complex, in another country, and we need search warrants, then that becomes sometimes months in the making to actually put a search warrant together.

Mr. Jagmeet Singh: Has there been any investigation or any liaison with folks from anywhere else besides the United States?

Mr. Chris Lewis: The only other place I know that they've had liaison with and have not travelled to personally at this time is Italy.

Mr. Jagmeet Singh: And in terms of the number of officers involved in this case, are you able to estimate how many officers are working on it?

Mr. Chris Lewis: It varies, the officers, civilians and accountants, from time to time, depending on what they're actually doing, so I don't know a specific number. That's up to the detective-inspector, and if he feels he needs more, to progress at a different rate—based on, you can only do so much at a time. You can only have so many people to conduct interviews. It's not like you could put hundreds of people on it and everybody run willy-nilly. It has to be very focused, and he has to determine the pace of that.

He is comfortable that he has the right number of resources to deal with that. At times, he brings more in, given whatever he's doing on a specific day or in a specific week.

Mr. Jagmeet Singh: Sure. To date, there has been no arrest made?

Mr. Chris Lewis: There has not. There have been no charges laid.

M^{me} France Gélinas: So I understand the process: If it comes to something, you will lay charges. But do you also work what I would call proactively in making

recommendations as to how you prevent this from happening again to this victim or another one?

Mr. Chris Lewis: We're in a bit of a bind if charges are laid. Then it has to go through the court process first. We'd be happy to then share any information with the Ministry of Health that we think maybe there was a loophole or something that ultimately may have prevented this. I'm not aware of any of that at this point. But just hypothetically speaking, yes, if there aren't charges, then by all means, if we see things that maybe could have been tightened up, we would routinely do that.

Just for example, if someone broke into your home tonight—God forbid—and we didn't find out who did it, we'd still tell you, "You should have locked this door," or, "You should maybe have an alarm on that window," those sorts of things. Really, part of what we do as police entities is to try and prevent further crimes from occurring. So by all means, we would do all we could to help.

M^{me} France Gélinas: Okay. So if, in a year or so from now, we hear from you, it could be we hear from you to say that you have gotten back to the Ministry of Health, and I'm guessing, in that getting back to the Ministry of Health, we would have some suggestions as to, "Here's why we could not have laid charges, and here's how you could protect yourself from this happening again." Or it could be a public release that says, "We have laid charges X and Y against people X and Y."

Mr. Chris Lewis: A and B—yes, whatever. Yes, by all means. That makes total sense.

M^{me} France Gélinas: Okay. Could there be other endings than those two?

Mr. Chris Lewis: Charges or no charges? Other endings? I can't think of any off the top of my head.

M^{me} France Gélinas: So that is the way those things go?

Mr. Chris Lewis: Generally, that's the way it goes. I mean, when there are deaths, there are inquests. There are civil suits that occur that are beyond us. Inquests are mandatory things in certain circumstances, or the coroner can call them any time.

There are no deaths linked to this in any way that I am aware of, so maybe civil suits could occur. I'd just be guessing as to what might happen—but nothing from our perspective, short of initiating a criminal court process by laying of charges.

M^{me} France Gélinas: Okay. You will see by my questioning that I know nothing about what you do. Sometimes you hear that a case has not been prosecuted because there was some kind of time limit attached to the crime that was committed. People get charged but then everything gets dropped, and you end up not being very satisfied with the legislative process. In that kind of investigation, in the anti-racket branch, are there such deadlines that exist?

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Mr. Chris Lewis: No, not for this type of thing. Those sorts of things are simple assaults and other things

that—because they're summary conviction offences; there are different levels of offences in the Criminal Code. They have to be laid within six months. With this sort of thing, that's not the case.

The other thing that you may be speaking of is that sometimes in court, when people are charged, their attorneys apply to the judge to say, "This has dragged on too long before the trial occurred." Maybe there were 15 appearances over a three-year period and there has been no trial, and they've successfully argued to have everything thrown out. I think it's called an Askov application, which was a case that occurred to someone, and that set the precedent for the future. Sometimes that may be the fault of a police agency that hasn't got the information to the crown attorneys in time, but, generally speaking, when we lay the charge, we know we have to be ready to go in this day and age, so that shouldn't happen very often. Hopefully it's not going to happen in this case, if charges are laid.

The Chair (Mr. Norm Miller): You have four minutes left.

M^{me} France G elinas: We're going to save our four minutes.

The Chair (Mr. Norm Miller): Very well. We'll move to the government. Ms. Jaczek?

Ms. Helena Jaczek: Yes. Thank you very much, Commissioner Lewis, for coming in today.

Mr. Chris Lewis: My pleasure.

Ms. Helena Jaczek: Obviously, as you've heard from my colleague France G elinas, none of us want to jeopardize any ongoing investigation in any way. That basically goes without saying.

I think you've been very forthcoming to the extent that you can, in terms of reassuring us as to the way the OPP is conducting this investigation. So, if I can just sort of understand the process thoroughly—once the request came in from the Ministry of Health, an officer was assigned from the investigations group.

Mr. Chris Lewis: Yes; a detective-inspector.

Ms. Helena Jaczek: A detective-inspector. Then, that individual, after some preliminary assessment, gets the sense of what type of personnel he may need for that investigation and then proceeds.

Mr. Chris Lewis: That's correct.

Ms. Helena Jaczek: I'm presuming, to the best of your knowledge, that there haven't been any roadblocks in terms of insufficient personnel or unavailable personnel—that, as far as you know, everything is being conducted in a timely way, and in accordance—

Mr. Chris Lewis: That's correct. Given that, and I don't know this for a fact—in, of course, an organization of our size, with many priorities, to try and balance the resources out, there may be times that he needed a specific person that wasn't available because of court or whatever. But in terms of the number of resources he has, I am not aware of any requests on his part to get more. Should he ask for more, depending on what he wants and from where, that could be a problem, because we certainly have homicide investigations and many, many things

on the go. Although this is big and it's very newsworthy and a concern, obviously, to government as a whole, we have people dying out there and other serious things that we have to respond to immediately. So we don't always have the people to respond to everything we'd like to at once. That's just the reality. That's not a complaint on my part at all; just to kind of put it into context for you.

Ms. Helena Jaczek: I perfectly understand. I guess for us, as lay people, as a committee, it seemed to us that things were taking a long time. So I think you've put that very well in perspective.

You yourself—we've been given a little bit of a bio. I believe you were involved—you were commander of the investigation bureau?

Mr. Chris Lewis: I was. I was a detective-inspector at one time, and a number of other roles within investigations. I was the superintendent in charge of the detective-inspectors, and I was the chief superintendent in charge of that area as well. So I have a very good understanding of the processes, albeit a little dated. There are days I wish I was out doing that work instead of what I do. But, yes, I have a good understanding of what happens in there.

You don't gather an entourage for no reason and have them sitting around not ready to do anything. You get the right number of people, and if you need more, you ask for them and you get them, knowing that you're in charge of figuring out how this should proceed, step by step. It's like a big chess game: figuring out what's next.

Ms. Helena Jaczek: That's much appreciated. So in all those years of experience when you were involved in investigations, how often were you involved with a government process? Have you ever heard of a previous commissioner of the OPP appearing in front of a government committee? Can you give us sort of a sense of the relationship with government through the years that you've had?

Mr. Chris Lewis: I reported to all three main political parties in this province, and the Solicitor Generals, and briefed the Solicitor Generals from all parties at different times, from Mr. Christopherson and Mr. Runciman and others. We, as an organization, are very apolitical; obviously, we have to be, regardless of what our own political leanings may or may not be. I have, myself, appeared before a committee in this very building, to look at the smuggling-of-tobacco issues back in the 1990s under the NDP government of the day. I'm sure commissioners have. I'm not aware of that occurring, but there were times in my career that I didn't even know really what a commissioner was, let alone what they did on a daily basis. But I don't recall that in recent years.

I have appeared before committees of the federal government looking at legislative change and things like that, but never when there was an ongoing investigation at the same time.

Ms. Helena Jaczek: Okay, so I guess that's where I'm moving towards. When there is an ongoing investigation, this issue of not endangering the investigation—interdependence from any potential government inter-

ference: How do you see that line? How do you describe that?

Mr. Chris Lewis: It's challenging for us to testify at a committee like this because of that concern that we're going to do something to taint other witnesses in some way: maybe let something out that some other witness shouldn't even know, and then they're subsequently giving a statement and you say, "Well, how do you know that? You shouldn't even know that, because only the person that did this crime"—just to use that generic example—"would know those details that the police have held back." "Well, because I heard them when I watched the committee," or, "My friend was there," or, "I testified myself before I was even interviewed by the police." So they're challenging for us. We do what we have to do, and we'll make it all work.

In terms of the relationship with government: Through a variety of things in my career in almost 35 years, there have been allegations where a government has made us do this or forced us to not do that. That has never occurred with me, and I don't know if it has ever occurred with any commissioner since I've been an executive member of the OPP. In fact, I've sat in on briefings of Solicitor Generals where they're specifically told, "You can't even so much as ask questions of what's going on in the case, because that may show some bias or put pressure on the police." And I wouldn't tolerate that, if it occurred. I'd go to the deputy minister, who ultimately is a government employee and would deal with that. It's not an issue. It hasn't happened with any party at any time, to my knowledge.

Ms. Helena Jaczek: Certainly on behalf of the government, obviously, we want to maintain police independence—

Mr. Chris Lewis: And let me thank you for it.

Ms. Helena Jaczek: And that's exactly the way it should be.

Perhaps you could give us a little bit more information about the risks to the investigation. We sort of have a general sense of that, but could you sort of elaborate a little bit more?

Mr. Chris Lewis: Well, there are certain things that, as investigators, we go into interviews knowing. We would expect the person being interviewed may or may not know certain things. If those things have come out in a public forum, that could taint their evidence. Does their memory then recollect that something happened on a certain day because they did it, or they saw it, or someone told them about it, or did they hear about it through this venue? That's always a concern. There's always hold-back evidence, we call it, that we just don't give to everybody because only certain people should know it. And if someone suddenly does, then that's an issue; that's a flag for us. How did they find it out? Those are concerns.

I'll be very frank: I don't know a name or a date or a location, but I know of at least one witness who was being co-operative with our investigators who did appear in this room and has since not been as co-operative.

Everything has to go through a lawyer now, whereas before it was a little bit more conciliatory. And that's the process. I'm not disrespecting that process at all, but those are some of the challenges that come out for us.

Potential jurors hear things and then become biased. That either hurts selecting a proper jury pool or ultimately can be a defence ploy to try and have cases retried and on appeal because the jurors obviously heard that on TV, and all those sorts of things that might happen. It's a different world that we live in now. That was never a concern before CNN and 24-hour media coverage and social media. But that world has changed, so it's tougher for us to keep a lid on things and not tip our hand in terms of what evidence we have or don't have, as the case may be.

Ms. Helena Jaczek: Thank you. Does anyone—

The Chair (Mr. Norm Miller): Ms. Damerla?

Ms. Dipika Damerla: Thank you, Commissioner Lewis, for coming here. I think all of us have acknowledged the tricky path you have here, answering as much as you can without jeopardizing the investigations. You've given us examples, as well, of how things could go wrong if you gave too much information, so I think we all respect that.

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Just coming to the Ornge investigation, what is your role as the commissioner in this investigation?

Mr. Chris Lewis: In this investigation? I really don't have a role. I'm the leader of the organization, but the deputy commissioner is in charge of investigations. We have four specific silos in the OPP. One of them is investigations—organized crime; drug enforcement and the like; fraud. He oversees that. He has 27 of these detective-inspectors and a pile of other ranks that are leading investigations across this province as we speak: some fresh murders, some suspicious deaths, and on and on. He himself would only know certain pieces, because he doesn't have time to know all the details. So if they need help, they need more, or there's a problem, or there's about to be an arrest, or we need to put in a briefing note on something that has gone on—maybe we've arrested, in one case in eastern Ontario some years ago, a member of government for something. You start making notifications only for the purpose of notifying, not for interference or looking for advice.

He would oversee all of that. He would determine what he thinks I need to know. I have the option, of course, of asking questions, but I deliberately don't, because I've been in those roles where bosses have asked me questions; I thought, "I don't want to tell you this." He tells me what I need to know, and on this case specifically there really has been nothing that I've needed to know. I've asked him a couple of times, "How's it going?", and that's it. "Everything's going fine. Things are moving along. A lot of documents to go through. A lot of emails to go through." That's all the generic information that I've been privy to. Nor have I been asked by any elected officials before today what is going on, how it's going—not my minister, not any other minister, no member of Parliament, provincial or federal.

I'm that kind of narrow part of the hourglass. Some people above would maybe like to know more, although they haven't asked. The people below me know more and more, the further down the hourglass you go.

Ms. Dipika Damerla: You alluded to the fact that politicians haven't asked you how the investigation—

Mr. Chris Lewis: They have not.

Ms. Dipika Damerla: And that is as it should be?

Mr. Chris Lewis: That is as it should be. One of the issues that our Solicitor General or Minister of Community Safety and Correctional Services is told in those initial briefings—and I've been at several of them—is that even asking questions might make police officers feel they have to go in a certain direction. For example, "Have you interviewed so and so yet?" Oh, are you saying I should be, or are you saying I shouldn't be? Or, "Why haven't you done this yet?" Well, is that pressure to do that? Maybe that's not the way we want to go with this. We report up on things at times, just out of courtesy, because it's newsworthy, it's in the media anyway—the highway was blocked off and we let people know that that's occurred—but they don't say, "When are you going to open it up?" or, "Why haven't you opened it up yet?"

Ms. Dipika Damerla: In terms of the public interest, because this is an issue that's reported on in the papers all the time—

The Chair (Mr. Norm Miller): Ms. Damerla, could you speak more into the mike, please, for Hansard?

Ms. Dipika Damerla: Maybe I can just move this here. Just in the public interest, I wanted to know: As difficult as it is for you to give us details, what assurances can you give Ontarians that the OPP is taking this matter very seriously in the Ornge investigation, that you're moving as fast as you're able to?

Mr. Chris Lewis: Well, you have my assurance as the commissioner of the OPP. That is our role in everything we do. Some things don't progress as quickly as others, depending on the public interest and particularly public safety. If we had another multiple murder in this province tomorrow, maybe all these investigators would be out on it too, and this would be pushed on the back burner for the time being. That would frustrate people who want to see this move forward, but that's just the nature of the beast and that's what we have to do, because the public safety aspect always takes priority over the financial issues. This potentially is a serious crime and if, in fact, a crime occurred, given the type of dollars that we've heard in the media—I don't even know myself what the details are. But once again, that's not necessarily a priority for us, depending on what else happens out there today or tomorrow or the day after.

Ms. Dipika Damerla: Fair enough. Given that context, is it unusual that an investigation of this time has taken as long—it's about a year now. Would that be pretty normal for an investigation of this time?

Mr. Chris Lewis: That's very normal. I know of multiple million-dollar frauds that have gone on for seven years before charges were laid. I know a number

that have been four or five years before charges were laid, and that's just in my recent memory. So what has happened over the years since we formed the anti-fraud area of the organization in 1960, I have no idea.

Ms. Dipika Damerla: Thank you. I don't have any more questions.

Mr. Chris Lewis: Thank you.

Ms. Helena Jaczek: We'll save the time, whatever it is.

The Chair (Mr. Norm Miller): Very well. Thank you.

We'll move to the opposition: Mr. Klees.

Mr. Frank Klees: Commissioner, I take all the blame for having you here today. When I made the request, it was not with a view to interfering in anything that is going on. We know how sensitive that is. But what I did think was important is that we as a committee and really, equally as important, the public understand that this is a serious investigation.

I was very interested to hear what the resources were that were assigned to this investigation. I was interested to know, particularly given the information that we have about what is happening in other jurisdictions—Italy, India—the fact that a senior executive with the holding company of AgustaWestland was in fact arrested, charged with bribery in a deal that had to do, ironically, with the sale of 12 helicopters. The pattern of behaviour is something that I think we all are taken with—the fact that Mr. Orsi himself was very much part of the transaction that Ornge engaged in with AgustaWestland when he was head of AgustaWestland.

Your statement that you gave to the committee really encompassed everything that I had by way of questions for you. It's encouraging to know that you are deploying the resources, that you are engaging the international efforts as well. I understand the Mutual Legal Assistance Treaty is available to us, and I'm assuming that that is the authority under which you've engaged with Italy and probably the United States as well.

Can you just comment on that treaty, and perhaps give us an explanation of how that works and what the obligations and co-operative mechanisms are under that arrangement?

Mr. Chris Lewis: I certainly could, Mr. Klees. The MLAT, Mutual Legal Assistance Treaty, is managed through the federal Department of Justice. All of our detective-inspectors, including the individual assigned to lead this investigation, are trained in that, and they have presentations done for them by the Department of Justice to understand how it all works.

I don't know this for a fact, but I would assume, as you have, that that actually has been in place and they would be dealing with crown attorneys from the federal Department of Justice in Ottawa. I believe there are a couple in Toronto as well; I used to know them all by name at one time myself. But I would assume that that's being dealt with. I would also assume that in the case of Italy—which is, as I said, the only other country other than the US that I'm aware of that they have spoken to—

the RCMP would be engaged in that, given that in Rome they have specifically a liaison officer assigned there to help bridge the gap with law enforcement agencies.

I'm very comfortable that all of that would be occurring. I just don't know that as a fact. But as commissioner, I'm pretty comfortable.

The individual who was picked to run this case was picked not only because he's an inspector in our criminal investigation branch; he has a fraud background, and we knew when we assigned this individual to the case that this would be done right. He was the right individual to assign, given his background—very professional and worked in drug enforcement. He probably dealt with MLATs many times in his career as a result of those cases.

Mr. Frank Klees: We, as you know, have had extensive hearings here. You are now our 59th witness. A number of those witnesses brought, I think, some very critical information to the table, particularly focused on one particular transaction that involved some \$6.7 million of, as has been characterized, “kickback” because of key people within the organization who characterized the flow of funds around that contract as not having value—characterized in a number of different ways. The interesting thing for us as a committee as we heard that testimony is that—while of course, as in most of these things, there is contradictory testimony that we hear, there was, in the end, an admittance on the part of really three key witnesses that there were reasons to believe that that transaction was highly questionable.

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I understand that the definition of “organized crime” is a very narrow one. If, in fact, for example—please correct me if I'm wrong, but my understanding is that if you have as few as three people within an organization conspiring to misappropriate funds, that is actually defined as organized crime. Am I correct in that?

Mr. Chris Lewis: By definition, you are very close. It is three or more people, and there has to be financial gain, which obviously is why most crimes occur. You described it as a narrow definition; I almost see it as too broad of a definition. A previous boss said to me one time that, really, three people in a boat coming across from Michigan with a case of beer is almost organized crime, if you look at it that way. So is it narrow or is it too broad? I don't know, but you're really very close to what the definition is.

I spent a number of years in the Criminal Intelligence Service Ontario looking at organized crime. We never looked at organized crime groups of three people; it was always large organizations.

In terms of your comments about the size, the six-point-whatever million dollars etc., I don't even know those details myself—obviously, you do better than I. But I can say as commissioner that if, in fact, there was a multi-million-dollar kickback in any way and that can be proven, this is the team that can prove that, and we'll put that before the courts and lay charges accordingly—if, in fact, that's what occurred.

Mr. Frank Klees: That's encouraging. Would I assume correctly that your team or the team that is actually charged with this investigation would certainly avail themselves of the proceedings of this committee and would be following the testimony of the people as we hear them and would be following up on that?

Mr. Chris Lewis: I would assume so. If I was running that investigation, that would be the case. We don't let the media really control our investigation, but certainly they would want to know if names were coming up there that hadn't come up in some other way and that sort of thing.

Ultimately, when they interview people now who have testified before this committee, they're going to want to know what they said to this committee. There are pros and cons to that, but at the same time, our folks would be following this, yes.

Mr. Frank Klees: And we, of course, would not want anyone to rely on the media reporting on this. That's why we have Hansard available: to ensure that the facts are correct.

Mr. Chris Lewis: And I am not being critical of my friends in the media.

Mr. Frank Klees: Mr. Ferguson here—I got his attention.

With regard to that: As I mentioned before, quite contradictory evidence has flown through these walls here. Is perjury—perjury is a criminal offence.

Mr. Chris Lewis: It is.

Mr. Frank Klees: How can I put this? I'm just asking a question that—as these proceedings are being observed and where there is evidence of perjury as it relates to the issue that's being investigated, would that be one of the charges that would be considered laying against whoever would be guilty of that offence?

Mr. Chris Lewis: This investigation is focusing on the allegations around Ornge. If, in fact, something arose through these proceedings that suggested someone had committed perjury, we would make sure that was properly investigated and charges were laid. That is not the mandate of the group that we have in place. They have their hands full doing what they're doing, but certainly there would not be a blind eye to that. If I testified here today and subsequently said something that the investigators felt was an outright lie, and I testified under oath, then they would be obligated to make sure that was properly investigated. Whether it be Toronto police given the jurisdiction or whether we would do it, it would be a separate group of people, because those folks are focused on what they do. But we would never let that occur without taking action.

Mr. Frank Klees: Did I understand you to say earlier that, given what you know about the scope of this investigation, you feel that it might be 12 months or so before there would be a decision about whether to lay charges, give and take a month here and there?

Mr. Chris Lewis: That's correct, yes.

Mr. Frank Klees: Okay.

Mr. Chris Lewis: I'm confident that within a year we'll know whether or not we're laying charges.

Mr. Frank Klees: Okay. Chair, I'll defer.

Thank you.

Mr. Chris Lewis: Thank you.

The Chair (Mr. Norm Miller): Thank you. We'll move to the NDP, and you have four minutes.

M^{me} France G elinas: Okay. Here again, if I go someplace I'm not supposed to—

Mr. Chris Lewis: I'll be happy to tell you.

M^{me} France G elinas: Sounds good; sounds good.

It was reassuring to hear you say things such as that if there has been misappropriation of funds, if there have been kickbacks, you feel that you have the right team in place to be able to figure this out. If that happens, then there are charges, I take it, that will be laid if the case is strong enough. Who would decide to ask for money back?

Mr. Chris Lewis: The court can order that. If it's not ordered by the court—some restitution of some sort. Just look at a hypothetical case where someone is defrauded of \$500. The court has the ability to order restitution when the person is convicted—if they are. The other option is a civil hearing and going after someone civilly to recoup the money.

M^{me} France G elinas: So then that's an independent court action that is taken.

Mr. Chris Lewis: A separate process, yes; a civil court process.

M^{me} France G elinas: In your opening comments, you shared with us things like 50 interviews, 22,000 pages, 500,000 emails—

Mr. Chris Lewis: In excess of 500,000, yes.

M^{me} France G elinas: I don't envy them; I have my own cases. But you did say something after this that says, "We want to better understand the corporate structure and the evolution." My, this is something I'd like to understand also.

At some point, are those findings ever going to be available? I still have doubts that we've got this right, really, the convoluted corporate structure that was developed. Every now and again we hear of new Ornge this and Ornge that, that I think are related.

Mr. Chris Lewis: I believe—and, really, a follow-up to your earlier question, I suppose—that if in fact it goes to court, there will be a lot of evidence called in court, and one of those things will be to develop, I'm sure, a structure and a routing and how things flowed and who did what and what decision-making occurred and when and by who. I'm only assuming that; it just makes sense in this type of case. And if it doesn't, then there will be a report written. What mechanisms would be in place for the Ministry of Health to further disseminate that? What freedom-of-information requests might be put forward? Or perhaps our ministry themselves will say, "Do you have any concern with putting this out publicly?" I don't know, so I can't really predict that.

But it would just make common sense to me, in my position, that some of the things you speak of shouldn't be things that are controversial to release at some point. It's just doing it in a legal way, because with names and identities and all those things, there's always a concern

on the freedom-of-information front, personal information. So those will be decisions to make down the road.

The first thing is to find out, "Are we laying charges, and, if so, against who?" and laying those charges and getting that before the courts.

M^{me} France G elinas: Given that this is going to be my last minute and you're almost done, are you disappointed that we asked you to come?

Mr. Chris Lewis: Not at all. I was asked to come; I was never summonsed. I was asked if I would come, and I felt that it was important for me to come and let you know what I could and also reassure you and, of course, the public at large that we're doing our best and that we'll get to the bottom of this, one way or another. We have the right people in place to do that. I'm very confident in the team that we have in place.

M^{me} France G elinas: I can tell you that you were very reassuring to me. So for people who ask me from now on, "How come it's been a year and we haven't heard anything?", I would feel very confident saying, "I heard from the OPP commissioner, Mr. Lewis, himself, and I feel confident that it's going as good as it can."

Mr. Chris Lewis: Great. Thank you.

M^{me} France G elinas: Thank you.

The Chair (Mr. Norm Miller): Very well. Thank you, and we'll move to the government for their last three minutes. Go ahead, Ms. Jaczek.

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Ms. Helena Jaczek: I won't even take that. I really just want to thank you, Commissioner Lewis, and just summarize. You personally have no role in the investigation. The OPP is taking the investigation seriously. It's appropriately resourced. The length of time it has taken to date is not unusual. In fact, you're confident that we should know within 12 months whether charges are to be laid or not.

Mr. Chris Lewis: That's correct. I never say that the OPP is any better than any other police organization, but I also say we're second to none. Criminal investigation has been our forte for many, many years. Long before the OPP was formed, the provincial government had investigators; that's what started us. I know our people will do the right thing here, and they'll get it done properly and get it before the courts if, in fact, the grounds are there.

Ms. Helena Jaczek: You have been very reassuring. Thank you.

Mr. Chris Lewis: Thank you.

The Chair (Mr. Norm Miller): Thank you, Ms. Jaczek.

Mr. Klees, you have six minutes.

Mr. Frank Klees: Commissioner, would you admit that the OPP just is not the same without Cam Woolley?

Mr. Chris Lewis: Well, you know, Cam and I started together in 1978—the same class. He showed up in a Bentley, and I drove up in an old rusty Toyota.

Mr. Frank Klees: And he's still driving the Bentley.

Mr. Chris Lewis: He's still driving the Bentley, yes.

Mr. Frank Klees: I want to thank you as well for the reassurance. We'll obviously be watching very carefully.

I think people of this province just want to know that justice is done at the end, especially with this file, where precious health care dollars have been so obviously wasted. I think that it's important that a signal is sent that people who abuse the public trust know that there will be consequences.

Frankly, at this point, as a committee, we do what we can on the legislative side. The reason we're doing what we're doing as a committee is that we want to put in place a structure that will prevent certain things from happening and repeating again.

Your investigation is a very critical component of sending a signal to people who would take what may be a good intention and abuse it. So we look to you.

Mr. Chris Lewis: Thank you.

Mr. Frank Klees: I am going to take another minute because I have you here. I'd like to just ask you about the overall resources that you have available to you to get the job done in this province.

Here's what prompts this: I have a constituent who brought a very clear, open-and-shut case of fraud to my attention. It happens to be a mortgage fraud. It actually is being investigated as well by the FBI because there's a US connection. He took his brief to the local police, who advised him, "This isn't our responsibility," and referred him to the OPP. He met with the OPP, who reviewed his documents and said, "Well, this isn't really what we do," and referred him to the RCMP. The RCMP looked at his information and said, "Well, this isn't really what we do." He came back to me and he said, "Where do I go from here?"

I spoke with an RCMP officer, who told me that one of the reasons that this isn't being taken seriously is because it's not a multi-million-dollar fraud and because of the lack of resources. Circumstances like this just simply are not being pursued.

Can you tell me: As commissioner, do you feel that you have the resources in this province to get the job done on behalf of the people of this province?

Mr. Chris Lewis: Very interesting question. I may get this on TV tonight on my little TV show on CP24, too; I often do.

I would say: Most of the time, we do. I would say that there are other times in the OPP—and I'm not being critical of anyone, but given revenue issues in municipalities, and the province is in a deficit, there are times that we have to make do with what we have, and we don't have enough. We have to prioritize, and some things we cannot do; some things we have to do less of.

As time goes on, other things emerge that we have to start doing, whether it be e-crime or the sexual exploitation of children. Those are things we never predicted would come. We have to put resources in to do those things, and something has to fall off the table.

We're actually going through an exercise right now in the OPP to look at what we do, and there may be some things we won't do. We may not drive 50 miles down a gravel road anymore just to look in the back of a pickup truck and confirm what the man said when he called: "You're right. There's no chainsaw on the back of the truck anymore." We always did that because we're the OPP. We wanted to do that and we're proud of doing that. We can't do all those things anymore.

There are times we struggle and we've had to ask other agencies to help us when, traditionally, it has always been the other way around. But at the same time, I get that. It's just the reality of the fiscal situation. There are police agencies in the United States that are way worse off than us. So there are days I'm happy with what we do have and there are days I wish we had more, but we have to make do with the reality.

Mr. Frank Klees: Thank you.

The Chair (Mr. Norm Miller): Thank you, Commissioner Lewis, for coming before the committee today. We appreciate it.

Mr. Chris Lewis: Thank you, Mr. Chair. My pleasure. Good afternoon.

The Chair (Mr. Norm Miller): For committee members, we do have the packages with the USB keys from the ministries of finance and health right behind me here. There's one for each caucus. If you could collect it, that would be great.

Otherwise, we are adjourned.

The committee adjourned at 1456.

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