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**Official Report
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(Hansard)**

Tuesday 31 July 2012

**Journal
des débats
(Hansard)**

Mardi 31 juillet 2012

**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

Chair: Norm Miller
Clerk: William Short

Président : Norm Miller
Greffier : William Short

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
PUBLIC ACCOUNTS**

**COMITÉ PERMANENT DES
COMPTES PUBLICS**

Tuesday 31 July 2012

Mardi 31 juillet 2012

The committee met at 0901 in room 151.

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

The Chair (Mr. Norm Miller): I'd like to call this committee to order and just point out, to begin with, that there is some information for the members in front of you. There is some research information from our research officer, Ray McLellan. Also—there's one for each caucus—there's the seventh volume of information requested from Fasken Martineau.

ORNGE

The Chair (Mr. Norm Miller): This morning, our first witness is Brandon Doneff, critical care flight paramedic. Brandon, if you could please come forward to confirm that you've received the information about a witness coming before the committee.

Mr. Brandon R. Doneff: That is correct.

The Chair (Mr. Norm Miller): Very well. I understand we have an affirmation for you, which our clerk will do.

The Clerk of the Committee (Mr. William Short): Mr. Doneff, 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?

Mr. Brandon R. Doneff: I do.

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

The Chair (Mr. Norm Miller): I understand you have a brief opening statement you'd like to make. Grab a chair there and make yourself comfortable.

Mr. Brandon R. Doneff: Thank you.

Distinguished members of the committee on public accounts, my name is Brandon R. Doneff, and I am deeply honoured to have been invited to speak in front of you today. I greatly appreciate your time and consideration in the matters that have surfaced at Ornge. I am certain your task is not easy, nor is it one to be desired.

With the documents that I have provided you, you will notice that I have been training and working in the health care field since graduating high school. I can honestly say that there has never been a day that I awoke and

dreaded the thought of going to work on the helicopter. I truly believe that I have found my dream career.

Having said that, there has been the odd call or two when I wished I was at home in the pool or anywhere else, for that matter—like the time when a patient's colostomy bag exploded in the back of an enclosed helicopter. That was definitely one of those times. However, even after enduring all those sleepless nights, the missed dance recitals, hockey games, unruly patients, horrific scenes, freezing cold and blistering heat, I still am very happy and proud to be a critical care flight paramedic.

So, without further delay, please feel free to ask me any questions or any concerns that you deem necessary in order to find clarification into the matters surrounding my employer.

The Chair (Mr. Norm Miller): Thank you. We'll move to the official opposition first for their questioning. We'll have 20 minutes for each caucus, and then we'll see how much time is left over. Mr. Klees.

Mr. Frank Klees: Thank you for being here. You expressed your appreciation for being invited here today. Can you tell us who invited you to attend here?

Mr. Brandon R. Doneff: Mr. William Short.

Mr. Frank Klees: Do you know where that nomination came from?

Mr. Brandon R. Doneff: I do not. I actually asked my managers and such, and they had no idea where it came from. Nonetheless, it's an invitation and I took it.

Mr. Frank Klees: We appreciate you being here.

We've heard a great deal over the last number of months about the challenges that front-line paramedics and pilots are having in terms of carrying out their awesome responsibility, and to this point, what we have heard is that, whether it's a paramedic or whether it's pilots, they have been extremely frustrating experiences for them. There's a litany of records that have been presented to us of a basis that "We're not able to respond to calls because of understaffing, because either there were not enough paramedics available or there were not pilots available." I'd like to just hear from you—you have been employed with Ornge now since when?

Mr. Brandon R. Doneff: Since day one.

Mr. Frank Klees: Since day one.

Mr. Brandon R. Doneff: I worked for Canadian Helicopters—if you refer to the resumé—who was the initial employer, and even prior to that, National Helicopters,

which is a private agency that also flew out of London, Ontario.

Mr. Frank Klees: Have you ever been on call when a circumstance arose that you were not able to respond because of a downstaffing, because you didn't have another paramedic with you to fulfill the full complement required? Or were you ever at any base at any time when perhaps the paramedics were ready to go but the pilots weren't available? Can you tell us something about that experience, please?

Mr. Brandon R. Doneff: Of course I can. On my professional experiences, I have never been unable to respond to a call. We do have occurrences where there has been a single medic. We always have to have two pilots in order to fly the machine. I have never been on the job where there has only been one pilot. In the past, if we were short one pilot, the managers would do their best job in order to attain another pilot, and that might be flying them in from Ottawa or even from the north. That's out of my jurisdiction; I have no understanding of how that goes down.

As a paramedic, I have been on calls as a single paramedic due to short-term sick leave, where a medic has actually booked off sick during a call or the night before. Sometimes, you are correct in saying that there's no one else to work, either be their time off—and it is their time off. We are not forced to work extra and above duty hours. If we do, we are paid appropriately. But to my best knowledge, they have always done the best of their job to accommodate that.

Mr. Frank Klees: You are very familiar with the Ambulance Act and the regulations that set out the standards for staffing?

Mr. Brandon R. Doneff: Correct.

Mr. Frank Klees: Can you tell us what the regulations or legislation say about the number of paramedics that must be staffing a particular ambulance, be that ground or be that air ambulance?

Mr. Brandon R. Doneff: Without verbatim, it is two.

Mr. Frank Klees: It is two.

Mr. Brandon R. Doneff: I believe so, yes.

Mr. Frank Klees: So you've found yourself in circumstances where you knew that, essentially, you were breaking the law by attending as a single paramedic. Is that correct?

Mr. Brandon R. Doneff: That is correct.

Mr. Frank Klees: Why would you place yourself into that circumstance?

Mr. Brandon R. Doneff: Because both professionally and personally, I believe that with my amount of training, when with doctor's orders, that I can work up to—I've been told this—a primary care level. Even though I am a certified critical care flight paramedic, if I am single-staffed, I work up to a primary care paramedic.

Mr. Frank Klees: But you know that the legislation requires two paramedics to be on that call, and you have attended as a single paramedic, notwithstanding what the legislation states.

Mr. Brandon R. Doneff: I have never been the type of person to come out and say I am unwilling to help another person because it is, for lack of better words, against the law. If I can help, I will help. I have never been told by my managers not to go on the call. They have never come out and said, "You are a single medic today. You will not be allowed on that helicopter until a second medic is there with you." It's within my personality to do the best that I can with the tools that I have.

0910

Mr. Frank Klees: So your managers knew that they were asking you, or allowing you, to do something that was clearly against the legislation, very clearly proscribed.

Mr. Brandon R. Doneff: That is correct.

Mr. Frank Klees: How did you feel about that?

Mr. Brandon R. Doneff: Well, as I stated earlier, there has never been a time that I dreaded going in to work. If I am single-staffed, that has nothing to do with my doing. That is above my pay scale, and I really can't do much about that. I show up for work, for my 12-hour shift, and if it goes on beyond 12 hours, I do my job.

Mr. Frank Klees: You've heard your colleagues come forward, fellow paramedics who expressed serious concern about the environment within which they were being asked to conduct their professional service, to the point where we have incident reports, that you're obviously aware of as well, where on numerous occasions a call was not able to be completed because of that issue, because of a single paramedic, or because of the medical interior of the helicopter—and we'll deal with that in a separate line of questioning.

I understand your commitment to wanting to do the right thing and, obviously, save lives. That's why you're doing what you're doing.

I'd like your opinion in terms of the liability that the management at Ornge placed you and your fellow paramedics into by allowing or encouraging paramedics to go on a single-paramedic call.

Mr. Brandon R. Doneff: Unfortunately, the onus does come down to a paramedic. As you're well aware, there are letters that have been brought forth to management—and when we do not get the appropriate response, we've gone up; when we do not receive the appropriate response, we've gone out. Hence we're here, and hence your questioning.

At the London base, we have had, I believe, over nine or 10 managers for paramedics. The unfortunate part with that is, as you're well aware, it's very difficult to understand the roles and responsibility of a manager if you've only before there for a month and then you have to learn from the beginning, again and again and again. Sometimes, I truly don't believe that they understand what is going on at the real core.

With regard to the onus being on the paramedic and the roles and responsibility as a paramedic, they were well aware, I believe—

Mr. Frank Klees: You made an interesting comment about the management and the constant turnover of

management. An organization that's entrusted with delivering an essential emergency service—one would think that foremost would be a focus on ensuring that the people who are managers are well qualified for that job. You've just told us that that was not the case.

Mr. Brandon R. Doneff: I did not say they were not qualified. I wasn't on the HR committee, in the hiring. However, I believe it takes a certain amount of time for them to understand the true essence behind what our actual duties are, and with that, you're very well aware of some of the frustrations from the front-line staff.

Mr. Frank Klees: On August 18 of last year, you were part of a meeting that took place that was headed by Tom Lepine, Rhoda Beecher and Hallie McClelland. Do you recall that meeting?

Mr. Brandon R. Doneff: In London?

Mr. Frank Klees: In London.

Mr. Brandon R. Doneff: I do.

Mr. Frank Klees: What was the nature of that meeting? What was the agenda at that meeting?

Mr. Brandon R. Doneff: Basically, some of the agendas were with regard to money at Ornge, with regard to staffing at Ornge. Actually, there was even a comment made because of the lack of money at Ornge and that there was a possibility—that if the paramedics continued to utilize their sick time and utilize their vacation time, there may be the possibility of a base closing. I remember quite clearly the individual stating, “Which base shall we close first? I don't want to close bases, but which one shall I close first?”

Mr. Frank Klees: This was in August of last year.

Mr. Brandon R. Doneff: That is correct.

Mr. Frank Klees: And you, as staff, were being told that Ornge was actually contemplating closing bases.

Mr. Brandon R. Doneff: Correct.

Mr. Frank Klees: And they said, specifically, the reason for that was that the Ministry of Health had advised them that there would be no more money for them. Is that correct?

Mr. Brandon R. Doneff: I don't remember them stating “Ministry of Health,” but I do remember them stating that there was no more money.

Mr. Frank Klees: At that meeting, do you recall any discussions about the for-profit activities that Ornge was engaging in, in terms of generating additional private funds?

Mr. Brandon R. Doneff: There was a lot of talk about going outside of Ontario. That's what got a lot of us front-line staff very nervous and also, on the flip side, from my personal and professional opinion, very excited, because that meant more staff, that meant a broader range of our care, that we could go outside of Ontario and do more things with our job and career.

Having said that, if I was told that Ontario is giving money to keep in Ontario, and yet Ornge is going outside of Ontario to get money—we all raised an eyebrow with that. When we questioned that, they basically said that what they were trying to do was create a business, Ornge in a box. When we spoke about that, we asked, “What

does that mean?” They said they wanted Ornge to become a household name—like Tide, like Nike, whatever—around the world. So the intent was good. We had no idea where the money was going or where it was coming from. There was a foundation that you are all well aware of. I know they were going out on their own accord and attempting to get money from persons, but we weren't privy to all that information.

Mr. Frank Klees: So on the one hand you were being told—these are front-line paramedics—“Look, we don't have any more money. The ministry has told us there is no more money. We may have to close some bases; it's just a matter of determining which one.” Yet, at the same meeting, they're telling you that they've got this elaborate plan to go outside of Ontario when they can't even look after the core business of ensuring that paramedics and pilots and the resources within Ontario are in place to do the job that you're mandated to do. Is that right?

Mr. Brandon R. Doneff: That is correct.

Mr. Frank Klees: Consternation?

Mr. Brandon R. Doneff: I believe I stated that the foundation seems to be cracked.

Mr. Frank Klees: I have copies of the minutes of that meeting in front of me here. Mr. Chair, I have copies for members of the committee as well, if we could have that distributed. And sir, we'll give you a copy so that you can refer to it.

On page 8 of 9 of these minutes, there's a very interesting reference here. This is coming from Mr. Lepine, who I understand was leading the discussion:

“I, along with the chairman of the board, provided details of Ornge Global to the deputy ministers of finance, health, and infrastructure, all of whom supported the initiatives.

“Performance agreement negotiations included revenue generation outside of Ontario for benefit of Ontarians.”

So we have Mr. Lepine reassuring front-line staff of Ornge that while they may be closing a base or two here in Ontario, they fully briefed the Ministry of Health—and finance, and infrastructure—of their plans to expand beyond Ontario, and they're fully supportive. Do you recall that discussion?

Mr. Brandon R. Doneff: I do recall that. As front-line staff, we didn't know how to respond to that.

0920

Mr. Frank Klees: Did you feel betrayed?

Mr. Brandon R. Doneff: We felt something was afoot, and, yes, most definitely betrayed.

Mr. Frank Klees: And yet, during the same time, you must have been aware, because you're perceived as a leader—you have, I think, some of the longest-term experience of any of the paramedics on the front lines. Am I correct in that?

Mr. Brandon R. Doneff: Yes.

Mr. Frank Klees: So you would have been fully aware of all of these incident reports that we, now, are privy to because of a confidential document; that is, a briefing to the Minister of Health on a regular basis where patients died; and patients died, perhaps not

directly because of a paramedic not being able to take them into a helicopter, but what we don't know is, if, in fact, that patient could have been taken to the hospital by air and had treatment sooner, whether that patient may well have lived. Isn't that correct?

Mr. Brandon R. Doneff: That is correct.

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

Mr. Frank Klees: I want to thank you for helping us with this because at the end of the day our objective, I think, is very similar to yours: We want to ensure that our air ambulance service is competent, is properly resourced, and that every dollar of tax-funded health care dollars goes to the front line so that you can do your job.

Here we had an organization that was essentially saying, "We're actually willing to cut back on the service that we're providing here because we have this vision of going internationally with our little 'Ornge in a box'"—as you put it—"and we're willing to compromise patient care in Ontario." We want to get beyond that, and we want to restore and ensure that we do it the right way. We want to ensure that we can restore confidence in our air ambulance service, and we're going to do it through people like yourself who are dedicated to the front line. But we need straightforward, honest answers from you so that we can go about making the recommendations that need to be made to get it right. Thank you.

Mr. Brandon R. Doneff: Thank you.

Mr. David Zimmer: Chair, through you to Mr. Klees: I got the minutes. Thank you very much. They start at page—well; there's an introductory page, and then it starts on page 3 of 9. Do we have the other two pages, just to make it complete?

The Chair (Mr. Norm Miller): If Mr. Klees has it, you should have it; otherwise, we'll move on to the NDP for their questioning.

Ms. Gélinas.

M^{me} France Gélinas: I'd like to thank you for coming to Queen's Park. It can be a little bit intimidating at first, but you're doing very well this morning.

Mr. Brandon R. Doneff: Thank you.

M^{me} France Gélinas: You have talked about some of the problems that you have shared with Mr. Klees about your work. You want to do good for people, and when it is within your purview to make decisions, you make the right decisions: to go and help people in need, which is the career that you choose to do, and you seem quite happy with it.

During the time when you did have to make decisions that went against the law, did you ever try to tell someone that, "Hey, guys. I'm alone here. There needs to be two of us"? And who did you have those conversations with?

Mr. Brandon R. Doneff: So, yes, on multiple occasions, myself personally and other front-line staff did voice their concerns—and once again, first and foremost, we have to speak to our managers. Some of the responses from our management were, "There just are no staff." Once again, with regard to last year in August with these

meetings, they were basically saying, "We have no more money to fill the seat with other paramedics." We found that extremely disappointing, and we found that it was a sacrifice for our patients and for ourselves, because you cannot lift a patient—I mean, I'm a healthy guy; I could probably lift all of you, but, by myself, it's very dangerous at times, and we get into some very unorthodox situations.

When we found out what management was saying to us, and even with Mr. Tom Lepine, when they spoke—as you're well aware, we have a union. It was brought forth to them as well and we said, "There are some times when it is unsafe for us to practice like that." There have been times when we spoke to the physicians, and the physicians did what they could as well. It felt like you were just meeting a brick wall at times. Basically, the response was, "There was no more money; we cannot fill that seat."

Now, I found it very unusual and very unorthodox, once our CEO was removed, that things changed—they changed dramatically. All of a sudden, we had another paramedic in that seat. All of a sudden, there was up-staffing with regard to vacation time and sick time and such. Some of the troubles just seemed to disappear.

There were some rules and regulations that were brought down, and I know that this was—we were told—to save money with delaying launch times. From day one, even from my college days, we were told, "You have X amount of time to get out of your seat, stop whatever you're doing, get out that door, get in the ambulance." It doesn't matter if it's a fixed-wing, a helicopter, a land ambulance, you have eight to 10 minutes. Now, in a helicopter, that's pretty quick. The pilots and the paramedics and the engineers worked in unison to do that. We were extremely frustrated and very disappointed once we found out that we were being told, "No, now what you're going to be doing is you're going to have a pre-alert, and once there is a primary care or advanced care, it doesn't matter who is on-scene"—these are only for on-scenes, mind you, and that means that it's an accident—"you will wait to hear if you are required."

Mr. Klees, you spoke about patients dying. We wrote care reports about some very, very key components with regard to that, and it was months and months and months before we heard anything back.

We're very connected on land and in the air. We have friends who work in the industry, and they came back and told us, "Unfortunately that individual died. They didn't make it to the hospital. We could have really used you. What happened?" That was very disappointing—very disappointing—to hear that stuff.

M^{me} France Gélinas: You referred back to the meeting that you had in August. How long before this did it start? How long before this did you see that providing top-quality care was not the top mandate anymore?

Mr. Brandon R. Doneff: I do believe it was the beginning of that summer, because that's essentially when a lot of the trauma calls start to come in. People are a lot more busy in the summer and such. Forgive me for

saying, but I'm guessing it was May, June. There was a policy that was brought out, and it was a very confusing policy because it was never explained to us 100%, it was just sort of brought out. I do not have that policy in front of me. I'm almost certain you can talk to a manager somewhere and they'll be able to reproduce it.

M^{me} France Gélinas: So we're talking May, June 2010?

Mr. Brandon R. Doneff: Before that meeting, correct.

M^{me} France Gélinas: So from May, June 2010, you can see that decisions are being made, a policy has been put in place that does not lead to top-quality care.

Mr. Brandon R. Doneff: Correct.

M^{me} France Gélinas: Quite the opposite.

Mr. Brandon R. Doneff: Top-quality care—you still had the paramedics and pilots; however, we were not allowed to do our job, in my opinion, like we were doing it prior to that. So you still had the same care, unfortunately—

M^{me} France Gélinas: Once you got there.

Mr. Brandon R. Doneff: That's correct.

M^{me} France Gélinas: All right, and if there were two of you to do what you needed to do—

Mr. Brandon R. Doneff: That is correct.

M^{me} France Gélinas: So that's May 2010. We fast-forward to January 2012. The resources did not change but all of a sudden there are enough resources to do a good job. Is it a big stretch to think that if the ministry had acted in August 2010 things could have gotten better a whole lot sooner?

Mr. Brandon R. Doneff: Yes. We actually had a very nice visit with Deb Matthews and one of the questions was, "What took so long? How come things take so long?" I have no idea what goes on in these closed-door meetings and such. Once again, I have no desire to sit here, but that's exactly what we asked.

0930

Time and time again, there were questions and eyebrows being raised with regard to all of these matters. We just came right out and said, "We, as front-line staff, have noticed a significant change, and we fear for our patients in Ontario because of these changes." We were furious. We were very disappointed. We felt betrayed.

M^{me} France Gélinas: And you said that you raised this with your union, you raised it with some of the physicians who work with you, you raised it with management. Is there any evidence that all of this was hidden away from the ministry?

Mr. Brandon R. Doneff: That's an excellent question. I was never invited to a meeting where it was going to be presented to the minister or anyone with that significant importance with regard to those matters, so I can't honestly say yes, it was hidden, or no, it was not. We did feel as though our voice was not being heard by the proper persons.

M^{me} France Gélinas: So the voice coming from the ministry was a voice of, "This is the money you have. You have to make do," but you didn't feel that there was

ever a voice back to the ministry saying, "Listen, things are not good here." The only part you heard was the part telling you, "There's no more money."

Mr. Brandon R. Doneff: Correct. Perhaps they left a voice mail, I don't know; I just didn't get the message, unfortunately.

M^{me} France Gélinas: All right. Could you name some of the managers with whom you raised those issues?

Mr. Brandon R. Doneff: Okay. There was Hallie McClelland. Prior to her, we didn't have a manager for a year at the London base. What we had were our sister bases, for lack of a better term, such as Ottawa and Toronto, managing their base as well as our base. We did have a lot of issues.

Now, we're all grown adults and medical professionals, so we pretty much ran the base on our own—other than being paid, or else we'd all be rich by now, but it's not going to happen. But we had many issues with regard to stocking of medical supplies and just simple things that make your job easier. We were without a manager for a year. There was a Mr. Jeff Carss as well, who was the Ottawa manager who assisted us. A lot of these issues were raised to them personally. Hallie McClelland was post that one year; she was hired post the one year.

M^{me} France Gélinas: From May 2010, who was your manager at the time?

Mr. Brandon R. Doneff: That was Hallie McClelland, I believe.

M^{me} France Gélinas: It would have been.

Mr. Brandon R. Doneff: Yes. You'll have to forgive me; we've had a couple.

M^{me} France Gélinas: No, that's okay. We're all the same. Some things you remember very well, others not so good. Garbage on Tuesday morning is very important in my family.

Mr. Brandon R. Doneff: My brain is only so big, so I have to keep the important stuff in.

M^{me} France Gélinas: All right. The changes that you saw—once there was a change of CEO, a change of board—were they drastic? Were they more like going back to what you had before?

Mr. Brandon R. Doneff: Correct. They were not drastic; they were going back to the way we were being run prior to Ornge taking over, so to speak, when we were run by Canadian Helicopters. Now, don't get me wrong, both companies are doing a fantastic job in various departments. However, I believe that when we were being run by Canadian Helicopters, it was more medical and in Ontario—100% Ontario. We had our key components—and Dr. Mazza himself, I honestly believe that if it were not for his passion to get me to become a critical care flight paramedic, I don't think I would be the same medic I am today. So for that, I thank him and his organization.

However, we noticed a shift, as Mr. Klees stated, that right here, they decided to go out of Ontario. That's when we really noticed a huge shift. There were talks of having planes in Florida. There were talks of having planes in other various locations and stuff. I believe that their plan

was good, but where the money was coming from, none of us really had any idea—and we didn't really want to know, honestly. We just knew things were not good on the front line and, as stated before, the foundation was cracking.

M^{me} France Gélinas: So, here we have not a change in the budget, and the only change that happened were the people at the top and the focus being brought back to Ontario. Would you say that things are good again?

Mr. Brandon R. Doneff: Yes, they're better, most definitely better. It's more of a rare occasion that we have a single medic. Now, granted, I see some empty seats here. It's not any different than mine. So if there's only two of us, and you're not scheduled, I'm not going to have my laptop or my cellphone—I'm not going to have it on my hip, because, let's face it, I have a life outside of my job. Some people don't want to take the extra shifts.

If someone books off sick, say, at 0100 in the morning for an 0700 shift, maybe there is nobody, but now things have changed where they'll be calling in Toronto and they'll be driving a medic from Toronto to come down, as opposed to just going in to London.

Also, with regard to staffing issues, there have been a couple more paramedics being hired at the London base as well, which we have asked for on multiple occasions. Once again, it's easy for us to beg and plead for something, but we really have no idea, because I'm not the one writing the cheque and doing everything else.

M^{me} France Gélinas: Would you say that the way things are now, they're as good as they were before they started to go bad?

Mr. Brandon R. Doneff: They're getting better. There was a mention of medical interior. They are getting better.

M^{me} France Gélinas: As in, they work or they don't work?

Mr. Brandon R. Doneff: The medical interior is new, and as with anything that is new, there are hiccups. I was not on that part of that committee—I don't know if I really wished I was on that part of the committee. Having worked in multiple configurations of helicopters since 1996-97, I believe, this one is almost like an ICU room for us to load patients into in a hurry, and it's taking us longer to do our job in the back because of the electronics involved.

It's different. Is it safer? I would say, once everything is strapped down and secured, it's more safe, because of the testing that the equipment had to go through. I don't like saying this, but in the event of a hard landing or a crash, they state that things will stay placed, without becoming projectiles and causing undue damage to us and the patient. They will stay in place, whereas in the old helicopter, I don't believe that there was ever the same testing. It was never brought to us that way. They were really, really pushing this as safer. They were stating that in the event of a hard landing, it can withstand, I think, a 12g or 15g landing. I don't think I can withstand a 12g or 15g landing—

M^{me} France Gélinas: I wouldn't want to try it, anyway.

Mr. Brandon R. Doneff: No, no, most definitely not. I mean, in that essence, yes, it is better. But there are still some hiccups we're working with, with regard to the medical interior.

M^{me} France Gélinas: Would you know if every time you go, you have to log your flight?

Mr. Brandon R. Doneff: Yes.

M^{me} France Gélinas: Does Ornge keep an independent log, or is it only the log that they give to Nav Canada?

Mr. Brandon R. Doneff: In a nutshell, as a paramedic, if I transport a patient, I have to fill out an air ambulance call report. That computer—the information from that goes to a server, I believe, to Ornge, because we have our own IT department. As well, our pilots also have to log numbers and flight times and such. I even believe now, with the new helicopters, that they have to download data via some server, and it takes about half an hour or such, and I think that's what they're doing, as engineers. I don't know if Ornge keeps its separate log. That's above my pay scale, unfortunately. But I do know that we are triplicating almost every call.

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

0940

M^{me} France Gélinas: Just quickly, then: Have you ever seen any oversight from the government, as in a government person coming over to see how you're doing?

Mr. Brandon R. Doneff: Yes.

M^{me} France Gélinas: They were from EMS, or—

Mr. Brandon R. Doneff: No, it was Deb Matthews, who came—when was that?—June or July. She popped in to say hello. I was very impressed. I was very, very honoured and humbled to have an MPP come into my work. I was happy. I was very, very happy to see someone come in there and say, "How are you, guys? I understand you guys are getting a lot of mud thrown at you. Are you okay?" We were—

M^{me} France Gélinas: That was this year?

Mr. Brandon R. Doneff: Yes, it was.

M^{me} France Gélinas: I meant on an ongoing basis, except for—I'm happy Minister Matthews came and saw you, but before this, have you ever had any type of oversight coming from the government?

Mr. Brandon R. Doneff: Other than base audits and such, no, but base audits are a norm for us; they should be coming. Other than a quick pop-in, no, but I mean, we're just one base. There are so many ambulance bases. If all of a sudden you were to hire me and say, "That's your job"—oh, boy, there are only so many days in a year, correct?

M^{me} France Gélinas: Okay, thank you.

Mr. Brandon R. Doneff: Thank you.

The Chair (Mr. Norm Miller): Okay, thank you. We'll move on to the government. Ms. Sandals?

Mrs. Liz Sandals: Yes, thank you very much. Before I move on, there are just a couple of clarifications I

wanted to make. The meeting that we've got the notes for, that Mr. Klees handed out, refers to "18 August 2011." You talked about things sort of going negative a few months before that, so that would have been May or June 2011. Is that correct?

Mr. Brandon R. Doneff: I believe so, yes.

Mrs. Liz Sandals: Not 2010.

Mr. Brandon R. Doneff: Yes.

Mrs. Liz Sandals: It would have been spring 2011.

Mr. Brandon R. Doneff: Yes. Thank you for that clarification. It is a little bit of a blur. I must admit, when things became a little bit negative, if you go into work with that negativity, we all know what happens. Most of us did our best to steer clear of that stuff—

Mrs. Liz Sandals: No, I was just trying to sort it out in my own mind, because I was getting this date disconnected.

I don't know who took these notes, but on page 8, when whoever it is is taking notes about Ornge Global and moving out of Ontario, it talks about "Funds can only flow into Ontario—cannot flow out. No public funds are being used on Global." This was the message that you received. You might have been skeptical, but it was what you were told by management. Is that correct?

Mr. Brandon R. Doneff: On multiple occasions we were told that.

Mrs. Liz Sandals: I just wanted to get that bit of clarification and to say thank you so much, because it's wonderful to see somebody who's on the front lines here. We've had so many witnesses and so many hours of testimony. We've been grilling politicians, chairs, CEOs, executives, lobbyists and lawyers, and it's really nice that we actually have somebody who's doing the front-line work. Maybe that's where we should actually have started and found out what it was like for you on the front lines. It's great to see you here. Thank you so much for coming this morning—

Mr. Brandon R. Doneff: You're very welcome.

Mrs. Liz Sandals: —because we really do appreciate somebody with your experience. Just reading your CV, it's very impressive. Somewhere in your spare time you've actually written a handbook for other paramedics.

Mr. Brandon R. Doneff: I have, yes. As I was explaining to Mr. Klees earlier—he said the same thing—and I said, "Basically, in a nutshell, what it was is a compilation of all my notes"—because every year we have to recertify with our doctors, and it's basically their licence. If we don't meet their standards, we do not work at that level, so these were study notes, sort of like cheat notes, so to speak.

Mrs. Liz Sandals: Great, great. I wonder if you could talk a little bit about what an average shift is like. When you come in and you're doing a 12-hour shift, what's a typical 12-hour shift like for you? Can you take us through the day, or the night, as the case may be?

Mr. Brandon R. Doneff: Certainly, yes. So we work in London 0700 to 1900, or vice versa, 1900 to 0700. At the beginning of the shift, we will go out and check our machine. We'll get a briefing from the crew prior to and

state, "How is the back of the helicopter? What sort of medical equipment did you use, not use? Are there any problems?" We also have a journey log, so to speak. If there was difficulty with any equipment, we can pass that on to the—

Mrs. Liz Sandals: So this is the hand-off from shift to shift?

Mr. Brandon R. Doneff: Correct; yes. We also have to count narcotics, because we have those in triple-lock boxes and such. And then, once that is completed, we basically wait for a phone call, which can be anything and everything. For example, it takes us about 40 minutes to get to Owen Sound, 45 minutes to Windsor, Pelee Island 50 minutes, give or take. Another base is Toronto, and as you're well aware, they have two helicopters. So we'll sort of criss-cross.

With regard to patient care, there are essentially three types of calls that we do. There's the trauma on-scene, where we'll land on—where you see us on Citytv and such. Then also, the modified on-scene, where if we were called to an on-scene by land ambulance or the OPP or even a fire department—we never say, "Stay there and wait for us." We always say, "Get them to a doctor." The closest hospital is what's best for the patient.

Then, if they still require us, we'll land at a helipad or an airport, get a land ambulance in. We'll go in and we'll work in conjunction with the paramedics or the medical physician that is there. What we'll do is, in a timely manner, get out of there and get them to a level 1 trauma centre, if need be.

Last but not least is the ICU/CCU transport, where a person has had a recent stroke or cardiac event or post surgery and they need to go to a higher, tertiary level of care.

Mrs. Liz Sandals: Could you sort of walk us through what happens on a trauma on-scene call, how the details of that work from the time you get to the call till you hopefully get the patient to hospital?

Mr. Brandon R. Doneff: Certainly. It's my understanding that virtually anyone can call 911 and request a helicopter. Usually what happens is a call will come in to 911 for a local—let's say it's Kitchener. It's about 15, 20 minutes for us to fly there. Once they deem it necessary for us—there are a bunch of trauma triage codes: If the patient's life is in peril, then, of course, call the helicopter because of level of care and also distance. We can get there much faster.

In that event, once we receive a call via our dispatch—so it goes from the paramedics on-scene, for example, to their dispatch. Their dispatch would phone our dispatch. The appropriate measures are done and then they would phone the appropriate base.

Due to weather and other jurisdictions that are out of my scope, pilots would then have to accept the call, and then, upon accepting the call, we have eight to 10 minutes for wheels up. That's all documented.

When we get the call details, in flight, then we land at the scene, and that might be on a highway or a farm, wherever. As soon as the area is safe and secured that is

deemed by our captain, we land. Most of the time we'll keep the helicopter rotors going, and we'll go out and, as a team, work with the paramedics, police, fire, and bring the patient back to the hospital—to appropriate hospitals.

Mrs. Liz Sandals: And at what point during this would you be in contact with a doctor? You mentioned earlier being in contact with the base doctor.

Mr. Brandon R. Doneff: Yes. If we knew that the patient was trapped for X amount of minutes or such and their vital signs were in dire need of, say, fluids or intravenous or blood products, we could patch ahead and say, "Hello, Doctor," our BHP, "could you please get the OPP to bring out some blood products, because we have a lengthy extrication?"

We also have a standing order/medical directives book, which I have with me, and it's about that thick. It's a little bit heavy, but nonetheless, we have to know that. That is our job to know that. Once we get on-scene, we do our job. We do the initial physical assessment and we can utilize standing orders and medical directives that are taught to us by the physicians, apply the appropriate care for life-saving measures, and then en route or while on-scene, if we deem that we need more orders that are outside of that scope, then we will patch in to the physician.

Now, all this takes time, so, as a critical care flight medic, we have to weigh the good with the bad with that. Most of the time, when we're working, we can have the land crew stabilize the patient by doing something that we request that's within their scope of practice, and while we're walking to the helicopter, we can be on the satellite phone or the cellphone.

0950

Mrs. Liz Sandals: And because you are a critical care paramedic, your scope of practice is much broader, and there's a whole range of things that you can do that a primary care paramedic wouldn't be able to do independently?

Mr. Brandon R. Doneff: Yes, it is much broader.

Mrs. Liz Sandals: Thank you. I'm going to turn it over to my colleague.

Mr. Reza Moridi: Thank you very much, Mr. Doneff, for appearing before this committee. I have no doubt that you have experienced some extremely gratifying moments and some, of course, genuine tragedies in your time at Ornge. Perhaps you can start with a happy story. What has been your most gratifying moment as a critical care flight paramedic at Ornge?

Mr. Brandon R. Doneff: Assisted delivery. Actually, my partner at the time, Matthew, and myself, had a young baby take our names. The mother sent us a very, very nice thank-you letter and said, "I'd like you to meet Brandon Matthew"—I cannot recall the last name. But we had our names taken for their baby, which was very, very humbling.

There have been many, many good times, many excellent times, where we've been very gratified and proud to do the job that we do.

As stated earlier, unfortunately there have been times when people just don't make it, no matter what we do. Just recently, within the last two weeks, I believe—I don't know if you heard about some of the drownings around here—Port Burwell. We flew in there, and there was an eight-year-old and a 10-year-old brother and sister who had drowned. Unfortunately, there wasn't anything we could do medically to bring their lives back.

Mr. Reza Moridi: Would you consider that as the most tragic experience you ever had at Ornge, or are there others? You can tell us at least one of the most tragic ones.

Mr. Brandon R. Doneff: There are multiple occasions. I don't want to say it, but, as an adult, if you're injured, usually it's because of your own demise, to a certain extent. But it's with the children that it really tears at you. We've had burn patients, where the child somehow got a hold of flammable fluids; firearms. We've had multiple occurrences where there are just very, very unusual, unorthodox and untimely deaths.

Mr. Reza Moridi: There was a recent article about you in the London Free Press. I'm sure you have seen that article. The article refers to you as "elite in the world of emergency responders." It goes on to say that there are less than 100 paramedics in Canada with your level of experience and qualifications. Something which really struck me in that article was a quote from you where you said, "It's all about speed for us...." Can you elaborate on what you mean by "speed" as a key factor in your line of work?

Mr. Brandon R. Doneff: Yes. By speed, I also mean efficiency with regard to that. I don't know if I actually spoke of that in there. Efficiency: That means having the best and most efficient training, and being able to apply that any time and anywhere. That also means, with speed, with regard to utilizing the helicopter. So from that first 911 call, be it whoever calls the dispatch, it has to be speed because it's the time—that is the true essence that will save a life. Sometimes we've gone on to on-scenes, and they are literally getting pulled out of the wreckage. We don't waste time sitting there looking for cameras and trying to get into movies and such. We're gone within minutes. If they're ready to go, we stabilize, do the best of our capability at that time and we go, because we're not surgeons. We're not the doctors who can open them up and clamp that artery. We don't do that. We do what we do within our scope of practice. That's what I mean by the speed.

Mr. Reza Moridi: The article also makes reference to the fact that you often have to land in terrible terrain and also terrible weather. It mentions that one time you had to rappel down a ravine. Can you tell us about that experience?

Mr. Brandon R. Doneff: Sure. Well, there was one time when we landed in a cattle field and I got my boots quite dirty; that was terrible. But there have been times, because people—not so much around here. I mean, we could land virtually anywhere. Within five minutes, we can get a pizza and a Tim Hortons, correct? But up north,

people hike, people bike, and they get into MVCs and such.

Sometimes you can't get there by land ambulance or such. We've been put into the back of a truck and we get there with our backpacks. I've hiked in to a logging community—and this could be in the middle of the night. We could land in an airport and then be taken to a remote area. I've even known that some of my colleagues up north, because of weather—the helicopter was able to land, but the distance to get the patient back to the helicopter was too great, so they had to leave because of thunderstorms and such, or freezing rain. Sometimes it's just unsafe for the helicopter to fly. They had to spend the night with the patient in the bush.

We do training. We do underwater survival training, which we simulate in a pool. We're basically in chairs like this, buckled in, and they flip us upside down in the pool. We're trained in how to get out of that safely, by undoing our seat belt and such. We're also trained in how to survive in the wilderness. For the greater part—like I said earlier—with a phone call, you can get a Timmy's, right? But we have that training as well.

Mr. Reza Moridi: I also took note of the fact that you were involved in the airlifting of patients during the Walkerton water tragedy. Perhaps you can explain that experience to the committee as well.

Mr. Brandon R. Doneff: Yes. I think that was a pivotal point for us, because initially, our base was 12-hour day shifts and then 12-hour on-call night shifts. Then they deemed it necessary for us to go 24 hours, seven days a week, all year long.

With regard to that, I remember being stationed up there and waiting for patients, because there was basically a lineup. "Which one do you want to take first?" We had to triage with the doctors and such. A lot of them were in full-on renal failure. I know that a lot of them didn't make it, because of that tragedy.

Mr. Reza Moridi: I have to tell you, Mr. Doneff, that over the past number of months, we have heard some troubling stories in this committee about Ornge, in particular with respect to some of the things that were going on at the upper level of the organization, as you know. I assume you have followed the stories in the media and at the Legislature, presumably closely. As a critical care flight paramedic who was clearly dedicated to his work before this all happened, and clearly continues to be dedicated to this mission of helping critically injured people in Ontario, what are your thoughts on what has transpired at Ornge over the past number of months?

Mr. Brandon R. Doneff: I think it's even before the past number of months. I think this was something—it was a brainchild. It was a deep-rooted desire to move above and beyond, outside of Ontario. I remember quite clearly our upper management stating, "There is no money in Ontario." Now, I found that very troubling, when you're front-line staff and it's like, "Well, why do we need more money? We're being funded." Our previous employer, actually, I think did quite all right. I don't know what's really changed.

But I do know that all of a sudden, we had a couple of land ambulances show up. I understand that because of change in money and government and such, and with the interest rates and so forth, things changed, so I believe that stopped, yet they were still in service—so that started to bleed off.

Then all of a sudden, we notice that there is a great deal of hiring going on for persons who weren't doing the same work or aiding and guiding us as front-line staff. When we were introduced to them, we were like, "Hello. How are you? Who are you? How do you help us help the community?" And they were like, "Oh. Well, I'm so-and-so, and we don't really do that. I'm with this." And we're like, "Okay."

And then, as stated earlier with regard to this and the closing of bases, I'm like—I'm pretty certain, if we decided to get rid of our sort of upside-down pyramid, with all the management up top and stuff, that we'd probably be doing much better than we were at that time. I believe that the monies were allocated to different agencies, perhaps, for lack of better words—

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The Chair (Mr. Norm Miller): Thank you. If you're finished the question, we're done with this round of questioning. We'll move on. We have 10 minutes for each party in the third round. Mr. Klees.

Mr. Frank Klees: Thank you. Mr. Doneff, you referred to scope of practice.

Mr. Brandon R. Doneff: Yes, sir.

Mr. Frank Klees: I want to just get back to my questioning of you earlier about the single medic issue, which is a very serious issue and has serious patient care implications. I'd like to ask you this question: As a single medic, can you respond to all calls or only certain calls due to medical requirements?

Mr. Brandon R. Doneff: With regard to that, what normally happens is if an on-scene comes, as a single medic, we are told we are to go. We have never been told to stand down because we're a single medic. In the event that I would require assistance, be it verbally or physically, I can phone my patch physician, whose licence I am under. They have given me orders under their licence to administer medications and such.

Mr. Frank Klees: So who has directed you to go as a single medic, notwithstanding what the medical requirements are?

Mr. Brandon R. Doneff: Management.

Mr. Frank Klees: And you're aware that that is contrary to provincial legislation, and so your current management is actually breaking provincial legislation standards? You're aware of that?

Mr. Brandon R. Doneff: When you put it that way, that is correct.

Mr. Frank Klees: That is correct. Thank you.

The question was asked about on-scene investigations. You mentioned that the minister was very gracious in making a public relations visit to the London base.

Mr. Brandon R. Doneff: Yes.

Mr. Frank Klees: Did you get a sense that she had any knowledge about what to look for to see if things were what they should be in that base, or was it just basically a “Hello, nice to see you. Thank you for what you do”? Was there an official function that she was carrying out?

Mr. Brandon R. Doneff: I don’t believe so. I honestly believe that she came to us as a human being. She came to us because she knew what we were going through and she heard the rumours. Also, she asked us, “Do you think I did the right thing about having your CEO removed?” Things changed, and we all agreed, yes.

Mr. Frank Klees: I’d like to ask you this. My understanding is that there have been no quality-care drop-in inspections from the Ministry of Health, there have been no Ministry of Health audits of the London base since Mr. McKerlie was installed. Is that correct?

Mr. Brandon R. Doneff: Unfortunately I cannot answer that because I have no knowledge of—I’m not management, so I wouldn’t be privy to that information. I would only be in that knowledge if it was hearsay, like, “Oh, yesterday we had a visit from so-and-so from the Ministry of Health” and such.

Mr. Frank Klees: One would have thought, particularly given your experience and your senior position, that if there was a visit like that, an audit from the Ministry of Health, you would be made aware of that. Would you agree with that? I mean, these are not secrets.

Mr. Brandon R. Doneff: No, and we’re a very small community.

Mr. Frank Klees: Right. But you’ve heard of no visits from the Ministry of Health?

Mr. Brandon R. Doneff: I have not.

Mr. Frank Klees: Would you think that, given the history, that might be one of the priorities, to ensure that bases are properly inspected to ensure that all of the things that have gone wrong in the past—that there might be an inspection rather than just a public relations visit?

Mr. Brandon R. Doneff: Well, I found it rather odd because I just spent a night at the Delta Chelsea, and in every bathroom, there’s a little card, and it has a signature, a time, a date and “Inspected by.” That’s a bathroom at a local hotel.

Mr. Frank Klees: Interesting. You’re familiar with Canadian Helicopters. You actually were employed by them previously, is that right?

Mr. Brandon R. Doneff: That is correct.

Mr. Frank Klees: And you indicated in your testimony previously that things were not that bad when it was under Canadian Helicopters and Voyageur for the fixed-wing, right?

Mr. Brandon R. Doneff: Yes.

Mr. Frank Klees: Are you aware that, when both of these companies were providing service to our air ambulance services, the dispatch reliability of those two companies was registered, tracked very carefully, and it stood at 98% response? Are you aware of that?

Mr. Brandon R. Doneff: I didn’t know it was that high—and I was also aware that there were penalties if we did not have a second pilot, a second medic—

Mr. Frank Klees: So under that previous system, if Canadian Helicopters or Voyageur allowed to have happen what is happening consistently under Ornge, there was a financial penalty that they had to pay to the Ministry of Health. Correct?

Mr. Brandon R. Doneff: That is correct.

Mr. Frank Klees: Is there a financial penalty now that you know of?

Mr. Brandon R. Doneff: Not that I am aware of.

Mr. Frank Klees: Of course not, because it’s inside baseball. There’s no accountability to anyone.

Mr. Brandon R. Doneff: I believe they say that’s the fox guarding the henhouse.

Mr. Frank Klees: Yes. Actually, perhaps that’s part of that Ornge box that they were referring to.

I have one other question for you—I wish we had more time, because it affects you and your front-line colleagues. The AW139s, as I understand it—there’s a very negative impact of a generator failure. Are you aware of that?

Mr. Brandon R. Doneff: I have never been on a flight and had a generator fail.

Mr. Frank Klees: Thank God.

Mr. Brandon R. Doneff: Correct.

Mr. Frank Klees: Let me give you the summary here of what I understand the technical issue is. The AW139, as I understand it, is equipped with two generators, one on each engine. The redundancy built into twin-engine helicopters, or other helicopters, allows for the essential electrical systems to continue, even in spite of the failure of one of those generators. There’s a redundancy built in from the other generator. I’m told that the Ornge 139 medical systems are designed to shut down on the loss of a single generator. The implication of that is this: You’re in flight, and all of the systems built into the helicopter for patient care cease to function—all of them; that includes medical oxygen, suction, compressed air, satellite communications. Where does that leave you as a paramedic with your patient?

Mr. Brandon R. Doneff: That leaves me with my experiences and my medical training alone.

Mr. Frank Klees: This information was given to Mr. McKerlie within weeks of him coming onsite. Has anything been done to address that issue?

Mr. Brandon R. Doneff: To the best of my understanding, no. Even with the medical interior, when it first was launched to us, there were a lot of questions, and more so concerns, about that.

Mr. Frank Klees: To that end, I have minutes here of a meeting that took place February 23, 2011, with the London flight paramedics. I’m sure you were there.

The Chair (Mr. Norm Miller): Do we have copies for other members?

Mr. Frank Klees: Yes, we do, as a matter of fact.

There are 20 flight paramedic occupational health and safety issues listed here that relate to the AW139. There

are eight specific public and patient safety issues listed in these minutes, and 24 miscellaneous issues. I appreciate your courage in continuing to carry on what you do, but I'm going to ask you this question: What is your perception in terms of the relationship between you and the job that you do and the Ministry of Health of the province of Ontario?

Mr. Brandon R. Doneff: That's got some teeth, that question. I don't really know how to answer that. I believe that when Ornge was given the job and the duty to complete their task—and that's to provide an air ambulance service to all of Ontario—that it was with faith. I believe the faith was sugar-coated, so to speak. I don't know at what point in time things went wrong. I don't know who's to blame. I can't point a finger.

Mr. Frank Klees: Is it fair to say—

The Chair (Mr. Norm Miller): You're on your last minute, Mr. Klees.

Mr. Frank Klees: Is it fair to say that as a front-line paramedic, providing important emergency services in the province of Ontario, that you believe, and all of your colleagues believe, that they are working for the province of Ontario? Is that fair?

Mr. Brandon R. Doneff: Yes, 100% fair.

Mr. Frank Klees: Do you think that it would be expected from your colleagues and everyone else in this province that the Ministry of Health would exercise proper accountability and oversight of that air ambulance system to ensure that they're properly resourced, to ensure that they're doing their job appropriately, that all of the conditions are being met? Is that a fair expectation that you would have and that your colleagues would have and that every person in this province would have?

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Mr. Brandon R. Doneff: Yes.

Mr. Frank Klees: Do you believe that the Ministry of Health has exercised that accountability?

Mr. Brandon R. Doneff: I am uncertain.

Mr. Frank Klees: How can you be uncertain, knowing what you've seen and telling us today all of the things that have gone wrong, all of the faults, all of the failures? Please—to this point you have been very forthright; I'd like to hear from your gut in terms of what you believe the Ministry of Health has done. Have they exercised their responsibility of oversight of Ornge?

Mr. Brandon R. Doneff: I think to err is to be human. I want to believe that when people are doing a job, they do the best of their capabilities at that point in time.

The Chair (Mr. Norm Miller): Thank you. We'll move to the NDP.

Mrs. Liz Sandals: Point of order: Can we find out where these documents are? This is the second document Mr. Klees has tabled, and there's no indication whose meeting notes they are. There's no indication whose health and safety document this purports to be. We just have no idea where these are coming from.

Mr. Frank Klees: Well, Mr. Chair—

The Chair (Mr. Norm Miller): Quickly, please, Mr. Klees.

Mr. Frank Klees:—the names are at the very top of the document.

Mrs. Liz Sandals: No, the c.c.s are there. I know who it got copied to. I don't know who it's to or who it's from. I don't know who wrote the documents.

Mr. Frank Klees: Well, let's look into all of the documents we've received from the Ministry of Health—

The Chair (Mr. Norm Miller): Okay, let's not cut into the NDP's time, please. Go ahead, Ms. Gélinas.

M^{me} France Gélinas: Thank you. I want to bring you back to the summer where you had your meeting and where you felt that, "Things are not good here. We have more and more one medic rather than two. We have issues of delayed departures. We're going in the wrong direction." Were you the only one feeling that way?

Mr. Brandon R. Doneff: Definitely not. It was unanimous. We as the front-line staff knew something changed, and it didn't change for the better. Change is good, but not this time.

M^{me} France Gélinas: But not this time. Did you actually formally speak as staff? Did you have a union meeting about it or just talk between yourselves during—

Mr. Brandon R. Doneff: No. It was raised to our management. I firmly believe that individuals that were involved at the time basically stated, "This is what we're doing, and this is why. This is for the best interest of Ornge," because there were money issues. They always routed back to the money. We just found that so disheartening: that there's no more money, yet our previous employer didn't have any problems with money. They never once said to you, "You're not allowed to take sick time anymore," "You're not allowed to downstaff that helicopter," or "Which base shall we close?" We'd never heard that before.

M^{me} France Gélinas: But then you were hearing it, and the answer was that it was because of the money, and it was better for Ornge to go down that route.

Mr. Brandon R. Doneff: Yes. Or close a base and cut jobs.

M^{me} France Gélinas: Hmm.

Mr. Brandon R. Doneff: That's what we said.

M^{me} France Gélinas: That's a heck of a choice.

Mr. Brandon R. Doneff: Yes.

M^{me} France Gélinas: The medics talked between themselves, and you formally talked to management, and this is the kind of feedback that you got back. Did your union ever file grievances?

Mr. Brandon R. Doneff: I am unaware if they did. I think it's safe to assume they did, but I didn't see physical grievances. That was the hugest buzz around the whole base—across the whole province, every single base we were [*inaudible*].

M^{me} France Gélinas: And would you say that every single base did the same: went to their manager and were told pretty much the same thing?

Mr. Brandon R. Doneff: I can only speak on behalf of what I know at the London base. I know for a fact that Ottawa did and Toronto did as well, because we were closer communities. I'm not certain about the north. I

think it's safe to assume, for a lack of better words, that they did as well.

M^{me} France G linas: Who did you feel had the responsibility to put you back on the right track?

Mr. Brandon R. Doneff: I felt it was upper management, our CEO and COO at the time. I felt that it was their role and responsibility as leaders in our transport medicine and of Ornge to provide a service that was safe and effective and efficient for our fellow people in Ontario.

M^{me} France G linas: Coming back to some of the comments you were making to Mr. Klees, you really saw the relationship was—you were working for the province of Ontario, you were working for Ontarians to help us in times of need, and the province, the way it was explained to you, was not giving you enough money to do a good job?

Mr. Brandon R. Doneff: That's correct.

M^{me} France G linas: That's the way it was explained to you.

Mr. Brandon R. Doneff: That's correct. They said the money was gone.

M^{me} France G linas: And you thought that the province didn't care if we didn't provide a good service?

Mr. Brandon R. Doneff: No, not once. We felt it was because, as the management team, and especially—had there been no Ornge Air, Ornge Global and all this talk—there was so much emphasis on everything else. They said, "Ornge is fine. Ontario is good," and we were like, "We're not good. Things have changed. We're worried. We're concerned about our fellow paramedics, our pilots. We're concerned, more importantly, about the patients that we're transporting. This is, at times, unsafe for them." I know there were some medics questioning their integrity at work. They wanted to quit. And that's not what we wanted.

M^{me} France G linas: That bad, eh?

Mr. Brandon R. Doneff: Yes.

M^{me} France G linas: Do you know if any of them actually left Ornge?

Mr. Brandon R. Doneff: I believe some did, yes—not at London. Some were fed up with it. They had enough. It was breaking their moral and ethical code, their code of honour, so to speak.

M^{me} France G linas: And you figured the only one who could fix that was upper management, and upper management was busy someplace else, in Brazil, and everywhere else but in Ontario?

Mr. Brandon R. Doneff: Yes.

M^{me} France G linas: So at no point did you see that the government could help put that agency on the right track?

Mr. Brandon R. Doneff: That's a good question. In hindsight, perhaps we could have come to the government and said, "Look, as medics, this is what we're finding." But it's funny how you always say something and expect someone else to do something. So that's a good lesson.

M^{me} France G linas: We were talking about base audits. The base audits, I take it, were done by people from the ministry.

Mr. Brandon R. Doneff: Correct. Actually, some of them were paramedics, and it is their job to come around and do certain audits and such.

M^{me} France G linas: Did you ever talk to them?

Mr. Brandon R. Doneff: Yes.

M^{me} France G linas: What did they say?

Mr. Brandon R. Doneff: They said, "We're aware of it."

M^{me} France G linas: They were aware of it.

Mr. Brandon R. Doneff: Yes. Actually, on one shift in particular, we received—there was an investigations officer, and he took me aside, and I actually closed the door on my manager at the time when we went into the helicopter because he attempted to come in and out. I said, "There's no room in here. You're well aware of that. There are only two seats on this side." I think he took the hint so that we could have a private conversation. We basically stated that there were concerns, and he said, "Yes, that's why I'm here." He was there because there were concerns raised with regard to the CPR issue, which raised eyebrows once again with regard to why we have Transport Canada's allowance on certain occasions to drop the stretcher. I don't know if you're aware of the medical interior within the AW139, but—

M^{me} France G linas: A temporary fix, yes.

Mr. Brandon R. Doneff: Yes. So is that the best? With what we have to work with, it's sufficient.

M^{me} France G linas: So the people who were doing the base audit became aware of the issue. They would tell you, "We know about it," but they would not come forward with solutions?

Mr. Brandon R. Doneff: I don't know. They never got back to us and phoned me up and said, "Brandon, this is what I've done. These are the individuals who are now involved, and here are their names and emails and contact information. You can contact them at your leisure."

I had never received an email or any response from any of them. It was all pretty much in passing, so to speak: "Oh, things are very rough at Ornge. I'm very understanding about what's going on. It's bad, it's very bad." And that was it.

M^{me} France G linas: And that was it.

Mr. Brandon R. Doneff: That was it.

M^{me} France G linas: Everybody knew, but nobody acted.

Mr. Brandon R. Doneff: Yes.

M^{me} France G linas: And that went on for months.

Mr. Brandon R. Doneff: It did, yes.

M^{me} France G linas: It must have been really discouraging.

Mr. Brandon R. Doneff: It was. But I have my family. It's a career. I mean, I love my career, but if it came down to it, I'd find something else.

M^{me} France G linas: It was at that point where, if it kept going that way and your moral compass couldn't take it anymore, you would have just walked away?

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Mr. Brandon R. Doneff: No, I'm not the type of man to walk away. I think I probably would have gathered the troops, so to speak, and done something else. I probably would have marched to the Minister of Health and said, "Look, we have to do something about this."

At the same time, when the bubble was beginning to burst within a lot of people, things were starting to change; investigations were starting to occur. That was like a breath of fresh air, so to speak, and we were like, "Finally."

M^{me} France Gélinas: Did you know that the Auditor General was auditing Ornge?

Mr. Brandon R. Doneff: We heard rumours, yes, and we smiled. We really did. As front-line staff, we were not concerned; we were relieved. There was a heavy weight being lifted from our shoulders.

M^{me} France Gélinas: Because you knew that things could only get better?

The Chair (Mr. Norm Miller): You're out of time, so we'll move to the government. Ms. Sandals.

Mrs. Liz Sandals: Just a quick comment: I want to apologize for what seems to be an attack on your integrity, for going out and being a single staff and making sure the patient gets cared for. I'm sure if we had a fire truck that was one man short, nobody would be critical of the firefighters for going into the burning building when they're one man short. So thank you for your dedication in doing what you do.

Mr. Brandon R. Doneff: Thank you.

Mrs. Liz Sandals: Mr. Moridi.

Mr. Reza Moridi: Thank you, again, Mr. Doneff. Mr. Doneff, there are those people around who use this Ornge controversy to question the quality and qualifications of Ornge pilots and paramedics. They have questioned the skills of pilots and paramedics. They have questioned their level of training. What would you say to those who have been critical of the quality of front-line workers at Ornge?

Mr. Brandon R. Doneff: Sorry, there was a bit of a noise. The last—

Mr. Reza Moridi: There has been some criticism on the quality and qualifications of the front-line workers at Ornge by some people. What would you say to those people?

Mr. Brandon R. Doneff: I say those are all wrong. I say that the roles and responsibilities of front-line staff have not changed. We are still tested annually, sometimes biannually. We have continuing medical training, where I, myself, am side by side with doctors, and they train us. If we're not up to par, we do not pass. So I have never, ever doubted certification levels within our organization for front-line staff. That goes across the board, that goes across from paramedics, all levels—we have to meet certification—all pilots and all engineers. So I feel safe there.

Mr. Reza Moridi: Over the past few months—eight or nine months in the past—as you know, there has been a remarkable amount of media coverage about the Ornge

controversy. Most of it has been negative. How has this situation affected the morale of you and your colleagues at Ornge?

Mr. Brandon R. Doneff: Well, there have been some choice words, forked tongues, towards us, but for the most part, we know it's not us. But it is very disheartening when you hear the public saying, "Hey, how's that motorbike? How's that boat? Hope you're enjoying it." It's like, "Really? You really think I'm enjoying that motorcycle and that boat?" I have never laid eyes on either, other than up at head office. I've never been invited to a cottage to use that stuff. I'm a front-line staff. I'm not privy to that information.

The morale: Once again, it's whichever you feed. If you allow the negativity to fester inside of you, then that's all it is, and it's going to grow; it's like a cancer, so to speak. I don't allow it.

Mr. Reza Moridi: So would you think that it didn't affect the morale of the staff, of the front-line workers?

Mr. Brandon R. Doneff: I think it affected some of the front-line staff more than others. I saw a great deal of depression amongst some of my colleagues. But, for the most part, we've all come back to work. We still enjoy the time off, but maybe not as much—some individuals—enjoy the time at work as they did prior to.

Mr. Reza Moridi: Some people have come to me and said, "Enough already." They have said, "It's time to move forward." They have said, "We have heard all we are going to hear; let's go back to what matters, which is basically delivering the best emergency health service to Ontarians." What do you think about these kinds of comments, which sometimes I hear from people?

Mr. Brandon R. Doneff: I like that comment. Let's turn it into something positive. Unfortunately, an atrocity was committed. Once again, as stated, we, as the front-line staff, had nothing to do with it. Were we aware of it? We heard rumours of it, but rumours are rumours, and we know what happens with rumours. It's just talk.

But now, when it has come into the light, it's disgusting to know that people would do that and then lie to your face and say, "We have to close bases because we have no money." Yet here it is now, in black and white, and it's being proven that there were some key individuals who were very unethical in their doings and dealings.

We don't want any part of that. We want our hands to be washed clean of it. We don't want to be known as "Ornge: the individuals who stole money from the government," because that's not what we're about.

Mr. Reza Moridi: Mr. Doneff, as you know, late last year, and earlier this year, actually, our government took a number of steps to address some of the problems at Ornge. That was based on the recommendations of the Auditor General. Working with Ornge, we have taken a number of steps to address some of those points which the auditor mentioned in his report. Have you noticed a difference in the organization in recent months as a result of these steps our government has taken?

Mr. Brandon R. Doneff: Yes. Yes, I have. For example, the delayed launching: There was a pre-alert, which I stated earlier. That's null and void now. It was almost the day of, when certain individuals were removed, it was no longer "set precedents." It was now, "Go back to the way you were, and when that phone rings, you go." That is 100% better.

With regard to the staffing, it's changed. Like I said, once again, all of a sudden, black and white. Key individuals were removed, and now we're doing our job with the partner in that seat, to the best of their capability. If someone is able to come in and fill that seat, or if there is an extra medic within the province—like, in Toronto and stuff, we have land crews as well. We'll pick them up and staff that machine to its capability. So that has changed, yes.

Mr. Reza Moridi: So that has a great impact on the morale of the staff and also on the operation of the organization?

Mr. Brandon R. Doneff: Yes.

Mr. Reza Moridi: As I can see or hear from you, that organization is working in a perfect situation, or in an ideal situation, as you would expect it to operate?

Mr. Brandon R. Doneff: Yes. Change is good. There are still some issues, such as the medical interior, but it's my understanding that there is a committee with regard to that. I haven't heard anything within the last—I think since summer; for some unusual reason, things have sort of ceased. But I'm told that a legacy interior—that's what they're calling it—is coming down the pipe, and there are some changes.

Mr. Reza Moridi: What major impact has the change of leadership had on the front-line workers at Ornge?

Mr. Brandon R. Doneff: As stated, we were relieved, very relieved, because we saw that we were going down a road that we didn't like. We knew it was going to be detrimental to patients' care, and we didn't like that. That's not our job. Once you started tying the hands that provided care to the patients, it became dangerous and, once again, unethical.

Mr. Reza Moridi: There have been a number of changes with respect to patient safety and related issues at Ornge. For example, I understand there have been some interim modifications to the medical interiors of AW139s, and there have been some changes with respect to the dispatch policies at Ornge. What policy changes have made the biggest difference, in your view, at Ornge?

Mr. Brandon R. Doneff: As stated, the policy that was removed, with us delaying our launch times—100%, a hundredfold. We would wait anywhere from 20 to 30 minutes. We would be there already. Within our radius of the London base, 30 minutes—that's a lifesaver.

They speak of a golden hour for patients. There's not a lot of validity within it, but it's still spoken of. Basically, once you're injured—in order to get an individual who is a traumatic patient to a surgeon within that hour really, really increases their odds of survival. When you delay us by an extra 10, 20, 30 minutes, just because of—and I

understand because of money; I do, I truly do. But how much is a life worth? That's the biggest thing.

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The Chair (Mr. Norm Miller): You're on your last minute.

Mr. Reza Moridi: Okay, thank you. Mr. Doneff, I understand that recently you have authored a book entitled *Medics Little Helper*. Could you tell us a bit about your book?

Mr. Brandon R. Doneff: Yes, I can. Actually, I think I have a copy in my bag as well. Basically, what it was is because of all of our training as paramedics—and prior to this career, I was a registered nurse in the emergency room at St. Joseph's in London. As stated, there's just so much information out there that is required upon us every year for our teachings and our certifications, so it's a study guide that basically documents medical information as a pocketbook, while you're on call, for a quick reference guide. It's a study tool for students, or even graduates.

The Chair (Mr. Norm Miller): The time is up. Thank you very much for coming before the committee this morning, Mr. Doneff.

Mr. Brandon R. Doneff: The pleasure is mine.

Mr. David Zimmer: Chair, just while we're getting ready for the minister, could we have a three- or four-minute break?

The Chair (Mr. Norm Miller): We have limited time, so I think we'll just keep going. Thank you.

MINISTRY OF HEALTH AND LONG-TERM CARE

The Chair (Mr. Norm Miller): Our next presenter is the Minister of Health. I invite the minister forward. Welcome, Minister. You have time to make a statement—up to 10 minutes—if you wish, then we'll go with questioning from the various parties. Thank you for coming back to the committee.

Hon. Deborah Matthews: It's my pleasure to be here. I want to begin by thanking the committee for the second chance to be here with you. The work you've undertaken is very important, and I'm pleased to participate in it.

We've come a long way over the last few months. Ornge is now under new management, and the mandate of the new organization is clear. While much has been accomplished, there is much more work ahead.

I feel very honoured to follow Brandon Doneff this morning. I've had the opportunity to meet many of the front-line staff at Ornge bases across Ontario, and I do want to thank them again—the employees at Ornge who have never, ever wavered in their dedication to the people and patients of Ontario. They deserve nothing but our highest praise and deepest gratitude.

Our front-line staff and our new management team are supported by our new volunteer board of directors, who stepped up on behalf of Ontario patients. Members of our volunteer board of directors are very busy, accomplished people, and yet each one of them said yes, without hesi-

tation, to accepting this challenging task. The board's commitment is already showing results. I am, and Ontarians are, indebted to them.

Much has been accomplished at Ornge. Perhaps most important is the change in culture since the old leadership was replaced. You heard about that from the previous witness, as he said things changed dramatically. The culture of fear and intimidation has been replaced with a culture of continuous quality improvement. I cannot stress the importance of this change enough.

As a government, we're also working diligently to implement reforms and act on all of the Auditor General's advice. There are six areas of reform I wish to highlight.

(1) We now have a stronger performance agreement in place that reflects the rigorous oversight advised by the Auditor General.

(2) The number of front-line staff has been increased to ensure more patients have access to this life-saving service.

(3) Patients are now unquestionably the number one priority of the management team. A patient declaration of values has already been established.

(4) A patient advocate position is being created that will provide a dedicated professional to advocate on behalf of patients and their families, and resolve any concerns they may have.

(5) There is a new quality-improvement program in place for air ambulance dispatchers, which is helping to improve communication and provide more timely care to those who need it.

(6) In recognition that staff must always feel empowered to speak up and speak out, Ornge is developing a whistle-blower policy. Entrenching that policy as a matter of law is one of the reasons why it's so important that we pass Bill 50. We heard from Brandon Doneff how important it is that front-line staff can speak up without fear.

Bill 50 would also allow us to appoint a supervisor in extraordinary circumstances and would give the government the flexibility to change the performance agreement with Ornge at any time.

Is this progress? I hope you would agree that the answer is yes. Do we have positive momentum? I believe so. But is the job finished? Absolutely not. There is more to accomplish. As minister, I am dedicated to finishing the job of identifying and implementing the changes required on behalf of patients and taxpayer, because they deserve the highest standard of quality and excellence in their air ambulance service.

I am asking for the help of this committee. By the end of this week, you will have sat for 75 hours, you will have heard from 54 witnesses and received tens of thousands of pages of documents. Your work has been extensive and thorough. Once again, I thank you for the efforts you have made.

If we are to best serve the needs of patients, we need to be focused on solutions. I'll happily answer your questions today for a second time. I'll come back again if you

need me to, and again after that. But at some point, on behalf of Ontario patients, I need your best advice. With that in mind, and respecting that the committee sets its own schedule and acts with full independence, my hope is that this committee will be in a position to table its report at the earliest available opportunity. A timely committee report, focused on solutions, would help to maintain momentum and would mean patients would benefit sooner.

There are a couple of additional matters I wish to address directly. First and foremost, I want to repeat what I've said many times in the past: We should have done better. As the Auditor General has indicated, the original performance agreement was clearly inadequate. We have recognized that, and we have remedied that. We must be ever-vigilant. Many of us share responsibility for what transpired at Ornge. As minister, I take my full share of responsibility. I have acted quickly to fix the problems identified.

Second, I want to respond to the testimony of Dr. Chris Mazza and the specific suggestion that he had always been willing to co-operate; that had he been asked to make any changes of any kind at any time, his answer would have been, "Yes, ma'am." Pure nonsense.

I know it's pure nonsense by the fact that he rejected a request to have his salary publicly disclosed while other senior management voluntarily complied. I know it's pure nonsense by his stonewalling of the Auditor General, who, after nine years of completing such audits, described Mazza's Ornge as "one of the most difficult auditees we have ever encountered." I know it's pure nonsense by his manipulation of patient transfer numbers in reports to my ministry. And I know it's pure nonsense by the fact that there were at least two occasions when Chris Mazza avoided meetings with me, as a minister, and then claimed I would not meet with him. The first was when I visited the Ornge base in London. I expected he would be there, but he did not show up. Later, I sought a meeting with Ornge after learning that he was stonewalling the Auditor General and my ministry officials on a number of issues, not least of which was salary disclosure. Not only did I expect him to attend the meeting, I expected an explicit accounting from him as CEO. Again, he did not show. I think we can agree, that was not a "Yes, ma'am," but it was a message received loud and clear, and it led directly down a path that ended with the complete overhaul of leadership at Ornge.

I operate under no illusion that, had Chris Mazza met with me, he would have been forthcoming about his actions. Indeed, as recently as his appearance here, he refuses to acknowledge that he has done anything wrong. His actions are perhaps most disappointing because I meet real health care leaders every day. I meet them in our hospitals, in our long-term-care homes, in our community health centres, across our entire health care system. Thousands of health care leaders in Ontario understand their responsibility to the people of Ontario. Every day, they go above and beyond for the patients of Ontario.

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So when I see Chris Mazza walk into this room and suggest that all we had to do was ask, I do not and I will not accept it.

As Minister of Health and Long-Term Care, I feel passionately about the efforts we're making to transform our health care system, and at the heart of that effort is a simple recognition that the system excels when we put patients first. It is their health care system, and it should be organized around their needs, not those of the minister or public servants or MPPs, not of providers or administrators. Collectively, we must all be here to serve patients first, last and always.

I'm talking about an ethic of trust, a genuinely sacred trust between those who lead our health care system and the patients who depend upon it.

There is no room for greed in Ontario's health care system.

So the task now falls to all of us, and to me in particular, as minister, to put things right. I've described to you how we're already restoring integrity to the operations of our air ambulance service. We're on track to implementing all of the Auditor General's recommendations. Still, there is much work ahead of us, and I can assure you that my ministry is committed to that effort. I believe that a timely, constructive report from this committee, with a focus on practical reforms and future-oriented solutions, will only help to strengthen that cause.

I want to thank the committee again for this opportunity to appear. I'm very happy to take your questions.

The Chair (Mr. Norm Miller): Thank you for that opening statement.

The NDP will go first. We will have about 25 minutes for each caucus, which I'll do in one slot, if that is fine with committee members.

M^{me} France G  linas: Okay. Flag me after 15.

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

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

Good morning.

Hon. Deborah Matthews: Good morning.

M^{me} France G  linas: Thank you for your opening remarks. It's still puzzling to me that we're still here this morning and still wondering what happened. At the core of it are basically testimonies that are so diametrically opposed that it's really hard to believe that they can be part of the same story.

So I will start with this question: When did you find out that things were wrong at Ornge?

Hon. Deborah Matthews: When I was reappointed as Minister of Health in October 2011, after the election campaign, there were a number of issues that I needed to be briefed on. One of them was Ornge. So I think within a week of my reappointment, I was briefed on the issues. I learned that the Auditor General was having difficulty getting answers to his questions, that he was met with legalistic responses. I learned that my own ministry officials also were not getting answers to questions they thought they should be getting from Ornge.

One thing led to another, but in December, I had a meeting with—the meeting I referred to in my statement, where Chris Mazza did not show up, but the COO, Tom Lepine, and Chair Rainer Beltzner did. At that meeting, I made it very, very clear to them that I expected them to be forthright, to answer whatever questions the Auditor General had, whatever questions my ministry had, and to reveal the salaries that they had been hiding of their senior management.

Shortly after that, they did in fact release that information, and that was when the house of cards started to tumble. When I saw the outrageous compensation being paid to Dr. Mazza, I knew there was a whole lot more that needed investigation. It was then that I sent in the forensic audit team, which ultimately has led to a referral to the Ontario Provincial Police. We replaced the CEO. The board resigned, and we put in a completely new board, a very high-calibre board, a board that is doing a superb job in getting Ornge back on track.

So, to answer your question, I became aware of these issues—serious issues—at Ornge shortly after I was re-appointed as minister. I acted immediately, and I acted aggressively.

M^{me} France G  linas: As you said, we've had 54 witnesses come before us. I would say at least 45 of them have told us that they rang the alarm bell about Ornge to you directly, to other ministers, to many people within your ministry, for the last two years.

Minister, we have you on tape saying that when the corporate structure was presented to your ministry in January 2011, red flags went up. You knew then that something was wrong. You go on to say, "We tried to get answers but we were stonewalled." What happened from January 2011 till what you say happened in the fall?

Hon. Deborah Matthews: Just to be clear, the January 2011 meeting that you're talking about was to brief members of my staff and ministry officials on restructuring, or the creation of a different corporate structure, at Ornge, much of which had already happened. I believe that your party was also briefed, and the Conservative Party was also briefed, on that change, so we all had that information.

That wasn't the problem. The problem was that numbers were being fudged; the number of patients being transported was being fudged. We did not have access to information that we now have access to—

M^{me} France G  linas: So the corporate structure was never an issue for you? You saw the web of for-profit companies and that was not the problem?

Hon. Deborah Matthews: The corporate structure was not the problem. The problem was, the leadership at Ornge was more interested in what Ornge could do for them than what they could do for the patients of this province. It was an issue of the culture in that organization, and that is evidenced by their reluctance to cooperate, except through their lawyers in a very legalistic way, with the Auditor General, with myself.

We were told at that time that they had based this corporate structure on the Alberta model, STARS, where

they do have a robust charity affiliated with the air ambulance service, that actually generates revenue back. We were told that up to \$200 million would flow back to Ontario's air ambulance system from that structure.

M^{me} France Gélinas: But having a transfer payment agency have a charity is something you see in your ministry all the time. Having a web of for-profits, to the scale that was in that briefing, is something that I'm sure none of your bureaucrats had ever seen before, you had never seen before—and I certainly had never seen this before.

Hon. Deborah Matthews: We had very probing questions asked of Ornge about the relationship between the for-profits and the not-for-profits, and we were given very explicit assurances—as I suspect you were, and as I suspect the Progressive Conservatives were when they were briefed—that public money would not flow into supporting the for-profits. In fact, it was the other way around; the direction of money would be from those other entities into the publicly funded system. That was how it was explained. As we know, thanks to the work of the Auditor General and others, that may not have been the way it actually happened.

Mr. Jagmeet Singh: Minister Matthews, what it shows, though, is that, systematically, through Ornge's inception to present, all the way along, there were briefings conducted with the ministry, apprising the ministry about what was going on. And all the way, the ministry never said, "We don't like the direction you're going. We don't like what you're doing. We don't like this web of corporate for-profit entities." Nowhere along the way did the ministry ever say, "Stop what you're doing. We don't like the direction you're taking." Do you agree with that?

Hon. Deborah Matthews: The ministry met, and continues to meet, with Ornge senior management quarterly. They go through various issues and get reports back from Ornge. That work happened then, and it continues to happen. There was an ongoing relationship between the ministry and Ornge dealing with the service to Ontarians. That was the issue: the service to Ontarians. We contract with Ornge to provide air ambulance service. That was the relationship. We now, of course, have wound down, or are in the process of winding down, all of the other entities that were created.

1050

M^{me} France Gélinas: But if that was not the problem, why are we winding them down? They were part of the problem, Minister, and they still are.

Hon. Deborah Matthews: We want Ornge to focus solely on providing excellent air ambulance service to the people of Ontario.

M^{me} France Gélinas: Why didn't you want this back in January 2011? Why didn't you want this back in 2006, when your government set this up that way? Why now?

Hon. Deborah Matthews: What I can tell you is that our focus has been on and continues to be on providing excellent care to the people of Ontario. It was thanks to the work of the Auditor General—

M^{me} France Gélinas: But that's what you promised to do. I mean, the Auditor General says, and we all know, in February 2006 you were supposed—"The ministry committed to set standards and monitor performance against those standards ... the 'end result will be improved care, improved access,'" increased efficiency, increased effectiveness etc. This is what you were supposed to do from the start.

Hon. Deborah Matthews: The original—

The Chair (Mr. Norm Miller): And could I just say, please let the minister answer the questions. Don't cut her off.

Hon. Deborah Matthews: The original performance agreement, we all recognize, in hindsight, was not strong enough. The performance indicators did not go as far as, in hindsight, they should have, which is why we have a new performance agreement, with much stronger oversight. We now can track, for example, how many calls come into Ornge but are refused; they are not completed—what's the cause? Why weren't they responded to? We just have far more information now that—in hindsight, of course we would have strengthened that performance agreement. But we have taken the advice—

M^{me} France Gélinas: But you never tried to strengthen it. There are 54 witnesses who have come, and none of them ever said, "Oh, yes, the ministry came to us and they wanted changes." None of this ever happened. It was like this agency was running amok. Everybody was coming to your ministry, to yourself, to other ministers, to tell you that this agency was running amok, and nothing got done.

Hon. Deborah Matthews: I have to take issue with some of the characterization of what was happening. Ornge air ambulance provides excellent care to the people of Ontario, and it is getting better and better. You heard from Brandon Doneff this morning about the changes he has seen at Ornge—

M^{me} France Gélinas: Yes, but I've heard about \$1.4-million salaries and I've heard about—

Mrs. Liz Sandals: Excuse me, please allow the minister to answer.

The Chair (Mr. Norm Miller): Yes, I'll do that. I'll be the Chair.

M^{me} France Gélinas: We've heard about for-profit entities, and we've heard about—

Mrs. Liz Sandals: Chair, she's cut her off again. She isn't getting to answer.

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

M^{me} France Gélinas: We've heard about a lot of things that were wrong at Ornge: the salary, the loans that were done, the marketing agreements that were done, the decrease in quality of care—all of this was being fed to you and your ministry.

Hon. Deborah Matthews: Oh, excuse me, none of that information was made available—none of that information. I learned about Dr. Mazza's exorbitant salary in December of this past year—on December 22, I think it was. On December 23, a forensic audit team was—

M^{me} France Gélinas: But why didn't you ask before?

Interjections.

The Chair (Mr. Norm Miller): Please let her answer. Please let her answer.

Interjection.

The Chair (Mr. Norm Miller): I am the Chair.

Hon. Deborah Matthews: We did ask.

M^{me} France G elinas: We filed a freedom of access to information for his salary two and a half years ago.

Hon. Deborah Matthews: Yes, and you heard from Patricia Li that we did not have that information. There was no information provided to the government that outlined the income Chris Mazza was getting from anything but the not-for-profit Ornge air ambulance service. All of the other income he was hiding. It was only after explicit, clear instructions from me that we needed that information that that information was revealed. You heard Dr. Mazza when he testified. He still claims that his compensation was a fraction of what we know it is to be. We did not have that information. Trust me—had we had that information, we would have acted immediately, and that’s what we did. When we got the information, we acted immediately.

Mr. Jagmeet Singh: The issue isn’t that you didn’t have the information; the issue is that when you were alerted with a freedom-of-information request, when you were alerted that that was something that the parties wanted—the NDP wanted—you didn’t take any steps at that point. Later on, I’m sure you took steps, and we all see that steps were taken. But when you were alerted back in 2010, why weren’t steps taken then? Why wasn’t it put as clearly as this: “Listen, disclose your salary or we’ll withhold payments. Disclose your salary or there will be some severe repercussions”? Why weren’t those steps taken back in 2010, when you were given this red flag, when you were given this warning on behalf of the NDP?

Hon. Deborah Matthews: With the benefit of hindsight, of course, we all would have done things differently—with the benefit of hindsight. If I had known then what I know now, of course I would have acted then.

What I can tell you is that the Auditor General was doing his audit. He always has done an excellent job. I had confidence in the work of the Auditor General. I can tell you, as soon as I had known that salary, I would have acted immediately, as I did act immediately. But I can tell you that—

M^{me} France G elinas: But there were also 47 questions from my leader—

Interjections.

The Chair (Mr. Norm Miller): Once again, with this committee, if we can have—

Mr. Reza Moridi: Mr. Chair, we expect you to chair the meeting properly.

The Chair (Mr. Norm Miller): —if we can keep it as civil as possible—

M^{me} France G elinas: My colleague said you had an opportunity to ask for the salary. Howard Hampton sat here and questioned—47 questions about Ornge in 2010. Not one of them were answered till March 2012. When

there are 47 questions asked in estimates that have no answers till March 2012, and then we were told, “See what’s happening”—those were also warning signs. Why didn’t you look?

Hon. Deborah Matthews: I’ve answered your question. I acted as soon as I became aware. And I’m grateful to the Auditor General because the Auditor General is the one who raised these issues, who informed my ministry. I had a conversation with the Auditor General. I confirmed with him that salary disclosure was part of what he was looking at as the Auditor General.

We’ve been through this. I’ll continue to answer if you wish, but I really am looking for your best advice as we move forward. That is what it is time to do. We have to say, what lessons have we learned and how are we going to make sure this doesn’t happen again. We are implementing all of the recommendations of the Auditor General. We have a very strong new board in place. They are driving significant change. You’ve heard about that.

From this committee—I’m very much looking forward to hearing from you what you think could have happened. What do we have to put in place to make sure it never happens again? We owe that to the people of this province.

M^{me} France G elinas: The point is, Minister, that you had the power to act all along but you chose to act after it hit the front page of the paper. This is why we’re still here today, because the warning signs were coming from all sides. They were coming from the NDP, they were coming from the PCs, they were coming from medics coming to you; they were coming from the EMS branch, which was doing an audit and saying things are bad here, things are bad at Ornge. But yet, all of these warning signs, it didn’t matter how loud it rang. It didn’t seem to leave an impression on you. It kept on going.

Once it hit the front page of the paper, you had all of the power necessary to act and you did, and you acted big time. That shows to me that you had the power all along. Why did it take so long?

Hon. Deborah Matthews: Let’s put things into perspective here.

M^{me} France G elinas: Sure.

Hon. Deborah Matthews: There were questions asked, I believe, in the spring session of 2011. There were 600 question period questions, three of them from the Conservatives related to Ornge. So let’s not inflate the focus—

M^{me} France G elinas: Forty-seven from the NDP during estimates.

Hon. Deborah Matthews: Not during question period. I wouldn’t overstate your laser-like focus on this issue, nor would I overstate the laser-like focus of the official opposition. It was the Auditor General who, through the diligence of his staff, revealed information, and frankly, it was also the work of some very good journalists in this province who revealed information. It was when that information came to my attention that I acted immediately. I think you would agree that the actions that I took were the right actions, the appropriate

actions, but I still very much look forward to your advice on what we still need to do to make it better and to make it stronger.

Mr. Jagmeet Singh: Minister Matthews, I want to paint a bit of a picture here and I'll ask you this question. My colleague's concerns are that, as a part of your obligation as a minister, oversight should occur throughout your tenure, not just when the Auditor General does great, diligent work, or not when Star reporters or other reporters do great and amazing work.

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You were appointed as the minister in October 2009. From October 2009 to October 2011, there were repeated briefings throughout those two years where Ornge met with ministry officials and briefed the ministry about what they were doing. They briefed them about the direction they were taking. They briefed the ministry about the purchase of aircraft. They briefed the ministry about the overall structure that they were implementing. All of these briefings took place; never in those two years did the ministry ever say, "We don't like what you're doing. We want you to do something differently. Stop what you're doing."

Why did the ministry and why did you as minister not take any action to oversee what was happening in Ornge for those two years, when there were numerous red flags brought up by people who were employees, by opposition members? There were a number of red flags set off, and you were being briefed regularly. Why did none of those briefings result in any action by the ministry?

Hon. Deborah Matthews: The very clear answer is because Ornge was not giving us that information. You know they did not give us information on salary disclosure. You know they did not give us correct information on the number of patient transfers. You know they withheld information on some issues, on incidents that should have been reported to the ministry. You know they withheld information.

It did get to the point where we were able, with the help of the Auditor General and the forensic audit team and the new leadership at Ornge, to expose these practices. That is where we are now: We are fixing the problems that were created.

M^{me} France Gélinas: I'll save my last seven minutes.

The Chair (Mr. Norm Miller): Very well. We'll move on to the government. Mr. McNeely.

Mr. Phil McNeely: Chair, I'd like to ask the Auditor General a couple of questions to start with.

Mr. Jim McCarter: Of course, Mr. McNeely.

Mr. Phil McNeely: When did you start your audit?

Mr. Jim McCarter: We would have started our fieldwork probably in January 2011. I think I phoned Dr. Mazza in the late fall to give him the good news that the auditors were coming in. We had a lengthy chat over the phone, mostly talking about timing and what we would look at and that sort of thing. I think my field staff ended up getting in there in late December or early January, and we would have wrapped up our fieldwork towards the end of May. But as I've indicated previously, we did

have some difficulties getting information and documents. I can give you more chronology if you'd like.

Mr. Phil McNeely: When did you report to the government?

Mr. Jim McCarter: The way a value-for-money audit works is, we have an oral debriefing, and then we go to a draft report. We had an oral debriefing with Ornge and with the ministry in June, but there wouldn't have been anything that I would call a hard-copy document. We outlined some of the issues and the concerns, some of which we've discussed today, and then we provided Ornge and the ministry with a draft report in mid- to late December.

By way of background—I think the minister referred to the nine years I've been doing this—I've probably had about 135 value-for-money audits; this was the only audit out of 135 that we just could not get wrapped up in time to get into the annual report. We report all of our value-for-money work and all of our other work in one annual report. On this particular one, as the minister has indicated, we had difficulties getting reliable information. We decided that we could not make the translation deadline, which for us is basically late October, so at that point, quite frankly, we put it on the back burner for a few months while we got the rest of our stuff done. We ended up tabling it as a special report, as you know, Mr. McNeely, in March.

Mr. Phil McNeely: Did the minister help you get the information?

Mr. Jim McCarter: I think what I testified the last time, when Dr. Mazza was here, is that we eventually got most of the information, but it took an abnormally long length of time. We discussed with the ministry that we were having some issues in September, but we really felt it was our job to get the information and deal with Ornge. So it would be unfair to say we went to the ministry and they didn't do anything. We felt it was more an issue with us.

Our main issue in September with the draft report was saying to the ministry—and really, the issue has been raised where there were a lot of changes from the initial draft report to what you had in March. I'd have to say we did make some changes in wording, and we changed some of the facts. But the major issues that we had with respect to—we really felt the ministry needed to get more information to properly oversee Ornge. We indicated that part of that was due to the limitations of the performance agreement. But we also did say we think the ministry should be pushing harder in some of the areas to get more reliable information. But many of the areas that we kind of set out in September ended up in our final report in March, Mr. McNeely.

Mr. Phil McNeely: Thank you.

Minister, thank you very much for being here today. I know that you've put in a lot of work towards restoring confidence in Ontario's air ambulance system, and that includes—and we heard that from a critical care paramedic this morning—that included visiting, and this

was something that impressed him, up in Thunder Bay, I believe.

So you have gone to Ornge bases, and you've met the front-line staff. Can you tell this committee about what you have learned from Ornge's front-line staff?

Hon. Deborah Matthews: Well, first and foremost, I have learned that these are extraordinarily dedicated, highly skilled people. We are extremely blessed to have the front-line staff at Ornge that we have.

I talked to them about why they got into this field. I talked to them about the changes they were seeing at Ornge. I asked them for their advice on what more we needed to do.

I can tell you that some of our front-line paramedics and pilots and engineers and others have been very hurt by some of the allegations that have been made in the Legislature, in this committee, about their dedication and their professionalism.

These are extraordinary people, and we see them in action on the news from time to time. They go into situations that—I tell you, there aren't too many people I know who could do the work they do. These are very highly skilled, dedicated professionals. They want to do the very best they can for the patients they serve—and you heard Mr. Doneff this morning expressing that. He is driven by a desire to help people on the worst day of their life. That's what drives these people.

We have remarkable staff on the front lines, staff who were let down by the old leadership at Ornge. I can tell you, I heard many, many stories about how attempts to make things better were shut down. They weren't just ignored; they were actually threatened. I think you heard today about a threat to fire a whole base—to shut down a whole base. It was a management style that when I hear about it, I am embarrassed. I just find it beyond understanding why anyone would attack their own front-line staff the way that I heard Dr. Mazza do—I heard stories of Dr. Mazza doing that.

Mr. Phil McNeely: Just yesterday, everyone on this committee received a letter from a member of the front-line staff in Thunder Bay, Poul-Erik Binderup, who is a senior pilot for the fixed-wing operations. I would like to read part of this letter into the record. We'll table the entire document. It's here, Mr. Clerk, if people want it, for distribution.

The Chair (Mr. Norm Miller): Apparently it has been distributed already.

Mr. Phil McNeely: It has been distributed?

The Chair (Mr. Norm Miller): Yes.

Mr. Phil McNeely: So I'll just go and read that letter.

"My name is Poul-Erik Binderup and I am the senior pilot for the fixed-wing operations at Ornge Global Air. I am one of 45 professional pilots that serve the province of Ontario flying the Pilatus PC-12NG aircraft, and I am writing this letter in the hope that the voices of those professional men and women can be heard....

"The Honourable Deb Matthews's installation of Mr. Ron McKerlie as interim CEO, and the major corporate restructuring that followed, gave us a sense of hope that

we would be able to continue to serve the people of Ontario as medevac pilots....

"What we were not prepared for was the way the media and some members of the provincial government portrayed the operation and what we do. We were portrayed as a burden on the system, called a safety hazard, an accident waiting to happen. We have been misrepresented by the press, and have even been jeered publicly, and there have been many other derogatory statements made about the operation or the aircraft....

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"While this has been unsettling and frustrating to say the least, we were perhaps most unprepared for how some of our colleagues, paramedics and helicopter pilots, gathered and presented information that was biased or flawed with the seeming intent on shutting down the operation. Some of that information has been heard by the committee. I cannot state emphatically enough that these individuals do not speak for me or the fixed-wing pilot group, nor do they have our support....

"But the intent of this letter is not to dwell on the negative, unfounded opinions of a few misinformed individuals. To the contrary, we have been overwhelmed by the support we have received from individuals like the Honourable Deb Matthews and interim CEO Ron McKerlie. And I wish for the rest of the standing committee, and indeed the people of Ontario, to understand the pride that we take every day in serving as medevac pilots.

"We operate 24 hours a day, seven days a week, 365 days a year. The aircraft that we fly, the Pilatus PC-12NG, is one of the most state-of-the-art aircraft in its class. With this aircraft, we have more technology and safety features at our fingertips than many of the airliners in operation at the major airlines today. Our maintenance department is second to none, and keeps these aircraft in top condition....

"In closing, I want to reiterate that not only are we proud of the service we provide to the people of Ontario as medevac pilots, we are also proud to be a part of something special. Many of us have been with Ornge from the very beginning of the fixed-wing operation. We have had many challenges to overcome as a brand new air operator, and we have met every challenge head-on. We continue to grow in our operation and we all understand what it means to be a part of the solution, not a part of the problem. For this reason we stand behind people like Ms. Matthews who are committed to making a difference in the lives of Ontarians, not by shutting down Ornge, but by picking up the pieces, solving the problems and creating a world-class medevac operation that not only we the pilots can be proud of, but the people of Ontario can be proud of as well. Thank you for your time and consideration....

"Poul-Erik Binderup

"Ornge PC-12 captain"

Minister, I know that you have also spent some time at Ornge's head office. Can you tell this committee about

what you have discussed with the new leadership at Ornge?

Hon. Deborah Matthews: There's a very clear mandate with the new leadership and they are embracing that mandate. Number one, the issue of patient safety—that, first and foremost, was the issue that I wanted them to focus on immediately. They've made tremendous progress.

You've heard about the interiors of the aircraft. We had been assured that that was not a problem, that that problem had been rectified. Well, in fact, that was not the case, but I'm happy to report that the interiors are now—they're moving into the second phase of the appropriate configuration of the interior of those helicopters. I am delighted that Barry McLellan, who is the CEO at Sunnybrook hospital, a former chief coroner of the province of Ontario, a very highly respected individual, is leading up their quality-improvement work. So on the issue of patient safety, there is significant progress that is being made.

I also instructed them to wind down the for-profits, and that work is under way. Many have already been wound up and the others are in process. It is a complicated arrangement but they are making progress on winding down those for-profits.

I have learned about the commitment of those board members. I also had an opportunity to visit the communications centre where—I think all of us as MPPs learn more when you go and actually have a site visit. I was able to talk to those people who work in the communications centre, better understand how they triage patients, how they follow aircraft, how they ensure that people get the care they need as quickly as possible.

Air ambulance is a very complicated business because there are a lot of different components that need to be coordinated for the benefit of an individual patient at a specific moment. I was able to see, when I went to the Ornge head office, what happens in that communications centre. I was able to tour the building, and saw the extravagances of the previous leadership. But most importantly, I was able to meet with the board and get a report on how they are moving forward on the issues that had been raised.

Mr. Phil McNeely: Chair, how much more time have I got?

The Chair (Mr. Norm Miller): You have about 13 minutes.

Mr. Phil McNeely: Okay, thank you.

I would like to read into the record part of a letter from John Cunnane, the chief of Niagara EMS, to the interim CEO of Ornge, Ron McKerlie. I will table the entire letter to the committee. You already have a copy. I will just read parts of Mr. Cunnane's letter. This has to do with a very unfortunate accident at the Niagara Gorge—

Mr. Frank Klees: Chair—

The Chair (Mr. Norm Miller): If you could provide a copy, then, for the—

Mr. Phil McNeely: We have a copy here. Can I continue?

The Chair (Mr. Norm Miller): Yes.

Mr. Phil McNeely: This is on the scene of that accident.

“After an on-scene assessment ... and once our paramedic crew/s knew what they were faced with they requested air ambulance at approximately 18:11; after doing weather check air accepted with an ETA of 20 minutes. From 18:46 to 19:04 there was constant communication between our Niagara ambulance dispatch (NACS) and 799, and our ground ops supervisors to confirm a landing site. Together, 799, our ops supervisor and NACS coordinated an appropriate landing site at a nearby park, the flight medics were then transported by Niagara EMS to the scene at the top of the Niagara Gorge. On arrival at the scene the 799 medics received a scene and patient update and began interacting with other responders at the scene (NEMS, fire, Niagara Parks Police and NRPS) as well as one patient's family member to describe the plan for patient treatment and transport, and provided leadership on patient care from this point forward. Once the patient was extricated from the gorge, responders, under the direction of the flight crew, assisted the 799 medics in properly immobilizing the patient and moving him to our ambulance for transport to the landing site. According to my senior manager on-site this was a seamless and well-coordinated effort on the part of all responders, resulting in timely and effective care for the patient....

“I believe this is a classic example”—this is John Cunnane, chief, Niagara EMS—“of how an integrated land and air system should operate, in this case the patient received the very best care possible by all responding agencies.”

Mrs. Liz Sandals: Chair, we'll save the rest of our round till next time.

The Chair (Mr. Norm Miller): Very well, in which case we will move on to the official opposition. Mr. Klees.

Mr. Frank Klees: Minister, I want to make it very clear that no one around this table or anyone in the Legislature has ever, over the last number of months since this Ornge issue became an issue, called into question the dedication of our front-line staff, be they paramedics or be they pilots. What we have called into question is your leadership and what is clearly the failed oversight of your ministry of our air ambulance service.

We've heard your excuses as to why you didn't intervene sooner. You tell us that you were not aware, that you were lied to, that you weren't given proper information. I'd like to ask you, with regard to a letter that you received dated May 4, 2011, from the Ontario Air Transport Association—members of the committee have copies of that letter—do you recall the letter I'm referring to?

Hon. Deborah Matthews: I am aware of it, yes.

Mr. Frank Klees: We can distribute this, Clerk, if you like.

In that letter, there was specific reference made to a number of concerns that the Ontario Air Transport Asso-

ciation raised, and they deal extensively with issues that relate to matters of patient care, conflicts of interest.

I'd like to ask you this question: Did you ever acknowledge that letter?

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Hon. Deborah Matthews: What I would like to do first is take issue with your first statement, Mr. Klees. I would like to read back to you some statements you have made that undermine confidence—

Mr. Frank Klees: This is not a debate. I'm asking—

Hon. Deborah Matthews: —undermine confidence in the front-line staff.

Mr. Frank Klees: I am asking you a specific question—

Hon. Deborah Matthews: You have made a statement, Mr. Klees, and it is—

Mr. Frank Klees: Chair?

The Chair (Mr. Norm Miller): Let's keep this civilized, please. So—

Mr. Frank Klees: We are asking the questions here, Minister—

The Chair (Mr. Norm Miller): And you may not like her answer, but we have to let her answer.

Mr. Frank Klees: Well, what we don't have to do, Chair, is allow the minister to deflect a very specific question about a very important stakeholder group.

I'm asking the minister very specifically, did you ever acknowledge the letter from the Ontario Air Transport Association? Yes or no?

The Chair (Mr. Norm Miller): And we'll let the minister answer.

Hon. Deborah Matthews: As you prefaced your question with a comment, I will preface my answer with a comment. You, Mr. Klees, have made some very damaging comments. Let me just refresh your memory.

"I would not want to be a pilot, I would not want to be a paramedic and I would not want to be a patient. Knowing the track record of these helicopters, I would take my chances getting from point A to point B with some other means."

You don't consider that to be an insult to the staff at Ornge who are responsible for the maintenance of those aircraft?

Mr. Frank Klees: No, I do not, Minister. What it is is an insult of the management and of your lack of oversight in ensuring that we have the proper equipment and the proper resources.

We heard from a paramedic just before you came here, who continues to tell us that they were desperate to be assured of proper resources. They were told that because of the lack of funding, a base was going to be cut down. That is the concern of front-line paramedics.

Now, if you're finished with your preamble, would you answer my question? Did you ever acknowledge the letter from the Ontario Air Transport Association or not?

Hon. Deborah Matthews: I would also like to remind you of the time—

Mr. Frank Klees: What are you hiding?

Hon. Deborah Matthews: I am hiding nothing.

Mr. David Zimmer: Chair, point of order, pursuant to standing order 23(k)—I'm entitled to make a point of order pursuant to a standing order.

The Chair (Mr. Norm Miller): Let the minister answer.

Mr. David Zimmer: No, Chair, I want to—

The Chair (Mr. Norm Miller): You don't have the floor.

Minister, please answer.

Interjection.

The Chair (Mr. Norm Miller): Minister.

Interjection.

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

Hon. Deborah Matthews: Mr. Klees, you said on March 6, "An Ornge-contracted PC-12 medevac Pilatus fixed-wing aircraft crash-landed at the Timmins airport on January 13 of this year. The reason: Its single engine failed." Do you recall asking me that question?

Mr. Frank Klees: I do, indeed.

Hon. Deborah Matthews: Well, in fact, we now have the truth of what happened there. We have a letter that has been delivered to this committee stating that your comments completely misrepresent our operation, and especially the level of safety we work so hard to maintain.

The only point that I'm making is that you have heard from front-line staff who are doing their very, very best. Our job now is to make the kind of changes, continue to make the changes that we've been making, to ensure that patients get the best possible care. That goal is not supported by you continuing to make completely erroneous statements about the safety of care at Ornge.

So on behalf of the front-line staff, on behalf of the paramedics, the pilots, the doctors, the engineers, all of the people who work at the communications centre, all of the people at Ornge, 600 staff, would you stop running down the organization and start being part of the solution?

We are looking to this committee—I am hungry for this committee to finish its work, to write its report, to give me your recommendations on what we need to do to continue to strengthen air ambulance in this province. It is not supported—

Mr. Frank Klees: Well, Minister—

Hon. Deborah Matthews: —when you go off—

The Chair (Mr. Norm Miller): Go ahead with the question.

Mr. Frank Klees: Thank you. Finally.

Minister, let me give you that recommendation.

Hon. Deborah Matthews: I would like the recommendation of the committee. Your personal recommendations are interesting, but it is the committee's work that I am—

The Chair (Mr. Norm Miller): Minister, let him ask the questions.

Mr. Frank Klees: Because you know my recommendation would be, first of all, start with your resignation, put some qualified people into a management

position, so that we can restore confidence in our air ambulance service.

You didn't listen to stakeholders. I'll answer the question for you. The stakeholders said you didn't acknowledge that letter; you didn't acknowledge repeated calls from stakeholders. Why did you not, then, listen, at least, to your own ministry advice?

I'm going to distribute—Chair, if you would. There was an email that was distributed, and attached to it is a confidential advice to the minister. Once again, I'm going to ask you, when you see that document: Did you ever see this confidential advice to the minister?

Hon. Deborah Matthews: I'm sorry; what are you referring to here?

Mr. Frank Klees: I'm referring to an email that starts off from Malcolm Bates, who is a director of the emergency health services branch, to Joy Stevenson, at the Ministry of Health, asking her to arrange for an analysis of the consolidated statements of Ornge. Attached to it is the response, entitled Emergency Health Services Request Re: Ornge Financial Statements.

Mr. David Zimmer: Chair, it's a several-page document. Give the minister a chance to read over the email and the attached document—

Mr. Frank Klees: Chair, I'll gladly take the minister through this document, and Mr. Zimmer can watch.

This document, that's marked "Confidential Advice to Minister," was issued in response to an email from Malcolm Bates. Mr. Bates refers in his email to Patricia having requested the analysis. Who would that be?

Hon. Deborah Matthews: I suspect that would be Patricia Li.

Mr. Frank Klees: Did she ever discuss this document with you?

Hon. Deborah Matthews: I don't recall that, no.

Mr. Frank Klees: So apparently Ms. Li asked the Ministry of Finance to review the Ornge financial statements. The response was given in a confidential advice to the minister, and Ms. Li never shared that with the minister. Is that what you're telling me?

Hon. Deborah Matthews: I think I will take a minute to review—if it would be possible to come back to this, perhaps—

The Chair (Mr. Norm Miller): Yes. If you want to take a minute to look it over, go ahead.

Hon. Deborah Matthews: Thank you. I will need some advice. Perhaps—

Mr. David Zimmer: It's got detailed annotations from somebody on it, underlining—

Mr. Frank Klees: Those are mine. I'm sharing my document with you, Mr. Zimmer.

The Chair (Mr. Norm Miller): Minister, did you want your staff to look at it?

Hon. Deborah Matthews: I would like to give you an appropriate answer, and I will—

Mr. David Zimmer: I propose a recess—

Mr. Frank Klees: Let's have a recess. I don't want this to—

The Chair (Mr. Norm Miller): We'll have a five-minute recess for you—

Hon. Deborah Matthews: Sure. Thank you.

The Chair (Mr. Norm Miller): Okay.

The committee recessed from 1127 to 1133.

The Chair (Mr. Norm Miller): I'll call the committee back to order, then, and go to Mr. Klees. Minister, are you ready to answer, or do you need anything further from Mr. Klees?

Hon. Deborah Matthews: Sure, I'd be happy to.

First of all, this is a very complex document. I have not seen this document before. I do think that it is of a detailed nature, and I would need some advice—in fact, better to get the author of the document to testify as to what's in this document.

I know that Peter Wallace, who is a former Deputy Minister of Finance, did testify already and he has spoken to the issue of the bonds. I can read from Hansard. You have been through this territory before, but let's go there again.

On April 18, 2012, he—

Mr. Frank Klees: Chair, this is ridiculous.

The Chair (Mr. Norm Miller): Let the minister answer, and then you'll get a chance.

Hon. Deborah Matthews: Peter Wallace, when he was asked about exposure—and I assume that's what this is about, exposure of the taxpayer—he was clear that "bondholders do not have direct access back into the provincial credit."

He said, "From a government of Ontario perspective, with respect, we were assured—we understand factually—that there is adequate insulation from the province's credit."

Mr. Frank Klees: Speaker, given the minister's conduct here in wanting to simply chew away our time, I will change my format. I will simply make the points that I believe need to be on the record.

First of all, this is a "Confidential Advice to Minister" document. I find it passing strange and quite frightening, actually, that the minister would receive a document like this and wouldn't know of its existence. I question seriously—

Hon. Deborah Matthews: With respect, Mr. Klees, you have been a minister. You understand the protocols.

Mr. Frank Klees: Chair, with all respect—

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

Mr. Frank Klees: The reality is that this document, which was presented to you—and if you didn't receive it, certainly it was presented to Ms. Li in July of last year.

The first item on this document refers to a loan receivable. This comes right out of the documents, the financial statements, of Ornge: "There is a loan receivable of \$4.3 million in 2010-11. This is a concern as Ornge is not in the business of advancing monies and, these are taxpayer dollars that have been lent. Are you aware of the details of the loan? Note 2 does not provide" any "information to properly assess the risk. We understand that a vendor provided seed money to Ornge to prepare the business plan for the new ... ventures.... We hope that this

is not linked to that transaction. If the transaction was with a related party, this would have needed to be included in the note disclosure.”

The next item, restricted cash: “This balance has declined”—this is restricted cash of Ornge—“significantly from the prior year (\$113 million down to \$11.8 million). Most of the balance was internally restricted funds in Ornge Issuer Trust related to acquisition of aircraft and infrastructure. Again this flags the issue of the province’s funds being used to secure assets. We need to ensure that we still have title to the assets in the event of financial issues with Ornge as we may need to step in to assume the debt if there were issues.”

The next item, capital assets: “The balance has significantly increased this year from \$94.6 million to \$264.4 million.” In part, this relates to the “sale and leaseback transaction on Ornge’s building. If this has occurred, then we need to ensure that the terms are at fair market value and that if the transaction was used to unlock value for the” new business venture, “that the value has not been transferred to other profit-oriented ventures within the Ornge group.”

Number 5, bonds payable: “The bond payable has increased from \$272.5 million to \$295.7 million. This is due to the issuance of a first mortgage series A bond on January 31, 2011, for ‘general corporate and investment purposes.’ We are concerned with the note disclosure which states: ‘The bond is secured by a first fixed and specific mortgage, pledge, charge, assignment and security interest in and to the organization’s corporate building, the related land and fixtures, and all benefits to be derived from these assets, including the lease of these assets.’ If legal services has not reviewed this bond, we recommend that they should....”

Next is revenue, in item number 7: “The ministry accounts for \$149.3 million of Ornge’s total revenue....” It goes on to say the transfer agency rules require that transfer partner recipients “deposit all funding from the province in an interest-bearing account and remit this money back to the consolidated revenue fund. If this is investment income, it should be reviewed to ensure it is compliant with the performance agreement” and the transfer partner agreement.

Number 9 refers to foreign exchange and derivatives. Referring to the bond, which was issued in US funds, which is against the performance agreement, “This is an issue fully discussed in the past ... initially unhedged bond and the risk that this had to Ornge and to the province in consuming expenses that could otherwise have been spent in Ornge’s core business”—a specific warning about that bond issue.

It goes on in number 10: “In 2010, nine entities were included in the audited financial statements: Ornge, Ornge Peel,” a numbered company, “Orngeco, Ornge Global R/E, Ornge Real Estate, Ornge Foundation, J Smarts, Ornge Issuer Trust. However, in 2011, only six entities are included....”

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Question 12: “There are significant commitments for principal payments on the bond and for lease commitments on the building, pursuant to the sale and leaseback....”

It goes on to refer to the fact that the province will be on the hook for the additional payments that are coming due. Here, in note 6 of this document—and I quote from the document that was sent to you, Minister, as confidential advice: “In particular, Ornge appears to have substantial principal payments on its loan(s) coming due in several years which could impact upon its financial status.”

Note 8 of the audited financial statements of Ornge discloses the principal payments on the bonds payable: in 2012—December of this year—an additional \$83,000, increasing next year to \$3,285,000; in 2014, increasing to \$6,764,000.

Minister, this is disclosure to you by your own ministry that Ornge is obligated, in addition to the interest payments on those bonds, to begin paying principal back. My question to you is this: Given the fact that Ornge has no income other than the transfer payments from the Ministry of Health of \$150 million, where are all of these payments coming from that Ornge is obligated to pay, if not from the province of Ontario? And if, as you say, you’re not on the hook for this, who is?

The Chair (Mr. Norm Miller): And you have seven minutes. You wanted to be told about your time.

Mr. Frank Klees: Thank you. I’ll pass for the next time, after the minister answers this question.

Hon. Deborah Matthews: Thank you.

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

Hon. Deborah Matthews: What I can do is refer you back to the testimony of Peter Wallace, the then Deputy Minister of Finance, who made it—

Mr. Frank Klees: He did not answer any of these questions.

Hon. Deborah Matthews: He made it very clear that the taxpayers of Ontario are not on the hook.

Mr. Frank Klees: This document—

Hon. Deborah Matthews: This is a document that—

Mr. Frank Klees: This document belies that testimony.

Hon. Deborah Matthews: I heard a lot of “ifs” in there. This is a document dated June 2011. I obviously would be happy to take a further look at it and get an answer to you.

But I can tell you, Mr. Klees, you have many, many times made statements that, upon further examination, turned out to be simply not true.

Let me give you another example. You claimed that people were dying as a result of Ornge. Well, the chief coroner said—the chief coroner, and I take his word over yours, I’m afraid, on issues related to fatalities. The chief coroner said, “Of our completed investigations, there have been no cases”—

Mr. Frank Klees: Of the completed investigations.

Hon. Deborah Matthews: You claim people are dying. You do not have the qualifications to be a chief coroner. You do not—

Mr. Frank Klees: I suggest you don't either.

Hon. Deborah Matthews: I do not, but I rely on someone who does have those credentials, and the team of people. They do thorough investigations. You made allegations; they were not true allegations.

You claimed in question period on March 5, 2012, that the tail rotors fall off these helicopters. Well, in fact, we now know, because we always look into whatever allegations you make, that the memorandum that Mr. Klees was referring to did not apply to Ornge's helicopters. You have time and time—

Mr. Frank Klees: They were AW139s. Of course not. Minister, you can't be serious.

Hon. Deborah Matthews: Time and time again, you have made allegations that have turned out, after investigation—

Mr. Frank Klees: You can't be serious.

Hon. Deborah Matthews: —to be completely erroneous.

Mr. Frank Klees: You really think that excuses you.

Hon. Deborah Matthews: So I fully expected that you would drop something today.

Mr. Frank Klees: Unbelievable.

Hon. Deborah Matthews: I will undertake to investigate here, Speaker.

Interjections.

The Chair (Mr. Norm Miller): I'm going to have some order in this committee, please—

Mr. Frank Klees: Unbelievable.

The Chair (Mr. Norm Miller): —just so I can hear the answer of the minister.

Continue, Minister.

Interjections.

The Chair (Mr. Norm Miller): Okay, we'll move on to the NDP, then. Go ahead. Ms. Gélinas? Mr. Singh.

Mr. Jagmeet Singh: Thank you very much. Minister, you indicated, when I asked you the question regarding your tenure from October 2009 to October 2011—you indicated a number of things that you didn't know, that Ornge hadn't told you. I accept that there are certain things that Ornge didn't tell you, but there are certain things you did know that you didn't mention.

You did know that in 2009, Dr. Mazza's salary was off of the sunshine list; you were aware of that. Your ministry was also briefed that the changes—that the ministry did not have any issue with—would allow his salary to come off. The structure changes that allowed his salary to not be disclosed were disclosed to you, that there would be certain changes. That, you were aware of.

You were also aware of, in 2010, an audit—the audit was conducted previously, the results of which were released in November 2010. That audit released a number of recommendations. Those were also given to you, in addition to our prior comments regarding the questions asked in estimates and the freedom-of-information requests. You had all of that from October 2009 to October

2011, yet you didn't take any action with respect to any of those items, and you were tacitly agreeing without saying anything in opposition to those.

Hon. Deborah Matthews: I just want to correct your characterization of the—I think you're talking about the MNP report.

Mr. Jagmeet Singh: Right.

Hon. Deborah Matthews: The report states that, overall, "our review indicated that Ornge is using provincial grant funding economically, efficiently and for the purposes intended in providing air ambulance and related services" for the province. I can tell you that this report was handed over to the Auditor General to provide whatever information it might to the work in his office. So this report did give us this confidence. We later found out that further digging would have resulted in perhaps a different outcome.

M^{me} France Gélinas: Just to keep to what Mr. Klees was saying, there are now millions of precious health care dollars that have been wasted at Ornge. We now have news reports claiming that AugustaWestland wants to recoup \$1.8 million from Ornge. Minister, will the taxpayers be on the hook for this? And if not the taxpayers, who will pay?

Hon. Deborah Matthews: What I can tell you is that my understanding is that that is of a company that has now gone bankrupt, so one of the for-profit entities that no longer exists. I can tell you that is not of concern to taxpayers.

M^{me} France Gélinas: All right.

The Auditor General made five recommendations; all recommendations required actions from your ministry. He said there were some problems at Ornge but he also pointed to huge problems within your ministry. I want you to tell us: Do you acknowledge that by failing to conduct proper oversight, by failing to listen to whistleblowers that tried to blow the whistle, by failing to act on some of the recommendations from the audit and basically by taking the word of Mr. Apps, the president of the federal Liberal Party, you are, if not completely, in part responsible for the scandal at Ornge?

Hon. Deborah Matthews: What I can tell you is that as soon as I became aware of problems I took decisive and immediate action. When the Auditor General told me he was having trouble getting information—the same story that my ministry officials were telling me. When I called Chris Mazza—but he didn't come—into my office for a conversation about, "You need to be accountable. You need to answer questions of the Auditor General. The Auditor General is not getting answers to questions he's asking?" They needed to release that information. They subsequently started to release some of it. It was the issue around salaries that was just outrageous that triggered the forensic audit, that has triggered an OPP investigation.

It is very clear that the leadership at Ornge hid information from us, fudged information, did not provide us with the information we needed. It's also very clear, and the Auditor General has pointed out, that the information

that we were mandated to receive through the performance agreement simply was not adequate.

So now it's time. We are making appropriate changes, and it is time that we pass Bill 50 because we must entrench further oversight into legislation, we must protect whistle-blowers in legislation, we must give the minister the power to appoint a supervisor in legislation. So I look forward to the advice this committee can offer in order to strengthen air ambulance service. That's what this is all about. We have a collective duty to the patients of Ontario.

The Chair (Mr. Norm Miller): If you're done with your answer, we'll move to the government.

Mrs. Liz Sandals: How much time do I have left, Chair?

The Chair (Mr. Norm Miller): Nine minutes.

Mrs. Liz Sandals: Thank you very much.

First of all, if we could just clarify this document. First of all, Minister, for the benefit of everybody who isn't yourself, a minister, or Mr. Klees, who is a past minister, does every document that says "Confidential Advice to Minister" end up on the minister's desk?

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Hon. Deborah Matthews: No, it does not.

Mrs. Liz Sandals: So when one asks the question, "Did you receive this document?", just because it says "Confidential Advice to Minister," that is not necessarily related to, did you actually see it?

Hon. Deborah Matthews: Absolutely. And any past minister or current minister would know that.

Mrs. Liz Sandals: Exactly. In fact, even parliamentary assistants have generally figured it out.

This particular document, going back to the exchange that we had earlier with the auditor, is a request from Ministry of Health staff at the end of June. So this may have been a follow-up to the preliminary verbal conversation—

The Chair (Mr. Norm Miller): Excuse me, I just want to interrupt for a second and ask the cameras to give a bit of space to the—please.

Mrs. Liz Sandals: In response to that, the Ministry of Health staff asked the Ministry of Finance staff to provide some financial analysis based on the consolidated statements, which would be information that the Ministry of Finance would be responsible for preparing. On July 22, that analysis was returned. That document is what has been tabled, and all the people who are copied on the returned document and have this document distributed to them are in fact all bureaucrats. None of them are political staffers. None of them are you. They're all bureaucrats. They're all ministry staff.

Did any of the people who had a copy of this document ever share it with you?

Hon. Deborah Matthews: No, they did not.

Mrs. Liz Sandals: So while it may contain interesting information, and I think it is worth a read, it's not information of which you were aware in the summer of 2011.

Hon. Deborah Matthews: That is absolutely correct. I have not seen that document before it was provided to me just a few minutes ago.

Mrs. Liz Sandals: Thank you. Now, if we could just follow up on Madame Gélinas's question. She referenced the recommendations that were eventually made by the Auditor General. Could you give us an indication of what has already been done in response to those recommendations by the AG?

Hon. Deborah Matthews: I would be very pleased to do that. I think it's important that this committee knows that significant action has been taken. In fact, we estimate we're about halfway there in implementing the recommendations from the auditor. We're on track to have all recommendations fully implemented by the fall of 2013.

Recommendation number 1: The auditor recommended that we review whether the amount the ministry pays for air ambulance is reasonable for the level of service provided by renegotiating the performance agreement to provide direct access to Ornge's affiliated organizations; evaluating the cost and delivery compared to previous years; establishing additional performance indicators with more frequent and more informative reports on the extent to which performance expectations are being met.

I'm very happy to report on the progress on that recommendation. We do have a new performance agreement. You've heard about that. It requires approval for changes to the corporate structure and requires compliance with the Broader Public Sector Accountability Act and the Public Sector Salary Disclosure Act. So we have fixed that problem. We will now have full reporting of compensation for those at Ornge.

The second: An interjurisdictional scan examining provision of air ambulance services across Ontario is currently under way. It is on track to be completed by the end of this year.

Under the new PA, Ornge is required to report to the ministry on a number of key performance indicators, according to a pre-set timeline. This is also on track to be completed by the end of this calendar year.

Recommendation number 2: The auditor recommended that we conduct a formal program evaluation of critical care land ambulance that would assess total demand; assess capacity at the municipal land ambulances instead of having Ornge do it; and comparing the cost of different service options.

I can tell you that that is currently under way. It is including an assessment of need for inter-facility patient transfers. The review is to be completed in this fiscal year, with implementation of the review's findings in 2013-14.

Recommendation number 3: changes to ensure patients' needs are met in the most cost-efficient manner. I can tell you the progress on that recommendation.

Ornge is now better tracking how often hospital staff must accompany a patient because appropriately trained paramedics are not available. We are also beginning to review the reasons for flight cancellations after takeoff.

The ministry and Ornge are reviewing the feasibility of linking the land and air ambulance dispatch systems. Ornge is also undertaking the substantive work of ensuring the most appropriate aircraft are routed to pick up and deliver patients requiring transport.

Recommendation number 4: to enable air ambulance response times to be assessed against performance standards and for reasonableness, including the tracking of key times in the call-handling process, while expanding the provisions in the performance agreement requirements to include indicators on response times for the key stages of a patient transport, from the time a call is received, to the time when Ornge is on site, to the time the patient reaches his or her destination.

I'm very pleased to report that the amended performance agreement requires Ornge to report on key reaction and response time indicators; that Ornge is undertaking system upgrades to meet this enhanced reporting requirement; that Ornge is undertaking a review and developing a plan to ensure all times in the call-handling process are properly recorded.

Recommendation number 5, the final recommendation: that the ministry should conduct unannounced service reviews of Ornge; that Ornge should identify systemic issues from improved complaint tracking; and Ornge should review its quality assessment evaluation measures to ensure they reflect key elements of good patient care—again, significant progress.

Ornge has established an operations quality committee to evaluate and address quality assessment evaluation measures, and they're developing a quality improvement plan like our hospitals do. The ministry continues to conduct regular unannounced service reviews. Ornge is using an improved complaints tracking system to identify any systemic issues. The ministry's investigation unit has reviewed what complaints, incidents and resulting investigations at Ornge should be forwarded to the ministry and has worked with Ornge, including providing training to designated staff to ensure the reporting requirements on incidents are clear.

You can see from this that we took the Auditor General's report very, very seriously. We are implementing every single one of the recommendations. I want to supplement that with the findings of this committee. You have had a very thorough focus on this issue of Ornge. You have heard from, I think, 54 witnesses—hours and hours of testimony. You will have very good advice for us, and I'm very much looking forward to receiving that advice so we can integrate that into the strengthening of Ornge.

As I say, Ontario patients are counting on us to do what's right. None of us ever want to be a patient, but, I tell you, if ever someone we love needs an air ambulance, we have a collective responsibility to ensure that it's as good as it can be. That work is under way, and I look forward to the results of this committee.

The Chair (Mr. Norm Miller): Thank you. We're out of time there. We have five minutes left for Mr. Klees.

Mr. Frank Klees: Thank you, Mr. Chair. Point number 13, the final point on that document, Minister, that I handed you, that you've never seen, that six of your bureaucrats, including your assistant deputy minister Ms. Li, saw and failed to bring to your attention, is this: If "Ornge is unsuccessful and the ministry may have increased expenditures with limited value having been extracted and may need to pay twice for the same assets—by being morally if not legally obligated to assume liabilities. These are both significant risks and Ornge should obtain advice from legal services on this."

Apparently, you neither saw this, it wasn't brought to your attention and neither did you get the legal advice, and that's why we're in the mess that we're in today.

My advice to you: Those six bureaucrats who failed to bring such sensitive information and high-risk information to your attention should be given their walking papers.

I'd also suggest to you that you should be very careful when you talk about how co-operative you and your ministry have been. I have here a stack of freedom-of-information requests that were submitted to your ministry in February of this year. We have yet to hear from them; what we did get has most of the information redacted. I would ask you, and I'll leave this with you, if you would at least undertake to ensure that we get all of this information.

Given the fact that we're running out of time—we did have three hours scheduled for Chris Mazza, who has refused to appear—given the fact that we have so much information and have yet to get to the bottom of your contradictions, I'm asking you now: Will you agree to come and testify in that period of time that we had set aside for Mr. Mazza so that we can continue to pursue this with you?

Finally, I will say this to you, Minister: You asked for our advice. For someone who it took two years and six months to get any information about a situation that was brewing under your watch and not to have sufficient initiative to ensure that you get the information that you need, not to pick up the phone and call a man who was responsible for overseeing 150 million of taxpayers' dollars and not making it your business—notwithstanding what a performance agreement said or didn't say—and do what you did in December, as you testified, that you picked up the phone, that you took the initiative, regardless of what was in the performance agreement, and you said, "I want that information," you failed miserably in exercising your oversight responsibility.

You said you believe the Auditor General, and we did too, and you know what he said. The Auditor General made it very clear: You and your ministry failed in your oversight responsibilities of Ornge. That is in his report. Those are his words, not mine.

Based on that and based on the fact that you continue to deny any responsibility, continue to lay off all kinds of excuses on people within your ministry, Mazza and the board of directors, I'm suggesting to you: The honour-

able thing for you to do is to admit your failure and offer to step aside as Minister of Health.

Hon. Deborah Matthews: Was there a question there? I'm not sure there was. But I would like to say: If you want to do the honourable thing, Mr. Klees, you will stop running down the front-line staff at Ornge. You have repeatedly made allegations that, upon further reflection, turned out to be erroneous. That is having a negative impact on the front-line staff. We've heard—

Mr. Frank Klees: Will you agree to come back in Mr. Mazza's place to testify?

Hon. Deborah Matthews: I said earlier that I will happily come back. We will work out the schedules—

Mr. Frank Klees: Then we will schedule you in Dr. Mazza's place. Is that an agreement?

Hon. Deborah Matthews: I don't know when Dr. Mazza was scheduled.

Mr. Frank Klees: Dr. Mazza was scheduled to be here on Thursday—

Hon. Deborah Matthews: What I say: There's a process—

Interjection.

Mr. Frank Klees: —on Wednesday, tomorrow.

Interjection.

Hon. Deborah Matthews: There's a process by which we schedule these things—

Mr. Frank Klees: We'll accommodate.

Hon. Deborah Matthews: I told you I will come back. I can't right now commit to those specific times, but of course I will. I said that before. I stand by that. I'd be more than happy to come back—

Interjection.

Mr. Frank Klees: I would think this would be a priority.

Hon. Deborah Matthews: —but what I do—

Interjections.

The Chair (Mr. Norm Miller): On that note, we are out of time. I would thank the minister for coming before the committee this morning.

We are recessed until this afternoon at 1 o'clock.

The committee recessed from 1204 to 1301.

The Chair (Mr. Norm Miller): Okay, I'd like to call this committee to order for this afternoon's proceedings.

Just as we start, I would like to clarify that Dr. Chris Mazza was invited to come before the committee this afternoon from 4:30 until 7. Just to clarify: It is not that he has refused to come before the committee. He has a letter from his doctor, citing a lack of fitness to attend the hearing. I just wanted to clarify that point.

Mr. Frank Klees: Chair?

The Chair (Mr. Norm Miller): Yes, Mr. Klees.

Mr. Frank Klees: If I might: My understanding is that we had scheduled three days. We have the ability—I realize it's short notice today. We have Mr. Beltzner coming tomorrow. We have a last day of hearings scheduled, authorized by the Legislature. The minister did say that she would agree to come back. I would ask that we direct the clerk to invite her to come during that slot on Thursday afternoon from 4 to 7.

Mrs. Liz Sandals: But we agreed that France has a flight to catch at 4:30.

M^{me} France Gélinas: I think if it's between getting the minister again or getting a flight, I'll get the minister.

The Chair (Mr. Norm Miller): Okay. Very good. We'll see about that invitation. We'll put the invitation forward.

MS. RHODA BEECHER

The Chair (Mr. Norm Miller): Our first person for this afternoon is Rhoda Beecher. If I could ask you to come forward, please. Just to confirm that you've received the letter for a witness coming before the committee?

Ms. Rhoda Beecher: I have.

The Chair (Mr. Norm Miller): Very well. Also, are you going to swear an affirmation, then?

Ms. Rhoda Beecher: Yes, please.

The Clerk of the Committee (Mr. William Short): Ms. Beecher, 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?

Ms. Rhoda Beecher: I do.

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

The Chair (Mr. Norm Miller): Who is that that you have with you?

Ms. Beth Symes: I'm Beth Symes. I'm counsel to Ms. Beecher.

The Chair (Mr. Norm Miller): Very well. And it's time for the government to go first, so who would like to go? Mr. Zimmer.

Mr. David Zimmer: Yes, thank you.

The Chair (Mr. Norm Miller): Sorry. Did you want to make an opening statement?

Ms. Rhoda Beecher: No, I don't. That's fine. Thank you.

The Chair (Mr. Norm Miller): Okay, then we'll go to Mr. Zimmer, and we'll go in 20-minute rotations.

Mr. David Zimmer: Twenty minutes? Thank you, Chair. I don't expect I'll use the 20 minutes.

Ms. Beecher, my information is that you are a human resources professional.

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: I have your resumé. You've been doing HR work since the early 1980s, I guess?

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: Could you just briefly walk me through the highlights of your career, the four or five different positions that you've had.

Ms. Rhoda Beecher: Certainly. I started at Toronto Hydro in—the early 1970s?

Mr. David Zimmer: I don't need it detailed—just so I get a quick overview.

Ms. Rhoda Beecher: Okay—many years ago—and worked in a bargaining unit position at Hydro for the first

number of years. I was the first woman to work a shift job at Toronto Hydro.

I was then promoted through to the human resources department. I worked in the human resources department as a generalist, and then worked my way up eventually to the director of the department and then to the vice-president of human resources at Toronto Hydro, responsible for, effectively, labour relations and industrial relations. I did all the bargaining for the CUPE local on management's behalf. I dealt with labour relations grievances, those kinds of things. I was heavily involved in the municipal integration of utilities.

At that time, the Centre—

Mr. David Zimmer: I just need the positions, not the—

Ms. Rhoda Beecher: Okay, the Centre for Addiction and Mental Health: I was recruited to be the vice-president of human resources there as well. I was there for about 10 years doing more or less the same thing. I then left the Centre for Addiction and Mental Health and opened a small consulting business and have been doing that since.

Mr. David Zimmer: When did you first enter into a relationship with Ornge or any of the Ornge entities?

Ms. Rhoda Beecher: It was Ontario Air Ambulance at the time, and it was in early 2006.

Mr. David Zimmer: What were your duties at the air ambulance?

Ms. Rhoda Beecher: I was a part-time consultant. I worked three days a week to assist in the human resources department.

Mr. David Zimmer: When did you then become associated with Ornge?

Ms. Rhoda Beecher: When it became Ornge. I stayed, as a consultant, with Ontario Air Ambulance as it moved to Ornge.

Mr. David Zimmer: That was the Ornge not-for-profit?

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: Then I understand at some point you moved from the Ornge not-for-profit to the other Ornge for-profit entities.

Ms. Rhoda Beecher: Correct. Late in 2011 or mid-2011, when Ornge Global was created, I was moved to Ornge Global.

Mr. David Zimmer: Who moved you to Ornge Global?

Ms. Rhoda Beecher: Dr. Mazza.

Mr. David Zimmer: When did you first meet Dr. Mazza?

Ms. Rhoda Beecher: About six weeks after I started at Ontario Air Ambulance. I did not have an opportunity to meet him for the first almost two months; he was away. I met him shortly thereafter at a Toronto hospital where he was working an emergency shift. He asked me to meet him there. That was the first time.

Mr. David Zimmer: Is it fair to say that Dr. Mazza was instrumental in your joining the Ornge organization and then eventually the Ornge for-profits?

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: What was Dr. Mazza's salary when you first got to know him at Ornge? That is the Ornge not-for-profit.

Ms. Rhoda Beecher: As I recall, somewhere in the \$200,000 range—between \$200,000 and \$300,000.

Mr. David Zimmer: Then when you moved over to the Ornge for-profits, were you aware that Dr. Mazza's salary was considerably higher, something in the order of \$1.4 million?

Ms. Rhoda Beecher: Not at that point, no.

Mr. David Zimmer: When did you become aware that Dr. Mazza's salary was in the order of \$1.4 million?

Ms. Rhoda Beecher: In December 2011, when the Ministry of Health required the salaries, the list was put together of all of Dr. Mazza's financial receivings. That's the first time I saw it together as the total amount of money.

Mr. David Zimmer: Just so I understand the sequence: When Dr. Mazza was at Ornge not-for-profit, his salary was in the order a few hundred thousand dollars.

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: Dr. Mazza moved over, or his salary did, to Ornge for-profit. Did you move over to Ornge for-profit at about the same time?

Ms. Rhoda Beecher: I believe so.

Mr. David Zimmer: Why did you move from Ornge not-for-profit to Ornge for-profit?

Ms. Rhoda Beecher: I wasn't given a choice; I was moved. Dr. Mazza moved those people he wanted to move.

Mr. David Zimmer: Did you report directly to Dr. Mazza?

Ms. Rhoda Beecher: No, I did not.

Mr. David Zimmer: Who did you report to?

Ms. Rhoda Beecher: Maria Renzella.

Mr. David Zimmer: And she reported directly to Dr. Mazza, I understand.

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: Did you have any role in the discussions or the strategies or the decisions about whether Dr. Mazza, after he moved from Ornge not-for-profit to Ornge for-profit, should or should not—or whether there was an obligation of any sort to—report his salary?

Ms. Rhoda Beecher: No, I was not part of the discussions. I was told by Ms. Renzella that there was a legal opinion that said we did not have to report. On that basis, I then gave the instructions to remove from the sunshine list all of those people who we no longer had to report.

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Mr. David Zimmer: Did you agree with that legal opinion, given your background of 25 years as an HR person in government or quasi-government organizations?

Ms. Rhoda Beecher: I wasn't asked my opinion. If I would have been asked, I would have said no, it was not a good idea.

Mr. David Zimmer: That remains your opinion today?

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: Why would that have been your opinion at the time and why does it remain your opinion today?

Ms. Rhoda Beecher: Because the intent is for public disclosure, and I think that any entity that receives government funding has an obligation to that public disclosure as long as that law is there.

Mr. David Zimmer: Did you make your concerns or objections known at the time?

Ms. Rhoda Beecher: I did raise it with Ms. Renzella.

Mr. David Zimmer: And how did you raise it with her?

Ms. Rhoda Beecher: In discussion.

The Chair (Mr. Norm Miller): Mr. Zimmer, do you mind pulling the mike up a little, please?

Mr. David Zimmer: Oh, I'm sorry. And how did you raise it with her?

Ms. Rhoda Beecher: In discussion.

Mr. David Zimmer: Did you raise it in the nature of a concern or an objection or a caution?

Ms. Rhoda Beecher: No, just a concern. Yes, a concern.

Mr. David Zimmer: You worked with Dr. Mazza for a few years.

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: You must have formed an opinion of his management style.

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: How would you characterize his management personality style.

Ms. Rhoda Beecher: Dr. Mazza is a brilliant visionary. He is incredibly passionate, committed and energetic. He just moves very, very quickly. He also is exceedingly compassionate. If an employee at any level in the organization was ill or had a family member that was ill, he would never hesitate to pick up a phone and say, "Do you understand what's going on? Can I help to explain it?"

He also had, however, the ability to explode, and he did explode on occasion to rank-and-file staff, to front-line staff, to management staff, to senior staff. A lot of my job—and the other senior executives—was to pick up the pieces after that event, or in fact, in my case, to try to mitigate that at the front end, to be proactive. So if I knew he was going somewhere where in fact he might lose his temper, I would run him first through a process of, "What are you going to say? How are you going to say it?"—those kinds of counselling, if you will, to try to mitigate some of that.

Mr. David Zimmer: And that's based on your 25 years as an HR professional?

Ms. Rhoda Beecher: Exactly.

Mr. David Zimmer: Tom Lepine was a colleague of yours at the time?

Ms. Rhoda Beecher: He was.

Mr. David Zimmer: And what was his office position?

Ms. Rhoda Beecher: He was the chief operating officer of Ornge.

Mr. David Zimmer: So Tom Lepine said in his evidence before this committee some weeks ago, and I'm quoting from Hansard, "Other people within the organization felt that they were eligible for promotion prior to her,"—he's referring to Kelly Long—"so it created a great deal of tension and angst within the organization"—that is referencing her hire. Do you agree with that statement?

Ms. Rhoda Beecher: I think there was a fair bit of angst in the organization, yes.

Mr. David Zimmer: Over her hiring?

Ms. Rhoda Beecher: Over her promotion.

Mr. David Zimmer: And also aspects of her relationship with Dr. Mazza?

Ms. Rhoda Beecher: Once that relationship was known, yes.

Mr. David Zimmer: Mr. Lepine went on to say, "I think Kelly"—again, referring to Long—"had more of a direct route into his office than any of the other executives. In other words, if anybody said something contrary to what Kelly believed, chances are, you wouldn't be with Ornge for very long." Would you agree with that statement?

Ms. Rhoda Beecher: No, I don't. I was the person, unfortunately, who did almost all of the terminations at Ornge over the period of time. No one was ever terminated because Ms. Long didn't like them.

Mr. David Zimmer: Did you have to intervene from time to time with Dr. Mazza, as you said, in your attempt to be proactive to soothe his relationship with employees at Ornge?

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: And I appreciate your reference to trying to be proactive and head off a crisis or an uncomfortable situation or whatever.

In that regard, what is your view of the propriety of Dr. Mazza, first, arranging for a consulting firm, Pathway—you know that—to take Ms. Long on as a consultant and have Mazza, in effect, pay her salary in the amount of \$58,000 by paying consulting fees in that amount, and subsequently, Dr. Mazza, after some six months or the better part of a year, formally moving Ms. Long over to Ornge as a vice-president of communications, given that they had a personal relationship?

Ms. Rhoda Beecher: If I could put it into a context for you: I was asked, along with Steve Farquhar of operations, to interview a Pathway employee to come and do some health care stakeholder work at Ornge. I was told by Dr. Mazza that this was a family friend. Mr. Farquhar and I went and we met with her. This was not an in-depth interview because she was working for another entity. We felt that she was bright, eager to learn; came back and said that as far as we were concerned, she was working for Pathway, that was fine. I was not aware, until this series of hearings, that Pathway was not paying her salary. I didn't know that.

Once in the organization, she, a period of time later—and I can't tell exactly how long but certainly at least about six to eight months—applied as an external candi-

date for a posted vacancy. I believe that that was a stakeholder relations person. It was not a director or a—just a stakeholder person job. She went through the normal recruitment process as an external candidate—would have competed against anybody else who would have applied as an external candidate, and then she was successful on that position.

Mr. David Zimmer: But you did know at the time that it was a family friend of Dr. Mazza because Dr. Mazza put the plug in, put the word in for her.

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: When did you find out that they had a personal relationship?

Ms. Rhoda Beecher: About two years later Dr. Mazza told me that he had separated, and that he and Ms. Long had started a personal relationship.

Mr. David Zimmer: Rainer Beltzner, who was the chair of the board—his daughter, Carrie Anne, was taken on by Ornge to work with Ms. Long to do a marketing services agreement.

Ms. Rhoda Beecher: Actually, her first position was an administrative position, I believe, in operations.

Mr. David Zimmer: At Ornge.

Ms. Rhoda Beecher: At Ornge.

Mr. David Zimmer: And did you know that she was the daughter of the chairman of the board?

Ms. Rhoda Beecher: I was asked by Dr. Mazza to interview a young woman that he knew for an entry-level administrative position, if and when they became available. That was not unique. I was asked often to just have a chat with people who might be interested in coming in.

I interviewed Carrie Anne Brunet. She was exceedingly bright, very articulate, and I felt a good candidate for Ornge, if there were a vacancy. I told Dr. Mazza that. Subsequent to that, she did apply, again, as an external candidate for a position, and she got that position.

Mr. David Zimmer: What did you think of the propriety thus far? First, we have Dr. Mazza's family friend, later personal relationship person, joining Ornge; when she moved over to Ornge the salary was \$120,000. And then we have Dr. Mazza, who put the word in on behalf of the chair of the board to hire his daughter to do the infamous marketing services agreement, along with Ms. Long. Did you start to think this was a touch of nepotism here?

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Ms. Rhoda Beecher: I did not know that Carrie Anne was Mr. Beltzner's daughter until after she had been hired.

Mr. David Zimmer: And how did you find that out?

Ms. Rhoda Beecher: Dr. Mazza told me. After she was several months in, he did tell me that she was Mr. Beltzner's daughter.

Mr. David Zimmer: Were you surprised that you hadn't been told before?

Ms. Rhoda Beecher: No.

Mr. David Zimmer: Did it strike you as odd now that we have the CEO's friend—girlfriend—working there, and we have the daughter of the chair of the board

working there, and they're both working on the marketing services agreement?

Ms. Rhoda Beecher: Neither at that time. When they came in to the organization, they were not working on the marketing agreement. There was no Ornge Global at that time. They both came in to Ornge—the public entity—through a process that human resources had, that defined a very tight process for selection of the best candidate. They both went through that process.

Mr. David Zimmer: So you know about the marketing services agreement—

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

Mr. David Zimmer: Okay. I understand that, at some point, your daughter joined Ornge.

Ms. Rhoda Beecher: Correct.

Mr. David Zimmer: When did your daughter join Ornge?

Ms. Rhoda Beecher: My daughter applied for a vacancy for the base manager in London about—I think it was in 2010.

Mr. David Zimmer: Anyway, she was hired.

Ms. Rhoda Beecher: She went through the same process. I had nothing to do with that.

Mr. David Zimmer: But she was hired.

Ms. Rhoda Beecher: She was, yes.

Mr. David Zimmer: Have a look at this from a third party view, outside the organization. We have an organization that now hires the CEO's girlfriend to do a major project, that hires the daughter of the chairman of the board to work on that major project, for which there are millions of dollars paid for the marketing services agreement, although it's unclear whether they had the skill set to do that. You're the director, or the head, of HR. The final piece is that the daughter of the person in charge of HR ends up with a job at Ornge also. Would you not agree that, for a reasonable person from the outside, that looks a bit like some pretty heavy-duty nepotism? The senior managers—the CEO, the chair of the board, the vice-president of HR for Ornge—have all got their girlfriends or children working there, at a publicly funded organization.

Ms. Rhoda Beecher: These young women went through a process of selection for those vacancies. They were successful on those vacancies. There is a rigorous process for that selection, and they were successful.

It is not unique at Ornge for people who work there to bring family and friends as potential applicants. It in fact was encouraged.

Mr. David Zimmer: Well, perhaps that was one of the problems at Ornge.

The Chair (Mr. Norm Miller): We'll move to the opposition. Mr. Klees.

Mr. Frank Klees: Did I hear you correctly, that you were hired by Dr. Mazza to the Ontario air ambulance service? Is that right?

Ms. Rhoda Beecher: I'm sorry, Mr. Klees. I can't hear you.

Mr. Frank Klees: Do I understand correctly that you were hired by Dr. Mazza into the Ontario air ambulance service? Is that correct?

Ms. Rhoda Beecher: I was hired as a consultant by Dr. Mazza, yes.

Mr. Frank Klees: By Dr. Mazza. As a consultant, what was the nature of your contract? Was it annually renewable? Was it a competitive contract? Was it put out to public tender? Can you tell us about that?

Ms. Rhoda Beecher: It was not put out to public tender. It was renewable yearly. It was a personal services contract that allowed me to service other clients as well. I had, when I left CAMH, established a consulting business, so the intent of coming to Ornge on a consulting basis was to be able to continue to service those clients. The nature of the contract allowed for that, as long as there was no conflict of interest, and with Dr. Mazza's approval. The contract would be renewed on a yearly basis.

Mr. Frank Klees: How many years was it renewed?

Ms. Rhoda Beecher: I was there—so it would have been renewed—six years.

Mr. Frank Klees: Six times. And at any point in time was that contract put out for public tender?

Ms. Rhoda Beecher: No, it was not.

Mr. Frank Klees: Was there a procurement policy at Ornge for consulting contracts like this?

Ms. Rhoda Beecher: Yes, there was.

Mr. Frank Klees: And did that procurement policy require public tender?

Ms. Rhoda Beecher: For certain contracts, yes, it did. I'm not exactly sure of what the requirements are.

Mr. Frank Klees: Why was yours excluded from public tendering?

Ms. Rhoda Beecher: I don't know.

Mr. Frank Klees: Did you have anything to do with that?

Ms. Rhoda Beecher: No.

Mr. Frank Klees: So who made the decision that your contract would be renewed?

Ms. Rhoda Beecher: Dr. Mazza.

Mr. Frank Klees: And how would he handle that?

Ms. Rhoda Beecher: He would give me a new contract.

Mr. Frank Klees: Did you ever question, as the head of HR, the person I understand from others was totally responsible for employment contracts and signed off on all of those contracts—I understand your signature—

Ms. Rhoda Beecher: Correct.

Mr. Frank Klees: —is on all of those employment contracts. As the individual entrusted with that responsibility, did it ever cross your mind that perhaps there should be an open process and that even your contract should be put up in a transparent way for tendering?

Ms. Rhoda Beecher: No, it didn't.

Mr. Frank Klees: Why?

Ms. Rhoda Beecher: It never occurred to me. It just didn't.

Mr. Frank Klees: Your first contract: How much were you getting paid under that contract?

Ms. Rhoda Beecher: I was invoicing \$22,540 a month.

Mr. Frank Klees: And for those of us who don't have a calculator, that translates into how much a year?

Ms. Rhoda Beecher: I don't have a calculator either. It's \$270,480.

Mr. Frank Klees: And six years later, what was the value of your consulting agreement on an annual basis?

Ms. Rhoda Beecher: Well, okay, I invoiced, monthly, for \$26,000—\$265,000.

Mr. Frank Klees: Were there any additional benefits that you received in addition to your consulting agreement?

Ms. Rhoda Beecher: I received no benefits. I did receive a contingency fee based on performance.

Mr. Frank Klees: And how much would that amount to?

Ms. Rhoda Beecher: In the first contract, it was \$58,800. In the second contract, from April 2008 until January 2012, it was \$30,900.

Mr. Frank Klees: So your total compensation in the last year, which would have been last year—

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: —including, all in—what would your reportable earnings have been?

Ms. Rhoda Beecher: I don't know the total amount. I'm sorry; I have—

Mr. Frank Klees: What did you file for taxes last year?

Ms. Rhoda Beecher: Well, I have a consulting business, so I file business taxes. I would think it's around \$320,000; something to that effect.

Mr. Frank Klees: Let me rephrase this. I understand you have a business, and you bill through that.

Ms. Rhoda Beecher: Correct.

Mr. Frank Klees: What was your gross revenue in your consulting business last year that you reported?

Ms. Rhoda Beecher: I don't know. I don't have the figures.

Mr. Frank Klees: Ms. Beecher, I have a hard time believing that.

Ms. Rhoda Beecher: I understand that, but I don't have the figures.

Mr. Frank Klees: Did you pay your taxes last year?

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: You have no idea what you reported by way of gross revenue—

Ms. Rhoda Beecher: Not in gross, no.

Mr. Frank Klees: Okay. This is not helpful.

Ms. Rhoda Beecher: I'm sorry.

Mr. Frank Klees: You know, we come up against this quite often. Whenever there are sensitive questions that we ask, there is this selective memory loss, and it must have been something in the water at Ornge because it's quite consistent. It starts with the CEO and flows down through the board. And now we have you. Can

your counsel help you with the answer? You have documents in front of you. You must have prepared.

Ms. Rhoda Beecher: I do, but I don't have the annual gross. I have the yearly, I have what I earned when I came to Ornge and what I was invoicing.

Mr. Frank Klees: Okay. I'd like to ask you about how terminations were handled at Ornge. I understand that you were the one tasked with the responsibility of drafting the termination agreements, making recommendations in terms of what the termination settlements should be. Is that right?

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Ms. Rhoda Beecher: With advice from counsel, yes.

Mr. Frank Klees: Right. Can you give us a sense, in the time that you were responsible for that, of how many employees were terminated from Ornge? It doesn't have to be exact.

Ms. Rhoda Beecher: There were a lot. Prior to the last round, where all of the Ornge Global people were terminated, and that was about 40, there were probably 40 in the six years that I was there.

Mr. Frank Klees: Forty? And these would have been relatively senior people, I'm assuming.

Ms. Rhoda Beecher: No, that was 40 across the board. We had bargaining unit employees as well, and we had mid-level employees, but across the board.

Mr. Frank Klees: Can you give me an idea of what the total severance payments would have been, that the taxpayers had to foot the bill for, for those 40 employees?

Ms. Rhoda Beecher: No, I can't, but I do know that that was accounted for separately, so it should be available to you.

Mr. Frank Klees: Can you give us just a guesstimate?

Ms. Rhoda Beecher: I couldn't, because each one was different. I had bargaining unit employees who would receive, with the agreement of the union, \$50,000, and I had senior executives who went with a year's salary.

Mr. Frank Klees: I understand that those settlements were quite rich—

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: —and amounted into the hundreds of thousands of dollars, for which obviously taxpayers received no benefit. Clearly, those severance payments were being made out of cash flow that came from the Ministry of Health into Ornge that was intended for front-line emergency ambulance service. Is that right?

Ms. Rhoda Beecher: Correct.

Mr. Frank Klees: There were no other sources of income for Ornge, were there?

Ms. Rhoda Beecher: Correct.

Mr. Frank Klees: This morning, we had an interesting presentation from a paramedic from the London base. I shared with him a set of minutes from a meeting that took place at the London base. Attending that meeting were Tom Lepine and yourself.

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: Who else from the base?

Ms. Rhoda Beecher: From management, the manager of the base; that was Hallie McClelland.

Mr. Frank Klees: Right.

Ms. Rhoda Beecher: Tom and I came from head office, and we had someone from communications who did the minutes. I'm not 100% sure who it was, but we always had someone from the communications department to do the minutes.

Mr. Frank Klees: Who is Hallie McClelland?

Ms. Rhoda Beecher: Hallie McClelland was the manager and is my daughter.

Mr. Frank Klees: How long had she been with Ornge before she was appointed—was it manager of that London base?

Ms. Rhoda Beecher: She wasn't—

Mr. Frank Klees: What was her title there?

Ms. Rhoda Beecher: She was the manager, base operations, for London, and she applied as an external candidate for that position. She was not with Ornge prior to that.

Mr. Frank Klees: What experience did she have in managing an air ambulance hospital base at the time?

Ms. Rhoda Beecher: I was not part of that selection committee, as I have said. At that time, however, generally, for managers of the bases, we were looking for leadership ability, for ability to be advocates for our paramedics and our front-line staff. We were not necessarily looking for either paramedic experience or for experience in an EMS service. So if you look across the bases over the period of time, you will see that there are some where their paramedics, in fact, did become the managers; in some cases, they did not.

Mr. Frank Klees: You heard from Mr. Brandon Doneff this morning that one of the consternations that paramedics and pilots alike had when they were introduced to managers, who were going to now look after their bases—first of all, they didn't recognize them. They were very concerned when they realized that these people had no experience in operating an air ambulance base. I would be interested to know, as the director of human relations, how one could possibly put a search together for the manager of an air ambulance base without having a key component of the qualifications being previous experience. How did that come about?

Ms. Rhoda Beecher: The experience that we had had with paramedic managers—that's to say, we had paramedics who were excellent paramedics, who then applied for and became managers—was not a stellar experience, which is one of the reasons we began a leadership academy, to try to teach our front-line staff and/or emergent leaders around leadership. The issue for us was, how do you run a base as a leader? How are you an advocate for those paramedics? How can you help them get what they need in an expedient way? How can you support them? Not necessarily we had many people in operations who could deal with both the clinical side of the issue—and we had physicians who could deal with the medical.

Mr. Frank Klees: Ms. Beecher, you will forgive me, will you, if, for just a second, I will be speechless at that response, because something as important as managing an air ambulance base surely is not an entry-level posi-

tion for someone who wants to practise leadership or motivation.

I'm going to ask you this question: Do you think it would be possible, if there was a public posting for the position of manager of an air ambulance base, that you would have a number of applicants, who may not be paramedics, who may not be pilots, because they may not want to be managers—but certainly people who have an experience in managing an air ambulance base?

Ms. Rhoda Beecher: I think Mr. Doneff said it this morning, that there had been one full year with no base manager. We had looked unbelievably hard across the province for a base manager for London.

Mr. Frank Klees: And during that same time, people from Ornge Global were flying around the world—to Brazil, to the Far East, to all kinds of places, to Miami—looking to open up new branches that had nothing to do with the core business of operating an air ambulance service in the province of Ontario. Is that right?

Ms. Rhoda Beecher: Correct.

Mr. Frank Klees: Correct. You know, I'd like to ask you another question, that deals with this for-profit side, which causes many of us a great deal of consternation about the siphoning-off of tax dollars. Were you ever a shareholder in any of those for-profit entities?

Ms. Rhoda Beecher: I believe that I was a shareholder in the Global piece. I believe there was an agreement. There was never any money in that shareholder agreement, and certainly none of the people who were in there ever received any money.

Mr. Frank Klees: So when you say you believe—you're the contract person at Ornge. Why would you just "believe"? You either were or you weren't. You must know—

Ms. Rhoda Beecher: My contract itself, in the last year, was with Ornge Global.

Mr. Frank Klees: Yes.

Ms. Rhoda Beecher: When Ornge Global was terminated, my contract terminated, so I actually was with Ornge Global at that time.

Mr. Frank Klees: My question was, were you a shareholder of Ornge Global?

Ms. Rhoda Beecher: Yes, I was—

Mr. Frank Klees: Yes, you were.

Ms. Rhoda Beecher: —in Global GP, one of the companies.

Mr. Frank Klees: And what did that company do?

Ms. Rhoda Beecher: Nothing.

Mr. Frank Klees: Okay. Why was it there, if it did nothing?

Ms. Rhoda Beecher: It had been set up along with a number of other companies. There were, I think, 17 in that structure, which was inordinately complicated and one that I didn't quite understand. But it was set up to ultimately—when the private sector side of the business began to earn money, it was set up to allow us to flow money back to the province of Ontario and for some shareholder money to stay with the shareholders.

We had been told over and over that the public money was staying on the public side, that there would be no flow of money from the Ontario side—so from the public entity, the \$150 million—to the private side of the business. We had been told that by Dr. Mazza, by Maria Renzella, by Tom Lepine. We clearly were told that there was a very clear dividing line—it was called North Korea and South Korea—and that there was no flow of money from the public to the private, but there ultimately would be money to flow from the private to the public. That never got started; there was never any money.

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

Mr. Frank Klees: Can I borrow five minutes from my next round, please?

The Chair (Mr. Norm Miller): Sure.

Mr. Frank Klees: So this entity of which you were a shareholder, you're telling me, is now dissolved?

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: Have you signed any documents to that effect, or do you have any evidence that that has been—

Ms. Rhoda Beecher: I have received trustee information, yes.

Mr. Frank Klees: And what did that trustee information tell you?

Ms. Rhoda Beecher: It said that the entity was bankrupt.

Mr. Frank Klees: And are there any claims against that entity?

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: How much in claims?

Ms. Rhoda Beecher: I don't know. I have no idea how much I have a claim in—

Mr. Frank Klees: That would have been in the trustee information.

Ms. Rhoda Beecher: No. I have no idea how much—what the claims are in total.

Mr. Frank Klees: Do you know who is claiming against the company?

Ms. Rhoda Beecher: No.

Mr. Frank Klees: You're a party to—you're a shareholder.

Ms. Rhoda Beecher: I'm a claimant.

Mr. Frank Klees: You're a claimant as well?

Ms. Rhoda Beecher: Correct.

Mr. Frank Klees: And how much are you claiming?

Ms. Rhoda Beecher: It's \$50,000.

Mr. Frank Klees: And that is for what?

Ms. Rhoda Beecher: For my contract, which was terminated without fulfilling its obligation.

Mr. Frank Klees: Who do you think is going to pay that, by the way, if you've got a claim? There's no revenue. You've got a \$50,000 claim against a bankrupt company. Where's that money coming from, in your mind?

Ms. Rhoda Beecher: I expect not to get it.

Mr. Frank Klees: I see. When you put the claim in, you must have—you went through an exercise in futility.

Ms. Rhoda Beecher: Actually, yes. I knew I wasn't going to get it.

Mr. Frank Klees: Okay. In your opinion, the termination that was given to you by Ornge—let me put it this way: When you were terminated, what were you told? What was the reason for the termination?

Ms. Rhoda Beecher: I was told that the contract with Global—Mr. McKerlie was the person who told me. He said that the my contract was with Global, it had been assigned to Global, and that given that Global was going out of business, my contract would terminate. He then asked me to stay on to do transition work on a separate contract with the new entity, Ornge, which I did.

Mr. Frank Klees: And how much were you paid under that separate—

Ms. Rhoda Beecher: It was \$2,500 a day.

Mr. Frank Klees: It was \$2,500 a day.

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: And your role for that—what were you doing?

Ms. Rhoda Beecher: Transition work to help transition to the new team.

Mr. Frank Klees: And what are you doing today?

Ms. Rhoda Beecher: I'm doing consulting work.

Mr. Frank Klees: What type of consulting work are you—

Ms. Rhoda Beecher: I'm doing a lot of Bill 168, bullying investigations, harassment investigations, compensations, all those kinds of—

Mr. Frank Klees: And your billings for that work are what?

Ms. Rhoda Beecher: To date?

Mr. Frank Klees: Yes, on a daily basis. You mentioned that you were getting paid \$2,500 a day.

Ms. Rhoda Beecher: It will depend. It runs from \$2,500 to \$3,500. If it's a not-for-profit, it's less.

Mr. Frank Klees: Okay. I'd like to just finish up with one other question here. When you hired your daughter—because it would have been you who hired her—

Ms. Rhoda Beecher: I did not hire my daughter.

Mr. Frank Klees: Okay. When your daughter was hired, who hired her?

Ms. Rhoda Beecher: It was the operations department that hired her. I believe the director of operations did the interview. At that time, it would have been Randy L'Heureux, who would have taken it through to Steve Farquhar and Tom Lepine.

Mr. Frank Klees: Was that a public posting?

Ms. Rhoda Beecher: Yes, absolutely.

Mr. Frank Klees: How many applicants were there?

Ms. Rhoda Beecher: It had been a year, and we re-posted it. I have no idea. I was not involved in that opportunity at all. Once I knew that she was going to be involved, I was not involved at all. I have no idea who applied, but there are records for every posted vacancy at Ornge.

Mr. Frank Klees: Is she still there?

Ms. Rhoda Beecher: No.

Mr. Frank Klees: Did she leave of her own accord?

Ms. Rhoda Beecher: No. When the foundation ceased to exist—at that time she was executive director of the foundation—her job ceased to exist, so she was let go as well.

Mr. Frank Klees: Okay. And where is she working now?

Ms. Rhoda Beecher: She's back in the fundraising department.

Mr. Frank Klees: With what organization?

Ms. Rhoda Beecher: With the York School.

Mr. Frank Klees: Okay. Have you ever made donations to the Liberal Party?

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: And do you consider yourself—are you a member of the Liberal Party?

Ms. Rhoda Beecher: Absolutely not. I have also made donations to the Progressive Conservative Party and to the NDP.

Mr. Frank Klees: Which one of those do you feel better about?

Ms. Rhoda Beecher: None today; absolutely none.

Mr. Frank Klees: Thank you.

Ms. Rhoda Beecher: You're welcome.

The Chair (Mr. Norm Miller): We'll move to the NDP. Ms. Gélinas.

M^{me} France Gélinas: It is rather interesting that you made the switch from Ornge the not-for-profit to Ornge Global knowing full well that Ornge Global was a for-profit company. You explained to us that you know that the Ministry of Health was the only source of funding for Ornge, so where did you think your contract money was coming from?

Ms. Rhoda Beecher: In retrospect, I never even thought about it. We had been told that the public money was staying on the public side and that we were courting private investors and that we were looking for seed money to begin to look at the not-for-profit side. I know there were many meetings with the CEO and private investors, so my assumption at the time was that that was the seed money that was going to seed the private sector side and that that was paying my salary and everybody else who was on the Global side.

M^{me} France Gélinas: But there again, why would a private company offer HR services to a not-for-profit entity?

Ms. Rhoda Beecher: When we started to create Global, there was a fair hiring piece. We hired a marketing department; we hired sales people; we hired research people to work on offshore stuff. So a piece of the human resource time—not only mine—was charged back to Global. There was a fair bit of activity in the first six to eight months in the HR area on Global. There was a tremendous amount of research into the American laws: how you hire people there, what kind of benefits you have to pay, what the comparators are—those kinds of things. The HR group was, in fact, doing work for Global.

M^{me} France Gélinas: All right. But you were still doing work for the not-for-profit?

Ms. Rhoda Beecher: Correct.

M^{me} France Gélinas: Okay. So you had a three-day-a-week, \$576,600-a-year salary—I'm strong in math—to do work for the not-for-profit Ornge, but you worked for the for-profit. Even if part of it got charged back to Global because you did work for Global, the fact remains that here you are in a private entity providing HR services to a not-for-profit entity.

Ms. Rhoda Beecher: Correct. Just one clarification: At that point, I was not working three days a week; I was working five. But yes, I was. I was working for Ornge Global, and I was providing advice and services to Ornge Ontario.

M^{me} France Gélinas: Okay. But being paid by Ornge Global?

Ms. Rhoda Beecher: I was only paid by Ornge Global in the last six or seven months. My contract until then had been with Ornge. Then it changed. About six months before, I was told to change the contract to Ornge Global and that my invoices would be paid by Ornge Global.

M^{me} France Gélinas: So for the time before this, when Ornge Global was being set up, you would bill Ornge not-for-profit—

Ms. Rhoda Beecher: Correct.

M^{me} France Gélinas: —do work for Ornge Global, and then some money would—

Ms. Rhoda Beecher: Yes. I believe that there was a formula for chargebacks. I didn't know exactly what it was, but we were asked from time to time, probably on a quarterly basis, "How much time are you spending on Ornge and how much time are you spending on Ornge Global?" That was put into some kind of a formula that I never saw.

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M^{me} France Gélinas: Who asked you that?

Ms. Rhoda Beecher: Maria Renzella.

M^{me} France Gélinas: Maria asked you that, and she asked that of many other—

Ms. Rhoda Beecher: Yes.

M^{me} France Gélinas: Of everybody who worked, of the—you said there were 40 positions with Ornge Global?

Ms. Rhoda Beecher: At the end, there were probably 40, yes. In the end, when we terminated everybody, I think it was about 40. We had, by that time, salespeople, marketing people, research people.

M^{me} France Gélinas: So here we have a for-profit entity that really wants to leverage what Ornge has. You're setting up the full team—marketing and research—and getting ready to hire people. Did you hire people outside of Canada ever?

Ms. Rhoda Beecher: Yes, once.

M^{me} France Gélinas: Would you mind sharing who that was and what for?

Ms. Rhoda Beecher: We brought a VP of sales to Canada. He was a Canadian who had gone to California

to work for a company. He knew Dr. Mazza. We posted that position, he applied for it, and we did bring him back to Canada. We did not pay anything in terms of his transition, but he was leaving his job in California anyway. He came here, and then within maybe three or four months was terminated.

M^{me} France Gélinas: So all of those people really believed that they were working on basically taking what Ornge had developed here in Ontario and bringing this abroad, to bring money back to Ontario.

Ms. Rhoda Beecher: Absolutely.

M^{me} France Gélinas: But everybody knew that, so far, no money was coming in.

Ms. Rhoda Beecher: Yes.

M^{me} France Gélinas: So all of those 40 people, with half-a-million-dollars-a-year salaries, were being paid from what again?

Ms. Rhoda Beecher: I don't know. I don't know how they were being paid.

The assumption, because we had been told over and over again that no use of public money was ever going to be allowed in the private side, was that there were private investors who were giving seed money so that we could begin to run this entity.

M^{me} France Gélinas: And those private investors would have been the shareholders, or—

Ms. Rhoda Beecher: No, no. They were people who were interested in Ornge that Dr. Mazza had courted quite heavily to help fund the entity.

M^{me} France Gélinas: Mr. Klees mentioned that people were flying all over the place. You mentioned the Middle East, Brazil etc. You said "correct." Who do you know who did that, who went and represented Ornge abroad?

Ms. Rhoda Beecher: Luis Navas went to Brazil. Actually, I think the only person who represented Ornge, other than Dr. Mazza, on a global basis was Luis Navas. I think both Mr. Navas and Dr. Mazza would go to Brazil or to—they were in Florida a lot. They were in Nashville, Atlanta—those kinds of places.

M^{me} France Gélinas: How do you know that?

Ms. Rhoda Beecher: Because I was there when they were making arrangements to go. They would be talking about, "We're going to talk to this company in Nashville to see if we can do a partnership," or "We're going to Brazil to see if we can do the"—if you will—"Ornge in a box"—as Brandon spoke of this morning—"in Brazil." Those were very open discussions about looking for business offshore.

M^{me} France Gélinas: In your tasks for human resources—I read in your bio that you did do the bargaining for people who were under the collective agreement.

Ms. Rhoda Beecher: Correct.

M^{me} France Gélinas: A lot of people under the collective agreement were really unhappy with the turn of events that was happening. How did they report that to you, and what did you do with that information?

Ms. Rhoda Beecher: We had a labour management meeting. We had three agreements, actually, at that time.

There was an OPSEU agreement, there was a CAW agreement, and there was an OPEIU agreement. OPSEU covered the Ornge communications centre individuals, the CAW covered the medics, and the OPEIU covered the pilots. We would have regular labour-management meetings with both OPSEU and the CAW. We would have them at least on a quarterly basis and sometimes much more often than that.

The union made it very clear to me that they were exceedingly unhappy with a lot of things: the aircraft interiors, the single medic—all of the things that you have heard. In each and every case, I took that back to the operations department and had the discussion with them. Then, at the next meeting—and sometimes, if it was important enough, as it was with single medic, we would schedule a special meeting, and I would bring operations with me to have the discussion about that issue. I was the spokesperson, if you will, but the intermediary. I couldn't resolve the problem, but I certainly could ride on the back of operations to get it done.

M^{me} France Gélinas: All right. Did you feel that things were being done?

Ms. Rhoda Beecher: No.

M^{me} France Gélinas: Was it common at Ornge that serious problems would be brought to you, and nobody took action to resolve them?

Ms. Rhoda Beecher: It's difficult to say nobody did. In the case of the interiors of the aircraft, it's difficult—it's a time process; it takes time to fix it. It was not moving fast enough for the medics; there's no question. So we continued to say to operations and to the physicians, "You've got to put some intermediate steps in. You've got to do something on that basis."

It wasn't always; there were many times that we were able to resolve an issue very quickly. There were many times that we were able to listen and clear it up. But there were some major—the single medic was another one that went on and on and on.

There was no question: They told me. I know they've talked about not having conversations with other people, but individual medics would come and see me and talk about it. I would go out to the bases, and they would talk about it. And they would certainly bring it in in labour management. I brought it right to my colleagues. So we knew that there were problems.

M^{me} France Gélinas: The single medic: That got worse and worse. In what period of time would you say that those people started to come to your office and tell you—

Ms. Rhoda Beecher: About a year. We went to London in August, so it would have been the spring of 2011 that it was—it had always been an issue; there was always a single medic. But this issue became more of a problem, as I understand operations had changed some of the rules around launching or sick time.

M^{me} France Gélinas: Some of your colleagues at Ornge had quarterly meetings with the ministry. Were any of those problems ever shared?

Ms. Rhoda Beecher: I was not part of the ministry meetings. I never met a ministry person. I didn't go to any of those meetings. What I was asked for on a regular basis was information: How many medics do we have? Have we had any terminations? What's the status of numbers of people in particular bases? I don't know what was discussed at those meetings, but based on the information they were asking for, I do believe it was raised.

M^{me} France Gélinas: Okay, but you knew that those meetings were taking place—

Ms. Rhoda Beecher: Absolutely, because we would be asked for tonnes of information just before those meetings.

M^{me} France Gélinas: Okay. You are probably aware that the New Democrats filed a freedom of access of information to get salary information about Dr. Mazza. Did anybody from the ministry ever ask you about that freedom-of-access-of-information request?

Ms. Rhoda Beecher: I did not know there was a freedom of information until this process, and no one ever asked me, from the ministry or anywhere else, about Dr. Mazza's salary.

M^{me} France Gélinas: Would you have been able to figure it out, to put it together, if anybody had asked you?

Ms. Rhoda Beecher: I would have to put it together, but until December 2011, no one asked us—no one asked me directly to do that.

M^{me} France Gélinas: But if, two years ago, when we filed the freedom of access of information, had the government gone and asked you, you would have been able to put it together—

Ms. Rhoda Beecher: Absolutely.

M^{me} France Gélinas: —and share it with the ministry?

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Ms. Rhoda Beecher: Yes, absolutely.

M^{me} France Gélinas: Just nobody bothered to ask.

Ms. Rhoda Beecher: Right.

M^{me} France Gélinas: Okay. So now you have medics coming to you telling you, "Things are not good. Some of the policies internally have been changed and we have more and more single medics. We have the issue with the interior." Did you see it coming, that doom and gloom was about to happen here?

Ms. Rhoda Beecher: Yes.

M^{me} France Gélinas: When did you see it coming?

Ms. Rhoda Beecher: I guess when medics began to feel that they were not getting adequate responses from inside and started to go outside.

M^{me} France Gélinas: And when would you say that happened?

Ms. Rhoda Beecher: That was last spring as well, I would think—the spring/summerish of 2011.

M^{me} France Gélinas: From 2011, the alarm bells inside were loud enough that you could hear them?

Ms. Rhoda Beecher: Yes.

M^{me} France Gélinas: You knew that medics had started to go outside of the organization, saying that they were not happy?

Ms. Rhoda Beecher: Yes.

M^{me} France Gélinas: Did you share that information with anyone?

Ms. Rhoda Beecher: Yes, everyone.

M^{me} France Gélinas: All right. Could you name me a few and—

Ms. Rhoda Beecher: Oh, all—Dr. Mazza, Mr. Lepine, Ms. Renzella. We all—I don't think I was the only one, but I certainly made everyone aware of it. There was a great deal of discussion about what to do and what we should do and we shouldn't. The meeting that Brandon Doneff spoke of this morning was a result of that beginning—we had set up what we called an around-the-world tour, where we would go to all the bases and say, "What are your issues? Talk to us. Let us talk to you."

There were three that were done last spring. London was the one Brandon spoke of this morning. There was one done in Ottawa and then there was a third that I wasn't at in Toronto. They had started, if you will, the dialogue with Mr. Lepine as the COO of Ornge operations and the front-line staff.

M^{me} France Gélinas: So I'm guessing by then the pressure is mounting. We got the minutes of the meeting that was held in London. I'm guessing Ottawa and Toronto must have been very similar.

Ms. Rhoda Beecher: Absolutely.

M^{me} France Gélinas: The pressure is mounting. Was there a reaction from within to try to change the course and correct, or address the concerns?

Ms. Rhoda Beecher: I can't answer to the "change the course," because that would have been operations and, as best I understand, they didn't. I think there was a great deal of communication. I think there was a real sense that we weren't communicating, and so the intent was for Mr. Lepine to go out and tell people what we were doing and why were doing it.

M^{me} France Gélinas: What Mr.—I forgot his name now, from this morning—

Ms. Rhoda Beecher: Doneff.

M^{me} France Gélinas: What he told us was really that they were told things were like this because Ornge was out of money. Was that all that was communicated to them: "Things had to change because we're out of money"?

Ms. Rhoda Beecher: No. At that meeting, there were really three intents. One was to talk—we had been hearing a lot that nobody understood what Global was all about and there were all the rumours, so one of them was to go and talk about Global, what we were intending to do, why were intending to do it, and Mr. Lepine did that.

We then did a conversation about finances. In May and June of last year, across the board, not only in the operations department but across the board, there was a real sense of crisis around finances for Ornge. We were told to turn the lights down, we were told to reuse—I mean, there was a real sense that money was going to be an issue. So that became part of the conversation as well,

that yes, the system is not sustainable as it is and that we have some major financial issues.

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

M^{me} France Gélinas: So you were going to sell "Ornge in a box." That was being described as a system that is not sustainable. A bit of a tough sell?

Ms. Rhoda Beecher: That's exactly what the medics were saying: "How can you be selling this if in fact we can't get it right here?"

M^{me} France Gélinas: And the answer to that was?

Ms. Rhoda Beecher: I don't think that there was an answer. I think we were saying we needed to do this so we could mitigate some of the financial need from the province. If we could bring money back into the province, we would be able to then fund Ornge.

M^{me} France Gélinas: I'll borrow a few minutes just to finish this. Now that you know that funds that were supposed to go to Ornge public were being used for Ornge Global, do you understand a little bit better why things were so tough on the Ornge public side?

Ms. Rhoda Beecher: If what you're telling me is that Ornge public money did flow to the private side, then yes, absolutely.

M^{me} France Gélinas: Yes, it did, and the Auditor General is there, if you have a doubt.

Ms. Rhoda Beecher: To the day that Global ceased to exist, I continued to believe what I was told, which was that there was absolutely no cross-funding.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Norm Miller): Well, thank you, and we'll move to—

Interjection.

The Chair (Mr. Norm Miller): Sorry; the Auditor General would like to make a comment.

Mr. Jim McCarter: I would have to say we had no access whatsoever to the records on the for-profit side, so I can't really comment one way or the other as to, quite frankly, how they were funded. We just were not permitted access.

The Chair (Mr. Norm Miller): Very well. Mr. Zimmer.

Mr. David Zimmer: You were a member of the senior executive team, along with CEO Mazza and the chairman of the board, Beltzner. I want to come back to this business of the CEO's girlfriend, Beltzner's daughter and your daughter all ending up as employees. I tie that back to your remarks earlier in the afternoon, where you said you felt that one of your responsibilities was to be a proactive HR person and hit off issues that might cause problems later down the road and so on. It strikes me as passing strange that someone with almost 30 years of experience in very senior HR roles, with a stated ambition to be proactive, did not tweak to this idea that in a company that's depending on public dollars, no matter what the organization's structural chart is, there's something that is going to look odd here when the CEO, the chairman of the board and a senior member of the executive team responsible for hiring and firing—human

resources—all have their partner and/or daughters getting jobs at Ornge. Did that not strike you as odd?

Ms. Rhoda Beecher: Just to be clear, first of all, I was not part of an executive committee with Mr. Beltzner. He was the governance side of the house.

As I said, the organization encouraged family members and friends to be considered. That is what happened with those three young women. Clearly there's a law in the province around family status. Once you learn about a family status, in the case of Dr. Mazza, there is an Ontario human rights law that says neither person is going to be terminated. So that's the counsel that I gave him at the time when I found out, which was two years later, that in fact he had a relationship with Ms. Long.

Mr. David Zimmer: With respect to your own daughter, did you not think it was passing strange that the head of HR's daughter ends up with a good job, in addition to the daughter of the chair—

Ms. Rhoda Beecher: No, yes—it was not what I would have chosen.

Mr. David Zimmer: Why?

Ms. Rhoda Beecher: Because I didn't want my daughter to be working at the same place as I was working.

Mr. David Zimmer: Well, did you discourage her and say, "Don't take the job"?

Ms. Rhoda Beecher: Yes, I discouraged her. As you probably are aware, children don't necessarily listen to everything you say.

Mr. David Zimmer: Who was on the selection committee?

Ms. Rhoda Beecher: Randy L'Heureux; for operations, it may have been Steve Farquhar; and I don't know who else. I do know that Randy was involved as the director.

Mr. David Zimmer: But the people on the selection committee would ultimately report to you?

Ms. Rhoda Beecher: No. The selection committee in operations reported through to Tom Lepine. And there was a disclosure at the front end.

Mr. David Zimmer: And at the end of the day, you signed the contract to hire your daughter?

Ms. Rhoda Beecher: No, I did not. I would not have anything to do with that selection. Someone else in human resources signed it.

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Mr. David Zimmer: I got a tweet just now from somebody who has been watching and said this whole thing of the daughters of the HR vice-president and the chairman of the board, and the girlfriend of the CEO—they used the expression, "It just doesn't pass the smell test."

Ms. Rhoda Beecher: There were a lot of other family members in the organization. In one base of, I think, 20 paramedics, there were eight married couples. Again, in the organization, this was not unique. There were husbands and wives, many sisters and brothers, and there were cousins.

The Chair (Mr. Norm Miller): Mr. Zimmer, can you pull your microphone forward?

Mr. David Zimmer: Yes. Sorry, Chair.

So, the company that provided services to Ornge—Rhonda Beecher resource consulting ltd.—

Ms. Rhoda Beecher: Rhoda Beecher Human Resource Consulting Ltd.

Mr. David Zimmer: Yes. In answer to some questions that Mr. Klees raised, would you be prepared to file with this committee—and if you want, file it in camera—your personal tax returns for the last couple of years and the returns of your consulting company?

Ms. Rhoda Beecher: Absolutely.

Mr. David Zimmer: All right. Thank you. The clerk will be in touch with you on that.

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

Mr. David Zimmer: Yes. Just one second, Chair. I'm sorry; I missed your daughter's surname.

Ms. Rhoda Beecher: McClelland.

Mr. David Zimmer: How did she find out about the job at Ornge?

Ms. Rhoda Beecher: It was posted in the newspaper.

Mr. David Zimmer: Did you do anything to direct her to the posting?

Ms. Rhoda Beecher: No, I did not.

Mr. David Zimmer: You've said that you would have provided salary information and other information—the salary amounts—if you'd been asked by the ministry. If that's the case, that you would have provided it to the ministry, what was the problem that the auditor had in that he could not access any of that information? The only information that he could get was the total, the gross salary amount. The auditor made it quite clear he could not get anybody else's salary information. So I'm conflicted here. On the one hand, you said, "Well, I would have given it if asked." The auditor asked, and the ministry asked. The information on salaries only came out after there was a tough face-to-face meeting with the minister and the chair.

Ms. Rhoda Beecher: I was not asked. I was not part of the committee that dealt with the Auditor General's requests. I did dialogue some with the Auditor General's staff in terms of information that they wanted from me. It was not about salaries. It was about what was in the files and how things were done in HR. But I did not take part in that discussion. I was not part of it until mid-December, when the ministry made it clear that we would supply it, and Ms. Renzella was putting it together. That was the first time I saw it together.

The Chair (Mr. Norm Miller): The auditor would like to make a comment.

Mr. David Zimmer: Thank you, Chair.

Mr. Jim McCarter: In fairness, Mr. Zimmer, I should mention that Ms. Beecher is correct. Normally, you might say, as head of HR, that's who we would go to. It was made very clear to us: "You will deal with Ms. Renzella with respect to any salary requests." So we attempted to get the information, basically, through Maria

Renzella as opposed to Ms. Beecher. I just wanted to clarify that.

Mr. David Zimmer: Can I have a follow-up? Do I have a minute left?

The Chair (Mr. Norm Miller): Yes, you have time for another question.

Mr. David Zimmer: Okay, so, given what the auditor said, did you walk into Renzella's office and say, "Look, I'm telling you, as an HR person: Release the information. That's my advice as an HR professional."

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: "I'm the vice-president, and my advice is release the information and get on with it." Did you ever do that?

Ms. Rhoda Beecher: Yes.

Mr. David Zimmer: And what—

Ms. Rhoda Beecher: It obviously wasn't released.

Mr. David Zimmer: Thank you.

The Chair (Mr. Norm Miller): All done? Okay. We'll move on to Mr. Klees.

Mr. Frank Klees: Just for the record, when I questioned you about severance and so on, I too got a little tweet here from someone who apparently has some information. I'd like to know if you would dispute this: The number of employees terminated was 62, and the amount of severances was in excess of \$6 million.

Ms. Rhoda Beecher: I wouldn't be able to say yes or no, but if they've got it, they've got it. I didn't.

Mr. Frank Klees: Okay. It's a lot of public money going to pay people to leave.

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: I'd like to ask you about the AugustaWestland consulting agreement. When did you first become aware of that marketing agreement?

Ms. Rhoda Beecher: I became aware that there was a marketing agreement probably in the fall of 2011. I did not see the agreement; I still have not seen the agreement. But I heard there was a marketing agreement where we were going to provide assistance to AugustaWestland on their aircraft that we had just purchased. That was my involvement.

Mr. Frank Klees: Were you made aware of the value of that agreement?

Ms. Rhoda Beecher: No.

Mr. Frank Klees: Have you had any contact with AugustaWestland—

Ms. Rhoda Beecher: No.

Mr. Frank Klees: Never?

Ms. Rhoda Beecher: I had a dinner with all of the senior executives and AugustaWestland shortly after the purchase agreement was signed here in Toronto. Other than that, I have never met anybody from AugustaWestland or had any meetings with them.

Mr. Frank Klees: And can you tell us who from the government was at that dinner?

Ms. Rhoda Beecher: Nobody; no government person.

Mr. Frank Klees: No government person?

Ms. Rhoda Beecher: No.

Mr. Frank Klees: Okay. I'd like to just ask you about these MBA entitlements that we heard so much about.

Ms. Rhoda Beecher: Okay.

Mr. Frank Klees: Can you confirm that your daughter received funds from Ornge to enrol in an MBA program?

Ms. Rhoda Beecher: She did not.

Mr. Frank Klees: You were aware that former chairman Rainer Beltzner's daughter, Carrie Anne Brunet, did receive \$90,000 to study?

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: As the director of human resources, I'm imagining that you would have to sign off on that. Is that right?

Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: What was your rationale? How did you justify signing off on that for someone who, frankly, did not have very much experience in that position? What justification did you have for that?

Ms. Rhoda Beecher: Ornge had established something called a leadership academy. There was concern from the board around succession. There was concern internally about our ability to promote people who had the experience we needed to be management people. So we established a leadership academy which was, in fact, a three-week course over the year. We had a faculty. We had people who taught about leadership style, your own style, how you deal with people and then how you deal with difficult decisions—over the period of a year.

Each department elected their emergent leaders; those people were approved to go to this in-house class. There were exams, there were projects and there was testing. At the end of that year, a hierarchy of people was established: those who were the top of the class and the bottom of the class. We would then take that to the executive team for agreement and then to Dr. Mazza for discussion.

In some cases, people were offered assistance in undergraduate. If they were top of that class and were considered to be an emergent leader, sometimes they were given the underwriting for the master's. We had one in education; we had one in aviation. It was not just the MBAs.

Mr. Frank Klees: So given the fact that at the same time there were financial stresses within this organization, so much so that a paramedic from London told us that at that meeting in London, they were told a base may have to close down because of a lack of funding, how did you justify spending \$90,000 to pay for an MBA for an emerging so-called leader? By the way, she's no longer there, right?

Ms. Rhoda Beecher: No, none of them are there. They're all terminated.

Mr. Frank Klees: So that \$90,000 really didn't do much to help the succession at Ornge, did it?

Ms. Rhoda Beecher: Just to be clear, each of those people who did get any kind of underwriting did sign an agreement to remain for five years, which is not unique in the business world. If they did leave before the five years, they would have to refund or the entity to which

they were going would have to refund the piece of that money. When we terminated those people—we terminated them, and, yes, you're right, that \$90,000 went. The—

Mr. Frank Klees: So when you terminated them, did you also cancel that requirement to pay back those funds?
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Ms. Rhoda Beecher: Yes.

Mr. Frank Klees: Why did that happen?

Ms. Rhoda Beecher: Because our understanding legally was that we were terminating them. As I understood the agreement, if they left voluntarily, they would be required to pay it back. If they were terminated, they did not.

Mr. Frank Klees: In retrospect, was that a good policy of Ornge, to spend those funds, given the fiscal circumstances of our air ambulance service?

Ms. Rhoda Beecher: We had two years where it seemed to be fine. In the final year, we did go to Dr. Mazza and say, "Do you want to do this again? Do you want to run the class again? Do you want to consider anybody for post-secondary education?" We were told—because we were concerned about spending the money on the individuals and on the classes. We were told that the money had been allocated and that we could go ahead and run it. We did check each time.

Mr. Frank Klees: And yet, while this was going on, the training for paramedics was going nowhere. We're told by paramedics that in all of those years, there were only three critical care paramedics that received training. Were you aware of this imbalance of allocation of resources, that these young people in the head office, who were brought with no world experience whatsoever into this organization, were being actually given priority over the front-line paramedics and pilots within this organization? Were you aware of that?

Ms. Rhoda Beecher: From my perspective, the paramedics were, in fact, receiving the training. It is mandated; they must.

Mr. Frank Klees: According to them, they weren't getting it.

Ms. Rhoda Beecher: They were getting the training. Was it quick enough for them? Was it efficient enough for them? Was it the kind of training they wanted? I would have to agree; they all said no. It wasn't fast enough; it wasn't what they wanted. But we ran both CCP and ACP courses each year that they were required.

The medics were never happy with the speed that we did it, but they, in fact, were run at the same time. The paramedic academy never suffered because there was funding that had been pre-allocated to the education.

The Chair (Mr. Norm Miller): Thank you, and if we can move to the NDP.

M^{me} France Gélinas: So what you're saying is that the paramedic academy was separate from the leadership academy.

Ms. Rhoda Beecher: Correct. The ATM, the Academy of Transport Medicine, had been running for a number of years where they trained paramedics from level to

level. That's the same entity that does their recertification training that Mr. Doneff was talking about this morning. So that continued all the way through.

M^{me} France Gélinas: Okay. But what Mr. Klees was talking about was for the leadership academy. Very few of them had access to that?

Ms. Rhoda Beecher: To be clear, the leadership academy did not include unionized people. In the last year, we set up a separate entity for unionized people and ran a modified leadership course only for unionized people. We had both pilots and paramedics in that class, and it was the same sort of leadership development class, but it was separate and distinct.

M^{me} France Gélinas: Do you remember what the salary scale was for paramedics, roughly?

Ms. Rhoda Beecher: I think a CCP, a critical care paramedic, was about—I know that a number of them are on the sunshine list with overtime, so I think it's close to \$100,000.

M^{me} France Gélinas: For critical care?

Ms. Rhoda Beecher: Correct. And then it would be a little less for advanced care, and, again, a little less for primary care, but I don't have the numbers.

M^{me} France Gélinas: All right. And would you have an idea what the salary scales were in the pilot collective agreement?

Ms. Rhoda Beecher: Well, it would depend. The fixed-wing pilots were running somewhere at \$60,000. The rotary-wing pilots, who are fairly unique and scarce, were higher. They were switching from CHL to us at the time that I left, and I actually don't know where that ended up. But they would be close to the \$100,000 as well, I would think.

Mr. Jagmeet Singh: Just some questions with respect to some of the positions. Luis Navas—were you aware of what his official position was at Ornge or at one of the entities?

Ms. Rhoda Beecher: Yes. My perspective is that Mr. Navas was the chief operating officer of Ornge Global.

Mr. Jagmeet Singh: Okay. And what do you base that on?

Ms. Rhoda Beecher: I helped, with an immigration lawyer, to get him to the United States, and that was the title on the visa application.

Mr. Jagmeet Singh: That's a really good answer.

Ms. Rhoda Beecher: Yes, I thought so.

Mr. Jagmeet Singh: Thank you. Just with respect to your earlier answer you provided, if you were asked directly, "Could you provide the salary for Dr. Mazza?"—and you indicated that you could do that—how would you piece that together, and what information would you be able to access?

Ms. Rhoda Beecher: I would have to actually sit down and take—it was made up of a number of pieces: base salary, performance pay, long-term incentive pay, clinical; he was a medical director, so that pay. It came through on various times. Each time it would have a minute from the board of directors. So it would say, "Pay Dr. Mazza X and say what it was for." So I would have

to have gone back over those, pulled them together, and then added it up. It was not brain surgery, but I would have had to have taken some time to do it.

Mr. Jagmeet Singh: And those various points, those minutes, which indicated, “Pay Dr. Mazza X salary,” those were all kept in a record that you could access?

Ms. Rhoda Beecher: Absolutely. Every minute that came from the board was kept in a human resource file of his own, locked.

Mr. Jagmeet Singh: Okay.

M^{me} France Gélinas: And those minutes, were they from the board as a whole, or from a subcommittee that dealt with HR issues?

Ms. Rhoda Beecher: It depended. When it came to sort of yearly changes, it probably would come from the whole board as a board minute. Sometimes it would come from the compensation committee of the board. So it depended on the issue, but each one had a very distinct minute. It would come from the corporate secretary to me and it would be very clear.

M^{me} France Gélinas: So the corporate secretary was the person who took the board minutes and then actioned them off?

Ms. Rhoda Beecher: Correct.

M^{me} France Gélinas: And who was that?

Ms. Rhoda Beecher: Lynne Taylor.

M^{me} France Gélinas: Let’s say we talk about the compensation subcommittee, I think you called it, or the—

Ms. Rhoda Beecher: Correct.

M^{me} France Gélinas: Would Dr. Mazza ever sit on those board meetings and those committee meetings? When you saw the minutes, could you see who attended?

Ms. Rhoda Beecher: I only got the minute that would be specific to me. So, no, I wouldn’t see who the attendees were or what the discussion was. It would be very simply, “Please pay this much to X.” So I don’t know whether he was on it or not.

M^{me} France Gélinas: Did the recommendations or the decisions that were made by the compensation committee have to be approved by the board as a whole? Or sometimes would they come directly from the compensation committee of the board without the full board knowledge?

Ms. Rhoda Beecher: I’m not sure, but I believe that all of the compensation committee work went through the board ultimately.

M^{me} France Gélinas: It would have gone through the board ultimately.

Ms. Rhoda Beecher: I believe so.

M^{me} France Gélinas: But as you’ve just testified, sometimes you would get a motion coming from the compensation committee that had to do with the base salary, the performance pay, the long-term pay or the clinical directive?

Ms. Rhoda Beecher: Correct. It would be more about the sort of stipends, not the salary. It would be sort of, “Pay him X amount”—no, actually it would come from

the board. I may be incorrect in that it all came from the board.

M^{me} France Gélinas: Okay. When you talk about stipend, is this on top and above what made up his compensation?

Ms. Rhoda Beecher: No, but there were, as I said, a number of pieces. There was one year where there was an additional performance pay. There were a number of elements, if you will, to his overall salary.

M^{me} France Gélinas: Was that common to other people within the executive of Ornge, to have a compensation made out of the base salary, performance pay, long-term pay and—clinical director, I guess, only applies to people in the—

Ms. Rhoda Beecher: No. The rest of the senior team had base salary and performance pay—full stop.

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M^{me} France Gélinas: Okay. Were you aware that Dr. Mazza also had loans from his employer?

Ms. Rhoda Beecher: Yes, I was.

M^{me} France Gélinas: How did you become aware of that?

Ms. Rhoda Beecher: I received a minute, again, from the board on more than one occasion, so it wasn’t all at once, that said, “Please arrange”—or—“The board approves a loan of X amount of dollars to Dr. Mazza.”

M^{me} France Gélinas: Do you remember the first time you saw that?

Ms. Rhoda Beecher: No, I don’t. They seemed to be within the last year.

The Chair (Mr. Norm Miller): And we are out of time.

M^{me} France Gélinas: Really?

The Chair (Mr. Norm Miller): Yes, we are.

Thank you very much for coming before the committee this afternoon.

Ms. Rhoda Beecher: Thank you.

MR. BRUCE WADE

The Chair (Mr. Norm Miller): Our next presenter is Mr. Bruce Wade. Would you like to come forward? Welcome, Mr. Wade, and just to confirm that you have received the letter for a witness appearing before the committee?

Mr. Bruce Wade: I did.

The Chair (Mr. Norm Miller): Very well. Would you like to do an oath or an affirmation?

Mr. Bruce Wade: I’ll take an oath.

The Chair (Mr. Norm Miller): Very well. The clerk will have you swear an oath.

The Clerk of the Committee (Mr. William Short): There’s a Bible in front of you. Mr. Wade, do you solemnly swear 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, so help you God?

Mr. Bruce Wade: I do.

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

The Chair (Mr. Norm Miller): You have time for an opening statement, and then we'll go to questioning from the various parties.

Mr. Bruce Wade: First, before I begin my opening statement, I have to apologize. I'm under medication for a throat problem with an ENT right now, so if my voice fades in and out—I can barely speak. But I'm here.

Mr. Chair, members of the committee, thank you for your interest in the truth. My name, as you know, is Bruce Wade. When I was notified that I was called to testify, I emailed Ron McKerlie, CEO of Ornge, to inform him and see if he had objection. We had a very good phone call where he let me know he did not have objection.

Right from the start, I want you all to know I believe the rotor air ambulance can be fixed.

At this committee you've heard testimony about missing millions, multiple shell companies, hiring of persons into positions they were not qualified to hold, alleged kickbacks, alleged political interference and other nefarious dealings. You heard Mazza claim "black spots" in his memory when asked how a speedboat came to be purchased, yet go into incredible details about communications centre computer servers with less than 2% memory left.

You heard straight from Mazza himself that, in his words, he always did what was in the best interests of Ornge. That statement alone, in my opinion, shows he and his sycophant executives—

The Chair (Mr. Norm Miller): Excuse me, could you just pull that mike down a little closer there? That's great.

Mr. Bruce Wade:—that he and his executives were not working for the best interests of patients and taxpayers. Thankfully, they're gone.

Across our system we rejoiced when the auditor delved further into Ornge. It was then we thought reasonable people would step in and stop all helicopter pilot and engineer transfers into Ornge once it became evident just how bad things really were.

Many of us read the Auditor General's report and understood the serious content. I'd like to personally thank our auditor for the excellent work that he and his dedicated staff did in their audit of Ornge while under Mazza's reign. I don't see him in the room, unfortunately, but I'd also like to thank him for clearly reporting the management culture of fear and intimidation that was rampant in the Ornge system.

To give the committee a sense of the front-line reality, I want to quote some of my colleagues. From a medic: "Give 'em hell at the committee about Thunder Bay. We in northwestern Ontario are tired of being treated like the red-headed stepchild."

From a helicopter pilot: "Rotary-wing aircraft service communities that do not have airports, backcountry bush, highway accidents, plane crashes and all locations in between—places no plane can service. We respond to

every possible type of medical emergency that can come up. In my 20-plus years as an EMS pilot in Ontario, I can assure you that we have saved lives and reduced a lot of suffering. This is what the public expects of us and counts on us to do when called upon. When we do not have paramedics, we cannot do our job. If you didn't have any house fires, would you remove the firemen from the fire trucks?"

From a medic: "We have more staff we don't need, more complaints of managerial incompetence and malevolence, and less ability to tell others what is going on. We have a management structure blaming us for the fiscal woes of a company, a company that couriered apples across the province for PR campaigns."

From a helicopter engineer: "This whole system is beyond ridiculous."

From a pilot and medic during lunch one day—when I say pilot, I'm referring to rotary side: "If he didn't waste \$600,000 on MBAs for his friends, we'd have more trained medics to properly crew our Thunder Bay helicopter."

From another helicopter pilot: "I used to be proud of what I did flying medevac, now I don't tell anyone."

Mr. Chair, honourable members of the committee, I'm not here as a disgraced former executive of Ornge or a recipient of one of their MBAs or a public servant called upon to offer insight from their perspective or a high-priced lawyer who worked for Ornge, nor any other person who has lined their pockets at the expense of the air ambulance system. I'm a front-line helicopter pilot. I fly medevac. I have worked as a helicopter pilot in the service of the public and Ontario's air ambulance system since the fall of 2001. I'm based on the Thunder Bay trauma helicopter, which has faithfully served the taxpayers of northwestern Ontario for decades.

Today, my focus will be on the operations on the front lines of northwestern Ontario. For us, this is not a business case, it's not a get-rich-quick scheme, it's not a political issue, it's not a game; it's lives at stake. That's what this focus is on: It's lives at stake, folks.

Across this province on a daily basis, pilots fly our ambulance helicopters into challenging situations. Paramedics treat seriously injured accident victims, and the engineers do their utmost to maintain the helicopters. We are the air ambulance system. We need the resources to do our jobs.

If you're not familiar with the vastness of northern Ontario, consider this: If you got in your car here at the provincial Legislature today, it would take you 17½ hours of driving to get to Thunder Bay. It takes about 13 hours to drive from Sudbury to Thunder Bay. It's about 1,000 kilometres on the two-lane Trans-Canada Highway. It takes about six hours to drive from Thunder Bay to Kenora, another 500 kilometres on the two-lane Trans-Canada Highway. In that drive, you cross a time zone and still have at least another hour past Kenora just to get to the Manitoba border.

For almost three years, since the very first fixed-wing was added to the Thunder Bay base, Ornge has stripped

the medics from the only trauma helicopter between Sudbury and Kenora, a distance of approximately 1,500 kilometres. All of us have raised this issue with Ornge management, old and new. Some have gone to their MPPs; some went to the press. I went to the Minister of Health. All of us had a high hope that, once this story got out about a routinely grounded medevac helicopter, we would see a resumption in proper medic staffing. It still hasn't happened.

A trauma helicopter continually grounded without medics is unconscionable and, some could argue, negligent. When the first plane was put into service in Thunder Bay to support the cardiac care unit at Thunder Bay Regional Health Sciences Centre, we were told it would be three days a week and our medics would only be on standby—not removed from the helicopter. After a period of time, Ornge changed the rules for inter-facility transfers with standing offer agreement air carriers, claiming those medics were not trained to a high enough standard on Ornge aircraft to conduct those transfers. Since Ornge trains all air medics in the province, that argument was invalid. In my opinion, that move at that time was solely designed as a money transfer from one Ornge company into another Ornge company.

Eventually, a second plane was put into service in Thunder Bay, but only one additional medic crew was upstaffed. Each of you can do the math on this. There are two airplanes, one trauma helicopter, two crews of paramedics, and that's it. This unconscionable staffing decision was made by persons who are no longer with Ornge. The new leadership is aware of this ongoing situation, and still, nothing has been done.

I'd like to read into the record some of the locations only a helicopter can service quickly, thus saving lives and reducing suffering, but that would take up the rest of my opening time. I do have a sheet of paper with those names on it. If you live, work or travel through any of these areas, you've got no hope of a golden hour for your medical airlift.

The problem with removing the medics from the Thunder Bay trauma helicopter is actually greater than it first appears. Not only do taxpayers of a region or travelers on our highways have no medevac airlift in time of need, but the dominoes cascade into the Kenora region as well. The crews in Kenora are called upon almost daily to dispatch on flights into the Thunder Bay region, thus leaving their area with no coverage. As a sample of the massive lack of proper medevac coverage in northwestern Ontario, I've got approximately the last two months of calls Kenora has received to dispatch into the Thunder Bay region. I have copies.

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We need medics. In the last 12 months, as the transition date from Canadian Helicopters into Ornge for each new rotor base drew closer, more pilots left. Approximately 20 of the most highly trained, experienced rotor pilots in Canada left the system. This represents the single-largest exodus of aviation professionals in the entire 30-plus-year history of the air ambulance program

in Ontario. More are going to leave. About 11 helicopter engineers also left. I and others have chosen to stay and help restore the helicopter EMS system to its proper service levels.

We've never seen such high levels of medic understaffing or downstaffing of helicopters ever in the entire history of the air ambulance program. In front of me, and available for your perusal, are the last eight years' worth of daily pilot journals from the Thunder Bay helicopter base alone. In those journals, day by day, shift by shift, it tells you who was flying, what calls they did, what medics were on, if we were in or out of service and if there was any staff there. It's all here, folks—eight years' worth.

Years ago, Mazza insisted on starting his own helicopter operation, claiming that he could do it cheaper. As a matter of fact, part of the sales pitch for the bond offering was an outline that principal and interest would be paid through cost savings by operating and maintaining their own helicopters.

No. It was recently testified to by an Ornge executive that the current cost of operation of the helicopter system is "no more than the previous vendor." By that testimony, it isn't cheaper. From our first-hand experience, helicopters aren't staffed properly, shifts go unfilled and aircraft sit grounded.

From Thunder Bay, we used to be able to airlift cardiac patients to St. Luke's Hospital in the US, because we had all the appropriate operating certificates from the FAA. Ornge still does not have approvals for the rotary-wing aircraft. It was recently announced that three bases—Thunder Bay, Kenora and Moosonee—will continue to operate the S-76s for the foreseeable future, but we don't have GPS operations certificates from Transport Canada to conduct GPS approaches for this equipment. We used to.

As you all know, the previous vendor was Canadian Helicopters, one of the top aviation firms in the world. They properly staffed the aircraft, retained dedicated pilots, had highly dedicated engineering and enjoyed excellent labour relations with their crews and their union. All necessary international operations approvals were in place; all necessary Canadian operations approvals were in place; and I believe they maintained a 97%-plus dispatch availability rate for decades.

In spite of the problems—

The Chair (Mr. Norm Miller): Are you almost done the intro?

Mr. Bruce Wade: I've got four paragraphs.

The Chair (Mr. Norm Miller): Okay, go ahead.

Mr. Bruce Wade: In spite of the problems, I firmly believe the helicopter air ambulance can be fixed. We want our voices heard, our recommendations enacted and our helicopter EMS system working as it should.

Recently, an associate vice-president of corporate communications emailed our pilot union chairman asking him for a quote to be used in a good-news progress report. Suffice it to say, he declined, stating, "We aren't seeing any progress."

I challenge the members of this committee to unite as one and make the following immediate demands to the Premier and the Minister of Health, to give us the resources we desperately need:

(1) that all EMS helicopters across the province are properly staffed with two paramedics, 24 hours a day, without exception. They used to be, and the Ambulance Act, in fact, might require this;

(2) that allocation of resources be focused on the front lines;

(3) that the performance agreement gets some teeth, with a proper system of financial penalties put in place as a deterrent to downstaffing of medics or pilots.

I'll skip number 4.

I fly medevac for very personal reasons. If even one death occurs because no helicopter can respond, from a lack of proper staffing, and a coroner's inquest is called, I can take comfort in knowing that I tried, for the best interests of Ontario, and my conscience is clear. I'll be able to look myself in the mirror and know I've done everything I possibly can to restore helicopter ambulance service to the northwestern Ontario region. I want to be able to do my job, as do my colleagues on the engineering and the medic side as well.

In closing, Ontario can be proud of the helicopter engineers, the medics, the fixed-wing pilots, the fixed-wing engineers and, of course, my helicopter pilot colleagues across the province. We do make a difference in people's lives. We need your help.

I hope I can answer your questions. Thank you.

The Chair (Mr. Norm Miller): Thank you for that opening statement. We'll move to the opposition. Mr. Klees: 20 minutes.

Mr. Frank Klees: Thank you, Mr. Wade, for being here.

I'd like to just start off by getting some context of your experience as a helicopter pilot. Could you just summarize briefly for us how long you've been a helicopter pilot, when you started with Ornge and how long you've been there?

Mr. Bruce Wade: I started flying in approximately 1995. I was with two other firms prior to moving to Canadian Helicopters on the EMS program in 2001. That was the goal I had when I started flying helicopters, and I was determined to get there. I've always said that, in my opinion, flying medevac in this province is a pinnacle, and it's something I want to be able to do for the remainder of my flying career.

Mr. Frank Klees: Sir, you've been very forthright over the last number of months since these committee hearings have taken place and since the issue of Ornge was in the public domain. You've never hesitated to put your name to an email. I've noticed a number that you have sent to members of the committee and addressed to the Minister of Health.

Mr. Bruce Wade: Yes.

Mr. Frank Klees: I want to thank you on behalf of this committee—in fact, on behalf of all members of the Legislature and the public—for doing that. I know a lot

of your colleagues have felt intimidated, and that's understandable.

You've made recommendations. You've drawn our attention and the attention of the Minister of Health to the failings. You've also made specific recommendations. I'd like to know from you, what have you heard back from the Minister of Health or Mr. McKelvie to any of those emails that you have sent and recommendations that you've made?

Mr. Bruce Wade: I do have some emails here. Actually, I received a letter back from the Minister of Health herself on April 2. I have copies of it here if anybody wishes to see it. The opening paragraph is, "Thank you for your email about Ornge. I want you to know I share your concerns about what happened at Ornge under its former leadership. Thank you, too, for informing the ministry of your interest in being of assistance. I am particularly interested in your willingness to serve on the board of directors."

It goes on for two pages. It's about some of the organizational changes and things of that nature that have taken place. I appreciate that back from the minister, and Mr. McKelvie was copied on this letter. He is aware of it.

The Chair (Mr. Norm Miller): Do members want a copy of that response, of that letter?

Mr. Frank Klees: Yes, absolutely.

The Chair (Mr. Norm Miller): Okay.

Mr. Bruce Wade: I have copies here if anybody wants them.

As I said before—

Mr. Phil McNeely: Chair, I'm missing the conversation. It's probably not the speaker's fault, but I think if you could get a little bit closer to the mike, I could understand.

Mr. Bruce Wade: Sorry; I'm actually on a medication right now for this.

Mr. Frank Klees: So you have a response from the minister, who thanks you for your offer of help. It's copied to Mr. McKelvie.

Mr. Bruce Wade: Correct.

Mr. Frank Klees: What happened?

Mr. Bruce Wade: I haven't seen a lot happen.

Mr. Frank Klees: Has anything happened?

Mr. Bruce Wade: On the front lines, from our perspective, not really.

Mr. Frank Klees: I'm talking specifically about your offer of help. Has Mr. McKelvie been in touch with you or anyone else to say, "Mr. Wade, thank you for your offer of help. Please come in and see us. Tell us what it is that you're recommending"? Has any of that taken place?

Mr. Bruce Wade: Not as an individual, but we have had discussions at the base, with a variety of individuals who have come through. I believe it was around February 9 or 10—I'm not sure of the date—when Mr. McKelvie came to Thunder Bay as his first base visit, along with Patricia Volker, Patrice Merrin and Patricia Lang. They talked to each of the various groups. At that time, we were, of course, still with Canadian Helicopters. We had

a very productive hour with them. But since that time, as far as continuing discussion, no.

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Mr. Frank Klees: Have you noticed any of the recommendations that were made by yourself or other people on the front line in the meetings—have you noticed any of those recommendations being implemented?

Mr. Bruce Wade: I just want to refer back to an email here just to make sure I have the correct answer, because I don't think so. I don't think we've seen any.

Yes, here it is. Yes, on February 9, I sent Mr. McKerlie an email to summarize the meeting that we had had with him. Let's see. No.

Mr. Frank Klees: So none of the recommendations that were made by the front lines have been implemented by Ornge?

Mr. Bruce Wade: None of the recommendations that we had presented have been implemented; yes.

Mr. Frank Klees: Okay. This morning, members of the committee were sent an email. Mr. McNeely took great length to read this into the record. It comes from a Poul-Erik Binderup, who is an Ornge PC-12 captain. In his letter, he makes a point of saying, "We have been overwhelmed by the support we have received from individuals like the Honourable Deb Matthews and interim CEO Ron McKerlie," citing that things are wonderful, that he and his colleagues in the fixed-wing operations at Ornge Global Air are happy men and women, and went out of his way to make the minister look very good. You're on the front line—

Mr. Bruce Wade: I was on the front line of this, I believe, longer than Mr. Binderup.

Mr. Frank Klees: So I would just like some balance here because I'm confused. The minister has castigated me today here in committee as someone who is disparaging of the front lines, as someone who has insulted the front lines of our air ambulance service and as someone who just doesn't seem to care. She said that's what she's hearing from the front lines. You're on the front line; I'd like your opinion first of all if, in fact, that's the case.

Mr. Bruce Wade: No.

Mr. Frank Klees: And what do paramedics and pilots think about the job that we're doing as a committee here, and specifically, because the minister went at me directly on this, what does the front line think about the job that I'm doing here on their behalf?

Mr. Bruce Wade: Well, as in any situation, there will be pros and cons, of course. But I can speak for the helicopter side: kudos. I can't speak for the fixed-wing colleagues. There are some tremendous people there; they do some really good work. Unfortunately, we're two different worlds. The rotary-wing side of this is very senior people, very experienced people. This is a pinnacle position, multi-engine IFR helicopters, whether it's in medevac or offshore oil. We see failings in the system, and we think the committee has been doing good work to try and uncover these failings.

Mr. Frank Klees: I want to make the point, Mr. Wade, that while I have been hard on the system, and while I've had a good deal to say about the lack of resources, at no time did I ever impugn individuals on the front line.

Mr. Bruce Wade: Absolutely not.

Mr. Frank Klees: In fact, the reason that we're doing what we're doing is because, out of respect of the work that's being done on the front lines, we want to ensure that they have the proper resources, that they have the respect of the Minister of Health and all those who have an obligation to ensure they're properly supported.

I will just switch a little bit here in terms of an issue that I was discussing previously with Ms. Beecher. That's the whole issue of resourcing and training of paramedics, the whole concept of how Ornge was handed essentially not only the monopoly to deliver air ambulance service in Ontario but also on the training side. What is your assessment of how well Ornge has done in terms of training their paramedics and training their pilots?

Mr. Bruce Wade: The paramedics as a whole, and this is only because I work alongside them daily, have complained for quite some time that the—I think the term is—speed of the training was not adequate. I know of one individual paramedic who spent five years trying to get certified as a critical care paramedic. I don't remember in prior years this ever being a problem, getting people trained. I don't know what the problem is within their training system.

On the pilot side of it, up until just recently, of course, we were all working for Canadian Helicopters on the rotary side, and every single one of us would go to flight safety in Florida. We'd be there for essentially a week and do all your simulator work in level D full-motion simulators, similar to what Air Canada would use for their triple 7s. Now the bulk of the pilots are of course going to New Jersey on the AW139 simulator—again, one of the most complex simulators in the world.

What we have noticed is that on the S-76 side of it, in particular, the training seems to have slowed down. We're hearing rumours that we'll be doing it on the aircraft, which is kind of regressive by about 10 or 15 years, because you can't do the full range of emergency procedures that one would normally expect to anticipate in the air.

On the 139 side, it's all in New Jersey. It's a very extensive program and it's terribly expensive. That is a superior program.

Mr. Frank Klees: Mr. Wade, you made reference to Canadian Helicopters. I referred earlier, when I was having a discussion with Ms. Beecher in terms of the kind of efficiency and response to calls when the service was being provided by Canadian Helicopters and Voyager, that that rating was 98%. If, in fact, there couldn't be a response, if they couldn't respond either by helicopter or by a fixed-wing aircraft, there would be a financial penalty—

Mr. Bruce Wade: That's my understanding, yes.

Mr. Frank Klees: —that the carrier had to pay to the Ministry of Health. We now, of course, have a situation where there's no such accountability.

Mr. Bruce Wade: Which is one of my recommendations.

Mr. Frank Klees: My question to you, knowing—and you may have seen the testimony from Mr. Tom Rothfels who, when he was sitting in your chair, said he is convinced that the core competency is simply not there at Ornge to operate the airline side of it, the aircraft side. Is it your opinion that one of the fixes of the problem would be to restore that helicopter operation back into the hands of—whether it's Canadian Helicopters—or at the very least, put that up for a public tender so that we can have some bidding into that contract to ensure we get the core competency to deliver that service?

Mr. Bruce Wade: I would say it is, because a helicopter is an extraordinarily technologically advanced piece of gear. It's not something that an organization with no aviation history in helicopters can just pick up overnight and carry on with. It's being demonstrated daily, unfortunately, and I work there.

Mr. Frank Klees: I just have one last question in this round. It relates to an email that you sent and was addressed to Deb Matthews, Mr. Gravelle and Mr. Mauro, Ms. Gélinas and Mr. Singh. It was in response to a release put out by Ornge in which they say, “Ornge continues to add to its front-line staff team to ensure the best possible patient care. There is now a team of 217 paramedics at Ornge. That's 10 more medics than at this time last year.” That was June 7.

You responded to that and you were not very pleased about the spin that was being put on that. In fact, you say, “The actual facts remain: Medics are routinely, chronically and, without regard to proper medevac capability, removed or just not available for the trauma helicopter in Thunder Bay. All of you know this has been going on for nearly two years.”

“We are fully grounded without medics. Ornge claims to the press and others the base is staffed 24 hours per day. This statement, while technically correct, is less than honest.”

1500

I would like you to just comment on that. Tell me, when people like yourself and other front-line staff see this kind of communication come from the new management team at Ornge, what is it telling you?

Mr. Bruce Wade: In Thunder Bay, it's not met with a great deal of joy, because we've been pushing for years to have proper staffing levels. It's disappointing because the recommendations are there. We know from the front lines what has to be done. It's disappointing. I'm hoping that we do see progress. I'm hoping that by being here today, the message once again gets through to the right people that we do need the support on the front end. We do need these helicopters staffed properly. We'd like to engage in good, honest, open dialogue and build a relationship of trust, but it's not helping.

Mr. Frank Klees: Thank you.

The Chair (Mr. Norm Miller): Thank you very much. We'll move to the NDP. Ms. Gélinas?

M^{me} France Gélinas: Thank you for coming down. Welcome to Queen's Park.

I would like you to try to do a little memory exercise there. Feel free to refer to any of your notes, if that helps. When would you say that people started to report problems with staffing in Thunder Bay?

Mr. Bruce Wade: It would have been about three years ago, approximately, when the very first airplane was put into service. I don't have the exact date, but I'm sure with all the journals here, we could probably find it.

M^{me} France Gélinas: So the first time that Ornge purchased its own aircraft and put it into service?

Mr. Bruce Wade: Correct.

M^{me} France Gélinas: Okay. So at the same time as they did that, they changed the staffing level?

Mr. Bruce Wade: Yes. Well, they didn't technically change the staffing level; they added the airplane and the fixed-wing colleagues who fly that. What they didn't do, for a period of time, is increase the number of paramedics on shift. Initially, the aircraft was announced publicly as a support to the cardiac care unit in the Thunder Bay hospital. It was on standby three days a week to bring patients, I'm assuming, to southern Ontario for additional medical care. The medics were on standby for the airplane if the need arose, but they stayed with the helicopter.

Eventually, they moved the paramedics over to another facility, and the focus started shifting to staffing the airplane first and leaving the helicopter as a secondary tool, which essentially is quite useless without paramedics. It was about two and a half to three years ago.

M^{me} France Gélinas: Have things varied since? Did it ever get better?

Mr. Bruce Wade: No.

M^{me} France Gélinas: It stayed the same.

Mr. Bruce Wade: Yes.

M^{me} France Gélinas: Who was aware of this?

Mr. Bruce Wade: Well, everybody in Thunder Bay, pilots and paramedics alike. Plus, we all raised issues with—I went to my employer, which at that time, of course, was CHL. I know the paramedics, almost without exception, were raising this issue with Ornge management, and nothing changed.

M^{me} France Gélinas: Okay. I'll stick with who knew about it. Did you ever have an opportunity to go outside of your supervisor and tell upper management at Ornge what was going on and that you didn't agree with the understaffing?

Mr. Bruce Wade: Not really. Ornge didn't really want to hear from us at all.

M^{me} France Gélinas: Ah. And you knew this—

Mr. Bruce Wade: It's changed now, because we're actually there.

M^{me} France Gélinas: And you knew that they didn't want to hear from you—how did you know that?

Mr. Bruce Wade: We were told in no uncertain terms throughout the system that we were essentially there to

fly and not to ask questions. It was nothing in the form of a memo; it was just a very common understanding. They didn't want to hear from us.

Mr. Jagmeet Singh: Can you compare, in pros and cons, the model initially, which was to outsource the aircraft side completely; and the new model, which was to integrate the aircraft and to have it—pros and cons. If you could just kind of sketch that out really quickly: if there's any benefit to integrating it, or if it was only a con.

Mr. Bruce Wade: I'm trying to be fair. I haven't seen a benefit to integrating it. Maybe the benefit would be that all staff now work for one organization, perhaps. It has never been an issue before as far as relationships go or team co-operation goes. But from the efficiencies side, as a private contractor operating the helicopters, we were staffed, and those helicopters were available 24 hours a day—staffed, not sitting in a hangar with pilots watching a movie upstairs because we don't have any medics. That, to me, is the single-biggest frustration that we're dealing with. Put medics on the helicopters, all of them, 24 hours a day, and most of these problems start going away. It's lives here; it's not a game.

Mr. Jagmeet Singh: So that's one issue. Are there any other issues still ongoing besides this issue of the staffing with respect to having aircraft available but not having enough staff to actually put them in the air and save lives? Are there other issues that are still ongoing that haven't been rectified?

Mr. Bruce Wade: Yes. There are things that are starting to happen recently since we all transitioned in.

Mr. Jagmeet Singh: What are those issues?

Mr. Bruce Wade: Well, pilots now—and I'm specifically thinking Thunder Bay—have on occasion been picked up by a private charter and flown to Moosonee to fly that helicopter and leave the Thunder Bay base completely uncovered. That shouldn't be happening.

Mr. Jagmeet Singh: Is that happening on a regular basis systemically, or is it a one-off thing?

Mr. Bruce Wade: Well, it happened to me personally in May twice. As far as I'm aware, talking to some colleagues yesterday, this happened on one or two occasions just this week.

Mr. Jagmeet Singh: What is the problem, then? What's going on? Why is that happening?

Mr. Bruce Wade: We think it's understaffing. It has to be. There's just not enough pilots to fly the helicopters.

Mr. Jagmeet Singh: So now they're outsourcing on a one-off basis to get private companies to fly?

Mr. Bruce Wade: Yes. One of the SOA carriers was contracted on a few occasions to pick the pilots up at the beginning of a shift, fly us to Moosonee and then bring us home at the end of the shift.

M^{me} France Gélinas: So that the base in Moosonee would have pilots?

Mr. Bruce Wade: For sure, yes. No question.

M^{me} France Gélinas: Otherwise, if you hadn't gone, there wouldn't have been a pilot?

Mr. Bruce Wade: There wouldn't have been pilots there. Moving us from Thunder Bay to Moosonee staffed that helicopter and left this one grounded. This has happened on a number of occasions. I don't recall ever having this situation before. This is because so many people have left, and the people that have recently been hired—I stand to be corrected on this, but I don't think any of the new hires are yet online. Perhaps maybe one or two are; I don't know. But we're very short-staffed as far as front-line operational pilots right now.

Mr. Jagmeet Singh: You wrote to the minister explaining your concerns, and you received a letter back. Did you ever communicate any of your concerns before, perhaps a year, two years, three years ago?

Mr. Bruce Wade: Yes, I would have to say I did. To whom, I wouldn't recall. I've been fairly vocal on trying to maintain services in the northwest region for a long time.

Mr. Jagmeet Singh: Was it someone in the government that you expressed your concern to? In what manner did you express concern?

Mr. Bruce Wade: Honestly, I'm not sure, but I have been very vocal trying to keep the service levels up.

Mr. Jagmeet Singh: In terms of your own experience, have you seen ministry folks come to inspect the sites, to do some oversight, to see what's going on, to ensure that the standards are maintained, to ensure the staffing is at the level it should be?

Mr. Bruce Wade: This spring there was an individual on the aviation side—his name escapes me, unfortunately. He used to be with the Ministry of Natural Resources; he may very well still be there. Ken Wong, that was the gentleman's name. He did whatever audit metrics that he does. We didn't talk to him; he just came and did whatever he did and carried on.

Mr. Jagmeet Singh: And where was that?

Mr. Bruce Wade: That was in Thunder Bay.

Mr. Jagmeet Singh: Thunder Bay?

Mr. Bruce Wade: Yes.

Mr. Jagmeet Singh: And that was one time in the spring?

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Mr. Bruce Wade: Yes. It wasn't too long ago.

Mr. Jagmeet Singh: This year?

Mr. Bruce Wade: This year, yes.

Mr. Jagmeet Singh: Okay. Besides that, are you aware of any other time that ministry officials came to do an audit or to just check up on the standards or what's going on at the base in Thunder Bay?

Mr. Bruce Wade: As a front-line pilot, I wouldn't even pay attention.

Mr. Jagmeet Singh: You would not?

Mr. Bruce Wade: No. If the ministry people had been through every day, I wouldn't even have realized it.

Mr. Jagmeet Singh: That's fine.

M^{me} France Gélinas: Just because this is—nobody comes and audits locally the pilots?

Mr. Bruce Wade: No. It's the systems that are in place, perhaps their record-keeping, their policies or

procedures—things along those lines. But as far as the operational pilots, we're done by Transport Canada every year, separately.

M^{me} France Gélinas: And you report to Transport Canada for every time you fly?

Mr. Bruce Wade: No. The pilots after a flight enter the flight data into the Ornge computer system, so they have all the information of start and stop times, where we went to, how many people were on board—things of that nature.

There's also an operational flight plan that's maintained that's a Transport Canada requirement. That's maintained in the offices for a specific period of time. I don't know how long they have to keep them. Transport can take a random sampling of those at any time. But as far as reporting flights to Transport, no, that's not the case.

M^{me} France Gélinas: So you report it into the Ornge database.

Mr. Bruce Wade: Yes.

M^{me} France Gélinas: Okay. Has this changed since you went to the Agusta helicopters?

Mr. Bruce Wade: I fly the S-76 still, in Thunder Bay, Moosonee and Kenora. All the other bases are on the AW139, and we all use the same computer software, the same terminals. So I'm going to make the assumption that their flight data entry is exactly the same that we're putting into our system.

M^{me} France Gélinas: Okay. And there is not more data that is updated directly from the helicopter from one—you haven't transitioned to the new helicopter.

Mr. Bruce Wade: No. I've done the ground school, but our training was cancelled because it was announced that we're not getting it.

M^{me} France Gélinas: So you will not be getting the new helicopter?

Mr. Bruce Wade: "For the foreseeable future" was what we were told, and we don't know what that means. We would have to speculate it would be at least a year just because of how busy the simulators are in New Jersey. This is an extensive program of transition, so we can't see it happening in the next 12 months.

M^{me} France Gélinas: And those are the simulators from Agusta.

Mr. Bruce Wade: Correct.

M^{me} France Gélinas: Did we know about this when we planned the transition or did you just find out about this recently?

Mr. Bruce Wade: That's fairly recent. I don't know the exact date, but Mr. Feeley came to Thunder Bay to hold a one-hour meeting with us and tell us and our Kenora colleagues on a conference call that we weren't getting that helicopter for the foreseeable future, which was met, quite frankly, with no surprise from any of us. I think he was somewhat surprised that we weren't upset or shocked—because we didn't expect we'd get it anyway.

Northwestern Ontario, for the last three years, has been substantially neglected, and it's unfortunate.

Mr. Jagmeet Singh: To summarize your concerns, putting it bluntly, one is staffing concerns, that there are not adequate medics to put the aircraft in the air?

Mr. Bruce Wade: Number one.

Mr. Jagmeet Singh: Two is that there's not adequate helicopters to service northern Ontario, and helicopters are necessary because of the terrain and the distances. There are certain places and locations that a fixed-wing just can't be the option; you need to have a helicopter to go in.

Mr. Bruce Wade: Partially. The numbers of helicopters are not an issue. We have more helicopters now than we did before. There are the 10 Agustas and there are six S-76s available. The problem is, we don't have enough pilots to fly them.

I actually have—you can have copies of this as well. This is actually the rotor-wing pilot seniority list, July 10 of this year. There are 75 names on it, and I'm going to guess that—one, two, three, four, five, six—maybe seven probably aren't even online yet. We're short in Thunder Bay. Kenora is critically short. Moosonee is also short because of having to fly pilots around the province to cover. I do not know what the staffing levels are in southern Ontario.

Mr. Jagmeet Singh: Do you feel that northern Ontario is being neglected?

Mr. Bruce Wade: Yes; for sure, yes.

Mr. Jagmeet Singh: And that the people of northern Ontario are not receiving the quality of service they should be receiving because of staffing decisions related to the north of Ontario?

Mr. Bruce Wade: Yes.

M^{me} France Gélinas: I want to come back a little bit to the data entry that we were talking about. The ministry said that the data that they were receiving from Ornge was inflated, that Ornge was reporting more flights than actually happened and was reporting more transport than actually happened. Were you ever told to change the way you reported what you did?

Mr. Bruce Wade: No. No; we've always, as far as I can remember, entered the same type of information: the flight number, a patient number, to and from locations. All the flight data records and things are—I'll just pull one out at random; this is the same thing. Oh, here I pulled out a page where there's no medics on staff so we don't do anything. Pilot names—this has never changed, none of this reporting, whether it's this book or the data we enter into the computers, has ever changed. It's just a different name on the system. That's all.

M^{me} France Gélinas: So, how could those reports not be accurate?

Mr. Bruce Wade: I don't know.

M^{me} France Gélinas: You don't know?

Mr. Bruce Wade: I don't know because we enter the data as we finish our flights and paperwork.

M^{me} France Gélinas: Same thing with the medics?

Mr. Bruce Wade: Yes, yes, same thing with the medics. It's all the same. It has never changed.

M^{me} France Gélinas: So, whether it was paper form and has now gone to a computer-based way to enter it—can you imagine why the data is different now than it was before?

Mr. Bruce Wade: No.

M^{me} France Gélinas: Have you seen the numbers for your base to see if it's any different than what you remember?

Mr. Bruce Wade: I have not seen any printed reports of the information that we enter, with the exception of aircraft out-of-service reports, which we can't access any longer, which tell you how long an aircraft has been out of service and for what reason.

But as far as the flight data goes, there's no reason it should be any different. The only way to do it would be to take a year's worth of reports, if that could be generated, and compare them with the daily journals because the same stuff that's in here is in the flight data report. It shouldn't be any different.

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

M^{me} France Gélinas: You've talked about the email that you have written to the ministry. You said that you have been fairly vocal for the last three years. Has anybody that you've talked to ever answered back?

Mr. Bruce Wade: I did get a letter back from the minister.

M^{me} France Gélinas: That's from this summer, but from before?

Mr. Bruce Wade: Prior to that, not that I can recall. I believe I got an email recently from Michael Gravelle, who thanked me for being a passionate advocate, and he supports what we're trying to do. But, as far as prior to the story breaking, I don't think I did.

M^{me} France Gélinas: Were you surprised when you saw what happened at Ornge, when you saw the headlines in the paper? Did you see it coming?

Mr. Bruce Wade: We saw a lot of it coming but, quite frankly, some of the stuff that was reported was so far beyond what any of us were ever anticipating seeing. It was flabbergasting. We had no idea the depth that this was going to go. We saw it from the front lines. We saw a deterioration of service. It was a shock, an absolute shock.

M^{me} France Gélinas: When you say that you saw a deterioration of service, are you talking about the deterioration you saw three years ago that stayed the same or was it getting worse and worse before December when it hit the front page of the paper?

Mr. Bruce Wade: Yes, it was still eroding on the operational side, not the numbers of medics and staffing, because that got to the bottom and it stayed there, but the numbers of pilots—the closer we got to having to move to Ornge, the more and more left. The service erosion really started a downward trend as far as being able to put pilots in seats and keeping aircraft staffed. That compounded the situation.

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M^{me} France Gélinas: Although you never did the transition to the new aircraft, it was doing the transition from Canadian Helicopters to Ornge that scared a lot of pilots away?

Mr. Bruce Wade: Yes.

M^{me} France Gélinas: Although they were not necessarily going to change aircraft, because, as you say, Moosonee, yourself and Kenora have not changed.

Mr. Bruce Wade: It was strictly an operator change that was the impetus for people's departure. A lot of those who left had been trained on the 139, so they took an extraordinarily valuable endorsement with them and have gone international to other operators.

M^{me} France Gélinas: They hadn't worked for Ornge yet. How did they know that they were not going to like it?

Mr. Bruce Wade: We have worked alongside Ornge for years. We witnessed the intimidation tactics that they used against the medics, and we witnessed the frustrations they were having. You've got to remember that it doesn't matter if it's XYZ running the medics and ABC running the helicopters; we're one crew. We are a very tight group. We operate in very challenging environments, and we talk to each other. So the frustration level that was evident there and the tactics that were being used—

M^{me} France Gélinas: Can you give me an example of an intimidation tactic that you saw or heard of?

Mr. Bruce Wade: I'd rather not, because it would potentially identify an individual who would like to remain anonymous, but there were threats against people's employment from individuals within the old structure.

M^{me} France Gélinas: So—

The Chair (Mr. Norm Miller): You are out of time, unless you wanted to—

M^{me} France Gélinas: I'll borrow a few minutes from my next round.

It would be their supervisor or management that would threaten their own employees?

Mr. Bruce Wade: On occasion, yes. I think that's gone now. I think that's changed. I think that's a very positive step, there.

M^{me} France Gélinas: Okay. Thank you.

The Chair (Mr. Norm Miller): Okay, very well. We'll move to the government. Ms. Sandals?

Mrs. Liz Sandals: Welcome, Mr. Wade, and thank you for coming in here, because it is very helpful for us to get the front-line perspective. Just to be clear, you flew for Canadian Helicopters Ltd. for 11 years?

Mr. Bruce Wade: Approximately, yes.

Mrs. Liz Sandals: Then when did you actually start with Ornge?

Mr. Bruce Wade: Our base was transitioned into Ornge on, I believe, March 22 or 23.

Mrs. Liz Sandals: Okay, March 2012, so you've been there for three or four months.

Mr. Bruce Wade: But remember, we were working alongside them for years.

Mrs. Liz Sandals: You're still flying the S-76, but you started training. When you first arrived in March, then, did you—because you said you'd had some training, the preliminary training for the new helicopters.

Mr. Bruce Wade: Right. Last year, our base was scheduled for the Agusta simulators. That training was cancelled, as was Kenora's. Then they reinstated it again in the fall. Kenora had a ground school, and then we had a ground school. I'm not sure the date of the ground school, but I think it was some time in February.

Mrs. Liz Sandals: It was last fall, of 2011.

Mr. Bruce Wade: It was reinstated in 2012, reinstated for the ground school component, which we had, I believe, sometime between February and April.

Mrs. Liz Sandals: So in fact, the ground training for the new Agusta helicopters actually was while you were still with Canadian Helicopters Ltd. in anticipation that you would transfer?

Mr. Bruce Wade: No. We had actually transferred into Ornge at that time, and yes, it was after March 22. It was some time in April, May—

Mrs. Liz Sandals: So it might have been April, then. Early on in your experience with Ornge, you did the preliminary ground school training, and now you're waiting for the simulator. Okay.

Mr. Bruce Wade: Yes, that's right.

Mrs. Liz Sandals: It's clear from the conversation that you've written a lot of emails to various people. Unfortunately, my colleagues and I here haven't seen any of those until yesterday because they all went to the opposition; they didn't come to us.

In terms of the committee members, the mailing list was quite selective. None of my colleagues have seen them on this side of the table, so we're just trying to get up to speed.

Mr. Bruce Wade: Sure.

Mrs. Liz Sandals: One of the things that I noticed that you seem to be concerned about, and this is actually one that I think mainly went to the local Liberal MPPs on June 13 of this year and talks about, "On June 24, Ornge is making a huge operations announcement. All indications are the removal of the Thunder Bay trauma helicopter will be among those announcements." Clearly that didn't happen, so I'm wondering—

The Chair (Mr. Norm Miller): Sorry, do you need time to find that email?

Mr. Bruce Wade: Well, I don't believe I actually have it with me, but it's okay. Carry on.

Mrs. Liz Sandals: Yes, and I wasn't going to read any more of it. But you're not disagreeing with the idea that you were concerned—

Mr. Bruce Wade: Oh, very much so.

Mrs. Liz Sandals: —that the trauma helicopter would be cancelled. It didn't get cancelled. Why was it that you were convinced it would be cancelled and you were obviously writing to the minister and local MPPs—

Mr. Bruce Wade: As you well saw, as an advocate to keep the system—

Mrs. Liz Sandals: Yes. So what was it that made you think that it was going to be cancelled?

Mr. Bruce Wade: Well, there was a meeting conducted in Timmins by some senior management where operational discussions had taken place, and it was mentioned in that meeting that there was a possible helicopter being removed, potential helicopter removal. Later on, there was another meeting in Kenora where Mr. McKerlie—I'm getting this second-hand; I was not at the meeting—gave them a hypothetical that, in his opinion, Thunder Bay would probably lose its helicopter and those pilots would be absorbed into other bases in the system. The premise from that was because they were looking at the last two or three years' worth of usage data.

So if I had come in in January or February and had been looking at the last two or three years' worth of usage data, I would probably draw a similar conclusion, but the usage data is completely flawed. We're not used because we don't have medics because they won't staff the helicopter properly. So that's where the alarm bells were raised and that's why the alarm bells were raised.

Mrs. Liz Sandals: So, in this case then, it would appear that Mr. McKerlie was meeting with people in Timmins, meeting with people in Kenora, meeting with people at the various bases, and they said, "You need to look at the data that way," and the decision was reconsidered. That sounds to me like listening to the feedback on the ground. What I keep hearing you saying to the others is, "Well, there's no point in talking to people because they won't listen."

Mr. Bruce Wade: At one point there was zero point of talking to anybody. Now, I will always give credit where credit is due. There have been a couple of individuals that have been brought into the system—I have not personally talked with them—that seem to know what is the right thing to do, and they seem to be starting to pay some attention.

However, having said that, you can listen for ages, but until we physically start seeing proper staffing, we might as well be talking to the doorway.

Mrs. Liz Sandals: But what I think I just heard you say was that you thought that it was going to be cancelled and in the end in fact it wasn't cancelled, that people seem to have listened and said, "Okay, let's have a re-look at the data"—

Mr. Bruce Wade: I'm hoping that's the case.

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Mrs. Liz Sandals: —and that there was some action in a way that you would want the action to have gone.

What I'm having a bit of a problem dealing with is we're getting very mixed messages. We've heard from a front-line paramedic today who said that there are more paramedics available—he was talking about a different base than you—and he said, "But we have seen the staffing go up for paramedics." We've heard by email from a Thunder Bay fixed-wing pilot—in fact, a whole bunch of fixed-wing pilots—who are saying, "Gee, it's

gotten a whole bunch better,” and I hear you saying “No, it’s gotten worse,” or it hasn’t gotten any better.

Mr. Bruce Wade: It has not gotten better. The fixed-wing aircraft are properly staffed. The medics come in, they’re dispatched on an airplane. The second crew comes in, they’re dispatched on an airplane. There’s no third crew coming in. That helicopter stays grounded.

If you want to look at this book, it shows you every single shift for 2012, and it will show you when there were medics on and when there were no medics for the helicopter. It has not gotten better on the rotary side. The fixed-wing side is great. I think they’re doing a tremendous job; I really do. But we can also do a very admirable job. We can save lives. We can get into places that nobody else can get into.

Just this week, there was a call to a bush scene where it was a co-operative effort with the single medic on the helicopter—a critical care medic by himself—and our two pilots who got that helicopter into a location they should never have been able to go into to get somebody who had an accident and had been out in the bush for hours before being found and got them to a trauma centre. Had that one medic not been turned around on the plane to come back to Thunder Bay, there’s a very strong probability that that individual would have died in the bush.

It’s not gotten better from the rotary perspective. From the fixed-wing side, kudos to my colleagues. They’re doing great work.

Mrs. Liz Sandals: Again, what I think I hear you saying is that when it’s appropriate to dispatch a helicopter, people are making an effort to make sure that the helicopter gets dispatched when it’s necessary to get the helicopter in there.

Mr. Bruce Wade: In that one instance, it just happened to be a situation where they were only 10 minutes away and they could turn the plane around. That’s one example. There are many other examples where we go to the hospital on a call and drop a patient off, and the land medics say, “Why weren’t you guys at the accident on such-and-such a highway last Tuesday? We were there.” We didn’t get a call. We had no medics.

The only way that you can guarantee that the only trauma helicopter in 1,500 kilometres is properly operated and properly utilized is to have the paramedics on board all the time. We need a third crew of medics in Thunder Bay. We don’t need to reduce a shift of medics from the airplanes; we need another shift of medics to staff the third aircraft, which is the helicopter.

Mrs. Liz Sandals: And this is where I’m getting really confused, because in this email that you—now I’m looking at one that you actually sent on Boxing Day, which is the first one that I’ve seen, but there may have been some before that, I don’t know, because as I say, we weren’t getting them. But the first one I’ve seen is one that you sent on Boxing Day to the minister, and in this case copied the opposition. The request at that point was to immediately stop the transfer of Canadian Helicopters’ EMS pilots to the direct employ of Ornge. Then there are

several others that I’ve seen that pick up on that theme. To me, that’s something very much different than what you’re saying today, which is not so much who’s managing the helicopters; it’s, are there enough critical care paramedics being trained and hired, and the need to increase the staffing of paramedics—

Mr. Bruce Wade: Well, it’s twofold—

Mrs. Liz Sandals: You keep talking about paramedic staffing—I mean, quite frankly, I don’t care who runs the helicopters, but if we’re trying to sort out as a committee what is the critical problem here, it seems to me that what you keep telling us over and over and over again is: You need another paramedic, you need a 24-hour third crew in Thunder Bay, and that would be your recommendation.

Mr. Bruce Wade: No, it’s twofold: (1) We need paramedics on that helicopter, 24 hours a day, seven days a week, 365 days a year. (2) The inability to staff the helicopters with pilots has been exacerbated over the last 12 months as people have left because they don’t want to work for Ornge.

I’m hoping in the long term whatever the committee recommends is listened to on all fronts. I’m hoping that the taxpayer gets the best value. I’m hoping that we are in a situation where, if it’s an outside contractor, they can retain the pilots, and if it’s Ornge, that they can start listening to why people have left. It’s been claimed by one individual that we don’t know why pilots have left us. Well, we’ve been telling them, time and time again.

So I’m not going to sit here and support 100%, Ornge should be operating the helicopters; I’m not going to sit here and support 100%, an outside contractor should employ the helicopters. What I am saying is that it has to be an operator that can engage its staff; it has to be an operator that has an operational history to draw on; it has to be an operator that can maintain, and in fact foster, good relations with its employees.

Mrs. Liz Sandals: And again, what we’re getting is a conflict, from what you’re saying and the other information we’ve seen, because the letter from Poul-Erik Binderup—I believe that’s the pronunciation. He talks about—“In December of last year we watched as the fabric of the Ornge machine began to unravel....” So this is as the story unfolds. And then he talks about—

Mr. Bruce Wade: I think that was as shocking to him as everybody else, quite frankly.

Mrs. Liz Sandals: Yes. And, “The Honourable Deb Matthews’s installation of Mr. Ron McKerlie as interim CEO, and the major corporate restructuring that followed, gave us a sense of hope that we would be able to continue to serve the people of Ontario as medevac pilots.” Then he expresses some concern. He talks about being very pleased with the Pilatus PC-12 and the job they’re able to do, and talks about being very proud of the work that the medevac pilots can do.

Then today, we’ve got another email, which is other pilots responding to his email. I counted them up, and there must be 30 Ornge pilots—

Mr. Bruce Wade: Yes, it would be all the fixed-wing pilots. Sure.

Mrs. Liz Sandals: But we've got a whole bunch of happy campers who are pleased that things have turned around, that things have gotten a whole bunch better, and who are willing to sign their name and say so publicly.

This is another Thunder Bay pilot saying, "I ... agree 100% with the above letter written by Captain Poul-Erik Binderup. I would also like to add that I have been involved in aviation since 1989 and I have flown as a medevac pilot on and off since the mid-1990s. It was not better 18 years ago or four years ago. It is better now.

"Ornge fixed-wing has its problems but these problems should not lead to, as some would like, a full shutdown of Ornge Air.

"Going back to the 'good old days' of contract air services would not be better nor safer for the citizens of Ontario."

As I say, there are literally 30 responses here, where pilots, who are agreeing to sign their names, say, "I 100% support this." "I support your letter to the standing committee." "I support what this other pilot is saying about how Ornge has turned around and we're very proud of the work that Ornge does." So if—

Mr. Bruce Wade: You're missing a fundamental point: That's the fixed-wing side. This whole discussion I've been having with you has got nothing to do with the fixed-wing operations. The fixed-wing pilots—not all, but the majority of them—are coming into their perhaps second or third job. They're going to move on somewhere else, into Porter or Jazz or on up the line. The rotor-wing side of the house is a completely different ball game. We've got aircraft that are worth \$14 million or \$15 million. We have a simulator that's equal in complexity to the aircraft. We have, all totalled, roughly \$150 million worth of physical assets sitting there, whether it's the Sikorsky-76s or the AW139s.

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We're not entry-level pilots here; we are the other end of the industry. We're top-level pilots. We hold the highest licences in licence categories. We operate complex, multi-engine IFR helicopters in all weather conditions, under all circumstances. For us, there's only one more move, and that's not upwards; it's lateral. It's lateral into the same type of aircraft to another operation.

For us who are there, who are flying these things, we want to be flying medevac. We don't want to fly off-shore; we have the opportunities. It's not an entry-level situation. It's not a second or third job situation; it's a career decision.

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

Mrs. Liz Sandals: Well—

Mr. Bruce Wade: And I applaud my fixed-wing colleagues. I really do.

Mrs. Liz Sandals: Yes, but if you are saying that Ornge is—I totally get that flying a fixed-wing and flying a rotary are two different skill sets and that there are way more fixed-wing pilots than there are rotary-wing. I get

that. I understand that you're two different skill sets of pilots, but I don't get, if Ornge is a good employer for some kinds of pilots, why is there an automatic presumption that it's a bad employer for another set of pilots?

I understand that when Dr. Mazza was there, he was very hard to work for and bullied people and all those things we've heard, but he's not there now.

Mr. Bruce Wade: Which is a good thing.

I think this, let's call it a friction, comes from the fact that almost all of the structure of Ornge Air is airline- or fixed-wing-operation-related people. There are, to my knowledge, maybe one or two who have any background in helicopters at all, and I don't know of any—again, I stand to be corrected here—who have any medevac background, with the exception of one individual, who's the interim operations manager on the rotary side, who comes from our ranks; he's one of our guys. That's where a lot of this is coming from, because we understand helicopters. Those other folks understand fixed-wing, but they don't understand what a helicopter is all about and how to properly use it in this environment.

Again, I'm not saying anything negative about the fixed-wing side; I'm not. They come from some very, very small operations and very suspect type of equipment into something that's brand new—good equipment. They're good people. They want to be doing what they're doing, but a lot of them are going to move elsewhere eventually. On our side, we just want to do our jobs. We want to get out there and save lives.

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

Mrs. Liz Sandals: But why can't the helicopter pilots transition into new equipment and do their jobs?

The Chair (Mr. Norm Miller): Thank you. We'll move on to the opposition. Mr. Klees, you have nine minutes.

Mr. Frank Klees: Thank you. I appreciate that clarification, Mr. Wade. I think you've been very clear about what the issue is.

I also want to refer to this letter from Mr. Binderup. What is somewhat concerning—in his letter, he makes reference to shutting down, or the fact that someone is suggesting that the operation be shut down. No one has ever suggested that. What's at issue is who manages it and what the competency is of the managers behind the operation.

If somehow there was a message that was spun through the front lines that someone is intent on shutting this operation down, it's simply not the case. What is the case is that we want to ensure that whoever is managing, whether it's the fixed-wing or whether it's the rotor-wing—that it's done with competency, and that the front line, whether they're fixed-wing pilots or helicopter pilots, can have the confidence that the organization behind them is able to protect them, to ensure the resources are there, to ensure the training is there, to ensure the maintenance is there. Quite frankly, I think you've made it very clear, Mr. Rothfels made it very clear and others

have made it very clear that there's a lack of confidence in the Ornge organization in being able to do that.

There are people who, in this province, have been in that business for many, many years. They have the core competency. I think the question that we have to address is: Does it make more sense to continue to prop up an organization that has proven they don't have the competency? Or do we go to an organization and offer to have that organization run the operation so that we can get on with delivering the service? I'd just like your reaction to that position.

Mr. Bruce Wade: I agree.

Mr. Frank Klees: I'd like to refer to the minister's letter to you dated April 2, and first of all express a disappointment that once again we have nice words coming from the Minister of Health: "Thank you," Mr. Wade, for "your interest.... I am particularly interested in your willingness to serve on the board...." It's copied to Mr. McKerlie, and that's the end of it. She refers to the commitment of the government to transparency and accountability.

Mr. Wade, I have on my iPad here a very interesting website. It's called Aircraft Out of Service Report by Ornge—there it is. I actually got a password for that, which allowed me, up until recently, to go on on a daily basis and determine which aircraft were out of service. When did this stop getting reported?

Mr. Bruce Wade: Out-of-service reports are still entered. They're entered by shift, daily, by the pilots that are on duty. The information is still going in.

Mr. Frank Klees: Is it available to the public?

Mr. Bruce Wade: I haven't physically been able to search our service reports in the past couple of months—

Mr. Frank Klees: We can't get in this anymore, so someone is obviously blocking us.

Mr. Bruce Wade: We can't see what our downstaff was.

Mr. Frank Klees: Here's my question: Wouldn't it be interesting if Ornge actually agreed to make that aircraft out-of-service report totally transparent and public so that people could see for themselves so that this wouldn't have to be a kind of confidential discussion between backroom people, and we wouldn't have to discuss or debate how many aircraft were out of service because of paramedic shortages or because of pilot shortages? Because all of that should be on that website. Would you agree?

Mr. Bruce Wade: I would agree that it would be very interesting for the committee as a whole to see that information. Whether it should be in the public domain, I would draw hesitation there. I think I mentioned in my opening remarks that recently it was admitted to that they have a 54% availability rate at a cost that's no more than the previous vendor. A 54% availability on the medevac system—we're talking rotary-wing; we're not talking airplanes here—to me is scary.

Mr. Frank Klees: In other words, 54% of the time they're available to respond to calls. The rest of the time, regardless of what those calls are—

Mr. Bruce Wade: They're not available.

Mr. Frank Klees: They're not available.

Mr. Bruce Wade: For whatever reason: no medics, no pilots, perhaps a mechanical issue.

Mr. Frank Klees: Can you help us to understand what the implication is? Do you have any examples of times when that availability was not there, and the implication, the risk to the patient? Because we're constantly being told here that patient risk is not an issue, that people—

Mr. Bruce Wade: Quite frankly, if the helicopter is not available because there's no pilot on it or no paramedics on it, that's a risk to somebody.

Mr. Frank Klees: Do you have a specific example that you personally are aware of where there was a significant result to a patient, perhaps that a patient died, in terms of your recent experience, because the helicopter was not available?

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Mr. Bruce Wade: We would only hear through the land medics that a call that they were on that we were called for—they were asking for our help—went unfilled, because if a call came in to the dispatch centre and we weren't staffed, we'd never get the call. So you find out these things after the fact, when they ask you at the hospital, "Where were you on such-and-such a day? We were down Highway 61. We had a car rolled over; we needed you. Where were you?" We were sitting at the base with no medics.

So from the actual date or day of an occurrence, unless we were privy to the call information coming in, we wouldn't even hear about it.

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

Mr. Bruce Wade: I'd like to also wrap this up—we did have an incident a number of years ago where there was a plane crash north of Thunder Bay, approximately for us about a 40-minute flight. We were fuelled, ready to go, and they sent us to Ignace to pick up an inter-facility transfer patient. We were begging, "What about the plane crash?" All we got back from the communications centre was, "It's unconfirmed." Well, I'm sorry, but it's not unconfirmed. Thunder Bay is a major airport. In one case, this particular aircraft that went down was actually a Ministry of Natural Resources contractor who flies as an observation plane or a Bird Dog plane for the air tankers. We knew the plane. We knew where it was. We knew when it was down. We couldn't go and help.

Mr. Frank Klees: I want to close with this question, then: As a helicopter pilot, you are serving in a provincial air ambulance service. In your opinion, who at the end of the day has ultimate responsibility to ensure oversight of our air ambulance service?

Mr. Bruce Wade: Oh, that would have to fall with the Minister of Health, whoever the minister of the day would be.

Mr. Frank Klees: Thank you.

The Chair (Mr. Norm Miller): Thank you very much. We'll move to the NDP. You have four minutes. That brings everybody up to 25.

Mr. Jagmeet Singh: Sure; thank you very much.

Thank you very much for your deputation today. At the tail end of the Liberals' questioning, a proposition was put to you, but you didn't get a chance to respond to it because the time had ended. I'd like you to respond to that, just to clarify the difference between why some of the fixed-wing pilots are happy with their circumstances and why that's not taking into consideration the different circumstances of the rotary-wing pilots. The question was thrown out there in the air, why can't helicopter pilots transition into the new equipment and why is that difficult? And what's the difference between the fixed-wing and the rotary-wing situation?

Mr. Bruce Wade: There isn't a problem transitioning into the new equipment for the pilot. The training is quite comprehensive. It's terribly expensive as well. You've got to realize, these are \$125,000 worth of training going into this to transition on to this new aircraft. So it's a ground school component, then two weeks, approximately 48 to 50 hours, in the simulator. So the transition to the new equipment isn't a problem. It's a lot of work, but it should be a lot of work because it's a very technically advanced aircraft. So there isn't a problem there.

Now, of course, our bases aren't going to get it for the foreseeable future, so that has put everything to a grinding halt.

Am I on the wrong—

Mr. Jagmeet Singh: You're right.

Mr. Bruce Wade: Am I on the wrong track?

Mr. Jagmeet Singh: You're on the right track, just to answer that question of what's the difference. You've explained some of the difference. One, you're not going to get the helicopter; and two, the training that's required is quite expensive.

Mr. Bruce Wade: It is vastly more than the fixed-wing aircraft.

M^{me} France G elinas: But also if you can focus as—you came all the way down from Thunder Bay. You're pretty motivated to see changes. We get this letter from the fixed-wing that says, "Thank you very much; attaboy; good job; we're so happy." Then we get you, a pilot with years of experience who takes the time to come down here and tell us, "Come and help us. Things are not good." How come it could be so different? You're under the same new management. You're under the same new rules. Why do we have "attaboy" on one side and on the other side we have you coming here saying, "Help me"?

Mr. Bruce Wade: Well, a lot of our fixed-wing colleagues come from older equipment, perhaps less capable airplanes, into a pretty nice airplane—technically advanced. But a lot of them are also coming in in very junior positions, building their time, building their experience and moving to other operators like WestJet or Porter or the airlines. It's where most of them want to go—not all; some want to stay with medevac, and kudos for that. So they're very happy to get an opportunity on a

new aircraft type, new navigation types of equipment, technologically more advanced equipment so they can move on to the other operators. And they should be happy because it's a good opportunity for them. Those who want to make their career and stay also should be happy.

But on the helicopter side, we're not moving on. We're at the top end of the industry now, and we want to make sure that the culture to operate properly is there. We want to make sure that all the staffing level is there. We don't want to see our training eroded as has been evident lately. We want to make sure that we're using those full-motion simulators. The simulator mentioned in the letter isn't a true simulator; it's a flight-training device. It's a bank of screens; it's a procedures trainer. You're not on full motion. You go and do your training and then you do your check ride in the airplane. For us, we're using simulators that are every bit as complex as a 777 simulator. This is stuff where you could go in and you could train all procedures, all emergencies, all eventualities, right up to the point where you can be certified to fly that aircraft when you come out of the simulator and a full Transport Canada check ride. It's vastly different between the complexity of the helicopter operation and the simplicity of the fixed-wing operation.

Kudos to them. I think my colleagues on the fixed-wing side are doing some good work. But on the helicopter side, it needs work.

The Chair (Mr. Norm Miller): Thank you, and we'll move to the government for four minutes of questioning.

Mrs. Liz Sandals: Just as a sidebar here so all the committee members understand: Mr. Klees had asked earlier if the minister would be able to return on Thursday from 4:30 to 7. Minister Matthews will be out of the country on Thursday. She was headed in the other direction, but she can make her way back and be here at 5:30. She was headed for London, but she is willing to turn around and be back at 5:30 today. So if you would really like to hear more from Minister Matthews, she will make herself available from 5:30 to 7. Obviously, we need to let her know which direction she should be heading in, east or west.

Mr. Frank Klees: Chair, I think that the minister should turn around and come back. We look forward to seeing her.

Mrs. Liz Sandals: Okay. She will be here at 5:30, then.

The Chair (Mr. Norm Miller): Okay, thank you for that. And we still—

Mrs. Liz Sandals: And we still have time.

The Chair (Mr. Norm Miller): You have another three minutes.

Mrs. Liz Sandals: Sorry for that little interruption.

Mr. Bruce Wade: Before you start, I'd like to actually invite all the members of the committee and the minister to come to Thunder Bay and talk to us sometime and see what's really going on. Listen to people. It shouldn't be an Ornge propaganda piece. Talk to us on the front lines. Take a random sampling. You'll hear dif-

fering opinion. You'll hear impassioned pleas. We want to do our jobs.

Mrs. Liz Sandals: I know that Minister Matthews has visited some of the bases, so we will pass that along to her, that she has an invite to Thunder Bay.

You spoke about the concern that helicopter pilots had, which is their expertise at Ornge with respect to helicopters. I take it the majority of the air ambulance helicopter pilots have moved from Canadian Helicopters to Ornge. That sounds to me like that expertise is building. Why this concern that there will be no expertise?

Mr. Bruce Wade: There's no historical operational experience on the infrastructure that you need behind the scenes to make helicopters operate properly.

My engineering colleagues have told me that they're always short of spares. I know for certain there was a helicopter on the ramp in Thunder Bay that had been stripped of tail rotors, rotor blades and other components to put parts in another machine.

Mrs. Liz Sandals: This is the old helicopters.

Mr. Bruce Wade: Yes, correct. I'm hearing things from others that—even with the new aircraft, there are some maintenance issues. They don't have enough parts; they don't have enough spares. There doesn't seem to be a supporting infrastructure that has the depth of experience and expertise needed to put all the pieces together. Again, if there is, I don't see it. I stand to be corrected. But it doesn't seem that way. We hope, again, that that kind of a culture is there, but we're just not seeing it.

Mrs. Liz Sandals: Because I know in something I've seen, it does discuss the issue of spare parts for helicopters, that being a somewhat different issue than spare parts for fixed-wing. I'm sorry; I don't know where that piece of paper went through my head, but it is an issue that I believe has been recognized.

I guess I'm just a little bit frustrated that there's just this, "No, you can't do it. Fixed-wing can do it, but helicopter can't." I'm trying to get a grasp on why—

Mr. Bruce Wade: Well, again, as I said, the bulk of the managerial structure all come from either airline backgrounds or fixed-wing operations of some sort. None of them, except for one individual, perhaps two, come from a helicopter side, and of those one or two individuals, none of them come from the medevac side, so they don't understand that we're not a scheduled airline service. We're not an inter-facility transfer that gets a call to go two hours from now. When we get a call, we go now. We have a 10-minute response time, which we could actually do if we had medics and fuel supply at our base. We don't even have fuel.

So I don't think they understand just what helicopters are all about—

Mrs. Liz Sandals: But that's exactly—

The Chair (Mr. Norm Miller): And we are out of time.

Mrs. Liz Sandals: Okay. I was just going to say that's exactly what the medic that we were talking to this morning was talking about: getting on a helicopter, one of the

new helicopters, and just having a few minutes to get out of there, once you got the call.

Mr. Bruce Wade: We're a good team. You should see it work.

Mrs. Liz Sandals: What I heard this morning, in fact, was that team of the paramedic and the helicopter people getting out of there.

Mr. Bruce Wade: Sure.

Mrs. Liz Sandals: Obviously, in London, there was an understanding of this.

Mr. Bruce Wade: But that doesn't come from the upper echelons of Ornge Air. That comes from the front-line pilots and paramedics who have done this job for years, that are a team, that can get the call, respond, get in the thing and get it airborne and get it to an accident scene in minutes. That's what we do. That's not what the administration does. That's what we do, and that has to be recognized. Whether it's the fixed-wing pilots responding to their calls—they do a good job. Whether it's us responding to our calls—we also do a good job, but we can't do that unless we have proper staffing all the way through, and a supporting cast behind the scenes that understands what we do.

The Chair (Mr. Norm Miller): Thank you very much, Mr. Wade, for taking the time to come down from Thunder Bay to come before the committee. It's very much appreciated.

The committee will be recessed until 5:30 this afternoon.

Mr. Frank Klees: So, 5:30 until 7?

The Chair (Mr. Norm Miller): Yes, 5:30 until 7. Thank you.

The committee recessed from 1604 to 1739.

MINISTRY OF HEALTH AND LONG-TERM CARE

The Chair (Mr. Norm Miller): Okay, I will call this meeting to order. We have an hour and a half or so for questioning the minister. Thank you, Minister, for coming back. All I would ask this evening is that we respect each other's time so that we don't have to have standing orders that set certain amounts of time for questions and answers. If everyone respects each other, that would be great. The NDP is going first this evening. Ms. Gélinas.

M^{me} France Gélinas: Thank you. Long time no see, Minister.

Hon. Deborah Matthews: Happy to be back.

M^{me} France Gélinas: I'd like to, more or less continue, where I had left off. That has to do with the warning signs that had gone off. I'll start with the freedom of access of information. So on March 25, 2010, the NDP filed a freedom of access of information; we want to know where Dr. Mazza's salary has gone. We get an answer back from your ministry on June 2 that tells us that they have 19 records that were found, responsive to our request, and that they've also gone to the emergency health services branch, and another 13 responsive records

were found, but they were not able to grant us access to any of these records.

So we're now at June 22, 2010. This has been done. Nothing can be shared with us. But that information gave Ms. Patricia Li, your assistant deputy minister, and Ms. Janice Crawford, who was director of legal services branch at the time, that information. Did they share that with you?

Hon. Deborah Matthews: No, and I think it's very important that you understand what a responsive record is. A responsive record does not necessarily mean that we have the information that you're looking for. In fact, when Patricia Li was here, she testified. If you review her testimony, you will see that she made it clear: We did not have those numbers; we did not have those numbers until late December 2011.

I have a lot of respect for you. I know you're wanting to get at the truth. The truth is, we did not know how much Chris Mazza was making until we got a reply in late December—I think it was December 22, if I'm correct—following my meeting with the chair and with the COO. We got that number. That number was outrageous. It was twice as much, almost, as the highest-paid hospital CEOs. It was an outrageous number. That was the trigger, and that is when I knew there was something seriously wrong. It was one thing to hide numbers and use lots of legal arguments around why they could do that. It was another thing to have a number that was inexplicable, and then to find out later that, in addition to that, there were personal loans from Ornge to the CEO.

But when I heard how much Chris Mazza was getting paid, that was when I said, "The party is over. Send in a forensic audit team." And the forensic audit team started immediately—I think December 23. That was when we started to get the information that I think this committee is aware of now.

M^{me} France Gélinas: But the point I'm making is that, had you asked back then—I mean, we had many people come and testify. Whether it was—Maria came, and Rhoda Beecher came this afternoon, and we asked her, "Did the government ever ask you how much Dr. Mazza was making? Did you ever get a request from the freedom of access to information that the NDP had put forward?" They all said the same thing: She knew exactly how to get the number. Had the government asked, she could have shared that, but the government never asked.

So the question remains. More than two years have passed now. We're in March 2010. This information is asked of your ministry because we have a suspicion as to what his salary is at, yet nobody goes and asks Ornge what the salary is.

Hon. Deborah Matthews: That's not in fact correct. We did ask. Responsive records would indicate that there were questions. We just didn't get answers. You heard Dr. Mazza here when he testified. He was asked—perhaps by you—"How much were you earning?" and he still was using a number that is far, far less than his compensation. So those numbers were kept hidden. Even when other members of the Ornge executive team volun-

tarily agreed to disclose their salaries—even though technically, they weren't required to do that—Dr. Mazza refused.

Mr. Jagmeet Singh: If you agree that the salary was one of the biggest red flags, and if there was a request to disclose that salary and you didn't receive the information at that point, the issue is: Wouldn't that have set off some alarms? We were asking for this information, back in 2010, and we got some responsive records, but they didn't actually give us the information we wanted. The question that my colleague is asking is essentially that, once you received those responsive records that didn't give you the salary, wouldn't it be incumbent on you or officials at the ministry to be like, "Okay, we're paying the entire budget of Ornge. The CEO is not disclosing his salary, for whatever reason. We should do something further," like what you did, which was great, when you called and said, "Listen, I want that salary disclosed now," and you got it disclosed. Why wasn't that done two years ago?

Hon. Deborah Matthews: Hindsight is fantastic. I, of course, wish I had then the information I have now. I do think that it's important that we learn whatever lessons can be learned from that. We fixed it for Ornge. We've made it very clear they are subject to salary disclosure now, so we fixed the problem.

I guess my question back to you is, what are your recommendations going forward that will make sure this never happens again?

Mr. Jagmeet Singh: Well, the recommendation would be that the institution may have people in it that will try to benefit from it financially. Various groups that are outsourced by the ministry may have people who are CEOs that may try to make more money or take more money. That may happen again, but the ministry and the minister will remain the overseers or the oversight mechanism. It's important for the people who are conducting the oversight to remain vigilant because the institutions that we work with may sometimes make mistakes, may do things that are improper, but it's incumbent on the government who's paying the cheque or footing the bill to put the checks and balances in place.

Hon. Deborah Matthews: I completely agree, and that is why we have done every step we have taken since the Auditor General's report, since some of these wrongdoings came to light. We have put in place the right oversight.

M^{me} France Gélinas: But Minister, let's say another agency shields its salaries, we file another FOI, and you still don't get an answer. Why did it sit there? If you did go and ask, and you didn't get an answer, why didn't you do something at that time to say, "No, you will have to give us that information. That information is information that should be available to the ministry." What assurance do we have that there aren't another two or three Ornges out there?

Hon. Deborah Matthews: As I say, hindsight is 20/20. Yes, when that salary did not show on the list—

M^{me} France Gélinas: Will it happen now? Will there be follow-up if there is a request for a salary disclosure, and it doesn't come forward? Will there be—not only from Ornge but from the entire—

Hon. Deborah Matthews: I can assure you that we will be ever-vigilant on that issue. I think it's important—

M^{me} France Gélinas: But how can you assure us of that? Ministers change; ADMs change.

Hon. Deborah Matthews: I think that is one lesson that we have all learned. That was something that, if I could do it again with the benefit of hindsight, I would have pursued further. I suspect that you, as an opposition critic, wish that you had pursued that. I suspect that the Conservative Party, if they could do it again, would have pursued that. We all had access to the same information.

M^{me} France Gélinas: No, you had access to some records. We didn't know if you knew or not. We knew that you had 19 records, that you were not willing to share those 19 records. We did not know that, in those 19 records, you never got the answer you wanted. Only you knew that.

Hon. Deborah Matthews: You knew that they weren't on the sunshine list.

M^{me} France Gélinas: Absolutely. That's why we filed an FOI.

Hon. Deborah Matthews: You knew they weren't on the sunshine list, so—

M^{me} France Gélinas: And that there were 19 records telling you what their salary was going to be.

But I'm going to go to estimates—

Hon. Deborah Matthews: I just want to be clear also that the FOI process is completely independent from the minister's office. I am not involved, nor is my office involved, in FOIs.

M^{me} France Gélinas: But next time that somebody FOIs a salary from the sunshine list, and they don't get an answer, I'm hoping they'll let you know.

Hon. Deborah Matthews: I think that is a very important recommendation that might come out of this committee as a way to move forward. What is the best advice you can give, not just me—

M^{me} France Gélinas: If I don't give you the advice, will you do it anyway?

Hon. Deborah Matthews: I will absolutely do it anyway. I think you can rest assured.

M^{me} France Gélinas: All right.

The next one has to do with estimates. Same scenario: Here we are; the NDP asked 47 questions about Ornge. You couldn't answer those questions. You promised answers. Those answers never came. That leads us to believe years later that you did get the answer, didn't like what you saw and tried working on it or doing something. To think that those questions were out there and they simply went to the garbage—which one is it?

Hon. Deborah Matthews: We've been over this territory before. You asked my deputy, when he appeared, about that very issue. He said that it should've been responded to. It wasn't, and he apologized for that. That's all I can say as well.

M^{me} France Gélinas: But here again comes the—are there other Ornges out there? Are there other questions we asked—both opposition parties, actually, by that time were asking questions about Ornge. Both of us were kind of expecting answers to come forward—well, I'll stick with my party. We expect answers to come forward; they didn't. Then I have a deputy who comes and says, "I'm sorry it didn't come." That's not enough. I want him to say, "Well, next time the opposition raises 47 questions, we will follow through. We have changed. We have learned. We've done something different"—because right now, where I sit, it looks like the same thing could be played out by the same players exactly the way it went with Ornge 100 more times.

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Hon. Deborah Matthews: We all have a role to play. I mean, there is a role for government, there is a role for opposition, there is a role for the Auditor General; there's a role for the media. In this case, all of us wish this had come to light sooner, but in fact it has come to light. Many, many people are no longer employed at Ornge as a result of that work.

We would all like to have seen that happen sooner, but in the end, we got to where we needed to get to.

Mr. Jagmeet Singh: Just to change track a little bit, Dr. Mazza testified here, and I'm sure you're very familiar with his testimony. One of the issues that came up was that he testified—and actually, not just Dr. Mazza; many other individuals testified, and some bureaucrats also supported this and corroborated—that there was regular communication from Ornge advising what they were doing in terms of things that are not questionable, in terms of corporate restructuring—not numbers that may have been fudged; let's put those aside. We know for certain that the corporate restructuring that resulted in the salary of Dr. Mazza being hidden was disclosed to the ministry. The for-profit entities were all disclosed to the ministry—

Hon. Deborah Matthews: And to the opposition parties.

Mr. Jagmeet Singh: Yes—and the new strategy of integrating the aircraft side into Ornge was all disclosed to the ministry. All throughout, every step of the way, Dr. Mazza testified that the minister was apprised of the direction that Ornge was taking and the structure in which they were setting everything up.

First of all, do you agree that you and your ministry were apprised while you were minister, from 2009 to 2011, that during that time period, those two years, you were apprised of what was going on at Ornge in terms of overall structure and strategy?

Hon. Deborah Matthews: There were parts of Ornge's information that we did get, numbers not always accurate, some stuff hidden. But what really went bad at Ornge, the really rotten part of Ornge, were items that were never disclosed.

Mr. Jagmeet Singh: Which were?

Hon. Deborah Matthews: Well, think about this for a second. Do you think that if I had had a conversation

with Chris Mazza, he would have said to me, “Now, don’t tell your ministry officials because I’m not telling them and don’t tell the Auditor General, but I pay myself a huge salary”? Do you think he would have said that? Do you think he would have said, “Not only am I getting this huge salary, way bigger than any hospital CEO, but I’ve also got this fantastic agreement where they’re loaning me money to pay for my house renovations.” Do you really think he would have told me that?

Mr. Jagmeet Singh: Well, what he did tell you, though, is, “I am going to restructure Ornge so that I can hide my salary”—

Hon. Deborah Matthews: No, that is not what he said.

Mr. Jagmeet Singh: He very clearly indicated that there would be a new structure that was going to be in place that would shield him from having to disclose his salary. That was presented to the ministry. That new structure was presented to the ministry, which in fact allowed him, gave him the opportunity, to shield his income. That was disclosed. The new strategy of how to purchase the aircraft and integrate that into Ornge, that whole strategy was disclosed. The idea of having the for-profit entities in different countries, going out and seeking business in Brazil and going to Jacksonville and Atlanta—all that was disclosed to the ministry. You had those flags.

Hon. Deborah Matthews: I think it’s really important that we distinguish between what their plan was for exporting Ontario’s success to the rest of the world—that was something we were aware of. We were also aware of the establishment of a foundation that would raise money, that would generate money that would be fed back to the Ontario air ambulance service. We were informed of that. It was a fait accompli. We were informed of it and it was made very clear: “This has nothing to do with the contract we have with you to deliver air ambulance services.”

What was completely hidden were all of the other issues that came to light when the forensic audit team went in, when the Auditor General went in. There were some very unsavoury practices, that we’re all very familiar with now, that were never disclosed to the ministry and never disclosed by Chris Mazza. It was after Chris Mazza was ousted that that information—much of that information—came to light.

M^{me} France Gélinas: But we also have, like, a dozen whistle-blowers that have come to committee, that have said that they have gone to your ministry and they told you that Ornge was running amok. But here again, none of that information triggered any action. They’re starting to pile up: an FOI that triggers no action; a pile of questions in estimates that triggers no action; whistle-blowers—at least a dozen of them—that trigger no action.

Hon. Deborah Matthews: I can tell you that every time there was a correspondence from an employee at Ornge, it was investigated—every single time. I can also tell you that information was passed on to the Auditor

General. We knew the Auditor General was doing an audit of Ornge, and we passed information on to the Auditor General.

M^{me} France Gélinas: Yes, but we’re now in the spring of 2011 by the time the Auditor General goes in.

Then there’s the briefing that Mr. Klees shared with you this morning. I mean, you’ve now had almost six hours to look at it. Can you place this briefing a little bit better as to if you’ve seen it before or if you know what this is about?

Hon. Deborah Matthews: The document that Mr. Klees tabled today?

M^{me} France Gélinas: Correct.

Hon. Deborah Matthews: Yes, I can tell you that the ministry prepared these documents as they were preparing for the Auditor General’s report. I can tell you that there are lots of reports in the ministry that I would not see. There’s lots I do see, but there is a lot of information that I do not see. I think any minister of any ministry, no matter what size, would say that they do get information after a lot of work has happened within the ministry.

This document was never intended for me personally, as the minister, to see. It was meant for senior ministry officials as they prepared for the auditor’s report.

I have to say that this is just one more example of Mr. Klees’s fizzled bombshells. He drops a bombshell with great fanfare, all sorts of bluster, but then when we actually look into it, we see that there might be a shred of truth but there is almost never the whole story there. This is just one more example.

What I can tell you is that ministry officials subsequently confirmed that Ornge Issuer Trust is the bond issuer. The ministry is not a guarantor; the government of Ontario is not a guarantor. Taxpayers are protected.

Now, Mr. Klees wanted to, yet again, put information out there that was not true, and we saw that again this morning.

M^{me} France Gélinas: So we have an FOI request that triggers nothing. We have estimates questions that trigger nothing. We have whistle-blowers who trigger nothing. We have top officials working on threats to the ministry regarding Ornge. We have MNP also—the audit did say some good things, but they also said that there needed to be better communication about the obligations under the performance agreement. But we see no evidence that there are actions that were actually put into place after that audit was done.

Hon. Deborah Matthews: So we have made—

The Chair (Mr. Norm Miller): And you’re on your last minute.

M^{me} France Gélinas: A minute? Okay.

Hon. Deborah Matthews: We have made significant progress. It’s clear that the original performance agreement did not foresee the new structure, and it simply was not adequate. We have rectified that. We have much stronger performance oversight there now.

On the old performance agreement, we had to give them three years’ notice to terminate the agreement. Government now can amend the performance agreement

unilaterally. We don't have to negotiate it with Ornge. It is much stronger oversight.

M^{me} France G elinas: But it still leaves us with the impression that for two years, you didn't know what was going on at Ornge, although lots of red flags were going up. It leaves us with the impression that there were things going on within your ministry that they should have flagged to you and that they did not flag to you. It leaves us with the impression that you did not know what was going on, although your main role is to have oversight.

I don't want you to know every detail; that's not what a minister is there for. But when there are so many red flags going up, I would have liked faster action, faster than December 2011, at least before quality of care started to go downhill to the point where it did.

1800

Hon. Deborah Matthews: I would just say we all have got a part to play in this, and that includes members of the opposition. You had information; you did not act on it either. You did not ask questions. You did not pursue it in the Legislature. We all have a part of this; we all have a part of this.

The Chair (Mr. Norm Miller): Now we'll move on to the government. Who would like to ask questions? Ms. Sandals.

Mrs. Liz Sandals: Thank you for your quickly scheduled return trip to the committee.

Hon. Deborah Matthews: Well, thank you all for being here again.

Mrs. Liz Sandals: We're just all sitting here with bated breath.

During your introductory remarks this morning, you highlighted six areas of reform that you are implementing in order to turn the corner at Ornge. I'd like to go and have a bit of a closer look at those six areas of reform, but before we do that I'd like to make a couple of comments.

You really spoke very passionately this morning about your resolve to improve things at Ornge, and I think we all felt that passion. You reflected on the fact that there's much more to do. You called on us as a committee. You pointed out that we've been at this for four months doing public hearings, 70 hours of testimony. I think we're up over 600 pages of transcripts now. It's time that we start to think about looking at solutions.

We've heard from I think pretty much all the major players as of this afternoon. We've got a few more people we'll be hearing from over the next few days, but we've certainly got senior executives past and present; people from the ministry past and present; all the ministers with the exception of Mr. Clement, who set this all in place; legal counsel; lobbyists. You name it; they've been here. I agree with you that we've gotten to the point where we need to start looking forward. The committee needs to start focusing on some of the recommendations that we should be making to the Legislature. I've actually, since you were here this morning, tabled a motion that we'll be debating tomorrow morning bright and early

to try and move on to working on just that, working on the report-writing phase of the committee's work.

But before we do that, one of the things that my colleague Phil McNeely introduced today was a letter that we all received yesterday from a pilot from Thunder Bay. I think it reflects, first of all, on recognizing the work that you've done, because he does say, "The Honourable Deb Matthews's installation of Mr. Ron McKerlie as interim CEO, and the major corporate restructuring that followed, gave us a sense of hope that we would be able to continue to serve the people of Ontario as medevac pilots."

But I think he also picked up on the frustration that the front-line workers are feeling at Ornge as we continue to discuss everything negative and seem to be stuck in this negative place, when what we need to do is fix the problem.

In the words of Mr. Binderup, "What we were not prepared for was the way the media and some members of the provincial government portrayed the operation and what we do. We were portrayed as a burden on the system, called a safety hazard, an accident waiting to happen. We have been misrepresented by the press, and have even been jeered publicly, and there have been many other derogatory statements made about the operation or the aircraft. In one case this spring, there was an accident by one of the private ... carriers which prompted an article in a rural newspaper which actually showed one of our aircraft"—that is, the Ornge aircraft—"and stated that an 'Ornge PC-12' was involved in an accident, completely misrepresenting our operation and especially the level of safety we work so hard to maintain. I have read online comments to articles printed about Ornge where the public has commented that we 'all deserve to be fired.' And for the most part we were powerless to defend ourselves."

He goes on later in the letter to talk about the aircraft because one of the things that we've heard repeatedly from Mr. Klees is a criticism of the aircraft themselves. And as one of the pilots of those aircraft, he said, "We operate 24 hours a day, 7 days a week, 365 days a year. The aircraft that we fly, the Pilatus PC-12NG, is one of the most state-of-the-art aircraft in its class. With this aircraft, we have more technology and safety features at our fingertips than many of the airliners in operation at the major airlines today. Our maintenance department is second to none, and keeps these aircraft in top condition. The aircraft is extremely well suited to the types of flying we do. A mission can take us into a northern reserve with its gravel (or in the case of winter, snow-covered) runways one minute, and then major airports like Pearson International the next. And not only is the aircraft top-notch, our flight crews are equally trained to be ready for any mission (we have some of the highest time PC-12 pilots in Canada). To my knowledge we are the only PC-12 operator in Canada that sends all of its flight crew, captains and first officers alike, for simulator training before they even set foot in the actual aircraft. (Transport Canada only requires captains to receive simulator

training.) And our crews always keep the highest level of safety at the forefront of everything they do. We fly in many adverse weather conditions all year round that require the best of any pilot. And we do it because that's our job ... we are medevac pilots.

"There have been issues raised that there are not enough paramedics to staff all the aircraft that Ornge operates. While I cannot speak to optimal staffing levels, I can say that there are many, many cases where the weather precludes the helicopters from being able to respond to a call, where the PC-12 aircraft is subsequently dispatched. And yes, in those cases it is often the helicopter medics that are dispatched on the PC-12. For our part, we are there to fly aircraft and respond to the calls of people all over the province of Ontario who may need us. And if we can respond to that call safely, then we do. All you need to do is go to the Ornge website to see how many thousands of miles we fly each and every day serving the needs of the people of Ontario."

What struck me, because often we will get letters from people—obviously, this was a very articulate letter from somebody who really passionately wanted to defend the fixed-wing aircraft pilots out there who are working so hard. What really struck me was this morning, we got a flood of emails from other aircraft pilots saying they agreed with this letter, they supported it. So you could feel that the aircraft pilots wanted to speak out and wanted the committee to know that they have a lot of faith and a lot of pride in the system.

The responses that we got were from—some pilots identified where they were from. We heard from pilots in Thunder Bay, pilots in Sioux Lookout, pilots in Timmins, pilots who didn't necessarily identify where they were from, but it wasn't just pilots at one base. We're clearly hearing, in these responses, from pilots from all over the place.

I quoted one pilot from Thunder Bay earlier this afternoon when you weren't here, but he made a really interesting comment. He said, "I have flown as a medevac pilot on and off since the mid-1990s. It was not better 18 years ago or four years ago. It is better now." So, this idea that we should just go back to the good old days.

Quickly, just going through these, "I 100% support everything that Poul-Erik has stated...." Another one, from Timmins: "I ... support this letter." "I support your letter to the standing committee." It goes on; there are about 25 of them. "I 100% support this letter...." And it goes on and on: "100% support," "fully support," "I want the standing committee to know what I think," "I support," "I support"—page after page of "I support what Captain Binderup has sent to the standing committee."

1810

There was one here that was interesting because we had one witness who talked this afternoon about difficulties: Did pilots want to work for Ornge? This is somebody who says, "After careful deliberation of the pilot letter to the standing committee, in conjunction with transpired events over the past few months, I would like to formally give you my 100% support. In December

2010, I chose to commit my professional skills and abilities to Ornge starting January 2011. This was based on the decision to make a difference in people's lives. The end result was a move from Alberta to Ontario with the wholehearted support of my family.

"Despite the negative publicity, I walk with my head high as I identify myself with Ornge. I am able to operate a state-of-the-art aircraft in a safe and efficient manner impacting people's lives. Often this is accomplished when other Ornge partners are unable to go due to limiting factors.

"I would like to thank the Honourable Deb Matthews for all the support she has given to Ornge despite political and media pressure. It is unfortunate that decisions made by former employees have resulted in the next 'Ontario scandal.' I believe recent managerial changes enacted by Ron McKerlie will continue to improve operational efficiencies. I believe the majority of staff is committed to the Ornge mission. In my opinion, another contributing factor is the current economic state." And then he goes on to talk about economic factors in the province.

I'm not going to read the rest of them because I've got as many pages still to go as I've already read. But you can get a flavour of the support that we've heard for turning things around and the positive way that front-line staff are feeling.

If we could go back to some of the comments you made when you were here earlier in the day, you first made reference to the fact that we now have a stronger performance agreement in place to govern the relationship between the Ministry of Health and Long-Term Care and Ornge. I wonder if you can speak to the new provisions that have been added to the performance agreement.

Hon. Deborah Matthews: I want to say thank you for reading those comments from pilots into the record. It's very gratifying to know that Ornge pilots know that there are people who are doing everything they can to make Ornge as good as it can be. As I said earlier, we are enormously blessed to have that kind of professionals on our front lines, whether they're paramedics or pilots or the engineers who keep the aircraft running or all of the other people who work in the communication centre and other parts of Ornge. This has been very difficult for them when their reputations have been called into question. So, it's good to know that they're still there, they're still strong, and they are seeing positive change.

So on the performance agreement, I think you've all heard a lot about it. I welcome the opportunity to go a little bit deeper into the details. The old performance agreement had a three-year termination clause. We could not terminate the contract any faster than three years. There is now a one-year termination clause. We did not have access, under the old performance agreement, to vital information: the calls that came in, how many were accepted, how many were refused and why they were refused if they were refused. There was no obligation for Ornge to report all complaints beyond significant adverse

events. Now, Ornge must report everything to us so that we've got information, and to speak to France Gélinas's point, we've got information faster now. I think we heard from Brandon Doneff this morning that sometimes they didn't get answers, and now we've got a firm process in place.

The previous performance agreement did not give the government adequate control over the sale of Ornge's assets. Now, the new PA gives the government control over the sale of assets above \$100,000. The old performance agreement allowed inspections or audits only twice a year. The ministry can now inspect any time. There was no oversight of the for-profit entities. Those entities are being wound down, but in the meantime, we do have oversight. There were no restrictions on assuming debt. There was no patient advocate. There were insufficient indicators and standards. There was simply not enough information that was required to be reported under the old agreement, and it was not coming in a timely basis. There was no public reporting of expenses, and there was no requirement for a quality improvement plan. So we have made a much stronger performance agreement.

The other problems were that there was a culture of confrontation. Both the Auditor General and ministry officials report that when questions were asked, they responded with legal documents of many, many, many pages long. So they took a very legalistic, obstructionist approach to the oversight. To say it was a combative relationship I think is not overstating it. They did not provide accurate financial and operational information.

There were other problems, but I can tell you, there will be a new patient advocate. There will be new public reporting, improved reporting of emergency dispatch information. They are now required to include cancelled flights and declined air and land ambulance calls, so we have the information we need to make judgments about their performance.

There's a quality improvement committee to advise the board. That is being undertaken by Dr. Barry McLellan, who many would say is the international leader on this. We are linking executive compensation to those public performance targets. We're giving the ministry the ability to recover funding based on performance. We're ensuring full compliance with the Broader Public Sector Accountability Act. We're requiring regular, detailed financial reports and creating new financial planning controls.

Now, we do have legislation that is sitting there waiting to be passed. I'm very anxious to get that legislation passed. It protects whistle-blowers, and I think we all now know how important it is that anyone at Ornge can speak freely when they see a problem, without any fear of retribution.

We now have the ability to appoint members—or we will, under the new legislation, have the ability to appoint members to the board. We can change the performance agreement whenever we deem it necessary. We do not have to negotiate that with Ornge. A tool that I don't like to use—I have had to use it a handful of times as min-

ister—is the power to appoint a supervisor when I feel it's in the interests of Ontarians to appoint a supervisor to an organization. I recently had to do it in your area—

Mrs. Liz Sandals: Waterloo Wellington CCAC.

Hon. Deborah Matthews: —with the CCAC in Waterloo Wellington. It is not something I like to do, but sometimes that step must be taken. So it would give the minister the power to appoint a supervisor. The Auditor General did identify this as a problem, and we have fixed that problem.

We very much look forward to a new era of accountability at Ornge, because as we all know, this is a service that is of vital importance.

Mrs. Liz Sandals: Thank you.

The Chair (Mr. Norm Miller): Thank you very much. We'll move on to the opposition, then. Mr. Klees.

Mr. Frank Klees: Thank you, Chair. Minister, you became minister in October 2009. Is that correct?

Hon. Deborah Matthews: Yes.

Mr. Frank Klees: In those intervening years since then, the Premier's office met with Ornge, the Premier met with Chris Mazza, the Minister of Finance met with Ornge, officials from the Ministry of Finance met with Ornge, officials from the Cabinet Office met with Ornge and officials from your department met with Ornge. It seems the only person in this government who never met with Ornge is the minister, namely yourself. Here we have people from across the government, over a period of nearly two and a half years, meeting with an organization that's responsible for \$150 million of taxpayers' money, to oversee and administer our air ambulance service, and you never met. In fact, according to Chris Mazza, you refused to meet him when he called on you for a meeting. Why is that?

1820

Hon. Deborah Matthews: As I said earlier—I think this might be the third time I've been over this, but I'm more than happy to answer the question again—I have no recollection of any requests for meetings from Dr. Mazza.

I do, though, have very clear recollections of two different occasions where I went—on one occasion I went to Ornge; I went to the base in London. I fully expected to meet Dr. Mazza there. He did not show up. On the second occasion, in December 2011, I had a very clear request to meet with Dr. Mazza, because I had some very pointed questions to ask him and some very clear direction to give him. He did not show up at that meeting in my office. So it's a bit disingenuous of Dr. Mazza to suggest that I didn't meet with him. There were two occasions, very clear occasions, where I expected to meet with him.

But let me ask you this: Say I had had a meeting with Dr. Mazza; say we had had that face-to-face meeting—I want to ask you a question. Do you really think—do you really think—that Dr. Mazza would have told me everything that he refused to tell anyone else? Do you really think he would have said to me, "Now, ma'am, don't tell the Auditor General about this, and don't tell your offi-

cials about this, but just between you and me, I want you to know that I paid more for those aircraft, because I didn't think we were paying enough. My staff—we heard this in testimony—"negotiated a lower price, and I thought we should pay more." Do you really think he would have told me that?

Mr. Frank Klees: Let me answer that.

Hon. Deborah Matthews: Do you really think he would have told me that?

Mr. Frank Klees: Let me answer that. That, Minister, is quite a performance that you've just given. I'll answer it this way: Had you conducted yourself with leadership in that meeting with Dr. Mazza, you would have known what questions to ask him, very specifically. You would not have allowed him to play that game.

Mr. David Zimmer: Frank, he didn't show up.

Mr. Frank Klees: What you should have done, if he didn't show up for a meeting, was get on the phone and say, "Chris Mazza, I'm a minister, and let me tell you something, we have entrusted you with our air ambulance service. I'm not happy about how you're conducting yourself, and I demand a meeting with you and your board of directors tomorrow." That's what you should have done. You clearly didn't do that, and that means that you did not exercise your leadership responsibilities as the Minister of Health. That's it.

Hon. Deborah Matthews: Well, I think once again we have a statement that just does not hold water. On December 15, 2011—that was the date of the meeting that I expected Chris Mazza to show up to—December 15; on December 19, I sent a letter to Ornge, clarifying the purpose of that meeting; on December 21, I directed the forensic auditors into Ornge; on January 11—less than a month later—Chris Mazza was out of work.

I did do exactly what you're advising me to do, so I'm asking you to apologize, please, and withdraw the allegation.

Mr. Frank Klees: No, actually, I won't, Minister, because December 2011 is about two years too late. My point simply is that, under your watch, this scam of Dr. Mazza's was allowed to grow; multi-millions of health care dollars were allowed to be wasted. You should have responded—you should have acted decisively, long before December 2011.

I'd like to go back to a question you refused to answer this morning, and that was my question to you—a very simple question. That was a letter that you received, dated May 4, 2011, from the Ontario Air Transport Association. You did not answer me when I asked if you responded to the Ontario Air Transport Association. Would you try to do that now, please?

Hon. Deborah Matthews: I actually did respond. That letter was referred to the Auditor General.

Mr. Frank Klees: To the Auditor General.

Hon. Deborah Matthews: Yes.

Mr. Frank Klees: Why would you not have responded to that? It was sent to you, not the Auditor General.

Hon. Deborah Matthews: They raised issues that I thought the Auditor General ought to have access to that information, so that was passed on to the Auditor General.

Mr. Frank Klees: Let's talk about some of that information. Apart from the many conflicts of interest that were pointed out in that letter, one of them—this is paragraph 8—states—

Hon. Deborah Matthews: Would you give me a moment please to get—do you have another copy of that letter there?

Mr. Frank Klees: We had passed that—

Hon. Deborah Matthews: Yes, I know you did. Oh, I've got it now. Thank you.

Mr. Frank Klees: Paragraph 8: "Ornge has structured itself in a manner that is less than transparent. It has created multiple companies that blur financial accountability and hide what the real cost of its service is. Ornge and its affiliated companies need to be audited by the province's auditor as a whole entity. Furthermore given the medical—quality, care—"problems and other service issues, it also needs to have an emergency health services branch ambulance service review as required by the Ambulance Act."

Minister, if there was nothing else in this letter but that singular paragraph that very clearly, from this organization, is saying to you, as the minister, there are serious problems here in this organization, they are less than transparent—they were talking about multiple companies that have been set up. My question to you is: How can you, as the Minister of Health, not immediately call your deputy into your office and say, "We need a meeting with Mazza and his board immediately. There's something wrong here"? Why did you not do that?

Hon. Deborah Matthews: So let me re-quote to you what you just quoted to me.

Mr. Frank Klees: You don't have to. I know what it says. I quoted to you.

Hon. Deborah Matthews: "Ornge and its affiliated companies need to be audited by the province's auditor as a whole entity." That's exactly what was going on when this letter was received. It was exactly what was going on. You're trying to make a big deal out of something—

Mr. Frank Klees: I'm trying to make a big deal out of the fact that you, Minister, knew what was going on at Ornge long before December 2011 and you did nothing. That's the point I'm trying to make.

Hon. Deborah Matthews: These allegations were all investigated. Do you think I should have received the letter in May and immediately fired the board?

Mr. Frank Klees: No, I think you should have called Mazza and the board into your boardroom to say, "Look, these are serious allegations."

Let's go on to the next one, and that is, if we could look at 8(ii): "The air ambulance dispatch centre must be put back under the supervision of the"—Ministry of Health and Long-Term Care—"to ensure that it is not being interfered with and that it is able to book flights in

a manner that is in keeping with the best interest of the patient and is economically responsible.”

Surely, Minister, as the Minister of Health, when you read something like that, does it not dawn on you that you should—it’s not a matter of deferring to the Auditor General. His responsibility is not to show leadership; he audits things that are history. What you had an opportunity to do here is to prevent what ultimately the Auditor General had to audit. Why didn’t you pick up the phone at that time and say, “Chris Mazza, bring your board in here. It sounds like we’ve got a serious problem”?

Hon. Deborah Matthews: Every one of these allegations, from an organization that represents companies that were losing business to Ornge—let’s be clear about that—every one of these allegations were followed up on. Within months of this letter being received, the entire senior management at Ornge was gone, the entire board had been replaced. We took action when we became aware and when we had facts to back up the allegations.

Hindsight is 20/20, and we all know that. I am looking forward to your advice as a committee. I know you’ll have personal advice for me. I’m looking at your advice from this committee on what we need to do, moving forward. What lessons have we learned? What do we need to do, if anything, in addition to what we have already done, to right the ship at Ornge? How are we going to make sure that this does not repeat itself?

You have made a career of misrepresenting what is actually happening.

Mr. Frank Klees: That is highly offensive, Minister.

Mr. David Zimmer: It’s true.

Mr. Frank Klees: That is highly offensive. Chair—

The Chair (Mr. Norm Miller): If I could just say, if we could keep the language parliamentary, it would be appreciated.

1830

Hon. Deborah Matthews: What I can say is, you have put politics over patients time and time and time again. Just today, you issued a press release. In that press release, you write, “Lives have been lost.” You have no foundation for that whatsoever.

The officer of the Legislature who is responsible for making that determination has been very clear. I have never before heard of the coroner having to issue a press release in response to an unfounded allegation from a member of the Legislature, but that’s exactly what our coroner had to do.

Mr. Frank Klees: Under whose direction?

Hon. Deborah Matthews: He acted unilaterally and completely on his own. If you are suggesting that I instructed him, think again, because I would never think to do that—

Mr. Frank Klees: Did your office have anything to do with these letters that were read into the record here from the pilots?

Hon. Deborah Matthews: I heard about these letters just today. I’m very pleased that these pilots have—

Mr. Frank Klees: No one in your office had anything to do with that?

Hon. Deborah Matthews: I do not know how they originated. I do not know the answer to that. What I do know—

Mr. Frank Klees: Minister, while you’re on the topic of patients—

Hon. Deborah Matthews: —is that the chief coroner was forced to refute an allegation that a member of this Legislature made, a false allegation—

Mr. Frank Klees: Who forced him?

Hon. Deborah Matthews: If you are suggesting—

Mr. Frank Klees: I’m asking you. You said he was forced.

The Chair (Mr. Norm Miller): If we could just have one person talk at a time.

Hon. Deborah Matthews: —that I forced the chief coroner to do anything, no. You forced him.

Mr. Frank Klees: Oh, really?

Interjection.

Hon. Deborah Matthews: You forced him, because you said things like, “Lives have been lost.” You said that the coroner had not been involved. You described that as yet another—

Interjections.

The Chair (Mr. Norm Miller): Okay, if we could have the other members—Minister, if you can just hold it for a second. Other members, please keep the commentary to yourself. It would be appreciated. If we could get back to having one person speaking at a time, that would be appreciated as well.

Mr. Frank Klees: I have a question. I think it’s still my floor. Is it?

The Chair (Mr. Norm Miller): It is, yes. Go ahead.

Mr. Frank Klees: Minister, you raised the issue of patients, and you boast a new management team and that things are working better and more efficiently at Ornge. Mr. Clerk, if we could distribute these documents.

Just today, Mr. Dearman from Killaloe, Ontario, received a letter in the mail. You may recall that the issue of Judy Dearman was raised in the Legislature. She’s the lady who died, and whether it was as a result of a delay of Ornge being able to airlift her or not—what we don’t know is if she would have lived had she had an early response from Ornge. Mr. Dearman opened this letter today addressed to his wife, Judy. And in the letter, signed by Mr. McKerlie, it says:

“Dear Judy Dearman:

“On behalf of Ornge, Ontario’s air and land transport medicine service, I ask for your assistance in evaluating the care and service you recently received during your transport.”

I can tell you that Mr. Dearman was shocked when he received this in the mail today. He received a call from Mr. McKerlie following the incident, in which Mr. McKerlie apologized. Today he receives this document.

Something as fundamental as tracking patients, something as fundamental as being able to keep track of those who are deceased, should be pretty basic for an organization that draws down \$150 million of taxpayers’ money.

I'd like to know what you have to say to Mr. Dearman tonight.

Hon. Deborah Matthews: This is extremely unfortunate. This is inexcusable. I will personally apologize to Mr. Dearman for this. I will follow up with Ornge to understand how this possibly could have happened.

Mr. Frank Klees: Thank you. Chair, I'll defer.

The Chair (Mr. Norm Miller): Very well. We move on to the NDP. Ms. Gélinas.

M^{me} France Gélinas: Minister, I would like to come back to the corporate structure that was put in place by Ornge. Would you say that your ministry encouraged Ornge to pursue a for-profit business structure?

Hon. Deborah Matthews: I can't speak to that because that was created before I became minister. What I do know is that Ontario has some terrific health care innovation, and there is a market for this kind of business internationally. That was the business that Dr. Mazza was pursuing.

Now—I might actually rethink that answer, given a moment—I do recall that Dr. Mazza was pursuing international business perhaps with the knowledge of government.

M^{me} France Gélinas: So if I ask the question again—

Hon. Deborah Matthews: Yes. When Ornge was established, that was before I was minister, so I wouldn't know about that. I do believe, subsequently, there may well have been. I would have to get back to you to confirm that, but I want to be clear that it may well be that there was encouragement to do that. I just can't speak to that now.

M^{me} France Gélinas: Okay. If you think it through, in the two years that you were the Minister of Health, if Ornge hadn't run amok like it did—if they had normal salaries, if they did not do irregular practices—is the idea of putting forward a for-profit business structure attached to a not-for-profit something you could support?

Hon. Deborah Matthews: I think we have to be very, very careful about that. The intention was that money would flow back into the air ambulance service that serves Ontarians, as is what happens in Alberta. The STARS model, I know, was something that, at the time, was considered to be an innovative model because it did actually have a separate income stream that supported the government-funded operation.

M^{me} France Gélinas: Okay, so—

Interjection.

Hon. Deborah Matthews: But what is important—

M^{me} France Gélinas: It looks like you're getting your answer.

Hon. Deborah Matthews: What is important is that we have a clear separation of public money and private money. When Ornge did come to brief officials in my ministry on this issue, that was the area that got the most attention in terms of the questions: How are we going to protect taxpayer dollars? How are we going to ensure that money that Ontario taxpayers are spending on Ornge is not spent on any of these other pursuits? That, of course,

as you know, is an area that we are not satisfied was respected.

M^{me} France Gélinas: You went in exactly the direction I wanted to go. What kind of answer could Ornge have ever put forward that would have convinced the people who work in your ministry that this corporate structure could, in any way, make sense?

Hon. Deborah Matthews: As I've said before, we have some wonderful health care expertise here for which there is an international market. People from around the world look at parts of our health care system and say "That's exactly what we need" in their jurisdiction. There's an appetite for that internationally. What I would always defend, though, is the separation of the publicly funded service and the for-profit. That's something that—

M^{me} France Gélinas: But how was that done? In January 2011—here you are: your ministry officials are there, your DM is there, a bunch of ADMs are there. They're presented with this spaghetti of a corporate structure, all for-profit, that to this day nobody really can make sense of. How were they ever convinced that what you want—and I believe that you do want to separate the two. How did Ornge ever convince them that they had done that, that they had separated, that your decision and your vision was being carried out?

Hon. Deborah Matthews: Once again, we're going over ground that has been gone over before, so let me just remind you of what Peter Wallace said, the then Deputy Minister of Finance, when he was asked about this question. This was on April 18, 2012. He said, "It is not remotely uncommon for broader public sector institutions to create subsidiaries to try and extract value from other areas of public service activity. This is done routinely"—this is Peter Wallace speaking—"by other areas of the broader public sector. So the mere creation of a subsidiary or an entity would not, in the general rule, raise red flags."

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So the issue is, where is the public money? What is the separation between the for-profit and the not-for-profit? How would we—and I'm not contemplating this going forward. We'd have a lot of work to do to ensure that the public was being protected.

M^{me} France Gélinas: Okay.

Hon. Deborah Matthews: Those were, of course, the assurances, explicit assurances in writing, verbally, any way you want to do it. Those were the assurances that were given to us. And I suspect—

M^{me} France Gélinas: But you never checked.

Hon. Deborah Matthews: —I suspect, by the NDP, when you received that letter that showed that very same chart—you received the very same information we did. Now, you're saying, "I didn't see it; I didn't see it." Your party received it. The Progressive Conservative Party received the same document that showed the same structure.

So, as I said earlier, I am quite prepared to accept my share of the blame, but there were many people who had the same information who did not raise issues earlier.

M^{me} France G elinas: So if you accept your share of the blame, can we expect that there will be changes within the ministry? We know that Ornge went bad and mega-changes have been done there. But we also know that the government fell flat, your ministry fell flat on many accounts. When can we expect changes there? When can we expect reassurance that things have changed?

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

Hon. Deborah Matthews: We have seen significant change, and you've heard from front-line staff who have talked about that. Brandon Doneff this morning had comments to say about what has changed in terms of coverage of paramedics. He saw that change.

M^{me} France G elinas: No, not at Ornge. I know changes are at Ornge. I'm interested in changes in your ministry.

Hon. Deborah Matthews: The ministry now has the performance agreement that they need to provide the proper oversight. They are getting access to information from sources they now trust, and complete information, real information, not inflated or padded information. They get the information that they are asking for so they will be able to provide the oversight now that they never could have before.

M^{me} France G elinas: Dr. Mazza told us that people within your ministry encouraged him to continue with the for-profit. He felt he was encouraged, that he was understood, and he received encouragement from your ministry to keep on. Who did that? Who encouraged him to continue with the for-profit ventures?

Hon. Deborah Matthews: I guess my question to you would be, can you really pick and choose what testimony you believe from someone who, I think, it's pretty well established—it's pretty well established that he was not—

M^{me} France G elinas: So you're saying he was never encouraged to continue—

Hon. Deborah Matthews: No, I'm not saying that. I'm not saying that because I don't know that. But what I can tell you is, there was enough—

M^{me} France G elinas: Could you find out who encouraged him to continue?

Hon. Deborah Matthews: Sure. I'll do my best to do that. I'll undertake to do that.

The Chair (Mr. Norm Miller): Very well. We'll move on to the government. You have 10 minutes.

Mrs. Liz Sandals: Ten? Okay, thank you. Minister, I wonder if we could look at an issue that came up today, which was the issue of how many front-line staff there are. Mr. Doneff talked about the fact that once Mr. McKerlie came in, there was a change and that more staff had been added, and a comfort level that things were moving in the right direction. Mr. Wade, who was here

later this afternoon, seemed to be quite sure no new staff had been added, from his perspective.

I wonder if you've got some accurate information around what, if any, new staff have been added and what are their roles?

Hon. Deborah Matthews: Yes. What I can tell you is that Ornge employs over 600 staff. They're paramedics; they're transport medicine physicians; they're pediatric transport paramedics, which is a specialty of paramedics. There are pilots for the fixed-wings and the rotor helicopters, aircraft maintenance engineers, communications officers and office staff.

When it comes to airplane pilots—and we have heard that there were shortages before—there are 45 airplane pilots. We are now at the full complement of the fixed-wing planes. At helicopter, we have 74 helicopter pilots, which takes us now to 75% of the full complement. So we're making progress, but we've still got some more hiring to do.

Paramedics: There are 217 paramedics working at Ornge, so that is 10 more than we had this time last year.

Of course, we have new expertise at the management level. We've got, of course, the new board of directors; they're a volunteer board of directors, dedicating many, many hours every week to continue the improvement at Ornge. Jim Vair is the new vice-president of human resources. Bruce Farr is a special adviser, operations. People in Toronto probably know the name Bruce Farr, because he has 39 years of experience in EMR. He has a long history of working at Toronto EMS—a very highly respected gentleman. Robert Giguere has recently been hired as a special adviser, aviation. He's a pilot, and he has served in executive positions at both Air Canada and Skyservice Airlines. Wayne Howard is the new vice-president, finance. He has over 30 years of experience in finance in the private and broader public sector.

So there is a very strong new management team in place, and we are adding paramedics and adding pilots.

Mrs. Liz Sandals: Thank you very much for that information. That helps us sort it out.

We talked earlier about the whole issue of where the committee's at, and moving on in the report-writing process, and you've certainly indicated your interest in seeing us move forward quickly. I wonder, when the committee does get around to writing a report and, presumably, making recommendations, what areas would you like to see covered and what areas are you looking for recommendations on that we might be able to provide you with?

Hon. Deborah Matthews: I would never want to limit the recommendations that would come from this committee, but I am very interested in seeing constructive advice on what needs to be done, in addition to the advice that we got from the Auditor General and in addition to the changes that the board at Ornge is making.

I expect that there will be a lot of overlap, because I think there seems to be a pretty strong consensus that we need to move forward on, for example, quality indicators. We have seen tremendous success in our hospitals, now

that we have publicly reported quality improvement metrics in our hospitals. There was a recent report that showed a dramatic decline in C. difficile in our hospitals, in large part because hospitals now have their numbers: They know what their rates are, they know how they compare and they know what they need to do to bring those rates down.

I am a huge believer in transparency when it comes to quality indicators, particularly because people who work in health care are driven to do their very, very best. I've learned that it's part of the DNA of people who work in health care. They went into health care because they want to do well by their patients, and if there's a way to do better, they want to do better.

Having a quality improvement plan in place, where there are clear metrics and progress towards higher quality—we now have, I think, at Ornge and, I think, across the health care sector, we're really building this notion that you have to keep on improving the quality. It's continuous quality improvement involving all of the staff, because this is not something that can be done just by management. Quality improvement, by its very nature, runs throughout the organization. So I would look for advice on quality improvement.

I would also look for advice on what we need to do to really make it clear that this is a service for patients. You know, an observation I have sometimes in health care is that sometimes we lose sight of who's paying for this service and who the service is designed to help. I always say there are only two questions I care about: Is this good for patients? And, is this good for taxpayers; are we getting best value for money? So I really would welcome any advice you have on how to ensure that this is very much a system that is responsive to the needs of the patients and their families.

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People interact with Ornge, as someone said in their letter, on the worst day of their lives. Let's make sure that we are there in a way that is respectful of patients, that gets patients to the care they need as quickly as possible on what is the worst day of their life; so, a focus on what patients should be able to expect from their air ambulance service; obviously, any issues, any advice you have when it comes to oversight.

You've got the new performance agreement. Are there changes you would recommend to that performance agreement? I, of course, very much look forward to the legislation, Bill 50, being passed and coming to committee. I will be very interested to see whether there are changes we need to make in that legislation in response to concerns raised by this committee.

I think you've got—you've been very thorough. You've sat for a lot of days, I think four months of hearings—many, many hours of testimony. Everyone has the same goal: They want to make things better for patients. Now, I think your task—and it will be a challenge, I know—is to collect the information, to really give government the very best advice you can. What do

we need to do to move forward, to give the people of Ontario the air ambulance service they deserve?

Mrs. Liz Sandals: And one of the great ironies of all those days of testimony is it just happens that where the apartment that I rent in Toronto is situated, it's not unusual that while I'm sitting having breakfast on my way to Ornge hearings, I see the helicopter coming in in front of my window and landing on the landing pad on the hospital, and I think, "Okay, there's another person delivered for hospital care in one of the teaching hospitals on University Avenue." So I know it's still out there working.

Hon. Deborah Matthews: Exactly.

Mr. David Zimmer: Frank hanging on the running board—

Mrs. Liz Sandals: I've never seen him dangling like that.

Anyway, thank you so much. I think that must be about my time.

The Chair (Mr. Norm Miller): It is indeed. Very well. We'll move on to the opposition. Mr. Klees.

Mr. Frank Klees: Minister, I would like to go back to that document that I tabled this morning, the one that you hadn't seen.

I heard what you said in response to Ms. Gélinas's question about that. You said that ministers get many documents; some they see and some they don't. This happened to be one that you said you didn't see, yet six of your senior bureaucrats did see it and it was specifically commissioned by the director of your emergency health services branch in response to your assistant deputy minister.

This document, now that you've had a chance to review it, refers to many specific questions and concerns about Ornge and what was going on there, as reflected in their financial statements. Apart from the loans that it had occur, it spoke specifically to something that—this document contradicts what you have said, what the Minister of Finance has said and what your bureaucrats have said at this committee, and that is that there is no obligation on the part of the government to honour the debt, some \$300 million of bond offering, that there is no obligation; there is no requirement. This document here makes reference on a number of occasions to the fact that that bond offering relied heavily and, in fact, exclusively on the fact that the only income that Ornge could demonstrate is the income from the government of Ontario.

Section 13 of this document at the very end, I'm going to read it into the record again. It says this: If "Ornge is unsuccessful"—which we know now that it is, because they're referring to the Ornge plan of generating international revenue, and clearly that is not happening. As you said, you're dismantling the for-profit companies and it's going to be a not-for-profit organization. It says, if "Ornge is unsuccessful and the ministry may have increased expenditures with limited value having been extracted and may need to pay twice for the same assets—by being morally if not legally obligated to

assume liabilities. These are both significant risks and Ornge should obtain advice from legal services on this.”

I know what you’ve said. You’re said that legally, contractually, the government of Ontario is not responsible for that debt. We also know, according to this document and according to the public offering, that this coming year, some \$3.2 million of capital has to be repaid to the bondholders in addition to the interest. That has to come from somewhere. There’s no other income that Ornge has.

I just want to ask you this question: When you get the budget from the new Ornge board of directors, will the Ministry of Health agree to pay this additional \$3.2 million that Ornge is obligated to pay the bondholders? If so, does that mean that you will increase the budget for Ornge by that amount, or will Ornge have to claw that back out of their operational budget?

Hon. Deborah Matthews: The first thing I want to say is that this document was an internal working document in preparation for the Auditor General that reviewed a number of issues. I think it demonstrates that officials were looking hard at some of these challenges. It is not a final document. It is a document that was part of the work of the ministry. I can tell you very, very clearly that what was subsequently confirmed is that Ornge Issuer Trust is the bond issuer. The ministry is not a guarantor. The government of Ontario is not a guarantor. Taxpayers are protected.

I want to be very clear that when it comes to the budget at Ornge, this year, we said, “We’re holding the line.” But we are beginning a zero-based budgeting process with Ornge to ensure that we have the right amount of money flowing to Ornge and not a penny more.

I do want to ask you again, please give us your best advice. The time has come. You’ve made lots of allegations, many of which—in fact, I think, virtually all of which—have been proven to be unfounded. You’ve insulted front-line staff. Let me give you another quote: “These incidents are happening on a daily basis. Unqualified and inexperienced people are the reason”—from February 23, 2012. You intentionally insulted every single person who works at Ornge. You’ve had your fun. This has been wonderful, I’m sure, for you. It is time now to put good policy ahead of political ambitions.

I look forward to the recommendations of this committee. I very much want to build on the wisdom that you have all acquired during your many, many hours of testimony. It is time to move forward, and I am asking you to move forward.

Mr. Frank Klees: Minister, that comes from a minister who refuses to accept responsibility for her lack of leadership, her lack of oversight. As the Auditor General said—don’t take it from me—the ministry failed in its oversight responsibilities. You can be personal as much

as you want. The public is observing what has happened. People have died as a result of mismanagement. The unqualified—

Hon. Deborah Matthews: You cannot substantiate that.

Mr. Frank Klees: Let me finish. I let you finish, you let me finish now.

Hon. Deborah Matthews: You simply cannot—you’re making that up once again.

Mr. Frank Klees: The fact of the matter is, Minister—*Interjections.*

The Chair (Mr. Norm Miller): Let him finish.

Mr. Frank Klees: The fact of the matter is, Minister, you failed in your oversight responsibilities. You are blaming this on everyone else, whether it’s Mazza, whether it’s the board—even your own bureaucrats. You are defending the indefensible, and at some point, Minister, you may have the character to fess up to the fact that you failed the people of this province. I hope we’ll see that day; I doubt it very much.

The Chair (Mr. Norm Miller): Okay, Minister, go ahead and respond, please.

Hon. Deborah Matthews: I have always said—and I have said it many times here and outside of this room as well—I take my full share of responsibility for this—

Mr. Frank Klees: Then resign. Then you should resign.

The Chair (Mr. Norm Miller): Please let her respond, Mr. Klees.

Hon. Deborah Matthews: I take the full responsibility of making the changes that are necessary to ensure that Ornge is the kind of air ambulance service that the people of this province deserve. We’re moving forward. We’re seeing progress. I know you don’t like it when people say things are getting better, but we’ve heard it over and over and over again. We are on the right path. We need the help of this committee to get the rest of the way there. I look forward to receiving your report.

Mr. Frank Klees: Minister, you fired Mazza, you fired the board; it’s time to fire yourself. You failed the people of Ontario, and you know it. If you would at least own up to that, I think you’d get some applause. In the meantime, your lack of character is very, very obvious by how you’ve conducted yourself in this hearing today.

The Chair (Mr. Norm Miller): We don’t need to make personal comments. Minister, do you want to respond at all?

Hon. Deborah Matthews: No.

The Chair (Mr. Norm Miller): Okay. I thank you again, Minister, for coming in this evening. I appreciate you making the trip back from Kitchener.

This committee is adjourned until 8:30 tomorrow morning.

The committee adjourned at 1902.

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