Good afternoon Mr. Chair and committee members. My name is Donna Lehman and I am a support services worker at my local hospital (Bingham Memorial) in Matheson Ontario. Matheson is a small community about 40 kilometers south of Timmins.

I live in a rural community in northern Ontario and our hospital serves at least three other smaller communities along with a reserve to the east of us and mines within our district.

I am speaking to you today because of the concern to my family and families of our communities who depend on our local health care services. I would like to feel assured that the health care services that are being provided locally now do not deteriorate or are lessened because we are put into a large LHIN area.

We have gone through one hospital amalgamation in our area which saw cuts to some of our local services and also to the care given because of heavier workloads with fewer healthcare providers and support workers.

Health Minster George Smitherman has said that no hospital will close as a result of this legislation. What he has not committed to is whether hospital services in smaller communities like mine will be downgraded to walk in clinics or be converted into nursing facilities or long term care centres?

The Health Minister has also said in his opening remarks to these committee hearings, "In an environment where we all agree there will be fewer resources than we might prefer, it's just common sense that we ask people from local communities to help determine which local priorities must be supported first."

My LHIN, LHIN 13, the North East LHIN, stretches from North Bay to James Bay. It stretches from the Quebec border on the east to Lake Superior on the West. It includes Manitoulin Island, the cities of Sault Ste. Marie, Sudbury and Timmins.

This LHIN includes 34 hospitals, 48 long term care centres, 40 mental health facilities and organizations, 30 addiction treatment centres, 4 children's treatment centres, 6 Community Care Access Centres, 3 Community Health Centres and 75 community support service organizations.

Geographically, the LHIN covers an area as large as Western Europe.

Our LHIN like every other LHIN will have a Board of Directors comprised of nine unelected, Liberal government appointees, who at this point, if not nameless, are totally faceless to the citizens of this LHIN.

Section 26 of Bill 36 allows a LHIN enormous power to cease any health service, transfer any service or integrate any service. With the vast geographic area of LHIN 13 and many services and facilities within the LHIN, it appears this LHIN is ripe for any integration plans the Minster of Health may have.

But what on earth is local about this LHIN? The community of Little Current on Manitoulin Island has as little to do with Moosenee or Wawa or Kapuskasing as the price of gasoline in China has to do with a person filling up the tank of his snowmobile in Kirkland Lake.

That this legislation will give greater control to local communities is just plain false. This legislation is all about giving greater control over health care to the Minster of Health and the Ontario Cabinet.

What chance does a small community like Matheson have against the larger communities such as North Bay, Sudbury, Sault Ste Marie and Timmins in this vast geographical expanse?

Section 16 of Bill 36 states the LHIN is to "engage the community." For the North East LHIN there is no way decisions could be carried out in any democratic way. What community interests are to be taken into account and to what degree?

Reconsiderations of LHIN decisions only allow an affected party 30 days to appeal. This is a very short time frame for any party to make a submission for reconsideration or to study the impact of a LHIN decision.

Any one wanting to appeal a decision, would I assume, would also need to travel to the LHIN administrative location to submit an appeal.

What citizen in the North East LHIN could drive more than six hours over icy roads to make an appeal to save a specific health service in a small community?

I really want this Committee and the Health Minister to understand that under this legislation the community of Gogama or Chapleau will have no local input into what type of health care will be available in their communities.

The size of our proposed LHIN area for North Eastern Ontario worries us. Services we have and need will be amalgamated, transferred or merged to a larger centre, leaving patients in small communities such as ours traveling long distances, anywhere from 4-6 hours (depending on weather conditions) to receive care for a health service they require.

This will prove to be a hardship on the sick and elderly in our communities who have most services available to them locally along with the support network they need at a time such as this.

Communities should have services available to them close to home. Patients deserve the services within their communities to enable them to be close to their families and friends.

It seems this legislation does not focus on the patients but rather on how to save money by consolidating, amalgamating and privatizing health services.

The public needs to have a voice in how this legislation will affect them, the large areas to be covered by the 14 LHINs. Why are these decisions being made for them without their input. Health care should be accessible to the public locally within their communities and should not ration patient care to save money.

As a health care worker I am also concerned about what Bill 36 will do to my job.

I have already said that in our area we have been subjected to one hospital amalgamation.

Jobs were cut and services were cut.

Bill 36 will further exacerbate this.

The Minister of Health or a LHIN must not have the power to transfer a public service to a for profit operator. Competitive bidding must not enter into the hospital sector to drive down wages or eliminate jobs.

I earn about $32,000 per year. It is not very much money to live on in Northern Ontario. Yet, as a hospital worker, up to now, I have been fortunate to keep my job when many in the resource sectors of the economy are losing theirs.

No form of competitive bidding for our jobs must be allowed. "Non-clinical service" positions such as mine are vital to a quality health care system. We ensure the highest standards of cleanliness. We will not go the way of British Columbia health care workers who lost their pension, their benefits, and now work for $13.00 per hour. It is not right that health care workers paying the new McGuinty Health Tax deserve to carry the burden of a government determined to balance its budget on our backs.

Public health care dollars must not go to for-profit companies.

Thank you for the opportunity to make this presentation.

Respectfully Submitted,

Donna Lehman