

**Transcripts of Presentations and  
Copies of Letters**

**by**

**Residents Opposing the Levy to construct  
the Proposed Single Site Acute Care Hospital  
on County Road 42**

----

## Introduction

### *It's Not About Happiness*

County residents often say they are happy with the proposed hospital location. Those who oppose the location are frequently characterized by David Musyj as “unhappy”.

If only it were that simple. If it were about happiness, I might support the location too. It's only three kilometers further from my house. I'd certainly be a lot happier if I didn't feel compelled to oppose what I believe is a structurally flawed plan that will harm our region for generations to come.

The reality has nothing to do with happiness.

Furthermore, the group is not small, contrary to what Mr. Musyj says. In this month's [report of the CEO and President to Windsor Regional Hospital's Board of Directors](#) he wrote:

On April 25, and into the wee hours of April 26, 2016, the Windsor City Council did the same and supported in a 9-1 its share and also the levy. The only dissenter being a member of the small group that is opposing the location of the new acute care hospital.

The group of residents that are extremely concerned about this plan is much larger than he is publicly letting on. They count physicians, nurses, planners, anti-poverty activists, architects, dentists, lawyers, EMS workers, retirees and many others of different backgrounds and income levels.

The issues we are concerned about are easy to remember using the acronym **ACUTE**:

**ACCESS:** Residents of wards 2,3, 4 and 5 stand to lose significant access to hospital based healthcare. The plan leaves no 24/7 emergency care in Windsor's core.

**COST:** especially road and hydro infrastructure that is not needed if an urban site is selected. Shuttling patients from urgent care to hospital will cost in the millions to maintain, as will the necessary transit service.

**URBAN PLANNING:** the way modern planning policy has been ignored by selecting a site so far from the core, not a brownfield or infill site. No public transit routes exist, and intensification targets have been ignored.

**TRANSPARENCY:** making a decision without public consultation on the location, and not even a single council debate on the subject.

**ENVIRONMENT:** Using productive farmland, especially in light of the region's stagnant population growth and alarmingly high numbers of vacant and abandoned land in the core. More miles will be put on our roads. The distance will make it unlikely that people will bike or walk to the new hospital.

There hasn't been a single substantive argument *for* the proposed location of the new hospital. I have never seen a single online comment to counter any of the above.

-- Philippa von Ziegenweidt

----

## *Before We Start...*

### 1. City of Windsor Transit Master Plan (2006) – “The Way Forward”

#### 3.3.1 LAND USE PLANNING POLICIES

Land use planning needs to be more supportive of public transit in the location of subdivisions and the placement of roads and high density development in the subdivisions. This starts at the provincial policy level with the Strong Communities Act (2004), plus the new provincial Policy Statement (2005) that requires municipalities to establish land use patterns, densities and mixes of uses that plan for public transit (Policy 1.6.5.4). The following are recommended guidelines, which the City should be applying to its zoning bylaws and subdivision approvals to enhance transit-supportive development:

- **Location of New Developments** – new developments should be infill developments along roads and in areas adjacent to roads with frequent all-day transit service. Intensification should be encouraged in the main transit corridors. Isolated developments with under 1,000 people more than 1 kilometre from a transit route should be discouraged.

### 2. Liberal Party of Ontario 2014 Election Platform:

#### **CLEAN, SUSTAINABLE AND LIVEABLE COMMUNITIES**

**STRONG LEADERSHIP MEANS INVESTING IN CLEAN, HEALTHY, SUSTAINABLE COMMUNITIES.** With our growing population, it is more important than ever to make sure we are **protecting our vital resources like clean water, clean air, farmland and green spaces.** We need to grow in a way that sustains healthy lifestyles and a healthy environment.

**We choose to lead.** A Kathleen Wynne Government will stand up for Ontarians and make sure we have access to healthy communities and a healthy environment. We will build **smart, liveable communities** where people have access to safe cycling options, transit, trails and green spaces. We will invest in creating **vibrant urban centres**, while also working to **preserve farmland and ecologically sensitive lands**, and **protect our precious Great Lakes and other waters.** We will also continue to **show leadership in tackling climate change**, and give homeowners and businesses better tools to save energy.

### 3. Ontario Climate Change Strategy:

“It is crucial that we take steps today to fight climate change, protect the environment, build a low-carbon, high-productivity economy and ensure strong communities for the future.

Communities will be climate-resilient, complete and compact.

The solution to climate change is here. It is in the individuals, cities and towns, businesses, and First Nations and Métis communities of Ontario. The cost of doing nothing to fight climate change far outweighs the cost of solving the problem. Ontario is prepared to change and move forward because our future depends on the choices we make today.”

----

## CONTENTS

### Delegates (in the order that they spoke at the Council meeting):

[Philippa von Ziegenweidt](#), Citizens for an Accountable Mega-hospital Planning Process  
[Caroline Taylor](#), resident of Ward 2  
[Gerald Pouget](#), resident of Ward 4  
[John Holmes](#), resident of Ward 6  
[Cathy Greenwell](#), resident of Ward 2  
[Lori Hill](#), resident of Ward 4  
[Greg Heil](#), resident of Ward 4  
[Patrick Hannon](#), resident of Ward 5  
[Lisa Pike](#), resident of Ward 4  
[Howard Weeks](#), resident of Ward 4  
[James Coulter](#), resident of Ward 6  
David Hanna, resident of Ward 1  
[Nestor Chyz](#), resident of Ward 4  
[Jacquie Krause](#), resident of Ward 4  
[Kathryn Tisdale](#), resident of Ward 4  
[Doris Benko](#), resident of Ward 5  
[Rebecca Blaevoet](#), resident of Ward 9  
[Rita Haase](#), resident of Ward 4  
[Kimberly deYong](#), Chair, Essex County Health Coalition  
[Shane Mitchell](#), resident of Ward 4, President of the Olde Walkerville Residents Association  
Mitch Oncea, resident of Ward 6  
[Jodi House](#), resident of Ward 4  
[Natalie Bownes](#), resident of Ward 3  
Lorena Shepley, representing Voices against Poverty  
[Beth Cook](#), representing Indigenous Community  
Holger Eichhorn, resident of Ward 4

### Submitted in writing:

[Anneke Smit](#), Ass. Professor, Faculty of Law, University of Windsor  
[Timothy Dugdale](#), resident  
[Bob Taylor](#), resident of Ward 8  
[Pat Jeflyn](#), resident of Ward 4

### Additional Submissions:

[Deborah Robinson](#), resident of Ward 2  
[Doug Charles](#), resident of Ward 4

### Further Reading

[Public-Private Partnerships \(P3s\)](#)

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

**Philippa von Ziegenweidt**

I support investment in healthcare. But NOT a levy for a plan that increases urban sprawl and removes access to hospital services for thousands of Windsor residents in the core. We haven't had a public consultation on this yet, and that is a problem.

My worry is that this project is more about development than improving our healthcare.

The levy is only part of what Council should consider tonight. You need solid analysis. You need to prepare Windsor for even higher taxes if this plan is approved by the province.

After you voted on December 21, Councillor Bortolin tried to get support for a second motion to analyze the \$250M in additional infrastructure. The CAO said the analysis wouldn't be available till April or May. Tonight we're talking about the same issue, but you don't have this report available yet.

Councillor Elliot, in December, you said it would be a relief for patients not to have to travel out of town for healthcare.

Well, this \$2 billion proposal won't provide more OR time to attract new physicians. It won't give us more nurses. Patients will continue to travel for specialized treatment. County residents will save a couple of minutes. But this will be at the expense of our lowest income wards – especially yours. And believe me, your constituents are worried.

Many of you were elected on a promise to stay the course on taxes. While there's a lot of anger about the proposed levy, the full brunt will only hit after people start seeing the extra costs involved.

Let's start with EMS. Port Colborne has a population of 18k, slightly smaller than each of our wards. In 2009, their hospital was converted to an urgent care. Patients needing hospitalization or the ER were sent to St. Catharines. This led to the need for 19 additional full-time staff and 2.4 more ambulances. How much will this cost in Windsor, a much bigger community with about 5 times as many residents living in the core?

Councillor Payne, in December you asked a question about EMS. I listened carefully to Mr. Musyj's response. At no point, did he refer to the financial impact. You need this analysis in order to make a fact-based decision.

In January, our group received a copy of a letter by Rick Spencer, the consulting engineer for both short-listed sites. People can read it on our site at [www.windsormegahospital.ca](http://www.windsormegahospital.ca). I followed up with a visit to make sure I understood the issues.

Mr. Spencer says his cost estimates were changed without running them by him first. He said the hydro supply to the site is inadequate, even though it was a specific RFP requirement. It's really disturbing that the O'Keefe site scored 90% on servicing that doesn't exist. As far as I can tell, this is a multi-million dollar cost that will be downloaded to Windsor taxpayers. It goes against the spirit of the RFP. I emailed Krista Walkey from Stantec, Glenn Ackerley, the fairness advisor, as well as Thom Hunt for clarification. Nobody had the courtesy of responding.

----

Our group also received a detailed open letter from Stephen Kapusta, a planner and transportation expert who worked for the city for 10 years. He explained why, in his opinion, the hospital proposal is in conflict with Windsor's Official Plan.

He explained why the cost to extend transit to the O'Keefe site will be high and the service infrequent. You need a financial impact analysis of the necessary transit service in order to make a fact-based decision.

Windsor's policy is that growth pays for growth. I understand no development charges will be levied for this project. This means Windsor will forgo \$10M in DC's if it goes ahead. In other words, Windsor taxpayers will pay for more urban sprawl. This is exactly what the policy sets out to avoid.

Of course DCs will also be waived if the hospital is built in the core, but in that case Windsor won't be on the hook for new site servicing costs.

In conclusion, Council doesn't have the analysis to support a levy. There was no public consultation. The community hasn't heard from a single medical expert not on the hospital's payroll. You haven't looked at the financial impacts.

A vote for a levy is putting the cart before the horse.

Council is in no position to support this levy tonight.

Please don't make a decision that will come back to haunt us all.

----

**Lori Hill**

I am a ward 4 resident and I have been involved with CAMPP regarding the many issues and concerns that we are facing here in Windsor with regard to Windsor Regional Hospital's proposed hospital system.

To begin, I want to express my extreme disappointment and frustration at the way the city has approached (and without question or public discussion) endorsed this hospital proposal on our behalf.

On April 4, members of CAMPP sent you a letter with a request to withdraw your support for this proposal as it currently stands. Without getting into details of that letter this evening, I just want to mention that any one of the questionable issues presented in that letter should have ignited action within council to question the endorsement of the project. That letter we sent contained well researched facts that we felt needed to be brought to your attention and it went UNACKNOWLEDGED; as have previous letters of concern that we have sent to you.

I am so disappointed that the city has not taken a more responsible and nurturing role with regard to the well-being of its citizens and frankly, I find this lack of interest and disregard of our questions and concerns unacceptable and undemocratic.

We have been very clear that we feel discussion is required and can only be beneficial before making this huge decision to endorse this proposal and most certainly before council votes to institute a tax levy for a project that has so many unanswered questions.

This proposal warranted more than a last minute deliberation at an extremely overloaded budget meeting this past December. I am quite certain that not one councillor sitting here tonight had an open discussion with their constituents prior to that meeting, regarding their concerns on not just the location of the mega-hospital facility but how issues regarding what residents in this city are losing and how it will affect them and their city.

To endorse this proposal on our behalf without these discussions is NEGLIGENT.

A hospital serves a city as an anchor where strong, healthy and vibrant communities flourish surrounding it. In a healthy city, access to hospital beds and modern hospital services need to be reasonably accessible to everyone and reasonable commute times and distances help to regenerate and maintain a city's urban health.

If there are viable and more beneficial options for a hospital system that are more cost effective for the city, why should these not be explored and considered? The fact that the City offered up land in the RFP process at the airport is no longer relevant to the conversation we wish to have.

As a city, we need to have a collective discussion where voices are both encouraged and listened to by their elected representatives. Communication is what makes progressive things happen. Great ideas can come from unlikely places sometimes... and people are a city's greatest asset! Their ideas and their values should never- ever be overlooked. We deserve this respect given that you are making these decisions with our money, on our behalf!

By working collaboratively we can have the best solution for the City of Windsor. The County voted to support their portion of the funding requirement. They too could benefit from re-evaluation of a system that more effectively caters to the needs in their communities. The practice of big-box centralization for

----

the good of the region when “THE 21ST CENTURY PLAN” is to bring healthcare into the communities is CLEARLY WRONG!

We can only benefit from taking the extra time to get this right. I truly hope that you will choose to vote against this motion tonight. It doesn't mean that you are against a new hospital system, but instead choosing to move forward through discussion and communication with all the parties involved in this process, for the people you represent and for the good of the City you have been entrusted to care for.

----



## **Greg Heil**

I believe that it is patently wrong to implement this proposed levy, to impose this burden on Windsor taxpayers, in advance of a firm commitment by the province to provide the billions in funding necessary to make the project viable and a specific timetable for such.

The so-called “Windsor/Essex Hospitals Systems Plan” is far from a done deal...and all the tax money we throw at it now won’t necessarily make it so. Largely a ‘homespun’ thesis prepared by local health care and other bureaucrats, it proposes a rather ‘fantastical’ scheme to abandon much of our existing healthcare infrastructure and build a host of new facilities at an astronomical cost. There remains broad disagreement within the community on the scope and siting aspects of their plan. But, perhaps most importantly, as of now, it really has no formal standing or legitimacy beyond our own locale. Aside from the few million dollars in seed money funding these local studies, left as a parting gift by Dwight Duncan as he left politics, the Ministry of Health has yet to embrace any these audacious proposals.

So, what are the prospects of the province funding the project? Well, first off, Ontario, the world’s most indebted sub-sovereign jurisdiction, is largely broke. Then, as the report suggests, there are half a dozen other communities in the queue with us seeking untold billions of dollars for ‘bricks and mortar’ projects...all the while our overall healthcare system is strained to maintain even basic operational staffing. Also, as Gord Henderson reminds us, our region has the particular problem of political under representation within the governing party...what’s the likelihood the we will get the ‘golden goose’? The reality is that any limited spending that the Wynne government can do in the foreseeable future will all be focused on transportation infrastructure improvements in the GTA...where their votes are.

Frankly, I have grave doubt about those prospects...perhaps we should ask these bureaucrats, (to borrow a phrase from Councillor Payne): Where’s the beef?!

But, even if there’s an inkling of possibility that the funding does come through, this council’s previous motion of “support in principal” for our community’s contribution of its share is all that should be needed to persuade the powers-that-be of our sincerity. This local funding would not be payable for many years. I’m certain that Mr. Collucci could come up with any number of financing options at the appropriate time to raise these funds as expeditiously as needed to be amortized over generations as necessary by those who would actually benefit from the plan far into the future. In other words, this is one expense that we can afford to defer for some time or avoid altogether if the plan never becomes reality. Why must we pay in advance?!

Councillors, you must table this report pending the provincial funding. Be mindful that we’ll likely still be waiting for it in 2018 and beyond...all the while your unhappy constituents would be paying dearly year after year. I implore you to be prudent and wise. Whether it’s 2% or 1% or whatever, it makes no sense to impose this burden on Windsorites at this early stage. It’s time for common sense...common sense to finally prevail within this chamber.

----

**Patrick Hannon**

My name is Patrick Hannon from Ward 5 and I'm here as a concerned resident. Council has a history of obtaining the most information it can on funding issues in order to make the best decision. I urge Council to continue that due diligence on this issue.

Addressing the Risk Analysis in Point 4 of the report, it states that without this funding initiative, the area risks losing this project. My comments will address the project in question. Since tonight's issue affects everyone in Windsor and Essex County I wish to speak about the good health care that Windsor Essex deserves.

The proposed plan available on the Windsor Hospital Corporation's website has a number of great pictures, yet little in the way of particulars. The proposed plan includes the construction of a new Single-Site Acute Care Hospital, construction of a new Hotel-Dieu Grace Healthcare building after demolishing the existing building, construction of a new Urgent Care facility at the former Grace site, use of the existing non-acute Tayfour Campus facility, and demolishing the existing Metropolitan Hospital Campus.

In housing milestone reports published by the City of Windsor and Essex County, each report an overall increase in population though to 2031, with the highest increases in the county. This is true for even the low-growth scenario. Yet we also see from reports published by the Erie-St. Clair LHIN, that the majority of people who currently need increased access to care live closest to the downtown core with other pockets in Amherstburg and the Harrow areas. One concern for me is that we currently have two emergency rooms that operate 24 hours per day that have significant wait times. The proposed plan is to eliminate one emergency room and augment that with an urgent care centre that will have limited hours. How will this improve emergency room service for Windsor Essex?

There are two items missing that caught my attention. First, there is no mention of Leamington District Memorial Hospital. Leamington is part of the hospital system in our Erie-St. Clair LHIN. If the province is proposing to build or recondition satellite facilities in Windsor, why is there no mention of Leamington? With the majority of growth in Essex County, and no plans of reconditioning or referencing the purpose of Leamington in the overall hospitals plan, I'm concerned that the Ministry of Health will implement a plan similar to Niagara and close Leamington District – or worse, end up being the fiasco built in Brampton. Additionally, if there is service augmentation in the City of Windsor, why are there no planned facilities in higher-growth areas such as Lakeshore and LaSalle – Amhurstberg?

Last, the funding for this project has not been determined. If we are to contribute to the overall funding plan, I would like to know if this project will be built under a Public Private Partnership or a P3. Ontario leads the country with financing infrastructure through P3s – which the Globe and Mail summed up as “renting money” for infrastructure instead of lower cost government financing. The Ontario Auditor General examined 74 projects including hospitals that were built using P3 models.

For 74 privatized P3 projects that were either completed or under way, the Auditor noted that “tangible costs, such as construction, finance and professional services, were estimated to be nearly \$8 billion higher” under the privatized P3 program than estimated if the projects had been delivered by the public sector. \$6.5 billion of these higher costs come from higher financing costs alone.”

The last time that I accessed health care, I went to a medical clinic. I was seen by a Medical Office Receptionist, a Phlebotomist, a Register Practical Nurse, and my Doctor. I was not seen by the building. Health care in Windsor Essex is about the people who need these services and the people who provide

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

them. We've already seen the reduction of staff at Metropolitan Hospital. Currently I see this as a plan that addresses some building structures that will be built with rented money, by consortiums that operate out of town, perhaps out of province, or out of the country. And as we've seen with the Herb Gray Parkway, a project that won't bring many long-term jobs to the area.

For these reasons, I encourage Council to defer this motion until details of a plan are published that lay to rest these and others' concerns.

----

## **Lisa Pike**

The proposed levy is most recently (as I've read) being framed here tonight as a possible 1% increase on property taxes over a period of ten years, a supposed cost of \$30 annually per household. At face value this request could seem quite innocuous and perhaps even reasonable; however, deeper thought and inquiry reveal a number of troubling unanswered and unexplored questions.

My partner and I moved back to Windsor after several years in Toronto and we have the same concerns many have already voiced here tonight; that is to say:

- 1) the lack of meaningful, open, and truly reciprocal dialogue regarding a plan that will irrevocably alter the various communities of which our city and region is comprised;
- 2) the squandering of our resources, namely the destruction of viable farmland which, as we know, is becoming increasingly scarce in the 21st century, coupled with the unnecessary burden of having to provide and pay for infrastructure to service this land when Windsor is currently riddled with large vacant brownfield sites, and
- 3) the very narrow vision of razing our local hospitals to the ground rather than creatively integrating and utilizing existing services and structures already financed by our tax dollars and by the generosity of community donors - I could go on here – but in the interest of time, I want to say that my most urgent personal concern is the social justice aspect of this proposed system plan for which this levy is to be a key instrument.

We know, for instance, that 44 000 people in our city currently live in poverty. We know that our wait list to access social housing is 3 000 people long. We know that homelessness in Windsor is on the rise and we know also that our local foodbanks struggle to keep up with the demand for their services. The acute care component of the proposed system plan for which support is being sought TONIGHT via this levy, places our most economically vulnerable neighbourhoods and people that live in them the furthest away. We have been told that in recompense, the system plan will see enhanced mental health services and an urgent care clinic open 14 -18 hours for residents in these vulnerable areas of the city (and \$ is being spent advertising before discussion and approval of funding has even occurred). But I ask you here tonight: what kind of message does such a configuration send?

The proposed plan as it stands in my mind – as someone who lives in one of these neighbourhoods - and sees how people struggle on a day to day basis just to have the basics: food and shelter, and as someone with a professional background in equity studies - this plan, in my mind, serves to ghettoize the poor and further reinforces stereotypes about them. I have even heard such othering and derogatory comments as “well that’s what “those” people need down there, that’s the kinds of services “those people” should get. Pathway to Potential has just recently received a Collective Impact Grant from the provincial government to tackle poverty in meaningful ways that go beyond charity handouts and feel-good photo-ops. This prestigious grant will work to address poverty at structural levels and we are even hiring one of North America’s top experts to help achieve these goals. The proposed plan, however, runs directly counter to such goals and efforts.

This levy asks us to begin paying now in support of a plan that will demolish two local hospitals that (as others have mentioned here tonight) have seen millions of dollars poured into them making them “state of the art”; it asks us to pay now for a plan whose total cost is unknown (as others have stated, infrastructure costs are not factored into this levy, and we have no idea about the specific costs and details of plans for extending public transit to the ‘mega’ facility); we are being asked to pay now to support a plan that contributes to sprawl, environmental degradation, and further destruction of local resources; we are being asked to pay now for a plan that further exacerbates the widening gap between

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)

[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

poverty and wealth. As someone born and raised in Windsor and having recently returned here to live, I think we deserve more than this – and that is why we cannot support this levy and we must go back to the table for something more visionary. True healthcare should create the conditions of health for all.

----

## **Caroline Taylor**

Our city is about to embark on a new system of health care delivery. One which will require a new tax levy to pay for and I do not believe there has been enough time given to look at this proposal. The steering committee claims it had numerous consultations regarding this with stakeholders in the area. Consultations discussing what would be in the new building of course but not where it would go. This venture will be detrimental to the viability of this city.

The population of our area is not expected to grow for the next 30 years. Councillor Hillary Payne states "we'll grow the city". You grow a city by growing the population, by bringing in permanent jobs. This venture will do none of that.

Mr. Musyj has stated "we'll follow the sprawl". Members of council this statement scares me. Our urban fabric is falling apart. Have you not noticed the blight happening in our city as more and more take to the suburbs. And with the people go the business, all leaving blight behind. Cities are realizing that sprawl is unsustainable and are moving to stop this type of development. Only developers profit from sprawl. And the city is left to look after a larger and larger parcel of infrastructure without the population to support it.

An acute care hospital is an important anchor in a city. This new proposal states that in place of an acute care hospital in our most densely populated area we will have an urgent care centre and chronic disease management. Council, we already have urgent care clinics which I frequent instead of the ER. But they are only open till 7pm. As for chronic disease management these are dispersed throughout the city already. It's not what were getting but rather what the proposal's leaving behind.

Council you have not asked enough. Why the need for 60 acres. Other state of the art hospitals are built on a lot less. Who drew up the site selection rankings. Have you taken a look at some of the rankings. They don't make sense. Some say this is a regional hospital and therefore belongs closer to the county for easy accessibility. If so then why were properties in the city also considered for the proposal. A lot of things are not adding up. What am I missing?

Both the city and the province have policies in place which state they will put all their efforts into using brown space and not agricultural land when building. How come no one is adhering to these policies?.

This is a 2 billion dollar investment in our region. We are told if we don't get on board the money will go to another city. I don't believe it will. The money will always be here. These megahospitals popping up around Ontario are funded by p3's and they are in this to make money, they won't be going anywhere. They need our business. My councilman told me that this project is for the health care of the whole region not just the city. This proposal will destroy this city and ultimately the county. A viable county depends upon a bustling city. Without a proper health care proposal in place the city will struggle thereby the county will struggle. We will become a disjointed region.

Some state people in the field of health care will flock to work at our new site. I don't think they will. Why choose a disjointed region. I would choose to live in an area with a thriving city, not a dying one. I realize the university is moving some campus's downtown to add life to the core. This is a great plan and has worked well in other cities. But if there is no acute care hospital in our urban area this plan will not be a success.

When the province wanted to build a new route for the NAFTA super highway they suggested using our own EC row on which the trucks would travel. Mayor Eddie Francis fiercely opposed this and I was never

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)

[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

so proud of our mayor standing up and doing the right thing by his constituents. He hired world class traffic guru Sam Schwartz to come up with the best plan and it worked.

The city began hearing talk of a mega hospital back in 2012. It has taken 4 years to get this far. Most of that time though was taken up by the realignment of our 2 hospitals and administration. So that part of it is already done.

This is a 2 billion dollar project. It could work wonders for both the city and county. I suggest we again hire a world class professional in city planning and health care (like mayor Francis did) to come up with a plan we can all get on board with. There are other viable options out there. Let's do this right the first time.

----

## **Gerald Pouget**

I am here this evening to express my opinion as a member of CAMPP. Firstly there is in our fair city in excess of over 600 empty commercial properties. A situation of immense concern to all of us as well I believe to all of you before me. You have appointed from your midst a councilor to manage and head up a committee to address the situation of which you have my full support and hope this will get some solutions to stop this exit from our core area.

You all could assist in this dilemma by asking the powers to be (Provincial Government) to locate new construction within the core of the city by using and expanding the existing hospital sites which are currently and conveniently located to service this cities greatest needs instead of creating more empty space in our core.

These current locations are servicing the areas around them in the core to keep them alive, to close them down only exacerbates the situation you are trying to correct.

The current areas service a huge portion of the cities lower income families. This portion of our community will suffer greatly by moving our current locations to the proposed site. To take a taxi to the new location costs \$72 to \$80 return, a far west side total impossibility for almost all of its inhabitants that we speak of. To take a bus is also an impossibility as it is (currently 1 ½ hour to travel from Tecumseh & Lauzon to downtown. Also an impossibility for those who are injured or just ill. I had to take a taxi to Hotel Dieu hospital from my house when I had a health problem and it was just \$15.00 return from old Walkerville. A huge difference. Can you imagine being a caregiver to a loved one hospitalized and not being able to do so because of cost, also imagine the guilt put on you.

There was a statement from Stats Canada that Windsor & Area is showing as a “NO GROWTH” area of which I heard about but truly believe it more business are still leaving the area and no new announcements of new industry of significant size coming our way.

All this being said and in mind, the last thing we need is the extra millions of dollars this will cost this city. We are being serviced by our hospitals now adequately with no need to spend the extra dollars to move out to the extremities of Windsor to get no more than we already have with no extra cost to the largest number of us users that absolutely cannot afford this new location. If I may, it like asking you Mayor Dilkens to rent a Rolls Royce next time you go to Toronto instead of driving your own car.

As a tax payer and very much a Windsorite I ask you in front of me to reconsider the real consequences to our city. We have now all the services this new extravagant facility offers and maybe more. Keep us within our comfort zone and keep the Rolls Royce away from us. We can expand and renovate our existing locations even if it means expropriation if necessary to accommodate new horizons. I do believe that if you show a prudent and sensible decision to reevaluate your support to the new site you will be better servicing your constituents and the city of Windsor as a whole.

I beg you now to stop and go reevaluate your decision to show your constituents that you are working for them and showing a willingness to service those who voted you in or show us why this will service us better, if it is so. I found CAMPP a very logical group with lots of unanswered questions and we need just logical and sensible answers as do all the citizens of this great community.

THANK YOU ALL FOR THIS OPPORTUNITY TO SPEAK WITH YOU AND HOPE YOU WILL GIVE US SOME ANSWERS TO THIS GREAT CONFLICT TOO MANY OF US HAVE WITHIN OUR HEARTS.

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)



## **Cathy Greenwell**

Is there anyone in the room that can "trump" the Prime Minister"? On April 22, 2016 he signed the Paris Climate Accord, that means each and everyone of us, from our front lawns, cities, counties, province, country in relationship to the world has a duty and obligation to reduce fossil fuel emission in our relationship to the world. Therefore I am asking for a moratorium on all projects (in Windsor) and ask they be reviewed under our new global agreement.

## **John Holmes**

It is very telling when the people's representatives who are entrusted to look after the general wellbeing of the citizenry and the city proper have yet to discuss the impact of the proposed hospital changes envisioned by David Musyj and Dave Cooke, for Windsor, you will notice that I did not include Essex County for the impact for them is minimal. The threats that municipal funding has to be in place are baseless and quite frankly spurious; a prime example is Ottawa which has to raise \$400 Million dollars for a new hospital but will do it over time by soliciting corporate and philanthropic donations.

On December 21, 2015, the democratic process was circumvented by David Musyj and Dave Cooke by having Mr. Dilkens put their proposal on the agenda at the last minute.

Let's go back a couple of years to 2012, out of the blue Dwight Duncan floated a one hospital option for Windsor and Essex County, that scenario was never on the radar for Windsorites or the County. A three-person Committee were asked to look at the future of two hospital sites, specifically, to gage community support for having one central hospital. Erie St Clair LHIN Board Chair, Dave Cooke, was appointed Vice Chair along with Teresa Piruzza, MPP Windsor West, and former Windsor City Councillor, Tom Porter, the cost \$90,535 dollars to be completed late fall 2012.

To find a site for the hospital the committee asks for property owners to submit possible land, no study on what is best for the community and region the impact of closure or downsizing and what the other options of keeping the current hospitals with necessary upgrades.

So they announce the site, a bean field at the corner of county road 42 and concession 9 right across from the Windsor International Airport as far out of the city as possible, the cost to the taxpayers \$100,000 per acre, \$6.1 million for un-serviced farm land. The going price today in Essex County is approximately \$6,000 dollars p/acre. Add to that the cost of infrastructure of 250 million to 300 million dollars which will be directly loaded on the backs of the Windsor taxpayers. To get the site selection process a freedom of information request had to be filed.

This exercise needs to be restarted with ALL the options on the table with proper analytical and necessary study to make a decision on an issue which will impact Windsor and region for decades to come. To ask taxpayers to pay a tax based on fear of not have the opportunity to apply for funding from the PROVINCIAL Government in the year 2016 in my opinion is downright unconscionable and borderline criminal. I am suggesting that all Windsor taxpayers refrain from paying this unlawful levy.

I ask you councillors to reject this pig and a poke proposal and that you take in all the ramifications of this major surgery to the way health care will be delivered to the people of Windsor and the Essex County region.

----

## **Howard Weeks**

I think that you got it right last Monday when you decided to delay debate on this issue. I agree with you that in discussing, the largest single capital expense in the city's history all members of council should be present. However, I believe you are leaving out the biggest and most important stakeholder of all, the public.

Yes, there have been numerous orientation sessions, town hall events and presentations regarding future healthcare plans but none of them have included any mention of a tax levy.

Tonight you're not just voting on this levy. You are voting on whether or not to end all discussions and approve the mega-hospital plan in its entirety. If you approve the levy your approving the current health care plan. If you vote against this levy, your voting to take a step back and have another look. It won't mean the end of the of the hospital plan, It will mean that you have the political will to make sure your constituents are properly informed and are given the opportunity to make a meaningful contribution.

The sense of urgency created by the questionable assertion that further discussion will cost us the hospital is, I believe, a smokescreen. The P3 private consortium stands to profit greatly over the years and certainly will not risk its windfall just because our community wants to take a bit more time, in order to get it right.

Until many important questions and concerns are dealt with in a completely transparent fashion, any debate on a tax levy is I think, just an artful distraction. As a home owning taxpayer I will not forget having this new tax imposed upon me without being given the opportunity for debate or input. It's just another reason why we have to get back to the table and stay there until we create the best possible health care plan for all the citizens of Windsor and Essex County.

----

## **James Coulter**

I would like to preface my comments by saying I am very concerned for the future of this city – if I wasn't I would not be here.

Oakville's Trafalgar Memorial Hospital opened last year. It is 1.6 million square feet, the same size as proposed for Windsor-Essex. It cost \$2 billion to build and the thirty-year, contract value is \$2.7 billion. The Town of Oakville provided \$130 million at the time of substantial completion. The hospital, Halton Healthcare Services, put in \$270 million and a Capital Campaign raised a further \$60 million. It required \$460 million local dollars to build that hospital.

While the provincial government pays for the planning and design and 90% of the eligible construction costs - the hospital must pay for all of the non-essential construction costs and all of the clinical equipment and furnishings.

The proposed Windsor-Essex Hospitals System has many more components than just a single acute-care hospital. Based on the price of the new Oakville hospital, their estimate seems very low. Will our hospital come back later and ask taxpayers for more money? How much money will the hospital have to raise from its community partners and donors?

There will be other costs that will come from taxpayer's pockets too. Like the \$250 million on new infrastructure to make the proposed site viable. Provincial policy and even our own Official Plan prescribe smart growth and urban intensification – that is to promote cost-effective development patterns and minimize land consumption and servicing costs.

Attempts have been made to justify this expense because the land south of the airport is part of the city's 20 year plan.

When those lands were annexed the region was enjoying above average growth and our manufacturing economy was sound.

The justification to expand the city no longer holds as the Ministry of Finance's most recent population projections show the Essex area as a region of little future growth and the Erie-St. Clair LHIN even predicts a population decrease across its jurisdiction.

Furthermore, Windsor is rife with vacant and underutilized land. There are over 500 documented sites – four of them were large enough to be considered by the hospital's site selection committee.

By opening up the annexed area at this time, with our current surplus of developable land we will only make matters worse. What will that cost taxpayers?

The proposed exurban site will mean Transit Windsor will have to expand current routes to provide service. What will that cost?

Fire, policing and EMS tasking must be considered and these costs will likely rise too. In Niagara Region – the annual land ambulance budget had to increase by \$3 million once local ER's were converted to urgent care centres.

----

To recap: the hospital is asking for \$200 million from regional tax-payers but we have no idea if their estimate is valid nor if they will have to raise more money for costs not covered by the province.

Then there are the costs to Windsor tax-payers to make the proposed, exurban site viable; \$250 million for infrastructure; an unknown amount to expand transit service; another unknown amount for fire, police and ambulance servicing.

Meanwhile the city has an infrastructure maintenance deficit of over \$300 million and we continue to service hundreds of vacant properties.

The cost to this city will be much greater than the \$108 million that the you are voting on tonight. Council has made a commitment to raise money for this project. However, at this time, I ask you to defer approving the levy until a valid estimate of the proposed hospital cost is provided and all other costs to city and county tax-payers are analyzed and presented to give a clear picture of the full financial impact of this proposal before we collect one, extra, tax dollar.

I have no dispute with building better health-care but we must find a smarter, more sustainable way to do it.

Thank you for your consideration of this matter.

----

## **Nestor Chyz**

First of all, I would like to congratulate your efforts in crafting another zero increased budget.

I'm in favour of improving health care in Windsor & Essex County. However, If you were doing a cost benefit analysis, The Mega Hospital would be a tough sell. If you did a social cost benefit analysis, the Mega Hospital would be a complete failure. For example, residents of the west end & core will not have access to 24/7 care without long distances to travel.

Hypothetically, if all of you were bankers & I came to you as a business man asking for a loan to increase my business, would not your first question to me be "Where is your business plan?" The only numbers that have been mentioned are \$2 billion for the hospital, \$6 million for the land acquisition, & an estimated \$250-300 million for infrastructure improvements.

Only the \$6 million is a hard number. The \$2 billion figure has been quoted as early as 2012. With inflation & general cost increases, this figure should be higher. What is the real cost now? Is the committee going to have to downsize the proposed hospital to fit the budget?

In regards to health care, value for money should mean investing in nurses, not more bricks & mortar.

Windsor's strategic 20 year plan emphasizes fiscal sustainability, a sound stable financial position to make decisions. It mentions that basement flooding is a big problem in Windsor, but, with the right infrastructure decisions, we can end it. The Capital Budget 5 year plan (2015-2019) funding allocation for roads, sewers, & transportation infrastructure is \$266.9 million.

This is for the whole city, not one section of the city.

My question is will we be trading future precious \$ that should be used to rectify basement flooding for the \$250-300 million estimated \$ that are proposed to improve County Road 42?

Your 20 year vision states that Council should be making infrastructure decisions to improve quality of life. Is the \$250-300 million estimated expenditure worth the risk?

Where is the balance between maintaining existing assets & investing in priority growth projects?

From the Windsor Star, Jan 7/16, Bob Renaud said, "It was never one of the criteria. There was never one suggestion made that we had to consider hollowing out the urban core" Why not?

Council should not be swayed by the county position. This must be a Windsor decision. This must be good for the city. More blight is not right. When the exodus of the Medical community to Walker & County Road 42 is complete, more empty buildings & longer travel times are a given. The city core will be forsaken by a decision made by an unelected committee only to be reinforced by members of Council.

This will be City Council's legacy.

----

## **Jacquie Krause**

I come here tonight not with a bunch of statistics but a need for answers. I begin by asking why there was never any involvement of city residents in this decision-making process, contrary to what's being reported.

There has never been public consultation or debate on this issue. Unless the council considers all the presentations of architectural drawings consultation, that is. Nothing of depth or real value has ever been put before us to consider.

None of the Ontario government's own guidelines were applied or adhered to in addressing this issue – mainly accessibility. Protection of green spaces, consultation with the public and use of brownfield (of which we have many) when available – just to name a few. The entire process has been flawed from the beginning.

There have been no town hall meetings, the Erie St. Clair LHIN has not made itself available to us so we can express our concerns and have some kind of dialogue. Holding their meetings in Chatham in the middle of the day and refusing to come to Windsor for an early evening session.

There needs to be some accountability here. The people sitting in front of me all have a responsibility to know what you're voting for and how it will impact your constituents. If you never told them the truth of what's at stake, then how could they know? The Windsor Star and all the rest of the media certainly haven't informed them. How about making your vote based on knowledge rather than influence?

Being a councillor is more than wearing a nice suit to work every other Monday. It's constantly educating yourselves about the issues so you can defend your decision if you don't vote with the majority.

Where do we go from here? We don't know.

There are no answers because we're not allowed to ask the questions. If this is your idea of a democratic process, I think you should avail yourselves of a grade school textbook to find out the meaning of democracy.

It means by the people and for the people.

I don't recall it saying only certain people.

Presently if this situation doesn't turn itself around, I see Windsor's future as loss, loss, loss: Loss of our hospitals, loss of our nurses, and loss of full access to healthcare to cover all people in Windsor.

But most of all, I see the loss of responsibility and compassion and respect for the people of this city by this current council, save one who still has integrity.

----

**Kathryn Tisdale**

I'm here tonight to ask you not to let the hospital plan go forward in its present form, and to vote NO on the proposed levy. When there is a *good* plan for health care investment here, I will fully support it and happily contribute to it -- especially if it includes a sizable investment in the county as well as in Windsor. But this current proposal is NOT a good plan and so this levy is unjustified.

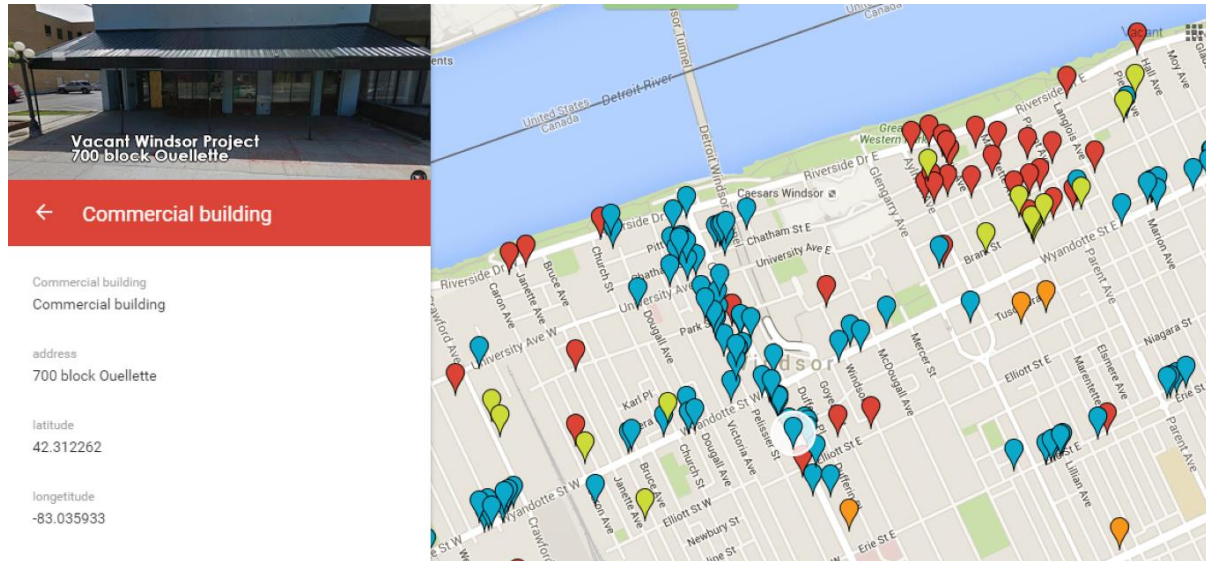
I'd like to tell you about a project related to this issue that is currently underway. "Vacant Windsor" is a crowdsourced project in which volunteers photograph vacant properties in Windsor. There are 445 members in the Vacant Windsor Facebook group and together we have photographed more than 600 vacant properties. We aren't done yet.

**Slide 1:** This is a slide of the 600 plus vacancies mapped. The online version of the map is available to the public and is interactive.





**Slide 2:** Clicking on any pin will bring up a photograph of the location.



**Slide 3:** As you can see, we have a great many photos.



If I turned our photos into a slide show of 3 seconds per property, it would take 30 minutes to get through the show.

In other words, you would need to sit for 30 minutes to see a slide show of some, but not all, of the current vacant properties in Windsor.

At our website [vacantwindsor.weebly.com](http://vacantwindsor.weebly.com) you can find links to the map, the photo album, the Facebook group and more information.

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)



Why have we done this? We are concerned citizens who want to build support for the civic leaders who will... sooner or later... have to solve this very serious problem. As you already know, urban studies reveal that every urban vacancy dampens the economic and social activity of an entire block. This isn't a theoretical problem.

Vacancies lead to a lifeless city without vibrancy, a slowed economy, a lowered quality of life. Up and coming young professionals, artists, and entrepreneurs are not attracted to suburbs or dull, lifeless downtowns. Studies confirm that they want to live in downtowns with all the amenities. They choose their city first and their job second. Windsor parents have watched our adult children leave for more vibrant cities. We are losing some of the best of the next generation.

Solving our vacancy problem is **already** an uphill battle... let's not **actively** make it worse. Demolishing our two central hospitals... and forcing doctors' offices, labs, drugstores and other support services away from the heart of the city... may never be repairable. Gutting the city for urban sprawl does not work... not for city residents or area residents... not for their health and not for the local economy. It is costly and hugely dysfunctional. It has resulted in major failures in many North American cities, a cycle that has been well documented. That literature is readily available.

Windsor does not need new greenfield development. It does NOT need a distant suburban hospital. What Windsor does need is to cultivate and improve the existing urban fabric and accessible health care... .... and in doing so, enhance the quality of life of both city and area residents. That would be a levy I would be glad to support.

----

**Doris Benko**

"No taxation without representation" ....there was a tea party about this once...

I object to a tax levy for a new hospital until there is final approval from the provincial government.

I also strongly object to diverting funds that have been allocated to capital infrastructure projects that are badly needed within the city. A new "mega-hospital" as proposed will not serve this area well, and the whole plan will not do one iota to improve the delivery of health care. We NEED a better plan!

The people opposing this plan, as it stands, are smart, educated, engaged, caring citizens who actively every day contribute to our communities. They are not the enemy!! Please do not demean them by calling them whiners and complainers. They are your neighbours and constituents, who, collectively have a wealth of wisdom and knowledge, as you have observed, and they want what is best for our city and county. You would do well to listen to them.

Let's get a new plan, a BETTER plan, which will be in the best interest of All the people in our area. There is too much at stake to make a mega-mistake. Please - we are not in a great hurry.

Let's take time to hear and consider all ideas and options. This is too large and costs too much to not get the best. There is time, if there is a will, to get this right. When you have a good plan, everybody will get on board.

If we must finance this project through a P3 consortium, they will wait, they are not going away.

This train is going too fast on a crooked track. Slow it down and straighten out all the details, and be sure of where we are going, and how much it is going to cost us, and what we are going to get.

Then we'll all be on board.

----

**Rebecca Blaevoet**

There have been some eloquent and extremely well-thought-out presentations tonight. I wish to simply ask two questions, bearing in mind that people need to be told something five, six or seven times before they get it.

Does your levy take into account the cost needed to widen streets, bring in municipal services and rezone the agricultural lands in question?

I want to read a short section from the [City's official plan, Special Policy Areas](#), concerning what are designated the Transitional Agricultural Areas, section 1.23:

1.23.2.1 Permitted uses in the Agricultural Transition Area are limited to:

- (a) Existing non-agricultural uses.
- (b) Existing agricultural livestock operations
- (c) Non-intensive agricultural activities, including crop production, greenhouses, home occupations and other similar agricultural activities as permitted by the zoning by-law
- (d) Forestry and conservation uses

In the document, you'll notice that severances strictly limited, expansion of livestock operations is limited, keeping conflict between agricultural and non-agricultural use is to be kept to a minimum; and the word "non-intensive" is writ large throughout the whole section of this document pertaining to the Transitional Agricultural Areas.

How much is it going to cost to bring these lands from their present agricultural use,--and the land has not been rezoned yet,--to the uses for which you intend them?

If you think about crop production and the gulf that exists between that and a huge infrastructure build like the megahospital, you have to acknowledge the cost involved. Does the proposed levy cover them, not to mention the staff hours to rezone the land and carefully draft the policies concerning it?

My second question relates to adequate public transit. On the Citizens for an accountable Megahospital Planning Process website, [www.windsormegahospital.ca](http://www.windsormegahospital.ca), which I encourage you all to look at; it contains a lot of well-researched documentation, there is a section called "experts speak out."

In that section, there is an article by former city planner Stephen Kapusta, outlining why he thinks there is no way the levy could cover all the transit improvements necessary to service the new megahospital adequately. How can your levy possibly cover those?

I know which way this vote is going to go tonight. 9-1. Which side of the "9" do you want to be on?

Please, please listen to your constituents. Remember, we voted you in.

----

## **Rita Haase**

I would like to address a couple of points regarding the environmental ramifications of the proposed hospital because I am deeply concerned that constructing the new hospital as planned will cause unnecessary and avoidable environmental degradation – in addition to exorbitant additional costs for new infrastructure – and that a great opportunity for an environmentally sustainable development will be lost. It is my strong belief that keeping and renovating the existing hospitals and perhaps constructing new energy and water efficient community-based specialty clinics would be the most environmentally friendly and sustainable way. What are the main concerns, you might ask.

(1) More traffic and traffic congestion will occur due to greater distances travelled by Windsorites to the new hospital site. This is a major environmental and human health concern because more traffic generates more air pollution in a region that is already heavily polluted. Cars and trucks release not only carbon dioxide that drives global warming directly but carbon monoxide that indirectly increases the global warming potential of other greenhouse gases and leads to the formation of ozone. Other pollutants induced by combustion engines are nitrogen oxides that cause acid precipitation and contributes also to the formation of ozone, and sulfur oxides are generated that are also contributors to acid rain. Besides the environmental issues these air pollutants have devastating effects on human health which cannot be outlined here due to time constrains. Therefore, instead of constructing a hospital on a greenfield site it would be highly advisable to build it on a brownfield location such as the old General Motors site that is centrally located and has public transport access since this would be the by far healthier solution for the environment and humans.

(2) Green space reduces the devastating effects of climate change since all green meaning photosynthesizing plants function as carbon sinks - or to say it in other words, they reduce the amount of carbon dioxide in the atmosphere. Indeed, the Kyoto Protocol, the international communities' main instrument for halting global warming suggests that the absorption of carbon dioxide by the soil and trees is just as valid a means to achieve emission reduction commitments as cutting carbon dioxide emissions from fossil fuels.

Green space also prevents the heating up of urban areas as asphalt and roofs of buildings are often dark-colored, which helps drive the urban heat island effect. Additionally, green space is ecologically precious since it offers valuable habitat for plants and animals.

(3) An increase of impervious surface, meaning surface that cannot be penetrated by water, is another environmental issue resulting from a newly build hospital on greenfield. Paved areas such as the proposed large parking lot, and the vehicles that are parked on them, can contribute significant amounts of water pollution. This happens because the runoff cannot be infiltrated into the soils, meaning rainwater cannot be stored in the soil and pollutants that would normally be removed through natural filtering will end up in the gully and ultimately in the Detroit river. Further, impervious surfaces increase the risk of flash flooding during times of heavy runoff because storm water drains may be insufficient to handle the higher volumes. The increased runoff can overload the sewage treatment plant, resulting in polluting our waterways through untreated sewage and storm water. Suggested solution? Again, building on a brownfield site that is already developed and offers sufficient parking space.

(4) The proposed location for a new hospital complex will result in growth of urban sprawl, which further degrades the environment for the above mentioned reasons. Not only will ecologically valuable green space and economically important farmland be destroyed but the new complex will result in more development due to supply industry, patients, and hospital staff that wishes to work and live in closer

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)

[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

proximity to the new facility. This, then will cause more destruction of green space and more impervious surface.

Lastly, if the decision is to build a new hospital instead of renovating the existing ones, the mayor and council members should ensure that the new hospital is as healthy for patients and staff and as environmentally sustainable, meaning energy and water efficient as possible. That being said, the new facility should be a high performing green building that aims for a LEED (Leadership in Energy and Environmental Design) certificate. Yes, the costs to construct this will be higher but it reduces the utility costs and improves the health of patients and staff in the long run.

----

## **Kimberly DeYong**

The Ontario Health Coalition's primary goal is to protect and improve our public health care system. We work to honour and strengthen the principles of the Canada Health Act. We are led by our shared commitment to core values of equality, democracy, social inclusion and social justice; and by the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. We are a nonprofit, non-partisan public interest activist coalition and network.

Hospital funding in Ontario is at an all-time low. We have evidence of the P3 funding model for hospitals in other communities to learn from.

Municipal representatives need to stand up against this P3 funding model to ensure responsible investment of our region's contribution to the new hospital and preserve our public health care system or we can expect to be in the same position as today, budget shortfalls and struggling to equip and staff the new mega building.

Council is urged to support the new hospital AND Council is urged to strongly support:

1. that the Ontario government stop cuts to community hospitals and restore services, funding and staff to meet our communities' care needs.

The data is irrefutable. Ontario's cuts to hospital nursing care and hospital beds are the most severe of anywhere in Canada. In a new report *Beyond Limits: Ontario's Deepening Hospital Cuts Crisis*, the Ontario Health Coalition finds that the cuts to community hospital care are a result of eight consecutive years of global funding for the province's hospitals. Now, heading into the ninth year in a row of real-dollar cuts to hospitals' global budgets, Ontario's community hospitals are now lagging behind virtually all other provinces in every reasonable measure of hospital funding. The coalition's report includes an updated list tracking hospital service and staffing cuts in every region of the province for the last four years. Among the key findings:

Ontario's government has cut hospitals' global budgets in real-dollar terms for 8 years in a row. If the government does not change course, 2016 -17 will be the ninth consecutive year of hospital cuts – the longest period of hospital cuts in the history of Ontario's public hospitals.

Ontario now has the least amount of nursing care per average patient (including RN and RPN care). Ontario has the fewest hospital beds left of all provinces in Canada, and lags far below the other provinces.

Ontario has the highest hospital readmission rates in Canada, and they are rising.

By every reasonable measure, Ontario's hospital funding levels are at or near the bottom of the country and far from the average of the other provinces.

Cuts are resulting a crisis of overcrowding; cancelled surgeries because there are no beds; too-early discharges; high re-admission rates; infections; violence; ambulance delays; understaffing; and compromised safety for patients and staff alike.

Beyond Limits: Ontario's Deepening Hospital Cuts Crisis:  
[www.ontariohealthcoalition.ca/wp-content/uploads/final-beyond-limitsreport.pdf](http://www.ontariohealthcoalition.ca/wp-content/uploads/final-beyond-limitsreport.pdf)

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

2. that the hospital be financed and procured publicly and that the ownership, operation, management, delivery of hospital services and administration of the hospital remain public and non-profit under direct control of a local hospital board.

- Whereas all hospitals since the inception of public Medicare in Canada have been non-profit
- Whereas “public private partnership” (P3) hospitals turn over democratic community control to international investors making a public service into a commodity sold for profit
- Whereas world-wide evidence is that private (P3) hospitals lead to doctor, nurse, staff and bed cuts in hospitals in order to make room for profit-taking, consultant fees, higher borrowing costs and outrageous executive salaries
- Whereas private (P3) hospitals hide information about the use of tax dollars by claiming “commercial secrecy” when they privatize public institutions
- Whereas the higher costs, user fees, two tier services and culture of private (P3) hospitals risk the future sustainability of our public Medicare system

This change in funding of our hospitals to a P3 model results in greater job loss and service cuts. It allows big business and private money to shape our civic priorities.

Hospitals need to be publicly funded so their construction and budgets are not dictated by private consortiums for profit.

Healthcare and hospital investment must strengthen the Canadian Health Act and adhere to provincial standards for responsible, sustainable, economic investment.

P3's Cost Billions More; money that should be going to needed care and services:  
<http://www.ontariohealthcoalition.ca/wp-content/uploads/auditor-general-report-website-version.pdf>

P3 Hospitals: <http://www.ontariohealthcoalition.ca/wp-content/uploads/FACT-SHEET-May-2003.pdf>  
Brampton's P3 Hospital: <http://www.ontariohealthcoalition.ca/wp-content/uploads/FACT-SHEETDecember-9-2007.pdf>

----

## Shane Mitchell

Tonight you have a question before you. Should the citizens of Windsor pay into a tax levy to support the mega-hospital plan, a plan that includes the demolition of 2 full service hospitals within the heart of our city and the construction of a new single site acute care centre at the edge of town, leaving behind limited services in the form of an urgent care centre and a mental health centre. Should we support this plan financially? Absolutely not. Now... this does not mean we shouldn't support investment in local healthcare. In fact, I've got no major objection to a local contribution, but only if the plan we lead to a benefit to our community. The plan presented before us does not.

The people of Windsor need a chance to participate in the planning of our city at a municipal level before we commit to contributing tax dollars. The group of citizens known as CAMPP have been trying to engage the discussion about the importance of focusing civic investment in an environmentally, socially and fiscally responsible fashion for over 3 years now, and despite a number of presentations by the WRH group, the concerns of many have fallen upon deaf ears and what we have learned is that this plan is designed to favour the P3 development model, and does not focus on contemporary urban planning principles, and therefore, requires further discussion before Windsor residents should be asked to contribute financially.

So should we contribute local tax dollars for investment?

To better understand why this plan does not have our interests at heart... to better understand why we should defer the decision about our local contribution until a better plan can be composed we need to look at what this project could be.

Let's look to cities like Buffalo NY, Detroit MI, Hamilton, On, and Cleveland Ohio. Such cities have used MEDs and EDs to booster their city centres, and as a result the whole community has benefited. Buffalo for example, has quite a bit in common with Windsor. A "rust-belt" city that seems to continually loose the fight for urban health and vibrancy with its suburban counterparts. Buffalo, like many other cities has been fortunate enough to work with the Buffalo-Niagara Medical Campus to develop a focus on "meds and eds" as a strategy for re-growth in the city centre. The BNMC has taken initiative though their "4 Neighbourhoods – One Community" program to work with the community and help support re-growth in the urban core. The program has developed strategies to encourage staff to live and work within the adjacent neighbourhoods, it promotes the staff use of alternative forms of transportation, and has drawn massive investment into the core from partner institutions. This model is being used all over North America and Windsor would be a perfect candidate.

So today we must ask... do the residents of Windsor support this plan? We must ask what measures have we taken to understand if there is in fact community support for this project? WRH representatives claim there is great support but offer no data to back up these statements. Why should Windsor residents pay for a plan that offers so little? How can we justify such a decision? I come here today not to suggest we send the hospital reps packing, but to encourage a better plan, one that will benefit this city in a way that the BNMC has helped re-build the city of Buffalo.

Mr. Mayor, councilors. Consider what we could do here. A project to inspire a new era in Windsor. A strong Windsor needs a strong city centre, and a strong region needs a health city anchor. It will not only be Windsor residents who benefit from a better plan, but Windsor-Essex as a whole.

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)



**Jodi House**

I would like to start off by letting you know that I appreciate all the hard work you all do in an effort to make our city a better place. Not everyone always agrees and it is in no way an easy task. Thank you!

I would now like to address the reason why I would like you to re-think the hospital levy. This is because of Windsor's infrastructure deficit!

Windsor Star was quoted on February 17, 2016, that our own city engineer Mark Winterton stated, "Our roads deficit alone is over \$300 million"

That is a lot of money! I am deeply worried about adding to this bill when we cannot afford what we have now!

I would like you to ask yourselves before voting tonight, if there could be a more cost effective plan or agreement we could reach that would be suited to both Windsor and Essex County?

I am sure that you all understand my concerns, and am confident that you will give the issue the consideration it needs to be resolved.

----

## **Natalie Bownes**

I'm a resident of downtown and a Registered Nurse. My husband grew up in Windsor and I am from Alberta. We chose to move back here from Alberta in 2008 to start our family. My in-laws live here in the west end and I am proud to call myself a new Windsorite. When we moved here, we chose to live downtown so I could walk to work. I worked at the Hotel Dieu Grace Hospital in the Emergency Department, which is now the Ouellette site of WRH. We bought our house downtown and now have two children ages 3 and 5. Five years ago, we also moved my mother to Windsor to live with us. At 68 years of age, she has many health concerns and the downtown location of our home makes her complex health needs much easier for us to navigate. The ability to live in a walkable community where we don't always have to rely on cars is important to us. This is especially true for my mother, who can no longer drive.

Every hospital where I have worked in my 18 year career in healthcare was the heart of the town or city or neighbourhood. Whether it was in rural Alberta, Edmonton, or Melbourne, Australia, it was accessible to the people who lived there by more than just cars. I could walk, cycle or take the light rail train in Edmonton or the tram in Melbourne. Actually, active transportation was preferable since in the urban centres, the hospitals were located in such densely populated neighbourhoods that parking was expensive. People are always coming and going from hospitals and they support the neighbouring businesses. If the hospital was built in a brownfield site, this is the type of effect we could achieve and a tax levy would be justified. On the other hand if we proceed with a tax levy to fund a hospital on County Road 42, we will miss a historic opportunity to intensify development within the core of the city and we will almost certainly exacerbate the urban sprawl that the city currently suffers from.

The health of the community and workplace wellness is also a concern for me and many area employers. Ensuring that healthcare workers have healthy options to get to work such as walking and cycling is ensuring the future health of those workers. The hospital, which is the largest employer of healthcare workers in our city, should be a role model for workplace wellness and keeping their workforce healthy. It could be a leader in getting cars off the roads, which ultimately improves the health of the environment and all of us.

The disparities in health that exist in the neighbourhoods downtown are the highest in the LHIN. As identified by the Erie St Clair Integrated Health Service Plan, the key areas in Windsor with a high concentration of social deprivation that require attention are Windsor West and Windsor City Centre. This is where we have high rates of people living below the low-income cut-off, high unemployment rates, higher utilization of hospital and longer lengths of stay due to higher incidences of chronic disease and mental health disorders. Why would we remove their access to emergency service and healthcare? (Yes, there is a plan for an urgent care centre and a mental health centre in the core. But, urgent care centres are walk-in and discharge centres. Patients will still be transported to the County Road 42 site if they need to be admitted to the hospital. How will their family or friends get to them if there are no bus services? Yes, Windsor taxpayers will probably have to come up with money to expand transit service to the County Road 42 site, but this is money that could have been used to improve existing service if an urban site were chosen.

The closest geographic example of a hospital choosing not to abandon its' most vulnerable is the Henry Ford Hospital in Detroit. They chose to build beside the existing hospital to serve the people who need the healthcare services the most. I am amazed at the transformation of Detroit that has occurred in the 8 years that I have lived here. They are re-using, refurbishing and re-building while Windsor is taking the opposite route. I was appalled at the number of empty buildings and wide open fields within the city

----

when I first came to Windsor. However, even though so many neighbourhoods have empty buildings, there is so much opportunity. It has real estate and a cost of living that is so low that it is possible for small businesses to start up and it is possible for people to be creative here. I was and still am absolutely enamored by Windsor and its potential.

If we want to attract people to take advantage of Windsor's many strengths, we need to support urban intensification which in turn supports the health of our community. Ignoring the principles of urban planning and health impact assessment that are supported by the World Health Organization, The Centre for Disease Control, Health Canada, the Provincial Policy Statement and Windsor's own Official Plan amounts to bad public policy. Unfortunately the selection of the County Road 42 site for our hospital will negatively impact our community for generations to come and I cannot support the tax levy to fund this plan.

----

**Beth Cook Giniwdewewin Kwe**

Boozhoo and hello Mayor Dilkens and Councillors.

Giniwdewewin Kwe niidishnikaaz, Bkejwanong minwaa Windsor niindoonjibaa, Niin Anishinaabe Kwe  
My name is Beth Cook – The Heart Beat Sound a Golden Eagle Makes, I come from Walpole Island First  
Nation and Windsor, I am a human being and an Ojibwe woman.

I am here to share information on the impacts of funding a mega hospital. I am speaking on behalf of  
myself, my family and the community of Indigenous Peoples of Windsor-Essex County. The impacts  
shared tonight by other members of our community tonight are inclusive of Indigenous peoples. We  
share common concerns.

The Truth and Reconciliation Commission Calls to Action on Health calls upon all levels of government to  
acknowledge the current state of Aboriginal Health in Canada is a direct result of Indian Residential  
Schools and to recognize and implement the health-care right of Aboriginal peoples. This includes the  
recognition, respect and address of the distinct needs of Indigenous peoples who are First Nations – On  
and Off-reserve, Metis, Inuit and more recently non-status.

In order to address health-care rights, you must improve the health outcomes of Indigenous peoples.  
Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health,  
addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury  
incidence, and the availability of appropriate health services.

Which brings me to the single most important concern and that is for the need for access. The United  
Nations Declaration on the Rights of Indigenous Peoples Articles 18-24 address the right to access health  
care, such as prenatal care without discrimination and governments must take the necessary steps to  
realize this right. Transportation and timely emergency access is a critical concern to many Indigenous  
community members. Imagine the barrier to emergency services in the middle of the night for the  
grandmother that takes the wrong pill and poison control directs them to the emergency. Or, a child  
that is having an asthma attack and can't breathe. And, especially for our family members that has a  
mental illness and need immediate assistance. How are families to cope with appropriate health  
services? The existing health care facilities are adequate to the needs of many.

The LHIN Act addresses the duty to consult aboriginal peoples. Most Indigenous families and Indigenous  
service providers I have heard from do not have confidence in the funding for a mega hospital. You must  
be prudent of these concerns in your decision.

Miigwech and thank you

----

## **Anneke Smit**

I have been following closely the debates over the location of the proposed mega-hospital. I addressed Council as a delegate in the 21 December 2015 meeting during which council first voted on City of Windsor funding for this project. I am sorry not to be able to attend the meeting this evening (25 April 2016) in which you will consider a tax levy to pay for this hospital in its proposed location on County Road 42; however I write to you now to offer my comments.

I urge you in the strongest terms not to move forward with funding for the proposed site.

I am a transplant to Windsor who has lived here almost 9 years with my family including three children 11, 10 and 5. In the time that we have been here I have come to love this city and the surrounding area. My parents moved here almost 6 years ago from Edmonton to be with us, in part based on the exciting things they saw starting to happen in the city and its potential as a retirement destination.

And as someone who studies urban planning law and trends, I have been very encouraged by the recent signs of rebirth of this city's core: the move of several University of Windsor departments downtown, new businesses in Walkerville, Ottawa Street, downtown, and even in Sandwich; the growth of farmers' markets, the planning and promotion of events such as Open Streets Windsor and the growth of the Windsor International Film Festival (WIFF), the opening of the Chimczuk Museum, the rise of a cycling culture in the city, and the Conference on New Urbanism's events in Windsor this June, to name a few. These are the things my law students, coming largely from other parts of Ontario and the country, comment on and enjoy about the city.

But the net effect of all of this on building a prosperous urban core - something which study after study tells us will improve the economy of the whole region, not just the centre - will not mitigate the hollowing-out of the city's core which will come from sending the mega-hospital investment into an as-yet undeveloped outskirts area.

Likewise, last week we saw photos and reports of the City taking the Bridge company to the Supreme Court of Canada, with City officials, including Mayor Dilkens, along for this ride to Ottawa. I know there were criticisms of the hundreds of thousands of dollars being spent on litigation against the Bridge company to ensure the City maintains its ability to require the company to maintain the 114 houses in Sandwich that it has acquired in recent years. I support the money spent to fight this legal battle, and agree it is important that the City affirm its jurisdiction to act here. Yet the negative effect of removing the two hospital structures from the urban core - Hotel-Dieu and Met - with only a fraction of the new investment coming back into the core - can have a far greater negative impact on the economically-depressed Sandwich than the Bridge Company's antics. Other urban neighbourhoods - Glengarry, Walkerville, South Walkerville to name a few - will be similarly affected. It is not just about trips to the emergency ward. It is about the number of visits of family members to the hospital and all the other backing and forthing when a patient is in the hospital. For folks from neighbourhoods like Sandwch, taxi rides will be unaffordable and I do not accept that reliable transit to the new greenfield hospital site will be in place by the time the hospital facility opened - if this were possible, our transit services would have been improved to a minimum standard a long time ago.

I agree that it is a great shame that years and millions of dollars that have been wasted getting to this current proposal. And I understand the issues surrounding provincial P3 funding structures that have led to communities across the province being stuck with such greenfield developments because they are easier for private P3-contracted companies to work with. But I do not agree that the appropriate

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

response now is to push through this project in its current form, simply to get it done. Far more harm will come from that than from backing down, admitting the process and outcome are flawed despite the good intentions of participants, and beginning a process in which sustainable development strategies (and climate change considerations), anti-poverty concerns and the realities of accessible public transit in Windsor are properly considered.

Building on a greenfield site, when so much brownfield space is available, is irresponsible and is a decision our children will blame us for in years to come. And it is the kind of decision that will determine whether our children see Windsor as a progressive place of opportunity, in which they will stay or to which they will return, or a backwards, sprawl-focussed urban area from which they will flee in search of economic opportunity and an urban and sustainable lifestyle.

Yes, the county must be serviced as well But their economies will be also be bolstered by new development in Windsor's core, and their health needs will be better served by satellite services in their communities (with far shorter drives than currently proposed with the city rd 42 plan), feeding into a more centrally - but still conveniently - located hospital within the urban core of Windsor.

Windsorites seem to like to claim they are different - different from Toronto, even different from Detroit across the river. Some of this is surely true - Windsor is a quirky place, not quite like any of the other cities I've lived in my life. That uniqueness is part of what makes Windsor so endearing. But as a city we are not an island when it comes to climate change. Nor are we significantly different when it comes to economic development. The provincial policy statement on land use planning requires urban planning which is respectful of sustainable development goals for the whole province, and this includes Windsor. Our own official plan requires this too. The new federal government and municipal governments across Canada are publicly affirming the need to plan with principles of sustainability and urban density in mind. Likewise, Detroit's urban renewal has come largely because of an understanding that the core must be a focus, on which other development will follow, especially in a time of zero population growth as is the case in both Detroit and Windsor. This is not the time to build new subdivisions; it is the time to shore up the neighbourhoods, and business districts, we have.

Please take a principled stance for our future generations: please vote against funding a new mega-hospital on greenfield, undeveloped land.

Sincerely,  
Anneke Smit  
Associate Professor  
Faculty of Law  
University of Windsor

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

### **Timothy Dugdale**

Sprawl. It's a six letter word closely related to a four letter word: Land. Developers, real estate agents and contractors all love land and what they can do with it and to it. Windsor has a problem though. Our population is stagnant and will be for some time to come. The more people who move into sprawl, the fewer people will be in the core. And that brings into play another four letter word: Doom.

If Windsor does not increase its population in the core, there won't be any Windsor. This is a city that was created through amalgamation and evidence of that problematic stitching is everywhere. Back in the 1950's, the city developed a comprehensive plan to fully integrate its parts through the development of overpasses, underpasses and walkways. It never came to pass. To this day there is no pedestrian or bicycle pathway between the river and South Windsor, for example

Of far greater concern is economic development in the core. The university and the college are moving downtown and that will create some buzz. But if you look at their enrollment numbers and demographics, you can see that these schools are struggling as viable competitors in the academic marketplace. More and more they are relying on foreign students to shore up their revenues. This is fine if those students succeed in the STEM programs of the schools and put down roots in the community. But if they don't, what is the payoff?

The future of Windsor's economy, my friends, is in health care not automotive. Let's forget for a moment the contretemps about building a hospital in sprawl. That edifice may well come to pass and we will have to pay for it and live with it, for good or for ill. What we really need, what our economy really needs is a teaching hospital in the core, a facility that will act as a catalyst for research, education and professional exchanges. The Grace and Hotel Dieu sites are opportunities not to be lost. They may at this moment seem to be collateral "baubles" to the big deal but I suggest to you that they can be and should be the big deal. A teaching hospital with proper emergency room facilities in the core gives this city a better chance of not just survival but success in the 21st century than any car plant ever could. Health care is a knowledge-based industry with a bright future. If we properly invest in it, our citizens will become invested in their own health care. And that's saying something in a town where many people are ailing prematurely.

This council is voting on how it will spend taxpayer money. Please spend that money wisely. Spend the money where it will do the most good for the city. If you want to put your name to a legacy, make sure you are chasing fame not infamy.

----

**Bob Taylor**

I am writing this letter as I feel the need to get my voice heard at the special council meeting being held on Monday April 25th of 2016 with regards to the Acute Care Hospital plans and tax levy. Unfortunately, due to health issues I will not be able to make the meeting.

There has been so much debate going on and so many things being revealed that I strongly feel the need for us as a group to revisit the entire plan. I am not opposed to a new Acute facility, but I am strongly opposed to the location that has been put on the table. Many have said that all of this was discussed and planned long ago, and it is no longer something to be discussed. I ask council: When was there a public hearing or open public discussion on the final location?

Through many conversations with the general public I have come to learn and feel that the public is not even closely aware of all the ramifications that this new hospital will bring. We have all been made aware of the modern facility and all of its state of the art processes, but we have not touched on the losses this city will absorb once this project is completed. The public is generally under the impression that Met hospital and Hotel Dieu hospitals will remain. Even now, after so many months, the public is not clearly aware that the city of Windsor and its core will lose the only two ER departments it presently has. The west end population is lead to believe that a new facility will be built on the old Grace site. However, their knowledge of what to expect is far different than what is actually on the table. In talking with about one hundred different citizens on the west end, each of them had no idea that there would no longer be an ER department at the new UCC being developed. None of them even realized that there will no longer be an ER department other than at the location of the new facility on the proposed County rd. 42 site.

Statements that have been made about how the new UCC being built on the west end of town will take some of the burden away from the new ER wait times. This is hardly factual and cannot possibly be something that could be proven until after the fact. One thing for sure however, is members of our city, and those residents on the west end of town will go to the new UCC with life threatening and emergency issues. They are not being properly educated on what the new UCC will provide. Because of this, our residents will go to the UCC and learn there that they need to be transported to the new Mega Hospital. Will this extra stop along the way cost valuable time and possible lives? Adding to the above question, the west end of town faces some serious issues with low income, lower transportation availability and will have the added burden of paying extreme fares for cabs or buses to get out to the new Acute facility. I would assume that no person with an emergency will take a bus however, and speaking from my own experience, hospitals in the city will not discharge you unless you have a ride home. They will not accept you taking a taxi home. Now we are asking the west end residents to find private transportation to and from the hospital? Or do we expect our EMS services to take care of that? Of course, EMS sends you a bill afterwards if it is deemed not a life threatening emergency.

The site selection committee has brought forth the final plans for this location on County Rd, 42. We have been told that we as Windsor residents will be responsible for approximately 105 million dollars as our portion of the new hospital plans. We have also been informed that a tax levy may be put into place to pay our portion of this new facility. As a Windsor resident I feel it is my right to voice my opinion on something I am being told I will be paying for. I will not have a choice as a tax payer once this decision is made. With that being said, I strongly believe that I, along with every other citizen in this city should have a voice when it comes to when, where and how much will be spent out of our pockets. Not only do we need a clear and concise public explanation of all costs involved in the building of this hospital, we also need to have a voice on where we feel it would best suit all of OUR needs. We do not want this project to become something that has been laid out in a manner that will provide easier development for other

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)

[www.windsormegahospital.ca](http://www.windsormegahospital.ca)



businesses along County rd 42. Since the present hospital location will be on an undeveloped parcel of land, Windsor tax payers will also be responsible for approx. 250 million dollars in infrastructure upgrades. Our Honourable mayor has said this will also provide the final network needed to open the remaining land for development of businesses. In my eyes, this tells me we will move out to the new location with the hospital and develop the land. Hospitals are not responsible for infrastructure development fees. This would be a grand plan for offering new business incentives having the land already developed so that new businesses may move in without paying development fees at Windsor tax payers expense.

Windsor has hundreds of vacant buildings and lots and that number is growing. The original site selection included brownfield lands that would not cost the tax payers 250 million more dollars. Moving out to County rd 42 will see the migration of several hospital support businesses and offices move out to the county area as well. This of course will create even more urban decay, and will provide even less services within the core of our city. Windsor's population is not growing and has not been growing in a decade. Previous forecasts used for this hospital development are no longer valid as our growth has not even come close to those original forecasts.

In closing I would like to add that once again, I am strongly in favour of our city looking into the development of a modern Acute Care facility. With everything that is becoming more and more clear I urge that council seek to have this entire process looked at. I urge that we not vote on something that has not been properly voiced and laid out in full detail to the public, and I urge that each councillor look into locations that would provide proper feasible and strong vibrant healthcare to the entire city. I would ask that the city hold town hall meetings and discuss openly all of the nuts and bolts of this plan and provide full detailed descriptions of both the gains and losses this new project may result in. I urge that the city reconsider some of the brownfield lands that would be much more accessible to all.

----

**Pat Jeflyn**

I do not support raising our taxes to pay for a mega hospital located across from Windsor's city airport. I think the location for this project is not in the best interests of our community, and by this I mean both Windsor and Essex County. Here are some of the reasons why I urge you to say no to this location:

- Windsor's population is not growing so expanding the footprint makes no sense.
- Windsor already has a surplus of vacant lots, buildings and brown fields in its core.
- Urban blight is not attractive and will not help promote the city to newcomers.
- The plan calls for demolishing Windsor Regional Hospital at the Lens site and this will add yet another large empty space in the city's heart.
- There are at least two preferable options for a new hospital, one of which is just a few blocks away from the Windsor Regional Hospital Lens site (the former GM Transmission plant). Both have infrastructure and transit in place and are accessible to a large number of people.
- The proposed site lacks infrastructure and transportation, so the city's costs will be considerably higher than the \$108 million you are voting on now.
- Building on farmland/green space like this goes against the city's own planning policies and modern urban planning concepts.
- Access to the hospital will be harder for more people, particularly those who most need it.
- The people who go to our hospital most often are not the patients or visitors, but the doctors, nurses and other staff who go there daily. Many of them will have to travel farther or move to be closer to work. This, in turn, will have a negative impact on the areas where they now live.
- Hospitals and medical infrastructure are important hubs and economic drivers for cities. A mega hospital might work well at the edge of a small town to serve a wider region. But Windsor is not a small town. I can't imagine London agreeing to a mega hospital on its outskirts.
- Our friends in Essex County will not be served well if Windsor continues to deteriorate from increasing urban blight. They may risk losing the Leamington hospital if this project prevails.

This will likely be the most important vote you as a Windsor city councillor or mayor ever make. I don't buy the argument that we either accept this flawed proposal or lose out on health care investments. I urge you to show leadership for our community and fight for a better plan.

Windsor fought hard to get a parkway with tunnelling and green space when the province was ready to give us a cheaper freeway that would have had unfortunate environmental consequences. It's time to stand up again and say, "This isn't good enough. We can do better."

----

## **Deborah Robinson**

After attending the meeting on Monday, I cannot begin to express my disappointment, especially in West End representative, John Elliott, whose address to us was particularly condescending. Despite his denial of the fact, Mr. Elliott is surely aware that Stats Canada sites his West End Ward as being the most impoverished Ward in Essex County!

Council's secret decision to push through the agenda to locate the hospital far from the people paying for it, was irresponsible. You deliberately robbed constituents of the opportunity to voice their concerns and you robbed yourselves of opportunities to gain valuable insight from the voters (who chose you to make good decisions on their behalf).

There are countless more stories like the one shared by Lorena Shepley. Through tears, she tried to get you to relate to her problem. Your token concern was fleeting Ms. Gignac and then too quickly, you focused back on what I'm sure you presently believe, is best for Windsorites.

I shook my head when Mr. David Musy stated that many of the nurses and doctors are pleased with the new hospital location, as it will be closer to them. My, that certainly is important. By the way, many doctors think your plan is a disaster in the making. If you're so confident, why not poll them?

As all ailing, 'impoverished,' non-driving West Enders are about to find out, they will be in a real jam to find a way to transport themselves and family members safely to the hospital for ongoing cancer treatment appointments, to name just one. Recently, I watched my dying sister's ongoing struggle to find rides to nearby Windsor Regional Hospital Met Campus for regular treatment appointments. Having to worry about transportation greatly added to her distress in her final months on this earth. I can only imagine how the added distance will affect the tens of thousands of cancer patients alone, in the coming years.

To the point...when West Windsor factory money was flowing, everyone partied. Now that the party is over, it's evident that many factory workers and West End residents suffer with severe asthma, COPD and Emphysema. A large majority of ER visits are asthma related. Urgent Care does not administer the life-saving treatment needed! Where is the support now for those who built this city on their backs?

I live in the West End, chosen specifically, to be near old Hotel Dieux as I suffer from Chronic Lung Disease (not from smoking) and need to be near an ER. Travel time to the ER is crucial for me and all lung patients. For an asthmatic to utilize bus transportation for treatment in the ER is ludicrous and quite possibly life-threatening but with the heightened cost of cab fare (\$50-70 plus) and ambulances fees, many will try. Bus drivers may find themselves in troubling, dangerous situations in the midst of heavy traffic periods.

Chronic lung disease aside, you are asking extremely ill/weak individuals with cancers, pneumonias and such, to stand in the heat/rain/cold, awaiting a bus and then travel for an hour. (It presently takes nearly an hour to just Silver City). Meanwhile, during that long ride, buses pick up pregnant mothers, babies and children, all of whom will potentially be exposed to and later spread health risks such as MRSA, pneumonia, serious flu strains, Zika/West Nile Virus and other communicable diseases. This is just one more thing not yet considered. Also, does it seem reasonable to you that following an actual hospital admission, you are asking a still frail, possibly elderly patient to, 'catch a bus home' after being discharged? Nice.

----

As already stated, Disability pensions would never afford the exorbitant taxi fares back and forth. How happy will the City be, when ambulances are routinely called? The likelihood of funds being recovered for these services will no doubt be in question – more expense for the city.

Untold additional money that taxpayers will be forced to pay aside, building any hospital without having fully explored the aspects of location and design is reckless business. Where are the itemized estimates of expected and possible unexpected expenditures? Anyone who has been in a hospital in recent years knows all too well that we need additional medical staff in Windsor, not fewer. What has Windsor gained if we can't afford to staff adequately to care for its' people?

Isn't this supposed to be about the people? Council, you have been sold an idea that has not been thoroughly thought through. There are far more questions than answers and you know it. Sometimes, the popular vote is wrong. Please, all we ask is that you do your homework.

In closing, mark these words – If you don't take a step back and evaluate realistically, many people, young and old will suffer needlessly and some will meet their demise prematurely because of decisions being made now. Not your problem?

Signed, Love my city and disappointed in Council  
Deborah Robinson, West Ender

----

**Doug Charles**  
***Oversized and Overpriced***

One of the issues I haven't heard discussed too often in the hospital debate is the size and cost of the main facility: 1.6 million sq. ft. for 1.6 billion, (\$1000/ sq. ft.) to serve just fewer than 400,000 people with 500 beds on 60 acres.

Compared to Humber River Hospital: 1.8 Million sq. ft. for \$1.75 billion (also \$1000/ sq. ft.), but to serve 850,000 people with 656 beds on 27.5 acres expandable to 35 acres.

Our proposed hospital is twice the size needed to serve our population which isn't expected to grow for the next 20 years. If there is a change there is a good chance that it will be the requirements or desires in the qualities or location of hospital(s). Having reviewed a number of recently built hospitals, ours should probably be 800,000-1 million square feet. One guide says about 2000 sf/ bed.

Peterborough built a hospital in 2008 intended to hold 500 beds for \$200 million to serve 300,000 people, but less than half the sq. footage 715,000; that's \$280/ sq. ft. When it was completed it opened with 400 beds and budget cuts have since reduced the number of beds to 300. Peterborough's hospital and management are not without their problems, but they built an adequate facility for \$200 million using Don Ellis as the builder. A quote from 2009: "Typically, medical-related hospital construction costs range from \$350 to \$450 per square foot" in the Northern news. Reviewing Ont. hospitals they may pay more like \$650/ sf, but American sites say \$250/ sf.

**My Thoughts**

Don Ellis is one of five builders in the nation that can qualify to build P3 projects, but they bid on this project at such a low cost as Peterborough, so I'm not so sure I blame the builders for the inflated prices. I recently heard someone say the inflated price is due to the lack of oversight, but the price difference seems like more than just a mistake.

So if we were to build a 1 million sf hospital at \$250/ sf = \$250 million, but I think that's a lot to ask for down from \$1.6 billion. One guide says \$1.5 million per bed x 500 beds that's \$750 million, which is more like it. Even at a \$1000/sf x 800,000 = \$800 million. Current projects across Ontario for a region our size seem to be around the \$800 million mark. Some are renovating current facilities as well, something we were told didn't make fiscal sense.

Our local regional contribution to the hospital is \$200 million, 10% of the total costs \$2 billion, split between the city \$110 m and county \$90 m. The same amount Peterborough used to build their entire hospital.

In addition, the city of Windsor will be required to spend between \$200 and \$300 million for infrastructure. A parking garage for the required 3000 spaces would cost \$60-90 million rather than the \$30-45 million that will be spend on surface parking, which is one of the reasons 50 acres was required. The city would do well to build a parking garage for the hospital provided they built on a site close to current infrastructure, now quite possible on 30 acres or less. The money could be recuperated from parking revenues, or the city could be generous and offer free parking considering they would be saving millions, along with future infrastructure maintenance and the city economy.

----

As for oversized, I am not an expert in medicine (and neither are lawyers and politicians) but without an increase in services I have to wonder why double the space of other hospitals is needed. Some will be used for teaching and research no doubt, but only a small fraction. I wonder how much of that extra space will remain unfinished, or be leased out and to the profit of whom.

For our total contribution of \$400-500 million, we should be able to get the hospital we want, possibly even without the province. However, with the province offering to provide 90% of the building cost, I'm sure they would be glad to spend less and actually have content constituents in regards to healthcare. There are solutions if someone recognizes the problem.

----

## Ontario Auditor-General Finds \$8 Billion P3 Infrastructure Boondoggle

Posted on December 21, 2014

<http://newsforontarioninety-ninepercent.ca/ontario-auditor-general-finds-8-billion-p3-infrastructure-boondoggle/>



*Ontario Auditor General Bonnie Lysyk's report finds that Public-Private Partnerships cost Ontario Taxpayers \$8 billion more than if built through the public sector.*

Public-private partnerships (P3's) have cost Ontario taxpayers nearly \$8-billion more on infrastructure over the past nine years than if the government had successfully built the projects itself. \$6.5 billion of the overpayment of \$8 billion comes from the higher borrowing costs of P3's relative to traditional government infrastructure financing.

The revelation, from Auditor-General Bonnie Lysyk's annual report, comes as Premier Kathleen Wynne stakes the province's future on a vast construction program that will see dozens of new schools, bridges and subways built over the next decade using the P3 model.

And the report strongly suggests that the Liberal Government can build that infrastructure more cheaply using conventional public sector financing. The current Ontario deficit stands at \$12.5-billion.

"If the public sector could manage projects successfully, on time and on budget, there is taxpayer money to be saved," Ms. Lysyk said last week at Queen's Park.

Her audit looked at 74 projects – including several hospitals and the Eglinton light rail line – that were built using private partnerships, called Alternative Financing and Procurement (AFP), by Crown corporation Infrastructure Ontario since 2005.

Ms. Lysyk found that the province assumes there is less risk of cost overruns and other problems with AFPs than with public sector financing and project management. But she said the province actually has no historically based evidence on public sector overruns to back up that assumption. Private partnerships, meanwhile, are more expensive because companies pay about 14 times what the government does for financing, and receive a premium from taxpayers in exchange for taking on the project risks. This "risk" premium paid to private partners is often more than 50% over the project "base" costs.

In most cases, she said, the least expensive solution may simply be for government to get better at building infrastructure itself, rather than farming it out to the private sector and the much higher

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)

[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

borrowing costs. Building on this insight, she suggested Infrastructure Ontario finance the projects at the much lower government interest rate and tender the projects directly itself.

But Infrastructure Ontario chief executive officer Bert Clark said the current system is working well, and argued it would be impractical for government to directly handle some of the big, complex projects. Better, he said, to bring in private companies that have extensive experience with project management.

Mr. Clark said his organization has tried to obtain hard data to compare the risks between private projects and public ones, but the government did not have such information available. Instead, he said, Infrastructure Ontario has turned to auditing firms to try to figure out what the differences in cost would be.

Economic Development Minister Brad Duguid defended this method: "It is a bit of an art, identifying risk, as much as a science."

But Ms. Lysyk took exception to the lack of evidence that would justify paying out 50% more on P3's and basically suggested that until there is solid evidence on public sector cost overruns, infrastructure in Ontario should be built with traditional public sector financing and project management.

AFPs entail the government bringing in a private company to finance, build and, in some cases, maintain – often for 30 years or longer – a piece of infrastructure. The private company assumes some of the risk of cost overruns, in exchange for making a profit.

Besides the lack of data, Ms. Lysyk took issue with some of Infrastructure Ontario's methodology. For instance, she said, its calculations assume it will cost more for governments to maintain a piece of infrastructure than a private company, because the government will fall behind on fixing things when they need to be replaced.

And she said that in some cases, the benefits of AFPs failed to materialize.

In one instance, a new Ontario college building was constructed by the government on time and on budget. But a second building, constructed using AFP, turned out to cost 10 per cent more a square foot than the first, publicly built facility.

In another case, the province had to pay \$2.3-million extra to a company building a hospital because the contract had not actually transferred the risk of design changes to the company, she found.

----



## **Bonnie Lysyk is just the latest in a long list of government auditors general to find privatization proponents playing costly numbers games**

<http://publicservicesfoundation.ca/content/bonnie-lysyk-just-latest-long-list-government-auditors-general-find-privatization-proponents>

Ontario Auditor General Bonnie Lysyk's revelation on Dec. 9, 2014, that privatization has cost the province more than \$8 billion should come as no surprise: she's the third Ontario auditor general in a row to debunk claims that P3 privatization schemes save money.

Each of the Ontario's last three auditors general have found that privatization proponents have artificially inflated the costs of public delivery in order to make their schemes look good. And this is not just an Ontario problem. Quebec's Auditor General and a forensic auditor in BC have all come to similar conclusions when examining P3 privatization schemes in those provinces.

In Ontario and Quebec, the numbers game is played by artificially inflating the value of the risk faced by the public sector if infrastructure projects are publicly delivered:

- Lysyk found “no empirical data supporting the key assumptions used by Infrastructure Ontario to assign costs to specific risks.”
- Her predecessor, Jim McCarter, audited part of the Air Rail Link to Pearson Airport and “saw no evidence that the estimates of the risks of delivering the spur under traditional procurement were based on actual experience of similar, traditionally procured transportation projects.”
- And before that, Provincial Auditor Erik Peters, found “cost estimates for the government to do the project were overstated by a net amount of \$634 million” when auditing the Brampton Civic Hospital P3 privatization scheme.
- In Quebec, the Auditor General found the justification for two Montreal P3 privatization schemes was based on “inappropriate” and “unfounded” assumptions.

Partnerships BC found another way to artificially inflate the cost of public delivery. A 2009 report from two forensic accountants found that the future cost of government borrowing had been artificially inflated.

The frequency with which these numbers games get played when P3 privatization schemes are being proposed means they can't be dismissed as isolated examples. They are part and parcel of privatization.

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

These numbers games mean we're paying more than we have to for infrastructure, but there are other costs as well. The privatization schemes' lack of transparency and accountability means we are unable to get key information about how the services we're paying for are being run. At best, this secrecy makes it difficult to find out if the privatization schemes are actually providing the services they are being paid to provide. At worst, it means multi-million dollar scandals such as those uncovered in the McGill University Health Centre P3 privatization scheme have resulted in multiple fraud charges.

----

## **P3 fiasco: Windsor Star calls for resignation of Minister & review by AG**

7/4/11

The [Windsor Star](#) has called for the resignation of the Health Minister over the Windsor long term care public-private partnership (P3) that recently fell apart. The Star has also called for a review of the project by the Auditor General.

*The Grace Hospital saga continued this week as a Ministry of Health spokeswoman admitted the province was "not aware" developer Lou Vozza was facing a mountain of civil judgments in 2009, just as the Liberals were expanding the scope of his contract to build a long-term care facility.*

*As the number of claims against Vozza became public - almost 30 parties were registered in Superior Court on June 24, the day the contract was finally cancelled - the sense of disbelief continued to grow.*

*How was it possible that Health Minister Deb Matthews, who just three weeks ago expressed faith in Vozza's ability to get the job done, would be oblivious to his financial woes from the get-go?*

*How could she be "very pleased" with his progress on June 11 when the government's own Ministry of Revenue had registered more than \$63,000 in liens against the property just six weeks before? And how could anyone at Queen's Park not be up to speed after almost four years of delays and broken promises?....*

*The lack of due diligence at all levels is shocking; even more so since it goes back so many years. When the province upped Vozza's contract by 90 beds in February 2009, there were already court judgments of \$1 million in unpaid bills against him. He hadn't paid city taxes in five years and had millions of dollars in mortgages.*

*It would have been simple to check on Vozza's financial status, had someone wanted to do so....*

*By not gathering the pertinent data, Matthews has done harm to the frail elderly patients who are supposed to be living on the Grace site today. She's failed Ontario taxpayers and jeopardized health care services in Windsor and Essex County.*

*Along with Matthews' resignation, the provincial auditor must fully investigate what went wrong. That review can't wait until after the election. It must start now.*

Unfortunately, missing from the Star's editorial is any recognition that this is a P3 private finance project or that the government (and likely the PCs who support *more* privatization) plan to increase the use of privatized P3s.

In his first review of a P3, the Auditor General exposed major problems with the Brampton Civic Hospital P3, echoing most of the concerns raised by the Ontario Health Coalition (and OCHU) earlier.

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)

[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

## Ontario audit throws cold water on federal-provincial love affair with P3s

AUTHOR(S): [Toby Sanger](#)

FEBRUARY 2, 2015

<https://www.policyalternatives.ca/publications/monitor/ontario-audit-throws-cold-water-federal-provincial-love-affair-p3s>

In her annual report in December, Ontario's auditor general (AGO), Bonnie Lysyk, exposed the extraordinary waste and financial sham pervasive in public-private partnerships (P3s)—projects her office estimates to have cost the province *\$8 billion more* than if they had been publicly financed and operated. That is the equivalent of \$1,600 per Ontario household, or close to what the provincial deficit will be this year.

The screenshot shows the Canadian Council for Public-Private Partnerships (CCPPP) website. The header includes navigation links: Home | Help | Register | Contact Us | CCPPP Website | User Login. The main title is 'THE CANADIAN COUNCIL FOR PUBLIC-PRIVATE PARTNERSHIPS CANADIAN PPP PROJECT DATABASE'. A 'Market Snapshot' button is visible. The page is divided into three main sections:

- Map of Canada:** A map showing the provinces and territories of Canada, with labels for YT, NWT, NU, BC, AB, SK, MB, ON, QC, PEI, NB, and NS.
- All Provinces:** A list of project counts by province and sector:

Province	Count
Defence	1
Education	11
Energy	6
Environmental	24
Government Services	4
Hospitals & Healthcare	83
IT Infrastructure	2
Justice/Corrections	19
Real Estate	4
Recreation & Culture	18
Transportation	49
<b>Total</b>	<b>221</b>
- PROJECT SEARCH:** A search form with filters for Province, Sector, Current Stage, Government Level, and Project Name. It includes 'Search' and 'Clear' buttons.
- MILESTONE SEARCH:** A search form with filters for 'Between' and 'And' dates. It includes 'Search' and 'Clear' buttons.

Screen capture from the Canadian Council for Public-Private Partnerships website.

Earlier audits in Nova Scotia, New Brunswick, Quebec, British Columbia, and at the federal level have likewise uncovered examples of P3s being more expensive than the public alternative. What makes this AGO report significant is how it finds systemic problems with Ontario's entire P3 program and methodology—problems that naturally apply across Canada, since most provinces have P3 agencies that function in a very similar way to Infrastructure Ontario.

The report is even more important given the Harper government's support for public-private partnerships, both for federal projects, and by forcing municipalities and First Nations to engage in P3s as a condition of receiving federal infrastructure funding.

----

Citizens for an Accountable Mega-hospital Planning Process (CAMPP)  
[www.windsormegahospital.ca](http://www.windsormegahospital.ca)

## Costs more, delivers less

Independent economists, labour organizations and the CCPA have been saying for decades that P3s cost more and deliver less. But because the financial details behind P3 projects in Canada have been kept secret, we haven't always been able to definitively prove it with their numbers. The AGO report confirms not only that we have been right; accountability for P3s and the P3 agencies is even worse than some of us imagined.

In addition to its calculation that Infrastructure Ontario–backed P3s cost an estimated \$8 billion more than traditional publicly-financed projects would have, the AGO report finds the following:

- Every single one of Infrastructure Ontario's 75 P3s was justified on the basis that they transferred large amounts of risk to the private sector, *but there was absolutely no evidence or empirical data* provided to support these claims in the crucial value-for-money assessments (VFM);
- Specific "risks" included many billions of dollars' worth of double counting and other inappropriate calculations, while the consulting firms preparing the business cases and VFM assessments showed a clear bias in favour of P3s and against the public sector;
- Estimates of the cost of public procurement also involved additional fictitious charges so the actual benefits of public procurement are likely to be even more than \$8 billion;
- Initial cost estimates for P3 projects tend to be highly inflated, which made it easy for the projects to come in on or under budget;
- There is very little competition among the large P3 contactors, five of which got over 80% of all Infrastructure Ontario projects, while just two of facility management companies took a majority of P3 projects with a maintenance component;
- Monitoring and reporting of P3s is poor and deficiencies take a long time to get addressed. The average time taken to resolve minor deficiencies was 13 months, more than three times the maximum time allowed, with some still in dispute after three years;
- Infrastructure Ontario was unable to provide the AGO signed conflict of interest declarations or disclosures of relationships for those evaluating submissions for a number of projects. This should be especially concerning given that prominent people in the industry (and no doubt other officials) have shifted back and forth between the private sector and P3 agencies; and
- These P3 projects have created an estimated \$28.5 billion in liabilities and commitments still outstanding to private corporations—a cost Ontarians will have to pay back in the future. Other P3 projects in Ontario would bring total liabilities to over \$30 billion owing to P3 consortiums and financiers, the equivalent of \$6,000 per household.

Even more disturbingly, the AGO revealed that Infrastructure Ontario was planning to change its methodology *to make it even more biased* towards P3s, and to exaggerate the cost of projects funded and operated by the public sector.

----

## Taking all the risk

In reality, the risks

### What are P3s?

A public-private partnership (P3) could be anything that involves the public and private sector. But in this case the term refers to a capital project funded by the public sector that involves significant private finance, and often involves private maintenance and operation of the facility over many years. P3s go by other names or acronyms, such as Private Financing Initiatives (PFIs) in the U.K., and Alternative Financing and Procurement (AFP) in Ontario.

Under a P3 the government or public entity enters into a legal agreement to pay the private consortium significant fees, at least annually, and usually for a number of decades. In some cases fees charged to the public (e.g., road or bridge tolls) can make up a substantial amount of the revenue received by the P3. But in Canada almost all current P3s are guaranteed payments directly from the government, so there is very little risk to the companies involved.

P3s are being used in Canada to build hospitals, roads, bridges, court houses, other government buildings, airports, public transit, public housing, water treatment, schools, recreational facilities, solid waste, energy and many other public facilities. There are over 220 P3s currently in operation, under construction or being planned, with over \$70 billion spent by Canadian governments so far on P3s.

incurred by P3s are rarely transferred to the private sector because the ultimate responsibility for delivering a project or service rests with the government or another public entity. All P3s in Canada are structured as Special Purpose Vehicles (SPVs). This means the larger companies behind P3 projects can walk away at any time, risking only the equity they have put into the project, which is typically 10-15% of the initial cost. Meanwhile the amount of “risk” that is assumed transferred to the firm averages about 50% of this base project cost.

Infrastructure Ontario has been paying the big P3 companies that unsuccessfully bid on P3 projects up to \$2 million per bid to cover some of their costs. In other words, the firms bear little risk even at the bidding stage, and the losers get a generous consolation prize! The process creates a cosy fraternity of lucratively-paid P3 companies and consultants getting wealthy at the public’s expense.

Little of this money trickles down. Construction associations have been critical of P3s because most of their smaller and medium-sized businesses don’t benefit much. Some architects and engineers say P3s sacrifice good design in public buildings and facilities for the sake of private profit.

In summary, massive levels of creative accounting and double counting are being used to justify expensive P3s and the privatization of public services to the benefit of a few wealthy P3 and finance companies, high-priced lawyers, and consultants. The rest of us will be paying the price for these projects for decades to come—a cost hidden by politicians, government officials and their friends in the industry who are complicit in this massive P3 scam.

----

## More systemic problems

As damning as the AGO report is, it does not highlight other fundamental and systemic problems with P3s in Canada.

For example, Canadian P3 agencies are conflicted in their objectives, with most charged with promoting *and* assessing P3 projects. This is a perversion of public policy and responsible governance. Just as we generally don't let students mark themselves, or have one team control the referee, those that review and assess the viability of P3s should not be the same people promoting the P3 model for new public infrastructure. A recent report from the B.C. Ministry of Finance identified this as a problem, and it appears that the province will be taking responsibility for the initial assessment of P3s away from its P3 agency, Partnerships British Columbia.

### Canada's \$4.2 billion "spy palace"

One little-known example of a federal government P3 is the "spy palace" the Harper government built in an Ottawa suburb for Canada's electronic eavesdropping agency, Communications Security Establishment Canada (CSEC). The official budget for this luxurious, high-secrecy building was \$880 million but the real construction costs were more than \$1.2 billion. On top of that, the P3 developers have been given a \$3 billion 30-year contract to maintain the building, bringing the total costs to an eye-popping \$4.2 billion—the most expensive contract for a single federal building ever. As OpenMedia points, that amount of money could have built 30 new rural hospitals or 60 schools.

In addition, there is considerable movement of key personnel between P3 agencies and the P3 industry, giving rise to (often undeclared) conflicts of interest. The consultants and accounting firms that prepare the business cases and assessments for the P3 agencies generate considerable income from P3s, and are active members and supporters of the industry lobby group, the Canadian Council for Public-Private Partnerships. As the AGO report stated, these groups do not hesitate from creative accounting to make the P3 case look stronger than it is.

Another fundamental problem with P3s in Canada is that there is no transparency in the details or real costs of projects, and very little accountability. The business cases, value-for-money assessments and assumptions on risk transfer are kept secret, along with the costs our politicians commit us to paying private P3 operators for decades to come. When business cases are released, they are in very summary form or heavily censored.

The excuse for secrecy—a specious one—is business confidentiality. After the Ontario audit, we should assume this is a cover for poor accounting and bias designed to boost the P3 case and undermine traditional public sector procurement for infrastructure projects.

----



## A bad foundation

Canada's approach to P3s is largely based on the U.K.'s Private Finance Initiative (PFI), a model that is responsible for built-up liabilities equivalent to over £300 billion (C\$500 billion, or \$30,000 per family in the U.K.). This growing P3 debt bomb has put local hospitals in financial difficulty and contributed to steep cuts in funding for basic public services.

The record on PFIs in the U.K. has been so bad that even the pro-privatization Conservative government agreed to reform the process, increasing transparency and restricting use of P3s for operating public infrastructure and services. In the wake of major P3 fiascos in France, governments in that country have also started to scale back their use of P3s, and to bring many private operations back into public hands.

Unfortunately, Canadian governments are moving in the opposite direction, increasing the use of P3s for operations and maintenance, pushing them in all different sectors, and reducing the transparency and accountability associated with P3s. We now have one of the largest P3 markets in the world, which will naturally translate into the largest P3 liabilities in the world. But the real costs are being kept hidden, and they will continue to squeeze funding for public services for decades to come.

### In her own words – the AGO on P3s

- [W]e noted that that the tangible costs [of 74 infrastructure projects approved as P3s] were estimated to be nearly \$8 billion higher than they were estimated to be if the projects were contracted out and managed by the public sector. However, this \$8-billion difference was more than offset by Infrastructure Ontario's estimate of the cost of the risks associated with the public sector directly contracting out and managing the construction and, in some cases, the maintenance of these 74 facilities. In essence, Infrastructure Ontario estimated that the risk of having the projects not being delivered on time and on budget were about five times higher if the public sector directly managed these projects versus having the private sector manage the projects.
- [T]here is no empirical data supporting the key assumptions used by Infrastructure Ontario to assign costs to specific risks. Instead, the agency relies on the professional judgment and experience of external advisers to make these cost assignments, making them difficult to verify. In this regard, we noted that often the delivery of projects by the public sector was cast in a negative light, resulting in significant differences in the assumptions used to value risks between the public sector delivering projects and the [Alternative Financing and Procurement, or P3] approach.
- In some cases, a risk cost that the project's VFM (value-for-money) assessment assumed would be transferred to the private sector contractor was not actually transferred, according to the project agreement... Two of the risks that Infrastructure Ontario included in its VFM assessments [representing \$6 billion] were inappropriate.
- The assessments are accompanied by a letter from an accounting firm that acknowledges that the assessment was prepared in accordance with Infrastructure Ontario's methodology. However, all letters

----



contain a disclaimer by the firm that it has not audited or attempted to independently verify the accuracy or completeness of the information used in the calculation of the VFM.

- In our discussions with the external advisors, they confirmed that the probabilities and cost impacts are not based on any empirical data that supports the valuation of the risks, but rather on their professional judgement and experience.
- Based on our audit work and review of the AFP (P3) model, achieving value for money under public-sector project delivery would be possible if contracts for public-sector projects had strong provisions to manage risk and provide incentives for contractors to complete projects on time and on budget, and if there is a willingness and ability on the part of the public sector to manage the contractor relationship and enforce the provisions when needed. Total costs for these projects could be lower than under an AFP, and no risk premium would need to be paid.

## So what can we do?

As Canadian governments are cutting funding for public services, and squeezing wages and benefits, it's a travesty that they also continue to squander public funds on expensive P3s while deceiving the public about their true cost and liabilities. A lot of profit is being made by the P3 industry. Many people are getting wealthy at the public's expense. So there are powerful political interests keeping the P3 charade going.

The response of the Ontario government to December's AGO report was very defensive, and already the P3 industry is spinning its response to downplay any problems and to further promote P3s. But there are things we can do to reverse this dangerous tendency towards privatization and private pilfering of public accounts.

For example, auditors general in other jurisdictions can be urged to review provincial P3 programs, agencies and projects as extensively as the Ontario auditor general did last year. Governments and public bodies could declare moratoria on further P3s, pending thorough reform and public review of the funding and procurement model. At the same time, Canadian legislation governing P3s needs to be fixed since it is among the worst in the world. Only Manitoba has laws on the books requiring accountability for P3s. It isn't perfect and should be stronger, but it's better than nothing.

Finally, we should loudly insist on full public transparency and disclosure of *all* un-redacted financial details, including VFM assessments, associated with existing and new P3 projects. This lack of accountability is one of the most frustrating (and unnecessary) elements of the P3 model. Until we can see for ourselves whether there is any value for money in this system, any and all P3s, and the politicians that introduce them, will—and should—be under a cloud of suspicion.

*Toby Sanger is an economist with the Canadian Union of Public Employees and a blogger at the Progressive Economics Forum.*

----