John Sewell speech, Thursday, February 11, 2016, 7 pm
Bracebridge, Knox Presbyterian Church, 120 Taylor Road

There are three issues which you think would quickly steel the question of where a new hospital should be located.

First, a hospital should be located so it is easy to access by patients, by staff and by emergency vehicles. Any location is good for an ambulance – traffic is rarely a consideration since people move out of the way of a siren. Patients and staff are a different matter. For both, connections are usually best in the centre of the community. Getting to the centre of the community is usually the shortest trip for most people. Taxis are most available in the centre, and again central trips are shorter so the cost is less.

The hospitals in Huntsville and Bracebridge now have a total of ten trips a day for dialysis patients, ten trips a day for chemotherapy patients, 12 trips for mammograms, 10 trips a day for patients entering surgery, 100 trips a day for ultrasounds and mammograms. Putting a new hospital far outside each community will impose significant travel burdens on most of these patients, their friends and family.

Putting a hospital far from each community for the 700 doctors and staff, too, makes for longer travel times.

Putting a hospital outside of each community is not reasonable. A central location serves the most patients and the most staff. If the objective is to provide accessible patient-centred care, a central location is always best.

Second, any planning decision should have the objective of strengthening the local economy. This is done by intensifying, and setting places where there is economic activity next to each other so they feed off each other and people can unexpectedly bump into each other – that is the strength and attraction of a main street. We all know that from the example of retail: building big box retail on the edge of town has led to the death of many strip retail shops downtown. Many communities, after the unfortunately permitted big box retail on the outskirts now sponsor farmers' markets downtown and guess what: people show up in droves for the market because they can meet their neighbours.

I am not able to quantify the economic impact of large institutions such as hospitals in the centre of the community. An economist friend told me he did not know of any such studies. But one can imagine how the economic impact works. A doctor who has been

working long hours decided a bunch of flowers for his or her spouse would be appropriate, and stops at a local store to pick them up.

Several cleaners decide they should have a coffee or a drink after work and drop into a local establishment for an hour. They might stay for dinner. It's raining – maybe I should pick up an umbrella or a better raincoat at the shop down the street. When there is a staff of 700, the economic impact of just 5 per cent of these people stopping locally to purchase something is enormous.

To strengthen a community – often called city building - one needs increased economic activity and the possibility of economic growth. It has been shown time and again that ideas about new economic activity emerge almost unexpectedly as people get together and share ideas. This happens when people run into each other by chance, or meet new people through friends. There must be many of opportunities for interactions for ideas about new ventures to emerge – chance meetings on the street, in bars and restaurants, at the theatre, at places of worship. Obviously, the denser and more mixed use the community is, the more opportunities for growth occur. The less dense and the more separated the uses, the less likely growth will occur. That's as true for a small community as for a large one.

That's the theory of how successful communities work. One activity supports another because they are close to one another. Most good planners know that. Surely those planning new hospitals know that.

Third is the matter of provincial planning policy embodied in the Provincial Planning Statement which the government has established to guide all planning decisions. I know about this because I headed a royal commission in 1991 – 93 which established most of these policies, and the commission had been behind the decision that all planning decisions must "be consistent with" the policies.

I won't go through the precise words of the Provincial Planning Statement – it is much too wordy to hold your interest – but it talks about optimizing the use of land, intensification, redevelopment and efficiency.

> The general objective of the Statement is found in the introduction which states "Efficient development patterns optimize the use of land, resources and public investment in infrastructure and public service facilities. These land use patterns promote a mix of housing, including affordable housing, employment, recreation, parks and open spaces, and transportation choices that increase the use of active transportation and transit before other modes of travel. They also support the financial well-being of the Province and municipalities over the long term, and minimize the undesirable effects of development, including impacts on air, water and other resources. Strong, liveable and healthy communities promote and enhance human health and social well-being, are economically and environmentally sound, and are resilient to climate change. "
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> Then the Statement gets specific:

"1.1.1 Healthy, liveable and safe communities are sustained by:
a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term; …
e) promoting cost-effective development patterns and standards to minimize land consumption and servicing costs; "

"1.1.3.3 Planning authorities shall identify appropriate locations and promote opportunities for *intensification* and *redevelopment* where this can be accommodated taking into account existing building stock or areas, including *brownfield sites*, and the availability of suitable existing or planned *infrastructure* and *public service facilities* required to accommodate projected needs. "

I am the first to admit that the Planning Statement is wishy-washy, not as strong as we recommended it almost 25 years ago, but its direction is very clear. It favours efficient development which minimizes the use of land and new infrastructure, it favours intensification, not sprawl or spread.

In short, putting a new hospital outside of the community is contrary to the Provincial Planning Statement. A council decision to redesignate land there could be challenged as contrary to provincial planning policy as the town lawyer has already noted. Why would agents of the provincial government suggest that a central location was the wrong place for a hospital, as they appearing to be saying in Collingwood, Windsor and Huntsville?

You would think that settled the idea of location: a central location is the best for patient-centred care, it is best for strengthening community life, it meets provincial planning policy. But that is clearly not the end of the story.

Obviously, there is something else at play. I began to look at communities where new hospitals have recently been built. Peterborough? The edge of the city. Barrie, the very edge of the city. North Bay, just outside the city. Owen Sound, outside of the community. Coburg and Port Hope, outside of those communities. A new hospital site in Windsor that is on the far edge of the city – even beyond the airport – has been proposed, and the two hospitals in the city centre would be demolished. The same is proposed for Collingwood.

There is a clear pattern in Ontario that doesn't make sense to anyone who looks at location in terms of accessibility, patient centred care, community building, or provincial planning policy.

Here is what I have learned.

The process for new hospitals is for the Ministry of Health to work with local hospital authorities including the Local Health Integration Network around needs and location. The need determines what will be built and the location study will determine location.

In our case, a Master Plan has been prepared by the Resource Planning Group for the Muskoka Algonquin Healthcare Board. Resource Planning Group is a large company based in Vancouver and Toronto, and proudly states on its web site that it has done more than 1000 of these planning studies in Canada and United States. The Master Plan is pretty clear in stating that the only way forward here in Bracebride and Huntsville is to have one big hospital and get rid of the two medium size facilities. There is no economic analysis in the Master Plan, only assumptions that bigger is better. Reading the study I had the sense that this study is not particularly addressed to the challenges of good health care in Bracebridge and Huntsville, but rather that there was a general approach which should play out here. I disagree with the Master Plan's assumptions that new facilities are more efficient, that doctors nurses, and other health professional only want to locate in large centres with the latest and most sophisticated equipment, or that the best care is the most technological in nature.

But if you begin with the fact that your job is to implement the Master Plan, then you are stuck with what they say they need, a 50 acre site. A different and more nuanced study would produce a much different result, I suspect.

Apparently the Muskoka and Algonquin Healthcare Board was never given site criteria by the Ministry of Health. But it is clear that you can't find a 50 acre site close to the centre of either community here – you have to find somewhere outside each place, such as Port Sydney although that was not recommended. The site is the next choice and that will get into ministerial criteria.

That large site and location fits in with Ministry of Health criteria which I have seen for Windsor and that I suspect will be used here. It says "The Site should be large enough to accommodate the proposed uses as well as future buildings, structures, parking, landscaped garden areas, etc., including allied services and potential research uses."

How large is `large enough'? Very very large, and I guess the recommendation in the Master Plan meets that part of the criteria. The criteria continues:

"The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements."

How do you plan for a 50 or 100 year timeframe in a hospital when advances in medicine and treatment change so quickly? Could anyone have guessed 50 years ago

that hospitals would need space for out-patient daily chemotherapy treatment for cancer today? No. Even 20 years ago no one had even imagined that kind of treatment.

What kind of space do we need for genetic treatment? Why knows? Fifty years ago we were worried about polio, but not today. Fifty years ago we thought that two patients in a room was luxurious and that wards with four and six people were standard. Today we realize that shared bathrooms means sharing germs, and one patient rooms are almost the standard.

Trying to plan for 50 or 100 years, and putting aside enough land to ensure we can meet whatever needs arise long after most of us are dead and buried is a mugs game. It is wasteful and useless.

What it being said is: the site must give maximum flexibility, no constraints. Communities are full of constraints, so don't build in a community.

The criteria make no mention of existing hospital structures and how they should be reused or repurposed. Nor the impact on doctors' offices and long term care facilities nearby the existing hospitals. More importantly, the criteria make no mention of Provincial Planning Statements which the province has established to guide all planning decisions.

Why would the provincial government have a procedure which recommends that new hospitals are located in places that are not consistent with good planning or with accessible patient-centred care? Why would the province consign existing hospital structures to the garbage heap?

I think it has to do with the way that hospitals are built, and that involves the second Ministry, Infrastructure Ontario. After the decision is made by the Ministry of Health and local health authorities about services and location, the matter is then turned over to the Ministry of Infrastructure Ontario to build.

Infrastructure Ontario builds hospitals and infrastructure using the Public Private Partnership model. The government says what it wants built, then asks private companies to put in bids, then signs an agreement with a private consortium which guarantees the price at which it will be designed, built, financed and in many cases the price at which it will be operated.

The triple P program was devised for two reasons. One thought was that governments can't control costs, and that private companies are much more efficient. That is a very

questionable assumption but for some it is a matter of deep belief, even faith. The Public Private Partnership model is based on this belief.

The other reason is that going the PPP route means the government does not have to make a big outlay of money to build the infrastructure. It does not have to put the money up front. Instead, the government makes annual payments for 25 or more years to cover the whole. It is like buying a car where they say: buy this car, we will give you $5000 in cash and you won't have to begin making payments for another 12 months. Indeed it sounds attractive, but you are being fleeced in the long run. In the past governments would allocate the money to finance construction, then contract with a private company to build a hospital. Today the whole process is turned over to the private sector on the theory that this is `value for money.'

I think this PPP process is what drives the government to insist on large sites which are not constrained by irregular property lines or existing buildings. A PPP process wants a clean site, because that makes the bidding much simpler. I think this is unspoken, but I believe it lies behind the crazy criteria which are so much against city building.

PPPs do not save the public money: they cost money. A 2012 study of hospitals built in Ontario under the PPP model, and confirmed more recently by the Auditor General for Ontario, shows that PPPs cost 18 per cent more than if the public had gone about arranging the design, financing and construction of the hospital itself. The cost of the private sector assuming all of the risk – and I would argue the risk in building a new hospital is not substantial – is very high: 18 per cent of the cost. For a new hospital costing $350 million – which is the estimate of the new hospital here - the extra cost is about $60 million. That is a significant sum.

This process means that the Ministry of Health doesn't really worry about money: it worries about function and location. Infrastructure Ontario just worries about getting the lowest bid for what the Ministry of Health has approved. No one really worries about how much money the government has to spend, just as no one really worries about accessible, patient-centred care or city building.

What we are dealing with are two crazy ideas. One is the idea of starting over. Forget about the sense of community. Forget about the existing hospitals, just tear them down and start over again. It is no different than the ideas of urban renewal in the 1960s. I helped lead the fight in Toronto against urban renewal in the late 1960s working with a neighbourhood which fought the city. The community said, instead of tearing our neighbourhood down and starting over, let's improve and repair it. The residents won that fight. Demolition and replacement is now a discredited idea in neighbourhood

planning. But it seems to remain a central idea of the Ministry of Health for hospitals and it is wrong.

The ministry should ask, how can we improve and add to existing hospitals to take care of today's needs, while building space that is flexible enough to respond well to future needs? But it doesn't. It says, we can start over and get everything right, there won't be any problems.

We all know that those who approach the world in that blind fashion often get almost everything wrong.

Starting over is one problem. The second problem is that those running this process seem to be nice people but what they are proposing is something that would be recommended by a megalomaniac. Megalomaniac is a big word so I looked it up in the dictionary. It means "a mental disorder characterized by delusions of grandeur, wealth and power." That perfectly fits what is proposed here – a hospital plan couched in grandeur, wealth and power: how I wish it was couched in accessible patient-centred care and city building instead.

The ministry says: we will build a big new facility and it will be much more efficient than the hospitals today. Those who run it will be much smarter. Wrong and wrong again. Spending money on a building never resolves the long-standing issues of human behaviour.

The thought that if we build the right facility then all the human problems will be solved is a delusion. Every cent spent in building with concrete and mortar is money that cannot be spent on people providing accessible patient-centred care. It is money that will be lost to good health care.

It is terrific that in Bracebridge and Huntsville, your two municipal councils are strongly opposed to the idea that the existing health facilities will be shut down and replaced by a new hospital in a lonely location between both communities. And I was amazed to learn that the councils took the unheard step last week of holding a joint meeting to confront the ministry and seek a more reasonable course of action. Joint meetings are a rarity in Ontario. My congratulations to these brave councillors and mayors.

It is terrific that the LHIN seems to side with the town councils and wants to fidna better resolution.

Other places are not so fortunate. People in Windsor are just mounting a fight against a hospital proposed to cost – wait for it - $2 billion – out past the airport. People in Collingwood are just beginning to engage the fight. So you have allies you should reach out to. This is the beginning of the struggle to get the Ministry of Health to start spending our money more wisely.

Perhaps what is needed here is a modest study which shows that for substantially less money, existing hospitals can be renovated and added to, and that more funds can be devoted to the human side of health care rather than bricks and mortar. Maybe the LHIN can help with this study. Everyone knows a new funding model is needed for smaller hospitals and maybe now if the time to make that case, again. Surely these are the questions the Ministry of Health should be addressing:

What physical resources do we need, and what human resources do we need to improve health care here? What can done to improve health care in the near north for a modest amount of money? I suspect there are many cottagers who will join you in finding a reasonable answer to these questions.

I have no doubt that the struggles going on here and in other communities are critical to restoring reason and financial responsibility to health care decision making in Ontario. Many in this province rely on your resilience. Thank you for being so strong and determined.