

PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY



Speaker: Hon. Francis (Buck) Watts

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Standing Committee on Health and Wellness

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SUBJECT: BRIEFING FROM MONTAGUE ROTARY CLUB RELATING TO HEALTH AND WELLNESS

COMMITTEE:

Hal Perry, MLA Tignish-Palmer Road [Chair]
Peter Bevan-Baker, Leader of the Third Party
Kathleen Casey, MLA Charlottetown-Lewis Point
Matthew MacKay, MLA Kensington-Malpeque (replaces Darlene Compton, MLA Belfast-Murray River)
Sidney MacEwen, MLA Morell-Mermaid
Hon. Paula Biggar, Minister of Transportation, Infrastructure and Energy (replaces Hon. Chris Palmer)
Hon. Richard Brown, Minister of Communities, Land and Environment

COMMITTEE MEMBERS ABSENT:

Hon. Jordan Brown, Minister of Education, Early Learning and Culture
Darlene Compton, MLA Belfast-Murray River
Hon. Chris Palmer, Minister of Economic Development and Tourism

MEMBERS IN ATTENDANCE:

Bradley Trivers, MLA Rustico-Emerald

GUESTS:

Montague Rotary Club (Maureen Hanley, Carla Morgan, Sharon Riley)

STAFF:

Joey Jeffrey, Clerk Assistant (Director, Corporate Services)

Edited by Hansard

The Committee met at 1:30 p.m.

Chair (Perry): Good afternoon, ladies and gentlemen and welcome to the Standing Committee on Health and Wellness meeting.

I want to start by a few substitutions today. We have Matthew MacKay in for Darlene Compton and we have Paula Biggar in for Chris Palmer. Welcome.

A few housekeeping rules again; please have your phones turned off. Please wait for my indication to speak before speaking so that we're operating in an orderly fashion and Hansard will not have a problem recording very important questions or comments that each of you may have.

With this we all have an agenda that was circulated prior to the meeting. I'm going to call for adoption of the agenda.

Ms. Casey: So moved.

Chair: Thank you, Kathleen.

We're going to move into number three on our agenda, which is a briefing on the Rotary Club of Montague. I'll welcome them to the floor now.

Good afternoon.

Unidentified Voices: Good afternoon.

Chair: Thank you for accepting our invitation to come in here today and to share with us what you do and all the good things that you do and perhaps throw in a suggestion or two.

I'll ask each of you individually to state your name and perhaps your position or title within the organization that you're representing here today for Hansard purposes, and also, for those of us around the room.

I can start here.

Sharon Riley: My name is Sharon Riley. I am incoming secretary; I was actually one of the first of three women that were sworn into the Montague Rotary Club; the same day two of the boys decided they didn't want to be members. We're pretty tough out

there as far as girls go. I am also the co-chair of the Rotary Gold Mine committee that has raised over \$5 million in the last six years. That's about it.

Chair: Great, thank you.

Maureen Hanley: Also a board member.

Sharon Riley: I am a board member.

Maureen Hanley: My name is Maureen Hanley; I am a board member of the Montague Rotary Club. I've been a member for about five years. I delve in lots of things; a little bit of it all.

Chair: Thank you.

Carla Morgan: I'm Carla Morgan; I'm the president this year of the Rotary Club of Montague and I'm also co-chair of the gold mine committee and I've been a member for a number of years.

Chair: Thank you, and again, welcome.

Before we begin your presentation, I'm just going to ask the committee if they could hold their questions until after your briefing, presentation. And then I'll ask if you will accept some questions from the floor.

The presenters were gracious enough prior to the meeting to pass out a hard copy of their presentation so each of you members should have one on your desk to follow along with.

At this time, I'll ask you to begin your presentation.

Carla Morgan: Thank you. Thank you all for being here during March break, which we know is a family time and we feel it's important that we're presenting during a family time because we're talking about families and individuals in eastern Prince Edward Island.

We took a good idea a few years ago; it was from the Summerside club that we got our – boys and girls club that we got the idea – but we turned it into something that's just become an outstanding success. The idea that we use is a 50/50 lottery, but in our area it's known as the Rotary Gold Mine. It's really taken on a life of its own.

The three of us are members of the club and we're telling you today some of what we do and how we feel that government can work with us and we can work with government and little things that can make a really big difference.

Now, Rotary is an international service club, as I'm sure you all know, that began in the United States with four business men and the model of Rotary has been 'Service Above Self'.

Rotarians work in increasing fellowship and improving lives in their communities and internationally. The first Rotary club on the Island, the Rotary Club of Charlottetown, received its charter 100 years ago in October 1917. As many of you may realize, we've been celebrating 100 years of Rotary this year.

Indeed the Rotary international president came to the Island in October and he participated in the grand opening of the Inspire Learning Centre in Summerside, which is a project of the Rotary Club of Summerside and also has the provincial government as a supporting participant. I'm sure you've been there. If you haven't, you should; it's an amazing building and facility.

Our club, formed over 30 years ago, is based in rural PEI. In case you didn't know it, we're an area composed of fiercely independent individuals and communities. We may be considered poor by standard measures, but we consider ourselves rich in culture, in natural resources and in spirit. We have Rotarians in our club from Souris, Georgetown, Brudenell, Lower Montague; the unincorporated districts and of course, Montague.

Rotarians are bound by a code of ethics called the 'Four Way Test', which asks us to consider in our business and personal dealings the following four questions:

Is it the truth?

Is it fair?

Does it benefit all concerned?

Does it build good will and better friendships?

Our motto is 'Service Above Self' and the Rotary theme for this year is 'Rotary Making a Difference'.

Since its beginning, our club has always been making a difference. Individual members have taken risks that ended up being backed by the communities, but without these persons, these individuals taking the risks, we would not now have the Rotary Eastern Eagles Soccer Complex, the Montague Rotary Seniors' Bus and the Montague Rotary Library.

We are one of the three founding members supporting the Easter Seals Camp Gencheff project and we've participated in international disaster relief projects and the polio eradication drives, yearly.

I want to mention here – I didn't have it in these notes – but we really appreciate the relationship we've had with government over the years. It's been a very positive one.

Rotarians, world-wide at our conferences were asked to think big to create a happier more sustainable, meaningful life for all. We're encouraged to build on our commonalities to work interdependently together.

When I went to the last conference and they said the word 'big', I thought, basic income guarantee. I really like that word, that concept. As I experience the wealth of time commitment and caring shown by the volunteers who make the gold mine Lottery a success and the engaged participation of residents of a poor, if not the poorest part of the Island, and spending \$2.00 every week in order to help each other and have the fun of perhaps winning the draw, I have complete faith of providing all our residents with a universal basic income guarantee is simply a next step.

Residents do believe themselves to be rich in our area, sometimes even without sufficient money for fuel – I put shelter, but really its fuel in the winter; we have those kinds of problems – and in our food. We love our land, our water, our beaches, we value our clean air, our space, our towns and country side, we care about each other and we're increasingly connecting with each other in meaningful ways. We've moving towards a future that welcomes all who

choose to live in our area and this is becoming a much more diverse group.

Many seniors have returned home and these people who are essentially already living on a basic income guarantee – which is their pension – choose to find ways of participating and contributing in meaningful ways. Our Rotary Gold Mine has been helping this. We've been able to help out in flexible ways related to real and specific needs of individuals, of individual families and charities and not-for-profit groups.

We do thank government for the agreement by which we pay taxes on the total money taken in so that when we give money to individuals and charity, these are tax-free to them.

What we've seen is that people who have enough to live on tend to be generous, wanting to use their time well, often wanting to give back in the many ways they can. This includes people from every occupation, age group, ethnicity and walk of life.

You'll hear in more detail from my colleagues. Maureen is going to give you facts and figures and Sharon is going to tell you some of the stories that have really influenced our thinking and changed our minds about things.

For me – I won't say the whole club agrees with this – the future is small. Small self-sustaining communities connected by via Internet and other technologies allow citizens to live on less and in harmony with their surroundings.

This part – we agree – basic income is needed. Dental care, which is an essential part of health care, is a must. Common sense flexible approaches to helping people are needed to allow people to solve the problems of their lives while feeling and being supported. Food security is possible and it's essential. We have all the resources we need here.

Our purpose today is to share our belief based on our experience over the past six years, that if all levels of government were together, municipal, provincial and federal, we can reduce or eliminate poverty in eastern Prince Edward Island – maybe, why

not, the whole Island – and be a guiding light for our country.

Maureen is going to take it further.

Maureen Hanley: Thank you. Thanks, Carla, for starting us off.

What you've just heard from Carla is an overview of who we are as a club and she briefly touched on what brings us here today. We manage the Gold Mine lottery, which by default has – we manage roughly a million dollars a year. We take it in in \$2.00 increments and then we, as a club of 37 dedicated individuals, not only manage the process, but we also then decide where best that money can function in our community.

We are very careful and very thoughtful in that process to make sure that we support what the community wants because we are essentially just stewards of their money. We try to look after our most vulnerable community members to make sure that our entire community is healthy.

Our catchment area is from Cherry Valley east and this is our sixth year, as we said, and the broad brushstrokes are, we've taken roughly \$5.5 million. Our winners were awarded \$2.8 million and we have then given back to the community \$2.2 million in different fashions, the management of which is fairly complex.

The breakdown of the actual lottery is listed in your handout. I don't think you need to see exactly – I don't need to read it all off to you, everybody is bright and quick. I also have included after that the charity of rotation.

A percentage of our lottery every week goes to a specific charity. Those charities in return send individuals to volunteer with the management of that lottery once a week.

You'll see that we're sponsoring breakfast programs, food banks, hospice, health foundations, Meals on Wheels, group homes, the library. We also – a portion of our funds go to our publishing partner, which is the *Eastern Graphic*. We have specific criteria for our funds and how we dispense them that we've developed ourselves. We basically deal with needs, not wants. The *Eastern Graphic* charity is a

fabulous partner because they do things like sponsoring teams, helping out seniors, giving extra money to groups. A bit more on the want side, but it actually builds the community. That's a fabulous partnership. The list is there.

The next sheet you see is a snapshot of the last fiscal year. One of the buckets of money that we use goes to something called the small donations committee. That is a group of – depending on whose in and whose out and whose where, and in the country, out of the country – seven to nine people respond to requests daily for people in dire circumstances who are in trouble. Our function is needs, not wants. I explain this committee in detail because this is where we truly see, this gives us a lens into where are people falling through the cracks in our community: What's going on? Where are they not being well supported?

We provide gift cards and direct payments. Most of those we do with our own personal credit cards and we get reimbursed – a million dollars a year. Our turnaround is usually same day. The most it would take is three days if it's complex and we need other partners to come in and help. Most situations are dire. We don't deal with chronic problems. We know there are other systems that deal with that. We don't repeatedly give to the same individuals. Our mandate is a hand up and not a hand out. We're very cautious about how we dispense our money. We find ourselves liaising with support programs. We often help individuals find ways to help themselves. Sometimes we will give a push to social services. We're not about phoning up and saying: For the love of peep.

We also will deal with the Council of the Disabled; connect them to Hope Air for off-Island medical travel, the Catastrophic Drug Program. Sometimes people don't know about that. We also leverage other service groups if the need is great. We have a small budget; it's roughly \$5,000 a month, \$60,000 a year that goes into that small committee because we have a lot of other buckets.

We will hustle with whoever we need to to make something happen and that maybe another service group like the Lions Club in Montague may come in and partner. That

also is – I put an example in there, Vernon d'Eon, a business in Souris that sells all kinds of stuff for fishermen and individuals.

We had a family whose house burnt down. What did they need? They didn't have shoes or boots to go in and sift through the rubble after the fire. There was nothing to cover that need. They needed it now; they had to go do it right away so they could salvage what they could. We went to Vernon d'Eon's. I think I just drove there and said: We have a family, here's the sizes; we need shoes and boots. Then they give that to us at cost. We pay them directly; we deliver to the individual and then we figure out how to reimburse our credit card. That's how we leverage; we do it in big ways and small ways.

What we know based on this practice is that many families in our community – and I suspect on the Island – are one small hiccup away from being desperate to have their basic needs covered. They are living so close to the line, the working poor. They're often seasonal, they're minimum wage. They're one family with two minimum wage earners and they just can't do it. Often they're in school trying to better themselves and there are gaps that happen with that.

One of the key indicators that we see in terms of being able to understand what's going on in our communities, is you'll see that part of our donation is that we fund a refrigerator in one school so that there are extra snacks and we fill that with food because the teachers say there's a chronic problem with children going hungry in their school. We look after the basics for some high school students. We have a fund at the high school where they provide deodorant, shampoo, cream; really simple things. The teachers have a birds-eye view on that. We understand as a group that if the children's needs are not being met, you can be guaranteed that the family's needs are not being met. That is the essence of what we are seeing; what we have been looking at for six years; what we are dealing with on a daily basis, as a group.

This is a committee that I sit on, and that Sharon sits on. We're quite often the ones hustling with the cards. This gives us a unique lens into what's happening in our community. There is a snapshot there of our

fiscal expenditures. You can see, top of the list; off-Island medical travel, groceries, gas, Maritime Electric, drugs, oil; pretty basic needs. There are other ones that are smaller, but you can go through that list at your leisure.

That makes us brave enough to come up with a list of action items because we've been watching it and we try not to complain about it. We try to do our best with what's available. We're going to be brave enough to speak about some things that we think can be done because we're doing it. We're doing it every day. We are at \$104 per person, who plays the lottery per year. We are being good stewards of the revenue. Operating much in the same way as our government is trying to decide where best to put that money to good use, so we're going to be brave enough to offer from the trenches what we think might be some solutions.

Long-term, back to Carla: basic income guarantee. That's not going away. We all firmly believe in it. I'm not going to say any more about it. It's just out there. It's time.

Short-term, we need to address health care shortfalls; travel for medial on and off-Island. We get that repeatedly. Families are too close to the line to be able to drive to Charlottetown from East Point twice a week for six months. You just can't do it. They shouldn't have to choose.

Support person when you travel for medical treatment. You cannot go to the IWK without taking someone with you. You can't go to the VG unless you have a support person, or to Saint John. That second support person is not being looked after. While we're on travel and support person: the bus is not an option. After six months of radical chemotherapy in PEI, there is no way we can put a woman on a bus to go to Halifax, by herself, for further rounds of chemotherapy and say that is looking after their needs. It's just not happening. The support person is important. The travel is important.

Ostomy supplies is something we deal with a lot. You're looked after, you're a senior. You go home. Your ostomy supplies are not covered by the Catastrophic Drug Program. They run \$400 to \$500 a month. That individual then tries to make that stretch.

They have infection or sepsis. They are then in the hospital or an assisted-living facility. It's a short-term savings for a long-term expense. And we've robbed that person of their quality of life.

Dental care, Sharon is going to speak more about it, but dental care is health care and it's time we all got it. There are some dentists, who are living every day doing services and losing money on them because we don't – the dentists know dental care is health care. Some of them are really putting their money where their mouth is and doing stuff, but not getting well compensated. That's the health care bucket.

Number two: a pilot project for school breakfast programs with a coordinator so they can share best practices. We look after every school lunch, breakfast program for 12 schools. Patty, correct me if I'm wrong: 12 schools in Kings County?

Unidentified Voice: Yes.

Maureen Hanley: That's done. That's done and dusted. It needs some coordination. There are some people doing a fabulous job and there are others who don't have the resources or the kind of tribal knowledge for how to run that effectively. We should be sharing it. We don't have a coordinator, and it's not being done. Just a heads-up; once we're done with breakfast, we're moving onto lunch and we have lots of ideas about that.

Sharon Riley: And the money to do it.

Maureen Hanley: And we have the money to do it. It's true. We will put our money behind it if we think that it's going to be well placed and well managed. That's how we feel about breakfast. We're funding it, but we would like it to be coordinated by someone because, as you can see, we're all hustling hard.

Number three, I put the word advocate there only as a placeholder for the function that we are serving right now. We are being navigate – we are helping people navigate the system. We are filling in the cracks through which people are falling. That's not really the function of the Rotary Club and all of us have full-time jobs and families of our own. That function needs to be addressed in

some way in our system. Especially, for issues like emergency heat, fuel to get to work, boots to get to work.

And address a challenge that we have with the food banks on PEI. This has been told directly to us from the food bank when we've challenged it: families can access three days of food per month and they must provide a health care number for every individual in that family in order to receive support from the food bank. I don't think most people are aware of this. Then, there is a cut-off, because if it's more than three days, you then run the risk of having your social security clawed back because you have a grocery allowance in there.

That is the message we get and as far as I can understand, because we've pressed on this; it is a national policy, but it is used by the provincial plan. I don't know how to change that, but it's got to change.

To wrap up, thank you. We truly are putting this out here today because we believe it is the beginning of working together, as Carla said. We love our partnership that we have with the province right now that supports the gold mine lottery and allows us to do what we do. I think we also have a fabulous lens into what's really happening in our communities and where are those cracks through which our vulnerable families and individuals are falling.

We welcome the opportunity to work together because we're going to continue doing what we do, but boy, more partnership would really be fabulous.

Thank you.

On to Sharon, who is just going to tell you – Sharon has a couple of examples of the real stuff we deal with every single day.

Sharon Riley: I should also tell you that my credit card was the one that was cut-off two days before Christmas. American Express cut me off when I went to use it and I was like: what are you doing? I called the guy and he was like: well, you are over your limit by, and I was like: you can't cut my credit card off, this is what I do with it so he reinstated the credit card immediately, put the interest they were charging back on because I was \$13,000 over my limit. We

were really busy in December. And \$1,850 of that went to high school kids who weren't getting anything for Christmas.

Maureen Hanley: Right.

Sharon Riley: The one reason I am still in Rotary is because of the small donations committee. Paul MacNeill will tell you it is my second job. He doesn't pay me to do that. He only pays me to sell. I'm a straight commission salesperson.

The time and energy I put into Rotary is something that I value – it's right up there with the kids. Maureen spoke about the food bank. There's a problem there. If you folks could fix it that would be awesome; one of you must have that power. Because, to quote Lawrence Power, who worked there for over 20 years. He was the director of the Southern Kings and Queens Food Bank. Their most regular client is the four-person family where both parents work minimum wage jobs and two kids in school, who don't have enough money by the end of the month to survive.

Another great example, this is where we're big on teaching – that's not a bad omen. It's a good –

Paula Biggar: (Indistinct) worried.

Sharon Riley: We're big on teaching people to fish, which is why we try to do a one-time only help.

The gentleman from up east, who had no heat, we got the call from someone else. Usually, most of our referrals come from someone else. We actually are quite skeptical of the ones that come from the person, believe it or not. And we have such a great geography of –

Maureen Hanley: Network.

Sharon Riley: – it's amazing. We had a call and what they were hoping for was we could fill this tank of oil, which would be about \$900 because they had no heat. Our coordinator, Andy, who is also the CAO of the town of Montague, Andy said: Well, if his chainsaw is broke, let's buy the chainsaw. So we spent \$369. We bought the guy a chainsaw. Andy went up and spent the day with him cutting wood. It was wet

wood, mind you, but he still did it. A couple of months later the guy called us back and said: I just want you to know I got two cords of wood for the next two families that need it. I'll deliver. So, they're paying it forward, right?

We actually got a gentleman back to work. He was a diabetic factory worker who couldn't return to work. He had been off. He's seasonal; \$89.99 to get him back to work because he didn't have enough money to get the boots that he needed, so Maureen went to Vernon d'Eon and handled on it. That was her credit card.

Maureen Hanley: They were \$200 boots, you can see.

Sharon Riley: Yeah, because we got them for \$90.

That's something I should say; we have been incredibly fortunate in our area because – I don't know if you know Dr. Travis Murphy, but I make him fudge and he does me favours. We have a deal. We're great at cutting deals. Our whole donation committee is a cutting deal.

I should also mention that the gold mine, every Monday, takes 100 volunteer hours out of our community. If you think they're not involved and they're not committed, we've got a whole community out there that's in love with us, with the hope of winning \$12,000 every week, but we're okay with that.

We also recently dealt with a young couple. They went back to school to be plumbers in Georgetown. They have a child in high school and one with special needs that's a little bit older. They went to Holland College to get their trade, to get the better life for their family. They had no gas to get back and forth. To get back and forth from school, they couldn't afford it. Then, we found out they didn't have clothes for the winter, or food. So, we're good at fixing the need and we're trying really hard to work with the systems in place.

We do work with the Canadian Cancer Society. They love us. Home care and support have been amazing with us and social services because they actually call us when they need stuff that we can supply,

and we can. But, this is the one that I want you to take away today.

We had a grade 10 student at one of our high schools and the social services worker called and she said: I need braces. I was like: Are you nuts? We don't do braces, they are \$5,000.

We have a maximum. We usually try to stay around \$1,000. A lot of our fixes, those off-Island trips Maureen mentioned; you guys could fix those for \$200, \$200 a trip is more than enough for a medical appointment. Anyway, they wanted braces, and I was like: My goodness, we can't do braces. She said: Sharon, this is really dire. We really need help if there's anyone you can call. I said: You're three times what I can give you. Her problem was the kid was a great student and over achiever. She was in chronic pain from TMJ. The braces were the easy fix at \$5,000, but we were willing to pay for her addictive painkillers. I'm like – I do work at a newspaper. Please remember that. I've been there 30 years; longer than the guy that owns it now. His father hired me. I'm talking to her and I'm like: Okay, so we'll pay for addictive painkillers – oh, and I forgot the main part; her mother is an addict. But, we won't pay for braces.

I just think that we could probably all work together and fix something that's that – to me, that's such an easy fix. If you're willing to pay for narcotic drugs to deal with long-term pain but not braces that would fix her pain permanently and instantly, and give her a perfect smile, it doesn't make sense to me. It seems the braces are a much better choice.

Those are just things that we deal with, honest to god, it's a daily. We get calls – Maureen went out on Christmas Eve, that's a Saturday. We're not here to beg; we're just here to enlighten. I know by the looks on your faces that most of you didn't realize ostomy supplies aren't covered. Am I wrong?

Some Hon. Members: (Indistinct)

Sharon Riley: No. Can you tell me if ostomy supplies are going to be covered?

Anyway, I would also like to thank you for your time. I know you're all busy and we

really appreciate you being here on March break. I'd like to thank you for your time.

If you have any questions, we'd be happy to answer them.

Chair: Great, I was just going to ask if you would entertain questions. With that said, I will now start compiling a list. I do have the listed started.

Sidney MacEwen.

Mr. MacEwen: Thank you, Chair.

Wow. When I wrote the letter to committee to have you guys in, a number of people asked me from inside and outside: Why are we having the Rotary Club into the health committee? You've proven in spades why we needed to have you in here. Many of us MLAs deal with those exact type issues as well, and we try to raise the personal stories in the Legislature, but it really hits home when a service group like you; when you talk about the 100 volunteer hours on Monday, the personal stories, your personal credit cards; just the very fact that you mentioned, again, social services will call you.

Sharon Riley: And home care, and the cancer society.

Mr. MacEwen: Government services calling you for help –

Sharon Riley: Yeah, but we (Indistinct)

Mr. MacEwen: – you know there's a serious problem.

Sharon Riley: In fairness, not to interrupt, but in fairness, we have had a very good relationship with all of your people.

Mr. MacEwen: Absolutely.

Sharon Riley: You folks – and I consider you folks, they're amazing, and they try to help too. But, there are certain things they can't help with.

Mr. MacEwen: Absolutely, and –

Sharon Riley: So, know that you have a good team on the ground. They're just kind of strangled.

Mr. MacEwen: Absolutely, and you're right. They work with MLAs, they work with you and they're wonderful to do that and we're lucky to be in PEI where we can make these things happen on a one-off, on a one-off, but you're hitting the nail on the head. It's got to stop with the one-offs.

The travel off-Island is just one that we hear about all the time. It's ridiculous. I could keep going all day. You've laid out your priorities perfect. You've given the examples of why we needed them. The breakfast program in eastern PEI – a coordinator to make it all work well. I thank you for all the work you do in our community as well.

We've got a committee here that is going to make recommendations. We've got Cabinet ministers here who are going to take it back to Cabinet. You've got two opposition caucuses and backbenchers that will ask those questions too.

The matter of fact nature of 'just make it happen', I couldn't agree with more and I really quite appreciate you guys coming in because, it's one thing for us to say it, but it's so much better to hear it from you guys who are on the ground and you see it and live and breathe it, in your volunteer time every day, so thank you.

Chair: Kathleen.

Ms. Casey: Thank you, Mr. Chair.

Well, if you want something done you give it to a busy woman. I'd just like to raise that.

Unidentified Voice: We have boys, too.

Ms. Casey: Thank you so much for your presentation and we will be making recommendations, and that's what we do. We're a recommending body, so I've taken your presentation to heart and we'll make sure that your recommendations get on the recommendation list to go to the Legislature.

But, one of the things you talked about that you give money to, and you talked about wants and needs, is the Eastern Eagles soccer club. I have a little bit of experience with them as my kids were competitive soccer players. That is the very best soccer complex in Eastern Canada, and funding

them is probably the best thing that you can do. You have so many young people in your area who benefit from – soccer is not expensive to play. However, the fields are expensive to upkeep and so congratulations for doing that. Hopefully you'll continue to do that.

Carla Morgan: We just put a ton of money into that last year.

Ms. Casey: Because you see all of the kids there, it's for health reasons, comradery, time management; all kinds of things. So, congratulations to that.

I enjoyed the presentation. It takes a village. Nice to see some strong-minded females leading their communities and I'll make sure the recommendations that you had get on the list.

Sharon Riley: We do rinks too, just so you know.

Maureen Hanley: Yes, so to be clear, what we showed you was a snapshot of the small donations committee. But, as a Rotary club, you can see that we dispense a lot more money than what is in small donations. That is a lens for us to see what's going on that can be changed, but we do support initiatives that contribute to the overall physical and mental wellbeing of our community.

We are, as thoughtful, with where we put that money as we are with the small donations money. We treat every dollar the same and as such, we have done some fairly major projects and made some huge changes with a small amount of money, and sometimes a big amount of money.

Ms. Casey: Thank you for the work you do.

Maureen Hanley: Thank you.

Chair: Next on the list I have Peter Bevan-Baker.

Dr. Bevan-Baker: Thank you, Chair.

And thank you. I've sat in many, many committee meetings and I have to tell you that's one of the most compelling presentations I've ever experienced, so thank you for being here and for the quality

of your presentation, and also for the work you're doing; the work that in many cases, you might imagine government should be taking care of.

I can't remember; I think it was Maureen talked about you're filling up those cracks through which members of our community are falling.

A couple of questions I do have; you mentioned about the great relationship that you have had with government and the frontline workers in your community, and I'm just wondering if you could expand a little bit on that. I think you used the word; I think it was Maureen said that they are strangled. Is this a bureaucratic problem?

Unidentified Voice: (Indistinct)

Dr. Bevan-Baker: Oh sorry – could you just expand a bit on that Sharon?

Sharon Riley: Well, I just think it's common sense, right? Like, if someone needs – and I'll tell you another example because we could have given you 5,000.

I had a call on the 23rd of December from a gentleman from up east in Souris who was on an emergency call list from Halifax for a specialist for Parkinson's. When he called me on the 23rd, he had gotten the call on the 22nd, and he didn't have the gas or the bridge pass to go. Then, when he said he didn't, someone had mentioned us and he called me and said: Could you help me? We just went into warp speed, went and used the credit cards, and he picked – Lynn or Maureen, it might have been Lynn that delivered the package. Then, he had it there waiting for the next time they called because it was – the chance had eluded him the first time, but we weren't going to let that happen the second time. Like I said, it's an under-\$200 fix to make sure that, if you know – and I'll tell you what my belief is and I might be really out of line here and the rest of my committee isn't aware that I'm going to say this.

I firmly believe that if we don't offer the service on PEI, we should darn well finance it when you have to go off-Island. Like, if a baby has got to be at the IWK. It's not rocket science to me, but we do this every

day so it's not – I don't find that hard to do because we fix it every day.

I want to also mention we do not ever – don't ever think that we rubber stamp every donation because we don't. We are tough as nails. And we've learned to be tough as nails, but we're still putting out, you know, hundreds of thousands of dollars helping people one-by-one.

Maureen Hanley: I'll just add to that. I think, Peter, to you point, how do we liaise with social services? I think one of the classic examples would be the ostomy supplies. We kind of have what I call little birds in the community. Those little birds include; people who work at the pharmacy, individuals who know everybody in the community, somebody who works for home care and support. Sometimes, we will very – and we keep everything private. We don't even – our greater Rotary club does not know the names of the people that we help. Only the donation committee knows and we do not share that ever publicly. We do a private report that says the amounts, but we never speak about names.

We had a gentleman, who, believe it or not, a woman that I know, was looking after somebody else in the seniors' complex where he lived. He's in an apartment. She's looking after someone else. She goes in, you know, every couple of days and tidies up. So, she's aware of this gentleman. She's aware that things are not going well. She starts going to his apartment and she starts trying to look after him. Then, it becomes clear to her that he is having issues because he can't afford his ostomy supplies. The situation is dire so she writes a letter to us – which is mostly what happens – she writes a letter and she says: this gentleman says he can't get help.

I start phoning and I – included in my phone call was someone we know at social services and I said: This gentleman, I know you can't cover the ostomy supplies, but I think this gentleman needs an intervention on other levels so he can live at home. We will look after ostomy supplies in the short-term, but in the long-term, we need a way for that gentleman to be looked after. Then, the person at social services then triggers home care and support. I'm not sure how they looked after the ostomy supplies. We did

two months, I think, and then it was worked out. I have no idea how, but it was. This gentleman, now, still is seeing the same lady. She checks in on him. He's clean. He's neat. He's organized. He's being looked after and he has his ostomy supplies covered, somehow or other. I don't need the explanation. I just put it in their world and it happens.

Sometimes, we just phone up and we say: what is the challenge to this person getting a bed that deals with their particular medical condition, blah, blah, because they're on social assistance? Sometimes, they will just tell us what the programs are. Sometimes, we push back and say: look, we're good, but we're not that good. Maybe, you need to dig a little deeper. And, it's not incredibly flexible, but sometimes it gets a second look and things get looked after. I guess we just push for the flexibility and that happens, but they do answer the call. They do call us when they can't cover things.

Individuals from social services will call us and say: we have covered one to five, can you cover six and seven?

Carla Morgan: That word, flexibility, is a thing that I think the government programs need to figure out a way of becoming more flexible.

Sharon Riley: I think, Peter, when you think of long-term about that gentleman with the ostomy supplies, we can go one of two ways. We can help him out with his ostomy supplies or you guys can take care of him and put him in the system. Why would you want to take his dignity away?

Carla Morgan: Yeah.

Sharon Riley: That's what we struggle with most.

Carla Morgan: His dignity.

Sharon Riley: Like, when a mother is telling that a \$200 Walmart card is too much money when she's going to get two coats and two pairs of boots for her kid, who has grown six inches six weeks before Christmas. No, there is a problem.

Chair: Peter Bevan-Baker.

Dr. Bevan-Baker: Thank you.

As far as the ostomy supplies are concerned. I was acutely aware of that. We're the only province that does not cover ostomy supplies. Even the Territories provide some coverage: the only province that does not cover that.

Of course, there's a dignity aspect to that; I absolutely agree with you. But it's, again, another example, and you have give several of these, where a short-term cost-saving creates long-term massive expenditures for our health care system.

I think one of the things I find most compelling about what you've talked about today is that what you are doing mirrors what I think government's responsibility to health and wellness is, which is there is an acute aspect to that and you do the small, you don't call them small gifts. I'm sorry, I can't think of –

Carla Morgan: Donations.

Dr. Bevan-Baker: – small donations, excuse me, to deal with acute problems. And our government does that. We do that through the health system now, which really just is a sick care system. When people are sick or injured, well, okay, we'll intervene.

We pay almost no attention to improving the health of our population in the long-term; it's health promotion and being proactive. It seems to me that the biggest expenditure by far of your fund goes into creating those long-term-improving-wellness in our population. You truly understand the connections between the social determinants of health and the well-being of our society. It's my hope that government will someday reflect that.

I want to ask a question on basic income guarantee. I'm so pleased you brought that up, of course. One of the criticisms of basic income guarantee, the two main ones are: it's going to be too expensive; but, again, the long-term savings are substantial. The other one is that goodness, you give people this money and they won't want to contribute, but you've told several stories of people who paid it forward.

I'm just wondering, in your experience,

those people who have been given a hand up, not a handout, as you put it, is it exceptional for them to then want to contribute back to society, or is that the norm?

Sharon Riley: I think it's the norm. I don't –

Maureen Hanley: I think it's the norm.

Sharon Riley: I got an email this morning bright and early from a young lady that we're trying to assist with a major problem. She said: I really appreciate everything your group has done for us, and I can't wait for the day I can pay it back.

Maureen Hanley: It's not surprising. The 100 man hours a week to manage the lottery, that includes a lot of volunteers who come in and help us. I'm surprised at how often – I can't really acknowledge when they are there – but while volunteering, how often somebody who's been a recipient of a small donations gift shows up and is sitting there peeling stickers off toonies and helping us out, and quite often in a much better state than when we would have heard from them.

I think that tells us that the community is – that individuals are ready to give back. I also see that there's – what's very interesting about the growth of this lottery is, I would say – my perception is that almost everybody who plays the gold mine lottery understands that even if they don't win they win. The perception is there and they understand that it is a \$2.00 donation to the health and wellness and the care, the level of care in our community. They see where we put the money back.

Winning the prize is not winning. Everyone understands that they win every day with gold mine. I also believe that, I've spoken to individuals who play every week; they are living close to the line. They're scraping up the toonie, and I truly believe that a lot of them have never had the ability to donate to anything. They've never had the resources to make a donation. We all feel pretty good when we make a donation: oh, I'm going to give 50 bucks; I'm going to give 100 bucks. I'm going to buy that thing at the auction; that's fabulous. For some people there's a lot of dignity attached to being able to say: yes, I play the gold mine every week and I

see all the good it does. That's a huge win. It's not the winning of the prize –

Sharon Riley: We help –

Maureen Hanley: – they get it.

Sharon Riley: Oh, sorry, Maureen.

Maureen Hanley: Yeah. They get it.

Sharon Riley: We helped a young man before Christmas. His partner; mother of his two children had left. She suffers from addiction issues. We helped him out. Last year, someone asked us if we could help him out and he refused our help and this is what he said: Sharon, my kids are six months and two. They don't need anything for Christmas. We've got a warm house. We've got food.

This year, the call came in again, but it was after Christmas. He came into my office. And he went to school with my oldest daughter. It just killed me. He said, you know, he was really teary, and so was I because I'm good that way. He said: I just really hope I can help. Maybe I help with your gold mine someday. I said: You know what, Steve? Here's the deal. You raise the boys. When you've time after you're done working your 60 hours a week, you come back and see me and when you've got the time we'll take your help every day. Every Monday night you can come, but –

Maureen Hanley: So, the answer is yes.

Sharon Riley: Always.

Maureen Hanley: It's not unusual –

Sharon Riley: Always.

Maureen Hanley: – at all.

Chair: Peter Bevan-Baker.

Dr. Bevan-Baker: You just described the strength and the beauty of community here on Prince Edward Island. I experienced that in Crapaud just last week related to a woman who is having some health problems and so many of the community showed up to provide their support; emotional and economic.

I love the idea of the fact that people voluntarily and willingly and with joy, contribute to your fund. It's almost like paying a voluntary tax, is what it is. I think that people – I would love to have a situation where government, who are – basically we're doing that on a large scale. People contribute to a collective fund which we use to improve the common good. That's, at least, how it should work.

I think if Islanders had confidence that the money was, indeed, being used in this sort of unfettered way that yours is, to improve the common good, then, perhaps, we wouldn't be so reluctant in paying our taxes or being told that we have to pay taxes.

On that note, I notice you were very kind and diplomatic about the 2% tax, which is taken off or applied to the donations. How do you – do you think that's a fair thing or would you like to see that eliminated all together?

Sharon Riley: May I speak to this; because I worked the farm show?

It's kind of funny. The gold mine travels far and its lots of great stories. I worked the farm-ex show this year. Every two years. No, it was the potato show, Sorry; farm-ex is next year.

When I was in there, Ronnie MacKinley, anyone know the name?

Dr. Bevan-Baker: Yeah.

Sharon Riley: Lives in fear in this building. Anyway, Ronnie was at the booth and this other gentleman stopped by and he was from like Cherry Valley. On the front page was something about the gold mine. He said: Oh, yeah, the gold mine. He said: I don't play that. I said: why? He said: Well, I don't live in your area. I said: Okay, well, that's fair. And then he said that – and I hate to say this, but maybe some of you know it's true. He said: Oh, I heard the government's thinking of taxing you more. I said: Oh my goodness, that's a terrible thing to say. Who told you that? He said: Oh, one of my friends in town. And I thought, oh my goodness. That would never work.

I mean, I'm sure we're affecting some people, like probably Atlantic lotto, but

please know your money is being spent right in your communities. I know they say that all the time, but we're not making a cent here –

Dr. Bevan-Baker: I was just say –

Maureen Hanley: No, I think the 2% is fair. I think it's fair.

Sharon Riley: Yeah. It's the cost of doing business. We're okay with it.

Maureen Hanley: Yeah. We're good. We don't want to skirt it.

Dr. Bevan-Baker: Okay.

Maureen Hanley: We're willing to do it and we're willing to work hard to make it work. If that keeps us on an even keel and on fair ground, as we said, we don't actually want you to anything for us. We want to be good partners.

Dr. Bevan-Baker: Okay. Just one final comment: I appreciate your candor –

Maureen Hanley: Yeah.

Dr. Bevan-Baker: – on that. But I don't doubt that your administrative costs are significantly less than Atlantic lotto.

Maureen Hanley: Are they ever.

Dr. Bevan-Baker: Thank you, Chair.

Maureen Hanley: Come on, ask us. It's amazing what you can get people to do for free.

Chair: Matthew MacKay.

Mr. MacKay: Thank you, Chair.

I just want to thank Carla, Maureen and Sharon for coming in. Certainly, any time we can listen to the good things that are happening on Prince Edward Island and the volunteers and the people and what they're doing, it's heartwarming for sure.

As an MLA we all get the same calls, right? You know, I find this winter was a real tough winter. For myself, it just seems over that the last three years, there are more and more people in need all the time. We're

getting calls every day. And little things that should be able to be rectified, right? That, I said: Yeah, no, we should be able to figure that out. You call the supports and you call the – I'll use Wendy at family and human services. She's remarkable. She's my go-to person. I'll pick up the phone and she does her job well. Things that I think should happen, we get the word back that no, nothing can be done. A lot of times you hear back, well do you have a Lions Club or do have a Rotary to go to?

The Lions Clubs and the Rotaries are great, but there's only so much money in the pot, right? I could tell stories all day, but I left a house last week, the lady takes in \$11,700 and she's got a \$500 dental bill she can't pay. She has worked an agreement out with the dentist to pay \$25 a month until it gets paid. If it wasn't for the dentist helping her out she'd never be able to do it. This is the same individual that hasn't had a piece a meat in a month because she can't afford to.

We're hearing these all the time. I'm hoping over time we can see some progress happen, that there's some funds in place to help, help these people out through government supports, because it eventually catches up in the end and it's starting to wear down on our health care system and so forth. People are struggling in a lot of ways.

I certainly want to thank you for everything you're doing on behalf of all Islanders and keep up the great work.

Carla Morgan: Along with that, the basic income guarantee precept means that people have enough money to make some decisions themselves so that not everything immediately has to go to social services.

Mr. MacKay: Thank you.

Chair: Thank you. Next, we have Paula Biggar.

Ms. Biggar: Hi. Thanks everyone. Thank you for the great presentation. Thank you for the work you do.

I think, another word, certainly, and I think you used it was, partnership. The Rotary on Prince Edward Island has been here for 100 years making a difference right across PEI.

I'm very aware of the Summerside Boys and Girls Club 50/50. I was the executive director when those things started down there. I know the difference that it makes, as well. And as you say, usually when people pay the toonie they don't even probably worry about whether or not they may be the winner. I think it's always great when you see the winner, who is someone who can – you know people within the community always say well, it's great that they won it because –

Sharon Riley: Good win.

Ms. Biggar: – we know that they can use it or whatever. Those are the people you really want to see that benefit from that.

I think there are many ways that within health, you know, we have to look at our priorities, certainly, how the best way that we can deliver those services to the frontlines. I think that's important to always keep that in mind and having this particular, wish list, I'll say, or recommendations from you is certainly very helpful for me as minister to take back to the Cabinet table. I certainly will have those discussions. There are a couple of things there that are a surprise to me, as well. I certainly will bring it back.

I want to thank you for your leadership in your community and for your communities that do all band together. I think that's what PEI is. I don't think government can do it all. I think that's why we do have partnerships with a lot of groups. I think that's what makes PEI unique in the way that we do look out for each other.

I just want to thank you for your presentation and for taking the time from your busy schedule. I don't think we need to be thanked because our job is to be here to hear from you, the community. I want to thank you for taking the time to come here, for your presentation, so thanks.

Maureen Hanley: Thank you.

Sharon Riley: Thank you.

Carla Morgan: We –

Chair: Brad –

Carla Morgan: – like to be –

Chair: Sorry.

Carla Morgan; – a model, this Island, a model for how –

Ms. Biggar: That's right.

Carla Morgan: – Canada could be.

Sharon Riley: In fairness, we stole the idea from the Boys and Girls Club. It took two-and-a-half years, to implement it, but I got it.

Chair: Brad Trivers.

Mr. Trivers: Thank you, Chair.

I was watching your presentation on Facebook live and –

Carla Morgan: Oh goodness.

Mr. Trivers: – and listening upstairs and I had to get down here because it was such a fantastic presentation. You're talking about so many important things. I mean the comments about universal basic income and especially how people can take control of their own life and they can make decisions for themselves. This idea that, you know, people are abusing programs is incorrect. We shouldn't be worried so much about the abuse of programs; people are using them because they absolutely have to and they don't want to use them. I wanted to thank you for that because it was so articulate and so good.

You mentioned a number of things; the ostomy supplies and paying for them is a problem, has been raised numerous times in my district, and one of the things that was suggested to me and I wanted to get your opinion on it; we have a catastrophic drug plan, and of course there are problems there because there's lots of drugs that aren't on the formulary and I'm guessing you likely help people with that and you fill in those gaps.

But the idea of a catastrophic medical plan that would cover various medical supplies, including drugs, and then you don't have to worry about what kind it is and it's means-

tested. I wanted to see what your opinion is of that.

Sharon Riley: I'd like a catastrophic dental program to start, because I think dental health is every bit – I shouldn't say this in front of you, sir –

Dr. Bevan-Baker: (Indistinct)

Sharon Riley: – all we're doing is delaying the problems, folks. Trust me. We're delaying the problems without adding dental. We need dental, and I hate to say it but the cutoff is not far enough and let me give you an example.

You guys used to buy – and when I say you guys I do mean the government – the government didn't used to buy insulin pumps for kids. Well, you guys manned up big time and did that. You wouldn't believe what we're doing with the money that we don't spend on insulin pumps, because we used to buy insulin pumps and we don't have to do that anymore.

I'd love the ostomy supplies though.

Maureen Hanley: Yeah, and I would say that we do often get requests for catastrophic medical help and so I would say that's a move in the right direction. Yeah, I'd say it's a move in the right direction, for sure.

Sharon Riley: The mattress.

Maureen Hanley: Pardon?

Sharon Riley: The mattress.

Maureen Hanley: Oh, the mattress. What did we do with that mattress, yeah?

Sharon Riley: It was delivered last week.

Maureen Hanley: It was delivered last week?

Okay, yeah. Go ahead, tell the story, Sharon.

Sharon Riley: We had a gentleman in our area in eastern PEI that has been very sick for a very long period of time right, that right now his wife is his only caregiver and he is at the point where he needed a very special mattress that would not have him end up with bed sores, to the tune of \$2,400.

Maureen Hanley: It allowed for easier (Indistinct) –

Sharon Riley: Yeah, easier access –

Maureen Hanley: Because his wife is his only caregiver, it was easier for her to move him –

Sharon Riley: To turn him and –

Maureen Hanley: – in the bed, and to turn him because she wasn't physically strong enough to do the turning herself, right?

Sharon Riley: Yeah, it's called breathable. I think that was the term, breathable mattress. Of course, that's way over our limit so we called a few friends and they helped us out.

Maureen Hanley: We partnered on that.

Sharon Riley: Yeah, we partnered on that.

It's just that to me, it just seems, Mr. Trivers, that's there's a lot of really easy fixes and maybe add mattresses to your list.

Chair: Brad Trivers.

Mr. Trivers: Thank you.

The other thing that you talked about – you are a service organization in Rotary in many ways, you're an interesting organization because you undertake a lot of different things. But I know in District 18, there's a lot of service organizations, as others have mentioned, that provide the services that you're providing, whether they be Lion's Clubs or Knights of Columbus, or Catholic Women's League or the Women's Institute or United Church groups, all of them; they get in there and I was wondering your opinion of the type of advantages you have as local service groups delivering the service, as opposed to a more removed provincial entity within a department.

Do you think that makes a difference? Is that something, maybe we should be considering giving more money from family and human services, and from the department of health, to service groups and letting them administer the services? Or is that the wrong way to go?

Sharon Riley: Are you going to pay us to do that, because it's really time-consuming. We'd just really love to have even a coordinator. I think if each county had a coordinator, you'd be doing your people so much good.

Maureen Hanley: Yeah, I think what we benefit from is being nimble and it is hard to build nimble into all the imperatives of looking after everything as a government. I guess, yes to partnerships. Frankly, I think giving money to service groups and asking them to dispense it; I think we're an anomaly. We're a strange little group of 37 people who fell into this –

Sharon Riley: And we grew.

Maureen Hanley: – very well organized – we grew incrementally, and then we built our capacity to be able to manage the money and we tightened up our protocols, and we really took a hard look at the fact that we are stewards of that money and I trust that that is what government believes as well. You are stewards of the public dollars and so for us; it's so local that it is easy for us to see exactly where to place that money.

We are a tiny bit of an anomaly in what we do every day as a group. I don't think you could take another 37 people and have them – and we say 37 and really there are about 20 of us who just knock ourselves out. I don't know if you could make that come together. This happened over time. So, that's kind of a response.

Chair: Matthew MacKay.

Mr. MacKay: Thank you, Chair.

Just a couple of things I guess I wanted to ask you more for your knowledge and what you've done so far. Have you found anybody, I guess, private businesses or anybody in the public that might offer some programs that people aren't aware of?

Sharon Riley: Yes we have, actually.

Actually, in April, our local library is – we get a lot of – I'll tell you my boots story.

We had a woman and every year at the same time she asked us for cash. So, for the first couple of years we were like: Okay, okay.

But, last year we were like you know what? And she goes: I just don't think I know how to manage my money correctly. I was like: We can fix that.

What she really wanted was; her daughter who was suffering from some mental health issues, she really wanted a pair of UGGs so the one thing in our – we have a couple of teddy bears in our club and one of the teddy bears removed himself from Rotary but he stayed with the donation committee when I begged him, and he called me. He only calls when there's a problem and he said: We're not going to fix that? I agree with that. I'm buying the boots and you're going to go to town and buy them and you're going to deliver them. He was willing to put \$300 out on boots, but we weren't willing to pay her light bill because it's – she's not money managed well.

So, our library is actually setting up a how-to manage your money thing. We're just not trying to fix it; we're trying to fix it big time, like long-term. That's our goal.

Maureen Hanley: We do have a greater vision and we talk about that a lot as a club. We talk about our greater vision for how we can create long-lasting change in the community, and part of that is to continue to educate, as Peter referenced, looking after the overall health and wellness of the community in general, the Boys and Girls Club, the soccer complex; making sure the arenas are supported.

We have a very holistic approach to how we are working with the community, and yeah we are always on the lookout for programs or solutions. When we talk about the coordinator, part of the breakfast – we're observing. We're saying: Okay, we're putting \$62,000; I think it is, into the breakfast programs. Some of them are working really well; some of them could use those best practices. What's the solution to that? Well, it's a coordinator. Are we, as Rotary, going to take on an employee? No, because that doesn't fit our mandate. We are very well aware of where we can play and where we can't.

When we suggest the coordinator, the budgeting – some people just don't know how to budget. We support Families First, and the lend-a-hand family centre; they do

all kinds of things on – they take a flyer and they do a cooking class and they teach somebody how to use a slow cooker, and they got the Home Hardware to give them discounted slow cookers. We support Families First and Families First, we know, executes a program that will make lasting differences.

Does that kind of answer it?

Mr. MacKay: Yeah, for sure.

I guess I wanted to expand a little bit on it. When you're going through the departments and so forth – I'll give you an example and like I say – I'm kind of looking for some guidance from you, really, to see how you would handle this, in a sense.

I got a call on Friday from a senior that just left the hospital. Basically, he's suffering from lung disease and he needed oxygen. The doctor told him he needed to be on oxygen all the time now. When he went to get his oxygen he didn't have any money. This was on Friday. So now he's home today; I'm trying to figure it out for him, right? But, there's no source for him. Family and human services are working with him today, but this is a guy that left the hospital Friday with no oxygen. In the short time, how do we deal with –

Maureen Hanley: Perfect place for the program, right?

Mr. MacKay: Yeah, exactly.

Maureen Hanley: Yeah, and we hear that all the time. It's like the Friday night – it's like the Christmas Eve – what if the guy gets the call to go to the IWK –

Sharon Riley: He shouldn't be allowed to leave our hospitals unless he's outfitted.

Mr. MacKay: Yes.

Sharon Riley: That's ridiculous.

Mr. MacKay: That's kind of where I thought – well thanks for everything. I appreciate it.

Chair: Brad Trivers.

Mr. Trivers: Thank you, Chair.

What I was going to mention was this idea, how, not only planning for the long-term in all the things you do when you talk about health and wellness, but the idea is you don't wait until people fail before you help them because then it's too late.

You had mentioned you have informal ways of sort of engaging the family and human services, you know, social workers those sorts of things, do you think that the province would benefit from a more formal way to get a heads up of people that might be on their last legs? If only they didn't have to pay for this drug they can't afford, or if they could pay for it, or if they could pay for their dental work, then they wouldn't be at risk of losing their home because they can't make their mortgage payments and things like that.

Sharon Riley: Yes.

Maureen Hanley: Totally, 100%. Yes. I'm not –

Sharon Riley: Most people are –

Maureen Hanley: – what it looks like –

Sharon Riley: – one pay cheque away –

Maureen Hanley: Yeah.

Sharon Riley: – from chaos.

Maureen Hanley: I'm not sure what it looks like, but as you can see we already spend a lot of time on this and we have a lot of forums and a lot of late discussions about this. I'm not sure how that would happen, but it is definitely what's required. There has to be some way to deal with the urgency that crops up that doesn't happen between 8:00 a.m. and 4:00 p.m. Monday to Friday.

Mr. Trivers: Now, is that a role that the service organizations might be able to play because you're connected with the community at that more intimate level than the department might be able to be, even if they could make, you know, case plans and that sort of thing.

Maureen Hanley: The recommendations could happen. I mean, certainly, we could recommend, but I don't think we could manage it.

Mr. Trivers: No.

Maureen Hanley: You know?

Carla Morgan: For instance, there would be information sent out to government workers, certain people, that if the club called them they would then have the flexibility, from that kind of end.

Mr. Trivers: Right. Yeah, okay.

Thank you very much.

Chair: My list of people to ask question has been exhausted.

Sharon, Maureen, Carla, I want to thank each of you for taking the time out of your busy schedules, for coming in here today and sharing with us what you do and where your money goes and your efforts to collaborate. You bring a different perspective and also, we do understand that you do have a pulse on what's happening in the communities.

Our mandate for the committee on health and wellness is charged with health, social programming, people with disabilities, sport and health infrastructure. We will be preparing a report with recommendations to the Legislature this spring session and we'll definitely take your presentation into consideration.

Again, on behalf of the standing committee, I want to thank you for coming in here today. We'll take a brief recess to allow our presenters to collect their paraphernalia and depart.

Carla Morgan: Thank you.

Maureen Hanley: Thank you.

Sharon Riley: Thank you.

[recess]

Chair: Okay, members, we're back in again and we're ready to move on with our agenda.

Number four, new business. Is there any?

Sidney MacEwen.

Mr. MacEwen: Thank you, Chair.

I'd like to invite – the recent home care announcement to have Medavie through Island EMS provide home care, I'm wondering if we can bring in some witnesses as the health critic and just as an MLA? I'm hearing from a number of people that have questions; want greater explanations. I'm putting forward to the committee about inviting the minister of health in, Mona O'Shea, the president of the Nurses' Union. Also, maybe someone like Darcy from Island EMS, the general manger there, to kind of talk about how they would provide that service, too. No doubt they'd have some good insight on what they'd be able to do.

I'm wondering if the committee would be agreeable to say, you know, to start with those three witnesses or I'd be open to suggestions for other witnesses as well.

Chair: We'll take it into consideration and open the floor for discussion.

Peter.

Dr. Bevan-Baker: Fully supportive.

Chair: Anyone else?

All those in favour say 'aye'.

Some Honourable Members: Aye!

Chair: Contrary 'nay'.

We will ask Joey if he can create a letter to –

Clerk Assistant: Minister of health.

Mr. MacEwen: Yeah. Mona O'Shea, the President of the PEI Nurses' Union.

Clerk Assistant: Okay.

Mr. MacEwen: And Darcy Clinton, the manager of Island EMS.

Ms. Biggar: Mr. Chair?

Chair: Paula Biggar.

Ms. Biggar: There may be somebody within health that is more interconnected with that, that the minister may want to bring, or –

Mr. MacEwen: I'm sure –

Ms. Biggar: – I would –

Mr. MacEwen: – the minister would –

Ms. Biggar: – suggest –

Mr. MacEwen: – bring a guest –

Ms. Biggar: – a representative that –

Chair: Okay,

Ms. Biggar: – would be intimately involved –

Chair: Yeah. That's fair.

Ms. Biggar: – in development of that program, as well.

Chair: Okay, thank you.

Any further discussion?

Any other new business?

Mr. Casey: Mr. Chair?

Chair: Kathleen Casey.

Mr. Casey: Thank you, Mr. Chair.

Maybe when we're getting – gathering all the information to put our recommendations together, maybe we could consider going through the document – maybe the clerk could go through the document that was just presented to us. They have made a number of recommendations, so if we could take out the recommendations that they are suggesting to us and include them as part of some of the recommendations that we would consider going forward in our report. So, we could pull those out of the report, then when come time to discuss, we'll have a list of their recommendations.

Chair: Right. Great idea. That's what we will be doing.

We will be meeting sometime during the session to discuss our recommendations. At that time, I'll ask the clerk to – he'll probably go through the minutes, the Hansard of what has happened in the past and come up with some recommendations

and then we'll discuss it and we may add or tweak a little bit on that.

That's it. I don't have a definite time on when we'll meet during the session, but we'll definitely give you plenty of notice on that. We'll await – at that time, we'll have a better idea of what the response is to the requests that we're sending out.

Mr. Casey: Thank you, Mr. Chair.

Chair: Call for adjournment?

Mr. Casey: Motion for adjournment.

Chair: Thank you, Kathleen.

Thank you everyone.

The Committee adjourned