

Power loss

Ontario PC Leader Tim Hudak is calling on Dalton McGuinty to answer why we will have to pay the debt retirement charge (DRC) on our hydro bills until 2018 when it was supposed to be paid off in 2012.

The Ontario PCs are calling for a forensic audit to explain why Ontario families paid all of the \$7.8 billion debt, but Dalton McGuinty plans to charge them for an additional six years.

The debt retirement charge amounts to between \$67 and \$84 a year on an average hydro bill.

The Ontario Electricity Financial Corporation has collected the DRC since May 1, 2002 and the debt was scheduled to be paid off by 2012.

The McGuinty Liberals now say the debt will not be paid until as late as 2018, with no explanation why the date keeps getting pushed back or where the money is going.

The Ontario PC Caucus will introduce a motion for a forensic audit and we couldn't agree more.

Under McGuinty, the management of hydro in this province has become a very costly nightmare paid for by the taxpayer.

To add insult to injury, the government is introducing time-of-use charges for electricity starting April 1. That means during peak times, you'll be charged more for electricity.

Something is wrong with how hydro is managed in Ontario and it may take a change in government to find out what.

Letters to the editor policy

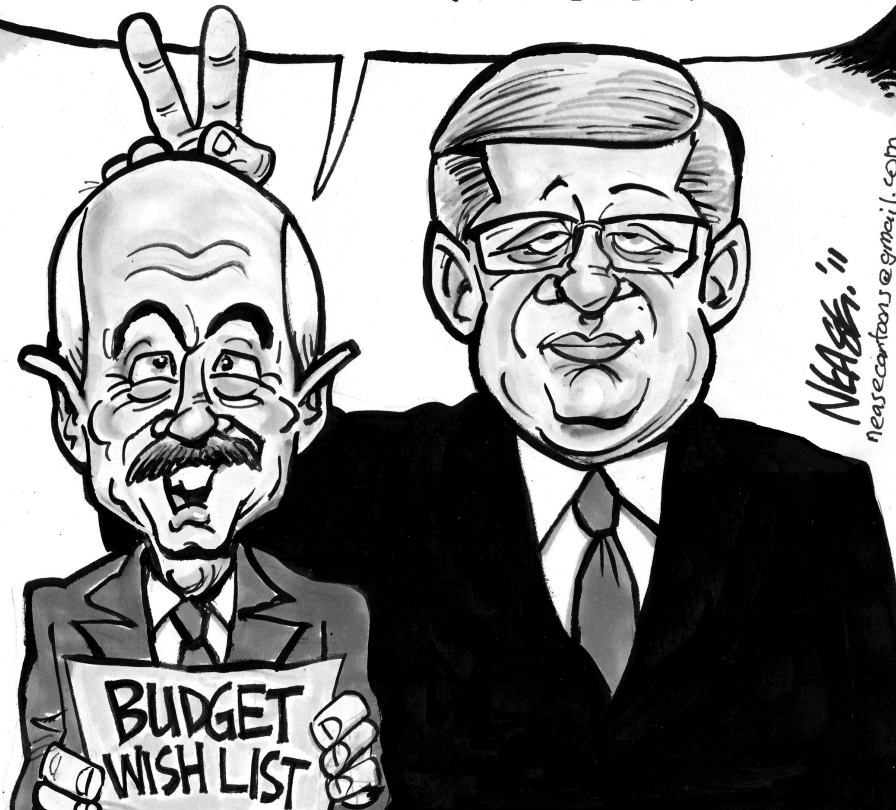
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MY TALK WITH THE PRIME MINISTER
WAS CORDIAL AND RESPECTFUL..



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WEB POLL RESULTS

Do you believe introduction of the 'Big Pipe' (lake-based water) to communities is a detriment or a benefit?

- Bringing in lake-based water leads to too much development (74%)
- Bringing in lake-based water helps communities pay for additional services and facilities (26%)

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Letters to the editor

System guarantees treatment for all

Dear editor,
Re: Hospital funding.

While I did not read the initial letter regarding this issue, reading the submissions in the Feb. 10 paper has given me pause for consideration.

Thank goodness the staff in the emergency ward at Georgetown Hospital—and any other that I have visited in this country—are blind. They are blind to location, sex, age, colour, sexual orientation, social status and just about anything else that you might see show up in an emergency room that has nothing to do with a patient's condition.

The last time I looked, we have a Medicare system that guarantees equal access to all taxpayers. In fact, if a non-Canadian were brought into the hospital after, say, a horrific car accident, I dare say that the person would be advanced to the front of the queue, over other folks waiting with non life-threatening ailments.

The triage nurse determines the need for care, critical or other-

wise. She has the ability to place the injured/sick person in a priority queue. I am glad that she isn't checking out addresses, first.

Just imagine breaking your leg in Vancouver and being told that you'll have to wait for all the locals to be served before you

*Don Ablett,
Glen Williams*

Hospital not exclusive to local residents

Dear editor,

After reading a recent letter regarding local patients, I would like to know how exactly do people know where the patients ahead of them, sitting in a waiting room, reside?

Besides that, I completely disagree with the idea that residents of a town have priority in the hospital positioned in that town. That is as ridiculous as saying people have priority in a local restaurant because they live in that town.

The Georgetown Hospital is by no means an exclusive hospital, just like every hospital in Ontario. I really wonder how likely people from Georgetown would step back and allow a "local" patient to go ahead

of them at a hospital in Mississauga, Brampton, Toronto, Oakville, etc.

I support the increase in taxes for the needed renovations to the Georgetown Hospital, but if it doesn't happen, I am more than happy to be able to go to one of the hospitals in any of the cities listed above.

K. McCready, Georgetown

Author overheard hospital conversation

Dear editor,

Just to clarify something regarding how I knew patients were from Brampton as this is the second time this question has come up concerning my Feb. 15 letter (Apply user fees).

I was in the triage area when I could clearly hear the triage nurse asking the family questions. There are two triage stations in the hospital. I was being assessed by one triage nurse, while the other nurse was assessing the other patient.

So Johanna, before you go ahead and make any assumptions that you stated in your March 3 letter there's my response.

Riley O'Neill, Georgetown