

We have a right to know

Premier Kathleen Wynne wants you to join Ontario's anti-climate-change army. And she'll be asking a lot of you and the rest of the province in her war on greenhouse gases in 2017.

Starting Jan. 1, businesses will have to buy permits to emit carbon, motorists will pay a new, 4.3-cent-a-litre tax on gasoline and a new fee will be slapped on natural gas bills.

To be sure, the goal of the government's cap-and-trade program, and the reason for all these new taxes and charges, are both worthwhile: Stop climate change by transitioning Ontario to a carbon-free economy.

But if the government expects Ontarians to eagerly enlist in this battle, it must clearly explain the costs. A key way to accomplish this would be to list the new carbon fee as a separate item on natural gas bills.

Unfortunately, the Ontario Energy Board stubbornly refuses to do this. Just as unfortunately, Wynne and Energy Minister Glenn Thibeault have done nothing in response.

They insist the government lacks the authority to force the board to change its mind — and technically speaking, they're right.

In the real world, however, a strongly worded public request from the premier and energy minister for the Ontario Energy Board to break out the carbon-fee costs might bring action. It's time Wynne and Thibeault made this request.

Their government has repeatedly said the new natural-gas fee will cost the average household only five dollars more each month. If this estimate is accurate, why not break out the carbon fee for consumers to see?

Surely people with a sense of global responsibility would accept paying \$60 a year more for natural gas, especially if they were then shown this money was effectively used to cut carbon emissions — by investing in public transit or helping people buy electric cars, for instance.

Moreover, households paying more than five dollars a month for the natural-gas carbon fee might be persuaded to use less of this fossil fuel if they could see exactly what they were charged. That, alone, could reduce emissions.

Alternatively, if people discover this carbon fee costs far more than the province estimated, they could demand an explanation.

The most popular home-heating fuel in Ontario, natural gas is also used for cooking and heating water. People depend on it. They have a right to know why it costs what it does.

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Georgetown - Acton The Independent & Free Press

905-873-0301
 Publisher: Neil Oliver
 General manager: Steve Foreman
 (sforeman@theifp.ca, 905-234-1011)
 Retail advertising manager: Cindi Campbell
 (ccampbell@theifp.ca, 905-234-1012)
 Managing editor: Chris Vernon
 (cvernon@metroland.com, 905-234-1020)
 Distribution: Shelley Papineau
 (spapineau@metroland.com, 1-866-838-8960)
Classifieds/Real Estate
 Kristie Pells
 (krealstate@theifp.ca, 905-234-1016)
Advertising Sales
 Jenny Hawkins
 (jhawkins@theifp.ca, 905-234-1014)
 Jennifer Spencer
 (jspencer@theifp.ca, 905-234-1013)
 Rachael Scutt
 (rscutt@theifp.ca, 905-234-1015)
 Kelli Kosonic
 (kkosonic@theifp.ca, 905-234-1018)
Classified Call Centre
 1-800-263-6480, Fax 1-866-299-1499
 classifieds@metroland.com
 Accounting: 1-866-773-6575

Editorial
 Eamonn Maher: Staff writer/photographer
 (emaher@theifp.ca, 905-234-1023)
 Kathryn Boyle: Staff writer/photographer
 (kboyle@theifp.ca, 905-234-1022)
 Graeme Frisque: Staff writer/photographer
 (gfrisque@metroland.com, 905-234-1022)
Production
 Shelli Harrison (sharrison@theifp.ca, 905-234-1017)

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Letters to the editor

Where is the care?

When people in Georgetown express pride in our hospital and diligently raise money for it, I believe they are thinking more of the ideal than the reality.

We have recently experienced the reality of the Halton Healthcare Network, of which Georgetown is a part. We found that while the doctors and nurses working within the HHN are generally competent and caring, the system they operate in most certainly isn't.

My father slipped on some ice on Boxing Day in Georgetown and broke his hip. He was ultimately transferred to Oakville, part of the HHN.

The surgeon there described a procedure to fix it, which we agreed to. The ultimate surgeon did a related procedure but one that entails a longer rehab time. After waiting a day and a half in utter agony for any surgical procedure at all to fix his broken hip, we were not really in a position to insist on what was ultimately done. A fix is needed here. If the surgeons are going to do whatever procedure they feel like in the end, don't even bother giving us options in the first place.

After a day of recovery, my father

was transferred back to Georgetown over our strenuous objections. We had had a very bad experience with the Georgetown Hospital some years back and did not want to repeat it. In Oakville, my father was in a private room but in Georgetown he was initially placed in a ward room despite semi-private rooms being available, which his insurance would cover. Needing to fight to avoid having to listen to every noise from three other patients and their family members was not something we felt was necessary.

Readers might think that this is a wonderful first-world problem to have, but when the ward is partially empty and you have the coverage, such extra stress on the family and patient is not needed.

Once in Georgetown, we found the prescribed treatments did not seem to follow the patient around. In Oakville, a walker and order for physiotherapy movement was prescribed. There was no walker initially provided in Georgetown. The paperwork wasn't there and the staff could only do so much. Again, we had to insist on things.

My father was supposed to be on a strict physiotherapy regimen. However, over the New Year holiday, all of

the physiotherapists at the Georgetown Hospital went on holiday for four days. This was, of course, at the point when physio was needed the most. Pleas to transfer him back to anywhere offering physiotherapy were rejected. We were not allowed to bring in an outside physiotherapist because they don't have hospital privileges, and pulling him out of the hospital would void his insurance. This is what the HHN calls care?

I regret if my description of the care received seems to slight the nurses, doctors and other staff. We found them to be personally very caring and dedicated to their jobs. However, it was telling that there wasn't a single nurse or doctor we encountered who felt the system was working well. In fact, many of them confided that they would never allow a loved one of theirs to be treated within the HHN.

There are too many other indignities great and small to list here (particularly the food). Just be aware that should you, the reader, in the future, find yourselves at the mercies of the HHN, don't expect to actually see the results of all your hard fundraising.

Michael Halsall, Georgetown