

Georgetown hospital OB closure... the readers speak out

As a staff nurse at Georgetown Hospital of the William Osler Health Centre, I find it very difficult to be "politically correct" with my comments.

I am proud to say that I work in Georgetown. However, I am not proud to be part of the William Osler Corporation. Since amalgamation with Brampton and Etobicoke sites, the "powers that be" have made tremendous changes— not all of them for the good, either.

The closing of OBS and peds in Georgetown is one of the most ridiculous decisions our CEO has made as of yet. As a staff member, it saddens me— to lose not only these services but wonderful, hardworking nurses, and most likely doctors as well. As a resident of Halton Hills, I'm damn angry for what this means for my family and our health care in a community that I have lived in for 32 years.

This decision is wrong. We have to rally together and make Mr. Bell see the mistake in this decision.

Halton Hills needs these services, Georgetown hospital needs to keep these services to maintain the other services we provide as a community. We are growing fast, with many young families. If this decision to close OBS goes through it will only be the beginning of more to come.

Please help support us at Georgetown. We need the community's support— we need to make noise. We need to make it clear to Bob Bell that we won't go down without a fight. This is our community hospital. We have a right to our say in this bad decision.

A Georgetown Hospital nurse

Although as a senior I won't be needing the service, as a concerned citizen I must support those who will, and also the families who can't spend the time traveling the roads or have to make arrangements to leave their children with someone while they visit the new arrival and new mother.

I recall vividly our two trips we had to make to Guelph's St. Joseph's Hospital in 1958 and 1960. Not pleasant, I assure you.

With one son, we had a policeman on his motorcycle follow us for several miles as we ran every red light in sight as he followed us into St. Joseph's parking lot. He then waved, turned around and left. Then of course we had to wait for the doctor to make the same trip.

What a treat in 1962 when our daughter was born in Georgetown and District Hospital (a 10-minute ride) to see familiar faces ready to help us. In 1962 there were 20 babies born from McIntyre Crescent. I think you should go back and rethink this decision and do what's right for moms and their families.

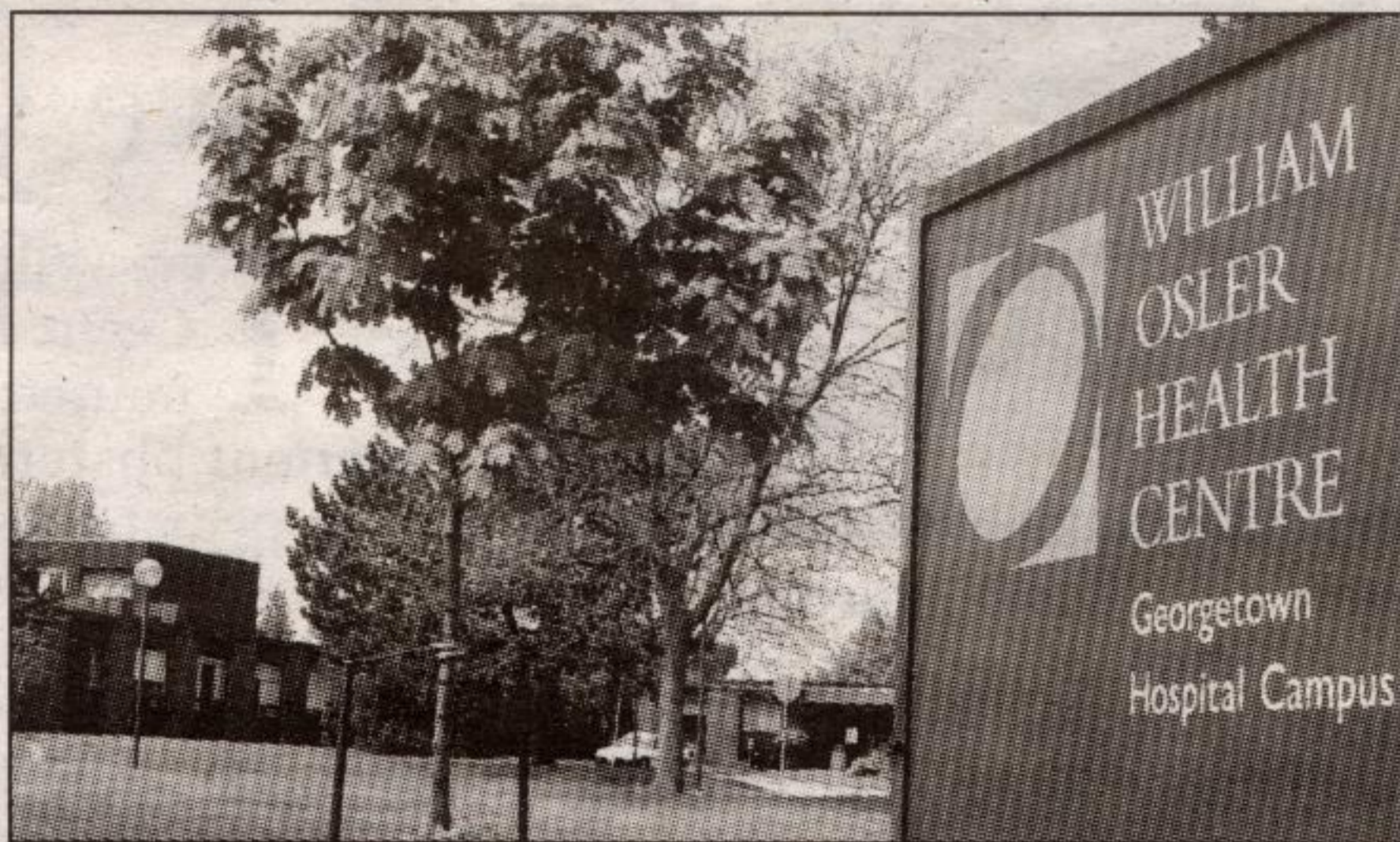
Roma Timpson, Georgetown

I am really appalled, Mr. Smitherman, to think that you and the higher-ups in Brampton could ever think of closing part of our hospital. It was built in 1961 by the organizations, residents, and factory-workers in Georgetown.

As your boss, Mr. McGuinty, has stated in interviews, he is raising taxes and reinstating the OHIP premiums to pay for health care to get more doctors and nurses, etc. in order to improve our struggling system. To me, he is talking about the huge cities, not the other communities across Ontario.

I wish you would consider keeping all of our hospital facilities here in Georgetown open.

Gwen Davis, Georgetown



This decision is simply not acceptable to the residents of Georgetown!

Redirecting Georgetown residents some 20 kilometers to the already overworked Brampton campus just does not make any sense, when the Georgetown Hospital is an existing facility offering far better quality care than the Brampton campus.

I have experienced Brampton's over-crowding first-hand when I recently had to see a plastic surgeon there after an industrial accident. After almost a two-hour wait for a scheduled appointment, I was rushed through my appointment in a shabby environment that reminded me of a Third World country's hospital.

Directing some of west Brampton's residents to Georgetown would make more economic sense, while also giving those residents access to better quality care.

Obstetrics and pediatric care are essential services to any community. The loss of these services will devastate Georgetown's ability to attract and keep doctors and will undermine the viability of Georgetown itself.

Dwight Egarter, Georgetown

It is extremely short-sighted for the management and directors to consider reducing any services at this fine facility. Have they not become aware of the forthcoming population explosion about to occur in Georgetown South, and the increased need for medical care without having to travel 30 possibly life-threatening minutes to Brampton.

Also, not having a hospital here could drastically affect decisions to move/stay in Georgetown. On top of this is Mr. McGuinty's new budget to extract more taxes for health care, which would no longer be available if the board proceeds.

Audrey and Doug Giffin, Georgetown

As a former hospital employee, first in finance and finally in payroll, I along with many others know that before the amalgamation, our campus finances were in the black, now how many millions are we in the red? Answer that please Mr. Minister!

Also a fact regarding the services being eliminated at Georgetown. Payroll is no longer at this site; human resources only appear when needed. When you call the Georgetown Hospital, do you get the switchboard there? No, it first goes through Brampton. Billing has partially been moved to Brampton, as has accounts payable. When will it stop? We, as citizens, know. When there is nothing left in our hospital, that's when!

Mary and Ken Robinson, Norval

It was with anger and anxiety that I read about the impending closure of the obstetrics and pediatrics departments at Georgetown hospital. I can't believe that our town has to pay for the problems of other hospitals, and that our residents have to suffer for the (mis)management of funding.

Our hospital has been running quite well, thank you very much, until someone, in their wisdom, decided to amalgamate our town's hospital with two others (neither of which are even in the same municipality as Georgetown). Now our residents have to pay the price for that amalgamation, and the closing of these two departments is just the beginning.

At the same time I learn that our taxes are increasing by over \$1,200 to pay for ongoing medical services. And to realize that any tax I will be paying will be going to hospitals that aren't even in my community! I used to send money to the Georgetown hospital but I have realized that my donations are probably not going directly to Georgetown hospital, they are going to the William Osler hospital, and are probably funding something in either Brampton or Etobicoke. So I will no longer be supporting this fund, unless the Georgetown hospital is returned to the residents of Georgetown.

Belinda Quinlan, Georgetown

Although the maternity unit only performs approximately 315 deliveries per year, more than just deliveries will be lost if this unit closes. Who will perform the 300+ outpatients who arrive for fetal movement assessment, premature labor, premature rupture of membranes, non-stress test to establish fetal well being, breast-feeding assistance and many others? This unit also supports and admits day-surgery patients for shoulder repairs, knee surgeries, bunion repairs, hysterectomies and other related gynecological surgeries and some select medical patients.

With only two full time nurses per shift performing all of these duties, instead of having the desired 1,000 deliveries WOHC is looking for, this unit actually provides closer to 1,000 units of care for our community in deliveries and associated services. This is the true cost of what will be lost in the effort to save \$850,000.

Now take into account that in the last year, 33 employees of WOHC earned in excess of \$100,000 per year (public disclosure) and the fact that the management profile of this corporation is made up by a majority of Brampton representatives and the picture becomes even clearer. Georgetown was easy pickings to clear up a nagging shortfall in the budget.

T. Craig, Georgetown

How does Bob Bell, the CEO of WOHC, justify the permanent closure of our pediatric and obstetrical units? He doesn't! No community meeting, no discussion with our doctors or nurses— nothing!

Perhaps Mr. Bell should read his own "our commitment" statement posted on the WOHC Web site which states, "we are trustworthy, open, and passionate" and— wait it gets better— "open to new ideas, and people's concerns and sensitive to the needs of our communities".

If Mr. Bell and other board members were really trying to find a way to save \$850,000 they could start by taking a pay cut.

Joseph Palmieri, Georgetown

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