

Community Gathering Downtown and College Hill



November 4, 2017

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“There’s no logical defense of this change...the public health community is talking about it nationally. It doesn’t make sense.”

-David Coon, regarding the dismantling of the Office of the Chief Medical Officer of Health



1. Summary

Political Representatives Present:

David Coon, MLA Fredericton South

On November 4, 2017, David Coon hosted a community gathering at the Fredericton Public Library for the Downtown and College Hill area of Fredericton South. David started with a report of his work in the Legislature and a short Q&A.

After this, people discussed in small groups to identify priority issues and questions, which they posted on a wall. With markers, participants marked a check on three of the top issues they wanted to discuss at the meeting. The top three that came out of these were:

1. Dismantling of the Office of the Chief Medical Officer of Health
2. Support for a regional aquatic centre
3. Support for Playhouse redevelopment

A large group discussion was held on these three topics.

2. David's Report from the Legislature

David gave a short report from the Legislature including current issues coming up at the provincial level. He touched on the following topics, which were followed by some questions and discussion:

1. Privatization of management of Extra Mural Nursing to Medavie Blue Cross. This move to privatize management has gone through second reading. Now there will be a chance to focus on it through amendments. There are many concerns including the fact that it is difficult to find out how money is being used for Medavie-run operations. David has run into this with Ambulance NB, which has a staffing shortage of 110 paramedics. It's a big issue.
2. Property tax fairness. David presented a bill to eliminate industrial exemptions from property taxes.
3. Long wait times for healthcare: mental health, specialists, Emergency Rooms
4. Moose fencing on provincial highways
5. Social Action Interns at Constituency Office working on Age Friendly Communities research

A short discussion was held on:

1. Concern about the dismantling of the Chief Medical Officer's Office.
2. Marijuana legalization: Is it coming too soon and without proper preparation and education?
3. Comment: benches in the city have been removed. This is hard for people with mobility issues.

3. Top Themes and Issues

1. Regional Pool
2. Dismantling of the Office of the Chief Medical Officer
3. Playhouse redevelopment
4. Privatization of Extra Mural Nursing
5. Make the City more bike friendly/safe
6. Access to Healthcare and the Community Health Centre Model

4. Discussion

1. Dismantling of the Office of the Chief Medical Officer (which led to discussion of privatization of management of Extra Mural Nursing)

David: Dismantling doesn't make sense. The only reason given was that Nova Scotia is doing it.

Q: Was Dr. Eilish Cleary's dismissal political? Perhaps there was a chance she knew about the dismantling plans and she was muzzled.

- Q: Is it a financial issue?

David: It hasn't been presented that way. There has been no logical defense of this change.

- Q: What more can the public do?

David: The Premier needs to hear from people directly through emails, letters, and phone calls. The public health community across the country is talking about this. It doesn't make sense.

- Q: If there is an outbreak, the office has to pull all the resources together. Now that the resources are in other departments, how are they going to respond now?

David: There is a major bill before legislature on public health. Details will emerge on how they will respond and deal with outbreaks.

- Comment: The government reversed its restructuring of NB Arts Council because of the public backlash. It also needs to do same thing with public health.

David: It could definitely use some touch up with help in reviewing the public health bill.

(Participant volunteered to help go over the health bill with David).

- David: The government needs a strong public health office to police the system to not allow an outbreak.

- Q: Is there a connection between the restructuring of the Chief Medical Officer's Office and the privatization of Extra Mural?

A: Extra mural privatization will actually cost more. It may end up with a double layer of management.

- Q: What's the rationale behind it?

A: Integrate with paramedics and telecare. The question is, why can't that be done with the regional health authority continuing management. The government is also now saying it will be better for seniors.

- Q: What is the duration of the contract?

A: It will be 10 years. I haven't released the contract yet. A 10 year contract with Ambulance NB. It should be evaluated and up for renewal in 10 years. I have tried to get the evaluation for the 10 year contract for Ambulance NB, referred to David for health, which referred him back to the cabinet. No one seems to have evaluated it. There are service and resource problems with Ambulance NB, I feel nervous that there may be similar problems with Extra Mural under Medavie management.

- Comment: I heard the rationale that paramedics could do Extra Mural service in their down time. But if they are already short-staffed, they are probably over-worked now.

David: The paramedics are short-staffed. I have met with them.

- Comment: Extra Mural used to be a stand-alone hospital before it merged with health. They reduced administration while efficiencies were gained. Removing them now from health, these efficiencies will be lost. They will lose their seamless connection with the hospital.

- Comment: No studies done to show benefits.

David: Secrecy is a real problem to understand and to figure out what exactly is happening.

The number of right to information requests have gone up significantly. Ambulance NB is going to the integrity commissioner to exempt them from releasing information on the impact of labor shortage. That has resulted in a trend towards clamping down on public information.

- Q: Is there any opposition to Gallants' amalgamation of offices into the integrity commission?

A: Not really. Integrity commissioner used to be part time. The amalgamation (with Right to Information, etc.) was a recommendation that was made. But as of now the office is not staffed to the level of work that they have. A lot of Legislative Officers budgets are inadequate compared to other provinces such as (NS ,PEI).

- Q: What will it take to change the system so that it ends up being responsive to public interest?

A: A proportional representation would have a better mix that more accurately reflect New Brunswickers. The legislature should mirror the population. The vast majority of countries in the world don't have first-past-the-post elections.

- Q: What do you think of marijuana legalization?

A: The problem happens to be the persistent rush, whereas the focus should be on the economy rather than the social and health impact.

- **2. Is there support for a regional aquatic centre?**

- Comment: David has been most cooperative and helpful to the group advocating for a pool. He will submit a petition to the Legislature of 7,000+ signatures.

David: My update to you guys is I have been keeping in touch with UNB and the City. The good news is they are talking productively about long term solutions and getting close to an agreement. If they have a long term agreement, there could be a short term fix on the table. I am optimistic that they can reach a long term agreement. Once that happens, David can start working at the provincial level to make sure there is provincial support for that.

- Q: Does that mean the pool will be kept open until it gets its replacement?

A: I don't know what that looks like, but that is David's understanding.

- **3. Support for Playhouse redevelopment**

- Q: Is there playhouse funding?

A: It is not much an issue provincially. The short terms fix shouldn't be a big financial burden. David will be meeting Tim Yerxa this week. Comment: It is a good idea to use the existing area. (At this point a member of the Playhouse board answered questions) Comment: This means expanding onto St. John St. Options: 1. is to build a new one on current land. 2. To renovate and expand.

- Q: How would renovating save money?

A: Cost projections are based on consultants.

- Q: Why wasn't that in the original proposal?

A: I couldn't get a larger audience in the original footprint. I didn't think to originally move out to St. John Street, which can increase seats. It will also have a 300 seat theatre.

- Comment: There should be a preserve old facade, build into the convention centre, it would get more usage, and blend the two. Or instead demolish the Beaverbrook and build the playhouse there.

- Comment: The online Playhouse survey is seeking feedback, on the playhouse website.

- Comment: I want to make it clear that proponents of the pool are not opponents of the playhouse.

- Comment: And vice versa. It's just bad timing.

- **General Discussion**

- David: Skyline Acres Active Transportation Connection. Committee formed out of a Community Gathering, did a survey, which turned into proposal that is called Skyline Acres College Hill Active Transportation Connection: park n' ride, rental bikes, pedway, express buses

to downtown or uptown. With a Facebook page:

[link <https://www.facebook.com/groups/529752294035908/>]. The we will move into the presentation phase at the universities and colleges to build interest and support. First, we must create a model that could work for the city to connect biking and walking, which is currently fragmented. Create active transportation hubs to link everything up. Vision is to be done in phases.

- Comment: It's difficult to cycle in Fredericton. Halifax has three lanes, one is for bikes. Comment: The trails connected in Silver Wood Pedway crossing for Silver Wood. Connect more of the trails. In 2008, the city identified areas that need connections. I had an engineer draw up connections. It fell by the wayside but it is back on. There's work being done on the active transportation for the city. I'm hoping this active transportation connection moves forward and acts as a solid model. It will enable people driving in from New Maryland to walk or take the bus. Decrease cars clogging up downtown.

- Q: Will there be access to the downtown drop-in health clinic?

- A: You can drop in to the Downtown Community Health Centre but they'll refer you out because they're not a walk-in clinic. I haven't addressed the problem of not having a drop-in clinic downtown. There are still some gaps. The main idea is: the ER at the hospital will have a drop-in clinic separate from the ER.

- Comment: There isn't a comprehensive community health centre. Until then no one has access to a primary healthcare provider. Other jurisdictions have teams as health providers, and guarantees you will access to someone when you need healthcare. Downtown Community health centre serves the homeless, low income, refugees, women, as well as regular patient clients. It is a team approach, and a good model that everyone should have access to, or better yet something similar.

- Comment: It seems to have scared off the government from expanding on this model because of the upfront costs. It's good for managing chronic health. It's less likely to have an emergency care. It also has an outreach component. There are nurses going to seniors buildings.

5. Follow-Up Actions

David Coon:

Chief Medical Officer Of Health

The dismantling of the Chief Medical Officer of Health's office was raised as a significant concern. I mentioned that a related bill to amend the Public Health Act was before the Legislature. I spoke extensively to this issue during Second Reading of the bill and will propose a series of amendments this month as we examine it at the committee stage.

Extra-Mural Privatization

There was considerable concern with the proposal to take the extra-mural hospital services away from Horizon and put them in Ambulance NB to be managed by Medavie. In the Legislature, I proposed an amendment during Second Reading of the bill that would have prevented the deal from going forward, but the Liberals, to a person, defeated my proposal. At committee stage, when we examined the bill in detail, I proposed a number of amendments. The most important one, I believe, was to prevent the definition of what constitutes extra-mural care from being repealed from our current laws. This too was defeated, with every government member of the committee voting against it. This means there is no legal definition of what constitutes extra-mural care for Medavie to follow. Before the bill was passed, Extra-Mural Care was defined as acute, chronic, rehabilitative and palliative health care. Now there is no definition of care. Finally, on Third Reading, not a single government member voted against the bill to turn extra-mural over to Ambulance NB and Medavie. It would have taken only two votes against on the government side to have prevented this from happening.

The Playhouse

I met with Tim Yerxa, the Executive Director of the Playhouse about the future of the Playhouse. As you probably have heard by now, the decision has been made by their Board of Directors to rebuild on the same site, concentrating cultural activities in that area. This is exactly what a number of the participants in the community gathering favoured.

UNB Pool

There has been very encouraging news from UNB regarding the pool. The discussions with the City on a new pool have apparently advanced sufficiently that UNB has publicly said they would consider ways of extending the life of the existing pool, if there is a clear commitment to a partnership to build a new aquatic centre. Once there is a joint agreement, the Province can be brought into the discussion about funding.