

Date: August 27, 2025
Time: 5:00 pm
Location: Committee Room 3-City Hall
66 Charlotte Street, Port Colborne, Ontario, L3K 3C8

Pages

1. Call to Order
2. Adoption of the Agenda
3. Disclosures of Interest
4. Delegations
 - 4.1 Brent LeClair and Betty Konc - 831 HWY #3 E and 104 Elgin Street
Port Colborne Healthcare Coalition
 - 4.2 Gary Gaverluk - 21 Woodside Drive
5. Adjournment

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Overview:

In 1976 the Ontario Government decided to close Doctors Hospital and others in Toronto by revoking their approval under the Public Hospitals Act for the purpose of saving money. These Hospitals submitted a judicial review. The court held that having regard to the history and content of the public hospital act, it was regulatory in nature and meant to deal only with managerial, staffing, and operational matters. As a result, the Government did not have the authority to close the Hospitals for financial reasons or budgetary constraints under the statute, the Government had no jurisdiction to take them into account. Therefore, the Government's decision was void. Judicial reviews can be a constraint on government actions. Even Ministers cannot exceed their jurisdiction, act in unauthorized and unfair procedural ways, or contravene constitutional rights. The Courts interpretation of the purpose and policy under the Public Hospitals Act meant that the Ontario Government could not rely on it to close Hospitals for financial reasons.¹

In the decades going forward the Ontario Governments decided to become innovative and created a three-step strategy to save money.

1. For purposes of public consumption, the government pretends that they are arm's length from any hospital plans. However, this can change at their discretion if it is politically expedient to do so.
2. The government under funds the Hospital budgets each fiscal year below inflationary costs of what the Hospital needs to operate. Hospitals are told they must operate within their means. The Hospitals respond by cutting beds, services, and staff. To further this objective of saving money, the Hospitals create "Hospital improvement plans," that often involve cannibalizing the smaller sites in a corporation as a part of this process. Hospitals have taken bank loans to tide them over through one or more fiscal years.
3. If Hospitals achieve the government's financial objectives in saving money, then they are quietly rewarded covering some or all the deficits. Wash-Rinse-Repeat

To further the reduction of Hospital budgets the Ontario Government from 1998 – 2000, created an arm's length "Restructuring Health Commission", that formed regional hospital corporations. Hospitals of all sizes were swallowed up. Here in Niagara this meant that all acute care Hospitals were formed under one Hospital corporation called the Niagara Health System (N.H.S.) – now the Niagara Health. From the very start the Niagara Health and the Ontario Government created a 25-million-dollar deficit that the government would eliminate before the start of operations. A promise that was not kept. Niagara Health then started to lay off staff and for the next two decades began the process of using hospital sites Port Colborne, Fort Erie, and Niagara-on-the-lake as deficit reduction tools. Gaslighting the citizens all along South Niagara from Wainfleet to Fort Erie into believing that it was in our best interest to eliminate our hospital services. At no time have these cuts been publicly reviewed for their efficacy or actual health care outcomes. One of those decisions was to close Port Colborne and Fort Erie emergency departments – then became a tragic mistake. This situation has created 21,000 to 30,000 hours a year of paramedic ambulance wait

times in the bays of the Northern Hospitals sites². Thousands of untold patients and staff to this day suffer in silence with the consequences of this decision that was imposed on them. Over the last couple of years various Niagara Health officials and the CEO have written numerous opinion pieces concentrating on the closure of our Urgent Care Centre and without a second thought about the basic Hospital services that is closing with it.

The Government and Niagara Health have made the argument that all we need is comprehensive primary care in replacement of the hospital. What they do not realize is that primary care and urgent care complement each other and for the system to work we need both in Port Colborne. The Government has a plan to provide a Doctor to every Ontarian within 4 years, another two million people³ - an admirable goal. What the government and Niagara Health do not talk about is the elephant in the room. It is not just about getting new Doctors, but that primary care teams operate as a business model with many limitations and barriers that prevent getting care when it is needed. The following pages will explain the need for basic Hospital services, primary and urgent care working together.

Demographics

The current trends in our population growth and demographics clearly show that Niagara Health's plans to shutter our hospital in 2028 are ill advised. According to Statistics Canada, our population grew 9.4% between 2016 and 2021 - well above the provincial average of 5.8%. Many new industries have been attracted to our area, so much so that it is anticipated that in 20 years our population will have doubled to more than 40,000. Given today, nearly 50% of all residents do not have a doctor, we anticipate that this shortage will continue. 24/7 urgent care in Port Colborne is necessary

At the present time and for the next 20 years, Port Colborne is graying. In 2021, 26.8 % of our population was over 65. 1780 people were between 60-64 and 1690 were between 55-59. In 2025, 30% of our residents are over 65. As the baby boomers age, their health care needs increase and their income decreases. In 2021, 15% of our population earned less than \$ 30,000 - most of them were seniors. 32% income was between \$ 30,000 and \$ 59,999.²¹ Transportation and its related costs cannot be a barrier to accessing hospital services. Too many are already juggling the cost of medication and food - adding transportation cost leads to difficult decisions with not good outcomes.

Port Colborne needs continue to have an easily accessible community hospital with enhanced services to meet the various needs of its residents. This includes Wainfleet, Sherkston, Bethel, Burnaby, Gas Line, and our Indigenous people. Any decisions the committee makes should follow the Ontarians with Disabilities Act, 2005.

Primary Care

Primary care provides the initial contact point within the healthcare system, focusing on preventive services, chronic condition management, and general health maintenance. Providers such as family physicians, and members of the health team such as nurse practitioners, pharmacists, dieticians, and rehab can assist in coordinate care, educate patients, and facilitate specialist referrals when necessary. Primary care encompasses the diagnosis and management of various health issues, including acute illnesses (e.g., colds, infections), chronic diseases (e.g., diabetes, hypertension), and preventive services such as vaccinations and screenings. This broad scope includes attention to both physical and mental health.

Primary Care: Barriers and Limitation to Care when needed.

1. As calculated by Ministry of Health (MOH) data, our ten current physicians have an average roster of 933.5 Port Colborne patients per physician.⁴ This is the lowest ratio of community patient/physicians in all 11 of 12 municipalities in Niagara. The physician recruiter has calculated a need for fifteen physicians in Port Colborne. This calculation is based on a Niagara average of 1380 patients per all fifteen physicians. The current local Doctors are not accepting new patients.
2. The town of Wainfleet is within our catchment area with an approximate population of 7,000 people and zero physicians.⁴ Niagara has an average of 1380 patients per physician which shows the need for five family physicians for Wainfleet. Using a conservative figure that half the population has a doctor already would mean the need for another 2.5 physicians for the other half. This could potentially impact on our total number of primary care physicians needed in Port Colborne. Doctors are under no obligation to just pick patients from Port Colborne.
3. Jane Philpott, the lead on primary care reform in Ontario, has stated that physicians need to be provided in the area code of the patients to get timely and accessible care.³ In a recent Port Colborne Healthcare survey, it found that 46 percent of the respondents have a doctor located outside of Port Colborne.⁵ Many of these people are told they cannot get on the wait list for a new Doctor until they quit their current Doctor first, without recognizing how far their current Doctor is located. This puts them in a catch-22. If they quit their outside Doctor, they may never get a new Doctor in Port Colborne or must wait months or years.
4. We need to consider that one of our current physician teams is also working in a full clinic in Ridgeway/Fort Erie. They may have hundreds if not thousands of patients there. Any new physicians in Port Colborne may be obligated to work in Ridgeway. This will reduce primary care for the citizens of Port Colborne.
5. Under the physician's service agreement (PSA) with the Ontario Government, physicians are only required to work 3-hour primary care blocks after hours in addition are exempted from these hours on evenings, weekends and Holidays if they work in other health care fields, such as Emergency departments, long term care, and palliative care etc.⁶
6. Some physicians are working in those other health care fields during their primary care hours, obviously this further reduces accessibility to primary care patients.

7. Jane Philpott has indicated that to keep people out of an emergency department they need physician teams to work 12 hours a day, seven days a week.³ We have seen no plan to commit to these hours of care from our local physicians.
8. Physicians have the right to choose or deny patients to their rosters for multiple reasons. Physicians cannot have too many patients with co-morbidities on their roster as this could slow the availability to other patients and decrease accessibility for other patients. Who will take these patients?
9. Under the PSA the fifteen physicians would only be obligated to have one physician working 3-hour blocks on Saturday and Sunday strictly for primary care.⁶ If the number of physicians on a team were to go up the number of 3-hour blocks would increase proportionally. There is no incentive for the physicians to increase their numbers as that will increase the number of hours they have to cover.
10. Jane Philpott has said that “among people who have a doctor only 40 percent can get same day or next day appointments and only 10 percent have access on evening and weekends”.³ In Port Colborne, a recent survey found only 2.9 percent could get same day coverage out of 1834 respondents. Forty-three percent of patients state it takes them more than 2 weeks to get an appointment. The survey did not ask about access to physicians in the evenings, weekends, or holidays.⁵
11. Family physicians have indicated that a large part of their time is taken up with administrative and paperwork (much of this work is unpaid), limiting many of the physicians in Port Colborne 6 hours per day for patient care.⁷
12. Doctors can come and go due to the retirement, leaving the community, or changing their practice to “focused care,” i.e., Emergency medicine. Patients can wait months or even years before getting another Doctor. Where do they go in the meantime?
13. Every governing body – The College of Physicians, Ontario Medical Association, The Universities, and the Financial Accountability office are all indicating we are going to lose more family physicians than what we can gain going forward in the coming years.
14. There are over thirty areas of occupation Doctors can choose from when leaving school and every single year the numbers that are choosing family medicine are decreasing more than the year before.
15. In Surveys conducted with young medical students, the concern is not having benefits such as vacation pay and or a pension while burdened with administrative tasks. They see their colleagues under the traditional models spending 10 to 19 hours each week on paperwork. Younger physicians are less interested in running a business. They want to provide their energies taking care of patients.

The “Municipal Model” – Colwood British Columbia

The City of Colwood BC has a population of 22,000 people, and 10,000 people are without a physician, like Port Colborne. In partnership with the BC Ministry of Health and the City of Colwood created the municipal funding model. It was made possible through the provinces’ longitudinal family physician payment model with no continuing cost to municipal tax funding. Under this program Doctors will receive paid vacation, parental leave, medical benefits, and a defined pension

plan for the municipal pension plan as city employees do. Doctors will be paid through the city while medical administrative staff will be paid as municipal employees and funded through the BC Ministry of Health. Doctors' gross salary \$280,000 the defined pension \$130,000 after 30 years.¹⁸ Colwood has received over 100 family Doctors "signed up with an expression of interest" and it has been overwhelming since Colwood is seeking only 8 family physicians for 10,000 people.¹⁷ A ratio of 1250 patients per doctor. Communities across Canada have been contacting Colwood about details and they have placed a 20-point common Questions and Answers on their website.¹⁶ This municipal funding model also provides flexibility to pursue team-based care, the municipality can hire who it pleases.

The Health Coalition wants to make it clear we value our physicians who often work in difficult circumstances. Running a business is difficult when the practice is busy with patients. It is the business model of primary care that does not always serve the patients and Doctors alike. The future of comprehensive primary care must change to meet the needs of everyone. We ask that the Healthcare committee, City Council, and physicians to consider the "municipal model" that new and young physician consider ideal.

Urgent Care and Diagnostics

Port Colborne urgent care is a bridge between primary care and emergency care, providing quick treatment for conditions that require prompt attention. The publicly run Urgent Care Centre (UCC) needs to offer 24/7 care with walk-in services and access to urgent injuries and minor illnesses. Our urgent care department provides rapid medical assessment and intervention for acute conditions that prevent emergency department visits. There have been times Niagara Health has asked the public to use our UCCs when the emergency departments have been overflowing.

Urgent care is utilized by:

- Our industrial and commercial workers
- 40,000 visitors per year
- People without physicians
- People with physicians who are far away.
- Rostered patients who cannot get into the physician's office in a timely manner
- Cottagers
- People who cannot access an emergency for urgent care (transportation issues)

In 2009 when the government allowed Niagara Health to close the emergency departments in Port Colborne and Fort Erie, they said trained E.M.S. staff will meet our needs. It is true the paramedical staff have cared for us with skill and professionalism. However, Niagara Health did not tell us or the paramedics that we would be waiting in emergency bays for tens of thousands of hours per year. The centres they created to replace emergency departments became de facto primary/ urgent care centres.

In December 2023, the **Auditor General of Ontario (AG)** released a review "value-for-money audit: Emergency Departments". The Ag reported there were 11 UCCs in Ontario, only 7 were required to report data such as wait times.³ All are medium to large hospital corporations.

The following was reported:

1. The average emergency length of stay was three times longer (6.2 hours) than the NH stay in a UCC (2.0 hours). The overall time of getting care was significantly quicker and shorter.³
2. Windsor Regional Hospital is planning to set up a UCC to specifically deal with lower acuity patients due to a lack of timely access to primary care.³
3. Hospitals needed a strategy to direct lower-acuity emergency department patients to UCCs to help alleviate pressures on its emergency department and enable staff to focus on higher acuity patients.³

The AG made two recommendations, numbers 12 and 13, in their report.

12. The Ontario Health work with hospitals province wide to identify initiatives to divert lower acuity patients from emergency department.³

Niagara Health by closing the UCCs will be doing the exact opposite by diverting thousands of UCC patients to ER departments. Most of these patients cannot be seen by primary care physicians.

13. To approve access to emergency care to low-acuity patients the Ontario Health and Ministry of Health work together to:

- Review the UCCs model and determine where expansion of this model can be best utilized.
- Raise public awareness on the utilization of settings such as UCCs that may be more appropriate for low acuity patients.³

From 2019 to 2023 Port Colborne UCC saw 18,000 to almost 22,000 patients per year (excluding Covid years).⁸ It is our understanding that two fifths of these numbers are considered as actual urgent care. Extrapolating these numbers would mean 7,200 – 8,800 would be urgent care and 10,800 to 13,200 primary care patients. Both these numbers are significant. Thousands have not been able to access primary care and approximately 8,000 on average per year would have to now access an emergency department. If there is no urgent care in Port Colborne, then approximately 8,000 urgent care patients would have to travel to Welland. Welland has 30,000 visits per year.⁹ This would increase the Emergency department volume by 27 percent. At the same time, they are reducing the department to ten observation beds. This will create an intolerable situation for patients and staff alike. There would be no safety valve in Port Colborne to release this pressure. We would also have to compete against all Niagara residents for access to other emergency departments. The urgent care requires emergency trained staff. Port Colborne UCC has 1 Doctor, one on call, 2 R.N.s and 1 R.P.N. The Doctors receive \$250 dollars per hour and OHIP billings/patients. The UCC has the support of publicly serviced Lab, Xray and ultrasound.

We do not believe that most of our primary care physicians could or even want to sustain an urgent care centre. It would require considerable financing and human resources. Our local doctors have indicated to the city staff and the mayor the training needed to work in the UCC is not readily available. Secondly the process of qualification is so complex and so time consuming it becomes a barrier to them.¹⁰

Niagara Health has made a number of generalized statements that our primary care physicians would provide after-hours care. They have not stated the number of days and hours of care and whether they will provide urgent care diagnostics with the lab services. The reality is that new physicians are moving towards what is called “focused care”. Focusing on one health care service. Health care services that do not require running a business are more financially lucrative, i.e., emergency medicine. Niagara Health pays emergency physicians \$350 per hour plus OHIP billings/patient in the Emergency department and does not require overhead or running a business. Niagara Health stated they do not have enough emergency department physicians. Through the course of the year there have been no shutdowns of emergency or urgent care departments.

The closure of the UCCs during the summer is not a lack of emergency physicians, but the scheduling off too many physicians at one time or overlap of time off. Would any more physicians have helped if they all wanted time off during summer? Regular public employees would not be permitted to do this.

A recent study by the Globe and Mail has found that it is the remote rural communities that are having the most difficulty in obtaining emergency physicians not large hospitals corporations.¹¹ One of the most problematic issues for emergency physicians is the lack of beds and warehousing of patients in the emergency department. In 2028 the government/Niagara Health will be providing an additional 154 new beds and closing the UCCs at the same time. This makes no sense to us. Those new beds will improve working conditions in the emergency departments. This will be a big incentive for drawing new emergency physicians who will be able to work in both emergency and UCC departments.

We can only conclude that they are closing the UCCs/hospital for budgetary constraints, to save money. Closing the UCCs and diagnostics is not a hospital improvement plan. We need Niagara Health to continue providing 24/7 urgent care/diagnostics with the help of any new physicians coming to Port Colborne to support. The City Council needs to negotiate the continuation of these services with Niagara Health.

Diagnostics: Laboratory- Xray – Ultrasound

Laboratory – Public – Primary and urgent care

Currently the City of Port Colborne has one publicly licensed lab at the Port Colborne Hospital and one private blood draw clinic above a pharmacy. Niagara Health does not show the licensed lab on its Port Colborne web site. The public lab provides onsite “point of care” testing and has the support of Welland Hospital lab when needed. 2 hours/day all equipment is checked for proper calibration. The lab is licensed in the areas of biochemistry, hematology, and immunology. According to the Center for Disease Control, 70 percent of medical decisions depend on laboratory results. The lab is used only for hospital and urgent care patients coming through urgent care. Hours of operation are all hours of the UCC opening.

Private lab (primary care only)

- Just blood draw clinic

- No testing equipment on-site
- All blood sent away for testing.
- Testing done only for primary care patients.
- Located in a small space.
- Quest diagnostics is an American health care conglomerate that has recently bought Canadian life labs. Behind the scenes, the Ontario government and health insurance companies have been negotiating for months on contracts that would reduce their costs.

There has been no discussion by any parties on lab services. If the hospital lab closes, the wait for blood draws and testing will skyrocket. These delays will defeat the purpose of care when needed. People with critical care issues may have their care further delayed through lack of timely blood draw and then testing. We need a publicly run lab in Port Colborne or new Doctors will not come to Port Colborne without timely access to bloodwork. On a Port Colborne survey, physicians rated lab services at 4.7 out of 5 for the highest importance.¹⁹

Xray and Ultrasound (used for inpatient and outpatient care)

Public - Port Colborne Hospital provides Xray and ultrasound through the utilization of its urgent care centre. Hours of operation are all hours the UCC. Currently 7 days 12-hours per day. All services licensed. The Xray and ultrasound are utilized by primary care physicians.

Private

- We would have to find a private operator who would consider it profitable.
- Many companies do not provide a service to walk in clinics because they lack the urgent care patient volumes.
- Many companies owned by people without a medical background.¹⁵
- Some companies attempt to influence medical decision-making at its clinics.¹⁵
- Where services are provided their hours of operation are usually Holidays, Saturday, and Sundays off. Monday to Friday 8-4p.m.

The Doctors cannot provide timely and needed care on after hours if private operators only have hours that suit them. We need a public funded X-ray and ultrasound in Port Colborne. New Doctors will not come to Port Colborne without access to these services.

Walk in Clinic

The Port Colborne Health Coalition is concerned that a walk-in clinic cannot replicate the urgent care services.

- 96 percent of respondent on a recent survey made it clear – we need an UCC.⁵
- Port Colborne needs to concentrate its limited finances and human resources on a UCC.
- Urgent care issues cannot be managed in a walk-in clinic.

- Approximately 8,000 urgent care people per year would have to travel to overburdened emergency departments. This does not even count the primary care people who could not access timely care.
- Many walk-in clinics do not have any diagnostics on-site.
- Any services in a walk-in clinic can be dealt with through a primary/urgent care centre.
- Patients may not realize that what they are experiencing is more serious than they thought. The delayed care could produce a more negative outcome.
- Jane Philpott has stated you would need 12 hour/day seven days a week to keep primary care patients out of emergency departments.³ We have seen no plan to replicate these hours. Our current physicians are providing primary care and other health care services that are valuable to the community. We do not believe they could replicate these hours with needed diagnostics.

Palliative Care (4 beds)

The Port Colborne Hospital has provided palliative care 24/7 for years. In previous years it is estimated there are approximately 150 to 200 palliative patients in Port Colborne per year.¹² Niagara Health has not placed palliative care on its Port Colborne website. On a Port Colborne physicians survey, they rated geriatrics 4.4 and palliative care 4.75 on a scale of 5 being the highest need.¹⁹ Palliative care and Hospice care both focus on the comfort care and quality of life of individuals with serious illnesses. Hospice care is a specific type of palliative care that is provided in the final weeks of life. Palliative care is focused on improving quality of life for people with serious illnesses and their care partners. The main point of palliative care includes effectively managing a person's symptoms. Some people prefer care at home, however that care is not always available. Palliative care provides for pain management, symptoms, and proper /timely medication administration. Trained physicians and staff provide this.

Niagara Health has not discussed any palliative care plan for south Niagara. There is no Hospice facility in Port Colborne. Indeed, three physicians that provide palliative care are very alarmed that there is no plan. They have indicated Port Colborne/Wainfleet has a high demand demographic. Palliative care needs to be close to home for family members to have daily accessibility in their loved ones' care plan.

Complex Continuing Care beds (CCC)

Port Colborne Hospital has approximately 44 CCC beds and four palliative care beds. Complex care provides on-going, medically complex, and specialized services. Patients in these units no longer require acute care but have higher levels of care which cannot be met in other settings. CCC patients usually have one or more long term illnesses or disabilities that are unstable or complex. To complement these beds physiotherapy and occupational therapy are provided on an inpatient basis. These services are also provided on an outpatient basis through family physicians. Some of these beds are also being occupied by "alternate level of Care" (ALC) patients. ALC is a term that is used by hospitals for inpatients who are occupying a bed but do not require the intensity of medical resources or services provided in that care setting. These inpatients often cannot receive the hours

of care at home needed or are waiting for a bed in a long-term care facility. At the Port Colborne and Fort Erie sites, beds are filled with patients across the Niagara region, not just from South Niagara.

Niagara Health is planning to transfer 100 CC beds to Welland hospital site. Secondly, local family members assist patients with their daily needs, such as visiting, dressing, and feeding. If local accessibility is removed this could make it difficult for families and negative outcomes for the patients. South Niagara needs an appropriate number of CCC beds to be calculated and maintained in Port Colborne and Fort Erie.

Allied Healthcare and Health care businesses

The term allied health care involves most professionals who provide healthcare by assisting mainstream health care professionals in preventing, diagnosing and treating a variety of medical conditions and diseases across specialties. Allied health professionals have education, qualifications and training for the services they provide. Allied Healthcare professionals may work directly or indirectly with patients in clinics or businesses. Those who work with patients often work with physicians. However, they may also work with patients individually as specialists, i.e. dietitians, chiropractors, audiologists and physio therapists are allied health professionals. The following is a list that the health care committee and city council could consider for needs in Port Colborne. This should be discussed with Bridges, physicians and a community survey conducted.

Homecare services	Diabetes Management	Chronic pain program	Dermatology
Physiotherapist	Occupational therapist	Eating disorders	Urology
Pediatrics	Meals on Wheels	Dietician/Nutritionist	Chiropractor
Addiction services	Smoking cessation program	Dental services	Gynecology
Pharmacy	Ophthalmology/Optometry	Memory Clinic Program	Cardio Rehab
Geriatric care	Speech therapy	Bone Health program	Massage RMT
Wellness clinic	Health education	Mental Health program	Midwifery
Acupuncturist	Cardiopulmonary program	Oncology	Audiology
Chiropody	Homecare		

The committee needs to be inclusive of local educational institutions such as Brock University, and Niagara College's new 4 years Bachelor of Science Nursing program. This engages and recognizes the importance of nurse practitioners, nurses and personal support workers as allied health care.

Hospital Site

Niagara Health CEO has stated our hospital is underused and is an outdated facility.¹³ Number one, it is underused because Niagara Health removed half the hospital services over the last 2 decades. Secondly being outdated could not be further from the truth. To meet “accreditation Canada Standards” the Hospital has had upgrades, including:

- new roof
- new high efficiency heating plant
- new high efficiency lights
- new outside doors
- upgraded elevators.
- upgraded fire alarm system.
- A/C upgrades, etc.

Port Hospital is approximately 100,000 square feet. There has been no study that indicates the building cannot be used for hospitals and other health care services, we believe that any new building would not replicate the square footage for current and future health care services needed. In her Book, Jane Philpott has said communities could create their own hub for one stop/shop health care.³ Ours could be the following:

1. Some hospital services negotiated with Niagara Health
2. Primary Care
3. Allied health care
4. Health care businesses

Operational costs could be shared by all 4 groups including donation, foundation, volunteer shop, community clubs, industry, small and large commercial business, and government grants etc. With all parties working together collaboratively, we could create a new Model where the service is working to the benefit of the patients in one place.

Conclusion:

In 2028 that whooshing sound you will hear is the removal of hospital services and its equipment from South Niagara if you allow it to happen. In 2000 the health services restructuring commission formed Niagara Health (a regional health authority). They said it had never been done before over such a large demographic area.¹⁴ It could have been viewed as a pilot project. Knowing that a large hospital corporation could go too far in reducing services at the smaller hospitals, they ordered Niagara Health to form **standing committees**.¹⁴ These individual committees would be formed from the constituents in Port Colborne, Fort Erie and Niagara on the lake to advise the hospital board on hospital needs in our communities. We are not aware of any committees being formed. In the last two and half decades the small hospitals have been cannibalized and what appears to be the goal of closing them. Niagara Health has said the closings are in part about lack of staffing. However, Niagara Health/government are opening a new additional 154 beds in 2028. Without any staffing how are they going to operate these additional beds? Where is the money and staffing miraculously going to come from? The closing of our hospital is not about a “hospital improvement plan” but about a political decision, created budgetary constraints and saving money. We’re being used as a deficit reduction tool.

The Ontario government cannot say they are arm’s length from the process to close our hospitals. From the very start the proposal originally came from an appointed supervisor (Kevin Smith) of the Ontario government - approved by the Minister of Health. This so-called hospital improvement plan is over 15 years old and needs new input from South Niagara citizens. We cannot allow the government or a hospital board to make decisions that do not affect many of them or their families. Yes, it would be easy to give up the publicly run hospital, UCC, and diagnostics and just accept another clinic that would not meet all our health care needs. It will be difficult, but we cannot let the government or Niagara Health, walk away from us. Stop accepting this as a fait-accompli without really trying. We need you, our city councilors, and their health committee to show leadership and courage, make a stand and fight back. Not just for primary care but also basic hospital services that all South Niagara needs. The people of Port Colborne and the citizens of South Niagara will support and thank you. We ask the city council to enact the following proposals.

Recommendations and Actions

1. The coalition recommends a four-pillar model of health care - integrating primary care, allied healthcare, healthcare businesses, and hospital services/urgent care. The plan should involve working collaboratively under one roof. The city would need to begin a new negotiating process with Niagara Health.
2. Failing any negotiations from Niagara Health/government or attempt to close the hospital, the city files a court injunction and a judicial review if needed.
3. The City of Port Colborne /Advisory Committee initiate an ongoing collaboration and cooperative consultation with the town of Fort Erie in the sharing of information and mutual objectives.
4. Refuse any per capita funding for the new hospital unless local and urgent care services continue. According to the health survey, Niagara Falls ranked fourth, in utilization of patients seeking serious medical treatment.⁵ Secondly, we find the per capita funding to be incorrect.
5. Lobby the federal and provincial Minister of Health to access the 3 year 8.4 billion dollar federal and Ontario bilateral health care funding agreement.
6. Given our concerns about the number of patients per physician for Port Colborne citizens, we ask that you recalculate the need for additional physicians.
7. Prioritize new physicians that have emergency accreditation and experience to help fill urgent care rotation in Port Colborne's UCC.
8. That the City Council/Advisory Committee demands transparency of Niagara Health for the operating plans in the last and current fiscal year and if denied apply through the Freedom of Information Act.
9. We ask the city council/Advisory Committee to investigate, plan, and negotiate with the Ministry of Health on implementing a "municipal model" for new primary care physicians. Jane Philpott's goal of two million Ontarians with a physician in 4 years cannot succeed without change in the current business model of primary care.
10. The City Council/Advisory Committee conducts due diligence, making sure Port Colborne citizens receive priority on new physician rosters. Doctors have a large degree of autonomy in choosing their patients from any location in Niagara. However, if the city provides \$75,000 from city reserves for new physicians we need contractual guarantees.
11. The City Council and the Port Colborne Health committee tour the hospital and its grounds.

The Port Health Coalition values our physicians and the community's right to comprehensive healthcare, but also collective action to secure the future of hospital and urgent care services in South Niagara.

Respectfully the Port Colborne Health Coalition.

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