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**Legislative Assembly  
of Ontario**

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**Assemblée législative  
de l'Ontario**

Première session, 37<sup>e</sup> législature

**Official Report  
of Debates  
(Hansard)**

**Journal  
des débats  
(Hansard)**

**Monday 6 December 1999**

**Lundi 6 décembre 1999**

Speaker  
Honourable Gary Carr

Président  
L'honorable Gary Carr

Clerk  
Claude L. DesRosiers

Greffier  
Claude L. DesRosiers

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## LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 6 December 1999

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 6 décembre 1999

*The House met at 1330.  
Prayers.*

### MEMBERS' STATEMENTS

#### TORONTO COUNCIL

**Mr Mario Sergio (York West):** You will be glad to know that we have a new lottery in Ontario. Apart from all the casinos and all the slot machines, this new game is played at the government's will. The new game joins Lottario, Wintario, 649, 749 and all the other games, and it's called 22/44. The game started back some two years ago with the number of 44. Then, in a bizarre move by the government, it went to 56, then it went to 57, then it went to 58, just when they were thinking they were getting it right, and this without consulting the players.

Now two years later the government is still messing around with the numbers game, realizing that they didn't get it right. Now, totally frustrated, the government is telling the players to choose 22 or 44. The government, of course, may still make changes to the game without notification or participation, surprising everybody, and it may call it 66. The problem is that in this new game there won't be a winner. From 44 to 56 to 57 and 58, 22 or 44 or 66, millions of dollars were wasted, with no end in sight.

In the television debate of 1995, Mike Harris said that he was having problems with figures. Now we know why, and I wonder when he's going to get it right.

#### PHARMACEUTICAL RESEARCH

**Mr Raminder Gill (Bramalea-Gore-Malton-Springdale):** I am pleased to rise in the House today to recognize the pharmaceutical sector, which has contributed significantly to research and development in Ontario. In October, along with a number of my colleagues from the Legislature, I had the pleasure of visiting the research and development facilities of some of Ontario's leading pharmaceutical companies.

The pharmaceutical sector accounts for 27 of Canada's top 100 companies investing in research and development. Among this group, Merck Frosst leads the way. In 1998, Merck Frosst spent \$308 million on research and development in Canada. When pharmaceutical companies choose to invest in Ontario, all Ontarians benefit. As our government strives to create a climate for greater job creation in an increasingly globalized marketplace, we need to work to ensure that our R

and D sector continues to expand. Such expansion will enable many of our best and brightest students and researchers to find meaningful jobs right here in Ontario.

With us in the members' gallery today is Jean-Michel Halfon, CEO of Pfizer Canada. This year, Pfizer is expected to spend \$10 million on research and development in Ontario, in addition to a \$10-million expansion to its facilities in Arnprior, where it plans to manufacture Aricept and Viagra.

Companies such as Merck Frosst, Eli Lilly, Glaxo Wellcome, AstraZeneca and Pfizer are contributing to make Ontario one of the best places in the world to live, work and raise our families, and they should be commended.

1340

#### WINE INDUSTRY

**Mr Bruce Crozier (Essex):** It's no longer a secret: Ontario produces some of the best wine in the world, and standing above the pack are the wines of Essex county. With a climate and growing conditions comparable to that of Bordeaux, France, the warm Lake Erie air and excellent soil combine to create a unique, high-quality wine. Essex county is also home to Pelee Island, considered a wine region of its own, with a growing season up to a month longer than mainland Canada's most southerly regions and is the birth place of some of the finest wines in the world.

National and international competitions have shown and proven that Essex county wines can compete with any region for quality and value. With the holiday season upon us, why not take the opportunity to give an Essex county wine when visiting or as a gift, or introduce a friend to the sweet taste of the burgeoning icewine industry. Every day, more people discover the unique, award-winning flavour of ice wine.

I'm proud in my riding to have the wineries of Colio, Pelee Island, D'Angelo, home of the wine king in Ontario, and LeBlanc winery. Today I am particularly proud to have Zak LeBlanc, a page, and his parents Pierre and Lise LeBlanc, along with his sisters and brothers Martin, Marc and Sophie.

#### RAMADAN

**Mr Bob Wood (London West):** As many members of this house will know, one billion Muslims throughout the world will be observing a month of fasting during Ramadan, starting around December 8 this year. It is a

time for inner reflection, devotion to God and self-control. Muslims think of it as kind of tune-up for their spiritual lives. The third pillar or religious obligation of Islam, fasting, has many benefits, the most important of which is that it teaches self-control. Ramadan is also a time of intensive worship, reading of the Koran, giving charity, purifying one's behaviour and doing good deeds. Ramadan will end with the celebration of the feast of Eid Al-Fitr in about one month's time. At that time, Muslims will gather for prayers and then exchange presents and share alms with the needy so that all members of the community may be able to celebrate together.

I know I speak on behalf of all members of this House in extending greetings to the Muslim community of Ontario and in wishing them Ramadan Kareem and Eid Mubarak. These greetings, which in Arabic mean "May you have a month of giving and a blessed feast," speak to the central meaning of Ramadan.

#### SARAH THOMPSON

**Mr Ernie Parsons (Prince Edward-Hastings):** I'm delighted to stand in my place today and pay special recognition to Mrs Sarah Thompson of Belleville. Sarah will be one of the four Ontario seniors selected to receive the International Year of Older Persons legacy award this afternoon.

Mrs Thompson, a lifelong athlete and record-breaking competitor, is an inspiration to us all. After a serious retina problem robbed her of much of her vision, Mrs Thompson registered with the Canadian National Institute for the Blind and was determined to make the best of her life. When a stroke left her partially paralyzed, she exercised every day until she regained all feeling in her affected areas.

With encouragement from her family and friends, Mrs Thompson began to train and enter competitions and games for the physically disabled. From regional meets Sarah quickly moved on to provincial and national levels, setting records at virtually every meet she attended. Sarah Thompson holds every Canadian record in the blind masters division in the 3,000-metre, the 100-metre dash, the long jump, discus, javelin and shot put. She has been a 10-time Canadian champion and has won gold medals in international powerlifting when she competed in Perth, Australia. It's important to point out that Sarah achieved the gold medal while competing against able-bodied female athletes of all ages. "I don't do it for praise or glory," Mrs Thompson recently stated. "I do it for myself."

I'm honoured to join with Sarah's husband and former Quinte MPP Doug Rollins this afternoon as Sarah is honoured with this special award. She's indeed an inspiration to us all.

#### CANCER PREVENTION

**Ms Marilyn Churley (Broadview-Greenwood):** Four years ago, the Ontario Task Force on the Primary

Prevention of Cancer tabled a report which highlighted the need for an action-based plan for the primary prevention of cancer.

Three and a half years ago, this House passed my resolution calling for the creation of a working committee which would establish realistic and measurable timetables for sunseting persistent toxic chemicals that are known or suspected carcinogens. Yet, since that day, the Conservative government has done nothing.

A minister of this government once remarked that you need to create a crisis before this government will take action. Make no mistake: Environmentally caused cancer is a crisis facing this province. Since 1950, the number of people afflicted with cancer has increased by 55%. Non-Hodgkin's lymphoma and multiple myeloma are up by 200%; testicular cancer is up by over 100%; breast cancer and colon cancer are up by 60%.

Dioxin is one of the more widely known and proven carcinogens we also carry, but still nothing has been done. This has been the result: A breast-fed infant receives its so-called "safe" lifetime level of dioxin within the first six months of his or her life.

I say again, environmentally caused cancer has become a crisis facing this province. I call on the government once again today to honour the passing of that resolution.

#### RIDE PROGRAM

**Mr Joseph N. Tascona (Barrie-Simcoe-Bradford):** I rise today to let everyone know that the RIDE program is swinging into full gear in Barrie-Simcoe-Bradford. In fact, the South Simcoe Police Service has already kicked off their holiday RIDE blitz, and the Barrie Police Service manned the RIDE in full force on Friday night.

I'm proud that our government is a strong supporter of RIDE and that Ontario now has the toughest drinking and driving laws in Canada. Police at RIDE checks in Barrie will pass out coupons, a Bell QuickChange card and a replica of the winning poster from the Don't Drink and Drive Contest created by six-year-old Mikhaela Gray. Businesses and our media are standing shoulder to shoulder with our government in support of RIDE in Barrie, and they include Roberts Collision, Rock 95, Barrie Advance, the Kozlov Centre and Kwik Copy Printing.

Drinking and driving is a violent criminal act. Mothers Against Drunk Driving say that 46% of drivers killed in car accidents have been drinking, and every day 311 people are injured because of impaired driving. That kind of carnage must stop, and the RIDE program will help bring those numbers down.

The Barrie Police Service will check 10,000 cars during the festive season and show zero tolerance for anyone caught driving while impaired. So a word to the wise on behalf of RIDE: If you want to drive and arrive, don't drink and drive.

## MILLENNIUM MEMENTO

**Mr Rick Bartolucci (Sudbury):** Outrage across the province continues to grow regarding the Mike Harris Millennium Memento project. Sudbury student body president Ruwan Amaratunga summarized this outrage best when he said, "That this Harris government would spend money on these things after years of cutbacks in education and health care just doesn't make sense."

Ruwan is correct. That's why I launched the "return to sender" program in Sudbury on Friday. This anger at Mike Harris's misplaced priorities is not only confined to Sudbury. For example, parents and students from Ottawa-Carleton, Chatham-Kent, Windsor, London and Peterborough share in the frustration of this government's skewed priorities. For that reason, today my Liberal colleagues are launching the "return to sender" program across Ontario.

If, as a parent or student, you're upset at this government's misplaced priorities, bring your book back to your MPP and tell him you want that person to bring it to Mike Harris. As Ms Blondeau, a parent with six children in our school system, said, "It's ridiculous that my kids will have six copies of this book, but they don't have atlases, dictionaries or spellers."

Here is an example of the anger that is out there: In five hours, 500 books came back to my office with the message, "Return to sender."

*Interruption.*

**The Deputy Speaker (Mr Bert Johnson):** I want to remind those of you who are visiting us in the galleries that we have very strict rules for you. We are ever so pleased you are here, but we will not tolerate any kind of clapping or demonstration of any sort.

1350

**Hon Janet Ecker (Minister of Education):** On a point of order, Mr Speaker: I would like to thank the honourable member for donating these books back. We have schools that have asked for extra copies and this will be of great assistance.

*Interjections.*

**The Deputy Speaker:** Order. That is not a point of order.

**Mr Bartolucci:** On a point of order, Mr Speaker, and I believe this is a point of order: It's my understanding that there will be abundant copies of this sent back from the people of Ontario with the sign, "Return to sender."

**The Deputy Speaker:** That is not a point of order.

## PAUL AND ANNE BURNHAM

**Mr Doug Galt (Northumberland):** I rise in the House today to recognize the outstanding volunteerism of two constituents, Paul and Anne Burnham.

The Burnhams have won the 1999 YMCA Peace Medal for their community involvement both locally and worldwide. While maintaining a family business, they have found time to volunteer at their children's schools, sports and church activities while organizing such North-

umberland United Way events as a bike-a-thon and the celebrity baking contest.

While serving as president of the Northumberland Federation of Agriculture, Paul Burnham, with his wife, has helped raise funds for the victims of the Manitoba flood, for the eastern Ontario ice storm and for Hurricane Mitch in Central America. They have supported the food grains bank and helped to educate students through the Field to Food program, and this past summer they gave their time to the Rural Ramble educational farm tour.

Last year Mr Burnham took his agricultural experience to Central America, where he and four other federation members assisted indigenous farmers in their agricultural practices. Further to this, Mr Burnham is past president and an active member of the Northumberland Soil and Crop Improvement Association. Mrs Burnham also has been instrumental by organizing the Northumberland Agricultural Awareness Committee.

I extend my best wishes to the Burnham family and commend them for their outstanding volunteer efforts in their community and beyond.

## VISITORS

**Mr Mike Colle (Eglinton-Lawrence):** On a point of order, Mr Speaker: There's a special group of retired seniors in the gallery. They are people who have helped to build this country and this city. They are retired members of Local 183 of the Laborers' International Union of Ontario. I'd like to welcome them here today.

**The Deputy Speaker (Mr Bert Johnson):** The member will know that is not a point of order, but we are indeed glad they are visiting us today.

**Ms Caroline Di Cocco (Sarnia-Lambton):** On a point of order, Mr Speaker: I'd also like to recognize a group of students who travelled here this morning from Sarnia-Lambton, the OAC group from Sarnia.

## REPORTS BY COMMITTEES

## STANDING COMMITTEE ON ESTIMATES

**The Deputy Speaker (Mr Bert Johnson):** The order of the House dated November 18, 1999, provides that "The standing committee on estimates shall present one report with respect to all of the estimates and supplementary estimates considered pursuant to standing orders 59 and 61 no later than December 2, 1999."

The House not having received a report from the standing committee on estimates for certain ministries on Thursday, December 2, 1999, as required by the order of this House, pursuant to standing order 62(b) the estimates before the committee of the Office of the Premier, the Ministry of the Solicitor General and Correctional Services, the Ministry of Community and Social Services, the Ministry of the Environment, the Ministry

of Health, the Ministry of the Attorney General, the Ontario Native Affairs Secretariat and the Ministry of Agriculture, Food and Rural Affairs are deemed to be passed by the committee and are deemed to be reported to and received by the House.

Brown, Michael A.	Duncan, Dwight	Parsons, Ernie
Bryant, Michael	Hampton, Howard	Peters, Steve
Caplan, David	Hoy, Pat	Phillips, Gerry
Christopherson, David	Kennedy, Gerard	Pupatello, Sandra
Churley, Marilyn	Kormos, Peter	Sergio, Mario
Clark, Brad	Kwinter, Monte	Skarica, Toni
Colle, Mike	Lalonde, Jean-Marc	Smitherman, George

## INTRODUCTION OF BILLS

### FEWER MUNICIPAL POLITICIANS ACT, 1999

#### LOI DE 1999 RÉDUISANT LE NOMBRE DE CONSEILLERS MUNICIPAUX

Mr Clement moved first reading of the following bill:

Bill 25, An Act to provide for the restructuring of four regional municipalities and to amend the Municipal Act and various other Acts in connection with municipal restructuring and with municipal electricity services / Projet de loi 25, Loi prévoyant la restructuration de quatre municipalités régionales et modifiant la Loi sur les municipalités et diverses autres lois en ce qui a trait aux restructurations municipales et aux services municipaux d'électricité.

**The Deputy Speaker (Mr Bert Johnson):** Is it the pleasure of the House that the motion carry?

All those in favour say "aye."

All those opposed say "nay."

In my opinion, the ayes have it.

Call in the members. There will be a five-minute bell.

*The division bells rang from 1358 to 1403.*

**The Deputy Speaker:** All those in favour, please rise one at a time and be recognized by the clerk.

#### Ayes

Arnott, Ted	Hastings, John	Runciman, Robert W.
Baird, John R.	Hodgson, Chris	Sampson, Rob
Barrett, Toby	Hudak, Tim	Snobelen, John
Chudleigh, Ted	Jackson, Cameron	Spina, Joseph
Clement, Tony	Johns, Helen	Sterling, Norman W.
Coburn, Brian	Kells, Morley	Stewart, R. Gary
Cunningham, Dianne	Klees, Frank	Stockwell, Chris
DeFaria, Carl	Marland, Margaret	Tascona, Joseph N.
Dunlop, Garfield	Martiniuk, Gerry	Tilson, David
Ecker, Janet	Maves, Bart	Tsubouchi, David H.
Elliott, Brenda	Mazzilli, Frank	Turnbull, David
Flaherty, Jim	Molinari, Tina R.	Wettlaufer, Wayne
Galt, Doug	Munro, Julia	Wilson, Jim
Gilchrist, Steve	Mushinski, Marilyn	Witmer, Elizabeth
Gill, Raminder	Newman, Dan	Wood, Bob
Guzzo, Garry J.	O'Toole, John	Young, David
Hardeman, Ernie	Ouellette, Jerry J.	
Harris, Michael D.	Palladini, Al	

**The Deputy Speaker:** Those opposed will please rise and be recognized by the clerk.

#### Nays

Agostino, Dominic	Conway, Sean G.	Levac, David
Bartolucci, Rick	Crozier, Bruce	Marchese, Rosario
Boyer, Claudette	Di Cocco, Caroline	McGuinty, Dalton
Bradley, James J.	Dombrowsky, Leona	McLeod, Lyn

**Clerk of the House (Mr Claude L. DesRosiers):** The ayes are 52; the nays are 33.

**The Deputy Speaker:** I declare the motion carried.

**Mr Dwight Duncan (Windsor-St Clair):** On a point of order, Mr Speaker: I may have understood the government House leader to indicate that he's prepared to split the bill. I wonder if that's the case.

**Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader):** On the same point of order, Mr Speaker: On the same terms and conditions as you offered on Thursday morning? Yes.

**The Deputy Speaker:** That is not a point of order. Do you have another point of order?

#### SPEAKER'S RULING

**Mr Dwight Duncan (Windsor-St Clair):** On a point of order, Mr Speaker: Last week, my colleague from Thunder Bay-Atikokan raised a point of order with respect to the omnibus nature of Bill 23, currently printed and before this House. The Speaker, in his ruling, cited concern but ruled that point of order out of order. The Speaker at that time indicated that the opportunity for members in this place to give due and sufficient consideration to legislation should be respected. Evolving practice over the last several years has tended certainly to work against that.

The rights and privileges of all members of this House are undermined by the government's obvious desire to prevent meaningful debate either in the Legislature or among the general public. The government's time frame for dealing with this bill, and there must be several hundred pages of it, is before Christmas. In the minister's statement today that he'll be giving later, he'll be saying it has to be done with by the end of the year. By our count, there is not enough time to do it.

Various Speakers over time have referenced these types of bills and whether sufficient debate is allowed with regard to important public issues whether a bill is split or not.

Allow me to refer you to a ruling by the Honourable Lucien Lamoureux, Speaker of the federal House of Commons, as recorded in the Commons journals for January 26, 1971, page 284, which reads as follows: "There must be a point where we go beyond what is acceptable from a strictly parliamentary standpoint" ... even though "the government has followed these practices that have been accepted in the past, rightly or wrongly, but that we may have reached the point where we are going too far and that omnibus bills of this type seek ... too much," too quickly.

1410

James Jerome, on May 11, 1977, further indicated "some very deep concern about whether our practices in respect of bills do in fact provide a remedy to the very legitimate complaint of the honourable member that a bill of this kind gives the government under our practices the right to demand one decision on a number of quite different, although related, subjects."

While the Speaker last week expressed concern about the government's practices, he proposed no solution, nor in fact did the Speaker direct the House leaders of the three recognized parties to come up with a solution. In order to protect the rights and privileges of all members of the House, the official opposition respectfully requests more guidance from the Chair. We require a more definitive ruling, either with respect to the Chair's own ruling or directing that the House leaders of the three parties find a solution to this problem.

The government consistently uses its parliamentary majority to thwart any opportunity by the official opposition to meaningfully negotiate the way legislation is dispensed with in this House. This, coupled with changes to the standing orders over the past eight years that have been done by this government and the previous government, has undermined meaningful debate on questions of broad public importance. This is yet another example that in a few short House days, we're supposed to change the way the province is governed. That's wrong.

**The Deputy Speaker (Mr Bert Johnson):** The Speaker has no knowledge of the proposed timetable of this bill. In addition to its orderliness, I have not seen or read the bill and, since it has just been introduced, I don't believe you have either. I am not in a position to overrule the rule of the Speaker from last week.

**Mr Duncan:** On a point of order, Mr Speaker: In the minister's statement today, he proposed that this legislation will be passed by the end of this year. It's a very clear time reference which effectively limits our ability to debate. In the absence of any other declaration, I would invite you to read this statement instead of reading notes from the table.

**The Deputy Speaker:** I'd like to remind the member for Windsor-St Clair that in the passion of the moment, I may be a little bit forgiving. I may be even too forgiving. Whether you realize it or not, I am under a certain amount of duress today. I should be home in bed, but I'm not. But I think that your comments are not well received by this Chair.

**Mr Duncan:** On a point of order, Mr Speaker: I would ask, sir, that you then defer the ruling to the Speaker who made the ruling on the original point of order that was placed before this House last Thursday.

**The Deputy Speaker:** I'll have to leave that to him.

I want to make it abundantly clear that there will be time, as the debate unfolds, for the types of arguments that you're making to be considered by the Speaker.

**Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader):** Mr Speaker, may I speak on that point of order? Let's be clear about this. We all know that this bill is going to take

some period of time to print, won't be called for second reading until that printing is done, and therefore we can make those arguments with regard to whether or not the bill falls within the standing orders of this House.

Let me make it perfectly clear to you, Mr Speaker, that we offered the opposition the opportunity to split this bill, and they made the offer to me to do it before Christmas with five different bills. I was ready to accept that offer, but they turned it down.

**Mr Duncan:** On a point of information: Prior to today there were four bills and now, at last count, there is a number more than that. That being said, Mr Speaker, I would also like to bring to your attention a ruling by Speaker Jerome of the federal House, who found that on points of this nature the appropriate time for this type of decision is at first reading, when there's still an opportunity for the government to take back a bill and split it out if that's what the government wants to do.

**The Deputy Speaker:** This bill has been introduced; it has been distributed. It has not been printed yet, so that's why we will be entertaining those kinds of arguments in the future.

**Mr David Christopherson (Hamilton West):** On a point of order, Mr Speaker: First of all on the substantive matter at hand, I take your advice with regard to waiting until the bill is printed, and then I understand that it will be your recommendation to Speaker Carr that he hear submissions from all of us on the point of the appropriateness of this kind of omnibus bill to be tabled. I take your advice and suggestion seriously and will prepare for that. Perhaps if Speaker Carr could indicate to us prior to the day on which he deems it correct for us to deal with that, that would be most helpful.

Second, I just want to go on the record as stating that at the House leaders' meeting on Thursday there was not any kind of deal offered. There were discussions, there were offers of how we on the opposition benches might accommodate five different bills being introduced, but let's be clear that there was no offer that was made and therefore no offer rejected. The fact is that the government is doing exactly what they said they would do in the negation of any kind of agreement even though we offered to entertain those discussions.

**The Deputy Speaker:** I want to make it abundantly clear to the member that I'm not holding out a commitment on behalf of the Speaker. I just know that he's a fair and reasonable man, and that's probably the route he will take. I wanted to make that clear.

#### AUDIT AMENDMENT ACT, 1999

#### LOI DE 1999 MODIFIANT LA LOI SUR LA VÉRIFICATION DES COMPTES PUBLICS

Mr Sterling moved first reading of the following bill:

Bill 26, An Act to amend the Audit Act / Projet de loi 26, Loi modifiant la Loi sur la vérification des comptes publics.

**The Deputy Speaker (Mr Bert Johnson):** Is it the pleasure of the House the motion carry? It is carried.

## MOTIONS

### HOUSE SITTINGS

**Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader):** I move that pursuant to standing 9(c)(2) the House shall meet from 6:45 pm to 12 am on December 6, 1999, for the purpose of considering government business.

**The Deputy Speaker (Mr Bert Johnson):** Is it the pleasure of the House that the motion carry?

All those in favour, say "aye."

All those opposed, say "nay."

In my opinion, the ayes have it.

I declare the motion carried.

**Hon Mr Sterling:** I move that pursuant to standing order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on December 7 and 9, 1999, for the purpose of considering government business.

**The Deputy Speaker:** Is it the pleasure of the House the motion carry? Carried.

1420

## STATEMENT BY THE MINISTRY AND RESPONSES

### MUNICIPAL RESTRUCTURING

**Hon Tony Clement (Minister of the Environment, Minister of Municipal Affairs and Housing):** It gives me great pleasure to rise in the House today to introduce a bill that, if passed, will ensure more efficient government and better accountability in municipal government in Ontario.

First and foremost, the Fewer Municipal Politicians Act will put an end to the continuous rounds of debate and discussion on governance in the regions of Haldimand-Norfolk, Hamilton-Wentworth, Ottawa-Carleton and Sudbury.

As you know, over the past few months a special adviser has been tasked with determining how best to achieve lower taxes and fewer politicians, that will result in simpler, more efficient and more accountable local government in each of these areas. These four special advisers, Milt Farrow, David O'Brien, Glen Shortliffe and Hugh Thomas, have submitted their recommendations and I would like to thank them again publicly for all of their commitment and hard work.

Our government promised to review these recommendations as a priority. We promised we would move forward quickly. We had promised the people of these

four regions that change would be in place in time for the November 2000 elections.

Today, as promised, we are moving forward. Today I've introduced legislation that, if passed, will lead to lower taxes and fewer politicians in these four areas.

The regional municipality of Haldimand-Norfolk and its six local municipalities will be replaced by two new municipalities: the town of Haldimand and the town of Norfolk.

The regional municipality of Hamilton-Wentworth and its six local municipalities will be replaced by one city.

The regional municipality of Ottawa-Carleton and its eleven local municipalities will be replaced by one city.

The regional municipality of Sudbury and its seven local municipalities will be replaced by one city, including nine geographic townships to the north and to the southeast.

These changes mean the number of municipalities in these four areas will be reduced from 34 to 5. The number of politicians will be cut from 254 down to 64. And the taxpayers could and will benefit substantially by saving more than \$95 million per year. That's on top of the \$25 million of administrative savings already achieved in Hamilton-Wentworth.

The new municipalities will be built on the best practices of progressive municipalities across North America. They will retain their strong, local identities and communities. Each will develop a new, solid economic base from which to work together to attract investment and create new jobs. They will be municipalities to help Ontario move forward in strength and competitiveness into the 21st century.

We know it is important that any change be seamless. So, should this legislation be passed, our government will establish transition boards to ensure service is not interrupted and that savings to taxpayers are found as soon as possible, while ensuring the transition to the new city is a smooth one.

We would also like to assure employees that if their municipality is dissolved, they would automatically become an employee of the new municipality if they are an employee on the day the municipality is dissolved.

This legislation also addresses further matters of reform. Since the new city of Toronto came into being two years ago, it has become apparent that at 58 members the council is too large and unwieldy. Despite the clear benefit for taxpayers of a smaller council, Toronto has not been able to exercise its power to bring council to a more efficient and more manageable level. The legislation we are introducing today will, if passed by the Legislature, allow the government to reduce the size of Toronto's council to 44 members and to create 44 wards.

It has always been our goal to bring about less government. As you know, when we were first elected we took the initiative to reduce our own numbers, realigning the boundaries and reducing the number of MPPs from 130 down to 103. This is saving taxpayers at least an estimated \$6 million a year.

Many municipalities have followed our lead. There are now 586 municipalities in Ontario, down from 815, and there are 1,059 fewer politicians. This means a savings of more than \$220 million per year.

Taxpayers have already seen the benefits of more efficient services, less overlap, less duplication and red tape and more accountability. We want to extend these same benefits to even more Ontarians. Therefore, this legislation, subject to the approval of the Legislature, would extend and improve existing provisions that allow for local government reform in counties and separate and northern municipalities.

The changes we are introducing today and hope to see enshrined in law by the end of the year would mean lower taxes, fewer politicians, and simpler, more efficient and more accountable local government. This is what Ontarians want, it is what they expect, and it's what they deserve. Our government will continue to work hard to make this happen.

**The Deputy Speaker (Mr Bert Johnson):** Responses.

**Mr Dalton McGuinty (Leader of the Opposition):** I think it's important to take some time now to shed the light of day on exactly what this government is proposing to do. This government is proposing that we decide on the restructuring fate of five separate and distinct Ontario communities and that we do that by means of one bill. They are proposing that we deal with Sudbury, Ottawa, Toronto, Hamilton and Haldimand-Norfolk, that we deal with five separate and distinct plans for restructuring, and that we do that by means of one bill. This government suggests that we deal with five separate communities, each with its own history, its own demographics, its own economy, its own culture, its own character and its own future, and that we do that by means of one bill. To confuse matters even more, this minister has decided to throw into the bill something about the regional chair being elected in Halton and something about transit in the city of Waterloo.

This government may think it's perfectly acceptable to decide on the fate of five separate Ontario communities at once and to throw in a few other things but the kitchen sink, but we on this side of the House happen to disagree. We think it's more important that we take the time, that we take the care and that we give the warranted attention and consideration to each of the communities affected by your bill. That means we need five separate bills.

We oppose this mega-bill. We oppose this mega-bill because it does an injustice to those people living in those communities that are affected by this bill. We're talking about the people living in Sudbury, the people living in Ottawa, the people living in Hamilton, the people living in Haldimand-Norfolk and the people living in Toronto, each of whom feel they are worthy of the due consideration that would come with a distinct and separate bill addressing their restructuring needs. We believe they should have their own debate, their own hearings, their own amendments, and we should be entitled to vote

on each and every one of those bills as a separate and important matter.

**1430**

It's important to understand that we oppose this megabill because it is robbing us on this side of the House of our democratic right to vote on each and every one of those bills, in keeping with the wishes and concerns expressed by the people living in the affected communities. It would seem to me that, after this government commissioned four separate reports, containing four separate sets of recommendations, the natural outgrowth from that should be four separate bills, one for each of those communities.

The government says that time is of the essence in this matter. Let's remind the government that it chose to wait five long months after the election before appointing its special advisers. This government should also be reminded that it sat only nine days during the first nine months of this year. And when it did decide to move forward on any particular piece of legislation, it decided to make as its own peculiar, idiosyncratic and distinct priority a squeegee bill—not municipal restructuring, but a squeegee bill.

This omnibus, megabill approach to legislation makes for bad legislation. The next thing you know, this government is going to introduce omnibus education legislation that puts a little bit of money into the classroom at the same time that it offers a voucher system. We will not buy into that sort of approach by supporting this bill. We will not set a precedent that gives the government the green light to continue to ram omnibus bills down our throats. We want the bill split to allow separate votes on each piece of legislation.

In addition to demanding that this government split this bill, I have an additional outrageous request. We want just a few hours of public hearings. We know that involves a couple of things that you on the government side of the House don't understand, and that's the need to involve our public, that's the need to listen to the public. I want you all to say it with me slowly now: public hearings. "Public hearings"; those two words go together nicely if you believe in true democracy, if you recognize that public input is one of the tools that make for good legislation and if you really believe in tools, instead of the same old-fashioned, Tory sledgehammer approach to legislation in Ontario.

**Mr Howard Hampton (Kenora-Rainy River):** I was told that the minister likes to call himself Mr Referendum, that he likes to believe that local people should make decisions, that there should be local democracy. Isn't it interesting that when this minister becomes the Minister for Municipal Affairs, he believes that referenda are irrelevant, that you simply slam it down people's throats, that they should have no say in their local government, no say in how their services are provided or, in this case, how their services are going to be cut.

It would appear that this minister is only in favour of local democracy, only in favour of referenda when it suits his neo-conservative agenda, when it's in line with

something the Reform Party or the Ontario Conservative Party wants to push; otherwise, people shouldn't have a say. Because that's what's happening here. This minister, who claims to be all-seeing and all-knowing, is going to decide how more than a million and a half people are going to be governed, and they are going to have no say in this whatsoever. If you include the provisions with respect to the city of Toronto, it means over three million people are being told how they're going to be governed, how their services are going to be cut, in some cases how their property taxes are going to be increased, and they're going to have no say in it whatsoever.

Let's get to what this is really all about: This government wants to continue to download onto municipalities. They want to continue to put off the costs of ambulances, the costs of child care, the costs of housing for senior citizens, the costs of urban transportation, the costs of public health onto municipalities, with no additional revenue for those municipalities. They want to do that, but they want to create enough confusion, enough instability so that people can't see clearly what is happening. That's what this is all about.

Just as we saw two weeks ago, when the government said they were going to save \$300 million in administration. What it turned out to be is another \$56-million download onto municipalities—no new money for municipalities, but lots of new responsibilities.

What are those municipalities going to have to do? They've got two choices. They can either raise property taxes and user fees to provide those necessary services, or they can cut. But we read in the fine print of this that you're even going to limit that choice for municipalities. You're simply going to force them to cut the services that ordinary people across this province need.

Where is the proof of this? Look at what is already happening in the city of Toronto. The Toronto Transit Commission is in big trouble. They don't have the money they need to operate and to provide the good services. Social housing and affordable housing is in trouble. Public health is in trouble. The services that ordinary people need in our communities are being cut.

This strategy that we see here today, this nonsense where all this legislation has to be passed before Christmas, is all part of that strategy. This is a government that gives the wealthiest people in the province a tax break, but then it takes away the services that the average family needs. They think this is justice. They think this is the way of the future. Shame on them. Shame on them for paying so little attention to the needs of our cities, the needs of communities and the needs of our families.

**Mr Rosario Marchese (Trinity-Spadina):** I want to comment on the latest farce from the minister in terms of the Toronto restructuring. I want to remind the people of Ontario that this province passed Bill 103, giving the city power over how many wards it would have. Remember, they spent literally a year and a half deciding this, including going to the OMB and the whole bit. Remember too, mon ami M. Gilchrist last year said,

"This is up to the city to decide, not us." That was mon ami M. Gilchrist, but I suppose that was then.

Then, all of a sudden, my good friend the Minister of Municipal Affairs comes in, out of the blue, blundering forth and saying to the city council, "You've got 48 hours to decide on how you're going to downsize yourself again." I tell you what: He wants another consultation, but he doesn't say for how long. If I were a city councillor, I'd be worried because I'd wake up one day and find that the minister has decided for them.

This is the farce played on the city of Toronto that we've got to deal with.

#### DAY OF REMEMBRANCE AND ACTION ON VIOLENCE AGAINST WOMEN

**Hon Helen Johns (Minister of Citizenship, Culture and Recreation, minister responsible for seniors and women):** Speaker, I believe I have unanimous consent for each party to speak about the Montreal massacre.

**The Deputy Speaker (Mr Bert Johnson):** Is there consent? Is it agreed? It is agreed.

**Hon Mrs Johns:** It is indeed with a heavy heart that I rise today to remember 14 women who were killed at L'École polytechnique in Montreal on December 6, 1989, 10 years ago today. Today is the 10th annual National Day of Remembrance and Action on Violence Against Women.

We know that the massacre in Montreal was not a random act of violence. We know that the assassin was lashing out at a changing world where women were assuming full and equal partnership with men. And we know that when he entered the classroom where Maud Haviernick and Michèle Richard were delivering their end-of-term presentation, he separated the women students from the men students and then he opened fire only on the women. The feminists, he claimed, had ruined his life. We know this and today we remember.

#### 1440

In the 10 years since that day that changed us forever, the killer has become a household name. His name is better known than many of our most accomplished scientists, athletes and artistic figures, yet most Canadians would be at a loss to name even one of those women. Today we honour the lives and the memories of 14 women who died on December 6, 1989.

Geneviève Bergeron was a second-year scholarship student in civil engineering and an accomplished musician. Had she lived, she would be 31 years old today.

Hélène Colgan was in her final year of mechanical engineering studies and she had received three job offers. Had she lived, she would be 33 years old today.

Nathalie Croteau was due to graduate in mechanical engineering and she was planning to take a two-week vacation in Cancun, Mexico, with friends at the end of the month. Had she lived, today she would be 33 years old.

Barbara Daigneault worked as a teaching assistant for her father, a mechanical engineering professor, and was to have graduated at the end of 1989. Had she lived, she would be 32 years old.

Anne-Marie Edward spoke four languages, loved outdoor sports and was always surrounded by friends. Had she lived, she would be 31.

Maud Haviernick was a second-year student in engineering materials and a graduate in environmental design from the University of Quebec in Montreal. Had she lived, she would be 39 years old.

Barbara Maria Klucznik was in second-year engineering and specializing in engineering materials. Had she lived, she would be 41.

Maryse Laganière worked in the budget department at l'École polytechnique and had just recently married. Had she lived, she would be 35 years old.

Maryse Leclair was a fourth-year metallurgy student and was one of l'École polytechnique's top students. Had she lived, she would be 33 years old.

Anne-Marie Lemay was in her fourth year of mechanical engineering. Had she lived, she'd be 37.

Sonia Pelletier, the head of her class, died the day before she was to graduate with a degree in mechanical engineering and had a job interview lined up for the following week. Had she lived, she'd be 38.

Michèle Richard was in her second year of studying engineering materials. She had delivered an end-of-term paper with Maud Haviernick when the gunman burst into the room. Had she lived, she'd be 31 years old.

Annie St-Arneault, a mechanical engineering student, was killed as she sat listening to a presentation in her last class before graduation. She had a job interview scheduled for the next day. Had she lived, she'd be 33.

Annie Turcotte was in her first year of studies and shared a small apartment with her brother. Had she lived, she would be 31 years old.

Had they lived, Mr Speaker.

So 10 years later, if there is any comfort to be found as we reflect on the tragedy and the lives that were lost, it is that the gunman may have achieved the exact opposite of what he had intended. Where he hoped to frighten and intimidate, he merely strengthened resolve. The absolute number of women in the engineering faculties of this country has more than doubled in the 10 years since that tragedy. The engineering profession and university faculties have worked diligently to create a climate which is more hospitable to women.

All of us have become more aware of the threat that violence against women and resistance to women's accomplishments presents in each of our daily lives, and we resolve to do all we can to prevent such a tragedy from ever happening again.

**M<sup>me</sup> Claudette Boyer (Ottawa-Vanier)** : Comme la ministre a dit, il y a déjà 10 ans depuis que Marc Lépine est entré à l'École polytechnique de Montréal où il a semé la terreur et la mort. Il avait décidé que le 6 décembre 1989 serait le jour qu'il se débarrasserait de ses ennemies : des femmes qui lui gâchaient la vie.

Dix ans plus tard, sous le thème de se souvenir pour agir, « remembering in order to take action, » nous commémorons le massacre des 14 femmes tuées par Marc Lépine, tuées parce qu'elles étaient des femmes. Nous nous souvenons qu'une mort violente a mis terme aux vies de 14 femmes et a mis terme à leurs espoirs, leurs rêves, leurs ambitions. Nous nous souvenons que ces femmes étaient des étudiantes douées, qu'elles allaient devenir des ingénieures ; mais avant tout, nous nous souvenons qu'elles étaient des filles, des soeurs, nièces, petites-filles et amies. Elles sont mortes subitement, dans la violence, par la main d'un homme qui croyait que des femmes indépendantes et ambitieuses étaient dangereuses et menaçantes.

Il m'est toujours inconcevable que 14 jeunes femmes aient perdu leur vie à cause de leur sexe féminin et de l'étiquette apposée par le meurtrier, l'étiquette de « féministes ».

In the months following the massacre there was a great public debate. Violence against women was the topic of the hour. The debate took the place of a profound dialogue on the issue of violence in society, in particular violence against women. Instead of provoking discussion, raising awareness of the real issues and generating solutions, the debate centred on whether the Montreal massacre was an isolated incident, a violent aberration, or whether it was another symptom of a sick society.

In my mind, there is no future in such a debate. Despite public debate and outcry, we have not succeeded in eliminating violence against women—not globally, not in North America, not in Canada, not even in Ontario. Despite the increase in demand, funding for shelters, second-stage housing and rape crisis centres has been drastically cut. Despite countless recommendations made by women's groups regarding the need for essential community-based programs, funding to these programs has been cut. Despite recommendations made by coroners following inquests into the violent deaths of Ontarian women at the hands of their partners, the system is still failing to protect women from men with a well-known history of violent behaviour. Despite public support and demand for stronger gun control legislation, this government still intends to fight the federal gun control law in the Supreme Court.

Lors de l'inauguration à Montréal hier du monument commémoratif qui porte le nom de Nef pour 14 reines, les familles des victimes se sont rassemblées sous un ciel sombre et une pluie triste. Dix ans plus tard, chaque membre de ces familles vivait encore une douleur vive. Néanmoins, c'est un message d'espoir qu'elles ont lancé. Les familles espèrent que la nef devienne une place de réflexion sur la violence faite aux femmes. « Il ne faut pas oublier, » a dit la mère d'une des victimes, « mais il faut regarder vers l'avenir. »

In Ontario, like in Quebec, we will remember. Now let's act.

First of all, let's listen to the women. Only they can tell us their needs. They have solutions to propose to the government and to legislators.

Ensuite, travaillons ensemble pour bâtir la société dont nous parlons depuis toujours; une société juste où tous, femmes, enfants et hommes, demeurent équitablement dans la justice et la paix.

In closing, I encourage every one of you to light a candle tonight in memory of the 14 women who lost their lives on December 6, 1989, at l'École polytechnique de Montréal. As you light the candles, reflect on their futures, futures that due to an act of senseless violence were snuffed out like the flames of the candles you hold.

1450

**Ms Marilyn Churley (Broadview-Greenwood):** Ten years ago today, 14 young women were murdered at École polytechnique in Montreal; 14 bright lights were extinguished. It was the tragic event in the history of this nation. Those 14 women were executed because the gunman saw them as a threat, the object of his rage.

I remember that day well. I imagine there is not one of us in this Legislature who does not remember that day and the days that followed: the shock, the vigil, the tears. I think that for many people that day marked the beginning of some kind of awakening, some recognition that we all have a responsibility in this.

But there were those then and still today who dismiss this crime as a horrible, random act by a deranged man and therefore should not be talked about in the same breath as violence against women. In many ways, that's understandable. Because it's safer for us to think that way and because it absolves men from taking any ownership or responsibility.

The outcome of this act was a horrible massacre of 14 women. But such threats to women are, indeed, very common. Let me tell you something that happened to me as a female Toronto city councillor shortly after the Montreal massacre 10 years ago. I don't think I've ever told anybody this story, because after these women died, it wasn't about me, it was about them. But I'm going to tell the story today, because I've heard from so many other women who are now telling stories of what happened to them.

I was the chair of the Toronto cycling committee as a cyclist and I brought forward a motion to city council to allow equal prize money—that was all—for women racers, to be phased in over a number of years.

The motion passed at city council and then the harassment began. I started to get death threats on my telephone at home, words like: "Marilyn Churley, you are going to die. You're a feminist and I hate you." Then the ultimate shock was when I started to get threatening graphic notes through my door, which was unlisted, telling me what that person, had it been the same person, would like to do to me. I can tell you, because I suppose it was so soon after the Montreal massacre and similar words were used, I spent a number of days being absolutely terrified. I was a member of city council. Security was called, and for a number of days, I was under protection.

I tell that story simply to let those people who dismiss this as a random act of violence—seldom is it taken that

far, thank God—know that those threats do happen to women frequently.

We have a responsibility to the women who were murdered and to all the women who remain. We have a responsibility to our daughters, our friends, our mothers, our sisters, our aunts and our neighbours. We need to teach our children. We need to ensure that events like the one in Montreal on December 6, 1989, are never forgotten—which is partly what this is all about today—and never repeated.

I want my grandson, and other grandchildren to follow, to learn at school the names of these women, the same way they would learn the names of the prime ministers of this country. We must never forget. We need to root out both violence and the attitudes that allow women to be second-class citizens, attitudes that sometimes cause women to be victims in society rather than equal participants. We need to ensure that children who are the survivors of violence and who witness violence in the home are provided with the counselling and support that will ensure they do not grow up to repeat those acts of violence as Marc Lépine did.

Today, once again, I participated in a heartbreaking ceremony where I joined with my colleagues from both parties, and others, to remember the 14 young women who were shot that terrible day 10 years ago. Once again I held a red rose, representing the life of one of the women who died. Her name was called and I walked to a vase and put that rose in, along with 13 other red roses, each rose representing a life. This year I held in my hand the memory of Maud Haviernick. I thought of that young woman then, the one represented by my rose. I imagined her before that day, and just before the horrible incident, full of energy and promise, bright-eyed and full of life as she prepared to become an engineer. I thought of her parents and her family, and the unimaginable anguish and agony they must have experienced and the grief and pain and horror they must feel to this day.

I think of all of the women who have been murdered and terrorized by their spouses, partners and ex-partners and how very much I want, as we all want, our own daughters to be free of sexual harassment and free of the fear of violence from men. Government has a role of paramount importance. As I said, if nothing else, we must learn from this tragic event.

Today we are remembering the women who were shot, but it is necessary to point out that violence against women has not decreased in those 10 years, as some crimes indeed have. Since Arlene May died on March 8, 1996, at least 77 women in Ontario have died under similar circumstances, and at least 33 women have died since the inquest jury released its 213 recommendations. This weekend, we know that at least one other woman's name was added to that list. Countless others are severely injured and harassed.

In closing, I would like to read a portion of the mission statement of the White Ribbon Campaign that describes violence against women:

"If it were between countries, we'd call it a war. If it were a disease, we'd call it an epidemic. If it were an oil spill, we'd call it a disaster. Violence against women in our society is all of those things."

In the days following the murder in Montreal, women across this country adopted a motto. When we stand in silence to remember, we should remember those words: "First mourn, then work for change."

Mr Speaker, I would ask for unanimous consent for us all to stand for a moment of silence to remember the 14 women who died 10 years ago.

**The Deputy Speaker:** Agreed? It is agreed.

*The House observed a moment's silence.*

## ORAL QUESTIONS

### FIREARMS CONTROL

**Mr Dalton McGuinty (Leader of the Opposition):** My question is for the Premier.

Just a few moments ago, your minister stood up in this House and spoke in a very moving and compelling way about the importance of drawing whatever lessons we might concerning the Montreal massacre that occurred 10 years ago. She concluded her statement, and I jotted this down because I thought it was very significant, by saying we must "resolve to do all that we can to prevent such a tragedy from ever happening again."

Premier, why is it that you continue to fight gun control legislation in the courts? Why is it that you continue to thwart the will of the overwhelming majority of Ontarians who favour gun control, including our police?

**Hon Michael D. Harris (Premier):** I appreciate the question and I'm sure it's brought forward with the best of intentions in a very serious matter.

We stand firmly in support of gun control, as the member knows and as this Legislature knows, and we have continued to proffer that position. We have consistently over our tenure as government offered suggestions on stronger gun controls for illegal guns, on stronger penalties for those who use guns illegally, on more enforcement to deal with this very serious situation.

As the member knows, there is a growing plethora, I would say, of people—law enforcement officers and others—very concerned about the terrible waste of money and the tragic way the federal government has gone about gun control. We think those dollars could be far better spent, with far more effective gun control both for illegal guns and for legal guns used illegally.

1500

**Mr McGuinty:** You will know that close to half a dozen coroners' inquests have concluded with recommendations being put forward by their juries that we adopt gun control legislation in Ontario.

In March 1996, Randy Iles went into an Ontario gun shop and bought a gun. At that time he was in a relationship with Arlene May. There were outstanding warrants for his arrest and he was in possession of an invalid firearms acquisition certificate. Later that day, this man murdered Arlene May before turning the gun on himself. If the federal gun law, the one that is before the courts today had been in place, Randy Iles would have been prohibited from making the purchase of that gun that he used that day to kill Arlene May.

Premier, once more, why do you stand against gun control legislation, which is endorsed by our police, which is endorsed by our victims' rights groups right here in Ontario, including CAVEAT? Why do you stand in the way of the will of Ontario people to pass a law in our province called the federal gun control law?

**Hon Mr Harris:** As I said in my opening response, we are four-square behind meaningful gun control. I know many, including police chiefs and police officers, are disappointed by the disgrace that has been brought forward by the government in Ottawa. We continue to want to make it meaningful gun control. Many of the groups that were in support of the principle have been so disappointed with the waste of money, with the boondoggle, I would say, under the guise of gun control.

If the honourable member is absolutely serious, as opposed to playing petty politics, which is what the leader does with most issues, I'd be happy to work with him. We'll go to Ottawa together and get meaningful gun control in this country.

**Mr McGuinty:** The Premier's true colours are finally shining through. He loves to make wonderful and eloquent speeches written by his overpaid staff about victims' rights, but he refuses to listen to victims' rights groups. He claims he's an advocate for victims but he refuses to listen to the groups. Those groups have made a number of statements, on an ongoing basis, asking this Premier to endorse and support the federal gun control legislation. But this Premier, in a very consistent way, refuses to do that, notwithstanding support offered for this very same legislation by the police and victims' rights groups. So far, this law in Canada has kept 1,000 guns out of the hands of people who should never have had them; 1,000 applicants have been turned down so far under existing gun control legislation.

Premier, when are you going to finally and effectively stand up for victims in Ontario by supporting a bill they're asking that you adopt and support 100%?

**Hon Mr Harris:** I suppose I would have to say that on this day when we are dealing with the tragedy of enormous proportions, all three parties in a non-partisan sense, not only the Liberal leader but Liberal MPP Michael Bryant, who issued a press release, would try and politicize this tragic situation.

Clearly our government recognizes the need to be vigilant about violence against women. We have taken concrete action such as increasing the violence against women prevention budget by over 13%. We've opened six new domestic violence courts, which gives Ontario

the largest domestic violence court program in the country.

As for opposition to the federal gun control law, it is worth noting that we have never been against the licensing of guns. If the federal government took the money they're wasting, which is now being acknowledged even by some victims' groups as being a terrible waste, if they would seriously look at effective gun control—and if you're serious, not just cheap partisan politics, I'd welcome to go with you—

**The Deputy Speaker (Mr Bert Johnson):** Thank you. New question.

#### MUNICIPAL RESTRUCTURING

**Mr Dalton McGuinty (Leader of the Opposition):**

My second question is for the Premier. Premier, Mr Shortliffe put forward a number of recommendations dealing with the area of Ottawa-Carleton. One of those specific recommendations was that that new city be designated bilingual, with the eminently reasonable proviso that bilingualism be available where numbers warrant. There is no mention of that recommendation in your legislation. Can you tell us, Premier, why is it that you have decided that you are not going to proceed with Mr Shortliffe's recommendation to make the new city of Ottawa bilingual where numbers warrant?

**Hon Michael D. Harris (Premier):** As you know, we are providing bilingual services in the Ottawa-Carleton area, and this bill proposes we continue to do so and then allow the new city something called local autonomy, which you people do not agree with, to resolve in the future how best to do that.

I find it passing strange that a leader of a political party that campaigned on this legislation, said he would do it, said he's in favour of it, when the time comes to show leadership, is actually opposed to the whole principle of the legislation, voted against the introduction of the legislation, exactly as he campaigned to do. All this bluster and all this nonsense can't cover up the fact that you are a weak leader who does not have the courage to follow through on commitments.

**Mr McGuinty:** Just so the record is perfectly clear, I made a commitment during the campaign to move forward with an Ottawa bill, and I made a campaign commitment to move forward with a Hamilton bill. You have not introduced an Ottawa bill today, and you have not introduced a Hamilton bill today; you've introduced an Ottawa-Hamilton-Toronto-Haldimand-Norfolk-and-Sudbury bill today. That's what you've introduced here today. There is no Ottawa bill and there is no Hamilton bill before this Legislature.

I want to return to the question at hand, Premier, because we believe that we are unveiling a pattern in this House which means there's nobody on that side who's standing up for the rights of francophones in Ontario, including your minister. I'm going to give you another opportunity, Premier. Why is it that you have not proceeded with Mr Shortliffe's recommendation to

recognize the unique characteristics of Ottawa-Carleton by ensuring that there is, as part of your legislation, a provision that says that the new city of Ottawa will be deemed to be bilingual where numbers warrant? Why have you not adopted that recommendation?

**Hon Mr Harris:** No thanks to your vote, a flip-flop from what you campaigned on, we'll have an opportunity to debate this legislation. We will have an opportunity, even after 25 years of discussion, for yet more public hearings, because we on this side of the House are committed to having public hearings on this legislation as well.

Finally, I just want to reiterate that all of this nonsensical blustering cannot cover up the fact that in the Legislature today, the members on this side of the House voted as they told their constituents they would vote, except for the Liberal party, except for those from Hamilton, and except—shame of all shames—the leader of the Liberal Party, who proved what the voters sensed: that he's not up to the job.

1510

**The Deputy Speaker (Mr Bert Johnson):** Final supplementary.

*Interjections.*

**Mr McGuinty:** I see, Speaker, that the seals are in fine form today.

*Interjections.*

**The Deputy Speaker:** Order. You may wonder why—

*Interjections.*

**The Deputy Speaker:** I'm probably going to tell you, whether you're wondering or not.

*Interjections.*

**The Deputy Speaker:** Order. You may wonder why I don't stop the clock when there's a lot of noise, and I'm going to tell you why. Because I would rather reward good behaviour.

Last supplementary from the Leader of the Opposition.

**Mr McGuinty:** To help jog the Premier's very short memory, I will remind him that the position taken by Mr Skarica, Mr Clark, Mr Baird, Mr Guzzo, Mr Sterling and Mr Coburn had nothing to do with the bill that you have introduced in this House today. We had the guts and we had the decency to put a position on the record prior to and during the course of the election. You deliberately chose to hide your intentions from the Ontario public.

**The Deputy Speaker:** Question.

**Mr McGuinty:** You deliberately decided not to reveal to Ontarians, and in particular the four communities affected—you deliberately chose to hide from them exactly what your intentions were. We had the guts to put on the record exactly what we planned to do, when we were going to do it and how we were going to do it.

*Interjections.*

**Mr McGuinty:** Just settle down; I'm not done.

**The Deputy Speaker:** Question.

*Interjections.*

**The Deputy Speaker:** Order. Minister.

**Hon Michael D. Harris (Premier):** Clearly, what we have today is following, on August 23, the announcement by the Minister of Municipal Affairs that we would support restructuring for Ottawa-Carleton, Hamilton-Wentworth, Haldimand-Norfolk and Sudbury. On August 24, there was a press release that said, "Liberal leader Dalton McGuinty supports the one-city concept for Ottawa." In this press release, "McGuinty pledges the Ontario Liberal Party will facilitate the introduction of single-city legislation as soon as possible."

Clearly, all this bluster today is due to the fact that the leader of the Liberal Party now voted against what he campaigned on and voted against what he said on August 24, which is why the public of this province really did sense you're not up to the job.

#### FAMILY VIOLENCE

**Mr Howard Hampton (Kenora-Rainy River):** My question is for the Premier. Today we remember the 14 young women who were murdered at the University of Montreal by Marc Lépine. Since that date we've learned something about the background of Marc Lépine. We've learned that he grew up in a very violent home, that he himself was frequently beaten by his father, that he witnessed his mother being beaten by his father. Premier, here in Ontario your government has totally eliminated the funding for counselling services that used to be provided to children who come from violent homes. My question to you today is this: Will you, in remembrance of those 14 young women who were murdered, restore that funding so that children in Ontario who grow up in violent homes will receive the kind of counselling they need so that this cycle of violence is not repeated?

**Hon Michael D. Harris (Premier):** I appreciate the question, and the minister may wish to respond. But let me, by way of initial response, indicate that we have increased funding to deal with violence against women; we've increased it in all categories. Since the release of the government's Agenda for Action, more than 40 new initiatives in the area of safety, justice and prevention have helped meet the needs of abused and assaulted women in Ontario, and our initiatives were based on the recommendations that were made by a panel on violence against women in Canada.

You may disagree with specific details of how we spend more money on this challenge. Clearly, nobody has the definitive answer, but we would welcome any meaningful input into assisting our government in what I think is a non-partisan, three-party, unanimous commitment to the province and the citizens of Ontario that we must do more.

1520

**Mr Hampton:** I'm aware that your government has made some announcements on the law enforcement side. I'm aware that you've made some announcements with respect to crown attorneys. But we're talking here about children, and we're talking about something that everyone knows. It has been found in study after study in

western Europe, the United States and Canada that children who grow up in violent homes, children who experience violence themselves or experience violence against their mother, in an overwhelming number of cases, repeat that. It is called the cycle of violence.

I'm talking here about a very specific thing. When you became the government, you cut \$2.6 million from second-stage housing, women's crisis centres. That \$2.6 million used to provide for counselling services for those children so we could break the cycle of violence.

I'm saying to you, remember those 14 young women who were murdered. Restore the funding so the cycle of violence is not repeated by young children who grow up in violent homes in Fort Frances, or in Ontario. Will you do that, Premier?

**Hon Mr Harris:** We want to do far more than that. I don't think anybody would think \$2.5 million would have prevented the tragedy that took place in Montreal, and I think we are recognizing that today. It is not just \$2.5 million; we're spending many, many more millions of dollars than that. If you wish specifics, I have three ministers who all want to respond that in all the areas they are investing far more dollars to deal exactly with this challenge that we are faced with.

I would welcome that input. Perhaps if you would like, we'd be happy to chat on areas where we can have an even greater impact in the future.

**Mr Hampton:** There are organizations which have been trying to give your government this advice. For example, the Ontario Association of Interval and Transition Houses made that information available to your government.

I don't deny that your government has issued a lot of press releases talking about the law enforcement side of this. What we're talking about is breaking the cycle-of-violence side, ensuring that children who grow up in those kinds of homes, who witness their mother being beaten, who are beaten themselves, receive the counselling they need.

The reality is that your government cut the funding for second-stage housing, which is where that counselling happened. That's where those children received that intensive counselling over a period of time.

It's a very simple request, Premier: Will you restore the \$2.5 million that you cut and that took away those counselling services? I think that is how we ensure that we break the cycle of violence in Ontario communities, that we put an end to this. Will you do that, Premier? It's a very simple request: \$2.5 million in annualized funding to restore second-stage housing and the counselling services that go along with it.

**Hon Mr Harris:** It's amazing how you think \$2.5 million is going to solve this problem. We have increased by 13% this very specific budget to deal with prevention of violence against women, so we are putting more money there. We've dealt with crisis intervention support. We've dealt with justice services. We've dealt with education, prevention.

In 1997 we announced the Agenda for Action, a framework. We've put 27 million new dollars over four years, allocated to support implementation of the strategy. We have put 170 million new dollars into child welfare. We have brought in a new risk assessment system. So you're several hundred million dollars too late to ask for \$2.5 million.

But I would say this: We welcome your concern and your input, and if it's more than just politics, I'm sure we can work together to do even more in the future.

#### MUNICIPAL REFERENDA

**Mr Howard Hampton (Kenora-Rainy River):** My second question is also to the Premier. Premier, it's about children and it's about counselling for children. I would hope you would sit down with your ministers and look at that.

But I want to ask you now about your government's position with respect to referenda. You have said and several of your ministers have said that you believe in local decision-making, that you believe that citizens should be consulted, that citizens should have a say. But here today, Premier, you intend to dramatically change the government which touches citizens the most, the local government, for over three million people, and we can't find anywhere in this legislation where you're prepared to let them have a say.

Premier, since you say that you philosophically believe in referenda, that you believe in letting people have a say, why won't you let the people of Sudbury, of Hamilton, of Ottawa-Carleton, Haldimand-Norfolk and the city of Toronto have a say about your legislation? Will you do that, Premier?

**Hon Michael D. Harris (Premier):** As you know, the people have been having their say for the last 25 or 30 years in most of these communities. The process we put in place was 100% local.

We consulted with local people, politicians and citizens alike. The legislation introduced today actually does deal with referenda, something that you very much opposed. I'm surprised you're asking for it today.

**Mr Hampton:** No, Premier, I'm the one who said you should have a referendum on the restructuring of urban government in the city of Toronto and I very much supported it. I would support allowing people to have a say here before you, in one fell swoop, reorganized the government of three million people. Yes, Premier, there's some language in here about referenda, but it's not a language about letting people have a say; it's language that is going to restrict those municipal governments in the future if they try to deal with your downloading of costs and services on them.

Premier, why is it OK, why do you want to have a referendum, when municipalities have to change taxes or increase taxes to deal with your downloading—

**The Deputy Speaker (Mr Bert Johnson):** Question?

**Mr Hampton:** —but when you cut their services, they can't have a referendum, and when you totally take over

their government they can't have a referendum? Why is a referendum OK when it suits your agenda, but when it really involves letting local people have a say in what you're doing, you're opposed to local democracy?

**Hon Mr Harris:** The question is based upon a premise that we have cut services. We have cut not one single municipal service. In fact, we've facilitated the enhancement of municipal services. I think the record speaks for itself that in two years, non-election years in municipalities, if you look at the pattern, it's generally significant tax increases in non-election years and then in an election year maybe holding the line.

If you look at the municipal tax levy for the past two years, non-election years, you'll find it's the lowest in recent history, certainly in Ontario and probably since the war, and far less than when your government and the Liberal government downloaded on municipalities, causing all those tax increases in the first place. So the premise of the question really does not stand the scrutiny of any objective measures.

#### FIREARMS CONTROL

**Mr Michael Bryant (St Paul's):** My question is for the Premier. I'm glad to see that you're reading my comments to the media and I don't mind you impugning my intention in the House, but let me also say this, Mr Premier: I'm not going to be afraid to honour the victims of the Montreal massacre, I am not going to be afraid to stand up for victims who support the Firearms Act and I'm certainly not going to be afraid to stand up against the gun lobbyists who are positively in bed with this government today.

Mr Premier, you should talk to the Attorney General, who is taking a very different position in court than you are taking in this House. The Attorney General says nothing about the costs and says everything about the provincial government having responsibility and jurisdiction over this area, so let me give you the opportunity: Are you willing to honour the victims of the Montreal massacre by establishing a provincial gun registry in the event that you are successful in having judges overturn the will of parliament and destroy a national gun control registry that is saving lives as we speak?

**Hon Michael D. Harris (Premier):** I think the Attorney General can respond.

**Hon Jim Flaherty (Attorney General, minister responsible for native affairs):** I was unaware that the Premier of Saskatchewan was a gun lobbyist, according to the member from St Paul's.

I will say to the member from St Paul's that to say in a press release, as he apparently did today, that the Ontario government is marking the 10th anniversary of the Montreal massacre by challenging the very legislation instigated by the tragic event at Montreal's l'École polytechnique on December 6, is an inappropriate comment, at least, on his part.

I would have thought it beneath the member for St Paul's to relate constitutional litigation that has been on-

going since 1996 in this country and that is going to be heard next year in the Supreme Court of Canada, with respect to which a number of provinces are involved—to equate that litigation in the Supreme Court of Canada to a tragedy like the Montreal massacre I would think would be beneath the member for St Paul's.

1530

**Mr Bryant:** Minister, if I had wanted an answer from the Reform Party justice critic, I would have asked him, but I'd like an answer from the Ontario Attorney General on an Ontario question.

You're not going to create a registry because this is a government that puts guns in the hands of 12-year-olds. This is a government that would have 16-year-olds able to purchase a gun without a background check, and that's the way the old regime worked. This is a government that thinks a squeegee is more dangerous than a gun.

*Interjections.*

**The Deputy Speaker:** Order. I ask the member for Brampton Centre to withdraw that.

*Interjections.*

**The Deputy Speaker:** I just want it withdrawn or not. I don't want a debate.

**Mr Joseph Spina (Brampton Centre):** I withdraw, Speaker.

**The Deputy Speaker:** The member for St Paul's.

**Mr Bryant:** There have been in this riding in which we sit six murders since the election in June. None of the murders involved a squeegee, I can assure you. All of the murders involved a gun, I can assure you. Yet this government wants to strike down legislation that in fact would take guns out of the hands of spousal abusers and guns out of the hands of criminals. So whose side are you on? Is it the side of the police or is it the side of the gun lobbyists? Just give me an answer, Minister.

My question is this: If you're successful in your constitutional litigation, in place of the national gun registry that you're trying to strike down, will you replace it with a provincial gun registry that will save lives? Yes or no?

**Hon Mr Flaherty:** It is a shame that the member opposite would use the 10th anniversary of the Montreal massacre as an opportunity to try to convince the people of Ontario into thinking that a bureaucratic response like the federal Firearms Act would actually increase the safety of people in Ontario. Having bureaucrats filling out forms and filing papers does not help to control the illegal use of guns.

Let me make it clear how seriously we take the issue of violence, including domestic violence in Ontario. I don't need lectures from the Liberal benches after listening to the federal justice minister for three days last week refusing to increase sentences in this country, refusing to repeal the discount law, refusing to amend the Criminal Code to prohibit conditional sentences for violent offenders in this country, refusing to repeal section 745, the faint hope clause in the Criminal Code, and refusing to give us an effective youth justice system so that we can somehow try to combat the serious rise in violent youth crime in this country, which is a serious problem.

## ACADEMIC TESTING

**Ms Marilyn Mushinski (Scarborough Centre):** My question today is for the Minister of Education. Last week the Toronto District School Board released detailed results of the EQAO testing that was done last year. Every school board across the province participated in these tests, this being the second year that grade 3 tests have been reported and the first year for grade 6 in this province.

This year students were assessed in the areas of reading, writing and mathematics, and I'm proud to say that Manhattan Park Junior Public School in my riding finished second in grade 6 testing among all the schools in Toronto.

Minister, can you tell us why this government has chosen to institute these province-wide standardized tests?

**Hon Janet Ecker (Minister of Education):** I thank the honourable member from Scarborough Centre for the question, because I know she cares very deeply and has been watching very carefully as the schools in her community have been seeking to produce excellence in their students. As she notes, some of them are doing a very good job.

That is our goal: to have excellence in our education system. One way we do that is by improving the curriculum: what is taught in the schools, what students are expected to learn. This is the first comprehensive change in the curriculum, building grade by grade on what students learn, since Egerton Ryerson set up our public system, and it's a very important improvement. The other day a director of education who has been in the sector for 38 years said it's the most significant quality improvement he had seen in his career.

But that's not the only step. We have the new curriculum, and it's being phased in. We have to make sure we are teaching it well and that the students are learning it, and that's why we have the testing process. The EQAO has been working very hard with teachers to make sure those tests are valid and are measuring what we want to measure. We've been very pleased to see boards like the Toronto board, which have put in place their turnaround plans. We can certainly see the results of that in their tests.

**Ms Mushinski:** Quite clearly this government is committed to improving the quality of the education system, and the new challenging curriculum, along with the use of standardized testing, will help us reach the goal of excellence in education throughout Ontario, something that Manhattan Park Junior Public School has already achieved. The Toronto District School Board reports that this year's results show there is some improvement over last year.

Minister, what are the next steps for improving the public education system in Ontario?

**Hon Mrs Ecker:** There's no question that the Toronto board has taken these test results very seriously. An article in the Toronto Star, for example, talks about new

math textbooks, which we helped purchase, lively reading programs and ongoing teacher training appearing to have boosted the grade 3 test scores of Canada's largest, most diverse school board. So it is possible to use the test results to put in turnaround plans to have our children learn better, and that is one board that has certainly taken that to heart. We're going to continue to move forward with the new curriculum, as I mentioned. We started in grade 9 this year, and it's going to be phased into grade 10 next year and grades 11 and 12 the years after that. We're going to have additional textbook purchases, as we have each year, to make sure we have textbooks that will support the curriculum for teachers. We're going to continue to expand the testing. We did grade 3 and grade 6, and we're going to be expanding to grade 9. We'll be doing the grade 10 literacy test next year, and we'll also be developing an appropriate teacher testing program that will be evaluating not just knowledge, because we all know that it takes more than simply knowledge to have an excellent teacher, but also skills, training and abilities.

All those steps are designed to improve quality, and we're pleased to see they are working.

#### IPPERWASH PROVINCIAL PARK

**Mr Gerry Phillips (Scarborough-Agincourt):** My question to the Solicitor General has to do with the shooting death of Dudley George at Ipperwash Provincial Park and the destruction of key files in his ministry. The minister will be aware that a senior OPP superintendent was on secondment to his office. He was at all the key meetings involving Ipperwash, the intra-ministerial meetings, and was in constant contact with the police command post. Then he was transferred on April 19, 1996. This was a well-respected officer. He left his files in your office. Within 24 hours of his leaving, those files were systemically destroyed. The previous Solicitor General said: "...we are concerned about the loss of those files in terms of our ability to retain very important and critical files. I share your concern with respect to that. The current deputy has initiated a review of this situation and a review of the retention policy."

Can you inform the House of the outcome of your investigation, why those files were destroyed, and can you assure the House that no other files were destroyed?

**Hon David H. Tsubouchi (Solicitor General):** As the member full well knows, this matter is before the courts. It's extremely inappropriate for any of us to comment on this. This has been consistent throughout and this is the answer today.

1540

**Mr Phillips:** I go back to the answer the previous Solicitor General gave in the House. He gave an undertaking to the House and to people of Ontario that he would look into the matter. He said at the time that he was very concerned about our ability to retain important and critical files. He said that he would have the deputy

minister review this situation and review their retention policy.

You can understand how concerned we are that when the Solicitor General said these were important files, they were systematically destroyed within your ministry within hours of the individual leaving. The government promised to review this.

What I am terribly worried about is that while the government stonewalls on proceeding to commit to an inquiry, files are being systematically destroyed. I want your assurance that you have reviewed this matter personally and can assure the people of Ontario that no other Ipperwash files are being destroyed and that when we finally get an inquiry, these files will not have been destroyed. Can you give us your personal assurance on that?

**Hon Mr Tsubouchi:** I've answered the question before. The question asked was about a matter before the courts, and the member knows it's clearly inappropriate to comment before this matter because it is before the courts.

#### SKILLS DEVELOPMENT

**Mr Frank Mazzilli (London-Fanshawe):** My question is for the Minister of Economic Development and Trade. We continually hear concerns right across the province and the country about keeping our economy competitive. Despite the federal Liberals' own statistics, the Prime Minister continues to claim that Canada is not suffering from a brain drain to the United States.

My riding of London-Fanshawe has a very well educated workforce whose skills are in high demand in a competitive, global economy. These people want to stay in London, and they need to stay in Ontario so that our economy can prosper and we can therefore have the health care and education we need.

I know that other provinces are calling on the Prime Minister to initiate training programs and cut taxes. But time is passing, and we can't afford to wait any longer. Minister, if the federal Liberals will not do anything, what will you do to keep Ontario's economy prosperous?

**Hon Al Palladini (Minister of Economic Development and Trade):** I thank the member for London-Fanshawe for the question. There is no question that cutting taxes is essential to creating a competitive, positive economic environment. Our government has recognized that fact, and we have cut taxes 69 times, with 30 proposed tax cuts. But equally important to creating a competitive business climate is being able to supply a skilled workforce, which is why we announced the strategic skills investment in our 1999 budget, a multi-year, \$100-million program. The strategic skills investment has created a partnership opportunity with the public sector to help increase the responsiveness of Ontario's training institutions to business needs. Investors want a qualified workforce, and these programs will enable us to supply highly trained people who can do the job and help Ontario open for business.

While we are doing our part to keep our economy strong, I would like to encourage my colleagues across the way to talk to their federal cousins in Ottawa to stop talking about tax cuts and start implementing tax cuts.

**Mr Mazzilli:** Minister, I know you were in south-western Ontario recently, at the St Thomas campus of Fanshawe College, to officially announce the strategic skills investment for millwrights and tool-and-die makers. The funding from this program will assist Fanshawe in acquiring new equipment to expand and renovate facilities and provide computer training aids. The total value of the project is \$1.6 million, a truly worthwhile investment in the future of Ontario.

I have recently heard that there is a call for another proposal of the strategic skills investment. Could you advise us of that proposal, Minister?

**Hon Mr Palladini:** We're very proud of this program. The latest call for proposals invites industry and its education and community partners to join with the government of Ontario in creating new ways and new opportunities for people to learn the skills that businesses need to keep Ontario competitive.

While project selection will continue to be on a competitive basis, the proposal must come from a partnership among industry stakeholders, public and private educators and trainers or community organizations. The eligibility criteria include increasing the supply of people with strategic skills so as to meet the demands of new technologies, ensuring benefits go beyond one firm and develop a wide range of skills, and demonstrating the capacity to make Ontario's businesses more effective and more competitive.

The program at Fanshawe College is a terrific example of what can be achieved when the private and public sectors get together. I encourage all individuals from across Ontario to apply by the deadline of Tuesday, February 1, 2000.

#### TRANSPORTATION OF DANGEROUS GOODS

**Ms Shelley Martel (Nickel Belt):** I have a question for the Minister of Energy, Science and Technology.

As of December 2, the US Department of Energy has permission to transport a shipment of weapons-grade plutonium in the form of MOX fuel from Los Alamos, New Mexico, to Ontario. We learned today that the material will probably travel in special trucks called SSTs, which are designed to carry nuclear bombs. The special couriers who drive these trucks call themselves "road warriors," and they travel in convoys of up to 23 special agents, all armed with M-16 rifles and 12-gauge shotguns.

The road warriors, we know, have the authority in the United States to use deadly force to deal with any potential risk with respect to this shipment. We also know that as of this morning, a spokesperson for the Atomic Energy of Canada Ltd is quoted as saying that discussions are underway that may allow these road

warriors to accompany the test shipment as it travels from the Soo to Chalk River.

I think this is outrageous and I think it's unacceptable to the majority of Ontarians. Will your Premier contact the Prime Minister today and say that no test shipment of weapons-grade plutonium will ever cross the province of Ontario?

**Hon Jim Wilson (Minister of Energy, Science and Technology):** Mr Speaker, I refer that question to the Minister of Transportation.

**Hon David Turnbull (Minister of Transportation):** This is an issue that is of extreme concern to the people of Ontario. My ministry has contacted the federal government, who are responsible for the transportation of all dangerous goods in Canada. Regulation under the federal Transportation of Dangerous Goods Act and regulations thereof are the ones which we refer to.

In the US, it is quite apparent that very extreme safety precautions are being applied to this shipment, and we expect the federal government in Canada to apply no lesser standard in Ontario.

**The Deputy Speaker (Mr Bert Johnson):** Supplementary.

**Mr Tony Martin (Sault Ste Marie):** Minister, if this is playing out like a bad movie, trust me, it is. Imagine a community of men and women and children, unarmed, confronting these trucks called SSTs with 23 special agents armed with M-16s and 12-gauge shotguns.

I was at a meeting about two months ago with the band council of Garden River, and a woman at that meeting said to me, "Tony, you go back and tell the mayor of Sault Ste Marie that if he lets this stuff come across the bridge into our community, he'd better have someplace to store it." These people are serious about stopping this stuff.

Will you end the possibility of this terrible confrontation today by phoning the Prime Minister and telling him: "No. This is off. It won't happen. It isn't going to happen"?

**Hon Mr Turnbull:** I would suggest that we're extremely concerned about it, but this is a federal matter. The federal government is the body which has agreed to accept this shipment, and indeed they are the regulators of all dangerous goods travelling on the highways.

We have communicated our concerns and we expect the federal government to adhere to this, and indeed I think it is appropriate that we have proper security as this passes through Ontario.

1550

#### TEXTBOOKS

**Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington):** My question is for the Minister of Education. Recently I attended a parent-teacher interview for my daughter who attends elementary school. During this interview, my daughter's teacher indicated that he has only one math textbook for the 25 students in his class.

You can imagine the difficulties this causes? Homework assignments must be photocopied, and students who need extra assistance and students who may be able to work ahead only have access to work that has been copied. It is very difficult for teachers to balance the individual needs of all their students when they don't have textbooks.

Minister, you have stated that the government has spent \$323 million on textbooks, and so you should have. You have introduced new curriculum in every grade from kindergarten to grade 9 in every subject area. Students are being tested on this new curriculum and the results will be published in the newspaper. Yet these students still do not have all the textbooks they need to succeed. What are you prepared to do to guarantee that students in Ontario will have the textbooks they need to meet the expectations of the new curriculum?

**Hon Janet Ecker (Minister of Education):** One of the reasons we put more money into textbooks is because what we've seen over the previous many years was that while education property taxes had gone through the roof, some 120% in terms of increases, front-line teachers were certainly not seeing that in their classrooms. They didn't even have one textbook to photocopy in many schools. It was an absolutely abysmal picture. That's why, in changing the way we financially support education, we have specific allocations for textbooks.

Actually \$323 million was just a specific textbook grant on top of \$163 million for textbooks that's in the basic funding for the boards, plus another \$30 million that was put out there for special funding for textbooks. There's been something like \$516 million put out just for learning materials in the classroom. I'm very pleased to say that there are literally thousands, if not millions, of new textbooks out in this province that were not there when they were in government.

Do we need to do more? Do we need to have more textbooks? Absolutely. We are committed to continuing our funding to make sure that those new supports are there for teachers.

**Mrs Dombrowsky:** Your government has provided every student in the province, 2.2 million students in Ontario, with a copy of My Ontario Millennium Memento. This book is lovely. This question does not discredit the students who submitted work. In fact I commend every student who participated in the project. My issue is that this government can find the resources to print and distribute 2.2 million books that just happen to have the Premier's photograph on the front page, but it does not provide the students of this province with the textbooks they need to succeed in the classroom.

My local school board has spent its allocation for textbooks. So have many others in the province. Still there are classrooms without textbooks in core subject areas: in mathematics, in science, in language arts. Minister, will you tell me when students in Ontario will have the textbooks they need to meet the expectations of your new curriculum?

**Hon Mrs Ecker:** First of all, actually I have noticed many of the materials that her party leader and caucus have sent out over the last couple of years have had pictures of her leader on them. I've never criticized her for that. I certainly haven't criticized him for doing that.

*Interjections.*

**Hon Mrs Ecker:** I've obviously hit a nerve over there.

Secondly, one of the things that teachers said we needed to do was to showcase the good things that are happening in our education system. This particular book, which has the work of students, which was juried, if you will, by parents and teachers, is a selection of excellence in our education system. I think it's worth sending that out.

I would also like to remind the honourable member that we gave \$516 million to textbooks in this province. It is the most that has ever gone in a single grant out there for textbooks in this province. Unfortunately, not all the boards spent it on textbooks. That's their choice. They're elected trustees. But some of them spent it on other things, not on textbooks.

**Mrs Sandra Pupatello (Windsor West):** On a point of order, Mr Speaker: I was just hoping that the Hansard could reflect the withdrawal of the comment by the Minister of Energy in regard to the staff person at the school board in the question that was just asked by our member.

**The Deputy Speaker:** As you know, the rules don't allow either the Speaker or someone else to correct any records.

#### VIOLENCE AGAINST WOMEN

**Mr Doug Galt (Northumberland):** My question is directed to the Solicitor General. Minister, as you are aware, today marks the 10th anniversary of the Montreal massacre, when 14 young women were gunned down. This indeed was devastating to family, friends and also to classmates. I was pleased to hear this morning on the news that a memorial has been erected in recognition of those 14 women.

Minister, Cathy and I have three daughters, Darcy, Laurel and Alana, three young women who are approximately the same age as the women who were gunned down. They were in university at that time, and I can tell you, Cathy and I are very concerned about their safety.

Minister, could you tell the House about some of the initiatives your ministry has taken to combat violence against women, particularly my daughters?

**Hon David H. Tsubouchi (Solicitor General):** Today, as the 10th anniversary of the Montreal massacre, it's very important for all of us to express ourselves very firmly against violence against women. We are committed to making sure we are all safe in our communities, but if I might speak for a minute about domestic violence, domestic assault is a very serious crime. It seems to insinuate itself into the areas where we should feel the safest, and that's our homes. We've taken a lot of

leadership in many areas, including a partnership with Crime Stoppers and adequacy standards and integrated justice.

I might speak just quickly about a situation, the May-Iles inquest, that took place about year ago, another tragic situation. Out of that there were about 213 recommendations. I must say that almost all of them have been implemented now. I just point out a couple of them that were relevant, such as pilot testing of SupportLink, which is a pre-programmed 911 cellular phone program for victims of domestic violence; also, the development of a draft model on police response to domestic violence based on the best practices from jurisdictions across North America.

## PETITIONS

### AIR QUALITY

**Mr Pat Hoy (Chatham-Kent Essex):** I have a rather lengthy petition. I'll read it in part.

"To the Legislative Assembly of Ontario:

"Whereas the effluent coming from the Commercial Alcohol ethanol plant is creating a noxious smell in the former city of Chatham in the municipality of Chatham-Kent Essex, which has a nauseating impact on citizens who breathe it in; and

"Whereas the citizens of Chatham have repeatedly brought this problem to the attention of the Ontario Ministry of the Environment and the former MPP for Chatham-Kent; and

"Whereas the former MPP for Chatham-Kent and the Ministry of the Environment indicated that Commercial Alcohols was given an eight-month period to correct the problem, which time elapsed on July 1999, and the problem has not been remedied;

"Therefore be it resolved that we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the measures contained in regulation 346 of the Environmental Protection Act be immediately enforced on Commercial Alcohols Inc to ensure that the citizens of Chatham and surrounding area have fresh air to breathe, free from the noxious odours that are spewed by the ethanol plant located on Bloomfield Road, in the westerly outskirts of the former city of Chatham in the municipality of Chatham-Kent."

1600

### KARLA HOMOLKA

**Ms Marilyn Mushinski (Scarborough Centre):** I am pleased to continue the petition presented to this House on behalf of people in my community of Scarborough Centre.

"To the Legislative Assembly of Ontario:

"Whereas Karla Homolka and Paul Bernardo were responsible for terrorizing entire communities in southern Ontario; and

"Whereas the Ontario government of the day made a deal with the devil with Karla Homolka resulting in a sentence that does not truly make her pay for her crimes; and

"Whereas our communities have not yet fully recovered from the trauma and sadness caused by Karla Homolka; and

"Whereas Karla Homolka believes that she should be entitled to pass to leave prison with an escort; and

"Whereas the people of Ontario believe that criminals should be forced to serve sentences that reflect the seriousness of their crimes;

"Therefore we, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows:

"That the government of Ontario will:

"Do everything within its power to ensure that Karla Homolka serves her full sentence;

"Continue to reform parole and make it more difficult for serious offenders to return to our streets;

"Fight the federal government's plan to release up to 1,600 more convicted criminals on to Ontario streets; and

"Ensure that the Ontario government's sex offender registry is functioning as quickly as possible."

I add my signature to this petition.

**The Deputy Speaker (Mr Bert Johnson):** It being 4 o'clock, pursuant to standing order 30(d), it is now time for orders of the day.

## ORDERS OF THE DAY

MINISTRY OF HEALTH  
AND LONG-TERM CARE  
STATUTE LAW AMENDMENT ACT, 1999  
LOI DE 1999 MODIFIANT DES LOIS  
EN CE QUI CONCERNE  
LE MINISTÈRE DE LA SANTÉ  
ET DES SOINS DE LONGUE DURÉE

Resuming the debate adjourned on December 2, 1999, on the motion for second reading of Bill 23, An Act to amend certain statutes administered by the Ministry of Health and Long-Term Care in relation to supporting and managing the health care system / Projet de loi 23, Loi modifiant certaines lois dont l'application relève du ministère de la Santé et des Soins de longue durée en ce qui concerne le soutien et la gestion du système de soins de santé.

**The Deputy Speaker (Mr Bert Johnson):** The Chair recognizes the member for Thunder Bay-Atikokan.

**Mrs Lyn McLeod (Thunder Bay-Atikokan):** I am pleased to continue with the debate. Mr Speaker, as you leave the chair, may I clarify with the Clerk's table whether in fact I have 23 minutes left on the clock in the

leadoff hour speech? I'm getting a nod which suggests I do have 23 minutes, which comes as a pleasure to me because I had been informed I only had 12 minutes left to speak.

I do appreciate the opportunity to continue the debate which I began last Thursday afternoon on Bill 23 and to look again at the primary purpose of this bill, which is to basically extend the powers to carry out the directives of the hospital restructuring commission, powers which at one point were vested in the hospital restructuring commission through regulation but were taken back by the Minister of Health in April 1999. So although the hospital restructuring commission was given powers that essentially had the force of law to direct hospital boards to close, to amalgamate and to carry out other directives that the hospital commission saw as being appropriate, those powers of the hospital restructuring commission were subsequently taken back by the Minister of Health. So what we have now is a situation in which the Minister of Health holds the powers that were given to her under Bill 26, the infamous bully bill that I spent some time discussing last Thursday afternoon.

The bill that's before us essentially effects directives that in turn affect 119 hospitals in some 22 communities. I want to make it quite clear that that's the focus of the bill, to extend the powers to the year 2005; not to give the minister the power to go in and close and amalgamate hospitals that have not yet been affected by the directives of the hospital restructuring commission, but to complete the work of the hospital restructuring commission.

I have some very real concerns about the intent of this government, should at some point in the future it decide that it wants to extend that power to close or amalgamate hospitals beyond the year 2005 or in fact to extend it to an ability to carry out a sweeping further restructuring of Ontario's hospital system. We've seen with how little notice, how little public debate and how little public consultation this government can bring about the kind of sweeping change which the hospital restructuring commission's work has attempted to bring into effect.

I addressed last Thursday some of the confusion that now exists in the delivery of hospital services, confusion that has been created by the sweeping nature of the changes that were proposed by the hospital restructuring commission and indeed by the sheer mistakes—there is no other term for it—that were made by the hospital restructuring commission.

One of the mistakes was made quite clear by the auditor in his last report, in which he identifies—actually, I should correct that, because it's the Ministry of Health, which to this point has identified the fact that carrying out the recommendations of the hospital restructuring commission, for capital costs alone, will be some \$3.9 billion. The hospital restructuring commission said that those costs would actually be \$1.8 billion, a fairly significant mistake on the capital costs alone.

My colleague the member for Renfrew I know will want to speak about the local portion of the capital cost of carrying out the directives of the hospital restructuring

commission, because of course one of the ironic things about these directives that are being given to hospital boards is that they are to close down their operations, to amalgamate their operations, to make changes that they may not feel are in the best interests of the delivery of health care in their communities, and for the privilege of carrying out those orders from the hospital restructuring commission or, as the case is now, from the Minister of Health herself, their local community has to raise 30% of the cost. Since the hospital restructuring commission seriously underestimated the capital costs of carrying out their orders, not only does the government's share go up significantly, but the local cost expected from local communities also goes up significantly. That's a \$2.1-billion mistake on capital costs alone, and that's just the mistakes the Ministry of Health has found to this point in time.

They were details that you'd think a commission that had been given time, if they had been given time, to carry out a massive restructuring of our hospital system would not have made. They were details like the actual renovation costs when they recommended closure of one hospital and renovations in the hospital that was to accept the services. They simply failed to understand what the actual cost of renovation would be. They failed to understand that if you're going to close down programs in one space and relocate them to another space, you've got to provide space for the programs to be relocated. They missed that fairly obvious fact.

They missed things like the importance of upgrading heating and air-conditioning systems in the hospitals that are to be renovated in order to take over the services of the hospitals that are being closed. These kinds of mistakes perhaps would not have been made if a commission had actually been given the time and, maybe I would add, the mandate to look at a reasonable restructuring of Ontario's hospital system.

There are significant concerns, and I touched on these last Thursday, about the kind of hospital system that will be left if the directives of the hospital restructuring commission are carried out, whether there are going to be enough acute care beds left in the hospitals across the province to meet patients' needs. We already know that the auditor has said that the funding formula for hospitals does not respond to demand, so how could it be that the hospital commission would somehow have some magic formula—and we know it was an arbitrary application of formula that brought about its recommendations—that would determine how many beds would be necessary in order to meet needs? We know that they simply looked at the most efficient hospitals in terms of patient-days per thousand population and didn't look at community needs.

I would suggest that the concerns about whether or not our system is going to have enough beds to meet needs in the future if the hospital commission's directives are carried out are very legitimate concerns. We know that our emergency rooms are still clogged up. We know stories of 35 people lying on stretchers in emergency room hallways. Why? Because our hospitals don't have

enough beds to admit the people who are in the emergency department and need to be admitted. We know that the answer of the commission was to say, "Well, that's because there are chronic care patients in acute care beds, and that's not very efficient, so let's get the chronic care patients out." That's what I was raising last Thursday.

The confusion that I have is with a commission that says we're going to free up acute care beds by moving chronic care patients out and then goes and shuts down 3,500 chronic care beds. So there are significant questions about what our long-term-care system is going to look like if the hospital restructuring commission's directions are carried out.

The questions I'm hearing are concerns about whether or not chronic care hospitals are actually going to be able to accommodate the acute care patients coming out of our acute care hospitals; questions about whether or not there's going to be room for the chronic care patients who are going to be displaced from the chronic care hospitals that are to be closed, because remember, we not only have 3,500 chronic care beds closing, but we have these chronic care patients in acute care hospitals who are going to be displaced and put into chronic care hospitals. So the question is, is there going to be enough room in our long-term-care facilities to take the chronic care patients who are going to be dislocated from the chronic care hospitals that are to be closed and are to take patients now in acute care hospitals?

**1610**

There are questions about whether waiting lists for long-term-care facility beds are going to be even longer, and there are very serious questions about whether our community care access centres, our community care services, are going to be able to meet the demands placed on them as more and more patients are discharged earlier and earlier from our acute care hospitals and as more and more of our long-term-care patients, individual seniors needing long-term care, are expected to be cared for in a home care setting.

There is also very real concern about whether chronic care patients who are now to be redefined as long-term-care patients are going to be funded at a level adequate to respond to their needs. I think of just one example, Riverdale Hospital here in Toronto, one of the chronic care hospitals ordered to be closed. They did what the hospital restructuring commission refused to do: They had an assessment done of the needs of the individuals who are now being cared for in Riverdale Hospital. They had the assessment done by the community care access centre that would indeed be responsible for providing for these patients in either a long-term-care facility or in the community, and that community care access assessment said that 92% of the people now resident in the chronic care facility of Riverdale Hospital needed chronic care support, not long-term-care support.

There are some huge questions that I trust the Minister of Health is dealing with about whether or not there are going to be enough funding resources to adequately care

for the chronic care patients now being redefined because of the approach and the recommendations of the hospital restructuring commission as long-term-care patients.

I want to make it very clear, as I conclude my contribution to this debate, that there's no question in my mind that the mess of hospital restructuring is going to have to be sorted out and that the Ministry of Health has had a great deal of work to do and will have a great deal of work to do in the future to deal with the mistakes that were made by the hospital restructuring commission. It's a fact that very little of the work that was recommended to be done by the hospital restructuring commission has actually been completed. My understanding is that only some four of the 29 hospitals that are actually to be closed have indeed been closed. If I just look at the auditor's report, he tells us that only 30 of 81 projects had actually received approval to go ahead as of April 1999.

I want to be absolutely clear that I respect the fact that the reason those recommendations have not gone forward more quickly is because they are not necessarily the right recommendations, and they certainly have not been costed adequately. So I think it is important that the Ministry of Health take time to revisit the recommendations and the directives of the hospital restructuring commission.

That brings me specifically to whether Bill 23 provides the Ministry of Health and is necessary to provide the Ministry of Health with that kind of time. I thought it was amazingly—I guess "disingenuous" would be the word to describe the Ministry of Health's press release in announcing Bill 23 and the support that has been offered by various hospital administrators. The thing that I find quite amazing—not surprising, but disingenuous—is the fact that the hospital administrators who are quoted as supportive of this bill are administering hospitals that are the beneficiaries of the work of the hospital restructuring commission.

I don't see any listing here of the hospitals that are to be closed as a result of this. I certainly don't think anybody went out to communities like Port Hope, for example, and asked either the citizens or the hospital board in Port Hope whether they believe that the Minister of Health should have her powers to go in and close their hospital extended until the year 2005 so that she could carry out the very arbitrary directives of the hospital restructuring commission. I don't see any recommendations here from the Sudbury Memorial Hospital supporting the legislation or from Pembroke Civic or Wellesley or Women's College. I don't see Humber River Regional; Riverdale; Runnymede; Riverside; Salvation Army Grace in Essex; St Joseph's Chatham and Kent, because we certainly know that St Joseph's Chatham and Kent has some very real concerns about the recommendations; Whitby General; Peterborough's St Joseph's, none of these were asked whether or not they believe the Minister of Health's power to close their hospitals should be extended until the year 2005.

Let me acknowledge that there is support from the Ontario Hospital Association for Bill 23. The support that

the OHA offered was conditional. It was conditional first of all on an assurance that this legislation would only affect the 22 communities that had received orders from the hospital restructuring commission. Again, I think this is somewhat disingenuous on the part of the Ontario Hospital Association, because they also said they wanted an assurance that there would be a full public review before the year 2005 of the impact of these recommendations and before any further extension of power would be granted. I hope the OHA was fully aware of the fact that literally with a stroke of a legislative pen, this minister and this government can not only extend their powers to unilaterally close or amalgamate hospitals, or to micro-manage hospitals, but they can extend it to as many communities as have not yet felt the effect of the closure recommendations.

The Ontario Hospital Association is supportive of the legislation, they say, because it gives the minister the flexibility to change the recommendations of the hospital restructuring commission. I don't believe this legislation provides any flexibility which the Minister of Health and this government, through cabinet direction, do not already hold. This government, under Bill 26, gave itself incredible powers to control and direct the operation of our hospitals. It's true that if this bill did not go through the power given under section 6 of Bill 26 to close and amalgamate hospitals would end in March 2000. So I guess the question is, what happens to the directives of the hospital restructuring commission at that point? Do they become absolutely binding? That's the contention, apparently, of the Ministry of Health's lawyers. I don't have law training, but I would be very surprised to find that there were any real, solid legal grounds on which directives made by a commission which was sunsetted and whose directives have not been implemented could be considered to be binding on a government. If some twist of the way in which the legislation was written—and I've been back over the legislation very recently in some detail and I can't find the twist—does make the directives binding even after the commission itself has been sunsetted and even after the minister has taken back unto herself the powers that were given for a temporary period to the commission, it would be very easy for the government to come in as they do on a regular basis and change the laws to ensure that the directives were not binding. That's not what this bill does. This bill extends the sweeping, dictatorial powers that this government gave to itself to bring about changes in our hospitals.

What if this legislation didn't pass? What if the minister didn't have the extension of powers? Would everything be chaos? Instead of being binding, would the hospital commission's directives suddenly collapse? Would there be nothing left? I suspect that's a much greater fear for the government, and maybe for the hospital association, than the idea of the directives becoming binding.

I would submit again that under Bill 26 this government took no chances on having powers that were unassailable to bring about any changes it chose to make,

because the minister can, with the powers given to her under Bill 26, go in and appoint a supervisor to take over the running of a hospital board, and do that for any reason that she considers to be in the public interest. Further on in Bill 26, the minister and the government have given themselves total protection from any legal proceedings resulting from any decisions that would be made to close hospitals, any decisions that would be made about the funding of hospitals or indeed our health care system. So it would be entirely possible for the Minister of Health to come in and make any decisions affecting hospitals that she chose to make, even without extending these additional powers that are given to her under section 6.

The one thing that might happen is that if the government was not extending these powers under section 6, they would have to accept some direct accountability for their decisions. It's possible that they might actually have to sit down with community hospital boards and discuss whether the recommendations that were made were good for that community, and if not, what changes would have to be made in order to make recommendations that were actually workable for the delivery of hospital services to people in that particular community area. If the community hospital board said, "No, we don't think this is workable and we don't think this hospital should be closed," or, "We don't think the amalgamation will work," or, "We don't think there are going to be enough beds," and, "No, Minister of Health, we're not prepared to act as a hospital board on the recommendations which the hospital restructuring commission has made and which you now want to enforce"—it's possible a community hospital board might well say that. I can imagine that if the minister went to the Port Hope hospital board and asked them whether or not they thought these recommendations should go ahead, they would say, "No, we don't think this is right for our community."

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What would the minister then do? If she was determined to ignore the concerns of the community, rather than find a workable solution that the community accepted, I think the minister would have to go in and appoint a supervisor and take over the running of the hospital and acknowledge that it is no longer a community hospital board that is managing that hospital on behalf of the citizens in that community, that it is the Ministry of Health and the Harris government which is now running the hospitals of the province.

That is reality. If the minister didn't have these powers to order hospital boards to do the dirty work for them, the minister and the government would have to clearly be seen to have taken over the running of the hospitals and the hospital boards by appointing a supervisor to do just that.

I can see why the Minister of Health wants to extend her power to issue orders and directives, and trust that hospital boards will simply follow the orders and directives because they're told that this is law and they have no choice under the law but to follow these orders. I

think there will be hospital boards that refuse to accept the orders and I think the minister will be called upon to appoint supervisors where that occurs.

I want to express my very real concern about the continued direction of this government to centralize all power, all control, all decision-making for our hospitals in the hands of the cabinet and the Minister of Health. I don't believe that any concerns about whether or not you're going to add to the confusion and whether or not you're going to have take the next step of bringing in a supervisor rather than just issuing directives can be excuses for continuing to take unto themselves powers, now for five more years, that essentially make the role of the community hospital board meaningless.

I am concerned that the logical extension of this kind of direction would see the end of community hospital boards, just as the kind of direction this government has taken in education to run education from the minister's office is going to make the role of local trustees for education redundant. Just as we're likely to see the end of local school boards, because their role has become implementing the dirty work of government, so too we will see the demise, little by little, of community hospital boards. If their only work is to carry out the dirty work, the directions of the government, then what reason is there for a community hospital board to continue to exist?

Because I believe this is the direction of this government on many fronts, but particularly in education and in health care, I was concerned to see a recommendation of the auditor that says there needs to be clear accountability for hospital management that doesn't exist now. The auditor says that it's got to be—I should take that back. The auditor says there needs to be a clear accountability framework; he didn't address what that framework should look like. He made it quite clear that the issue is: Are hospital boards accountable to the minister for the spending of public monies or are they accountable to the community? The auditor says that the hospital boards see themselves as accountable to their community.

Surely there is no question that the Minister of Health and the government have the accountability and the responsibility for the management of the public dollar. Even prior to Bill 26 the Minister of Health had the responsibility to step into a hospital situation and appoint a supervisor and take control of the hospital if he or she was concerned about fiscal mismanagement of the public dollars. There is no question that that fiscal responsibility has always existed and should always exist into the future, but this is different.

Under Bill 26 the quality of care was no longer to be the sole concern of the Minister of Health in looking at the funding of hospitals and the management of the dollars. It was also to be the fiscal imperatives of government that were to take at least as great a priority in the minister's decision to step in and take over a hospital as the quality of care of patients.

The hospital boards, as the auditor said, have always believed that their accountability was not primarily to the

Minister of Health, but was primarily back to their community. The ministry's response to the auditor was to say that they are going to bring in an accountability framework.

Given the broad directions of this government, which we have seen time and time again, I don't think there's much question that the new accountability framework is going to make it very clear that the accountability of hospital administrators and of hospital boards is to the minister and not back to the community.

It is my personal belief that if that direction continues, we are opening the door even wider to private hospitals carrying out public health care in Ontario, much along the lines that Mr Klein has now opened in Alberta. If there's one significant difference between private hospitals being contracted to do publicly-paid-for health care and public hospitals doing that same public health care, it is that the board of a private hospital is accountable to its shareholders, and the board of a public hospital is accountable to its community.

I don't think any of us is going to question that the ultimate responsibility for the spending of dollars lies with the Minister of Health and with the government that is allocating those dollars. I don't ever want to see us lose the public hospital board's clear responsibility to its community for the delivery of hospital services.

**The Acting Speaker (Mr Tony Martin):** Comments or questions?

**Ms Shelley Martel (Nickel Belt):** Mr Speaker, I wasn't here to hear the comments from the member for Thunder Bay-Atikokan on Thursday and apologize for that, but let me follow up from some of the comments she made here today to say that our concerns are the same.

When we debated Bill 26—and members in this House will remember that fiasco that finally led to some at least minimal public hearings on the whole matter—clearly the public was very much concerned about the overwhelming, arbitrary, unilateral powers that were granted in community after community to have their community hospitals closed, for example, to have records seized, to have boards of directors taken over by staff from the Ministry of Health etc. I don't think that concern has diminished in any way, shape or form.

There are many people in many of the communities that have been affected by hospital restructuring, my own included, who continue to believe that the arbitrary way in which this was done does not guarantee good health care in the long term, has nothing to do with ensuring good access to health care for people in our communities, has nothing to do with saving of costs, and basically has nothing to do whatsoever with good provision of health care into the next millennium.

People's concerns remain the same with the level of increased arbitrary, unilateral power that first the restructuring commission had and now clearly the minister will have. People in our communities want to have a say about their health care. People in our communities understand what is needed. Bureaucrats in Toronto and people

from the Health Services Restructuring Commission, who didn't live in our community, with the exception of one who made decisions in our community, don't understand what those needs are.

Here we go again with another bill that will merely transfer some of those extraordinary powers out of the hands of the commission, which has acted in an advisory capacity in the last number of months, into the Ministry of Health. I don't think we're going to see any better decision-making under that process; certainly no room for public input.

**Hon Jim Wilson (Minister of Energy, Science and Technology):** Just for the information of members, the powers contained in this legislation don't do anything really other than to ensure that the decisions that have been made to date by the Health Services Restructuring Commission actually come to fruition. The commission, as you know, has been wound down to an advisory role, and the minister needs these powers to ensure that its decisions to date are fully implemented.

While I have the opportunity, as the former Minister of Health, there's one misconception about health care restructuring that I want to put to rest as best I can. Our opponents accuse us of trying to save money by restructuring the health care system. That's not what it was about at all. There is no record anywhere in this province of me, the Premier or my colleagues talking about health care restructuring as a means of saving money. It's all about ensuring we prepare properly and in a systematic way for the growing and aging population.

Health care restructuring will cost this government and the taxpayers of Ontario hundreds of millions of dollars, and in fact billions of dollars, in new capital. It's the largest undertaking of new construction in the health care system in the history of Ontario. It's about improving services, not cutting services, finding efficiencies and amalgamating institutions where that's possible. And yes, indeed, it will cost more money because there are more people and we're all getting older and we need more services. That's what it's about, and this allows the minister to continue that good work to make sure we truly have a health care system for the future.

1630

**The Acting Speaker (Mr Michael A. Brown):** Questions and comments?

**Mr James J. Bradley (St Catharines):** The remarks of the previous member are really quite revealing. Time and again I heard government members in my part of the province talk about all the savings that would accrue from this. My good friend the former member for Lincoln, Frank Sheehan, a person who always had a sharp pencil when it came to cutting government expenditures, certainly portrayed this, as I recall, as saving money for the taxpayer. This is a complete surprise, although those of us who have watched it unfold recognize that unfortunately our predictions have come true. The cost of restructuring is way out of control.

You were so eager to close hospitals despite the fact that when Mike Harris was asked in the 1995 election campaign, "Is it your plan to close hospitals?" he said, "No, Robert, I can guarantee you it is not my plan to close hospitals." Since then, some 40 hospitals have been closed or forced to amalgamate in this province. That's a promise made, a promise clearly broken, just as the promise with restructuring in Hamilton is a promise broken. As the member for what used to be called Wentworth North walks in—I heard his statement during the campaign; it was a good statement. It said that he would resign if this government did not live up to its commitment, and I certainly admire him for taking that stance.

On this bill we see that infamous Bill 26, the huge bill we call the "bully bill" on this side of the House. That's what many people call it. This is being extended for yet another five years. The draconian, undemocratic hospital restructuring commission or, as I call it, the hospital destruction commission, will have its work continue, although it may not be in effect for the rest of the next five years.

This is most unfortunate. This is doing irreparable damage to the health care system, but then people will be prepared to accept radical solutions they ordinarily would not.

**Mr Dan Newman (Scarborough Southwest):** I listened intently to the member for Thunder Bay-Atikokan. Her speech was another doom-and-gloom speech on health in this province.

I think she would have wanted to mention that when she was the leader of the Liberal Party, she promised to spend only \$17 billion on health care. That was their commitment in 1995. Our commitment was to spend at least \$17.4 billion.

Each and every year that we were in office since 1995, we've actually increased the amount of money into the health care system in Ontario. Today we're spending \$20.6 billion and we've made another commitment to increase health care spending by 20% over the next four years. That was our Blueprint commitment. We did all this because we had a very strong economy in Ontario. We were able to cut taxes and create jobs.

What we saw the federal government doing—they were the ones cutting health care spending in Ontario. Our Premier, Mike Harris, had to fight very hard, along with our caucus, to ensure that Jean Chrétien and the federal Liberal Party returns money to Ontario.

I wish that they had fought the federal Liberal Party with the vigour they fought us with, because it was their federal cousins who were cutting health care in our province.

The member also wondered what the present CEO of the Sudbury Regional Hospital had to say about Bill 23, and I could tell her what Joe De Mora had to say: "I appreciate that your government had the courage to undertake long-overdue restructuring and asked that you retain these powers to complete this important initiative." That's what he said in his comments, and I wanted to put that on the record.

All I want to say today about Liberal policy—whether it's health care, whether it's tax cuts, whether it's tax hikes—is that Liberal policy is all about knowing which way the wind is blowing on a particular day.

**The Acting Chair:** Response?

**Mrs McLeod:** Since the term “promises” has been used in the questions and comments, I appreciate my colleague from St Catharines reminding us of the promise Mike Harris made before an election, that it was not his intention to close hospitals, because that's what we're talking about today. Setting up the hospital restructuring commission, which proceeded to close some 45 hospitals or to order them closed, is a complete and total shattering of that promise. The focus of the bill today is to give the minister the power to continue those closures, as the member for Simcoe-Grey made absolutely clear.

I was surprised at the contributions of the member from Simcoe-Grey to this afternoon's discussion. First of all, what he described as the purpose of Bill 23 is very different from what the Ministry of Health has put out in its press release. The Ministry of Health has said this is about giving the minister the flexibility to change the orders of the hospital restructuring commission. The member for Simcoe-Grey I guess wasn't given a heads-up that that was the spin, because he came in and quite rightly, in my view, said that the purpose of this bill is for one thing only, and that is to implement the directions of the hospital restructuring commission. So I thank him for that clarification.

I do, however, think it's again amazing that he would make this contribution, because it was the member for Simcoe-Grey when he was Minister of Health who actually gave away the ability of the ministry to have some flexibility and some responsibility for making decisions about hospital closures to the hospital restructuring commission. It was the current Minister of Health who decided she had to bring those powers back unto herself in order to get through an election campaign in which, clearly, the hospital restructuring commission's orders were going to be vilified by people in communities affected by them.

What I find most amazing of all is that, coming from this government, the member talks about the fact that there is the biggest capital investment ever. Well, you do have to invest capital in order to get the so-called long-term savings as you shut down 45 hospitals, but this is the biggest levy on local communities that we have ever seen in the history of this province, with no referendum at all.

**Ms Martel:** Before I begin, I would like to ask the unanimous consent of the House to stand down the leadoff speech. Our critic for the Ministry of Health is not here today, so I would just prefer to do 20 minutes.

**The Acting Speaker:** The member for Nickel Belt has asked for unanimous consent to stand down the lead speech. Agreed? Agreed.

**Ms Martel:** Thank you to all members of the House. Our critic is not here at Queen's Park today, so I would like to make some comments. I appreciate that the House

will allow me to do this, and then she will be able to at another point do her leadoff on behalf of our party.

There are a couple of points that I would like to make, however, in the 20 minutes that I have. I want to look at the fact that we are dealing again with a bill at the 11th hour that the government, as I understand it, insists on having passed before the House ends in the next two weeks and my concerns with that process generally; secondly, some specific concerns that I have with both part I and part II, with respect to what the net effects are if you don't have some public hearings and what we might be missing if we don't allow other health care professionals to come and have their say on this bill; and thirdly, my overwhelming concern with the changes to the Public Hospitals Act, which, if you just listen to the Minister of Energy, who made it clear that this only had to do with transferring the directions that have already been undertaken by the Health Services Restructuring Commission to the minister so that they will be carried out, with the concern that has already been raised, and I think the ministry press release itself makes it clear, that there's much more to it than that. In fact, some of those very powers that we opposed in opposition under Bill 26 are also transferred to the Minister of Health, not just the directions themselves but also all of those enormous and arbitrary powers that came with Bill 26, which of course led to the implementation of the restructuring commission in the first place.

Let me begin with my concerns around the process. I said when I began that here we are at the 11th hour yet again, with the government insisting that a piece of legislation that they want done must be done before we recess, which would normally be in the next two weeks. I assume that is why we probably have dealt with a House calendar that extends the sittings until midnight so that we can deal with this and any number of other bills that the government has just decided are such a priority that they have to be done before we leave. Not only do they have to be done before we leave, but they will have to be done without any benefit of public hearings, of input from the broader community, of input from health care professionals, because of course if we want to get that done, there won't be enough time for that to happen unless it happens in the dead of night in a very limited way over the next two weeks; I doubt that it will, because the government certainly has made it clear they're not interested in having some public hearings on this issue.

I'd let the people know who are watching today that in fact the bill was only introduced last Tuesday, when the minister stood in her place and it came into this House. On Wednesday, we had the benefit of finally having the bill printed so we could see what it entailed. On Thursday, the government House leader's agent actually moved this bill for debate—Thursday afternoon. Members would know that that gave no one—including themselves, I'm sure, but certainly no one in the opposition party—any time to take a look at the bill. The two opposition caucuses certainly didn't have any chance to take a look at it and come to a decision about what points

to make here today. We will do that because we've been forced to have no choice in that matter.

Again, I ask the government: What's the rush? Why do you insist on a process that's so undemocratic, that's so contrary to the traditions of this place, a process that doesn't allow for proper, adequate and appropriate input in the province, that again demonstrates the contempt and disdain the government holds for this place, and holds specifically for opposition members who wish to make an alternative, a different point of view?

**1640**

This is clearly in line with the number of closure motions that we've been debating in the short time this House has been sitting this fall. It's clearly in line, clearly demonstrates the same mentality, the same philosophy: "It's our way or it's the highway. We don't care what the opposition has to say. We don't care what the public has to say because we're not going to allow any room for input from the public either on these bills. We want to get it in; we want to get it through; we want to have it done."

It just demonstrates again, as I said, the contempt and the disdain the government seems to have for this place, for the traditions of this place, for other people in this place who represent a different point of view and for the thousands and thousands of Ontarians, whom we in the opposition represent, who have a different point of view from the government as well.

Here we are with a bill that does two very different things. There's nothing similar about the two sets of changes the government wants to make, being brought together in a sort of mini-omnibus bill that the government only introduced last week. Debate began a day after the bill was printed and the government has indicated clearly it must be done before we leave here.

That is bound to cause any number of mistakes to be made, because that has certainly been the tradition too when this government rushes its legislation. We only have to look at the property tax changes this government has made: at least eight, if not nine, different pieces of legislation, all to fix the mistakes in the bill before, and we're still not over with those changes. No doubt this will go through because the government will use its majority, and we will be back here in the spring fixing the mistakes that flow from this hurried process.

Secondly, there are my concerns with respect to part I and part II, which are the only two parts that are related; they have nothing in common with respect to part III. It is clear that the Ontario Medical Association, for example, has expressed its concerns with respect to part I and part II. In discussions our research staff had with officials at the Ontario Medical Association, they made it clear they are worried about the powers the minister may or may not exercise. They would want to have some kind of opportunity to have some public hearings so that they could have their say.

Considering that we need the co-operation of the Ontario Medical Association to make the health care system run in this province, from many perspectives, you would think the government would at least have a

process whereby they would want to listen to those concerns and make some amendments if amendments are brought forward. But we have to say to the folks at the OMA, "Clearly the government doesn't want your input, doesn't want you to have a say and it appears the bill will go forward as is."

Very clearly, in terms of giving the government the authority, giving the minister or the director of the plan the authority, to recover costs that have been incurred in a negligent way, in the bill there are some providers who are going to be exempt from any of those problems that are incurred. The plan will not recover costs, for example, from physicians "if the negligence or wrongful act or omission of the physician occurred while the physician was acting within the scope of his or her practice," or the government will not recover costs under this section "against a hospital under the Public Hospitals Act or a laboratory under the Laboratory and Specimen Collection Centre Licensing Act if the negligence or wrongful act or omission" occurred during the course of them doing their duties, providing services that they were obliged to cover.

I appreciate that those sections are in there. That probably gives some concern to physicians and to those in hospitals who operate laboratories. They will not themselves be expected to recover costs that the ministry is going after. What's interesting, however, is there are a number of other health care professionals who operate in our health care system, who work in our hospitals, who provide services to the public, under direction, who have to provide service because their scope of practice requires them to do so. Yet the only two groups we see who will not have costs recovered against them are physicians and are people who, in a hospital, work under the auspices of the Public Hospitals Act and the lab specimens act.

What about nurses who work in the hospital system, who are obliged by their scope of practice to carry on a number of functions? What about, for example, physiotherapists who also work in our hospital system, who work in our long-term-care facilities, who are obliged because of their scope of practice, which is regulated, which is licensed in this province, to carry on certain functions? What happens about costs that may or may not be applied to them, and will they be forced to have those costs recovered against them? Clearly there's not a whole lot of information in the bill to indicate what the government's intent is here with respect to costs they want to recover.

At first glance, I would say that perhaps the government would like to go after large tobacco companies and recover some of the long-term, ongoing health care costs that we as a society are going to incur over the next many number of years because of smoking and the cancer it causes. Is that the intent of the government when they talk about pursuing people—individuals, someone—with an inability to recover costs for negligent matters, or are they talking about going after certain individuals who were negligent in their duties in a hospital or in a long-

term-care facility? From the bill, the intent of the government is not clear.

However, I must say to the government that there are a number of other people who assume their responsibilities seriously, who adhere to their scope of practice, who adhere to their colleges that make sure they continue with that scope of practice, who do work in our hospital system and long-term-care system and who have concerns about what this means to them. Does it mean anything to them? Can the government come after them? Yes or no?

Again, we only have two groups of care providers who seemingly appear to be exempt under the bill and no others. I think those very people who also work in our health care system, in the hospital system and long-term-care facilities, deserve to know the government's intent and why they apparently are not exempt from some of the actions the government would take against other groups to recover costs. That won't happen unless we have some public hearings on this bill.

If I look to the changes that seem more significant, in terms of potential impact on the province, those changes have to come under part III, which incorporates the changes to the Public Hospitals Act. Earlier today, in a response to the member for Thunder Bay-Atikokan, the Minister of Energy said clearly that this bill has only to do with transferring powers of the Health Services Restructuring Commission to the Minister of Health. That's all this was about: to make sure that the directions that had already been submitted, that the orders that were already in place, were going to be upheld and were going to be carried out, and because the commission now operates only in an advisory capacity, someone has to ensure that happens and that someone will be the Minister of Health.

But if you look at the press release from the ministry, you get a much different story. And if you look at some of the media reports from those who also have looked at the legislation, you get a different story too. Not all of those people can be wrong. The people who have looked at this from the media perspective are saying that this change under the Public Hospitals Act will give the minister not only the right to carry out the directions that were already issued but the right to close hospitals, the right to restructure hospitals, the right to seize the records of financial transactions of hospitals and on and on. Those very same powers we saw entrenched in Bill 26, when the commission was established, seem also to flow here. The Minister of Health will have exactly the same powers that all of us opposed under Bill 26 when they were granted to the Health Services Restructuring Commission.

We don't think that it's appropriate, that it's right, that it's democratic that the Minister of Health have the unilateral ability to arbitrarily close hospitals, to arbitrarily restructure hospitals, to arbitrarily seize financial records, to arbitrarily set up staff in place of boards of directors in hospitals, because that totally undermines any community involvement and any community accountability.

I have never been convinced that people who make decisions at Queen's Park for people who live thousands of miles away from here have their best interests at heart or know what needs to be done. Yet clearly, if you look at the review of this legislation, not from opposition members but from people outside of here who have taken a look at it, that's what we appear to be transferring to the Minister of Health: those same arbitrary, unacceptable, unilateral powers that were first conferred upon the Health Services Restructuring Commission and now will be extended to her.

I don't accept that. I am opposed to that. That allows for nothing in terms of community input with respect to what's happening in the hospital system or the greater health care system. Conferring those powers in an arbitrary manner means clearly that the public will continue to not have any say, not have any input, not have any impact on the very decisions that the commission made.

#### 1650

In my community, for example, I continue to have serious concerns about the recommendations that were made. The restructuring is well underway. I would not expect for a moment that it was ever going to be turned back. But I continue to have very serious concerns as to whether the commission, for example, did allow for the appropriate number of acute health care beds for Sudbury to act as a regional centre for health care, because we do act as a regional centre, dealing not only with people who live in the Sudbury region but in northeastern Ontario as a whole. I continue to worry that the reduced number of operating rooms that the commission ordered will not be sufficient to deal with the patients we have to deal with not only from the Sudbury region but from right across northeastern Ontario. I worry about the number of people who may indeed end up being laid off from the health care system, and what impact that will then have in terms of patient care in the hospitals.

So I continue to have very serious concerns. I think any number of other communities that haven't had the benefit—I use that term loosely—of the Health Services Restructuring Commission coming to their community should worry very much about what it means to have the Minister of Health have unilateral, arbitrary decision-making power when it comes to what happens to the hospital services and the health care services in their community, and what happens when the community has no way to have input in that process.

I'm very worried as well about whether it means the minister also has the ability to change the directions that have already been put. Certainly the member for Thunder Bay-Atikokan, in her description of this part of the bill, said there wasn't anything she could see clearly in it that would allow that to happen. But you know, it already is happening without this bill having been passed.

I want to give you an example that comes from both North Bay and Sudbury, because it involves psychiatric care. Very clearly, as I look at the information that was given to me, the minister is quite intent on changing the directions that were already set with respect to psych-

iatric care in North Bay and Sudbury, and is already well down the road of having that happen despite the direction that was already given. Earlier in May, Mr Peter Birnie of North Bay became the chair of the Northeastern Ontario Mental Health Implementation Task Force. He received a letter from the Ministry of Health which read as follows: that the task force will also "make recommendations pertaining to the Northeastern Mental Health Centre" in terms of the siting of the system, the siting of the beds and the related impact on physician services.

The key point there is to "make recommendations," because recommendations were already made under a direction of the Health Services Restructuring Commission. That was done in March 1999, in its report on North Bay health services restructuring. In fact, the commission made it very clear that the task force was mandated to: "(1) oversee and coordinate the reinvestment strategy to develop the community-based sector resulting from reinvestment; (2) ensure patient assessments are carried out; (3) ensure that an adequate range and mix of in-patient, out-patient and community mental health services are in place; and (4) recommend where transitional funding and the reallocation of reinvestment funding would be."

The task force was not mandated to size and site the mental health beds, because the Health Services Restructuring Commission already gave very clear directions on this to the government in the October 1998 report. Specifically, the commission said, "The commission will advise the Minister of Health to site 61 long-term-care mental health and 26 forensic beds at the site of the new North Bay General Hospital, with 31 long-term mental beds and 12 child and adolescent beds to be sited at the Sudbury-Algoma hospital site." Those recommendations are already clear; the siting of those beds and the number of beds were already in the commission's recommendations. The task force has no authority to make any changes, yet clearly in her letter to the new chair, the minister is giving him *carte blanche* to look at those very issues.

Let me give you another example: the number of beds. The restructuring committee was very clear about the division of beds between Sudbury and North Bay. There wasn't unanimous agreement about that, and I understand that, but the fact of the matter is that directions were given before the Health Services Restructuring Commission went into its advisory-only mode. They were certainly given before this legislation has been passed.

As early as May of this year the minister was signalling very clearly to that community, the chair in North Bay, that now this committee had a right, had a mandate, to do things that had already supposedly been set in stone; that is, to determine a different number of beds and a different siting of those beds.

You cannot have a process where you allow change in one community that just happens to be in the Premier's riding, but you make sure that all of those other recommendations in the 21 other communities continue in force regardless of the opposition in those commu-

ities, because in many of those communities there has been opposition. You cannot have a process where you allow that to happen in a single riding, the Premier's riding, in a single instance, referring to psychiatric services in his riding, because what does that say about what went on, what does that say about partisan political influence, what does that say about the minister's ability, and why we should be worried about what else the minister now intends to do once she has full responsibility to carry out the directions of the Health Services Restructuring Committee, as she will under this legislation?

My colleagues who speak later will talk about what's happened under restructuring. The auditor has done a report and made it clear that the costs for restructuring are far beyond what the restructuring commission ever envisioned, and we will have to deal with that. But I am very worried about the new powers that will flow to the minister here. I think they're wrong.

**Mr Newman:** I'm pleased to respond to the member for Nickel Belt's comments here today. I think it's important to note that this bill deals with 22 communities in Ontario, those communities being Brant county, Brockville, Essex, the five counties from the Cornwall area, the GTA-905 area, the Haliburton-Kawartha-Pine Ridge area, Hamilton, Hastings-Prince Edward, Kent, Kingston, Lambton, London, Niagara, North Bay, Ottawa-Carleton, Pembroke, Sault Ste Marie, Sudbury, Thunder Bay, Toronto, Waterloo and West Parry Sound.

Those are the areas Bill 23 deals with. It doesn't extend beyond any of those other communities. There are some 1,200 legally binding directions by the HSRC that are out there in over 100 hospitals in those 22 communities. I've seen media reports where opposition parties are somehow trying to portray that this extends beyond those 22 communities. I just wanted to set the record straight on that.

We're here for one reason, and that's for the patients of Ontario. That's what we're here for today: to improve the health care system in our province.

What have we seen through restructuring? We've seen restructuring, and reinvestments put back into communities. We've seen the tripling of the number of MRIs in Ontario. Do you know we have more MRIs in Ontario today than the rest of Canada combined? That's something other parties don't seem to want to recognize. We've seen 56 brand new, up-to-date emergency rooms built. We've seen five new cancer care centres built across our province, in Mississauga, Oshawa, Kitchener, St Catharines—I say to the member for St Catharines, a new cancer centre there—and Sault Ste Marie. We've seen also three new cardiac centres. Once these improvements are put in place, we're going to see them that helping the people of Ontario with a far better health care system.

**Mr Bradley:** It's interesting the member mentions Niagara because we have the problem with ophthalmologists in the Niagara region, where the ophthalmologists now are going to withdraw their services and

we're going to be in an absolute crisis. They'll be sending their patients to Hamilton, as the minister instructs, unless the minister reconsiders.

In terms of restructuring, I can tell you that the system is worse right now than it ever was. You people have allowed a situation where hospitals are now running deficits and you're telling the hospitals to get the money out of services they provide already. Anybody who's been in a hospital a dozen years ago and today notices a huge difference. Not that the staff aren't trying to do the job, they're obviously trying to do the job, but there simply are not enough staff to do so.

My view is that as with the Fraser Institute, which the Premier spoke to the other day, what you people in the right wing want to do is discredit public institutions. You bring them to a crisis point so that the people of this province will accept some radical, bizarre, unacceptable in other circumstances, solution to the problem.

You're leading us down the path to a two-tier system where the richest people in the province will get the best health care and poorer people will have to whistle for it or accept the very basic care. That's where you're heading because you'll discredit those systems. Why? Because you're wedded to yet another tax decrease and you're taking away the funding that would be there. Most people I talk to, outside of a few rabid right-wingers, tell me: "Please, don't give the tax cut. Put the money back into the health care system instead." Try to pick up the pieces after you've destroyed the health care system in times gone by. Our hospitals notice it. Various aspects of the health care system are now away worse off than they were before, and you people are going to put the final nail in the coffin if you get this bill through.

1700

**Mr Tony Martin (Sault Ste Marie):** I want to commend my colleague from Nickel Belt for making an excellent speech and putting on the record some very important issues and concerns about this bill.

This is another attempt by this government to take power away from the people and put it directly in the hands of the minister, which is rather interesting. Usually, in situations where the government finds itself moving into some difficulty or expecting there will be some difficulty rolling something out, they toss the responsibility to somebody else and then blame them for all the wrongs and ills that occur. The member is correct when she says there are a lot of problems in the restructuring that we're beginning to see across this province which need to be fixed but not necessarily in the way the government is proposing to fix them, bringing into consideration political partisanship and who lives where and all those kinds of things, which this government pretends to be moving away from, working their way back in.

Over the last four years we have seen control of our health care system taken slowly but surely out of the hands of duly appointed boards of directors and district health councils, and given to vehicles of this government to answer directly to the minister and the whiz kids in the

Premier's office in an attempt to spend less money on health care and, in the end, all our communities are worse off.

I hope this doesn't take us there even more quickly, or further.

**Mr Raminder Gill (Bramalea-Gore-Malton-Springdale):** It is a pleasure to rise today and talk about the Ministry of Health and Long-Term Care Statute Law Amendment Act, 1999.

As most of the public will now and as the members opposite know, we had an onerous task of hospital restructuring. Even though previous governments knew what had to be done, they kept closing rooms at a time but never had the guts to start implementing some of the changes that were long overdue in Ontario. Our government really took the lead on that and made sure that even though it was a difficult decision, even though we thought there might be some political backlash, which some members opposite were afraid to take, we went ahead and implemented what is good for Ontarians.

I made a statement in the House earlier this afternoon about research and development spending. Research and development spending in pharmaceuticals has increased over the last five years. Merck Frosst is spending \$330 million, which is a sort of all-time high. As well, other pharmaceutical companies are spending. I've had discussions with the OMA. They're very happy with some of the steps we have taken. I've had discussions Dr Dickson of the William Osler Health Centre. He's very happy with the restructuring that is being done.

The Health Services Restructuring Commission finished their studies and finished their task in March. This bill allows the hospitals to implement some of the changes that have been brought about. It just gives them a little more time. Some hospitals have already realized the benefits of this restructuring. This bill allows more time to the 22 communities that have not yet implemented it.

I think it's only fair to say that restructuring is working and that it's fair for the people of Ontario.

**Ms Martel:** The member from Scarborough Southwest and the member from Bramalea-Gore-Malton-Springdale have gone to great efforts to say that this bill only applies to 23 communities. The member from Scarborough Southwest in fact named those communities, as I noted he did in his remarks when he spoke to the bill on Thursday.

I have a copy of the bill here. Those 23 communities aren't listed anywhere in this bill. There's nothing in this bill that says the effect of part III is to allow the minister to apply the Health Services Restructuring Commission authorities and directions only to those 23 communities. Maybe it will come in the regulations, who knows. But to try and say, "Those are the only communities it affects; it won't have any other impact; we're not going to extend those unilateral, arbitrary powers to any other community in terms of restructuring hospital closures, taking over a board etc," is really false. There is nothing in the legislation before us, Bill 23, part III, changes to the

Public Hospitals Act, which names or notes those 23 communities in any way, shape or form. Since there is no restriction on them at all mentioned in the legislation, I wouldn't assume for one moment that the government's extension of its powers is going to have to do anything with only those 23 communities that have already been affected. I think it's clear, from other people's reviews of the legislation, not opposition members', that they see the very same thing.

With respect to the effects of restructuring, I think it's worth noting what the auditor said, which is based on hospital estimates: "The capital cost for hospital restructuring would increase to approximately \$3.9 billion from the \$2.1 billion originally estimated by the HSRC." That means that not only were their recommendations completely off in terms of financial estimates, but many communities like my own are now going to have the privilege of having to pick up even more costs from restructuring than we never envisioned. Our deficit right now is \$8 billion alone, and we have no guarantee from the ministry that they're going to cover that.

**The Acting Speaker:** Further debate?

**Mr Doug Galt (Northumberland):** It's a pleasure for me to rise and speak on Bill 23, which is before us in this debate. It was good information from my good friend the member from Scarborough Southwest, who talked about the 23 regions and what it says in the legislation, that it only applies to the directives issued by HSRC prior to April 1999. So whatever you want to say in Bill 23, it still applies to those directives, to those 23 communities. I think that's very well covered.

In his response, our good friend from Bramalea-Gore-Malton-Springdale made some good points about the previous government, which over a 10-year period did not have the intestinal fortitude to move ahead and make the tough decisions that needed to be made to protect and ensure that we'd have a quality health care system in the future. They snuck in with reducing beds here and there. They didn't close any hospitals but just sort of closed beds and snuck it along.

I also thought his comments about the investments of pharmaceutical companies here in Canada were interesting, particularly in Ontario. In the past, so many of those investments were in the US, Britain and Europe. But because of the change in the economy that's going on in this province, because of the changes in our health care system, pharmaceutical companies are seeing this as an ideal place to invest.

As I get back to my notes here and talk about hospital restructuring and the bill that's before us today, it's rather exciting to step back and see the kind of evolution that has happened in health care in this province, in this country, in the world, for that matter. Things like antibiotics and painkillers, straight through to organ transplants, are really helping patients, the tremendous advances we're experiencing in medicine: ultrasound, that we have become kind of blasé about today, CAT scans through to MRIs and, as the member from Scarborough Southwest just mentioned, tripling the

number of MRIs since we took office, more than all the others in Canada put together. We have things like two the lithotripsy units here in Ontario to break up kidney stones to overcome the suffering and pain that goes along with major surgery. The stones can be broken up by focusing ultrasounds on to them.

These are innovations that I'm sure were considered extreme when they first came out. At the turn of the century, the idea of doctors taking hearts and livers from brain-dead patients and successfully transplanting them into other patients who had lost their hearts or livers or had kidney failure, whatever, would have been considered as total fantasy and totally and absolutely impossible. It was only a little over 100 years ago that aspirin was actually invented as a chemical, a great pain-reliever that has many other side effects—helping reduce the clotting effect of blood. But it has certainly served us, coming along at the same time that powered flight by man was still an unfilled dream.

**1710**

We've moved to the technology, as we step into this millennium 100 years later, whereby we probed the core, the centre, not only of the body but also of the cell to understand DNA and be able to splice DNA, and it's turning out to be a treatment process and also a way of preventing some of the genetic diseases that we deal with. Certainly it has almost become an everyday experience in today's technology with bypass surgery, heart transplants. We're also looking at eradication of diseases like smallpox. It was eradicated, I'm guessing, about 10 to 15 years ago, and thanks to some of the Rotarians—more power to them; I think it's a tremendous challenge—their goal is to eliminate polio in the world. I certainly hope that they can.

This indeed has been a pretty exciting voyage that we've been through in the change in technology in health care. I stand here today and ask, as we move into restructuring, why should it be such a daunting, challenging task to streamline such a great system that we've grown to depend on? It really should be relatively simple to come up with a restructured system that would ensure that we would have this kind of health care service well into the next millennium. As I look at it, I think there's just one simple reason, and that's inertia over the 10 years, that lost decade from 1985 to 1995. This was a time when health care was bogged down with turf wars, all kinds of turf wars within individual institutions, between physicians and the government as they struggled with dwindling health care resources that were getting scarcer all the time. Mr Speaker, certainly you understand that, I'm sure.

Even as we were struggling with this, the doctors got dragged into this back in 1986 when they went on strike. Emergency rooms were shut down, and I can tell you, Mr Speaker, and certainly I'm sure you experienced it, this shutdown of emergency rooms was a tribute to the management skills of the Liberal and NDP government, as they combined in an unholy alliance between 1985 and 1987. After that, what were they going to do? They had

to do something. The doctors were going to go on strike and be nasty, so they started to close beds. Of course, the NDP got pretty excited about the Liberals closing beds and ranted and raged and carried on.

Then what happened after 1990? The NDP closed beds. So from 1985 to 1995, 10,000 acute care hospital beds were closed in the province. That equalled 30-plus medium-sized hospitals, but no bricks or mortar; 10,000 acute care beds but not a single hospital was closed. Also during that period not one single long-term-care bed was created in this province, indeed a record that the NDP and Liberals should be very ashamed of. The words that come to my mind are "spineless" and "shortsightedness." Those are the terms that describe their lack of action at that time.

Certainly dramatic measures were needed to clean up this mess, and certainly this government, when it took office, was prepared to do just that. Is it any wonder that the doctors were fed up, that the nurses were fed up and that the patients were demanding change?

We are moving forward in hospital restructuring. This bill is about ensuring that those many recommendations made by the HSRC—those orders—will be carried out. Such legislation is indeed necessary. Although the restructuring was difficult, there is no question that it was necessary. It was necessary to complete and carry it out so that we would end up with a fully integrated health care system, one where the silos have been broken down, which provides a seamless continuum of care where the patients come first. A goal of our government was to provide top quality health care to Ontarians at a price they can afford.

I have to confess that I have a real vested interest in this bill and to ensure that restructuring moves forward, because in my riding I have two new hospitals. One is nearing completion in construction, and hopefully come April or May they will be moving into it. That is the Trenton Memorial Hospital in Quinte west. The second one is in the west part of my riding of Northumberland, where the Cobourg and Port Hope hospitals have been brought together under one roof. Come April, it's planned that there will be a sod-turning ceremony for a new facility to be built on the west side of Cobourg.

This restructuring, when completed, will ensure that there are modern, up-to-date hospitals in the riding that will be there with state-of-the-art equipment and with technology. These will provide new services and, as a spinoff, will help to attract and retain new doctors in these underserved areas. In rural Ontario, it is indeed a challenge to attract physicians. They will have the latest technology, which will include telemedicine, where local doctors can consult with specialists in far-off cities such as Toronto or London and, at a touch of a button, will be able to consult. These innovations and this ability is only possible because of the unprecedented reinvestment and the unprecedented restructuring that we've carried out here in the province. Without that, it certainly could never, ever happen.

There is no question that during this time of transition we need to ensure that hospitals are able to set appropriate timelines for the start and the finish of restructuring projects. We also need to make sure that they are indeed able to provide the best possible care to patients during that restructuring time. Changes to legislation contained in this bill will indeed give us that ability.

It's interesting to hear some of the comments that are being made around the province about getting on with restructuring. We're hearing that on a regular basis. We're hearing about the need for flexibility. The Ontario Hospital Association and the hospital CEOs themselves have asked that we provide the flexibility that they need to complete the hospital restructuring.

If you'll bear with me, I have a couple of quotes that I'd like to share with you and read into the record. One is from Tony Dagnone, president and CEO of the London Health Sciences Centre. He was recently quoted saying, "We believe the Minister of Health must have the authority to shape and transform health care in the face of future needs of Ontario citizens."

Yet another, and this quote comes from Joseph De Mora, president and CEO of the Sudbury Regional Hospital—I am sure that is quite familiar to the member from Nickel Belt who just recently spoke—"I appreciate that your government had the courage to undertake long-overdue restructuring and ask that you retain these powers to complete this important initiative."

These indeed are very strong statements on the part of these hospital CEOs. Also, many of their colleagues echo these same sentiments. For example, Mr De Mora's comments are particularly gratifying to me as he talks about you "had the courage." I can tell you, with the difficulties in my own riding with the closure of the Port Hope hospital, it took a lot of courage. It was not easy. A lot of us have faced similar situations, where it took a lot of courage to stand up and carry out our convictions. He went on to say that you "had the courage to undertake long-overdue hospital restructuring," and courage indeed it was.

Ontario is faced with a growing and aging population. Maybe in another way it took courage, but also, did we have a choice? We did have to make things happen. We have changing demographics and, with those changing demographics, if we hadn't made these changes to the system, I think we would have been facing an unprecedented failure as we entered the early new millennium. What a shame, as we've come through one century with such tremendous changes in technology, to move into the next millennium and have it all collapse just because a government didn't have the intestinal fortitude to do what was right.

**1720**

I think many of us are quite aware of the aging population and how once you get over 45, 50 or 60, the costs you incur to health care are tremendous. Some of the things that were occurring in the past were just Band-Aids used as stopgap measures that were not at all effective. If we hadn't done this, it would have been one

of the greatest mistakes a government has made since the Liberals asked Patti Starr to be their fundraising representative.

The HSRC spent some three years working with communities across Ontario to plan modern, up-to-date hospital services. To do that, tough decisions had to be made, but they were tough decisions to ensure that the highest quality health care services can be delivered to our patients across Ontario. That's exactly what was happening in my riding. They were tough decisions, but the end result is going to be two new hospitals.

I mentioned the Trenton Memorial Hospital a few minutes ago. Do you know that was promised by the Liberal government, and it was promised by the NDP government. Neither of them came through. We didn't promise it until the HSRC came through with the orders. It's now being built and will be opened in the year 2000, the beginning of the millennium.

From those examples, I can assure you that we are reinvesting absolutely every penny that's been saved in hospital restructuring into front-line patient care. In the next four years, we are committed to increase spending by another 20%. But also I think it's interesting to look: Yes, we have changed the amount of dollars in the hospitals sector. But let me assure you that being well or in treatment does not all happen inside hospital walls. We have to recognize that health care extends outside of hospital walls. We have increased health care spending. I know the Liberals only guaranteed \$17.4 billion and weren't going any further, but we increased that spending from \$17.4 billion to \$20.6 billion, and that was in spite of the fact that the federal Liberals have cut transfer payments for health by \$2.8 billion per annum. If you add social services to that, they cut over \$3 billion in transfer payments to this province.

Just some of the things that have happened in my own riding: In Northumberland county, health spending has increased by \$24.4 million since 1995. For example, the Campbellford hospital has received another \$801,000 since we took office. The Northumberland Health Care Corp, the Cobourg-Port Hope combination, has received in excess of \$2.8 million. I'm sure the member from Prince Edward-Hastings would appreciate hearing this one, because it includes a hospital that he's responsible for in Belleville and Picton, but also includes Trenton and the one at Bancroft. They have received in excess of \$12 million extra since we took office. We couldn't afford those dollars if this restructuring hadn't been carried out.

We're doing what's necessary to guarantee the future of public health care in Ontario. Before the last election the Liberals spent considerable time chasing ambulances around the province and harassing staff in busy emergency rooms to score cheap political points, but it didn't work.

I know there are still problems. In any system as complex and as big as the health care system here in Ontario, I don't think it's all that difficult to find a problem here or there, but it's really a disservice that they

would do that kind of thing to our highly motivated health care people. There are thousands and thousands of dedicated professionals out there giving of their time and talents to provide top quality health care.

I know from personal experience. This past summer I went through and was faced with a rather life-threatening personal health situation and saw the system from the inside. I can assure you that I received the kind of care that was thorough, that was appropriate in our health care system. I was in and out of four different hospitals. I saw this first hand and certainly compliment the staff.

In closing, I really want to emphasize the appreciation I have for the health care system and all those unsung heroes in our health care system who give of themselves on a daily basis. Their contributions are absolutely exceptional. The nursing care I saw in the various hospitals was absolutely consistent and top-notch.

We should recognize these contributions as we go through a very difficult transition period. We're moving from a system that only placed hospitals and bricks and mortar at the centre of the wheel. That should not be the centre of the wheel; that should not be the hub. We're moving to a system that places patients at the hub, a system where services and results are the focus, rather than the turf wars we experienced from 1985 through to 1995. Those turf wars were over diminishing resources. We saw that under the guidance of the Liberals and the NDP.

In short, an integrated system where patients can expect to receive the right services in the right place at the right time is what restructuring is all about. That is the goal of health care restructuring in Ontario. It is a lofty and ambitious goal, one that I certainly can fully and enthusiastically support, as I do this bill, Bill 23.

**The Acting Speaker:** Questions and comments?

**Mr Ernie Parsons (Prince Edward-Hastings):** This government certainly takes pride in making statements that it makes tough decisions, and the inference is that if it's a tough decision, it's good decision. It is not always a good decision. The decision to get rid of nurses four years ago was a tough decision, but it was a very bad decision.

The public is becoming more and more cynical about politicians. I can understand that because they hear the rhetoric about how good hospital care is, but when they arrive at the hospital, there's no bed for their loved one or they're waiting for emergency care. They hear we're spending more money on health than we ever have. I won't dispute that number because it costs money to close down hospitals, it costs money to give severance payments and it costs money for this commission that's doing the closing down. But those aren't health dollars, those are anti-health dollars. Those are expenditures that have in fact hurt the people.

We need to also reflect that with the increased health costs, in some ways they reflect our population. We have an aging population. I'm a baby boomer. I know that my generation is starting to use more and more health care dollars. But they do not understand why, if things are so

much better, we have to wait in our area four to five to six months for an MRI. There may be more MRIs than there have ever been in all of Canada, but we also have the largest population in Canada.

The question is, how many machines do we have per person? Unfortunately the average person takes five months to get an MRI. But ironically, if you're a dog or a cat, you can get an MRI done within a week or so, or if you're a baseball player, a football player and you're prepared to pay extra, which sounds to me like two-tier medicine, then you can get that health care.

The question isn't, have we made tough decisions? The question is, have we improved health care? The answer is no.

1730

**Mr Martin:** There we go again, the member across the way, from Northumberland, talking about the 10 lost years and the wonderful last five years. I have to tell you that more and more people I talk to out there are wishing for those 10 years back, because what's happening under this government is so destructive and so devastating to communities, and no more so than in the health care system.

Let's just have a look at one of the articles in the paper today:

"Four out of five Canadians believe that home care should be a free, universal health care program, a new poll indicates. But the reality is quite different: One quarter of patients already pay significant expenses and one in nine patients needing help say they have no home care because they cannot afford it."

Is that what we want? Is that where this government is taking us? Is that what these last four to five years were supposed to be about? Well, I suggest, no. This government cut \$800 million from hospital budgets, and now we're hearing that they want to cut another \$100 million. When are they going to be satisfied? When is enough enough? How far are hospitals supposed to cut? Last week the Minister of Health told the Ontario Hospital Association she would introduce a new hospital funding formula that would focus on efficiency. What is her definition of efficiency? Is it cutting corners to run in the black rather than the red? Is it leaving patients in hallways? Is it leaving new equipment unopened in crates because they don't have the staff to operate it?

What about the needs of Ontarians? Where does that fit into this government's new formula? The health care needs of Hamiltonians are such that the Hamilton Health Sciences Centre Corp is going to come up short by \$40 million. Windsor is coming up short too. The Hôtel-Dieu Grace has a deficit of \$8 million. The Windsor Regional's deficit is \$7 million. They've told the government that they can't cut any further to cover that deficit without seriously undermining the health care of the people of Windsor.

This government is seriously undermining the health care of all people who live in Ontario.

**Hon Chris Stockwell (Minister of Labour):** This country, I think, let alone this province, is going to—

*Interjection.*

**Hon Mr Stockwell:** Thank you, member for Sault Ste Marie; always as eloquent as you normally are.

This country has got to enter into a debate on health care, and the health care debate has to begin in every province. Every province is dealing with the same issue. In the 1970s in this country, the federal government transferred 50 per cent of health care costs.

**Mr Martin:** You're going to blame the feds.

**Hon Mr Stockwell:** I'm just telling you the facts, Mr Martin. You blame it on who you want.

They transferred 50 per cent of the costs for health care. Today transfer payments come out to 11 per cent. I think any fair-minded individual, even Mr Martin, would probably agree that we need a debate with respect to health care costs and where responsibility begins and ends. It is very difficult to ask the provinces of this nation to carry forward 39% in new-cost dollars over the last two decades in health care expenditures and expect the same levels of service, the same levels of expectations. The difficulty that you have is quite simple. If the federal government is going to opt out of health care—I'm saying, if they want to opt out, they can—we need a good public debate about opting out of health care. They've got to start telling the public out there that they're not prepared to spend money on health care any more. I accept that decision, as a provincial government. But right now their claim is that they're demanding certain levels be expended, certain levels be allowed, but allowing fewer and fewer tax dollars federally to the provincial issue. Now, even this is simple enough for the member for Sault Ste Marie to understand.

**Interjection:** Maybe not.

**Hon Mr Stockwell:** Probably not, but I'm hoping that when he examines on balance the fairness of this, even in his propriety on sensitive issues, he'll understand.

**Ms Caroline Di Cocco (Sarnia-Lambton):** I have to say that I do agree with the fact that we have to have a good debate about health care, but debate that's important is what works and what doesn't work. Unfortunately what seems to happen on the other side of the House is that there is no discussion as to management. There's discussion about cuts, there's discussion about restructuring, but the management of those cuts, the management of why we're cutting and whether or not hospitals are funded based on the demand for services—we're restructuring in our community. We have all our ducks in a row, and unfortunately the ministry has not given its approval. While we're waiting for this, we're wasting \$2 million a year—I spoke to the director today—because the ministry cannot make a decision on this restructuring. We've been working on it for five years. Our costs have increased while we're waiting, after the announcements have been made. Again, we have to operate two hospitals that have been downsized. Everything has been reallocated. But it's costing us \$2 million every year because the ministry can't get its act together.

We have an MRI, but the reason we have one is because we are purchasing one; it's not coming with dollars from the ministry.

*Interjections.*

**Ms Di Cocco:** Yes, unfortunately, the ministry says that it's doing it, and we are the ones who are buying it.

**Mr Galt:** I'm very concerned about the member for Sarnia-Lambton and some of her comments. It would be a very career-limiting move, I would think, criticizing the federal Liberals for cutting health care. I can't believe it when she talks about cuts, because the only cuts to health care that have been made in Ontario have been made by the federal Liberals, your cousins down in Ottawa. That's where the cuts have been coming from. You've watched the increases in the province of Ontario steadily, year after year after year. The only cuts in health care have come from your federal Liberals. So I hope that wasn't a career-limiting move for you.

I think it was kind of interesting a couple of comments that the member for Etobicoke Centre made, that there should be a debate on health care Canada-wide. If you read the Fraser Institute and see what's happening across Canada in the lineups, whether it be for MRIs or CAT scans or treatment for cancer, it's increasing in absolutely every province. So whose problem is it if it's increasing in every province? How many nurses' strikes have we had across Canada? Almost every province has had a nurses' strike. This isn't the problem of the individual provinces; it's a problem of what's going on in health care.

The costs of the original health care were 50/50—50% from the feds, 50% from the province. That was what it was based on. It's not based on the Constitution. The only power that the federal government has here is the power of the purse, and now it's coming up to the trough and paying a reasonable amount in support.

In Ontario, they went all the way down to 7.6% a year or so ago. They have rallied back up to slightly over 11%, but that's a long way from the original 50% that they were committed to, that they were going to support health care at here in the province of Ontario. So a debate across Canada: Do the federal Liberals really want to work with health care or do they want to get out? I think that is the bottom line and that's really the outstanding question.

**Mr Sean G. Conway (Renfrew-Nipissing-Pembroke):** I regret the departure of my friend the Minister of Labour, because I thought he did make a good point. I know he's busy, and I don't mean to distract him, but he does make a good point about a more serious debate about the financing of public health programs.

I wanted tonight to deal with part III of Bill 23, which concerns transferring from the Health Services Restructuring Commission those directive powers vested in it to the Minister of Health. I want to do so on the basis of my own experience in eastern Ontario. Before I do, I wanted to take a moment to just simply reflect a little bit about the politics of hospital closure in the province over the last 25 years.

A number of members from the government are quite right to point out what did not happen in the period of time from about 1977 through to 1996. There was an 18-to-20-year period when various governments—the later Davis government, the Peterson government and the Rae government—didn't do a great deal insofar as a dramatic restructuring of the hospital sector.

I think thoughtful and fair-minded people might want to ask the question: Was there any particular reason why that happened? I want to submit to you that there was. The early Davis government, in the person of Frank Stuart Miller, P. Eng, MPP for Muskoka and Minister of Health, set out in 1974 to restructure three or four hospitals: Toronto Doctors, Clinton, Durham—the Minister of Education may remember. There were a couple of others in that part of southwestern Ontario. I'm not here to rethresh the old straw. Let me simply say that Mr Miller's plan did not meet with a great deal of support. In fact, Frank returned from the campaign rather weather-beaten and woebegone, and it is fair to say that nobody fought him more successfully and more creatively and more vigorously than the late Larry Grossman, member from St Andrew-St Patrick.

**1740**

Mr Grossman was doing what all good local members would do, only Larry did it with a panache that was only his province. The point of that exercise and the point of that story is that an effort was made by a bunch of politicians, presumably well-intentioned, and it just blew up in their faces.

**Hon Mr Stockwell:** The public wasn't ready.

**Mr Conway:** Well, the public may not have been ready, but it was simply a disaster. So nothing happened for a number of years.

It is also interesting to observe that over the intervening period of nearly 20 years, as I recall, one hospital was closed. It was a small clinic, a small hospital in Burk's Falls.

**Hon Mr Wilson:** It was never closed.

**Mr Conway:** It was closed. I happened to visit the hospital before it was closed and it got closed in a power play, not under the early Harris government; it was closed in the days of the Rae government. As far as I could tell in talking to those people at east Parry Sound, at Burk's Falls, they got caught in a crossfire between the Ministry of Health and their larger sponsoring hospital at Huntsville.

A long period of time occurred when not much happened by way of hospital closures. I think it is a prudent thing for all of us to recall why that happened. It's all well and good for later-day partisans to get up and in a wonderfully Stalinist way reflect a very incomplete, or portray a very selective, history. We've had quite a nice treatment of that, particularly from the previous speaker.

It was three years ago this week that the Health Services Restructuring Commission came to my community and ordered the Pembroke Civic Hospital closed. I want to take a moment tonight to reflect on my own

situation, not just in Pembroke but in eastern Ontario. Let me say at the outset that there were problems in Pembroke for which we, as a community, had some very clear responsibility.

There was a failure in local community leadership to deal with the duplication of services between those two facilities which had served the community well for nearly 100 years in both cases. I'm not going to stand here tonight and point an accusative finger at the government or its emanation, the Health Services Restructuring Commission, and say it was all their fault, because that would not be fair. There was a failure in community leadership to move forward with some kind of an adjustment plan that would have gotten at the evident duplication that existed in some program areas between those two hospitals in the city of Pembroke operating not more than six or seven blocks apart.

Having said that, having acknowledged that there was a problem, a failure of community leadership—and I accept my share of the blame in that respect. I am not as an elected official able to stand here and say that retrospectively I was happy with everything that I did or didn't do. So along comes the commission in December. After our health council had been working for some months at a plan of its own, the driving force bureaucratically at the health council was quite a remarkable woman named Lyn Bowering, who certainly was a woman with very definite views and not inconsiderable influence. Their work was taken up by the Health Services Restructuring Commission, and what do they recommend three years ago this week? They said: "There is a need for only one, not two hospitals in Pembroke. We've had experts from Price Waterhouse and others tell us that all of the services in the institutional hospital or the hospital sector in Pembroke can be combined at one of the sites."

The consolidation at the Pembroke General, we are told, would cost about \$5 million in renovation and restructuring costs at the Civic Hospital. We were told it would cost approximately \$9 million.

So it was decided by the commission, on the basis of those data, that there would be one hospital and it would be the Pembroke General. The Civic Hospital was ordered closed. I repeat that a key part of the analysis that saw our beloved Civic Hospital closed was that all of the hospital services could be consolidated at the Pembroke General site and the renovation costs would be approximately \$5 million; that in December of 1996.

We may not have liked it. There was a great deal of pain, particularly on the part of those hundreds and thousands of people who over the years have been closely associated with the Civic Hospital. I think all members understand the sentiment that attaches to a facility as important as a hospital. You do not close a hospital, whether it's the Pembroke Civic, the Sudbury General, the hospitals in Thunder Bay or anywhere else—St Mary's in Kitchener—you simply don't close those facilities or try to close those hospitals without a very real hurt being felt in the community.

The Pembroke Civic nonetheless was ordered closed. The Pembroke Civic was ordered closed because, we were told, it would cost approximately \$5 million to do the renovating over at the General. Three years later, we are now told that the true cost of the restructuring and related costs at the Pembroke General is \$24 million. That's before a shovel goes in the ground.

I hope, as I said in question period the other day, my colleagues on all sides of the House heard that: \$5 million has become \$24 million. Her Majesty's provincial government, if those data are to be credited and approved, will now, using a 70%-30% formula, be responsible for something in the order of \$16 million. And much more importantly, if the costs are not \$5 million but \$24 million, the local share to be borne by the people of Pembroke and area will have gone from approximately \$1.5 million, which would be 30% of \$5 million, to approximately \$8 million now, if we use 30% of \$24 million.

*Interjection.*

**Mr Conway:** I say to my friend O'Toole, with all seriousness, \$8 million is a very substantial amount of money for the Pembroke and area community. You know, we are going to be asked later this week—

*Interjections.*

**Mr Conway:** This is very serious, I say to my friends opposite, because we are constantly reminded about the need for—in this case and this week in municipal government restructuring—greater clarity, more transparency, more accountability. Do we understand what that means? This was on our watch. This was not done by or with someone else. This was Her Majesty's provincial government in Ontario, on Mr Harris's watch.

Bright people were hired by that commission, very good people, I have to believe. They told my community, they told the minister—the now Minister of Energy, the then Minister of Health—that in Pembroke, your costs were going to be approximately \$5 million. Now I'm going to say this and I'm going to repeat this, because in a week where we are talking about more transparency, more accountability for and from politicians, I have to ask the House, "Where do we stand with our responsibilities?" An increase of over four and a half times in the space of less than three years. An increase in the local cost of potentially \$6.5 million. That's before there's a shovel in the ground.

To whom do the people of Pembroke and area go now for redress? To whom do the people in the Pembroke Civic community say, "Well, if that's the true case, if the actual figure was never \$5 million or \$10 million or \$15 million or \$20 million, but \$24 million, how valid was the whole analysis in the first place?" On whom do we lay this responsibility? From whom do we, as citizens in Pembroke and area, expect accountability?

**1750**

I see in today's Pembroke Observer an interesting story coming from a person I don't know, Mr Ron Awde, who is, I gather, a consultant to the Pembroke General and, according to the story in the Observer today, was

part of the Price Waterhouse team in 1996-97 that looked at these renovation costs. What does Mr Awde tell the readers of today's *Pembroke Observer*? "Don't Knock the Cost," he says in a big story in our paper today. Mr Awde says that, oh, well, the true costs were always more than those early estimates. My favourite quote from this Mr Awde is, "I have not a moment's doubt that Pembroke is capable of meeting its part of the capital funding. No doubt at all," says the aforementioned Mr Awde.

Well, well, well: \$5 million has become \$24 million; our local share has gone from \$1.5 million to \$8 million. What do I do about that as a member of the Legislature, to say nothing of being a citizen of Pembroke and area? If these data are nearly correct, somebody has just given us a multi-million-dollar increase in our local share. To whom do I go for redress? If I am the Minister of Finance for Ontario, to whom do I go to voice my concern, because if this is going on in Pembroke, what's going on in all the other places?

I can tell you what is going on in Ottawa. In Ottawa, what do we have? We have a very popular, very well regarded Grace Hospital now closed, a place where the administrator, according to a recent report in the *Ottawa Citizen*, I think was earning something like \$25,000 or \$30,000. The lowest-paid top executive officer in the hospital sector was at the Grace and his facility is now closed.

You've heard the story about the Montfort, and I won't get into that. We've got apparently a real tug of war going on at the Ottawa Hospital between the Civic and the General campuses, and by all reports from people whose judgment and knowledge I trust, we haven't solved very much as to who is going to do what and where. Most recently we've been treated in the national capital press to a debate about the neuroscience program: Where is it going and how is it going to be organized? I'm told that is not an isolated incident. And we've got the lithotripter in a crate over at the Riverside, bought and paid for by the community, \$1 million and it's in a crate.

To whom do I now go to ask for some accountability? Three years out, where am I, given the benchmarks that were established just three years ago? I'm not here to say that it was going to be easy. This is the most difficult, delicate surgery any government is ever going to attempt: very difficult, extremely difficult. But I want to say to the House in a very cold-hearted way, when I stand here and say, "All right, what was promised three years ago in my community and at what price, and how are we doing three years later with the performance?" that there is quite a gap between the promise of 1996 and the performance of 1999.

What terrifies me as a senior member of the Legislature is that in my community we haven't got a shovel in the ground. The auditor tells us our overall costs are at least double what we imagined, and I'm going to be very interested to find out at the end of the day—I'll probably be dead and gone before that cycle is completed.

Many communities are going to have to get some answers fairly soon. For example, in my community, one of the questions I would have for the Minister of Health is: At what point are you actually going to flow your money? Does our community need to raise 20%, 40%, 60% or 80%? What per cent do we have to raise locally before major capital dollars begin to flow? How is that going to be handled in other communities? At \$24 million Pembroke, in the relative scheme of things—relative to Ottawa, Toronto, Hamilton and London—will be a relatively small capital project. Where do we stand relative to some of the bigger projects? I can imagine one or two projects in Toronto and Ottawa taking up very substantial amounts of the capital cash provided by whosoever is the minister of finance.

My friends, accountability, transparency, clarity: Who could be opposed to these things? No reasonable person could be opposed to these things. As I look at the local government bills, I say to myself: Are there some issues I would want to address? Absolutely. But on the basis of my experience with hospital restructuring, I would be very nervous about embracing yet another master plan concocted from on high.

I was just thinking today, when people were talking about the local government bills—one of the advantages, or disadvantages, of having been around for as long as I have is that we're now going to radically alter the magical cure we offered Haldimand-Norfolk 25 or 27 years ago. It's truly too bad that the late James N. Allan is not alive. And we're absolutely confident that our magical cure is going to be better than the magical cures we are now going to fix.

But back to health care. My colleagues from Thunder Bay, Sarnia and the Belleville area have made plain how important and how sensitive the whole hospital sector is. Not easy? Absolutely. Were there problems? Yes. But if one takes a dispassionate, objective look at the performance of the Health Services Restructuring Commission in Pembroke versus the promise of three years ago, you would certainly not take much comfort in what awaits for patient care over the next few transitional years.

**Ms Martel:** I'm going to follow up on the comments made by the member from Renfrew-Nipissing-Pembroke and refer to the experience in my own community, because it is much the same as what he has experienced in Pembroke. The only difference is the cost of the overrun for construction of the new hospital in relation to the cost of the overrun in Pembroke.

Under our government the restructuring process was underway. A decision had been made locally by the district health council and a number of other people who had had input to the process about what would happen, and their recommendation was that one of the three hospitals would close. I remind members of the Conservative Party that this process took almost two years to complete, and there was every opportunity for people in our community to have their say. There were numerous public consultations, it was done by local people, it was done with the hospitals and with commun-

ity-based agencies, and there was some accountability for the decision that was made. That was completely different with respect to what the commission did.

The commission came in and, if I recall correctly, had one afternoon of private, behind-closed-doors meetings with a handful of stakeholders, heard what they had to say and left the community and made their recommendations some months later. Of course, their recommendation was to close two of the three hospitals and have the remaining hospital as the new regional centre—no accountability, no public input, no public consultation, just done behind closed doors. We are now in the posi-

tion where the government has had to intervene once, to deal with the cost overrun in Sudbury. This was done a number of months ago. I suspect we'll be in a position to have the government intervene again, because we are now in another \$8-million deficit position with respect to the new regional hospital, and it's not finished. Construction has only just begun. We've had one set of trouble and another to come. Someone's got to pay for it.

**The Acting Speaker:** It being six of the clock this House stands adjourned until 6:45.

*The House adjourned at 1800.*







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Bradley, James J. (L)	St Catharines	
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Clark, Brad (PC)	Stoney Creek	assistant deputy government whip / whip adjoint suppléant du gouvernement
Cleary, John C. (L)	Stormont-Dundas- Charlottenburgh	
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Colle, Mike (L)	Eglinton-Lawrence	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
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Cordiano, Joseph (L)	York South-Weston / York-Sud-Weston	
Crozier, Bruce (L)	Essex	
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Curling, Alvin (L)	Scarborough-Rouge River	
DeFaria, Carl (PC)	Mississauga East / -Est	
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<b>Flaherty, Hon / L'hon Jim (PC)</b>	Whitby-Ajax	Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones
Galt, Doug (PC)	Northumberland	Parliamentary assistant to the Minister of Agriculture, Food and Rural Affairs / adjoint parlementaire au ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Gerretsen, John (L)	Kingston and the Islands / Kingston et les îles	
Gilchrist, Steve (PC)	Scarborough East / -Est	
Gill, Raminder (PC)	Bramalea-Gore- Malton-Springdale	Parliamentary assistant to the Minister of Labour / adjoint parlementaire au ministre du Travail
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Guzzo, Garry J. (PC)	Ottawa West-Nepean / Ottawa-Ouest-Nepean	
Hampton, Howard (ND)	Kenora-Rainy River	Leader of the New Democratic Party / chef du Nouveau Parti démocratique
<b>Hardeman, Hon / L'hon Ernie (PC)</b>	Oxford	Minister of Agriculture, Food and Rural Affairs / ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Harris, Hon / L'hon Michael D. (PC)</b>	Nipissing	Premier and President of the Executive Council / premier ministre et président du Conseil exécutif
Hastings, John (PC)	Etobicoke North / -Nord	Parliamentary assistant to the Minister of Transportation / adjoint parlementaire au ministre des Transports
<b>Hodgson, Hon / L'hon Chris (PC)</b>	Haliburton-Victoria-Brock	Chair of the Management Board of Cabinet / président du Conseil de gestion
Hoy, Pat (L)	Chatham-Kent Essex	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Hudak, Hon / L'hon Tim</b> (PC)	Erie-Lincoln	Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
<b>Jackson, Hon / L'hon Cameron</b> (PC)	Burlington	Minister of Tourism / ministre du Tourisme
<b>Johns, Hon / L'hon Helen</b> (PC)	Huron-Bruce	Minister of Citizenship, Culture and Recreation, minister responsible for seniors and women / ministre des Affaires civiques, de la Culture et des Loisirs, ministre déléguée aux Affaires des personnes âgées et à la Condition féminine
<b>Johnson, Bert</b> (PC)	Perth-Middlesex	Deputy Speaker and Chair of the Committee of the Whole House / Vice-Président de la Chambre et Président du Comité plénier de l'Assemblée législative
Kells, Morley (PC)	Etobicoke-Lakeshore	
Kennedy, Gerard (L)	Parkdale-High Park	
<b>Klees, Hon / L'hon Frank</b> (PC)	Oak Ridges	Minister without Portfolio, chief government whip, deputy government House leader / ministre sans portefeuille, whip en chef du gouvernement, leader parlementaire adjoint
Kormos, Peter (ND)	Niagara Centre / -Centre	
Kwinter, Monte (L)	York Centre / -Centre	
Lalonde, Jean-Marc (L)	Glengarry-Prescott-Russell	
Lankin, Frances (ND)	Beaches-East York	
Levac, Dave (L)	Brant	
Marchese, Rosario (ND)	Trinity-Spadina	
<b>Marland, Hon / L'hon Margaret</b> (PC)	Mississauga South / -Sud	Minister without Portfolio (Children) / ministre sans portefeuille (Enfance)
Martel, Shelley (ND)	Nickel Belt	
<b>Martin, Tony</b> (ND)	Sault Ste Marie	Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Président du Comité plénier de l'Assemblée législative
Martiniuk, Gerry (PC)	Cambridge	Parliamentary assistant to the Attorney General and minister responsible for native affairs / adjoint parlementaire au procureur général et ministre délégué aux Affaires autochtones
Maves, Bart (PC)	Niagara Falls	Parliamentary assistant to the Minister of Community and Social Services / adjoint parlementaire au ministre des Services sociaux et communautaires
Mazzilli, Frank (PC)	London-Fanshawe	Parliamentary assistant to the Solicitor General / adjoint parlementaire au solliciteur général
McGuinty, Dalton (L)	Ottawa South / -Sud	Leader of the Opposition / chef de l'opposition
McLeod, Lyn (L)	Thunder Bay-Atikokan	
Molinari, Tina R. (PC)	Thornhill	Parliamentary assistant to the Minister of Training, Colleges and Universities / adjointe parlementaire à la ministre de la Formation et des Collèges et Universités
Munro, Julia (PC)	York North / -Nord	assistant deputy government whip / whip adjointe suppléante du gouvernement
Murdoch, Bill (PC)	Bruce-Grey	
Mushinski, Marilyn (PC)	Scarborough Centre / -Centre	
Newman, Dan (PC)	Scarborough Southwest / -Sud-Ouest	Parliamentary assistant to the Minister of Health and Long-Term Care / adjoint parlementaire à la ministre de la Santé et des Soins de longue durée

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
O'Toole, John R. (PC)	Durham	Parliamentary assistant to the Minister of Consumer and Commercial Relations / adjoint parlementaire au ministre de la Consommation et du Commerce
Ouellette, Jerry J. (PC)	Oshawa	Parliamentary assistant to the Minister of Northern Development and Mines / adjoint parlementaire au ministre du Développement du Nord et des Mines
<b>Palladini, Hon / L'hon Al</b> (PC)	Vaughan-King-Aurora	Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Parsons, Ernie (L)	Prince Edward-Hastings	
Patten, Richard (L)	Ottawa Centre / -Centre	
Peters, Steve (L)	Elgin-Middlesex-London	
Phillips, Gerry (L)	Scarborough-Agincourt	
Pupatello, Sandra (L)	Windsor West / -Ouest	
Ramsay, David (L)	Timiskaming-Cochrane	
<b>Runciman, Hon / L'hon Robert W.</b> (PC)	Leeds-Grenville	Minister of Consumer and Commercial Relations / ministre de la Consommation et du Commerce
Ruprecht, Tony (L)	Davenport	
<b>Sampson, Hon / L'hon Rob</b> (PC)	Mississauga Centre / -Centre	Minister of Correctional Services / ministre des Services correctionnels
Sergio, Mario (L)	York West / -Ouest	deputy opposition whip / whip adjoint de l'opposition
Skarica, Toni (PC)	Wentworth-Burlington	Parliamentary assistant to the Minister of Finance / adjoint parlementaire au ministre des Finances
Smitherman, George (L)	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	
<b>Snobelen, Hon / L'hon John</b> (PC)	Mississauga West / -Ouest	Minister of Natural Resources / ministre des Richesses naturelles
Spina, Joseph (PC)	Brampton Centre / -Centre	Parliamentary assistant to the Minister of Tourism / adjoint parlementaire au ministre du Tourisme
<b>Sterling, Hon / L'hon Norman W.</b> (PC)	Lanark-Carleton	Minister of Intergovernmental Affairs, government House leader / ministre des Affaires intergouvernementales, leader parlementaire du gouvernement
Stewart, R. Gary (PC)	Peterborough	
<b>Stockwell, Hon / L'hon Chris</b> (PC)	Etobicoke Centre / -Centre	Minister of Labour / ministre du Travail
Tascona, Joseph N. (PC)	Barrie-Simcoe-Bradford	
Tilson, David (PC)	Dufferin-Peel-Wellington-Grey	
<b>Tsubouchi, Hon / L'hon David H.</b> (PC)	Markham	Solicitor General / solliciteur général
<b>Turnbull, Hon / L'hon David</b> (PC)	Don Valley West / -Ouest	Minister of Transportation / ministre des Transports
Wettlaufer, Wayne (PC)	Kitchener Centre / -Centre	deputy government whip / whip adjoint du gouvernement
<b>Wilson, Hon / L'hon Jim</b> (PC)	Simcoe-Grey	Minister of Energy, Science and Technology / ministre de l'Énergie, des Sciences et de la Technologie
<b>Witmer, Hon / L'hon Elizabeth</b> (PC)	Kitchener-Waterloo	Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Wood, Bob (PC)	London West / -Ouest	Parliamentary assistant to the Chair of the Management Board of Cabinet / adjoint parlementaire au président du Conseil de gestion
Young, David (PC)	Willowdale	Parliamentary assistant to the Minister of Education / adjoint parlementaire à la ministre de l'Éducation

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Marilyn Mushinski, Richard Patten  
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Règlements et projets de loi privés**

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Gilles Bisson, Claudette Boyer, Brian Coburn,  
Garfield Dunlop, Raminder Gill, Pat Hoy,  
Frances Lankin, David Young  
Clerk / Greffière: Anne Stokes

These lists appear in the first and last issues of each session and on the first Monday of each month. A list arranged by riding appears when space permits.

Ces listes figurent dans les premier et dernier numéros de chaque session et du premier lundi de chaque mois. Par contre, une liste des circonscriptions paraît si l'espace est disponible.

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