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**Official Report
of Debates
(Hansard)**

**Journal
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(Hansard)**

Tuesday 7 December 1999

Mardi 7 décembre 1999

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
Claude L. DesRosiers

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Claude L. DesRosiers

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**LEGISLATIVE ASSEMBLY
OF ONTARIO**

Tuesday 7 December 1999

**ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO**

Mardi 7 décembre 1999

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

WORLD TRADE ORGANIZATION

Mr Monte Kwinter (York Centre): A funny thing happened on the way to the world trade forum in Seattle. The WTO agenda was sufficiently modest and vague that few felt it could fail. But fail it did, not only because of the riots, tear gas and rubber bullets but because of the differences between the have nations and the have-nots that are so irreconcilable that the negotiations broke down before they even got started.

The WTO talks also failed because the wealthy nations refused to retreat from entrenched positions. The European Union insisted on talks on new global rules on investment. Japan wanted the US to negotiate on weakening its rules that block imports. The US made the most demands and refused to back down on issues essential to its labour allies.

Services were on the table, casting doubt on Canada's ability to maintain its public health care and education system. A series of decisions at the organization's appeals tribunal had interfered with policies designed to protect the environment and social and cultural policy.

As a result, the WTO, which ought to symbolize the widespread benefits of global trade, is perceived as the hostage of protectionist instincts. The WTO is a negotiating forum but it lacks credibility as an agent of change promoting broad global prosperity. Its unwillingness to take up issues that would benefit developing countries at the expense of rich ones puts the WTO under a cloud of suspicion in the developing world.

Ontario's economy is heavily dependent on international trade. There are undeniable benefits to be derived from fair global trade. That message shouldn't be drowned out by the riots and the inability of the WTO to come to grips with the challenges of getting a global consensus.

MUNICIPAL RECOGNITION AWARDS

Mrs Julia Munro (York North): I rise in the House today to congratulate the winners of the 1999 Town of Georgina Municipal Recognition Awards.

The Municipal Recognition Awards are set up to honour those who have made outstanding contributions to their communities. This year the town of Georgina has honoured 12 individuals from a variety of backgrounds who have dedicated their time and energy to a host of worthwhile causes.

Individuals were honoured for their contribution to causes such as preservation of our local heritages sites, celebrating and promoting sports and culture and helping our youth, seniors and others in need. These people have recognized that there is more to being part of a community than just living or working in it. Throughout our history, it has been the actions of concerned citizens who have made a positive difference and improved the development and progress of our province.

As a long-time resident of Georgina, I want to personally thank Gavin Morton, Crystal Monks, Crystal Moore, Gerry and Shirley Verdoold, Sharon and Murray Bowers, Ivan Day, Patti Preston, Joan and the late Ken Davenport and the late Larry Grasby for their efforts.

Through your generosity, caring and hard work, you have made our community a better place to live, prosper and enjoy life.

1340

MUNICIPAL RESTRUCTURING

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): It is with great concern and disappointment that I rise today to talk about the Fewer Municipal Politicians Act on local government reform. This omnibus bill does not favour the residents of the proposed amalgamated municipalities. It is corrupt. It permits the two cabinet ministers to have special consideration for the people of their ridings.

When I looked at this report, the Shortliffe report, and the omnibus bill, they contradict each other. Why is it that two cabinet ministers are getting special consideration? Why is that it in the report we don't recognize bilingual services in Ottawa-Carleton? Ottawa is the capital city of Canada. We are to give services in both languages, and it is clearly in there on page 8 of the Shortliffe report that the municipality should be recognized as a bilingual city.

Why is it that west Carleton, Cabinet Minister Norm Sterling's riding, could opt out of this agreement any time they want? Does it not apply to other regions within the new megacity? Why is it that Nepean will have

special consideration and Cumberland won't? They also have a surplus in the bank, but it is not considered.

ONTARIO ECONOMY

Mr Wayne Wettlaufer (Kitchener Centre): The tremendous growth we are witnessing in the Ontario economy is the direct result of the economic and financial direction established by this government since 1995.

Today, Ontario leads not only the nation but every jurisdiction in the G8 in economic growth and job creation.

The bottom line is that tax cuts work to stimulate the economy. As a direct result of this government removing a sizeable portion of the tax burden from the backs of taxpayers, there is an optimism for the future of the province which has not been visible for many years.

Business leaders, the true economic leaders of the province through their organizations such as the chambers of commerce, the Ontario manufacturing association and the Canadian Federation of Independent Business, which represent tens of thousands of employers in the province, agree with the economic policies of this government.

To date this government has reduced taxes 69 times, including reducing provincial personal income taxes by 30%, with a further 20% to come. Compare this to the 65 tax increases imposed by the former Liberal and NDP governments.

This year the deficit is down by more than 50%, from the projected \$2.08 billion to \$1.03 billion. As promised to the taxpayers in 1995, this government will balance the budget in 2000-01.

The Taxpayer Protection and Balanced Budget Act will ensure that deficits will soon be a thing of the past.

Revenues are up, jobs are up. Ontario's future truly looks prosperous, and I am proud to be a member of the government which is leading the way to prosperity.

LITERACY

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): Recently I had the opportunity to meet with the Ontario Literacy Coalition, which informed me that literacy is a significant issue for Ontario's seniors.

This organization would tell me that of the 1.7 million Ontarians at the lowest literacy level, 900,000, more than half of the total number, are over the age of 55. Yet there appears to be no government support for literacy programs directed at seniors.

Government allocations for literacy programming are directed towards employment readiness skills and training. It is obvious that the government must also focus literacy resources to include seniors.

One of the leading causes of hospitalization for seniors is the use of contraindicated medication. Literacy statistics would indicate that this is attributable to the inability of many seniors to translate or understand directions.

Also, as individuals age, their support systems, friends and family, change and disappear, making it difficult for many seniors with lower literacy levels to manage.

Improved literacy will help seniors to remain strong, healthy and independent so that they can age in place.

As their critic and advocate, I am not prepared to accept these literacy statistics and, as such, I am asking the minister responsible for seniors to act on this most serious issue.

ENVIRONMENTAL RESEARCH

Mr R. Gary Stewart (Peterborough): I rise today to share a well-kept secret with all members of this House.

We all know the importance of always being up to date on the issues of the day and to have a talented researcher supporting us. Would you like to know where you can get great research in a way that would truly benefit all involved? An ideal place is from the people who are doing it all the time: our university and college students.

Dr Magda Havas, a professor of environmental and resource studies at Trent University, approached me earlier this fall to propose a very creative initiative whose purpose would be twofold. Dr Havas proposed that her students would be given environmental issues that I, as the MPP, wanted researched. In her proposal, students would benefit by getting a chance to supply the theoretical knowledge they learn in their course, to sharpen their research skills and to see how their work can affect government policy.

In this partnership, I as the MPP stand to benefit from their top-quality research, giving me a better understanding of the environmental issues that affect my constituents in Peterborough.

Students at Trent are constantly displaying their high level of excellence in this and other fields. I understand that congratulations are in order to Matthew MacLeod, a Trent graduate student who received the 1999 Ministry of the Environment Award of Excellence. This is an example of the research being done by young people that we can tap into.

My congratulations to all members who will contact—

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

MUNICIPAL RESTRUCTURING

RESTRUCTURATION DES MUNICIPALITÉS

M^{me} Claudette Boyer (Ottawa-Vanier): Aujourd'hui encore, je soulève la question des droits constitutionnels de la communauté francophone.

Cette fois-ci je ferai ma déclaration en anglais, afin de m'assurer que le ministre délégué aux Affaires francophones me comprenne.

I am making this statement in English so that the minister will understand.

The minister responsible for francophone affairs is, and I quote from his own literature on the subject, "responsible for fostering the francophone community's participation in the government's agenda for renewal."

If the government's proposed municipal restructuring of Ottawa-Carleton and Sudbury is not part of that agenda for renewal, then I don't know what is.

Yes, just as the minister has refused to comment on the Montfort decision and its importance to the francophone community, so has he refused to have a stand for declaring bilingual the restructured city of Ottawa, the national capital, as well as the new city of Sudbury.

Members of the francophone community are calling for the resignation of the minister. They feel that the minister has not fulfilled his responsibilities. He has been silent and invisible. He has not defended the constitutional rights of francophones within his very caucus.

The message from the francophone community is clear. It demands that the minister responsible for francophone Affairs take a stand, that he defend the constitutional rights of Franco-Ontarians and that he show some backbone.

The Deputy Speaker (Mr Bert Johnson): The Chair recognizes the member for Broadview-Greenwood.

Ms Marilyn Churley (Broadview-Greenwood): I rise today to tell the House about the outrage people in the city of Toronto are feeling about the latest attack on democracy here in the city of Toronto since Bill 103.

People in Toronto held their own referendum and voted against amalgamation, and the government went ahead and did it anyway. Then the minister of the day and the minister after him, who is sitting in the House today, said, "OK, we've done it and now it's up to you, the city council, to work out the process from here: number of councillors, wards etc." The city of Toronto took that in good faith and spent a year and a half going through a process, including a process before the OMB.

I want you to know that residents from my community, from the East York section, went to those OMB hearings and spent countless hours trying to present their case. There were some winners and there were some losers in that case, but at the end of the day there was a process.

After all of that money being spent, what does the government do? They download even more millions of dollars to the city of Toronto and at the same time bring in this bill saying that the city councillors are going to be reduced yet again. The city of Toronto has had it up to here with this government. When are they going to do something in the 905? We wonder why they're not touching that area.

1350

SMALL BUSINESS

Mr David Young (Willowdale): Because of the strong leadership of the Mike Harris government and the hard work of the people of Ontario—

Interjections.

The Deputy Speaker (Mr Bert Johnson): Order. If I'm standing and somebody else is talking, that person is out of order.

I ask the member for Willowdale to start over again for me, please.

Mr Young: Because of the strong leadership of the Mike Harris government and the hard work of the people of Ontario, our province is once again the economic engine of this country.

I recently had the opportunity of meeting with small business leaders from the North York Chamber of Commerce. Small businesses are in fact responsible for 80% of jobs in this province. They are the driving force behind this province's economic success.

The business people I met with told me very clearly that our tax cuts, especially the payroll taxes, and our fight to reduce red tape has enabled them to do what they do best, and that is to create jobs. However, small businesses in my community continue to worry about the excessive tax burdens placed upon them by the federal government. Of particular concern is the employment insurance scheme that continues to be a tax on job creation.

Perhaps this holiday season the Scrooges in Ottawa can find it in their hearts to cut and return the projected \$147-billion surplus to taxpayers. As well as Ontario is doing, and we are doing well, we must never become complacent. Bringing hope, growth and opportunity to Ontario is dependent upon our keeping our Blueprint commitment to further cut red tape, to cut taxes and to reduce the size of government. Families and small businesses in Willowdale and across this province expect and deserve nothing less.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON GENERAL GOVERNMENT

Ms Marilyn Mushinski (Scarborough Centre): I beg leave to present a report from the standing committee on general government and move its adoption.

Clerk at the Table (Mr Todd Decker): Your committee begs to report the following bill without amendment:

Bill 11, An Act to reduce red tape, to promote good government through better management of Ministries and agencies and to improve customer service by amending or repealing certain Acts and by enacting four new Acts / Projet de loi 11, Loi visant à réduire les formalités administratives, à promouvoir un bon gouvernement par une meilleure gestion des ministères et organismes et à améliorer le service à la clientèle en modifiant ou abrogeant certaines lois et en édictant quatre nouvelles lois.

The Deputy Speaker (Mr Bert Johnson): Shall the report be received and adopted? Agreed.

Pursuant to the order of the House dated Wednesday, December 1, 1999, the bill is ordered for third reading.

INTRODUCTION OF BILLS

PENSION BENEFITS STATUTE LAW AMENDMENT ACT, 1999

LOI DE 1999 MODIFIANT DES LOIS CONCERNANT LES RÉGIMES DE RETRAITE

Mr Eves moved first reading of the following bill:

Bill 27, An Act to amend the Pension Benefits Act and the MPPs Pension Act, 1996 / Projet de loi 27, Loi modifiant la Loi sur les régimes de retraite et la Loi de 1996 sur le régime de retraite des députés.

The Deputy Speaker (Mr Bert Johnson): Order. Would the member for Bruce-Grey please take his seat.

Is it the pleasure of the House that the motion carry? Carried.

Hon Ernie L. Eves (Deputy Premier, Minister of Finance): After some months of consultation with respect to many different people in the pension area and pension plan participants themselves, the government is proceeding with some reforms to the Pension Benefits Act of Ontario.

Among the things included: It will allow Ontarians easier access to their own retirement accounts; it will provide access to the entire amount for individuals faced with hardship or difficult circumstances; it also proposes to do away with the necessity of buying an annuity so that at the end of an individual's time, with respect to their retirement and pension account, the amount remaining in their pension plan will be able to go to their beneficiaries as opposed to going to the insurance company from whom you purchased an annuity.

No doubt there are many more changes that could and should be made to the Pension Benefits Act of Ontario, but we regard this as the first step, and a necessary first step, towards reforming the act.

GERMAN PIONEERS DAY ACT, 1999

LOI DE 1999 SUR LE JOUR DES PIONNIERS ALLEMANDS

Mr Wettlaufer moved first reading of the following bill:

Bill 28, An Act to proclaim German Pioneers Day / Projet de loi 28, Loi proclamant le Jour des pionniers allemands.

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.

Does the member have a brief statement?

Mr Wayne Wettlaufer (Kitchener Centre): During and immediately after the American Revolution, there were thousands of United Empire—

Interjection.

The Deputy Speaker: I ask the member for Kingston and the Islands to withdraw that remark, please.

Mr John Gerretsen (Kingston and the Islands): I withdraw.

The Deputy Speaker: Thank you. The Chair recognizes the member for Kitchener Centre.

Mr Wettlaufer: During and after the American Revolution 200 years ago, there were thousands of United Empire Loyalists who came to Canada—British North America, as it was then known—from the United States. Many of these were of German origin who had earlier settled in Pennsylvania and New York and even as far south as Georgia.

These settlers came to Ontario looking for religious freedom, and they came to Upper and Lower Canada. They came in search of land and they were given free land by the then Lieutenant Governor of Upper Canada, John Graves Simcoe.

That was the first wave of German settlers who—

The Deputy Speaker: I didn't want to get into the debate of it. I just wanted a brief statement, so I appreciate that very much.

Mr Wettlaufer: It is to pay tribute to those pioneers who came to this part of the country.

AMBULANCE AMENDMENT ACT (MINIMUM READINESS), 1999

LOI DE 1999 MODIFIANT LA LOI SUR LES AMBULANCES (DISPONIBILITÉ MINIMALE)

Mr Lalonde moved first reading of the following bill:

An Act to amend the Ambulance Act to provide for the minimum staffing and equipping of ambulance stations / Loi modifiant la Loi sur les ambulances pour assurer la dotation minimale en personnel et en équipement des postes d'ambulances.

The Deputy Speaker (Mr Bert Johnson): Mr Lalonde has introduced a bill to amend the Ambulance Act. Is it the pleasure of the House the motion carry? It is carried.

Does the member have a brief statement?

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): The bill amends the Ambulance Act by adding a new section 19(1). The new section requires the operator of a land ambulance service to ensure that for at least 12 hours each day, at least one ambulance and at least two people qualified to staff the ambulance are either located in the ambulance station or are providing ambulance services outside of the station. The 12 hours need not be consecutive.

1400

VISITOR

The Deputy Speaker (Mr Bert Johnson): I'd like to bring to the members' attention Bruce Smith in the members' east gallery, the former member for Middlesex.

Whether you're interested or not, I was going to bring you up to date, member from Sudbury, on the health of your Deputy Speaker. I was down to see Colleen in the nurses' thing today, and our congratulations to the efficient staff here: Temperature is down, temperament is not.

MOTIONS

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): I seek unanimous consent to put forward a motion without notice regarding private members' public business.

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

Hon Mr Sterling: I move that, notwithstanding standing order 96(g), the requirement for notice be waived with respect to ballot item 11.

The Deputy Speaker: Is it the pleasure of the House that the motion carry?

I'm going to hold that vote, and I recognize the member for Hamilton West on a point of order.

Mr David Christopherson (Hamilton West): I just wanted a brief explanation. I haven't been advised of the request here, so if I could ask the government leader's indulgence for a quick explanation, perhaps we can still accommodate him.

Hon Mr Sterling: On a point of order as well, Mr Speaker: Mr Lalonde has introduced his bill late for private members' hour, and it's waiving notice with regard to the requirement that it be two weeks in advance of the time it's debated.

Mr Christopherson: That wouldn't be a problem, Mr Speaker. We would provide unanimous consent.

The Deputy Speaker: Mr Sterling has moved that, notwithstanding standing order 96(g), the requirement for notice be waived with respect to ballot item 11.

Is it the pleasure of the House that the motion carry? It is carried.

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Mr Speaker: I seek unanimous consent to ask the Minister of Finance to do a statement about the changes to the MPPs' pension plan that they've announced in the House today.

The Deputy Speaker: Is it agreed? I heard a no.

STATEMENTS BY THE MINISTRY AND RESPONSES

ASSISTANCE TO FARMERS

Hon Ernie Hardeman (Minister of Agriculture, Food and Rural Affairs): I rise today to talk about the

Mike Harris government's strong commitment to Ontario's farmers.

Agriculture is the second-largest industry in the province, contributing \$25 billion annually to the economy. Earlier today, the Premier of Ontario, the Honourable Mike Harris, reiterated this government's commitment to providing a strong safety net for Ontario's farmers.

As we all know, farmers across Canada have been under tremendous pressure. That is why it is essential for Ontario's farmers and for the economy they support and depend on that we have an effective safety net system.

Today I want to inform my colleagues that Ontario is determined to take a leadership role to win for our farmers a fair share of the dollars earmarked for farm income safety net programs.

The federal and provincial ministers of agriculture will be meeting in Toronto over the next two days. The goal of this meeting is to reach an agreement on the national safety net framework. My goal is to ensure that such an agreement recognizes that the size of each province's agriculture industry is the only equitable basis for the allocation of federal dollars.

This government understands the tremendously valuable contribution that farmers make to the social and economic well-being of every person in Ontario. That is why, time and time again, we have committed ourselves to supporting our agriculture industry.

We acted on that promise last December, when we were the first province to announce an income disaster assistance program for our farmers in recognition of the fact that, through no fault of their own, producers of hogs, cattle, grain and oilseeds, as well as some horticultural crops, were facing drastic reductions in their income.

We are ready to act on that promise again. We will do our part and provide our full share of what Ontario's farmers need and deserve.

I'm pleased to inform the House that Ontario remains committed to the agricultural income disaster assistance program and we will spend up to an additional \$30 million to assist farmers in need.

We want to ensure that these additional funds are used in a way that best meets the needs of Ontario's farmers. We're calling on the federal Liberals to sit down and negotiate with us to find ways to deliver this support without undermining other safety net programs that are so important to Ontario's farmers. We will do our part. We fully expect the federal Liberals to do theirs.

At the first ministers meeting this summer, Premier Mike Harris told the federal Liberals that Ontario's farmers are entitled to a fair share, an equitable share, of federal safety net funding. I took that same message to the federal-provincial-territorial ministers of agriculture meeting in July.

At the International Plowing Match this past September, we reiterated our position to Ontario's farm leaders.

This government has made a promise to Ontario's hardworking farmers, and that promise includes winning national recognition of the fact that agriculture, whether

in Ontario or the Prairies, is a risky business. It includes ensuring that our farmers are not penalized for their diversity and it includes providing our farmers with the best possible combination of risk management tools.

So tomorrow, when I take my place at the table along with the ministers of agriculture from Saskatchewan and Nova Scotia, from Alberta and Quebec, I will be insisting that Ontario farmers receive their fair share. I will ask the federal Minister of Agriculture and Agri-Food Canada to recognize that individual farmers in Ontario are facing hardships as severe, and in some cases more so, as their counterparts elsewhere in Canada.

I will emphasize that Ontario is committed to enhancing safety net programming for Ontario's farmers. The Mike Harris government is fully prepared to put up our share of the funding and fully expects the federal government to come through. I will remind the federal minister that a national agreement is a partnership, and in a true partnership action is not taken unilaterally. When that becomes the norm, when some partners are more—or less—equal, then perhaps it is time to question that partnership.

If the federal Liberals do not give Ontario farmers their fair share of the national safety net dollars, our province may have no choice but to leave the national system and negotiate a made-in-Ontario safety net program.

That is what I will be doing, questioning a partnership that does not treat its partners equally, seeking some stability, some predictability for our agriculture industry, fighting to secure Ontario's farmers their fair share of federal funding.

Mr Pat Hoy (Chatham-Kent Essex): The minister today has announced that he thinks farmers should get their fair share. It should come as no surprise that our caucus also believes farmers should get their fair share.

The Ontario corn producers and other commodity groups have raised this issue for some time. They've raised this issue for months, all through the negotiations on the AIDA program, and now months later the minister is agreeing with Ontario farmers. It's better late than never.

But what the minister doesn't say is that the federal government pays more in Ontario than the province does. So if you really want to help farmers, I say increase your provincial share to match more closely the federal contribution, and lower premiums for farmers.

The principle of fair share should start at home. In the last four years Ontario farmers have not received their promised fair share from this government. The minister's statement ignores the fact that his government does not practise what it preaches when it comes to the concept of a fair share for Ontario agriculture.

Let's talk more about the concept of fair share for farmers the minister announced today. The minister said today that agriculture is the second-largest industry and contributes \$25 billion to the provincial economy. Other studies have shown that every \$1 million created by

agriculture creates 31 new jobs. Clearly this is an industry that deserves support.

In 1995 the Tories promised to support agriculture. They said in their rural document, "Under a Mike Harris government agriculture will regain its fair share of government support." But since 1995 the government has instead cut agriculture. In the first three years, the Mike Harris government cut \$18 million from research, lab and field services; cut \$44 million from its own contribution to safety net programs like crop insurance and market revenue, and cut \$10 million from marketing and food processing programs.

1410

The Farmers of Ontario calculated that the ministry budget would have to increase by 54% to reach the level it was in 1990 and called on the government to take action, but Mike Harris continued his cuts. How can the Mike Harris government and his party now point to the federal government and preach sanctimoniously about demanding their fair share? Again, how can Mike Harris and the Tory government preach about a federal government and ask for these types of demands?

Farmers across the province were waiting to hear that the government would make a commitment to sending out assistance on the new federal disaster program. We asked questions here in the Legislature about when the government was going to take action and start moving this disaster money to farmers. But instead we got an announcement that sadly adds to the government's sense of a twisted fair share for Ontario farmers.

They announced that all remaining 33 field offices in southern Ontario would be closed and replaced with 13 information offices, 1-800 numbers and Internet access. They announced that government-by-telephone was coming to the farmers. I hope it doesn't operate like the Family Responsibility Office.

We are now six months into a program that was announced by your government, the Healthy Futures program. We have seen nothing about it and there are no details to it.

I don't support this smokescreen by this minister. I do support and demand a fair share by the Ontario government for our farmers in Ontario. I'm afraid today is just another rant and a smokescreen by this Minister of Agriculture.

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): I'll tell the minister what we feel in our part of Ontario about the closing of the ag offices: very serious; part of the community.

Also, another very serious problem we have in eastern Ontario—and the minister talks all the time about how he cares about agriculture—is dead livestock removal, which will cause lots of problems with the environment and health care. Some of the people who contract in eastern Ontario tell us that there will be hundreds of dead livestock left in the farms and the fields if the minister doesn't step in and do something about it. One of the local contractors has said that his volume of dead animals has dropped by 70%. He's reduced his staff by 65% and

his truck fleet by 65%, and estimates that 15,000 dead animals will be left in eastern Ontario in the next year.

If the minister really cares about agriculture, he should look at that situation, because that's a complaint from all sides of the House.

Mr Howard Hampton (Kenora-Rainy River): I want to express some sympathy for the poor Minister of Agriculture and Food. I want to say to him that I agree with him in part. I think it is atrocious that the federal Liberal government in Ottawa regularly boasts about their surplus but, when it comes to helping farmers in a time of need, they only give the back of the hand. That is truly the tragedy here.

Interjections.

Mr Hampton: Some of the Liberals don't want to hear this, but they need to acknowledge that this is really what is happening.

The reality is that agriculture in Ontario and agriculture across the country faces an international challenge. The United States is subsidizing their farm economy to the tune of \$30 billion a year. The European nations are subsidizing their farm economies even more. Yet there is a failure in Canada, on the part of the federal government, to acknowledge that they have any responsibility to respond and to help Canadian farmers.

After having expressed my sympathy to the poor Minister of Agriculture and Food, I want to say to the Minister of Agriculture and Food: You need to clean up your own house first.

Interjections.

Mr Hampton: Now the Conservatives don't want to hear it. Would you guys get together?

Minister, it is your government that has in effect cut the budget of the Ministry of Agriculture and Food in this province by almost \$200 million. You have cut the ministry's budget almost in half. When you take into account the rising cost, when you take into account the changes in agriculture, in fact the budget cut is even more than that.

Minister, you cannot, with any credibility, after having cut so much from the agricultural budget in this province, having taken so much from farm communities and rural communities in this province, go and talk to the federal government with any credibility whatsoever. None.

I want to say to you, Minister, it is worse than that. Your record out there in rural Ontario is a record of cutting the basic infrastructure that allows rural communities to thrive and to prosper. When you start cutting the health care facilities, when you come into a community and you threaten to close the community school, when you start cutting the budgets for bridges and roads and the rural infrastructure that allows farmers to get their product to market, you are doing even more damage. Then when you go out there and close the very agricultural offices that are supposed to be there to provide farmers with information, support and advice, you are sending them a message that, frankly, at the end of the day, you don't care about them.

Minister, by closing the agricultural offices in communities like Dryden and in other more remote parts of

the province, you really are saying to those farmers that they don't matter. Telling them that they can have a 1-800 call—let's face the facts of what that means for your government. First, it means 1-800 no answer; then it means 1-800 line busy; then it means 1-800 voice mail; then, at the end, it means 1-800 voice mail, message not returned. That is the reality of your government.

So I say to you, you come forward with a plan to restore the rural infrastructure in this province; you come forward with a plan to restore the funding of the Ministry of Agriculture; you come forward with a plan to provide farmers with the information, advice, science and knowledge they need in an ever more complex agricultural environment, and then you can go to the federal government with some credibility, and I would say the federal government will then have to listen to you.

DEFERRED VOTES

CONCURRENCE IN SUPPLY

The Deputy Speaker (Mr Bert Johnson): It is now time for the deferred votes on the motions by Mr Klees for concurrence in supply. There are 10 of them. There will be one bell.

The division bells rang from 1419 to 1424.

The Deputy Speaker: Mr Klees has moved concurrence in supply for the Ministry of Municipal Affairs and Housing. All those in favour will please rise one at a time to be recognized by the Clerk.

Ayes

Arnott, Ted	Guzzo, Garry J.	Palladini, Al
Baird, John R.	Hardeman, Ernie	Runciman, Robert W.
Barrett, Toby	Hastings, John	Sampson, Rob
Beaubien, Marcel	Hodgson, Chris	Skarica, Toni
Chudleigh, Ted	Hudak, Tim	Spina, Joseph
Clark, Brad	Jackson, Cameron	Sterling, Norman W.
Clement, Tony	Kells, Morley	Stewart, R. Gary
Coburn, Brian	Klees, Frank	Stockwell, Chris
Cunningham, Dianne	Marland, Margaret	Tasca, Joseph N.
DeFaria, Carl	Martiniuk, Gerry	Tilson, David
Ecker, Janet	Mazzilli, Frank	Tsubouchi, David H.
Elliott, Brenda	Molinari, Tina R.	Turnbull, David
Eves, Ernie L.	Munro, Julia	Wettlaufer, Wayne
Flaherty, Jim	Murdoch, Bill	Wilson, Jim
Galt, Doug	Mushinski, Marilyn	Wood, Bob
Gilchrist, Steve	Newman, Dan	Young, David
Gill, Raminder	Ouellette, Jerry J.	

The Deputy Speaker: All those opposed will please rise one at a time to be recognized.

Nays

Agostino, Dominic	Crozier, Bruce	Martel, Shelley
Bartolucci, Rick	Curling, Alvin	Martin, Tony
Bisson, Gilles	Di Cocco, Caroline	McGuinty, Dalton
Boyer, Claudette	Dombrowsky, Leona	McLeod, Lyn
Bradley, James J.	Duncan, Dwight	Patten, Richard
Brown, Michael A.	Gerretsen, John	Peters, Steve
Bryant, Michael	Hampton, Howard	Phillips, Gerry
Christopherson, David	Hoy, Pat	Pupatello, Sandra
Churley, Marilyn	Kormos, Peter	Ramsay, David
Cleary, John C.	Kwinter, Monte	Ruprecht, Tony

Colle, Mike
Conway, Sean G.
Cordiano, Joseph

Lalonde, Jean-Marc
Levac, David
Marchese, Rosario

Sergio, Mario
Smitherman, George

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

Mr Klees has moved concurred in supply for the Ministry of Education and Training. Same vote? Agreed? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

In concurrence for supply for the Office of the Premier. Agreed? I heard a no.

The members will please rise one at a time and be recognized.

Ayes

Arnott, Ted
Baird, John R.
Barrett, Toby
Beaubien, Marcel
Chudleigh, Ted
Clark, Brad
Clement, Tony
Coburn, Brian
Cunningham, Dianne
DeFaria, Carl
Ecker, Janet
Elliott, Brenda
Eves, Ernie L.
Flaherty, Jim
Galt, Doug
Gilchrist, Steve
Gill, Raminder

Guzzo, Garry J.
Hardeman, Ernie
Hastings, John
Hodgson, Chris
Hudak, Tim
Jackson, Cameron
Kells, Morley
Klees, Frank
Marland, Margaret
Martiniuk, Gerry
Mazzilli, Frank
Molinari, Tina R.
Munro, Julia
Murdoch, Bill
Mushinski, Marilyn
Newman, Dan
Ouellette, Jerry J.

Palladini, Al
Runciman, Robert W.
Sampson, Rob
Skarica, Toni
Spina, Joseph
Sterling, Norman W.
Stewart, R. Gary
Stockwell, Chris
Tascona, Joseph N.
Tilson, David
Tsubouchi, David H.
Turnbull, David
Wettlaufer, Wayne
Wilson, Jim
Wood, Bob
Young, David

The Deputy Speaker: Those opposed will please rise and be recognized.

Nays

Agostino, Dominic
Bartolucci, Rick
Bisson, Gilles
Boyer, Claudette
Bradley, James J.
Brown, Michael A.
Bryant, Michael
Christopherson, David
Churley, Marilyn
Cleary, John C.
Colle, Mike
Conway, Sean G.
Cordiano, Joseph

Crozier, Bruce
Curling, Alvin
Di Cocco, Caroline
Dombrowsky, Leona
Duncan, Dwight
Gerretsen, John
Hampton, Howard
Hoy, Pat
Kormos, Peter
Kwinter, Monte
Lalonde, Jean-Marc
Levac, David
Marchese, Rosario

Martel, Shelley
Martin, Tony
McGuinty, Dalton
McLeod, Lyn
Patten, Richard
Peters, Steve
Phillips, Gerry
Pupatello, Sandra
Ramsay, David
Ruprecht, Tony
Sergio, Mario
Smitherman, George

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

On Mr Klees's motion for concurrence in supply for the Ministry of the Solicitor General and Correctional Services, same vote? It is agreed.

1430

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

On Mr Klees's motion for concurrence in supply for the Ministry of Community and Social Services, is it agreed? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

On Mr Klees's motion for concurrence in supply for the Ministry of the Environment, is it agreed? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

Mr Klees has moved concurrence in supply for the Ministry of Health. Same vote? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

Mr Klees has moved concurrence in supply for the Ministry of the Attorney General. Same vote? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

Mr Klees has moved concurrence in supply for the Ontario Native Affairs Secretariat. Same vote? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

Mr Klees has moved concurrence in supply for the Ministry of Agriculture, Food and Rural Affairs. Same vote? It is agreed.

Clerk of the House: The ayes are 50; the nays are 38.

The Deputy Speaker: I declare the motion carried.

ORAL QUESTIONS

MUNICIPAL RESTRUCTURING

Mr Dalton McGuinty (Leader of the Opposition):

My question is for the Minister of Municipal Affairs. Yesterday you introduced your 175-page sledgehammer bill into this Legislature. When we finally got an opportunity to read the bill, we realized just how big a sledgehammer it really is.

Hidden within your mega-bill are sweeping new powers for the Mike Harris cabinet. In particular, in section 37(1)(b) you actually give the cabinet the ability to change any law that has been passed by this Parliament. You are reserving unto the cabinet full, complete and absolute authority to change any law behind closed doors, without debate and without this Legislature even having to sit.

Minister, are you so arrogant that you've forgotten it is the people who are in charge and that this Legislature is where the people of this province have their say?

Hon Tony Clement (Minister of the Environment, Minister of Municipal Affairs and Housing): No, I have not forgotten that at all. Indeed what we are trying to do is initiate a process that will allow for this bill, if passed by this Legislature, to have consequential amendments that affect other pieces of legislation. This is a common problem, particularly because, for instance, if the city of Sudbury is changed to the city of Greater Sudbury, perhaps Sudbury would not be able to have grants under a particular act or law because the name of

the city has been changed. We wouldn't want that to happen, so we are trying to allow for Sudbury, Ottawa, Hamilton and Haldimand-Norfolk to have the same rights under the new legislation as they have under the present legislation. That is the intent of the bill rather than the accusations the honourable member raises.

Mr McGuinty: This provision is, to our knowledge, without precedent in the history of Ontario legislation. It gives full, complete—and I will repeat, full, complete—and absolute authority to the cabinet to make any changes to any laws that the cabinet, in its full and absolute and sole discretion, deems to be worthwhile. That's what this provision says.

This minister has a lot of nerve to stand up and talk about the rights of people. What he's doing, by means of this provision, is robbing them of their rights. You are depriving them of their rights. You are depriving us on this side of the Speaker to debate legislation in this Legislature. What you want to do is preserve for yourself the right to pass laws behind closed doors. There is one word for that; it's called dictatorship.

You were supposed to be the people who were going to stand up for people. Why, Minister, are you appropriating unto yourself the right to pass laws to amend any laws of any kind at any time behind closed doors?

Hon Mr Clement: The short answer to the question is: I'm not. I will read the particular provision for the benefit of the House. It says that we can make regulations providing for "consequential" amendments to any act that, in the opinion of the Lieutenant Governor in Council, are necessary to the effective implementation of this act. If that isn't good enough for the honourable member—

Interjections.

The Deputy Speaker (Mr Bert Johnson): Minister.

Hon Mr Clement: I am prepared to give a further undertaking to this House, in addition to the wording in that particular piece of legislation, that this government will introduce legislation in the following session to repeal this clause and to confirm all the uses of this clause by legislation so that it is all done according to the wishes of this House.

Mr McGuinty: You have got to ask yourself what is going on over there on that side of the House. They put together apparently a finely crafted piece of legislation, they put a great deal of forethought into it, and now they decide, upon reflection, that they will first pass this law and then later on, in January, February, March, April, they will pass a second law which will retract this provision.

What we are asking from you, Minister, recognizing now that this is an anti-democratic provision, is that you agree that you will remove this provision today from this bill.

Hon Mr Clement: The honourable member clearly is enjoying listening to the sound of his own voice rather than the answers that are provided to him. This particular piece of statute is necessary so that the bill can save the

municipalities grant monies, save them other rights under legislation—

Interjections.

The Deputy Speaker: Order, Minister. There is nothing in the rules of this House—

Interjection.

The Deputy Speaker: The member for Hamilton East, I'd appreciate your order. Minister.

1440

Hon Mr Clement: This is designed to protect the municipalities, protect their grant structure, protect their rights under current legislation. We make no apologies for that. But we have given you an undertaking, which is duly considered by this government, a legitimate undertaking to ensure that any regulations that are passed under this particular power are sanctioned by the Legislature. They will be sanctioned by the Legislature. You'll have your opportunity to debate it, you'll have your opportunity to discuss it at that time, and that is a good-faith undertaking by this government.

The Deputy Speaker: Question? Who is the question to?

Mr McGuinty: To the same minister, Speaker.

There is another antidemocratic provision found within your bill. There is a provision that allows 75 people in any city or region to thwart the democratic will of the majority. If communities happen to work out a local restructuring solution, a solution which they determine works, that solution can be dismantled by just 75 names on a petition. Seventy-five names on a petition, and apparently you're going to send in a commissioner with a sledgehammer. That commissioner can wipe out a city or a town without even seeking permission from this Legislature.

We've already talked about the other antidemocratic provisions. Here's a second one. You've already cast out on the first. Will you now cast out on the second and will you agree as well to remove this provision from your bill?

Hon Mr Clement: I know the honourable member is trying to distract attention from the fact that he flip-flopped yesterday on his intentions on this bill. I know that's a tough pill for him to swallow, but I would encourage him or his researchers to actually read the legislation. It makes it absolutely clear that that particular provision is designed to ensure that you can have a public debate, you can have a process and that the council that is resisting restructuring, for their own personal interests perhaps, there is a way for the citizenry to get that on the agenda. We make no apologies for that because that is a democratic aspect of this bill of which we are particularly proud.

Mr McGuinty: Let me explain the minister's bill to the minister. You have in your bill a provision which allows any 75 people resident in a community to sign a petition asking that you send in an unelected, unaccountable commissioner to impose a restructuring solution on that community, notwithstanding that that may be against the wishes of the duly elected representatives of the

people living in that community. That's what your provision is all about. That is antidemocratic, Minister.

I'm asking you to stand up and yank this provision from your bill, fully recognizing that this is an antidemocratic provision.

Hon Mr Clement: Three points. First, there is nothing in the bill that compels the appointment of a commissioner, so he's wrong. There is nothing in the bill that is antidemocratic, because this is designed to protect and enhance democracy so that the citizenry can have the type of lower taxes and more efficient government they deserve. The third point is, clearly on that side of the House they are not in favour of lower taxes and a more efficient level of government. We on this side of the House are protecting the taxpayer. Who are you trying to protect over on that side of the House? That's what we want to know.

Mr McGuinty: I defy this minister to stand up and tell us how it is in keeping with democratic principles that 75 people can be allowed to sign a petition and compel a commissioner or this minister to impose a restructuring solution on a community. I defy this minister to tell us how that is in keeping with traditional democratic principles that have been articulated and developed century after century after century right across the free world. You tell me, Minister, why giving authority to 75 people resident in a community to invoke a commissioner who will come and step into that community and impose a restructuring solution on the overwhelming majority and against the express wishes of the elected representatives is in keeping with democracy.

Hon Mr Clement: I'd like the honourable member to tell me something. Show me in the legislation where it is compelling the minister or anyone else to appoint a commissioner. There is no compelling whatsoever and I challenge him to show where in the legislation it does that.

He talks about the rights of the councillors, the rights of the local politicians. Who is protecting the rights of the taxpayers? Who is protecting the taxpayers when the city council or the town council of 10 elected representatives is closing off debate, is closing off the potential for lower taxes?

We are on the side of the people. What side are you on?

IMPERIAL LIFE ASSURANCE

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Labour. Since July of this year, Imperial Life Assurance has stopped processing claims or paying any benefits, including medical and prescription drug claims, for over 23,000 Eaton's workers, most of whom live in Ontario. To this date, they refuse to provide official notification to those workers that they're not going to pay and why they're not going to pay.

Workers have died and their families are not receiving insurance benefits. People who rely on prescription

medicine, including HIV-positive workers, cannot apply to the Trillium drug plan because they haven't received a formal notice of discontinuance of benefits. There's chaos here: 23,000 workers, most of whom live in Ontario, can't get medical benefits, aren't getting the life insurance they need, while members of their family die.

Can you tell us what you as Minister of Labour have done to help these 23,000 workers, most of whom live in Ontario?

Hon Chris Stockwell (Minister of Labour): If you would send me over the documentation, I'll be happy to review the situation. Obviously, if that is the situation, it would seem reasonable to me that we would investigate and examine it. I'll be happy to do that.

Mr Hampton: I'm surprised the minister doesn't know about this, because workers have been evicted from their apartments, workers have been forced to go to food banks. The company has deliberately made it impossible for employees to convert from the group plan to individual coverage with another carrier and they did so in conscious disregard for the guidelines set down by the Canadian Life and Health Insurance Association. In other words, they're saying: "We're going to take advantage of these workers while they're down. We don't care what the guidelines say; we don't care what fairness says." I'm surprised you're not aware of this.

Minister, the Trillium drug plan is under the sponsorship of your government. Would you just do this: Would you require Imperial Life Assurance to at least give those workers who need drug coverage notice so they can go to the Trillium plan and receive the drug coverage that any citizen of Ontario ought to receive? Would you do that?

Hon Mr Stockwell: As I said to the leader of the third party, I'll be happy to review the situation. I understand in certain circumstances there's an individual case. With respect to the 23,000, it is something I'd be happy to review and look into. Any assistance you could provide I would greatly appreciate.

Mr Hampton: I'm pleased to hear that you're willing to do something. Actually, if you really want to know how to help these workers, there was something called the employee wage protection plan. It was in place to help workers who were suddenly put out of work when a major corporate employer went down. Your government cut the employee wage protection plan. If you'd care to put that back in place, that would be a real help.

I'll tell you what more you can do. When these workers wanted to transfer to another insurance carrier for individual coverage so their benefits could be continued, the insurance company refused and your government did nothing. This has been very public. Your government did nothing. You could have brought pressure to bear on the company to at least comply with the Canadian insurance industry guidelines. Would you do that now, Minister?

Hon Mr Stockwell: As the Ministry of Labour, we are compelled to make people comply with the labour laws in this province. We are doing just that. If you have evidence to prove that in fact they're contravening the

labour legislation within Ontario, I would be very happy to investigate the situation.

I understand the allegations you've made. They are very serious charges and serious allegations. If you have proof that any of these companies are contravening any labour legislation in Ontario, I give you my undertaking that I will vigorously investigate and vigorously challenge them to meet those guidelines and force them to in that case. But at this point I have not seen any evidence of that. If I can see evidence, or you have evidence, please supply it to me because I'll be happy to investigate it. But until that happens, there are laws of the land that they have to live under. If they are not living under them, and you have evidence they're not living under them, please give it to me. I will vigorously proceed under that particular act.

1450

MUNICIPAL RESTRUCTURING

Mr Howard Hampton (Kenora-Rainy River): My next question is for the Minister of Municipal Affairs. I have to say, I don't know where the Minister of Labour has been for the last four months.

Minister, I have before me a copy of section 36(b) of the act which is going to force amalgamation on Hamilton area municipalities. It says that you can pass regulations providing for consequential amendments to any act that in the opinion of the Lieutenant Governor in Council are necessary for effective implementation of the act. Any act, minister.

What this means is that this very public process of law-making, where laws are made in public by the people's representatives, where they are debated in the open, where there is a record kept, you are now as a government going to take behind closed doors where there is no accountability. We don't know who said what. We don't know why it was done. You're not forced to defend your record. This is unprecedented in the history of parliamentary democracy.

The Deputy Speaker (Mr Bert Johnson): Question.

Mr Hampton: How do you justify something which runs against all the rules of parliamentary democracy? Do you believe in the divine right of kings, too?

Hon Tony Clement (Minister of the Environment, Minister of Municipal Affairs and Housing): No, I do not. In fact we have tried to put in a lot of safeguards because I agree with the honourable member, and indeed the Leader of the Opposition, that this is a circumstance that should be used sparingly and very cautiously. That's why it says "consequential amendments" rather than any amendments.

I gave an undertaking on behalf of the government that we would supply a bill that would, in the future, sanctify any changes we do as a result of this particular section in the legislation. That is the undertaking of myself and of the government that we represent. We are concerned about it as well. It is necessary to protect the rights of citizens and the cities that are the subject of this

bill. We make no apologies for trying to ensure the transition is a smooth one, but there should be protections in there and I agree with the honourable member.

Mr Hampton: The minister says this is unusual. This is unprecedented. My God, Third World dictators would be proud of you. Third World dictators would like to have this kind of power. You can go behind closed doors. With a stroke of a pen, you could wipe out legislation. With a stroke of a pen, you could wipe out needed community services. With a stroke of a pen, you can do all those things and you never have to answer to anybody.

Do you realize how far beyond the pale this goes? Do you realize that this is dictatorship? Saying that you're going to come along later, after the fact, and you're going to do away with it, doesn't do away with the fact that it's dictatorship. If you believe in this institution at all, take this clause out of the legislation now. Will you do that?

Hon Mr Clement: The honourable member bandies about the term "dictatorship" quite freely. Coming from a constituency, I'm sure he has constituents, as well, who have escaped dictatorships. My constituents know the difference between the duly elected government in Ontario and a dictatorship. I encourage him to use his words more sparingly because he cheapens the term "dictatorship" when he uses it in such a cavalier manner.

I know, and this government knows, how important it is to be accountable to the people. That is why we are trying to ensure that citizens are protected under this legislation, that cities' powers and rights and responsibilities are protected under this legislation. That's why we gave an undertaking right here, right now—perhaps he doesn't want yes for an answer, but we gave an undertaking—that we will bring back to this Legislature for debate, for discussion, for a final vote any consequential amendments that have to be made on behalf of the people of the Ontario, and that is our solemn undertaking.

FRENCH-LANGUAGE SERVICES

SERVICES EN FRANÇAIS

Mr Dalton McGuinty (Leader of the Opposition): My question is for the minister responsible for francophone affairs.

There was a story in today's paper with a headline that reads as follows: "Pourtant ministre des Affaires francophones John Baird se serait opposé au statut bilingue," which loosely translated means, "Even though Minister responsible for francophone affairs John Baird is opposed" to making this new city of Ottawa bilingual.

Francophones across the province of Ontario are today wondering whose side you're on. I'm going to give you the opportunity now to stand in your place and tell us what is the position that you have taken with respect to making the new city of Ottawa bilingual. Are you for that or are you against it? Francophones are exceedingly interested in what you have to say about this.

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): Those of us on this side of the House have no problem with the new city of Ottawa being bilingual.

Mr McGuinty: What they want to know is, are you working actively on their behalf, with all persons that you might come across, whether in your community, in your caucus or in your cabinet? Are you advocating on behalf of francophones and ensuring that you are doing whatever you possibly can in keeping with the recommendation of this third party, Glen Shortliffe, chosen by your government, who said it's important that we recognize the unique characteristics of the nation's capital and recommended that we have a bilingual city, bilingual where numbers warrant? Can you provide that assurance to francophones that you're working actively on their behalf and lobbying—and that it's your intention to put forward an amendment, by the way—to ensure that the new city of Ottawa is in fact bilingual where numbers warrant?

L'hon M. Baird : Notre gouvernement bien sûr appuie la Loi sur les services en français. Il y a quelques semaines on a célébré l'anniversaire de ce projet de loi.

La région d'Ottawa-Carleton est déjà bilingue dans les services qu'elle offre à la population de notre région. Je suis sûr que la ville d'Ottawa, la ville de Vanier, la ville de Gloucester et la ville de Cumberland aussi offrent les services en français pour les citoyens de la région d'Ottawa-Carleton. Le gouvernement de l'Ontario n'a jamais désigné aucune ville de l'Ontario officiellement bilingue. C'est la responsabilité de la ville d'Ottawa et la nouvelle ville d'Ottawa si le projet de loi est adopté. Bien sûr, on va regarder les pourparlers des nouveaux conseils, comme députés et comme ministère des Affaires francophones, pour être sûrs que les services en français seront offerts en français.

HIGHWAY IMPROVEMENT

Mr Bob Wood (London West): My question is to the Minister of Transportation. Modern developments in manufacturing, including just-in-time inventory, have re-emphasized the vital importance of fully adequate highways for jobs and investment in southwestern Ontario.

Will the minister tell the House what criteria the Minister of Transportation uses to determine whether the capacity of the 401 highway and other superhighways is adequate, and how it prepares forecasts of the future demands on our highways?

Hon David Turnbull (Minister of Transportation): In order to determine the capacity of highways to make sure they are adequate, the MTO considers the numbers and types of vehicles as well as the configuration of the existing highways. Forecasts of future demands are based on historic traffic growth and projected changes in population and economic activity.

Currently we are completing a four-year, \$1-billion upgrade to 401, 402 and the QEW. Highway 401 is being

widened east towards Port Hope and Highways 11 and 69 are being four-laned. We're keeping our campaign commitment to four-lane the 417 north to Arnprior. We've kept our promise to build 416, the Veterans Memorial Highway. We're spending this year the highest amount on capital spending in this province's history at close to \$700 million. We have proven our commitment to the highways and the infrastructure of this province.

1500

Mr Wood: The minister is also aware of the great public concern about safety on a stretch of Highway 401 west of London, where a number of fatalities occurred earlier this year. In September, the minister announced an action plan for safer roads in response to those fatalities. The plan was aimed at highway safety, infrastructure planning and immediate improvements to the 401. Will the minister tell the House what progress has been made on implementing this action plan?

Hon Mr Turnbull: As a result of the action plan for safer roads, I'm pleased to report that 57 kilometres of the total of 114 kilometres of the highway shoulders in southwestern Ontario have already been fully paved with rumble strips. Permanent roadway markers have been installed in 20 kilometres of highway so far. Speed signs have been installed on the 401 near Highgate Road. We will be installing additional signage which will warn people of speeding and also the failure to wear seatbelts.

The Ontario Advisory Group on Safe Driving met last week for the first time, and I'm confident that this broad-ranging group of road-user stakeholders will come forward with useful suggestions.

We're discussing with my counterparts from Michigan needs and alternatives in the Windsor area. We have demonstrated our commitment to highways and infrastructure.

EMERGENCY SERVICES

Mrs Lyn McLeod (Thunder Bay-Atikokan): My question is for the Deputy Premier. Last June 22, the Minister of Health said that your government had dealt with the emergency room crisis once and for all. Yesterday, ambulances, even those with the most critically ill patients, were being turned away from 10 Toronto hospitals, 15 other hospitals in Toronto were taking only the most seriously ill cases, and ambulance drivers were forced to refuse to take their patients out of town because it would put their patients at risk. Today 17 hospitals were still on emergency redirect as of noon.

Yet this morning the Premier said that this is not really a bad thing. He says he's not sure you could ever fix the problem of the emergency rooms. Minister, do you agree with your Premier that shutting down access to emergency care is just going to be reality in Mike Harris's Ontario?

Hon Ernie L. Eves (Deputy Premier, Minister of Finance): Obviously, it isn't an optimum situation. Nobody ever wants to see redirect occur or critical care bypass occur. However, redirect is better than not having

a system in place to cope with it at all. I do note that she acknowledges today that my figures are slightly different than hers. Mine say that nine out of 25 hospitals in the Toronto area are operating normally today, nine are on redirect and seven are on critical care bypass. So we differ by one hospital, I suppose, in that regard.

I would point out to her that we are taking steps to try to address the situation. This year alone, hospital funding for direct patient care is up by over \$400 million; \$75 million over two years to allow hospitals to increase beds and ER services. That \$75 million has been flowed already this year.

We are doing things to try to alleviate the situation. The ministry has issued guidelines with respect to emergency room facilities. They have an audit procedure to make sure that hospitals are dealing with those guidelines and implementing those guidelines if need be. So we are taking steps to try to improve the situation and, to answer your question, we will continue to take further steps to improve the situation.

Mrs McLeod: Saying that only 16 emergency rooms are on redirect today is like saying that we're making progress because 35% of cancer patients are being seen within an acceptable waiting time. This is what this government is prepared to accept as being inevitable. The fact is that your government has made it worse. That's what emergency room nurses are saying today. Hospital cuts and hospital restructuring have shut down too many beds, and patients are lying on stretchers in emergency rooms because there isn't a bed for them in the hospital.

The crisis is not happening because hospitals are choosing to do elective surgery or because, as the Premier suggested this morning, health workers are taking Christmas holidays. This is a crisis today. Minister, it is going to get worse. Patients are going to die unless your government takes action immediately to deal with this crisis.

Will you go to your cabinet meeting tomorrow and tell the Premier that refusing emergency care to critically ill patients is indeed a crisis, and will you demand that immediate action be taken to open more hospital beds now, as emergency workers are telling you you must?

Hon Mr Eves: We are not blaming other persons for the situation.

Interjection.

Hon Mr Eves: She intimated in her question that we were blaming other people and health care workers. Indeed, we are not doing that. Ontario hospitals will be able to treat—

Interjections.

The Deputy Speaker (Mr Bert Johnson): Order. Sometimes when you ask a question you want to hear the answer.

Interjections.

The Deputy Speaker: I'm going to hear it whether you want to or not. Deputy Premier.

Hon Mr Eves: Steps are being taken by the government to increase capacity in emergency rooms across the province—\$97 million to 50 hospital emergency rooms

province-wide to fast-track capital expansions. Ontario hospitals will be able to treat 18% more emergency and ambulatory patients this year than they could in 1995-96, when we assumed office.

Interjections.

The Deputy Speaker: Members for Windsor West and Thunder Bay-Atikokan come to order.

Interjection.

The Deputy Speaker: Member for Windsor West, I'll not warn you again. Deputy Premier.

Hon Mr Eves: We are taking steps to improve the situation. Indeed, the situation in this province has dramatically improved from when the following headlines were in place—

Interjections.

Hon Mr Eves: Excuse me, no. Elinor Caplan was health minister when these headlines were read: "Two Area Ambulance Drivers Criticize Rerouting Patients from Hospital"; "Elderly Woman Turned Away from Two Area Hospitals Last Week Died Christmas Day"; "It's not uncommon for Ottawa's five major hospitals to redirect ambulances to another hospital when they're busy on serious cases"—etc, all from Elinor Caplan's reign as Minister of Health. To the honourable member, yes, the situation has dramatically improved, no thanks to them or their party.

PROFESSIONAL BOXING

Mr Doug Galt (Northumberland): My question is directed to the Minister of Consumer and Commercial Relations. I read this morning the news of the unfortunate death of Stephan Johnson, an American boxer who died from a brain injury received in a fight in New Jersey last month. I understand that this boxer sustained a knockout during a fight in Toronto in April 1999 and as a result was placed on medical suspension from fighting.

Minister, what does the Ontario government do to ensure the safety of professional boxers in the province of Ontario?

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): I thank the member for the question. Mr Johnson's death was a real tragedy, compounded by the fact that it shouldn't have happened; it didn't have to happen. As the questioner pointed out, Mr Johnson was in a boxing match in Ontario in April this year when he was knocked out. A knockout in Ontario, which is the strictest jurisdiction in terms of policing professional boxing, qualifies for an automatic suspension. Before that suspension can be lifted, the fighter has to successfully undergo three medical tests.

Mr Johnson had only undergone one test, a CAT scan, I believe, and the suspension hadn't been lifted at the time he was involved in a fight in New Jersey and suffered that fatal injury.

Mr Galt: Thank you for that answer about ensuring professional fighting is indeed well regulated in Ontario. Certainly safety in the ring was always of great concern to me. That was one of the many reasons why I never got

into a boxing ring myself. It's also one of the reasons I didn't get into basketball as well.

Interjection: What are you in now?

Mr Galt: Trouble.

Minister, this boxer was suspended by the Ontario athletics commissioner. He should not have been permitted to fight until he was medically fit to do so. What can the government do to make sure that other jurisdictions make safety the number one priority in boxing and respect our suspensions?

Hon Mr Runciman: Suspension in Ontario is communicated to other boxing commissions throughout North America. All the medical suspensions are posted on what they call a fight facts registry. Regrettably, United States jurisdictions are not required to uphold suspensions imposed in other countries. In this instance, obviously, they ignored the Ontario suspension.

I am writing to the athletic commissions in the three US states where Mr Johnson was allowed to fight while under Ontario suspension, asking them to honour our medical suspensions for safety reasons. Making sports safe for participants is Ontario's number one priority.

1510

SERVICES EN FRANÇAIS

M. Gilles Bisson (Timmins-Baie James) : J'ai une question pour M. Baird, le ministre délégué aux Affaires francophones.

Plus tôt dans la Chambre aujourd'hui, il y avait une question faisant affaire avec les services en français pour la communauté d'Ottawa. Vous vous êtes fié sur la question d'offrir les services pour les francophones où les nombres le justifie. Mais c'est intéressant que plus tôt aujourd'hui, quand les médias vous ont posé la question, vous avez dit, « Je crois qu'il faut être très prudent avec la notion du bilinguisme là où les nombres le justifie. »

Ma question au ministre est très clair : Vous avez deux différents textes, un texte le matin quand vous parlez aux journalistes, et un texte totalement différent quand on vous pose la question à la Chambre. À qui pouvons-nous nous fier, les francophones en Ontario, si vous ne parlez pas pour nous ?

L'hon John R. Baird (ministre des Services sociaux et communautaires, ministre délégué aux Affaires francophones) : J'ai dit exactement la même chose dans la Chambre que dans les corridors avec les médias. C'est bien sûr que les services sont offerts dans la région d'Ottawa-Carleton, dans toutes les villes où le nombre de francophones est suffisant pour offrir les services. La ville de Gloucester, la ville de Cumberland, la ville d'Ottawa, la ville de Vanier offrent toujours les services en français.

Je suis absolument sûr que, si la loi est adoptée, les services de qualité en français doivent être offerts. Je suis sûr que la grande majorité des citoyens dans Nepean, dans Gloucester, dans Ottawa, dans toute la région, dans toute la nouvelle ville d'Ottawa, vont appuyer la provision de bons services pour les francophones de la région.

M. Bisson : Ma question est encore au ministre, sur votre crédibilité. Vous avez deux différents dictons. Vous parlez un langage quand vous êtes en dehors de l'Assemblée, quand vous répondez aux journalistes. Vous avez dit que vous êtes un peu nerveux avec la question puis la notion d'offrir des services là où les nombres le justifient. Mais ici à l'Assemblée, vous nous dites quelque chose un peu différent.

Après ça, l'affaire qui m'inquiète vraiment, c'est que vous avez dit même juste jeudi, et je répète, que « Nous ne voulons pas une bande de juges, de bureaucrates, couper des cheveux en quatre sur une définition » quand on vous a posé la question. S'il n'y avait pas eu la capacité de la communauté francophone d'aller devant les juges, on aurait perdu l'hôpital Montfort.

Je vous demande une question très simple : êtes-vous notre porte-parole et notre protecteur envers votre cabinet quand ça vient aux services en français pour nous, les francophones de l'Ontario ? Oui ou non ?

L'hon M. Baird : La réponse à la question de mon collègue est bien sûr oui. Je parle toujours des intérêts des francophones de toute la province au Conseil exécutif et dans mon caucus. La provision de bons services en français est quelque chose d'important pour nous. On appuie la Loi sur les services en français, la Loi 8.

La région d'Ottawa-Carleton, pour nous, le gouvernement de l'Ontario, est déjà une des 23 régions désignées. Je suis absolument sûr que le conseil de la nouvelle ville va adopter une bonne politique pour être sûr que les services seront offerts dans les deux langues, le français et l'anglais. J'ai beaucoup de confiance en la nouvelle municipalité. Les conseils dans le passé ont offert les bons services en français. Comme député de la région et ministre délégué aux Affaires francophones, je peux dire qu'on va suivre de très proche la situation pour nous assurer que les francophones continueront à recevoir les bons services en français.

WORKFARE

Mr Richard Patten (Ottawa Centre): My question is for the Minister of Community and Social Services. For the last two years the regional government of Ottawa-Carleton has been extremely successful at finding permanent jobs for welfare recipients. An average of 800 welfare recipients a month have found permanent work this way. Meanwhile, your workfare plan has averaged about 500 people a month in temporary placements, and we all know where some of that leads.

Last week you announced new workfare quotas. The permanent jobs that are found by the region for their welfare recipients will not be counted in your workfare quotas. This will punish the region for being successful with their placement program.

In order to meet your new quotas, they will have to stop helping people to get off welfare. They will have to let them collect welfare and place a few of them in workfare programs. All of this, so that your numbers for your workfare program won't be so embarrassing. I ask you,

why are you trying to prevent the region from getting permanent jobs for people on welfare?

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): I want to thank my colleague from Ottawa Centre for the question. This government strongly believes in helping move people from welfare to work. It has been one of our fundamental priorities as a government. To date we have seen more than 462,000 people move from the welfare rolls, and we've seen substantial growth in job creation, with more than 600,000 jobs created.

What we believe is that a whole series of supports are needed to provide people with that transition from welfare to work. Through workfare and community placements, through earnfare, through learnfare, we have a substantial number of people taking a variety of supports to help them. What we're saying is that workfare has got to be part of that equation.

The regional municipality of Ottawa-Carleton has a \$4-million surplus in welfare this year. They are laying off case workers. If they feel they need additional resources to help people participate in community placement, we're certainly open to receiving requests through a \$10-million community innovation fund.

Mr Patten: Minister, you're not answering the question. I asked you how come you're jeopardizing and penalizing Ottawa-Carleton when they are creating jobs.

Interjection.

Mr Patten: They are so. He says it's silly. Listen to what the social services commissioner of Ottawa-Carleton says: "When I have an opportunity to get somebody a real job, I'm going to bypass the community placement," which is your workfare program because "that's the most effective thing for our clients. It's a good poverty reduction strategy and it's the best thing for the taxpayers of Ontario." That is the commissioner of social services for the region.

Interjection.

Mr Patten: Why? Because he's penalized going your way. Why won't you look at the formula? At least agree to look at the formula and see that it's prejudicial and is punishing Ottawa-Carleton for getting good jobs. Will you look at it?

Hon Mr Baird: I have certainly sat down with officials and heard this concern. We believe you can do both. You can help people move from welfare to work and you can also help those others. More than 85% of people can take the avenue the region wants to take this year, with only a 15% goal to help take community placement.

Our party believes you can't leave anyone behind. We're not prepared to say that 85% of people can just sit there and wait while they take care of 15%. We have some significant differences on welfare reform. We want to help people move from welfare to work. Your party believes in a welfare reform policy written by an insurance adjuster. You just want to write people off and leave people behind. We don't believe in that policy. We believe you've got to provide supports to help people move

from welfare to work, and we're going to continue to work to provide that support.

1520

PREMIER'S RESEARCH EXCELLENCE AWARD

Mr R. Gary Stewart (Peterborough): My question is to the Minister of Energy, Science and Technology. Recently I attended a ceremony at Trent University in honour of Dr James Parker. Dr Parker was recognized for his outstanding research and will be receiving a Premier's Research Excellence Award for his work. It was not too long ago that another world-class researcher from Trent University, Dr Holger Hintelmann, also received that honour. Can you elaborate on the Premier's Research Excellence Award and tell us a little bit more about it and how it works?

Hon Jim Wilson (Minister of Energy, Science and Technology): The Premier's Research Excellence Awards is a \$75-million program, the first of its kind in Canada for a province and the first of its kind, certainly, in Ontario.

As part of this jobs cabinet and this jobs government, we are aiming to recession-proof ourselves and do the best we can in this province to get through the lows that may come from time to time in our economy. What we've focused on is research and development and particularly our young researchers, so each of our 128 recipients of the Premier's Research Excellence Award receives \$150,000. That money is some of the largest money given out in this country to individual researchers. It's used to attract more expert researchers to their teams, like Dr Parker and Dr Hintelmann.

Tonight, for example, the Premier will host, the first of its kind here in Ontario, an awards dinner to recognize the 128 excellent researchers in all areas of scientific endeavour who have applied for the program. It's a tremendous way for us to stop the brain drain, to turn it into a brain gain. More than just money is needed in research; we also have to recognize these talented young people so that they'll stay in Ontario and bring to us the great discoveries that will help us improve our quality of life here and around the world.

Mr Stewart: Thank you, Minister, and there's absolutely no doubt after being involved with this twice. It also suggests the type of university and the type of researchers and faculty that Trent University in my riding has, and this certainly has a very long-range ripple effect. I know that Dr Parker's project was in emotional intelligence and mental and physical health, and that Dr Hintelmann's work is in chemistry and environmental and resource studies. What other areas of research are covered under this award?

Hon Mr Wilson: All areas of legitimate scientific endeavour are able to apply for the award, but specifically the Premier's Research Excellence Award concentrates on physical, natural and life sciences, engineering, mathematics, health sciences and environmental sciences.

I think Dr Hintelmann's work from the Trent University is a very good example of the type of excellent research that is being conducted in this province. He is specifically looking at the relationship between atmospheric mercury deposits and mercury concentrations in fish. The research will determine the contribution of atmospheric mercury emissions to the high levels of mercury that are observed in many fish. It's breakthrough work that Dr Hintelmann is doing. Dr Parker's work is breakthrough work in the area of intelligence, and there are 126 other recipients tonight of the Premier's Research Excellence Award.

I hope members will take the time to congratulate those recipients who are from their ridings. They deserve your recognition, they deserve your support and they are our future. I know the honourable member from Peterborough is very proud, as he should be, of the recipients from his area of the province and I hope all members will join us in that recognition.

OAK RIDGES MORaine

Mr George Smitherman (Toronto Centre-Rosedale): My question is for the minister responsible for the greater Toronto area. Two years ago the Harris government created the Ministry of Municipal Affairs and Housing. Two years ago—

The Deputy Speaker (Mr Bert Johnson): I need the name of a ministry.

Mr Smitherman: The Minister of Municipal Affairs and Housing.

The Deputy Speaker: Thank you.

Mr Smitherman: Two years ago the Harris government created the Greater Toronto Services Board. Since then the GTSB has struggled to find a consensus on any given issue. This past Friday the Greater Toronto Services Board finally reached a consensus. Indeed the board voted 58 to one, and what was the issue that unified municipal politicians from Stouffville to Caledon, from Whitby and Ajax to Mississauga and to Milton? It was the Oak Ridges moraine. They united behind a demand to freeze new development on the Oak Ridges moraine until the province has a comprehensive policy in place to protect this environmentally sensitive land.

I ask the Minister, will you listen to the board your government created and freeze new development on the Oak Ridges moraine?

Hon Tony Clement (Minister of the Environment, Minister of Municipal Affairs and Housing): I thank the honourable member for the question. He was in my riding a few days ago. I hope you had a good time in Brampton West-Mississauga and I hope you learned a little bit about the issues that are out there.

With respect to the question, I would disagree with the honourable member. I think the Greater Toronto Services Board has found a lot of consensus on other issues such as transit and the need to have an integrated transit plan, which is precisely why the board was set up in the first

place, so they're moving on with the job and I congratulate them on that.

With respect to the issue the honourable member has raised, there was a motion passed. We have a bit of a disagreement in terms of interpretation. I think the essence of the motion, as I read it, was that they were interested in a policy statement rather than a freeze. I would encourage the honourable member to correct the record for this House in terms of the tenor of the motion. At that time, I'd be happy to answer the question.

Mr Smitherman: It seems that the minister is mistaken. While the minister writes letters supporting unsustainable development, pristine wilderness lands and freshwater resources are being lost forever. The solution is clear. We have said so, Uxbridge has said so, Durham region has said so, the GTA mayors and chairs have said so and now the Greater Toronto Services Board, a body created by your own government, has said so. This is what they moved:

"The Greater Toronto Services Board urges the province of Ontario to ensure that no more approvals be given to proposed development or aggregate applications going through the process for six months in the Oak Ridges moraine, and that during that period the province, in collaboration with the regions, prepare a policy statement for the Oak Ridges moraine."

Freeze development on the moraine until you have a comprehensive plan in place. That's what they said. I ask the minister again: Will he stand up for ordinary Ontarians instead of developers and implement a policy to save and not pave the Oak Ridges moraine?

Hon Mr Clement: That the honourable member's caucus is interested in this issue is astounding, considering their complete lack of sophistication and interest in this issue before.

But I would say to the honourable member that any resolution that is passed by the GTSB or its constituent municipalities is something of interest to this government. We are willing to take that information, and we will take it seriously. We will examine it, and we will make sure that it is consistent with the public policy objectives, which I think the honourable member and I share. We are all looking for ways to ensure that we have sustainable water supplies and sustainable environmental controls. So environmental preservation is our top priority, along with the fact that the way you get environmental preservation is to have prosperity, growth, jobs and opportunity.

The honourable members on the other side are so good at saying, "We want to freeze development; we want to freeze prosperity."

The Deputy Speaker: Answer.

Hon Mr Clement: On this side of the House, we are looking for solutions that guarantee prosperity as well as an environmental record of which we can all be proud. This is what we on this side of the House stand for.

MOHAWK RACEWAY

Mr Ted Chudleigh (Halton): My question is to the Chair of Management Board. Minister, as you know, Mohawk Raceway is located in my riding, the great riding of Halton, and was long considered to be one of the premier standardbred horse racing tracks in North America. Since its opening in 1963, championship horses, such as Cam Fella, Matts Scooter, Peace Corps and Canada's 1996 co-Horses of the Year, Riaydh and When U Wish Upon A Star, have all raced at Mohawk's track, along with an under-recognized but terrific little horse called Dr Charlotte W. raised at Mohawk and named after Charlotte Whitton, former mayor of Ottawa. These horses have been driven by some of the greatest drivers in Canada, who now call Halton their home: Steve Conlon, Rick Zenon—

The Deputy Speaker (Mr Bert Johnson): Question?

Mr Chudleigh:—Ron Waples—great drivers.

Minister, can you tell me if you've had any feedback from the horse racing industry on how this has affected the industry as a whole?

Hon Chris Hodgson (Chair of the Management Board of Cabinet): That's an excellent question from the member from Halton. Yes, I'm pleased to report to the House and to the member that we've received a lot of very positive feedback from the horse racing industry in Ontario. As you know, under previous governments' policies of overtaxation, the horse industry in Ontario was facing a lot of competition and not faring very well against other jurisdictions in North America. But the feedback we've gotten because of the implementation of slot machines and the decrease in the tax rate is that we have a real increase in horse racing activity in this province. We've seen activity in ownership of horses increasing. Top stallions are returning from the United States back to Ontario.

The Deputy Speaker: Answer.

Hon Mr Hodgson: Leading owners are indicating that they may even be moving their stables and farms to Ontario next year instead of the United States, and new farms are being built. We're restoring this industry to its historical ranking of being the best in the world.

1530

Mr Chudleigh: That's great news for my constituents in Halton. I have been hearing that this initiative, the addition of slot machines, has been very successful for Mohawk Raceway. Attendance figures are rising. Horse wagering is up 27%. Purse levels have increased 10% from this time last year.

I had the opportunity to attend the Breeders' Cup earlier this year, in October, and some of the finest trotters and pacers from all of North America were there to entertain and to compete for some very serious purses. It's great once again to see the parking lot at Mohawk Raceway full.

The Deputy Speaker: Question.

Mr Chudleigh: Minister, given that Mohawk is the economic stimulant for many Milton-area farmers and

other businesses, can you tell the residents of Milton how this increase in revenues for the industry will benefit the agricultural sector and the rest of Ontario's taxpayers?

Hon Mr Hodgson: I'd be glad to. This initiative has been good news for all of Ontario, in particular rural Ontario. It has greatly assisted the agricultural economy. As members in this House would know, and those outside this House should know, horseracing is the third-largest contributor to the agricultural economy in this province. They purchase \$18 million annually in supplies from the agri-food business. So that's a great news announcement for rural Ontario.

But the whole province benefits as well from this initiative of creating over 7,000 new jobs in the province of Ontario, as well as being able to give \$100 million to charities throughout Ontario to help those worthy causes. There's also \$10 million annually to be invested into addiction research and programs, and 5% for the host municipality. I think it's a win-win situation for the people of Ontario, especially rural Ontario.

CANCER TREATMENT

Mr Howard Hampton (Kenora-Rainy River): My question is for the Deputy Premier. Because cancer treatment centres in southern Ontario can't accommodate the waiting list for cancer patients, your government pays the full cost of transportation, accommodation and meals for cancer patients who have to go to the Thunder Bay cancer treatment centre.

Donna Graham is a cancer patient from Pickle Lake, Ontario. She has to drive a total of 1,100 kilometres to get to Thunder Bay for treatment of cancer. She has to pick up costs of transportation, meals and hotel. Your government will not cover her to the same benefit as a cancer patient from southern Ontario.

Minister, don't you believe that she should receive the same benefit? Is she somehow a second-class citizen as a cancer patient from northern Ontario?

Hon Ernie L. Eves (Deputy Premier, Minister of Finance): I don't believe that any patient should be a second-class patient in the province of Ontario.

Mr Hampton: Deputy Premier, that is the reality. For her to fly from Pickle Lake to Thunder Bay on a Monday for cancer treatment and go home again on Friday would cost \$518. The northern health travel grant won't come anywhere near that in terms of its funding support. If she has to stay overnight in a hotel, she has to pick up that cost, \$70 a night. She also has to pick up the food costs for that. Yet your government pays all the costs for a cancer patient—Patient X—flying from Toronto.

Why the difference, Deputy Premier? They're both suffering from cancer. They both need cancer treatment. For one patient you pay the full costs, all of the travel costs. The other patient has to find money out of their pocket to cover the cost of transportation and accommodation, and sometimes they don't have it. Sometimes they have to drive 1,000 kilometres over an icy highway because they don't have the money to cover airfare. Why

the difference? Why are some cancer patients treated much better than other cancer patients by your government, Minister?

Hon Mr Eves: I'll refer this supplementary to the Minister of Northern Development and Mines.

Hon Tim Hudak (Minister of Northern Development and Mines): As I've said before in this House, it's this government's intention to ensure that people across Ontario, and importantly northern Ontario, have access to health care services close to home, and it's certainly our strategy to improve access in areas across the northwest and northeast so they can get services in the hospitals close by.

If the member wants to pass the details on the individual to me, I can refer that to the Ministry of Health to ensure that people get access to care as quickly as possible and are treated on a fair basis. My understanding is that Cancer Care Ontario, with respect to cancer patients who need treatment soon, has the authority to move those patients to where they can get treatment the best way possible and as quickly as possible to ensure that they have that important access to radiation therapy so they can come back into good physical condition as soon as possible. So I invite the member opposite to do such.

Again, this government remains committed to ensuring that patients across Ontario, and importantly northern Ontario, get access to the best possible quality care as close to home as possible.

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): On a point of order, Speaker: In order to be able to perhaps get to some form of public hearings on Bill 25, I seek unanimous consent to proceed with Bill 25 notwithstanding the printing requirements of the standing orders.

The Deputy Speaker (Mr Bert Johnson): Is it agreed? It is not agreed.

Mr Rick Bartolucci (Sudbury): Do you think the people of Ontario are stupid, or what, Norm? Do you think they're going to buy that garbage?

The Deputy Speaker: I'd ask the member for Sudbury to talk properly.

VISITOR

Mr Howard Hampton (Kenora-Rainy River): On a point of order, Speaker: I wanted to draw the attention of all members to the fact that we have a very distinguished visitor here today. The Prime Minister of Burma, in exile, is visiting us today. I'm sure all members would want to pass along our respects and our congratulations to him.

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Mr Speaker: I wonder if the Chair can inform the House when Bill 25 will be printed.

The Deputy Speaker (Mr Bert Johnson): The Speaker cannot speculate on your wondering.

Mr Duncan: Mr Speaker, I have a point of order.

The Deputy Speaker: A different point of order?

Mr Duncan: I seek unanimous consent of the House to ask the government House leader when Bill 25 will be

printed and available for members of the Legislature and the public to read. I wonder if we'll know when that—

The Deputy Speaker: It's OK.

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): On the point of order—

The Deputy Speaker: I don't take debate on points of order.

Is there consent? No, there's not consent.

Hon Mr Sterling: On a point of order, Speaker: The bill was produced yesterday and given to the opposition members. It has been widely printed.

Interjection.

Hon Mr Sterling: Can you not make other copies? Go to your photocopier.

Interjections.

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

Interjections.

The Deputy Speaker: Order. I observe that the Prime Minister thought it was better to get back to Burma than to put up with this.

If there are two of us standing up and I'm one of them, the other one's out of order.

The time for petitions has arrived.

Mr Duncan: I seek unanimous consent to have agreement that the House sit beginning January 3 to consider Bill 25 in public hearings.

Interjections.

The Deputy Speaker: It is not agreed.

I think this debate would be much better carried within the rules, and the rules have that it will go in rotation under certain periods of time. So rather than just debating it back and forth, I'd like to bring us within the rules of the House. Right now, the rules of the House say we should have petitions.

1540

PETITIONS

SMALL CLAIMS COURT

Mrs Claudette Boyer (Ottawa-Vanier): J'ai devant moi une pétition à présenter devant l'Assemblée législative de l'Ontario. Elle se lit comme suit :

"Whereas the oath of office for deputy judge (under the Courts of Justice Act, 1984)

"I do solemnly swear that I will faithfully, and to the best of my skill and knowledge, execute the duties of a deputy judge of the Small Claims Court of Ontario. So help me God."

"Whereas lawyers representing clients are causing an alarming conflict of interest;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"1. The oath of office should include the word 'impartiality.'

"2. Only lay people should represent themselves or be represented by lay people. Lawyers should be prohibited to represent clients at small claims court."

This is a petition that I offer.

PROTECTION OF MINORS

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): I have a petition to the Legislative Assembly of Ontario:

"Whereas children are exposed to sexually explicit material in variety stores and video rental outlets;

"Whereas bylaws vary from city to city and have failed to protect minors from unwanted exposures to sexually explicit material;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To enact legislation which will:

"Create uniform standards in Ontario to prevent minors from being exposed to sexually explicit material in retail establishments;

"Make it illegal to sell, rent, or loan sexually explicit materials to minors."

I have also signed the petition.

NORTHERN HEALTH TRAVEL GRANT

Mr Michael A. Brown (Algoma-Manitoulin): I have more petitions to the Legislative Assembly of Ontario:

"Whereas the northern health travel grant was introduced in 1987 in recognition of the fact that northern Ontario residents are often forced to receive treatment outside their own communities because of the lack of available services; and

"Whereas the Ontario government acknowledged that the costs associated with that travel should not be fully borne by those residents and therefore that financial support should be provided by the Ontario government through the travel grant program; and

"Whereas travel, accommodation and other costs have escalated sharply since the program was first put in place, particularly in the area of air travel; and

"Whereas the Ontario government has provided funds so that southern Ontario patients needing care at the Northwestern Ontario Cancer Centre have all their expenses paid while receiving treatment in the north which creates a double standard for health care delivery in the province; and

"Whereas northern Ontario residents should not receive a different level of health care nor be discriminated against because of their geographic locations;

"Therefore we, the undersigned citizens of Ontario, petition the Ontario Legislature to: acknowledge the unfairness and inadequacy of the northern health travel grant program and commit to a review of the program with a goal of providing 100% funding of the travel costs for residents needing care outside their communities until such time as that care is available in our communities."

This is signed by literally hundreds of my constituents.

HIGHWAY SAFETY

Mr Pat Hoy (Chatham-Kent Essex): "To the Legislative Assembly of Ontario:

"Whereas 13 people died during the first seven months of 1999 on Highway 401 between London and Windsor; and

"Whereas traffic levels on all sections of Highway 401 continue to increase; and

"Whereas Canada's number one trade and travel route was designed in the 1950s for fewer vehicles and lighter trucks; and

"Whereas road funding is almost completely paid through vehicle permit and driver licencing fees; and

"Whereas Ontario road users pay 28 cents per litre of tax on gasoline, adding up to over \$2.7 billion in provincial gas taxes and over \$2.3 billion in federal gas taxes;

"We, the undersigned members of the Canadian Automobile Association and other residents of Ontario, respectfully request the Legislative Assembly of Ontario to immediately upgrade Highway 401 to at least a six-lane highway with full paved shoulders and rumble strips; and

"We respectfully request that the Legislative Assembly of Ontario place firm pressure on the federal government to invest its gasoline tax revenue in road safety improvements in Ontario."

This is signed by a number of residents from Blenheim, Tilbury and Chatham and I affix my name to it.

NORTHERN HEALTH TRAVEL GRANT

Mr Alvin Curling (Scarborough-Rouge River): I have a petition here that reads like this:

"To the Legislative Assembly of Ontario:

"Whereas the northern health travel grant was introduced in 1987 in recognition of the fact that northern Ontario residents are often forced to receive treatment outside their own communities because of the lack of available services; and

"Whereas the Ontario government acknowledged that the costs associated with that travel should not be fully borne by those residents and therefore that financial support should be provided by the Ontario government through the travel grant program; and

"Whereas travel, accommodation and other costs have escalated sharply since the program was first put in place, particularly in the area of air travel; and

"Whereas the Ontario government has provided funds so that southern Ontario patients needing care at the Northwestern Ontario Cancer Centre have all their expenses paid while receiving treatment in the north which creates a double standard for health care delivery in the province; and

"Whereas northern Ontario residents should not receive a different level of health care nor be discriminated against because of their geographical locations;

"Therefore we, the undersigned citizens of Ontario, petition the Ontario Legislature to acknowledge the

unfairness and inadequacy of the northern health travel grant program and commit to a review of the program with a goal of providing 100% funding of the travel costs for residents needing care outside their communities until such time as that care is available in our communities.”

I am in full agreement with this, and I affix my signature to this petition.

OCCUPATIONAL HEALTH AND SAFETY

Mr David Christopherson (Hamilton West): I continue to receive petitions from Cathy Walker, who is the director of health and safety department of the Canadian Auto Workers Union, on behalf of their tens of thousands of Ontario members. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas this year 130,000 Canadians will contract cancer and there are at minimum 17 funerals every day for Canadian workers who died from cancer caused by workplace exposure to cancer-causing substances (carcinogens);

“Whereas the World Health Organization estimates that 80% of all cancers have environmental causes and the International Labour Organization estimates that one million workers globally have cancer because of exposure at work to carcinogens;

“Whereas most cancers can be beaten if government had the political will to make industry replace toxic substances with non-toxic substances in work;

“Whereas very few health organizations study the link between occupations and cancer, even though more study of this link is an important step to defeating this dreadful disease;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That it become a legal requirement that occupational history be recorded on a standard form when a patient presents at a physician for diagnosis or treatment of cancer and that the diagnosis and occupational history be forwarded to a central cancer registry for analysis as to the link between cancer and occupation.”

On behalf of my NDP caucus colleagues, I add my name to those of these petitioners.

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, which has a nauseating impact on the citizens who breathe it in;

“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;

“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, and we ask for the support of all members of the Legislature.”

I affix my signature to this.

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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 6, 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 Acting Speaker (Mr Tony Martin): Questions and comments on Mr Conway’s speech of yesterday?

Mr Bart Maves (Niagara Falls): I actually rise to continue the debate. I know we are in the session for two-minute questions and comments. Not having been here yesterday to hear Mr Conway’s comments—I’m sure they were quite interesting and eloquent, as Mr Conway often is—obviously I can’t respond directly to what Mr Conway said.

I look forward to continuing debate today on 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. More specifically, I look forward to addressing the whole subject matter which Bill 23 allows us to properly continue, which is of course hospital restructuring. We’ve been on a four-year process to restructure the hospital sector in Ontario. Granted, it has not been an easy process over the

past four years. There has been some upheaval in the hospital sector across the province and in those areas where the restructuring commission has been.

I might add that I think it's important to note the opposition seems to lead people to think this bill expands the ministry's authority outside of those areas that have been restructured, and it's not the case. In fact this bill only applies to those communities—I believe there were 22—across the province where the restructuring commission had been. Those include Brant county and Essex county, London, Waterloo and Niagara, which is my own county. I look forward to talking about the restructuring debate, especially as it relates to my riding. That's an important point. We must all remember that this bill pertains to those 22 communities in which the restructuring commission has issued an order.

The Acting Speaker: Response?

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): I want to conclude my remarks, which in the main were made last night, to thank those people who have offered some opinions in response by simply summarizing my main concerns. We have before us today Bill 23, which essentially, in part III, transfers the directive-making and related powers for the merger and closure and other changes to public hospitals that previously belonged with the Health Services Restructuring Commission to the minister.

I want to conclude by highlighting the points I was trying to make last night. It was three years ago that, under the Harris government, a commission came to my community and ordered the nearly 100-year-old Pembroke Civic Hospital closed. They did so on the basis of so-called professional analysis that said all of the hospital-related services were to be consolidated at the site of the Pembroke General for a cost estimated to be \$5 million. Less than three years later the estimated cost of the actual renovation is four and a half, nearly five times as great, now estimated at nearly \$24 million. Our local share under the best scenario has risen from \$1.5 million to nearly \$8 million. That is a huge burden being imposed on our community, Pembroke and area, by the Harris government.

The analysis appears to have been deeply flawed, the injury significant. The upset and the stress in the hospital and health services delivery system in Pembroke and area is palpable.

To whom do we go for redress? The action was decisive, the fallout even more so, and largely in the negative. There are huge financial and health delivery problems associated with this.

I stand here and say that the people of Pembroke and area expect and will demand that the Harris government, which has been the architect of this disaster, will come forward with some extraordinary assistance to alleviate not only the financial but the health and hospital-related stress and problems caused therefrom.

The Acting Speaker: Further debate?

Mr Maves: I'm glad to rise today to speak to Bill 23. I look forward to speaking mostly about the restructuring

of our hospital sector and how this bill allows that restructuring to continue.

I might add at the outset that there are many people in the hospital community. Actually I remember, just before the campaign started, the Liberal Party put out a red book and made an announcement that they were going to review all decisions by the restructuring commission. In actual fact, after four years of hard work by district health councils all across the province and by the restructuring commission, that announcement was met with quite a bit of concern because people in the hospital community, the district health councils around the province, as I said, had worked so hard. There had been upheaval. Change is always difficult—we understand that—and a lot of people in the hospital community said: "No, let's not do that. We've made so much progress; it would be absolutely crazy to roll back all the successful work that's been done." I think that's very instructive. That was something that came out of a lot of people in the hospital community.

I note that there are some very supportive quotes from people from the hospital community. The CEO from the Sudbury Regional Hospital, Joseph De Mora, is quoted as saying, "I appreciate that your government had the courage to undertake long-overdue restructuring and ask you that you retain these powers to complete this important initiative." Those powers are those that we're talking about today and are included in Bill 23.

So there is someone from the Sudbury Regional Hospital, which had a great deal of debate in their community over the changes that were being made, that were advised by the hospital restructuring commission and are being made in the Sudbury area. But there is someone who is very supportive.

And there are others: David MacKinnon, the CEO for the Ontario Hospital Association. He wrote and said, "The minister needs to retain the authority to revise the restructuring commission directions in order to reflect patient care needs over time, new technology, opportunities to use new technology and other factors affecting patient care in communities across Ontario."

So again, this is David MacKinnon, the CEO from the Ontario Hospital Association, saying, "Yes, we understand the need for this bill; we understand the need for the minister to retain these powers so that this very difficult but very vital restructuring component can continue."

I want to go back and talk about that restructuring process and probably talk mostly about my area of the province, the Niagara area, which of course encompasses the Niagara region of 400,000 people. We have 12 municipalities, plus the regional government. That's 13 municipal governments and 130 municipal officials, but 12 communities. I believe we have 10 hospitals in those communities.

Our district health council started many years ago. I believe the order actually came from the NDP government, and I think it was a responsible move by the previous government. They asked the district health councils

throughout the province to get together and look at the hospital services in their catchment areas, as we like to call them. Our catchment area is the Niagara region.

1600

The district health councils, people watching at home should know, are just laymen from everyday walks of life, people who have nothing to do directly with hospitals. They are doctors, nurses, CEOs of hospitals, a broad cross-section of business people and labour people, people outside of the hospital sector who may just use it as consumers, residents of a catchment area, and then of course there are many people from the health care communities.

District health councils, at the behest of the previous government, set about to do reports on what changes should come about in the hospital sectors in each of their catchment areas. This was a long and difficult process. There were lots of public hearings. I believe in the Niagara region there were over 300 people who participated in the Niagara District Health Council reports. The district health council—I believe Bob Welch Jr was actually the chair of that committee—put out an initial report, which actually called for the closure or downsizing of several of the smaller hospitals in the region. After the first report, they went out and had some more hearings. When they had subsequent hearings in some of those areas, where the local district health council called for closures or severe downsizing of some of those more remote hospitals in my region, they got a lot of people who showed up at those meetings. Some people were obviously quite upset. They didn't want to see a hospital that maybe they had been born in and their kids had been born in and that had looked after some of their health care needs throughout their lives—they didn't want to see that brick and mortar lost. A lot of people showed up. But, very bravely, Mr Welch and the rest of the district health council came forward with the final report.

Based on that final report, the province-wide health restructuring commission later came down to the Niagara region and did a similar study. They didn't take as much time. They did have quite a bit of public input and they based a lot of their report on the district health council report. They made several changes to our system. Some of the very important changes that they recommended and that this province is carrying through with were additional services for our region. Most notably, probably, a new cancer care centre, which we're all looking forward to, is going to come to the region. Right now our patients must go to Hamilton for that service. Similarly, we have mental health beds that our constituents have to go to Hamilton for, but those 57 beds, I believe, will be repatriated and brought back down to the Niagara region; and the cancer care centre will be built in Niagara. These are some of the important additional services the health restructuring commission ordered.

One of the most important things the restructuring commission is bringing to health services in my area is it's asking eight of the 10 hospitals to work together under one board. I think this is a fantastic recommenda-

tion. We've got great buy-in into this recommendation by most of the hospital community in the Niagara region. Everyone who works in the hospital sector agrees with this.

Over the years, we had developed two hospitals in St Catharines, one in Niagara Falls, one in Welland and one in Fort Erie. Over the years, hospitals were funded in Ontario as they worked from historic-based budgets. They serve a certain group of clientele, a certain catchment area in each hospital and over the years, historically, they had been funded by the Ministry of Health. They had a historic-based budget that was adjusted on an annual basis for a variety of things. Maybe a hospital would decide to buy a new piece of equipment and then offer a new service, and the Ministry of Health would agree to pay for the operational component of that new service. That's how budgets went. Quite frankly, the way we developed our hospital system in Ontario was really quite a hodgepodge of services.

Even in my region itself, with only 400,000 people, it was quite a hodgepodge of services. Some hospitals could decide to discontinue delivering some services; some added services. We had some of the smaller hospitals where people from that community would go to the hospital and check into the emergency department and their own family doctor would come to see them or the doctor on duty would see them and then package them off somewhere else. Those people would then go to Welland or Niagara Falls or St Catharines General or Hotel Dieu, bigger hospitals in the region, to get the service that maybe wasn't available at the smaller centre.

The question that came into play was, should we continue to offer very few services at some of these outlying hospitals and spend the money on the heat, the hydro and the janitorial services and so on for keeping those hospitals open which aren't really offering a lot of services? Or should we maybe take that money and send it in to those other hospitals—the Greater Niagara General, the Welland hospital, the St Catharines General hospital—and actually pay for more services? The underpinning of all the health council reports and the restructuring commission report was, "Let's look at spending less money on bricks and mortar, taking that money and reinvesting it into services."

Now, with one board—this is where I started. It's a topic where we can go on and on at some length. Where we started was with one board. We often had problems in our area of boards that didn't co-operate very well and health care administrations from hospital to hospital within my region that didn't co-operate very well. They didn't coordinate. If I couldn't get surgery in one hospital, the doctor would like that surgery to be booked in another hospital, but things got in the way between those administrations and that wouldn't come off. That affected patient care.

Emergency services, the same thing. We were redirecting. We started pouring some more money into emergency care services and we put strings on that money to make sure that each hospital spent it on emergency care

services. We would have one hospital that wouldn't want to dip into that pool of money, perhaps, and would more quickly go on redirect or critical bypass and let those patients, maybe from St Catharines, be taken down to Niagara Falls for service. Once Niagara Falls found out that St Catharines hospitals were on redirect, maybe they weren't in a situation quite yet to be on redirect but they might not want to take in those patients, so they would go on redirect. It was not a positive situation.

One of the best things that has happened is we will have one administration. This administration will coordinate all health care for all Niagara residents. We'll be better able to allocate patients to the right emergency centre. Regardless of what municipality the person is from, they will be directed to the right facility in cases of emergency. We'll be able to better schedule surgeries. In fundraising, instead of competing with one another, we'll have common goals to raise money for certain machinery that everyone in the region can utilize and benefit from. So for a variety of reasons I think this is wonderful.

We have a transition team. There are eight hospitals in this new health system. There are two people from the boards of those eight hospitals on a transition committee. Just recently in my local paper I received a pamphlet, "Niagara Health System: Working Together for a Healthier Niagara." This was put out by this transition team to try and explain to people. It says, "There are exciting changes going on in the Niagara region, changes that will result in a stronger health care system with the resources to serve the community's needs into the next millennium." It goes on to talk about all the new beds, 87 new beds; \$56.8 million in new reinvestment. I'll just read from the transition committee's pamphlet. It says the reinvestment plan includes \$6 million for home care, \$28.6 million for long-term care, \$6.3 million for subacute care, \$7.7 million for mental health, \$6.3 million for rehabilitation, \$1 million for joint replacements, \$1 million for magnetic resonance imaging machinery and services, and so on.

1610

I'm very delighted to see it. I think it's a wonderful initiative that the transition board has undertaken to inform the public what's happening with health care restructuring in Niagara. It's a very positive piece. They talk about new teaching and research in Niagara that is going to happen principally at the Hotel Dieu Hospital, in alliance with McMaster and the University of Western Ontario. This is going to be excellent because we need medical students.

As we know, we have a doctor distribution problem in Ontario. If we can get those medical students into areas like Niagara, learning in areas outside of Hamilton, Toronto, Ottawa, and I think London is the other one, then those people may start to enjoy and to see the benefits of being in a community outside of the major four and hopefully they'll decide to set up practices in communities outside the major four. That will help us with the doctor distribution problem. So I'm hopeful about that.

As I said, this is an excellent pamphlet, and I'd like to take this opportunity to commend my transition team.

When we first started in 1995, we said to the hospitals: "We're going to pull back a little of your budgets. We want you to become more efficient. We want you to make sure your operations are all running properly and efficiently."

Over time, what most people didn't seem to want to recognize, and what the opposition certainly didn't seem to want to talk about, was that after we asked the hospitals to streamline their operations, we then started very strategically and very intelligently, not just wantonly throwing money around, to redirect money to health care systems throughout the province.

Since 1995, the funding in Niagara region has increased by \$148 million. In a lot of those areas—as I said, it was very strategic—we knew there were, for instance, problems with hip and knee replacements, with having enough available surgeries for this.

I asked the Ministry of Health for some numbers on this. For instance, over the years 1996-97, we know that hip and knee replacements—it's an older population in Niagara region—were happening on a more frequent basis. In 1996-97 we put another \$8,400 into St Catharines General for hip and knee, \$18,000 into Greater Niagara General, and I believe Hotel Dieu, also in St Catharines, hip and knee replacements, \$211,000. That was in 1996-97.

In subsequent years, 1997-98, Greater Niagara General got an additional \$38,650. In 1997-98 at Hotel Dieu, an additional \$350,000 for hip and knee replacements. And it goes on. St Catharines General, 1997-98, an additional \$23,700.

There were a lot of other programs. St Catharines General, over that period of time of 1996 down to 2000 now, or 1999-2000, with the Y2K funding, has received about \$13.5 million injected into the system for a variety of things: mental health reinvestment, \$188,000; restructuring reimbursements; cardiac care—quite a bit in many hospitals for cardiac care—\$72,000 in 1997-98 in St Catharines General; kidney dialysis, an additional \$2.7 million in 1997-98, Hotel Dieu. Prior to that, 1996-97, an additional \$1.7 million for kidney dialysis. In 1998-99, another \$2.7 million.

So a substantial amount of money went into funding direct services, not just throwing money at the bottom line, at the base budget, but very strategically. We said to the hospitals, "Where is it that you have funding pressures?" We looked at those funding pressures, we looked at the patient caseload, and that's what we funded.

Unfortunately, I think that type of reinvestment has gone unnoticed, unrecognized by the general public. Out of that \$148 million, just on a global basis, let me tell you and the people at home that we spent about \$500,000 on preschool speech and language. The Healthy Babies, Healthy Children initiative was \$766,000. Emergency room funding, \$2.4 million—a lot of people don't realize that. Because of some of the problems we've had in emergency rooms, we've added a lot of money back into

the emergency room sector. Again, rather than just throwing it at base budgets and maybe letting it drift off into administration, we tied that money; they have to spend that in emergency rooms.

A lot of money went into Y2K readiness, \$9.3 million in my 10 hospitals down in the Niagara region; mental health, \$1.4 million; physician OHIP payments increase, 20 million additional dollars are spent in compensating physicians in the Niagara region alone since 1995; nursing funding, additional \$4.6 million; 60-hour stay for moms who have had children in a hospital, we've added an additional \$700,000; ER capital expansion, \$2 million.

So there's quite a bit of money; as I said, a total of \$148 million extra since 1995 that has gone back into the hospital and health care system in the Niagara region. All of this was made possible because as some of these other people in the hospital sector have quoted today, we took the bold step of saying: "Look, we can't just keep throwing money at it. We can't just have a patchwork system. We need a coordinated system."

The NDP started down the right path with the district health councils, asking them to do studies and to tell us how to change our hospital systems so that they were more coordinated. We took those district health council reports, built on them with our restructuring commission and now we're making those changes. We're bringing our health care system into the 21st century. I think that as we complete this restructuring, we'll have a better health care system for all throughout the province.

The Acting Speaker: Comments and questions?

Mr Alvin Curling (Scarborough-Rouge River): As I listened to my colleague from Niagara Falls comment on this bill, it confirms what Dalton McGuinty and the Liberals have been saying all along. This is a huge omnibus bill, which is of course the direction in which the government has always gone. They throw everything into it.

As I listened carefully, I don't think he had the opportunity to comment on some of the most important parts of this bill because it is so huge. He has confirmed what we have said all along: You have to respect the democratic process, so that when we are making laws and when we are making any decisions, they must be amply debated, and we don't throw everything into it.

I haven't heard him mention one word about the tobacco aspect of this bill because of course it is so huge he was just concentrating on one aspect of it.

The fact is too, Mr Speaker, as you know, this bill has about three different parts to it and there is no way one can debate that. Also know, this was just introduced in December, just this month. The fact is we didn't have any sort of Legislative Assembly meeting for debate, and ramming it through and having a sitting until midnight is telling us really that there must be something this government is trying to hide.

My colleague from Renfrew-Nipissing-Pembroke spoke very well about the restructuring process. That did not bring any help to his area; it brought more harm because the cost of restructuring and the cost of running

the hospital there has run up to about four or five times more.

So where is this saving that they are talking about with the hospital restructuring? As a matter of fact, using the hospital restructuring board as a sham or as sort of a vehicle for the minister to do her thing is a way of side-stepping the democratic process and leaving the blame on others.

I want to say to my colleague over here that you must not continue violating the democratic process and must make sure we have ample time to debate this.

Mr David Christopherson (Hamilton West): I want to respond to some of the comments that the member for Niagara Falls made. I was particularly struck when he talked about patient care. I thought of the crisis, quite frankly, that we're facing in my community in the broader Hamilton-Wentworth—soon to be Hamilton city—issues.

I've got headlines from the Hamilton Spectator from just last week: "Hospitals Will Stack Patients," and "Emergency Congestion Forces Hospitals to Act."

Let me say to the member that if this is your idea of high-quality patient care, then I shudder to think when you would decide this is a problem. The fact of the matter is that the money you cut, the hundreds of millions of dollars that you cut from the hospital system in the early part of your mandate, those problems you created, didn't just go away because there was an election or because you've decided now that you need to backfill a little bit of money into the health care system to cover your tracks. The reality is that it did incredible damage.

But then why would they care? This government is not worried about the average person; they're far more concerned about making sure that the billions of dollars that their wealthy friends want and got through the tax cut was delivered. That's far more important to the Mike Harris government than making sure that ordinary working stiff's and their families have the kind of health care system they need so when he talks about patients, I take a look at what's going on in Hamilton and other communities across Ontario, and when I think about the money his friends now have to buy private insurance I could see why they're in favour of it.

1620

Mr Dan Newman (Scarborough Southwest): I want to commend the member for Niagara Falls for an outstanding presentation here this afternoon on Bill 23, the Ministry of Health and Long-Term Care Statute Law Amendment Act, 1999. I think he made an excellent presentation. He obviously has a grasp of the issues and he has seen what restructuring has done to our health care system in Ontario. It has improved it.

We hear from members opposite that somehow restructuring is not positive, but it has been very positive. It has enabled the number of MRIs in Ontario to actually triple; we've seen them right across our province. The member for Scarborough-Rouge River this afternoon questioned where the savings were going, where the reinvestments were. Well, they're happening in his com-

munity. I'm from the same community he's from, the community of Scarborough, and we'll have an MRI at the General site of the Scarborough Hospital; it'll be up and going in January. I know he'll want to be there for that grand opening when that MRI is there.

We've seen 56 new emergency rooms added across the province, five new cancer care centres that are going to be included across the province, three new cardiac care centres. It's all about the patients in Ontario. That's what we're here for and that's what Bill 23 is about: improving the health care for the patients of Ontario. It's about putting patients first, and that's very important.

The member for Hamilton West also talked about the economy. The fact of the matter is that it's a strong economy that's helping to fund the health care system in our province, it's a strong economy that's helping to fund the education system and it's a strong economy that will continue to fund the health care and education systems in our province. It's jobs, and it's jobs that have been created by tax cuts in our province, 99 tax cuts in our province, over 640,000 new net jobs in our province. A strong economy equals a strong health care system.

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): I really must comment on the remarks I just heard. I'm most surprised at the remarks from the member of Scarborough Southwest. We've heard the list of where they've spent money, but unfortunately again they forget the other side of the equation.

Look at the news. Look at where they continue to be significant deficiencies in the system, serious deficiencies in the system. People in need of emergency service are being shipped all over the GTA because hospitals are not able to take patients with emergency needs.

Apart from that, across the province and certainly in my riding people are not better served by the health care system. Hospitals are slated to close. People have been very upset by that. How can the member from Scarborough Southwest stand there today and say that it's better in Ontario now than it was? That wasn't the message I got in May when I was going door to door. I would suggest that's one of the big reasons I'm here today, because people in my riding do not think they are being well served by the health care system in Ontario. I will stand in the House as often as I have to remind the government that that is indeed the case.

Think about the waiting lists for people who have cancer. This is a reality in the province of Ontario: Not even a third of the people with cancer in Ontario are getting the treatment they need within the required period of time.

The member across the way shakes his head. I guess he doesn't believe the facts, the auditor's report. This is a reality. It's deplorable what has happened in Ontario. I cannot support an act that has created the mayhem in the province and the poor service in the area of health care.

The Acting Speaker: Response, member from Niagara Falls?

Mr Maves: I thank all the members who responded to my speech. It's sad that the member from Hamilton

always ends up on a rant about taxes and rich friends and other nonsense. One of the key problems he has in Hamilton is that Hamilton, with the teaching hospitals at McMaster, has a preponderance of specialists. What often happens is that people in areas like mine in the Niagara region will come up to Hamilton hospitals to get cancer care treatment, for mental health services. This whole restructuring commission is going to help alleviate some of the pressures in his own area, because we're repatriating those beds, as I said earlier, cancer care beds and mental health beds. That's going to relieve some of the pressure on that system in Hamilton.

But if we had sat back and not done anything and just said, "Let's close our eyes and throw money at everything; it'll be better in the morning when we wake up"—just go back and look at the headlines, anyone who wants to, in 1987, 1988, 1989 and in the early 1990s. They're all there for anyone to read. Under Elinor Caplan and the Liberal government, they were sending patients to Michigan, they were sending patients to Buffalo for cardiac care and for cancer care. All the newspaper articles are there for anyone to see.

Physician services: Physicians were leaving this province in record numbers right up till 1993. Since then, that has been on a steep decline. We still have a problem with distribution, but they're not leaving any more. We've made it a better place to work, live and raise a family so they're staying here.

I've talked a lot about CEOs, from the Ontario Hospital Association, from Sudbury Regional Hospital, from York County Hospital, from London Health Sciences Centre, from the Ottawa Hospital, and doctors, Dr Reddy in my own riding—everybody in the hospital sector has said it's brave to do the restructuring and they've applauded the government for having the courage to do this.

The Acting Speaker: Further debate?

Mr Steve Peters (Elgin-Middlesex-London): Mr Speaker, I'll be sharing my time with the member for Kingston and the Islands.

Here we go again—another one of your famous omnibus bills, one of these bills that shows the arrogance of this government and your total disregard for the integrity and the duties we have to accomplish within this Legislature. This government is bent and determined on putting together these big mega-bills and also on stifling public debate. You tabled this legislation on December 3; two days later you set forth the notice that you're calling for debate. This is truly a government that has no regard for the legislative process.

This is a complex piece of legislation, too complex to be dealt with in a very short time. The first two parts of this bill are providing the government to take action against a person or a group who has caused negligence through a wrongful act or omission. The bill, though, specifically exempts physicians, hospitals and labs from being named in lawsuits, and this is something that I find most interesting. The bill exempts doctors acting within the scope of their practice. The bill exempts hospitals

from action that occurs from their providing services. It exempts laboratories that are licensed to provide those actions. But this bill says nothing about nurses.

Why doctors? Why not nurses? Does this mean that if a doctor orders a nurse to do a service, the nurse could be sued and the doctor could not? The bill says nothing about technicians, nothing about administrators. There's nothing about pharmacists, dieticians, orderlies. The existence of these exemptions is most intriguing because it implies that other groups are open for a lawsuit from the province. It implies that some health care providers are shielded from legal action while others are not.

Where's the equity that's supposed to exist in legislation? More important, where does the line stop? If someone slips on a wet floor, will the government sue the person who washed the floor for the cost of a bandage and a crutch? When we take it beyond the hospital, if a company spreads rock salt on a highway and a car slips and crashes, will the government seek damages from that company or the person driving that salt truck?

1630

This is a very bad piece of legislation. It's too open-ended and it leaves it open for the flight of our imagination. There are many things, though, that need to be considered. Is this going to lead to the government suing automobile companies like Ford, Chrysler or General Motors for the health costs of automobile accidents? There are countless accidents every year—and it's great to see the Minister of Transportation in the room. We see the carnage that continues to take place on Highway 401. Is this opening the door for the government to try to recover some money? There are countless automobile accidents every year in this province, and this is going to be their method of recouping some of those monies from dangerous machines.

Does this mean that the government is going to consider the possibility of going after the makers of handguns or rifles? Is the government going to sue Beretta or Heckler or Smith and Wesson for the cost of gun-related injuries in this province? Are you going to go after Molson's and Sleeman's for lawsuits that result from their actions?

This whole piece of legislation is going to give so much control to the Minister of Health. I think it's very dangerous that we're putting ministers in a position where they can, with the stroke of a pen, decide the fate of a local hospital, decide the fate of how the citizens of this province have access to health care.

I live in a community that has witnessed the effects of your Health Services Restructuring Commission. I don't think you realize the damage that restructuring commission has done to a community. That restructuring commission came in and made these recommendations that were just totally ludicrous, made these recommendations to close two psychiatric hospitals, just close them.

One of the members opposite spoke earlier of the need to put people and the patient first, but that restructuring commission, in its announcements, did not do that. That restructuring commission, when its decision was

announced, caused such anxiety for the patients of those hospitals because the way it came out was as if they were going to be put out on to the street. Think too of the anxiety you caused the people who work in these hospitals, men and women who've spent countless years working in those hospitals to all of a sudden find out that their jobs were going to be gone.

Think of the effect that has on local economies. How does somebody plan to buy a new car or plan to buy a new house when they don't know if they're going to have a job in the future? You say you're fixing the health care system. If anything, you're doing more damage to it.

I sat on a hospital board, and this is a shame. This government should be ashamed of what you're doing. You're causing hospitals to go into debt because you're cutting back. Hospitals have to go to the bank and borrow money, and that's wrong. It's shameful that a government would do that. You caused hospital beds to close. You've caused layoffs of all branches of staff within hospitals, and the shortages that still exist—you talk about emergency room care and new money. Well, we heard today how wonderful a job you're doing. It's terrible. You talk too about all of the nurses you're going to hire. Where are those nurses? The shortages that exist in hospitals across this province are dreadful. It's sad that you can stand up and talk about all of the wonderful things you're doing.

Go visit a hospital. Go see what's happening in the hospitals in this province. It's not the rosy picture that your spin doctors in the centre tell you. Go visit that hospital. Go talk to the nurse. Go talk to the maintenance staff. Better yet, go talk to the administrator, because the administrator is going to point out the damage that you're doing to hospitals. And you want to do further damage.

It's this omnibus mentality of bigger is better, that bigger municipalities are better, that bigger school boards are better. You're wrong. Bigger school boards aren't better. Bigger municipalities aren't better. Your goal is to give this control to the Minister of Health so that we're going to lose that autonomy of local hospital boards being part of that decision-making process, making sure that the decisions they make are going to be in the best interests of the community that hospital serves.

But no, what you're going to do is we're going to see these mega-hospital boards that are not going to be accountable to local citizens, that are not going to be conscious of what needs to be done and what's best for the local community. I think that is really wrong, that you would go and take that direction as a government. You should slow down. Instead of ramming through these mega-omnibus pieces of legislation, why don't you sit down and take a real look at the health care system? As I said before, talk to the ones who are there on a day-to-day basis making the decisions, doing what's best for the hospital.

Your record: You're not leaving a good legacy for the future generations of this province. You're leaving a legacy of death. You're leaving a legacy of people not having access to doctors and to good health care. You're

leaving a legacy of a mental health system that is totally in shambles. You should be ashamed of the direction in which you're going.

I hope you will sit back and take a serious look at what's in this legislation, and give some thought and some second thought to putting in place a good health care system for the 21st century and not a health care system that is a shambles, a health care system that is not benefiting to citizens of this province.

Mr John Gerretsen (Kingston and the Islands): I'd certainly like to congratulate my colleague for the emotional passion he puts into his pleas. Truly, when you think about it, if there's one issue which should not be a partisan issue, surely it is the health care and the quality of health care that each and every citizen of this province deserves and should get.

I was very surprised to hear the member from Scarborough Southwest say earlier that a strong economy builds a strong health care system. That's what he said. Unfortunately that has not been the experience in Ontario. It could be. A strong economy definitely could lay the basis for a strong health care system. But I can think of no other issue over the last four and a half years that I have heard more about from my constituents than the failure of our health care system.

I'm sure that we on this side of the House aren't the only people hearing those kinds of complaints from the general public. I'm sure the government members are hearing this as well. Yet there seems to be a mentality about this issue by the government members that if, for example, there are only 15 hospitals in Toronto that aren't able to take emergency cases today, "Well, I guess it could be worse," or when the Minister of Health one day said here, "Well, at least now we are treating 35% of the people who need cancer radiation treatment within the prescribed four weeks." She was saying, "Well, it's better than the 32%, or less than one in three cancer patients who need radiation treatment that the Provincial Auditor talked about in his report."

In other words, there seems to be a mentality that things are bad and we're going to make them marginally better in certain areas, and therefore we're really doing a good job. I, for one, totally reject that. If the government came in with a plan in cancer care and said, "It is going to be our goal and priority within the health care system that within two years from today everyone who needs radiation treatment for cancer will get it within the four weeks prescribed, and we're going to put our resources to work to make it happen in the various cancer treatment centres throughout Ontario," then I would say now you're on the right track, because we cannot do anything less for the citizens of Ontario than that.

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There are so many other areas, as well, where the government, if it was really concerned about the health care system, would be working towards finding solutions to the ever-growing problems.

In the Kingston area we have four excellent health care facilities and we are blessed by them. We are the

smallest of the five medical science complexes in Ontario. We have the Kingston General Hospital that has operated for the last 150 years. We have the Hotel Dieu Hospital that has operated for about that period of time. People have been getting good care in both of those hospitals. We have a chronic care facility and a rehab facility at St Mary's of the Lake Hospital, which is now part of the Providence Continuing Care Centre, which also includes Providence Manor, which is a home for the aged. And we have a psychiatric hospital facility.

These hospitals have operated, as I said before, in many cases for many years. Hard-working, dedicated individuals, both from the medical side and from the other staff side, have done their best to provide the best health care for the community.

The health services restructuring committee visited there about three years ago now. Their decision, in effect, created a system of winners and losers between the hospitals that were going to expand and be relocated to a new site and the Hotel Dieu Hospital that lost and basically was told to get out of the health care system. That issue has divided our community like none other that I could think of. As a matter of fact, there was a petition taken up that so far has been signed by over 70,000 people in southeastern Ontario, not only from Kingston but elsewhere as well, asking the government to keep the hospital open.

The Hotel Dieu Hospital did a study and it had a report prepared which stated that if the current facilities could be kept open, then the bottom line for the community, as far as the community care dollars that had to be raised locally, could be taken from the \$30 million that is required under the health care restructuring plan to the \$2.9 million that they say is required if the current hospital is allowed to be renovated and allowed to stay open. As far as I know, these figures have never been refuted by the Ministry of Health.

I think that people out there should get a good understanding as to what this is all about. This is all about raising money for the capital expenditures of these newly constructed hospitals out of the local community. Thirty per cent of the capital money is required to be raised locally. I know you can fund-raise all you want, but in a community like the Kingston area, you will never raise \$30 million from that community. The population base simply isn't large enough. Since there are many other communities going through the same thing in Ontario, the ability to raise this money elsewhere from national and provincial foundations is going to be extremely limited.

We also have a good indication that by the time the new facility gets built, we're probably talking not about \$90 million to build it, but closer to \$145 million, which means that locally we would have to raise about \$50 million. The people of Ontario, the people of my area and the people across the province had better be aware of the fact that a lot of these local dollars are going to be raised, in effect, by their local councils. Those local councils are going to be approached to put a tax hike in

effect in those communities, and my community is one of them, so that the \$30 million or \$40 million or \$50 million that has to be raised will be raised on the local property tax base.

To my way of thinking, there's never been that kind of debate. We've heard a lot of debate here about the downloading of services on local municipalities. We know it's happening. Just talk to your local councils, just talk to the people who get the local services and the kind of services they have to pay for now through user fees etc. I think everybody will agree that as a result of all this shifting in responsibilities there is a much greater pressure on the property tax base than there's ever been before. This is going to be an additional pressure. These local dollars are going to have to be raised somehow and nobody is going to tell me that the kind of money that we're talking about across the province can be raised by bake sales and other good events.

The Provincial Auditor himself in his latest report clearly indicates that the \$2.1 billion that the health care restructuring commission says has to be raised for all these capital projects is going to be \$1.8 billion short. By the way, that confirms the \$145 million that I'm talking about for the Kingston area, as far as this capital construction. It's about 50% more. As far as the Provincial Auditor is concerned, you're going to have to raise about 50% more money for the capital construction of the hospital facilities than the health services restructuring commission has estimated.

I guess what I'm saying more than anything else is that the health services restructuring commission really got the cart before the horse. If they initially had set out a program or built the necessary facilities or set up the programs for the community care facilities that they talked about, because we all realize people may not have to stay in a hospital as long as they did in days gone by, then perhaps once those community care facilities and programs were in place, you could start cutting back on some of the hospital services. But to close hospitals before the alternative care facilities and programs are out there for the people has created great havoc in the province. As a matter of fact, you may recall that last year there were many people in the Kingston area who were cut off from home care, from the nursing care that they used to get at home from the VON and from other services because the money simply wasn't available.

It's a disaster, and this government, by this bill, is just continuing that disaster.

Mr Christopherson: I appreciate the remarks from the members for Elgin-Middlesex-London and Kingston and the Islands.

I wanted to pick up a bit on one of the focuses that the member for Elgin-Middlesex-London put forward and that was the whole notion—I don't think it's gotten quite the attention that it should—that our hospitals are so underfunded as a result of the first round of cuts. I know the government doesn't like to talk about that, but there was \$800 million that you took out of the hospital system and you didn't put it back into community care to make

sure that what was deinstitutionalized, if you will, was caught up and taken care of on the community side of health care. You're real good at taking the money out, not very good at reinvesting it back in.

The member in his remarks said that hospitals are now forced to go to banks to cover off their deficit. This is true. We have faced the same scenario in Hamilton with the Hamilton Health Sciences Corp—exactly the same situation. What's important is that this has never happened in the history of Ontario before.

I would say to the members on the government back benches, you can appreciate why we get upset when you suggest that it's either an innocuous thing or a wonderful thing that the minister gets to carry on the powers and mandate of the Health Services Restructuring Commission, when in fact it's your whole vision of health care in Ontario that has our hospitals running deficits and going to banks in order to provide enough money to run our hospitals on a day-to-day basis. To us, this is insanity.

Mr Newman: I listened intently to the member for Kingston and the Islands and the member for Elgin-Middlesex-London, their doom-and-gloom, the-sky-is-falling speeches on health care. That's the typical speech that we hear from the Liberals.

What we heard today was that they would have done nothing to the health care system in Ontario. That's what they would have done. They had no plan; they had no policy.

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Dalton McGuinty, the leader of the Liberal Party of Ontario, and the members of his caucus who ran for office in the 1999 election, said they were going to review all the decisions of the Health Services Restructuring Commission: 1,200 decisions affecting over 100 hospitals in 22 communities. How would they have been able to do that? They would have needed a bill just like the bill that's before the House today in order to have accomplished that. They know that and they're not being up-front about it.

It's just like where Dalton McGuinty stands on restructuring in Ottawa. He says he's in favour of a single tier of city government in Ottawa, yet we saw him in the House yesterday voting against it. So the Liberal way is to say one thing one day and one thing another. That's what being a Liberal is all about.

Their plan for health care in 1995 was to only spend \$17 billion. We have increased health care spending each and every year since we've been in office in this province. We made a commitment in the last campaign, the 1999 campaign, to increase health care spending by 20% in our province.

Hon David Turnbull (Minister of Transportation): Despite federal cuts.

Mr Newman: Yes, the only health care cuts that happened in Ontario were health care cuts by Jean Chrétien and the federal Liberal Party in Ottawa. They are the ones who were cutting health care. Our government was the one actually putting more money into health care. Today we're spending \$20.6 billion on health care. That

figure is going to be increased by 20% over the next four years in office.

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

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): I am pleased to join in the debate and congratulate the two speakers from our party, because I have had some similar incidents in my community.

The previous speaker for the government side talked about not keeping promises. I would just like to reminisce a little bit with him. A number of years ago, when Mike Harris was running for the Tory party and was asked if it was his plan to close hospitals, he said, "It's not my plan to close hospitals." Talk about talking out of both sides of your mouth—there's a perfect instance.

In my community we have the same situation as they have in Kingston. It split the community right down the centre. We have the Hotel Dieu Hospital on a large parcel of land, lots of room for parking and expansion and all that goes along with it. The other hospital, that's going to be the main hospital in our community, is in a residential area where land will have to be expropriated, and our community cannot afford all those costs. I think the government had better reconsider a lot of this. If they have all this money in reserve, in my community of Cornwall, we'll take a lot of it.

We also have doctor shortages. I served on the local hospital board a number of years ago and I understand the problems we had then. I know that right now they're a hundred times worse. We have residents who have to go to Ottawa for aneurysms. They can't get the accommodations they need and are worried and concerned. We have dialysis treatment patients who, although we have a new dialysis clinic in Cornwall, still have to go to Ottawa. These are many of the incidents we deal with and there are lots of problems ahead in health care. I've never seen so many in my years in politics.

Mr Maves: I rise to talk about some of the comments made by the member from Elgin-Middlesex and the member for Kingston and the Islands.

The member for Kingston and the Islands, it's interesting if you look back at what the people of Kingston actually said about the restructuring that happened there. On Kingston radio, Dr Barry Smith, dean of health sciences at Queen's University, said, "The commission's recommendations offer the best plan for health services in Kingston." T.J. Plunkett, professor emeritus of public admin at Queen's University, said: "The commission also recognized that a community the size of Kingston could neither justify nor sustain two acute-care hospitals. The existence of health care institutions on four different sites, each with separate governance and management arrangements, made not just a fragmented arrangement but an unnecessary multiplication of resources." Again, that was T.J. Plunkett, professor emeritus of public admin at Queen's.

Lastly, what did the Kingston Whig-Standard say about Mr Gerretsen's and Mr McGuinty's position on restructuring in Kingston? The Kingston Whig-Standard

said: "The real heroic measures are being taken by the medical staff and administrators who continue to implement the plan. They deserve McGuinty's and Gerretsen's support, not their politicking." I think the member should really pay attention to what many esteemed people in his own community are telling him.

To the member from Elgin-Middlesex I'd just say quickly, we were in the hospitals. My wife and I have had two kids in our hospital over the past four years. One night I took myself and my kids to emergency services in our hospital with food poisoning. I've spent a lot of time with doctors and I've spent a lot of time with my CEO. I pay very close attention to what's happening in our hospitals.

When the member from Scarborough stood up and talked about the federal cuts, I noticed the member from Elgin-Middlesex-London—up went the book. He didn't want to hear about his federal cousins, who are the ones who really cut health care. We've increased it from \$17.4 billion to \$20.6 billion. It's his federal cousins who have cut it.

The Acting Speaker: Response?

Mr Gerretsen: Certainly Mr Plunkett and Dr Barry Smith are two great Kingstonians who have added an awful lot to our community. But a person such as Duncan Sinclair, who happened to be my neighbour not too long ago in Kingston, said to me: "You know where the government made the biggest mistake in all of this? You should have put the community care facilities and programs into place first. That should have been the number one priority. Then you start looking at the hospital sector and see what rearrangements, what cuts can be made. You've got the cart before the horse."

I do not believe that governments ought to be in the business of in effect setting one excellent institution in the community against another excellent institution. That is precisely what you have done. It's not the health restructuring commission that we should be blaming here; we should be putting the blame right at the Minister of Health. She is responsible for the health care of the people of Ontario. To in effect put it off on the health restructuring commission is just an attempt by the government to pass it off to another body. The responsibility lies with the cabinet. They are responsible for looking after the areas for which the people of Ontario have elected them.

Interjection.

Mr Gerretsen: The Minister of Transportation should do the right thing. Rather than taking pleasant drives along the 401, he should be looking after the true transportation needs of this province. He should be looking after the people of Wolfe Island who are doing without their ferry today because of your incompetence. He should be dealing with the people of Amherst Island who have a second-rate ferry. You should be getting them a good ferry.

The Acting Speaker: Further debate, member for Hamilton West.

Mr Christopherson: First of all I'd like to thank the members of the Conservative—

Interjection.

The Acting Speaker: Minister of Transportation.

Mr Christopherson: Do you want me to sit down so you can go? Let me at least start.

Let me say something, then you can heckle. That's usually the rule: You can heckle, but let me say something so you can heckle it.

Interjection.

Mr Christopherson: Yes, right, why follow the rules now?

Speaking of rules—thanks for my segue—I'm sure that anybody watching will be interested to know that once again the hammer has come down. We have legitimate concerns, on this side of the House, about you passing this bill in terms of its implications for health care. Right now I've just in the last three or four minutes been handed a time allocation motion that basically is going to shut down democracy in this place once again. It nails it all down. I won't read the whole thing—we're all very familiar with it—but basically what it's going to do is ensure that Bill 23 is indeed rammed through the House in the final days of the session, giving powers to the Minister of Health that we're going to have to live with for at least the balance of your term in government.

There comes a point where even you guys in the back benches—at this moment it is all guys—must be getting tired of the fact that there's so much—

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Mr John O'Toole (Durham): That's insulting. That's a generalization.

Interjection: It's a generalization.

Mr Christopherson: It's not a generalization. There are six guys. I can go further.

Interjection.

Mr Christopherson: You don't want any more descriptions. We'll leave it at that.

My point is that when we raised, earlier today, concerns during question period about the undemocratic, anti-democratic tendency and nature of this government, it hasn't abated one bit with the second term. It's still going to be the way that Mike Harris and the Tories want it, no matter what; no listening to anyone; they have all the answers. We know how they package this sort of positioning. They say: "We did consult. We did talk to people. That was the election. Now for the next four years we don't have to listen to anybody."

Interjection.

Mr Christopherson: I hear one of the members saying "Oh, oh." The fact of the matter is that I have heard more than just a couple of you stand up when we raised these concerns and state that you've already consulted with the people and you don't need to be consulting any more; you know what people want and, based on that, you decide that one democratic vote automatically translates into dictatorial powers for four years.

I'm just pointing out that this notice of motion is further evidence that you haven't changed your ways one bit

and that you don't intend to listen to anyone, certainly not the elected representatives of this House who don't happen to be members of your party. At the very least, I would think that you've got an obligation to listen to what we have to say in terms of reflecting the needs of our communities, but you can hear the train coming down the track already.

Next, I think it was the member from Scarborough Southwest—have I got it right?

Interjection.

Mr Christopherson: There we go. I told you you were famous. You're wrong all the time, but you're famous.

Since I was going to be doing our leadoff in the next rotation, I knew I'd have time to respond to one of his comments. He said it's disappointing when he listens to me because—correct me if I'm wrong, by the way, paraphrasing you. You were criticizing me and you were expressing disappointment because I was going into that same old rant again about—

Mr Newman: It wasn't me.

Mr Christopherson: It wasn't you? The member for Niagara Falls? OK. It could have been you. I bet you were thinking it. It was the member for Niagara Falls. If somebody wants to drag him out, then I'll address him. His comments are there in Hansard, on the record.

Again, he said he was disappointed that I was doing the usual rant about the tax cut and wealthy friends etc. The reason is that it's still the basic premise of why we are hurting in this province the way we are. You don't like to hear it, I know that, I accept that, but it doesn't change the fact that if you had not given those billions of dollars away during a time when you said the debt and deficit were the number one priority, a number of things would have been different.

Number one, the bond rating, the credit rating for the province of Ontario in the international bond markets, would have gone up since you took power from us, from the NDP, in 1995. But it hasn't, because international economists said it doesn't make any sense to make debt and deficit your number one priority and then turn around and give away \$6 billion in tax cuts to the very wealthy at the same time you say you are going after the debt and deficit. So we're paying more on the international markets than we would otherwise because you did that.

What else? The fact is that if you had not given that tax cut to the very rich, you would not have needed to cut one dime from the budget of the province of Ontario, and our budget would have been balanced two years ago. You can't change that reality, because you chose a different course. You said it's more important to give the very well-off, the rich, the wealthy, call them what you will, those who are fortunate enough to do just fine by our system, thank you very much, billions of dollars more.

Of course, we know what the argument is. They're going to talk about trickle-down economics and supply-side economics and tell us that that has created investment and the boom and all that stuff. The reality is—and I see

my good friend from Wentworth-Burlington giving me the thumbs up. He likes that slogan because it's one of his favourites. It might even be on his licence plate for all I know. What he chooses to ignore, and I'm surprised that he would choose to ignore it, coming from—I was going to say coming from an area right next to, but I guess, Toni, that's going to change a little bit soon, coming from the steel city. Sorry. I'm not trying to be smug; cute maybe, but not smug. It came out a little smug. My point is that coming from the steel city area, you know the reality is that our greatest demand is coming from the United States. The vast majority of things that we produce in our community, and I believe the chamber has a figure—correct me if I'm wrong—of around 80% of our manufactured goods, are exported to the United States. Your tax cut does absolutely nothing to increase that demand. It's all generated from the American side of things.

In fact, we were able to show—I raised it here just last week—that when you said you've cut the income tax but your revenue has gone up, now the numbers are catching up with you. Things take a while in an economy as big as ours. So now we're seeing that you're going to have a little over \$1 billion a year less in revenue from personal income taxes than you did last year. I can tell you, that \$1 billion is not coming from the average person who works at the steel mills in Hamilton. It's coming from the very wealthy, those who are getting tens of thousands of dollars of benefit out of your economic policies.

I would expect that at some moment somebody's going to say, "Yes, but that's got nothing to do with Bill 23." The fact of the matter is, it has everything to do with Bill 23, because Bill 23 is about health care, and health care and social services and education are the biggest part of the provincial budget. So in order to find the money that you've given to the wealthy, exacerbating the growing gap, you've got to cut into health care, and that's why you cut earlier, in your first mandate, \$800 million out of hospitals.

Two points: One, just to touch on the growing gap, I intend to continue raising the growing disparity between those who have and those who don't have whether you like it or not, and so do the rest of my NDP colleagues, because that's the world you are, if not creating, then certainly supporting and exacerbating, a world that says those that have get more and those that don't have get less.

You can't make the argument that there's no linkage between the number of people who are sleeping on the streets homeless and the middle class, because there's a trend line here. The trend line for a very, very small percentage is, "Good times under Mike Harris." The trend line for the vast majority of working middle-class people, without even mentioning what you're doing to the poor, those who are already in poverty, but the trend line for the working middle class in terms of their income and their standard of living and their quality of life is down. There's no improvement for individual citizens in

this province. The only ones who are winning are the very well-to-do.

The people who publish this are going to be coming out with an update to reflect what's happened in the 12 months since this was tabled, and I suspect that it's going to show, to one degree or another, that the trend lines are continuing. Those who are very well off will continue to do just fine by you, and the rest of the population is in serious trouble.

1710

I want to put on the record again that in 1997, the last date that these stats are available, the top 10 CEOs in Canada each brought home more than \$10 million. On average, the top 100 CEOs saw a 56% increase in their compensation. How many people in Mike Harris's Ontario do you think got a 56% wage increase over the last year? I want to say that this is not about denying that those who have extraordinary skills or those who work extra hard will receive a little more for their efforts. Such is the way of the world. But it's obscene to allow that category of citizens to have a 56% increase in their income when some of them are already making over \$10 million a year, while there are more and more people on the streets homeless.

If you're one of those lucky CEOs who got a 56% increase in their pay, I'm sure you're not nearly as worried about what's going on in the emergency room at the Hamilton Health Sciences Corp or in any other community across Ontario as the people in my community are. Why? Because if you've got the bucks you can buy all the health care you want. You've got the disposable income. You can buy the best health care, not just in Canada because when you're talking about this kind of income and if your kid is sick, we would all do this. There are no limits when our children are sick, none.

If money is no object, all you care about is, where do they provide the service my child needs? Whatever it takes, including if you need to, and it sounds sort of fanciful but it happens, it's real, if you find it's somewhere halfway across the continent, then you're going to either jump on a plane or charter a plane and you're going to make sure your kid gets that service. We all would.

The problem is there aren't very many citizens in my community of Hamilton who can do that. What they rely on is the public health care system, just like they rely on the public education system for the same reason. My constituents need to know that if at 2 or 3 o'clock in the morning they need to rush their child to the hospital, the services they need in that emergency ward and throughout the hospital are going to be there for them, because if they aren't, if they're standing there not getting the service because the hospitals are understaffed because you cut the funding, they don't have the option of saying to their partner: "Come on, hon, let's get out of here. Let's exercise our other option."

There is no other option. Whether you legislate the opportunity for some kind of private health care, they don't have that kind of money. What they do is stand

there in stark terror, wondering where they're going to get the help for their child.

In Hamilton there's now a policy—and there's some question. I realize that Scott Rowand has said it's not directly related to the deficit and far be it for me to suggest he's in any way wrong. But the fact of the matter is that I don't see, and I'm no health care expert, how you can make the argument on one hand that you're underfunded anywhere between \$25 million and \$40 million, and that any policy that is not the top kind of quality health care you want to provide isn't related to that funding cut, particularly when one of the procedures you brought in place clearly states no additional staff will be hired. That's not because less staff makes better health care; it's because they don't have enough money to hire the staff they need to properly execute this system, at least as far as I'm concerned.

I'm referring to the fact that patients are being placed in hallways and in sunrooms because the emergency wards are backed up so badly they need to get the bodies out of there. So it's now a formal policy at the Hamilton Health Sciences Corp that beds will be placed in hallways and in sunrooms.

I think we all know that probably happens from time to time. There are blips. I would think, just from a street-level analysis, that Friday nights and Saturday nights tend to be a lot busier in the emergency wards for rather obvious reasons than maybe other nights of the week, or perhaps you've had a very serious explosion not unlike what we had at Plastimet, another environmental health issue that you didn't give a damn enough about to call a public inquiry to find out all the things that were done and make sure we made corrections.

In those kinds of instances, I don't think it would be unreasonable to expect that they may have to put people out in a hallway as they're dealing with an immediate short-term surge of maybe two or three times the number of patients they might otherwise get at that time of day. That's not unreasonable. What is really disconcerting about this is that there's now a formal policy that makes being parked in a hallway or in a sunroom as normal as being in a regular ward. I can tell you, Hamiltonians find this very distressing.

I made the comment at the time and I meant it: What happens if we continue down this road? A year from now we're parking people out on the parking lot? Maybe up on the roof? That may sound a little over the top but if you'd said to me five years ago that there would be a policy in place that said there were designated locations for people on gurneys in hallways or in sunrooms and oh, by the way, they're not going to hire any extra nursing staff to monitor them, I would have said that was over the top. Yet that's the world I'm in; that's the world we're all in. That's the reality of what's happening in Hamilton. That's the headline: "Hospitals will Stack Patients: Emergency Congestion Forces Hospitals to Act." That's not as a result of a Plastimet tragedy or a horrific accident on the highway or a major fire. That's what's going on in our hospitals.

So Bill 23, that continues your Health Services Restructuring Commission by virtue of giving all that power to the minister, rather than making us feel better—which the Tory backbenchers have been trying to do—fills us with horror, because what it means is, at the very least, more of the same. We don't want more of the same: a good place to talk about where we've been in terms of Bill 23, Bill 26 and the legislation as it once existed.

I know that the government members will remember Bill 26, the bully bill, the granddaddy of all omnibus bills, the one where ultimately we in the opposition benches—I mean, it had the NDP and the Liberals working together; that's how serious it was. God know that doesn't happen lately. We worked together and, yes, we hijacked this place. We hijacked this Legislature because it was the only way to force you and it was right about this time of year. That would have been what? About 1995, in their first mandate.

So four years ago, right about now, you introduced Bill 26, that created the Health Services Restructuring Commission, as well as doing all kinds of other incredible things. You amended—it had to be 20—bills. The only reason we hijacked this place is we were trying to force you to have a little bit of public input into this. That's all we were asking. It wasn't like there was a coup d'état going on in this place. All we wanted to do was to make sure that the public was given some opportunity to have a say, because your plan was to ram it through in the last two weeks of that sitting, just like you're doing now.

Prior to that stain on your record, the Minister of Health had considerable power, but not nearly what you gave future ministers. They could go in; they could have an investigation of a hospital; they could indeed take over a hospital or make orders regarding that hospital if there was a concern about the quality of care or the management in the hospital. Quite frankly, that makes perfectly good sense. Most pieces of legislation, certainly the legislation I lived under as a minister, contained those sorts of upset powers, if you will, the residual powers that a minister has to step in in the case of an emergency or a situation that's unacceptable or endangers the health of the public, things of that nature. We all lived with that and there was a whole process, based on that legislation, that a minister of the day, a Minister of Health of an earlier time, up until 1995, would follow. And we all remember what happened to Frank Miller. Unfortunately, this government remembered what Frank Miller went through and they decided, "We're not going to that process. We want to do the same thing but we're not going to go through that process, so how do we go about it?"

1720

They brought in Bill 26. What did Bill 26 do? Instead of having the thresholds that I mentioned earlier that there has to be a real concern with the hospital, a problem with its management, a concern about the quality of care that they're delivering, rather than that being the threshold that allows the minister to step in and use their extra-

ordinary powers, Bill 26 changed it to “it being in the public interest.” Come on.

“In the public interest” would therefore be—what? That is the first question. What indeed is in the public interest? In the parliamentary system, in terms of triggering the extraordinary powers that a minister has to act directly vis-à-vis a hospital, “in the public interest” is defined as whatever the Minister of Health says it is. It might be the quality of care, it might be questions around the management of that hospital, but it doesn't have to be. It could be anything, they don't like the colour of the building—“in the public interest.”

Then you created the Health Services Restructuring Commission, and we all know what a popular group that was all across our province. To listen to the government members, you'd swear that commission rolled into town and was handing out free money and everybody loved them and couldn't get close enough to the aura that was around them. Sometimes I wonder what province some of you live in. They went into communities and they cut budgets, they closed hospitals.

You're going to close the Hamilton Psychiatric Hospital. Chedoke emergency is already gone from Hamilton. St Peter's used to be a full-fledged acute care hospital. Now it's going to be a long-term care facility. We're lucky it's still in the non-profit sector, but there's no guarantee that's going to last for long. For that matter, even when the Health Services Restructuring Commission recommended that St Peter's be given all those beds in the first round, the minister who's supposed to be representing Hamilton—what a joke that is, if ever there was a joke around this place—the Honourable Cam Jackson, who represents Burlington, not Hamilton, in his capacity as the Minister of Long-Term Care—when he made the first round of announcements, St Peter's was left out of it. It didn't get one. None.

It was their own restructuring commission that said they ought to get the beds, after they had already downsized it from a full acute care hospital to a long-term-care facility. The Health Services Restructuring Commission, as part of that downgrading, said, “Make sure you put long-term-care beds in there. Cam Jackson is in the riding next door, is supposed to represent Hamilton, does have responsibility for long-term care, and doesn't give St Peter's any beds.” That's how disorganized this whole process has been—as he enters the House now.

Interjection.

Mr Christopherson: Sit down. Let's have a go at this.

The only reason we finally got those beds was because there was such a hue and cry in our community, and then the word came out slowly that the minister was going to see to it that they came around in the second round. They were there in the second round; they should have been there in the first round. That facility should never have been downgraded in the first place. These are some of the things—

Hon Cameron Jackson (Minister of Tourism): On a point of order, Speaker: I think the record should confirm

for the member opposite that it was his government that—

The Acting Speaker: No, no. That is not a point of order. Member for Hamilton West.

Hon Mr Jackson: Frances Lankin did it. That's the truth.

Mr Christopherson: I'll tell you what's the truth, Minister. I remember carrying the message into our community that the almost \$13 million that was needed to rebuild the south wing was finally going to be there after years and years and years of lobbying and hard work on the part of the people at St Peter's. That's what we did for that hospital. You, on the other hand, allowed them to go ahead and dig the hole for that expansion or that replacement of that wing and then cancelled the funding that we had announced for it that you had already incorporated into your budget. To the best of my knowledge, that bloody hole, the size of a football field and 25-feet deep, is still there. So I'm glad you joined the House.

Further to the announcement that this new policy had beds parked in the hallway and parked in sunrooms, there was a letter to the editor just today by—and I hope I'm saying this correctly—Dr Jeff Kolbasnik, actually from the riding of the member for Wentworth-Burlington. His letter reads this way, and I want to read it in part into the record:

“The recent disclosure by the Hamilton Health Sciences Corp that patients may be accommodated in hallways and sunrooms, rather than appropriate patient rooms, is an extension of existing cost-cutting measures at the corporation. These include reduction in staffing levels, diminished operating room time, and limits to radiological tests and other investigations.

“These measures have placed physicians and other health care personnel at the corporation in a terrible ethical dilemma: Do the interests of a community or group of patients supersede the needs of any individual patient?”

He goes on to say in part: “Nurses cannot look after patients appropriately in hallways and sunrooms, particularly at already inadequate staffing levels. The mandate for aggressive patient discharging will force doctors to act against their better judgment, and resource limitations will lower the standard of patient care.”

I want to stop just for a moment there and underscore the importance of that statement. I don't know this doctor. At least I'm not aware that I've met him. If I have, it has been in a crowded room. I certainly have no ongoing relationship of any sort. But Dr Kolbasnik—I'm butchering his name and I apologize; I think I'm going to call him Jeff—says, “The mandate for aggressive patient discharging will force doctors to act against their better judgment.” Why I think that's significant is because every time there's a question to the Minister of Health about individual decisions, she can quite comfortably hide behind the fact that it will always be the physician who makes that decision; it will always be the doctor who makes that decision. Whenever she can she makes

that statement. Here we have a doctor saying that all of these pressures around the physicians in the health care system affect the decisions they make.

Now, I'm not suggesting for one moment that any doctor would knowingly make a decision or a recommendation that puts the health care of their patient at risk in order to save money or because of dollars. But the doctor is saying—and that's why I'm reading it out; you don't hear it said this often, but I'll bet the docs talk about it a lot among themselves—"The mandate for aggressive patient discharging"—and that's the whole issue of being discharged quicker and sicker, and there are growing numbers of Ontarians who know what that means—"will force doctors to act against their better judgment, and resource limitations will lower the standard of patient care."

1730

Yet this government would have us believe everything's wonderful, lots and lots of money, all the policies we could possibly hope for. It's all just gloom and doom on this side of the House; we don't know what we're talking about. They would spin that whole world, yet there is a doctor from the Hamilton-Wentworth area saying that these cuts affect his decision-making.

He goes on to say:

"We must all accept the primacy of patient well-being in medical decision-making. We cannot condone fiscally sound, yet medically inappropriate decisions.

"In this case, the interests of the Hamilton Health Sciences Corp cannot supersede the needs of the individual patients that it serves."

I think that's quite profound, and yet now we find out the government thinks so little of our health care system that they've introduced a time allocation motion. There goes democracy; here comes the hammer. Ram it through. Déjà vu. Been there, done that, got the T-shirt.

Mr Scott Rowand went on, following my disclosure of this new policy, to write an op-ed piece in the Hamilton Spectator on December 3, of this year, obviously. He points out a very important fact for those of us in the Hamilton-Wentworth area in terms of health care. It also came up at a recent briefing that was sponsored by the Hamilton Academy of Medicine. I want to give the docs a whole lot of credit. I've now been in this position for over nine years, and on regional council prior to that for five years, and during that time I was on the district health council, so I've had a fair bit of exposure to our health care system and the people who administer it. It's the first time ever that one of the disciplines within health care had pulled all of the disciplines, or at least many of the disciplines, together and sat down with the elected representatives and made a presentation on the various perspectives and involvement that their discipline has within the health care system.

I give them enormous marks because the fact is that in the past—and I don't fault anyone individually; this is just the way it works and has worked in our pluralistic system—the docs would lobby you based on what they see. They may not say outright, but they might suggest

where they think some of the problem areas are. When you met with the hospital administrators, they would do the same thing. When you met with the nurses, they would do the same thing. You had to pick through it all to decide for yourself what is the accurate reflection of what's going on in the health care system in your community. Again, to their credit, the docs pulled in not all of them yet—I don't believe the nurses made a presentation, Toni. I don't think they did that day, and that's a perspective that needs to be heard from; the support staff. There were a number of other areas where I think they could improve. Nonetheless, it was a huge step forward to have the hospital administrators make a presentation, then the family docs make a presentation, then the docs who are the specialists, then the experts in our cancer care centre.

Personally, I walked away from that feeling like, number one, we're on the right track here in terms of how we ought to go about decision-making in our community for health care, and secondly, like I had a clearer picture of what's going on in our community.

I would ask Toni Skarica, who is in the House now—I see him nodding his head, that he felt the same way. We go to these things in our community in a very non-partisan fashion. We either wait until the cameras or the elections are rolling and then we go at each other, but when we're doing the people's business, if you will, we do the best we can to be non-partisan. I think all of us felt this was a positive exercise and one that we hope they continue.

The reason I mention it is because one of the most important things I thought came out of that briefing was the reinforcement of the message and of the fact that we are, on a per capita basis, underfunded in the Hamilton-Wentworth area. The solution that was offered up by virtually everyone who was presenting that day was that if we went to a needs-based funding formula, communities like ours that have greater challenges, greater health care needs to be met, would have the appropriate level of funding with which to do that. I raise Mr Rowand's article because in part he speaks to that. I'd like to enter that into the record also. Mr Rowand says:

"We live in a region that is significantly below the provincial average for hospital care funding. Funding for hospitals in central west stands at \$586.86 per person." Of course Hamilton is within that central west area. "The provincial average is \$668.45 per person. At the same time, multiple studies released over the past year point to higher rates of cancer, heart disease and respiratory illness in Hamilton. In our view, it is time for a new funding system based on needs, not on past utilization which locks in historical underfunding."

Keep in mind that in a number of significant health care service areas, Hamilton is the centre of a much broader catchment area. It's not just Hamiltonians who use our health care facilities in Hamilton. In many cases it's people from far-flung communities who are just part of our catchment area. It's not as if the challenges were just Hamilton's or caused by Hamiltonians, but the resulting underfunding leaves Hamiltonians having less

money overall for their health care needs. Is that just an opposition member ranting, as was suggested earlier by the member for Niagara Falls? No. That was coming from all those people I mentioned earlier at that briefing session and here in writing by Scott Rowand, who, if I didn't say it, is the president and CEO of the Hamilton Health Sciences Corp.

Again, what is the provincial average per capita? It is \$668.45. What is it in central west, which is of course the larger catchment area? In central west it stands at \$586.86. That's hospital care funding. Yet the government tells us everything's wonderful. We know from the auditor's report that there are far too many Ontarians who are on waiting lists longer than the recommended time period to receive cancer treatment. Why don't any of you want to talk about that?

Where are we heading with all this? I can't imagine that we're heading anywhere other than Mike Harris taking us to a two-tiered privatized system. I realize there have been all kinds of disclaimers and the Premier and the Minister of Health will say over and over, "No, that's not our plan; it's not in the cards," and yet we can't continue down this road. We can't. My God, we're at the point where we're parking patients in beds in hallways, in sunrooms, because there's not enough room in the wards, and that's now a policy.

1740

All we need to do if we want to see where we're heading is to take a look at what's going on with Ralph Klein, good old Ralphie. Premier Klein not long ago announced in his Legislature that he was going to be looking at what amounts to, of course, a two-tiered privatized system. Why is he doing this and why is the opposition upset about it in the province of Alberta? What happened, as I watched the news the night he made the announcement, was that the opposition leader was asking the Premier—actually he was attacking the Premier—on the issue of going to privatized health care and saying it's wrong, especially given the fact that our universal health care system was created and originated in the West, not in Alberta but in Saskatchewan, certainly in Western Canada and they feel strongly. They feel the attachment. They wanted to know why the government was turning its back on universal health care in Alberta.

It was interesting. I watched the clip from their Legislature myself, so it's not some kind of note or a newspaper clipping. I watched the Premier respond. To me it said it all. What he said, and I'm paraphrasing, was that obviously the opposition didn't care that there were longer waiting lists than were acceptable, that services were not being provided, first of all, in sufficient numbers and, secondly, in a timely fashion to the people of Alberta, and that, obviously the opposition didn't care about all of these pressures and crisis points that were now in the Alberta health care system, because if they did, they would understand why Premier Klein was doing this. Give me a break.

The reason they had all those problems and the reason there was a crisis in the publicly funded health care system was because Klein had cut it.

Mr Bill Murdoch (Bruce-Grey): The federal government cut it.

Mr Christopherson: My friend from Bruce-Grey keeps insisting that I acknowledge there were cuts from the federal Liberals to the provinces and I will do that. He is correct. That exacerbated all the problems in all the provinces. I agree. Now will you quit, Bill? He's right, though. It did exacerbate the situation. We faced it when we were in power and it certainly showed itself while you were in power. On the other hand, it didn't do you any harm a couple of years ago to receive a few billion dollars when things got loosened the other way, especially with an election coming. However, I won't go there. We'll stay with your point and that was it exacerbated the situation.

My point is that Premier Klein was accusing the opposition of being heartless because they weren't prepared to take the steps that he was, putting the health care needs of the people of Alberta first by making sure the services were there, and if it couldn't be provided from the public system, then why shouldn't it be provided for those who have the means from the private system?

Again, they knew they were going down this road. We know that's what happened in a lot of inner cities in the United States where the public health care system and the public education system—I would argue this is a parallel strategy; it works in both worlds. If you deteriorate the public system badly enough, to the point that when people criticize the public health care system or the education system, it's legitimate, so that when somebody says, "Every time I go into the hospital, I never get the services I need," or, "When I send my child to school, I'm worried about crime; I'm worried there's not enough textbooks; It's awful what's going on," once those kinds of complaints and concerns are true, it's not too far down the timeline when you can offer up the choice of an alternative. That's exactly what Premier Klein is doing.

When he said he cared about the citizens of Alberta and their health care needs, and he wanted to make sure they had a personal option, a personal choice—make a special note of that. That will be one of the key things as these things start to creep into our political discussion and into our social system, the whole notion that this is about individual choice and therefore it's about democracy, ergo, Mike Harris is democratic and wants to give people choices. Watch for that. It's coming.

I think when we look at what Ralph Klein is doing in Alberta that is exactly where we're going to be at some point with this government. Will it be during this term of office? I don't know. Would it be in a future term of office? God help us, not another term of Mike Harris, please. We'll start those sets of prayers later into the new millennium.

The fact of the matter is that I think this is exactly where they're taking us. I don't think that in terms of the long-range planning of the Mike Harris Conservatives,

the notion that the health care system will be seriously deteriorated and deteriorating, and the same within the education system—that's OK because they're ready with what they consider to be their trump card. That will be exactly what Ralph did. "We care about all those people the auditor has been pointing out for years," because that's what it will be. I'm sure there will be years and years of this. "We care about the fact that the auditor's report is showing that there are far too many Ontarians, growing numbers of Ontarians who are on waiting lists for cancer care services and therefore we're going to do something about it."

What will that something be? Will it be to fix the public system, even if that means money? No, it won't, not under this so-called Conservative government, but as we all know it's really a Reform mentality. This Reform Party mentality about health care and education is not about supporting and promoting an efficient, effective public health care system or public education system. It's about, at the end of the day, convincing Ontarians that they should have smaller government, because that's good for them, and all the other things that go with it. Meanwhile those arguments have the effect, when they come in the front door, of kicking the back door open to privatization. So privatize, corporatize and Americanize the whole system.

You know what happens at the end of the day when we get into that profit world in these areas? First of all, because 70% to 75% of all the health care costs are actually for salaries and benefits of the women and men who provide the services, they start to drop. They start to fall, and then the services start getting cut, and then the fees go up. At the end of the day—and this takes me to back to my opening comments about the growing gap—unless you're one of those who is in that lucky, small percentage of the population who are ahead of the game financially with Mike Harris's economics, you're screwed.

Mr Newman: Come on.

Mr Christopherson: No, it's true. It's true in terms of that's where people will be. You know what? There will be a growing number of people who won't at all have the option of your privatized system, so in some ways there will actually be almost a third tier. There will be those who somehow function with the public system as it is, those who can afford the private system and God help the rest who are just sort of out there, pushed to the margins of society.

But you don't care about them, do you? Oh, well, I guess you do, because we'll debate that tonight, that evil threat that we all face day to day. I don't know how we sleep with this threat hanging over us—those squeegee kids—but you'll take care of them tonight when we debate that bill.

My point is, there's a growing underclass that goes along with this growing income gap. Wolfgang Ziegler is a very good friend of mine. He's a long-time retired teacher, well respected in Hamilton. It's his opinion that those of us who care and look at a progressive social democratic agenda have to be focusing on this primarily,

because at the end of the day it's his belief, and I share it, that if we don't turn the trend lines around in terms of this growing income gap, everything else we do is in some ways redundant, especially as you continue to privatize things.

Now, if your bottom-line profit margin is built on X number of people accessing whatever it is you're selling, all you need to do is make sure that you can capture that crowd and that they have the means to pay the money to get into whatever it is—service or product—you're buying or producing, and you don't need to worry about everybody else. It's almost the way the Tories look at elections. As long as there's between 40% and 50% of the population that they think they can massage their message to appeal to, they don't really care much about the other 50%. They really don't.

I remember Bob Rae being criticized by a lot of people within the NDP because he refused to take that approach. On election night, he said that the history of Ontario is that when elected as a Premier or a government one does so for all of the people, that you don't just carve out everybody who voted against you, and there was a balance to how you would govern. Whether or not that was the right or wrong decision, history as it unfolds continues to analyze. But nonetheless, my point is that no Premier has ever taken the approach that "The only people who matter to me are the ones who vote for me and everybody else be damned." In large part, this is the world that we worry about. This is a world that the NDP worries about and rejects because it needn't be.

1750

I come full circle to the quotes that I provided earlier. Why and how could it ever be OK that the top 100 CEOs got a 56% increase in their compensation in 1997 at the same time there are growing numbers of people who are on the streets, that there is a housing crisis, that we are rapidly approaching an education crisis and a health care crisis?

That's not the Ontario that most of us in this place were raised in. That's not the Ontario that we want for the future; it's not at all. The fact is that as every year goes by under Mike Harris there are fewer and fewer people who will be joining the good life.

I don't understand why there isn't at least one of you in the back benches who at least touches on these things, at least acknowledges they're real, at least acknowledges you as an individual MPP give a damn about it, that at least it comes across your radar screen. I understand you've got to do what you do as government members. I've been there. I've sat there myself before I went into cabinet, and I know that you can't stray too far. But I can't believe you'd get in too much trouble for at least acknowledging that there are a few things going on in this province that you think—make up your own words—that you see as a challenge for your government and you hope they'll do something about. It really is becoming—and I'm going to use the word—pathetic that each of you gets up time after time after time and no one talks about these things. They're real.

There's a growing number of people on the streets. There's a growing number of people in the working middle-class world who are on the brink of being homeless, who are on the brink of being jobless. Surely it's not asking too much that you would at least acknowledge that these things exist. But it never happens. You only speak to that part of the population that you know you can to one degree or another appeal to to form a critical mass, which means getting a majority number of seats in this place. That is really distressing, because that's not the way it used to be, and that's certainly not why this is a great place to live.

I haven't even touched on the things you've done to environmental protection, labour laws, protection for women facing abuse. There's a whole host of areas I haven't even touched on that much of the same arguments still apply to.

I want to close my remarks by asking that the members who are here from the government begin to at least raise these questions in caucus. Maybe you are. I don't know. I would think that if you are, some of you would want to make a point of somehow making sure that that's getting out, that those of us who aren't in that caucus room have some assurance that you have some fear about what's happening to our public health care system, that you have some concern that what Ralph Klein has done is not something that you want to see in Ontario, because we don't see any sign of it from you, none whatsoever.

Bill 23 is merely a continuation of where we've been with this government in terms of health care. You've now given so much power to the Minister of Health that not only is this Legislature quickly becoming, if not irrelevant, certainly less important—and that's very much understating the case—than it was historically. It also means you're doing the same thing to our district health councils, any citizen advisory groups that exist, professional groups. As more and more power is concentrated back in the cabinet room, the majority of you don't even get a say.

The toughest job in this place, I've always maintained—you can ask Toni; I told him the day he got elected—is government backbencher. It really is because, number one, you've got to defend decisions that you

don't get a whole lot of input into, and you don't get to do much complaining or raising concerns about it. If you're in cabinet, you're dealt the cards. You can talk about these issues. You know what was rejected and why it was rejected, and you're a player. You're at the table, they're dealing you cards and you're a player.

If you're in the opposition, at least you get the opportunity to stand up and vent and point out where the government is wrong and point out the damage that's going to be done, none of which—with one or two exceptions I see over there—government members can do or will do.

I know you're in a tough spot, but don't you think it's about time that you turned that into an advantage by at least signaling to the rest of us in this province that you're not totally hoodwinked by the spin doctors and by the messaging that's coming from on high or out of the Premier's office? Just once in a while, one of you sprinkle your conversations with an acknowledgement that you've walked by somebody in Toronto who is homeless on the street, and maybe let us know that you recognize that it wasn't like that 20 years ago, and why is that today? The same with our health care system: that there are concerns in your community, that everything isn't all sweetness and light. And then, probably most of all, a recognition that continuing to concentrate more power in the hands of ministers and ramming these things through, as you did with the time allocation motion that was just tabled a while ago, is not in the long-term best interests of Ontarians.

I would just leave that with the government backbenchers and ask that where they can—because we don't hear it at all. It would be helpful and hopeful to know that some of you at least understand that the world is not nearly the way some of your spin doctors would have the province believe. Bill 23, for whatever time is left, may be an opportunity to do that.

Speaker, I thank you and the House for the opportunity of speaking.

The Acting Speaker: It being nearly 6 o'clock, this House stands adjourned until 6:45 this evening.

The House adjourned at 1758.

Evening meeting reported in volume B.

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