



**Legislative Assembly
of Ontario**

First Session, 37th Parliament

**Assemblée législative
de l'Ontario**

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**Official Report
of Debates
(Hansard)**

Monday 10 April 2000

**Journal
des débats
(Hansard)**

Lundi 10 avril 2000

Speaker
Honourable Gary Carr

Clerk
Claude L. DesRosiers

Président
L'honorable Gary Carr

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 10 April 2000

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 10 avril 2000

The House met at 1330.

Prayers.

MEMBERS' STATEMENTS

SCARBOROUGH FIRE

Mr Dave Levac (Brant): I rise today to once again bring to the attention of the House the serious issue of fires involving dangerous chemicals and toxic materials. I know that all the members of the House join me in expressing our collective appreciation and congratulations to the entire team effort in dealing with the fire at U.S.E. Hickson Products Ltd south of Scarborough. At present, thank God, there are no reports of injuries. The five-alarm fire is a recent event that points to the professional and dedicated way in which our firefighters perform their duties, especially in dangerous situations.

Praise and thanks also go to the entire emergency response team: the police, the ambulance and health officials, the plant managers, and the community for having a response plan to come into action when needed.

This event again points to the need for province-wide expectations and standards to keep our firefighters, police, emergency officials and citizens safe. We need right-to-know legislation now for stored chemicals and toxic materials province-wide. We need a third party independent agency to investigate hazardous work sites, with protective powers for all workers, especially firefighters entering burning buildings with toxic materials.

Again I express my heartfelt appreciation to the firefighters, police and emergency response teams for a job well done.

BRAMPTON BATTALION

Mr Joseph Spina (Brampton Centre): I stand in the House today to inform all members about another one of Brampton's great success stories, the Brampton Battalion of the Ontario Hockey League.

Just two short years ago, the Battalion began their inaugural season in the OHL, led by owner Scott Abbott and director of hockey operations and coach Stan Butler. In their second year of operations, the troops started the 1999-2000 season on a hot streak that saw the team ranked as high as third in Canada and accomplished what many thought was impossible: They made the playoffs. After a difficult, heart-wrenching series with the Erie

Otters, the troops fell in six, and questionable calls by the ref allowed them to not make it beyond that. But we have a number of very talented players; among them, rookie defenceman Rostislav Klesla, number two overall for this year's draft, while scoring sensation Raffi Torres ranks seventh among North Americans.

Of course, a team or party can't succeed without strong leadership. Coach Butler built a team from among the best young talent available, unlike the counterpart—you know, Cherry and the Mississauga Slush Puppies. Butler led the troops from eight wins and 19 points last season to 25 wins and 65 points this year, the fifth best improvement in OHL history.

On behalf of all members and Bramptonians, thank you, Battalion, for a great season. Let's see the Memorial Cup next year.

HEALTH CARE FUNDING

Mrs Lyn McLeod (Thunder Bay-Atikokan): Hearings began on Friday to determine whether Lisa Ann Brady, a 20-year-old with Preador-Willi syndrome, will be able to receive more hours of personal care than the Harris government's rationing allows. Ironically, the cost of the private lawyer the government has hired to fight Lisa—all the way to court, if need be—is likely greater than any settlement Lisa might receive. Why would the government not use one of the 20 or so lawyers already on the payroll of the Ministry of Health? Why has the Mike Harris government brought the full power of the ministry to fight one woman with severe health problems?

Lisa Brady's case is unlikely to set a precedent, even if she is successful. The Health Services Appeal Board is hearing the case only because Lisa's claim predated regulations the Harris government brought in, regulations that were deliberately intended to stop Lisa Brady from receiving the support she needs to live in the community. Maybe the government's concerned that somehow there might be a loophole that would allow Lisa to actually receive the level of support doctors say she needs. Maybe they're concerned that their own appeal board might respond to the needs of the individual before them, notwithstanding the restrictive regulations the government has in place.

I hope that somehow Lisa is successful and that her case does challenge the inflexibility of regulation that limits the hours of care that can be provided, no matter what the individual need. If the government doesn't want to meet the cost of providing individual care in the

community, then let the minister say what the alternative is for Lisa Brady and others who need more help than is now allowed. And let the Brady case say loudly and clearly to the Harris government that they cannot continue to ignore the needs of people or silence them with regulations, costly lawyers and threats of court action.

VIMY RIDGE

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): Yesterday, April 9, marked the 83rd anniversary of the storming of Vimy Ridge in the First World War.

On that day, our four divisions of Canadian soldiers massed as a single, unified force for the first time. They came from every corner of Canada and they spent Easter Monday 1917 fighting to recapture the toughest German strongpoint on the Western Front. Both the British and the French had tried and failed to liberate Vimy Ridge from the Germans, but the Canadians succeeded and, as they did so, they achieved the most glorious military victory in the history of Canada. Today, Vimy Ridge is part of Canada. The people of France deeded it to our young country in recognition of the sacrifice made by Canadians in liberating France.

Consider that over 66,000 Canadians laid down their lives in the First World War. They triumphed in the most inhuman conditions. A new nation emerged from this ordeal. Our soldiers went up the ridge as colonials and came back down as Canadians.

I'm sure every member of this House will join with me in recognizing the valour, the dedication and the sacrifice of the Canadian Army that April 9 at Vimy Ridge.

ORGAN DONATION

Mr Ernie Parsons (Prince Edward-Hastings): My statement today is directed to the Premier and the Minister of Health. An issue of vital concern to the people of this province is the issue of organ donation. Both potential recipients and their families are only too aware that there simply are not enough organs available. There are too many people not aware or not prepared to sign the organ donor card at this time. I therefore applauded the Premier's initiative last fall to appoint Don Cherry to investigate approaches that would greatly encourage individuals to sign cards consenting to donation upon their death.

There's no question that this is not a simple issue. There are medical, emotional and religious issues to be dealt with. The wisdom of Solomon will be required to determine the best approach to this matter. I believe that, collectively, the citizens of Ontario possess this wisdom. Unfortunately, the input from our constituents will be very limited. In fact, it will be limited to residents of large urban areas and those with money. A most qualified individual in my riding approached me to indicate with pride that she had been invited to meet in Ottawa with Mr

Cherry and provide him with information and suggestions regarding this process. Unfortunately, the invitation would require her to take a day off work without pay and to do all of the travelling at her own expense. This is simply not possible in her case, so the citizens of Ontario have lost the opportunity to benefit from her knowledge and experience.

Surely we do not want knowledge just from those who have money. We have health care money for wasteful media ads, but we have no money for health care.

WOMEN'S RIGHTS

Ms Frances Lankin (Beaches-East York): Historically, the Famous Five is a term that referred to five women who, individually and collectively, did great work in improving the situation of women in Canadian society. Together, they initiated the "persons" case, which resulted in women being considered as full legal persons for the first time under Canadian law. What they did was a great thing by Canadians, for Canadians and, I say with pride, a great thing by Canadian women, for Canadian women. These women were Nellie McClung, Irene Parlby, Henrietta Muir Edwards, Louise McKinney and Emily Murphy.

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The "persons" case was an appeal of a ruling of 1876 British common law, which cited the following: "Women are persons in matters of pain and penalties but are not persons in matters of rights and privileges." The offensiveness of that is apparent to all of us today, and the work done by these women in challenging that to the Supreme Court of Canada and to the judicial committee of the Privy Council eventually resulted in the ruling of October 18, 1929: "that the exclusion of women from all public offices is a relic of days more barbarous than ours." To those who would ask why the word "person" should include females, the obvious answer is, why should it not?

Today you presided over a ceremony bringing the maquette and monuments in tribute to these five women, which will be contained on Parliament Hill in Ottawa as of October. We are welcoming of this event here in our Legislature.

NATIONAL VOLUNTEER WEEK

Mr Bert Johnson (Perth-Middlesex): Yesterday marked the start of National Volunteer Week, an annual opportunity for communities across Canada to recognize volunteers and their contribution to our society. Almost one in three Ontarians volunteer with a charitable or non-profit organization. Together, our volunteers dedicate over 422 million hours to serving their communities. Through their kindness and compassion, their sense of responsibility and civic pride, volunteers enrich our quality of life and make our province a place where Ontario families can prosper and thrive.

Ontario has a long tradition of honouring its volunteers. Between now and June, over 5,000 volunteers will receive volunteer service awards for continuous service to a community group. Individuals, groups or businesses that have done exceptional work will receive outstanding achievement awards. Tomorrow, here at Queen's Park, the Lieutenant Governor will present the Ontario medal for young volunteers to 11 young people who have demonstrated exemplary volunteer achievement. These youths have discovered the self-respect, satisfaction and joy of giving to their community. They are the leaders of the new generation of volunteers.

Our government is committed to helping volunteers in their efforts to help others. I ask the members of the House to join me today in recognizing and thanking all of Ontario's volunteers.

DAY OF MOURNING

Mr Mario Sergio (York West): On March 17, our community gathered at the subway station at Yonge Street and York Mills Road to pay tribute to the five construction workers who died at this site 40 years ago. These men were trapped 35 feet underground during construction of a tunnel at Hog's Hollow. The disaster happened because of a total disregard for emergency measures and the safety of these workers. In that tunnel of death, they had no flashlights to help them find their way out, no hard hats or safety boots to protect them, no contact with the outside world.

Pasquale Allegrezza, Giovanni Correglio, Giovanni Fusillo and brothers Alessandro and Guido Mantella tragically lost their lives in that horrific accident. They epitomized the Italian immigrant worker experience. They had left their homeland with nothing but dreams of a better future and eagerness to work hard so that life could be better for themselves and their families in Canada. The Italian community has not forgotten that it was their ultimate sacrifice that led to stronger workplace health and safety laws.

Although March 17, the Hog's Hollow day of remembrance, has passed, I ask you to join me today in honouring those young men who paid the greatest price of all with their young and vibrant lives. We remember the grief of their families and fellow workers. We remember the shock to our community. But most of all we commemorate the everlasting legacy that ensures protection for all Ontario workers to this day.

SCARBOROUGH FIRE

Mr Steve Gilchrist (Scarborough East): Yesterday afternoon, one of the worst fires in recent Toronto history raged out of control in my riding of Scarborough East. The fire, centred in an industrial park in the southeast corner of my community, started at approximately 3:30 and burned relentlessly for almost 12 hours before firefighters could confidently claim to have the situation under control.

The reactions of Toronto emergency service personnel, including fire, ambulance and police, were immediate and thorough. Some 150 firefighters responded to the five-alarm blaze. Despite the danger, Toronto firefighters battled the blaze aggressively, while more than 100 police and ambulance personnel maintained safety and security within the community.

On behalf of every resident of Scarborough East, I'd like to thank these brave men and women who put their own lives at risk for the good of our community. The professional response of emergency services resulted in the fact that there were no serious injuries or deaths, which is a testament to the training each of these individuals has received. I'd also like to thank the media, who worked with emergency services to ensure that our community had the latest and best information available.

Ministry of the Environment officials were on the scene almost immediately to monitor the air and water in the area. The trace atmospheric gas analyzer, or TAGA, system was on the scene last night and will remain there for at least 72 hours. Minister Newman arrived soon after the fire began and was still there late into the early morning. He's assured me that the Ministry of the Environment will take all necessary steps to ensure that the area is monitored and that residents have access to any information gathered. I want to thank the minister and all Toronto emergency services personnel for their immediate action and for guaranteeing that our community was kept safe in the face of a tremendous fire last evening.

INTRODUCTION OF BILLS

NER ISRAEL YESHIVA COLLEGE ACT, 2000

Mr Young moved first reading of the following bill:
Bill Pr20, An Act respecting Ner Israel Yeshiva College.

The Speaker (Hon Gary Carr): Is it the pleasure of the House that the motion carry? Carried.

Pursuant to standing order 84, this bill stands referred to the standing committee on regulations and private bills.

FAIR GASOLINE MARKETING PRACTICES ACT, 2000

LOI DE 2000 SUR L'ÉQUITÉ DES MÉTHODES DE COMMERCIALISATION DE L'ESSENCE

Mr Crozier moved first reading of the following bill:
Bill 60, An Act to prohibit discrimination in the supply of gas and diesel oil to retail dealers / Projet de loi 60, Loi interdisant la discrimination dans la fourniture d'essence et de carburant diesel aux détaillants.

The Speaker (Hon Gary Carr): Is it the pleasure of the House that the motion carry? Carried.

The member for a short statement.

Mr Bruce Crozier (Essex): This bill prohibits wholesale suppliers of gasoline and diesel oil from discriminating unfairly between dealers who are affiliated with suppliers and dealers who are not. Unfair discrimination includes wholesaling to affiliated and unaffiliated dealers at different prices or credit terms, and influencing affiliated dealers to set retail prices at or below the supplier's posted rack price to unaffiliated dealers. Suppliers must file their posted rack prices with the director, who must make them public.

MOTIONS

HOUSE SITTINGS

Hon Frank Klees (Minister without Portfolio): I move that, pursuant to standing order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on Monday, April 10, for the purpose of considering government business.

The Speaker (Hon Gary Carr): Is it the pleasure of the House that the motion carry?

All those in favour of the motion will please say "aye."

All those opposed will please say "nay."

In my opinion, the ayes have it. The motion carries.

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ORAL QUESTIONS

SCARBOROUGH FIRE

Mr Dalton McGuinty (Leader of the Opposition): My question is for the Premier. I want to begin, on behalf of everyone in the Legislature, by congratulating and thanking all the firefighters and police officers for the courage they showed in fighting yesterday's giant chemical fire.

Premier, those people did a good job and I sincerely wish that I could say the same for you. If not for an unusual southerly wind and if not for the skilled local planning by municipal fire officials, this fire could have been deadly. For well over a year now I have been talking about putting in place on the law books here in Ontario a new law, right-to-know legislation that would make it mandatory for people who store toxic and explosive chemicals to register those materials so that our police, our firefighters and the surrounding communities would know exactly what's inside those buildings.

Premier, will you now take our advice and finally introduce right-to-know legislation during this session of Parliament?

Hon Michael D. Harris (Premier): I think the Minister of the Environment can respond.

Hon Dan Newman (Minister of the Environment): I want to begin by thanking all those men and women who were involved in putting the fire out last night in Scarborough. Community safety was the top priority and it was indeed protected with professionalism and bravery. Community safety remains the top priority today.

Currently, my ministry is monitoring the air, water and soil quality for any potential impacts from the fire. A cleanup crew hired by the company is also on site performing tests and cleaning up the runoff. Water treatment plants in the area have been notified by my ministry and they have been asked to enhance their monitoring of the impact. The sampling to date has shown that the plume does not pose a threat to public safety.

Mr McGuinty: Minister, I'm not talking about how you reacted and your ministry reacted to this incident. I'm talking about the demand that's being placed on you today for leadership. You got lucky this time. Those people who ran that operation lived in a community where the municipal fire officials insisted on knowing what was inside the building. It's just a matter of time before another one of these fires occurs in another community. I think we owe it to the firefighters, to police and to Ontarians generally to put in place right-to-know legislation so that we can ensure we are doing everything we reasonably can to look after the safety of those people.

Again, Minister, will you assure us that you will introduce during this session of Parliament right-to-know legislation?

Hon Mr Newman: Any municipality has the ability to ask the government for that information. In fact, after the Plastimet fire a few years ago recent changes were made to the fire code. Basically, the owner must submit a plan on the type of hazardous materials and what will be done with those hazardous materials, and provide them to the fire department. The fire chief of that municipality actually then approves the plan.

Mr McGuinty: Minister, you should know that if this had happened anywhere in the United States there is on the books south of the border legislation that makes it absolutely mandatory that those kinds of toxic and explosive materials be registered and that information is made available to the public, the firefighters and the police.

You talk about mandatory things on an ongoing basis—mandatory workfare, mandatory teacher testing, those kinds of things. When it comes to something of real substance, something that's very important to the public, why could we not introduce here in Ontario right-to-know legislation? It is simply a matter of time before one of these fires occurs in another community which has not taken the steps, which has not required locally that this kind of information be made available.

Again, Minister, it seems to me like a very reasonable request. Why would you not introduce in this Legislature right-to-know legislation during this session of this Parliament?

Hon Mr Newman: Rather than grandstanding and introducing bills like the opposition parties have done,

we took real action. That information was indeed provided to the people of Toronto. In fact, I was there last night and I spoke with fire chief Alan Speed. They knew what they were doing and they had that information. That's why they were able to fight that fire.

The Speaker (Hon Gary Carr): New question/

ONTARIO REALTY CORP

Mr Dalton McGuinty (Leader of the Opposition): This question is for the Premier. I believe that cabinet ministers should live up to a high standard of responsibility and unquestionable ethical behaviour. Apparently, you do not. We now know of three land flips in which taxpayers got ripped off for over \$10 million. Two of those deals fell directly under the responsibility of the Chair of Management Board and in the case of the third one the irresponsibility is shared between the Minister of Transportation and the Chair of Management Board. We know that the police have been called in; we know that there is an internal audit being conducted at this time.

Premier, what I want to know is, do you not think that ministers responsible for losing millions of dollars, ministers under investigation, should at a minimum step down while the matter is under investigation?

Hon Michael D. Harris (Premier): Actually, I do. Since the minister is not under investigation there's absolutely no reason why the man who brought in the investigation and ordered the uncovering of what is going on should step down. In fact, we should thank the minister and thank our lucky stars he was there.

Mr McGuinty: Premier, I want to talk about your double standard. When a staff member of Minister Jim Wilson revealed confidential information, Wilson rightfully stepped aside. Bob Runciman also stepped aside when a matter affecting his ministry was under investigation. Steve Gilchrist, reluctantly but ultimately, did the right thing and stepped aside after the police were investigating him.

Premier, why the double standard? The precedent has been set when it comes to three prior ministers in your own government. Why is that Mr Hodgson finds himself in a special circumstance where you suddenly feel it is no longer the right thing to do for him to step aside pending the outcome of the investigation?

Hon Mr Harris: Certainly, neither the minister nor any of his staff is under any investigation. In fact, it is the minister himself who has brought sunshine to this matter. He has brought in the experts to take a look and, on the independent advice of the Ministry of the Attorney General, brought in the police to take a look. So the situations are in no way even close to being parallel. I might add this: that for any Liberal, provincial or federal, to talk about ethics or talk about standards is the height of hypocrisy.

The Speaker (Hon Gary Carr): I would ask the Premier to withdraw that word, please.

Hon Mr Harris: Yes, sir.

Mr McGuinty: Premier, the matter really is too serious for your introduction of bombast. What we're talking about here is the fact that nobody over there, the group sitting on the right hand of the Speaker, the members of the government, is prepared to accept responsibility for this mess. We're talking about the loss of over ten million taxpayer dollars. We're talking about a matter that is under police investigation. You tell me that the minister himself is not under police investigation. That is news. Have you talked to the police on that score, Premier? In that regard you might want to fill us in as well.

It's a matter that's under police investigation. We have an internal audit being conducted. We have a precedent set not only by your government but by others before that. When ministers or people in their ministry are the subject of investigation, police or otherwise, the right thing to do is to step aside. Premier, again I ask you: Why is it that Minister Hodgson is not doing the right thing in these circumstances? Why is he not, at a minimum, stepping aside pending the outcome of the investigation?

Hon Mr Harris: The member makes up protocols that I've never heard of, he's never heard of, have never been part of our government, have never been part of his government and have never been part of a Liberal government, I can tell you that, anywhere on this planet that I have ever seen.

You say taxpayers have lost money. We don't know if taxpayers have lost any money. What we know is this: There have been questions raised around some sales for which the minister and the chairman of the ORC have called for an investigation. That investigation is taking place; that independent audit is taking place. That is absolutely the appropriate action, and I'm very proud of the minister and the chair of the ORC for doing that.

1400

SCARBOROUGH FIRE

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of the Environment. It concerns the toxic chemical fire at the Hickson plant in Scarborough. This is the third serious toxic fire in a built-up urban neighbourhood that has happened under your government in the last four years. The Hickson plant uses chemicals that contain chromium, copper and arsenic, elements that, when burned, are toxic and emit carcinogens.

Minister, the question is this: Given the history of toxic chemical fires under your government, why do you allow companies to store chemicals like this next door to residential communities without requiring them to inform the residents about the dangers they are living beside, and without taking the steps necessary for an emergency situation?

Hon Dan Newman (Minister of the Environment): Obviously the municipalities are aware as to what products are there on the site. In fact, I can tell you right now that the TAGA vehicle is on the scene and is moni-

toring the air. Any of those levels with toluene, styrene and xylene have dropped dramatically over the last number of hours since the testing has been taking place.

The Speaker (Hon Gary Carr): Supplementary?

Ms Marilyn Churley (Broadview-Greenwood): Minister, as you know, the efforts in the fire last night were all voluntary. It was put together by the local councillor, fire and some businesses.

I want to ask you, though, about TAGA, the ministry's mobile air testing equipment. It tells residents what is in the smoke and the dangers they might face. Minister, last night I got to the site by 8 pm, only to discover that the TAGA truck was still not there. I called the spills action centre and was told it was on the way. The truck did not arrive until 10:45 and wasn't in a position to test the air until after midnight. It was known by 3:30 that this was a dangerous chemical fire in a residential area. Why did it take over seven hours for the truck to get there?

Hon Mr Newman: As the member should know—she served as a parliamentary assistant under the previous government to the Minister of the Environment—the TAGA vehicle is not an emergency response vehicle; if she doesn't, I'm going to tell her that today. It is requested by emergency response personnel at the site of an environmental spill or fire. Following the Plastimet fire in Hamilton, the ministry put standard protocols in place for response arrival time. Ministry officials are required to be on site within two hours of being notified, and the ministry was. The TAGA units are to be on site within four to six hours. Both of these timelines were met last night.

I'm proud to say that Ontario owns two of the most advanced TAGA units in all of North America. In 1998, this government invested \$2 million in upgrading the TAGA units. There are only six units in all of North America, Quebec being the only other province that has one.

Ms Churley: I'll say to the minister that it's but by the grace of God last night that the wind didn't change and we didn't have a major environmental and health disaster in Scarborough. You know that, Minister.

We're asking you today to bring in right-to-know legislation. The US Clean Air Act requires some 64,000 sites that store and use chemicals like these to prepare emergency-measure plans and make them available to the public.

Minister, you're way behind. Don't wait for a worse disaster. Learn from this, from Plastimet and from the fire in my riding in south Riverdale. Order an independent public inquiry. We want to see just what went up in smoke last night, what went into the groundwater through the runoff and, most important, what steps should be taken by your ministry to protect citizens against future chemical fires like this.

Hon Mr Newman: I want to again point out that the response times in this situation were within the protocol established by the Ministry of the Environment. We're awaiting further analysis from on-site ministry officials as to any potential environmental impacts.

Since 1995, the Liberals have called for inquiries 69 times on 20 topics, and the NDP have called for inquiries 47 times on 11 topics. I could question the integrity of a party that cries wolf with a knee-jerk reaction.

But I also want to tell you what a former environment minister said about the TAGA units. It was the environment minister in 1986 who said: "The TAGA unit is a machine that takes approximately two hours to assemble, and the technicians have to calibrate the machine to deal with the specific substance. In addition, there is the travel time. We are talking about a machine that is not designed for emergencies." Who said that? Jim Bradley.

ONTARIO REALTY CORP

Mr Howard Hampton (Kenora-Rainy River): My question is for the Chair of Management Board and it concerns the Ontario Realty Corp. This is a transcript from the trial relating to the Keg deal, cancelled by the Ontario Realty Corp at the last minute. It's a transcript from Joe Clasadonte, a marketing coordinator of the Ontario Realty Corp, who says on page 33 of his testimony, "Some time in the late fall or early in 1999, a directive came down that Tony Miele, who is now president or CEO of the ORC, was required to approve transactions, including the one that I was working on." Later on, on page 247, Mr Clasadonte says that he stopped preparing the legal documents for the deal because Tony Miele wanted to review the file.

Minister, do you still deny that Tony Miele had to approve all transactions at the Ontario Realty Corp as of December 1998 or early January 1999?

Hon Chris Hodgson (Chair of the Management Board of Cabinet): It's refreshing to hear the leader of the third party admit for the first time that there was no transaction on the Keg Mansion, because you keep repeating that there was. That's a positive sign, and I'm thankful for that.

The second question you raised is around the chair of the board and the board of directors of the Ontario Realty Corp and their delegating and asking Tony Miele to undertake some special projects. I believe the record is pretty clear on that. What you are talking about is before the courts, and that will come out in the fullness of time due to proper process.

Mr Hampton: No, Minister, this is about your credibility. I wonder how Mr Clasadonte got the impression, in late 1998, that all deals had to be reviewed by Mr Miele, your appointee. I wonder how he got the impression that what was happening on the Keg deal was in effect going to be stopped because of an order from Mr Miele, when you keep saying Mr Miele had nothing to do with this.

This is sworn testimony and what it amounts to is this: If Mr Miele was stopping this deal and if Mr Miele was reviewing all transactions, how is it that the government, the taxpayers of Ontario, got taken on the Gabriele deal and on the All-City Storage deal? How is it that those deals continued to go forward when there is clearly

referred to in sworn testimony a memorandum that says that Mr Miele was supposed to review those deals? And if he did, why did they go forward, why were the taxpayers swindled and where were you and Mr Miele when you should have been performing your duty on behalf of taxpayers?

Hon Mr Hodgson: For a party that set up the Ontario Realty Corp, you are fully aware that there is a board of directors, which oversees the day-to-day operations and does the hiring of staff. So you would have to talk to the board of the ORC in relation to Mr Miele's contract and responsibilities. When you talk about All-City Storage, you're referring to 145 Eastern Avenue, which is part of the Ataratiri land. Surely you're not going to start defending the Liberal record on backing the city of Toronto's bid to buy that land for a housing project, which ended up costing the taxpayers of Ontario \$340 million.

HEALTH CARE FUNDING

Mr Dominic Agostino (Hamilton East): My question is to the Minister of Health. This morning you made the political decision to fire the board of the Hamilton Health Sciences Corp, and you will bring in your own hand-picked supervisor to run the hospital and to run the administration of that hospital. Minister, this is clearly an attempt to deflect blame. Your short-funding has caused a \$40-million deficit. The board administration had made some wrong decisions, but they also made some difficult decisions because of your funding cuts. They made those decisions in trying to help patients.

Let me read to you from your Waterhouse report: "Community needs clearly outweigh the responsibility for financial accountability when the senior team is making decisions." Minister, that's not a bad thing in health care. Looking after the patients first within your approach of cutting funding is not a bad thing to do. We Liberals believe, on this side of the House, that not one emergency department in Hamilton should close, that not one operating room should close and that not one bed should close.

1410

Minister, you're now in charge. You have taken over the running of hospitals. Will you stand in your place today and give the people of Hamilton that guarantee?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): First of all, let me say that our top priority at this point in time is to ensure that we can continue to deliver the quality of patient care that is absolutely necessary to the people in Hamilton. That is our top priority.

Also, you made reference to finance. If you take a look at page 82 of the operational review that was conducted, you will see that the problems at the Hamilton Health Sciences Corp, according to the consultants, had nothing to do with funding or underfunding. In fact, as the member knows, we have actually increased funding

for the corporation from \$343 million in 1996-97 to \$369 million in 1999-2000.

At this point in time, we want to address the issue of public confidence in the matter of the hospital. We want to ensure that the deteriorating deficit situation is addressed, and as I say, patient care is our number one priority.

Mr Agostino: Minister, if patient care were your number one priority, you would not have cut the over \$40 million you have cut to hospitals in the Hamilton area.

Let me tell you what this is all about. You're now in charge. You now are responsible directly, and you won't give us that guarantee. This was a highly political decision to do this, made in your office over the weekend, Minister, and I'll tell you why. It's because you're looking at that by-election in Wentworth. You're trying to deflect heat and not make any decisions until after the by-election.

Do you know what else it was? It was political pay-back for Scott Rowand and the board because he had the courage to criticize you and your predecessor over the years for making wrong decisions in health care, and now you're getting even with him. It is political payback, what you're doing here, Minister.

You don't have the guts to stand in your place today and guarantee that you're not going to close one hospital bed, that you're not going to close one operating room or one emergency department. That is a lack of leadership. If you're not going to stand up and do that, then stand up today and tell us which hospital room you're going to close, which emergency department you're going to close, how many beds you're going to cut out of them. You can't have it both ways.

We expect you now to make the right decisions for Hamilton. We expect you to stand up today and tell us that you're not going to close one emergency department anywhere in the city of Hamilton.

Hon Mrs Witmer: I am a little surprised and shocked at the member's allegations—

Mr Agostino: Who made the decisions?

Hon Mrs Witmer:—and, I guess, the lack of concern that he is demonstrating for the citizens in his community.

Mr Agostino: Your senior bureaucrats don't agree with you.

Hon Mrs Witmer: I think it would be appropriate if the member would read the consultant's report—

Mr Agostino: I've read it.

Hon Mrs Witmer:—take a look at the information that is contained therein and join with us in order to ensure that we have the appropriate stakeholder input, that we have public consultation in order that we can provide the best possible patient services to people in every part of the Hamilton community. I would encourage you to work with us in order that we can do exactly that.

The Speaker (Hon Gary Carr): Order. The member asked a question. It's not fair to then continue shouting at the minister when she is trying to answer. Everyone was

very quiet while you asked the question, very forcefully, I might add. Now it's the minister's time to answer. Minister?

Hon Mrs Witmer: I'm finished.

COMMUNITY SAFETY

Mr Garfield Dunlop (Simcoe North): My question is to the Solicitor General. Constituents in my riding have consistently told me that they take the issue of community safety very seriously. At local events, on radio shows, on cable TV shows and door to door, people I've talked to in Simcoe North all believe that we should be able to live in our communities free from the fear of crime.

Minister, during the last election we made commitments to our police services. Could you please tell the House and the people of Simcoe North some of the commitments we made and kept to make our communities safer?

Hon David H. Tsubouchi (Solicitor General): I thank the member for Simcoe North for his question, and I'm very pleased to be able to advise the House of some of the many commitments we have kept in the area of public safety.

The first one I'd like to just mention briefly is the Sergeant Rick McDonald Memorial Act. I think this is a very important act that we passed here in this Legislature. By the way, this is the first province to bring in these tough rules against criminals who recklessly flee from the police. We've made arrangements that if someone kills or seriously injures an innocent bystander or the police, they can have up to a life suspension. I believe this has caused the federal government to support the private member's bill brought forward by Dan McTeague, an MP from Pickering, but it's unfortunate that the federal justice minister didn't see this as important enough to bring forward as a government bill. This is very important.

The other one is Christopher's Law, which the House had third reading on just last week—

The Speaker (Hon Gary Carr): I'm afraid the minister's time is up.

Mr Dunlop: Thank you, Minister, for that answer. Clearly the government believes that when we make a commitment to our police services, we keep it.

Minister, you mentioned our government's commitment to the OPP. As you know, the OPP headquarters and the OPP auxiliary are both located in Orillia in my riding of Simcoe North. Could you please tell the people of Simcoe North the tools our government has provided to the OPP to assist them in fighting crime?

Hon Mr Tsubouchi: Once again, I thank the member for Simcoe North.

We have increased the budget for the Ontario Provincial Police by about \$40 million. Since 1995, we've added another 300 OPP officers to the streets of this province.

An important initiative that the OPP is actively pursuing right now is the Ontario Provincial Police child pornography unit. This unit has doubled in size and its budget has tripled, to \$1.3 million. This is very important, I believe, to protect people in this province.

I can quickly mention a small grant which didn't have to do with the OPP. Last Friday in Thunder Bay we provided a grant to the police services to assist them with their community policing project. Chief Toneguzzi in Thunder Bay has done a wonderful job engaging the community in trying to make it safer, and we're very pleased to participate and assist them in what I think is a very important initiative.

GOVERNMENT CONSULTANTS

Mrs Sandra Papatello (Windsor West): My question is for the Minister of Community and Social Services. In the fall of 1998, the former minister negotiated an open-ended contract worth \$180 million, minimum, with Andersen Consulting. In this House a year and a half ago we told you that the ministry was paying, on average, 63% higher billing rates than what that contract specified in the request for proposals. In fact, the Provincial Auditor in the 1998 audited report said of that contract, "The ministry had not demonstrated due regard for economy and efficiency in the contract terms."

Minister, the former minister said a year and a half ago that they were to renegotiate those terms. Could you please explain today to this House why, a year and a half later, that contract still has not been renegotiated?

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): A number of months ago I committed to this House and to my colleagues that we would seek to renegotiate the contract, because we believed we could do a better job for taxpayers. We believed the old welfare system was out of control, a system with 30-year-old technology, a system where no substantial investment had been made in terms of process or technology. We believed that the time had come. But rather than just talk about it, this government took some concrete steps to turn things around.

We're committed to follow through on the directions that we laid out a number of months ago. We have been doing just that. I don't think it would be in the interests of the taxpayers for me to stand in my place and negotiate on the floor of the Ontario Legislature or in the corridors outside. I hope an announcement will follow in due course.

Interjections.

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Hon Mr Baird: But I will not accept any lectures or hectoring from the member opposite, who was part of a regime where the welfare system in this province went out of control for years, a system that was so out of control that thousands of people in jail collected—

Interjections.

The Speaker (Hon Gary Carr): Order. The minister's time is up. Supplementary.

Mrs Pupatello: This minister has an obligation to answer the question. A year and a half ago, it was guaranteed to this House that that deal was going to be renegotiated; still today it has not. So come in here and talk about concrete steps, renegotiating an open-ended \$180-million contract, where expenses listed as outside the contract are limitless, where \$26,000 for a full-time equivalent by Andersen is submitted in receipts with no proof of expenses even being incurred. Now, will you please stand in this House and explain why you said, in December 1999, "I was very angry to see that audited report, I was very angry indeed." A year and a half later, you still have not renegotiated that contract. Don't come in here and talk about concrete steps; come in here and explain why you have not yet renegotiated that deal.

Hon Mr Baird: The government is in the process of following up on the commitments we made in December. I think we can look forward to meeting in short order the set of priorities and directions that we set out. But I will not stand in my place in the Ontario Legislature and negotiate with the member opposite. She says that I've been doing this for 18 months. I haven't even been in this job for nine months, which is probably the answer.

The honourable member opposite stands in her place and talks about due regard for economy and efficiency. I wish we had seen those types of things when the Liberal government was in power.

Interjections.

The Speaker: Will the minister take his seat, please. Order. Was the minister finished? New question.

OFFICE OF THE WORKER ADVISER

Mr Doug Galt (Northumberland): My question is directed to the Minister of Labour. Many injured workers rely on the Office of the Worker Adviser for advice and assistance in getting their claims through the Workplace Safety and Insurance Board. For injured workers who are not members of a trade union, the Office of the Worker Adviser provides an invaluable service.

Minister, I have been hearing some rumours that your ministry is planning to discontinue the activities of the Office of the Worker Adviser. Is this true, and if so, where will injured workers go when they need some assistance?

Interjections.

Hon Chris Stockwell (Minister of Labour): I'd like to thank the member for St Catharines for the question. I've had a number of people actually ask me, with respect to the Office of the Worker Adviser, if there are any thoughts on discontinuing this service. The answer is no. We have decided not to discuss any reduction, any kind of downsizing at this time, other than the 5% across the board which all ministries are looking at. There are improvements resulting from the recommendations. We're also looking at some front-line service increases. In fact, there are two new offices opening, one in my friend opposite's city of Kingston and one more opening in Peterborough. It just proves, which the other side would

find somewhat interesting, that, yes, you can economize, you can create efficiencies, you can find 5% savings, but you can also expand the role of front-line workers providing front-line services to the good workers of Ontario, which I know they'll find odd but we in this party find—

The Speaker (Hon Gary Carr): Order. I'm afraid the minister's time is up. Supplementary.

Mr Galt: Thanks very much, Minister, for your clarification. I can understand your difficulties in responding when you mentioned the member for St Catharines, because I think he really was louder than I was when I was posing my question.

You mentioned that the Office of the Worker Adviser is working to reduce administration and improve services. As part of this process, will resources for the Office of the Worker Adviser be reduced? What will happen to the funding provided to the Ontario Federation of Labour, the provincial building trades council and the injured workers' groups for services they provide to injured workers?

Hon Mr Stockwell: Thank you for the question. You named three groups which are valued and treasured friends of ours, I know, and we have gone to great lengths to ensure that these three associations have received the proper funding to provide this kind of training.

Interjections.

Hon Mr Stockwell: The members opposite suggest arrogance. Nothing could be further from the truth. Arrogance isn't even close to this.

This kind of funding is provided by the government because they provide services for the workers of Ontario. That's the kind of commitment we have. It goes beyond the political spectrum. It goes beyond ideology. They provide valued services for the workers. That's what this government is looking for. They can continue to count on the dollars and cents from this government, providing they can give front-line service. It's not arrogance; it's common sense, good fiscal management, something I'm sure you're not too wary of.

GOVERNMENT CONSULTANTS

Ms Shelley Martel (Nickel Belt): My question is for the Minister of Community and Social Services. In November 1998, the Provincial Auditor released his audit of your sweetheart deal with Andersen Consulting, and he was anything but complimentary. He noted your ministry had no basis for agreeing to pay Andersen up to \$180 million for the project, especially since Andersen had said the job could be done for between \$50 million and \$70 million. He noted the ministry allowed Andersen to bill rates which were six times higher than rates for comparable ministry staff, that Andersen could increase rates without ministry approval and that Andersen's rates were 63% higher in 1998 than the fees the company said it would charge in the 1995 request for proposals. He noted that the ministry had paid Andersen for work that

had nothing to do with the project and that the ministry was paying even though the contract said that no benefits had to be paid until benefits exceeded costs, which has never occurred.

Your former minister said in this House on November 4 that the deal was being renegotiated at that time. Well, it wasn't, and nothing has been done since. How can you possibly justify the contents of this scandalous deal, which the auditor has said is not providing value for money for the taxpayers?

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): As I said in the House a number of months ago, I'm not prepared to stand in my place and defend the early mismanagement of this—

Interjections.

Hon Mr Baird: —as my colleague of the day said word for word the same thing. What we did commit to do was that as we completed the first phase of the project, the design of the new process, we would seek to ensure the process could be successfully completed, successfully completed on time, successfully completed on budget and successfully completed with a substantial cut in the rates. Over the last number of months, we've been working diligently to follow through on those commitments, and I do hope there will be an announcement in short order on that issue. But I will not negotiate on the floor of the Ontario Legislature.

I don't share the pessimism of the member opposite. The member opposite and her party have disagreed with every single welfare reform this government has taken. We tried to say people on welfare shouldn't own cottages. The members opposite disagree. We take measures to combat fraud. The members opposite disagree.

Interjections.

The Speaker (Hon Gary Carr): Order. Will the minister take his seat, please. I'm afraid his time is up. Supplementary.

Ms Martel: It's true that you're not responsible for the scandalous deal that your former minister signed. But you've been the minister nine months now, and you've done absolutely nothing about this deal, not a thing to change any of the serious concerns that the auditor has pointed out.

The public accounts committee was so concerned that we had the auditor review this contract again in 1999. In December 1999, the auditor came back before the committee and said that none of his original serious concerns had been dealt with. There has been no change to the billing rates, no basis to support a maximum payment of \$180 million to Andersen, Andersen is still being paid for work not related to the project and Andersen is still being paid even though benefits have never exceeded the cost of the project.

Worse still, the auditor confirmed that the project is now two and a half years behind schedule and, in the face of that, last fall your ministry signed an agreement to extend the contract by another year. That's what's being done under your watch, Minister.

Because of our ongoing concerns, the public accounts committee moved a motion—moved by the member from Niagara Falls; one of your own—to say that Andersen should not be paid any further money until the contents of this deal had been renegotiated. How much more money have you paid Andersen since then? When will this fiasco stop?

The Speaker: Order. The member's time is up. Minister.

Hon Mr Baird: The member opposite raises the five recommendations brought forward by the Provincial Auditor. Those five recommendations, coupled with my four bottom lines, have been the basis for us to follow through on the commitment we made a number of months ago. I hope very soon we'll be able to follow through publicly and announce the conclusion of that process. I completely agree with the auditor in those regards.

But for the member opposite to stand in her place and say that this government has done absolutely nothing, I'll tell you one thing, it takes gall.

1430

Working with Andersen Consulting, we've been able to root out fraud, like the individual who is making monthly payments on his gold credit card in excess of his welfare benefits.

Interjections.

The Speaker: Order. I can't hear the response. The member has asked the question, and now is the time for the minister to give the answer quietly, without people yelling at him.

Hon Mr Baird: The member opposite doesn't want to talk about the gold card welfare fraud artist because he was aided and abetted by a government that didn't think anything of welfare fraud, that didn't take any action to get control of welfare fraud, aided and abetted by a government that lets a system go out of—

Interjections.

The Speaker: Order. The minister's time is up. New question.

EDUCATION FUNDING

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): My question is to the Minister of Education and it concerns her recent education funding formula and grants for the fiscal year 2000-01.

Can you explain to the students and ratepayers of the Renfrew county public school board why in your recent grant announcements you did not amend your current funding formula to provide the public school board in Renfrew county with some money under the rural and remote category, monies they have been denied for the past few years and monies, for example, that flow to the neighbouring board in North Bay-Parry Sound to the tune of \$2.4 million annually? Can you explain why you did not include the Renfrew county public school board in your consideration for rural and remote funding in the 2000-01 grants announcement?

Hon Janet Ecker (Minister of Education): We did make some enhancements for small boards and boards that were in rural circumstances. The honourable member is correct that the actual funding for the rural boards was not changed this year. We felt there was still more work that needed to be done on some data from the boards before we could make such a change, but we enhanced funding for smaller boards that had fixed administration costs—for example, more money for principals in smaller boards—because we recognize that they have some challenges. We are looking at how we can further improve the funding for boards that have rural communities within their area.

Mr Conway: The students, the teachers and the rate-payers of the Renfrew county school board have been told about challenges and about surveys and about analyses for the past several months now. What they know is simply this: that the public school board in Renfrew county operates in the largest county in the province, clearly one of the most rural in Ontario, and, I repeat, the largest. The public school board in Renfrew is currently getting the lowest per student allocation in all of eastern Ontario and, if we look at the per student funding for the fiscal year 2000-01, the Renfrew county public school board is now getting over \$800 per student less than their neighbours in the public school board of North Bay and Parry Sound.

Minister, how can you continue to justify the evident discrimination whereby the public school board in North Bay and Parry Sound is getting this year over \$2.5 million on the rural and remote funding line and their neighbours in Renfrew county public school board are not getting one red cent?

Hon Mrs Ecker: There are additional monies that went to this board, and we are continuing to work with the boards to make sure that we can enhance in areas where it will move forward quality education, as we did in this year's announcement of 190 million net new dollars to education. As I said, some of those funding improvements went to boards that have challenges because of the rural component within their boundaries.

I appreciate the honourable member's point. We were not able to address all of the issues that we know need to be addressed this year. That's why we're continuing to get the information and data back from the boards. I appreciate the point that he is making, but there have been additional monies for these boards and boards with smaller student populations to try and assist in these challenges, and we will continue to move forward on priorities that boards have identified.

AGRICULTURE

Mr Ted Chudleigh (Halton): My question is for the Minister of Agriculture, Food and Rural Affairs. Since 1995, the Ontario economy has really taken off: Taxes are down, revenues are up, unemployment is down, but, more important, over 701,000 new jobs have been created in Ontario since we've assumed office. However,

my constituents in Halton are concerned that Ontario's agricultural community is being left behind. Minister, when you're confronted with this situation, what do you say?

Hon Ernie Hardeman (Minister of Agriculture, Food and Rural Affairs): The Mike Harris government has made rural economic growth a priority. With programs like the \$30-million rural job strategy fund and the \$35-million rural youth job strategy fund, we have made investments in rural Ontario that are paying off. Today, I am pleased to inform the House that once again Ontario has led the way in agriculture exports, a key indicator of economic growth. According to Statistics Canada, Ontario's agri-food exports were up 5.8% in 1999 compared to 1998. It is clear to us on this side of the House that Ontario is first on the global menu.

Mr Chudleigh: That's indeed good news. People in Halton are concerned that agriculture doesn't get the kind of priority or credit that it should for such a vital role that it plays in the Ontario economy. What proof do you see that makes agriculture such an important industry in this province we live in?

Hon Mr Hardeman: Agriculture is the second-largest industry in Ontario, second only to the auto industry. Ontario is known for the safe, high-quality food it produces. The good news is that we are being recognized worldwide for it. Ontario's contribution to national agri-food exports grew from 23.8% in 1998 to 25.7% in 1999. Ontario's food processors and producers are benefiting greatly from the provincial government's drive to cut taxes and reduce red tape. It's another clear sign that Ontario is on the right track when it comes to agriculture and food production.

SIGN LANGUAGE INTERPRETERS

Mr Steve Peters (Elgin-Middlesex-London): My question is for the Premier.

The member asked a question using American Sign Language.

Mr Peters: Let me repeat that. Premier, why have you not followed through with the Supreme Court decision on the Eldridge case? Yesterday was the two-and-a-half-year anniversary of this ruling, which found that the failure to provide sign language in the delivery of health care services for the deaf violates the Charter of Rights and Freedoms. Your government is obliged to ensure that this communication is available. Your government, though, has failed to abide by that ruling. Deaf persons in this province can no more communicate with their doctors and health care providers than could you or others understand what I had originally signed to you. Premier, when are you going to take action and stop putting the lives and the health of deaf persons in this province at risk?

Hon Michael D. Harris (Premier): I think the Minister of Health can respond to that.

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): As the member knows, we are

moving forward to put in place the recommendations of the case in order to ensure that those people in this province who need that type of support will receive it.

Mr Peters: There's an extreme shortage of ASL interpreters in this province. As I travelled Ontario with the Ontarians with Disabilities Act tour, even in the Premier's own riding we could not find an ASL interpreter. We had to bring one in from Kingston and another in from Sudbury. I found that the issue of access to health care services was raised repeatedly by persons within the deaf community. The frustration that persons with disabilities feel as a result of your government's lack of action is overwhelming.

The minister responsible for disabled issues assures me that the minister is working on a plan. It seems that everyone in this government is working on a plan. Give us a break. It has been two and a half years, Minister. When are you going to take action? When are you going to show some leadership and stop the discrimination against deaf persons in the health care system?

Hon Mrs Witmer: We certainly recognize the concerns that have been raised and we are moving forward. Yes, we are developing a plan, and we do want to ensure that each individual in this province, no matter where they live, will have equal access to the health services that they deserve.

1440

TOURISM

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): My question is to the Minister of Tourism. People in my riding and all over Ontario are telling us that this government has done a lot to support job creation and to keep the unemployment rate down. In fact, we have created over 701,000 new jobs. Can you tell us today how your ministry is contributing to Ontario's overall job growth?

Hon Cameron Jackson (Minister of Tourism): I'd like to thank my colleague for the question and I'd like to advise all members of the House that tourism is one of the fastest-growing industries in the world. It has become extremely competitive, and Ontario is ideally positioned with our government's job creation agenda to ensure that we get more than our fair share of increased tax revenues and new jobs.

Also, it is one of the largest contributors, with its invisible exports worth over \$7 billion to the Ontario economy. That's how much money we bring into the province from outside our province as an export.

Half a million jobs have been created in the tourism industry in this province and it's about 8% of our total employment. As you can see, tourism expansion and growth is a vital and important part of our economy.

Mr Gill: With school almost over for another year and the summer season fast approaching, can you tell us what opportunities there are for youth and students in this area of tourism?

Hon Mr Jackson: First of all, I'd like to say that summer months are a very important part of tourism

expansion and growth in our province. One out of two jobs, half of all the jobs created for students in this province, are involved in the tourism sector, and there's even more growth anticipated. Because of the Mike Harris job creation agenda, we know that in 1999 we had 60,000 new jobs last summer and 30,000 of those went directly into tourism.

As you know, our province operates six world-class attractions that are vital to our economy and to our heritage and to the local economies where they're located. Just the Ministry of Tourism, through these six attractions, will employ over 1,800 students this summer. My colleague the Minister of Training, Colleges and Universities also has taken a leadership role in expanding employment for students through her summer Experience program—programs that are working and expanding access to students for summer jobs.

HEALTH CARE FUNDING

Mr David Christopherson (Hamilton West): My question is to the Minister of Health. Last Wednesday I called on you to use your authority under the legislation to step in and announce and assure and guarantee that the four acute care hospitals in Hamilton, specifically the Henderson, with its emergency ward and the cancer centre attached, would remain open. Today you've announced that indeed you're stepping in, but I haven't yet heard you say that you're guaranteeing the retention of the Henderson emergency ward, which of course is the sole reason why we needed you to step in with this authority.

Minister, I urge you and call on you again today to stand in your place and announce that the decision you've made today means that the Henderson hospital, its emergency ward, the cancer centre attached to it and the three other acute care hospitals in Hamilton will remain open.

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Yes, the member did call upon me last week in order to do the right thing. In fact, you said, "You have the opportunity to step in and do the right thing," on April 5.

We have today the operational review which was received from the consultants and which clearly states that:

"HHSC will need a senior management team with extensive experience, agility, staying power and a bias to action. It is the view of the consultants that the current management team, as presently constituted, will have difficulty delivering the required change program."

I have moved forward in response to this report to announce that in 14 days we will be appointing a supervisor, because I would concur with the member: We need to ensure that as we move forward to build a strong health system in Hamilton—

The Speaker (Hon Gary Carr): I'm afraid the minister's time is up.

Mr Christopherson: Minister, in answer to my colleague from Hamilton East's question, when he raised

what this means without the guarantee, you said that you were surprised and shocked at the member's allegations. Let me say to you also that in the absence of a guarantee that the Henderson emergency and the cancer care centre will remain open at their existing sites, we have no conclusion to reach other than this is two things: One, it's retaliation against a board and a management that called you on the issue of funding cuts, and secondly, you just want to buy some time so you can get through the Wentworth-Burlington by-election.

Minister, if you want these allegations to stop, then stand in your place and say that the Henderson emergency ward and the cancer care centre are going to remain open. That'll end it. You can do that right now. Stand up and give our community the guarantee that that's what your action today is all about. Otherwise, you're just playing politics.

Hon Mrs Witmer: I realize that your second question hadn't anticipated my response, but I did quote to you from the Price Waterhouse study, which clearly indicates there is a need to take action, there is a need to develop a very strong recovery plan.

I had the opportunity last week to meet with some of the residents in the Henderson hospital community and also with MPP Dr Bountrogianni, who brought those individuals. I listened. I was concerned that there had not been an opportunity for any local consultation or stakeholder input. We want to make sure everything is done to ensure that patients will get the care and services that are needed no matter where they live in the Hamilton community. The plan to bring in a supervisor will put us on a path where we can respond to the recommendations and we can provide for public consultation and input.

FUNDRAISING

Mr Michael Bryant (St Paul's): My question is for the Premier. Charities across the province are being devastated by this silly squeegee bill. It's had no effect in the city of Toronto, where in fact there is a problem. In small urban and rural communities, Shinerama, the Muscular Dystrophy Association and all other charities that raise money on street corners are being captured by clause 3(2)(f), which says very simply that you cannot solicit a person while on a roadway while they're stopped in a parked vehicle. Municipal councils have found that they will not give permits to these charities to go forward.

Premier, forget about the legalese, forget about the politics and forget about the letter written by the Attorney General to paper it over. Will you please stand up and give your commitment that you're going to give charities the exemption they deserve so that they can raise the \$1 million that they're going to lose as a result of this silly bill?

Hon Michael D. Harris (Premier): I don't think that the majority of Ontarians think this is a silly bill. This is a bill designed to say that our streets can be safe for our drivers and pedestrians, and that people who are either on the street or walking along the side have the right to do

so without being harassed. That's why it's called the Safe Streets Act in the first place.

Let me say very unequivocally and clearly: This bill is not a detriment in any way to any charity, any group of Scouts or Brownies, any group that wishes to have car washes and to have signs on sidewalks. That's been made very clear by the Attorney General. The police forces know that. For you to suggest that the application of this bill will in any way impact on those legitimate charities is simply not true and is fearmongering.

Mr Bryant: I listened to the Premier's answer very closely.

Look, there's nothing in the bill—and we can argue about what the bill says—but the fact is, municipal councils are not permitting charities to do this, and they're going to lose \$1 million a year. That's not fearmongering; that's a fact.

I know this may be complicated for those who are not lawyers, but in all reality, it's not at all.

Interjections.

The Speaker (Hon Gary Carr): Would the member take his seat. Order. I need to be able to hear the question. Member, please continue.

Mr Bryant: The government misunderstands.

Look, it's as simple as this: Premier, are you going to stand up and continue to force this serious Toronto issue down the throats of rural and small urban communities, or are you going to let this bungled legislation cost charities \$1 million a year, year after year, have no effect in the city of Toronto and in fact ruin these charities' future going into the next century? What are you going to do about the problems?

1450

Hon Mr Harris: I've never heard such a silly question in my 19 years in the Legislature—never. Certainly charities themselves have indicated they could proceed with their activities and that they intend to. Soliciting on a sidewalk, shoulder, boulevard, median or other place that is not a roadway is clearly not covered by the legislation. The police forces know that; municipalities know that.

Let me give you an example. The president of the London chapter, Canadian Cystic Fibrosis Foundation, says this: "It's the intention of our foundation and Shinerama committees across Ontario's colleges and universities to continue this successful campaign on the street corners, on our sidewalks. In addition to raising awareness and funds for cystic fibrosis research, it is our primary goal that all students conduct themselves in a safe manner." Common sense says that makes sense.

PETITIONS

GASOLINE PRICES

Mr Rick Bartolucci (Sudbury): This petition is to the Legislative Assembly of Ontario:

“Whereas we, the consumers, believe fuel prices are too high throughout Ontario; and

“Whereas we, the consumers, support the Ontario Liberal caucus’s attempt to have the Mike Harris government pass legislation that addresses this concern; and

“Whereas we, the consumers, want the Mike Harris government to act so that the consumers can get a break at the pumps rather than going broke at them; and

“Whereas we, the consumers, are fuming at being hosed at the pumps and want Mike Harris to gauge our anger; and

“Furthermore, we, the consumers, want Mike Harris to know we want to be able to go to the pumps and fill our gas tanks without emptying our pockets;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass Bill 16, the Gasoline Pricing Act, introduced by St Catharines MPP Jim Bradley; Bill 18, the Gas Price Watchdog Act, introduced by Eglinton-Lawrence MPP Mike Colle; and finally, Bill 52, the Petroleum Products Price Freeze Act, introduced by Sudbury MPP Rick Bartolucci.”

Of course, I agree with this petition and affix my signature to it.

KARLA HOMOLKA

Ms Marilyn Mushinski (Scarborough Centre): I have a petition addressed to the Legislative Assembly of Ontario that reads as follows:

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

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

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

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

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

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

“That the government of Ontario will:

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

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

“Fight the federal government’s plan to release up to 1,600 more convicted criminals on to Ontario streets;

“Ensure that the Ontario government’s sex offender registry is functioning as quickly as possible.”

Mr Speaker, I am pleased to affix my signature to this petition.

AGRICULTURAL DIPLOMA COURSES

Mr Pat Hoy (Chatham-Kent Essex): “Whereas recent announcements by the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) reduced their educational budget grant to the University of Guelph by \$3.5 million; and

“Whereas this funding reduction will adversely affect the agricultural diploma courses which the University of Guelph oversees at Ridgetown, Kemptville, Alfred and agricultural diploma courses at the University of Guelph; and

“Whereas it is vital for the agricultural industry to have a practical, trained talent pool for business and leadership; and

“Whereas diploma courses at agricultural colleges account for only a small portion of OMAFRA’s budget;

“Whereas Ontario’s agri-food industry contributes \$25 billion annually to the provincial economy and generates \$6.2 billion in agri-food exports and employs more than 640,000 people; and

“Whereas, if agriculture is to compete on its own and be competitive in world markets, it must have and maintain a source of well-trained personnel; and

“Whereas OMAFRA has recently announced several new programs which will cost millions of dollars and not benefit agriculture directly, in the same way that diploma courses would;

“Therefore, be it resolved that we the undersigned petition the Parliament of Ontario as follows:

“That OMAFRA provide the financial support to maintain the colleges and ensure the present agriculture college diploma courses are continued and that funding for research facilities of the colleges also be maintained. This petition began as a resolution of the township of West Perth and it has been circulated to ROMA/Good Roads, the Minister of Agriculture, Food and Rural Affairs, the Premier and the local MPP.”

I affix my name to it.

HEALTH CARE FUNDING

Mr David Christopherson (Hamilton West): I have a petition to the Legislative Assembly of Ontario:

“Whereas the Harris government has cut \$40 million from the budget of the Hamilton Health Sciences Corp, which has resulted in a health care crisis in Hamilton-Wentworth and left the HHSC with a \$40-million deficit; and

“Whereas the HHSC is now planning to downsize and cut back services at the Henderson hospital by converting the hospital to a daycare hospital with urgent care, rather than an emergency department; and

“Whereas this will have a serious impact on emergency services for the 200,000 residents of Hamilton Mountain, upper Stoney Creek, Glanbrook, Ancaster and other communities above the escarpment; and

“Whereas the mountain population is a rapidly growing community and deserves and needs a full-service hospital; and

“Whereas an ambulatory care centre is not an acceptable replacement for a 24-hour emergency ward; and

“Whereas it does not make sense to spend \$100 million for a new cancer centre rather than half that amount to expand existing facilities at the Henderson hospital; and

“Whereas Mike Harris said on February 10 the Henderson hospital would remain open for acute and cancer care;

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

“That the Legislative Assembly of Ontario direct the Harris government to restore the funding cuts to the Hamilton Health Sciences Corp and develop long-term solutions for the maintenance of appropriate acute care services at the Henderson hospital to serve the needs of the growing population of Hamilton-Wentworth and central south Ontario.”

I proudly my name to those of these petitioners.

PROTECTION OF MINORS

Mr John O'Toole (Durham): I have a petition to present on behalf of my constituents, Maria Speziale and Denis Radcliffe and Father Randy Foster, to name but three.

“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 minor children from unwanted exposures to sexually explicit materials;

“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 material to minors.”

I'm pleased to sign and endorse this petition on behalf of my constituents.

HEALTH CARE FUNDING

Mr Ernie Parsons (Prince Edward-Hastings): I have a petition to the Legislative Assembly of Ontario:

“Whereas Canada's health care system is one of our greatest achievements as a country;

“Whereas health care in Ontario has deteriorated, with medical services being reduced and hospital budgets cut to the bone, resulting in lengthy delays in treatment, with sometimes fatal results;

“Whereas major changes in health care legislation by the Harris government have been made with no prior public consultation;

“Whereas residents of Prince Edward-Hastings are demanding that their voices be heard and their concerns addressed to ensure that future health care legislation meets their needs;

“We, the undersigned, petition the Legislative Assembly of Ontario to call on the Harris government to protect our valued health care system and to hold public hearings on Bills 23 and 173.”

Being in agreement, I am pleased to add my signature to this petition.

OCCUPATIONAL HEALTH AND SAFETY

Mr David Christopherson (Hamilton West): I continue to receive petitions from the CAW health and safety department, signed by thousands of their members, regarding cancer in the workplace. The petition 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 known as carcinogens; and

“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; and

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

“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 disastrous disease;

“Therefore 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 colleagues, I add my name to this petition.

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PRIX D'ESSENCE

GASOLINE PRICES

M. Jean-Marc Lalonde (Glengarry-Prescott-Russell): Mr Speaker, I have a petition with over 200 names.

« À l'Assemblée législative de l'Ontario :

« Attendu que le prix des produits pétroliers a augmenté significativement dans les dernières six mois ;

“Whereas the Mike Harris government has done nothing to protect consumers and is afraid to take on big oil companies;

« Attendu que le marché de vente en gros pour les produits pétroliers est contrôlé par un oligopole d’huile qui gère 85 % du marché de vente en gros ;

“Whereas the long-term increase in the price is mostly due to taxes that have doubled in the past decade;

« Attendu que le ministre fédéral des Finances, Paul Martin, est prêt à discuter avec les provinces afin de baisser les taxes sur l’essence ;

“We, the undersigned, petition the Legislature of Ontario as follows: that Mike Harris take initiative and lower provincial taxes on petroleum products.

« Nous, soussignés, adressons la demande suivante à l’Assemblée législative : que Mike Harris prenne initiative et baisse les taxes provinciales sur le prix des produits pétroliers. »

J’y ajoute ma signature.

The Deputy Speaker (Mr Bert Johnson): My apologies to the member for Durham. I went right past and didn’t see you, and I give you the floor now.

ABORTION

Mr John O’Toole (Durham): Mr Speaker, your apology is gratefully accepted and not necessary.

I have a petition on behalf of a number of my constituents: Pat Wilson, Maria Barrese and Ron Sucee, to name but three.

“To the Parliament of Ontario:

“Whereas we have recently learned that our tax money is being used to pay the rent on the Morgentaler abortuary; and

“Whereas by the end of his lease this amount will be \$5 million; and

“Whereas we strongly object to this use of our tax dollars;

“We, the undersigned, petition the Parliament of Ontario to immediately cease these payments.”

I’m pleased to sign my name to this petition.

AFFORDABLE HOUSING

Mr David Christopherson (Hamilton West): This petition reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas the Harris government’s plan to force the sale of subsidized housing in Hamilton-Wentworth will create a crisis for 700 local families; and

“Whereas in addition to these 700 families there are 3,700 other families on waiting lists who will be left without affordable accommodation; and

“Whereas, where are these families supposed to go when we know there is not enough decent, affordable housing to meet their needs? and

“Whereas the Harris government’s housing sell-off is mean-spirited and targets the poorest families who are now threatened with possible eviction;

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

“That the Legislative Assembly of Ontario direct the Harris government to save these affordable housing units for low-income families, and support new affordable housing to help the 3,700 families on waiting lists in our community.”

I proudly add my name to this petition.

HIGHWAY SAFETY

Mr Bruce Crozier (Essex): I have a petition from the CAA and other residents of Ontario.

“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 licensing 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.”

I add my signature in support of that.

FAMILY RESPONSIBILITY OFFICE

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

“Whereas the proposal to introduce a service user fee upon families involved with the Family Responsibility Office will inflict unnecessary economic hardship; and

“Whereas the Ontario government acknowledges the service user fee to be counterproductive;

“Therefore we, the undersigned citizens of Ontario, petition the Ontario Legislature to acknowledge the unfairness of the service user fee and commit to impose aggressive actions that are seldom used against deadbeat parents.”

This is signed by literally hundreds of constituents from the Espanola, Nairn Centre and Massey area of my constituency.

ORDERS OF THE DAY

HEALTH CARE FUNDING

Resuming the debate adjourned on April 6, 2000, on the amendment to the amendment to the motion by Mr Harris relating to health care funding.

Mr John O'Toole (Durham): It's my pleasure to rise and address this very important issue facing Ontario but indeed all Canadians, I might say. I could preface this by saying it's really an issue of fair share. I think if I look at the current information that is before us in the press, in the media, we've certainly got the attention of the people of Ontario.

Here on the public record I want to thank our Premier, Mike Harris, for taking the lead on this very important initiative on behalf of all Canadians. I believe the federal government for too long has been getting off the hook, avoiding its ultimate responsibility of providing its full support; that is, 50% on every health care dollar was initially supposed to come from the federal government. To bring everyone up to date, and I'm sure we'll hear this repeated many times during the debate—by the way, Mr Speaker, I would say that the other speaker sharing my time will be Mr Hastings from Etobicoke North.

The debate really does come down, unfortunately, to providing the right level of service, which of course means money, for the people of Ontario. Not just the people of Ontario—I think we should get on the record right from the beginning that this is about all Canadians. Ontario has always been a leader, not just in health care but of course in many areas.

We were elected in 1995. At that time our health care funding was \$17.4 billion. The election of 1995 was clearly an election where the issue of health care was front and centre. I know the current opposition party at the time committed to spend something under \$17 billion. In fact, our commitment was to maintain health care funding at \$17.4 billion. What has happened, because of demands and of course the reductions in transfer payments from the federal government, which is really the nub of the story here, is that we've had to increase the spending.

For the record—it will be repeated—I can tell you that we increased funding to \$20.8 billion in 1999-2000. So you can see it has gone from \$17.4 billion to \$20.8 billion, a significant increase. In contrast, I might add, in 1999-2000 Ontario will receive \$1.7 billion less from Ottawa under the Canadian health and social transfer payments than the province received since the beginning in 1994-95.

I'm just looking at a Toronto Star article dated April 8. The title of that article—not normally known for complimenting this government, the Toronto Star, but nonetheless it does report what is news. The top headline here is, "11¢ or 34¢: What is Ottawa's Health Payout?" The article goes on to say that the transfer to Ontario is spent on other areas. It goes on to say that it's spent on

allocation for post-secondary or higher education and social programs, as it should be. You can see that the province of Ontario has tried to invest enormous amounts in post-secondary education to have the spaces available for students of the future. There's a very high demand. I think we have the highest percentage of post-secondary participation of all the provinces, so that of course takes additional dollars. I would argue that if we looked into the numbers, we'd find even there reduced dollars from the federal government. I suspect that if you looked at their recent millennium scholarship fund, there's a case in point, where many students who felt they were getting additional funding indeed at the end of the day found they weren't.

1510

Leading the battle in health care reform, what I have argued is that there has to be more clarity and more commitment to the funding. That's first and foremost. Going back to the original agreement on Canada's health care system, I think it was founded on a shared principle. Under the Canada Health Act, I would think there's the responsibility of the federal government which outlines those services that are required to be provided by the provinces. I certainly endorse that. I don't have a problem at all with the federal government's lead role there for all Canadians, whether they're in Prince Edward Island or in BC. Setting standards and maintaining at least minimum standards is absolutely critical, because we've defined ourselves by our health care system.

Again, it's not just money. It's providing the right services, whether it's in remote areas of Ontario or remote areas of Canada, and making sure that we have solved the issues of doctor distribution and access to a higher order of services, whether it's MRI—I might just say that Ontario has excelled in the expansion of access to magnetic resonance imaging, which is the latest technology in diagnostic medicine. I think Ontario has more MRI machines per population than any other province in Canada. Having those kinds of equipment and technology available to people is absolutely critical.

You should know that I have to compliment the previous government, because when we were elected it had already begun restructuring health care. Under Frances Lankin, who I believe was the health minister at the time, they started the restructuring of health care. In our area at that time I was a regional councillor, and the district health councils reported the acute care study. In the acute care study they agreed that we had to restructure the delivery of health care, ie, hospitals. Some later speakers may get up and criticize the government for the way it approached that, but nonetheless we were getting on with the job.

In that restructuring plan, at about the same time, we announced in excess of \$1 billion for 20,000 additional long-term-care beds. Those long-term-care beds were part of the new delivery model which was taking long-term and chronic care out of the hospital setting and into the community setting. Adjacent and complementary to that, you would know that we also took new initiatives to

set up 43 community care access centres, CCACs. In Durham it's called Durham Access to Care. That was expanding the level and delivery of health care in the community. These are home supports where people will not any longer recuperate in a hospital setting, where it's very expensive and people are perhaps exposed to high virus risks etc. People have told us repeatedly that they're more comfortable and recover quicker in their own homes. So those two fundamental changes of providing an increased number of long-term and community beds as well as providing community care, which is home supports, were absolutely part of the whole restructuring of delivery of health care.

I believe the work of Dr Wendy Graham with respect to primary care reform was also a very important initiative taken on by the government. As we know—we've heard that question in the House—there are seven or eight pilot activities across the province to provide support.

Another thing is the expansion into using the nurse practitioner. I can tell you, I've been very supportive of individual nurse practitioners in my riding and indeed practices in my riding who wanted to use the services of the nurse practitioner.

I believe the issue here today is that there are reforms required in health care. Ontario is moving forward, as it should. I challenge the federal government to be there as an equal partner, whether it's in home care, hospital budgets or physician services budgets, or in the expanding and ever-increasing role of prescription medicine, which in the future will outstrip any ability to pay, I believe.

With that, I would like to share my time with the member for Etobicoke North, Mr Hastings.

Mr John Hastings (Etobicoke North): I'd like to continue this story of reform that the Ontario government initiated some five years ago, to contrast actual reforms that have produced effective results with the federal government's approach, which is to really just talk about reforms but not deliver.

If you take, for example, the whole area of pharmacare or the example of home care, we have heard from the current Minister of Health in Ottawa, Minister Rock, that he would like to do something about this: bring in home care, bring in pharmacare. That was some two and a half years ago, when he was appointed minister, but where are the practical results today? Hardly anything. If you look at his current position, when he presided over the meeting of the health ministers of Canada in Markham recently, again he reiterated that we needed to work together, that we needed new reforms. But did we have any specifics? None whatsoever. You would think that under his leadership we would have had some specific proposals brought forth, particularly in home care, which is one of the areas he likes to talk about so much. He has a new Canadian Institute for Health Information; he has the Canada Foundation for Innovation. Have we seen any monies put into these areas to help him along? Not at all.

Contrast that with what the government of Ontario has done under our current Premier. We have introduced

some 43 community care access centres and brought about some fairly effective home care for those folks who can't stay in hospital as long as they would like to because of new drugs, new therapies, new technologies. I can recall that back in the late 1980s, early 1990s in Etobicoke North, there was hardly anything called home care—people were practically on their own—and when money was allocated for this particular activity, this very vital service, most of the money went to the old city of Toronto. In fact, we are still looking for some \$800,000 that was allocated to Etobicoke back in 1994-95; we haven't seen it yet.

It's the same with pharmacare. We have one of the most effective drug plans—Trillium—that you can find across Canada. The modest user fee is approximately \$100, compared with some other provinces, especially Saskatchewan, which is going to be nearly \$1,700. It's quite a contrast when you compare that with Saskatchewan, a province which was the original home of medicare.

I think the Premier is right in initiating this discussion and forcing the federal government to come back to the table with the money of which it has deprived Ontario since 1995, some \$4.2 billion. It's not just a matter of reform, it's a matter of money, and if you don't have the money, which is rightfully ours because it came from the taxpayers of this province—and that's what the federal government has to do first: pony up the \$4.2 billion, instead of pretending to talk about health reforms.

The current federal health minister likes to talk about Ottawa being an equal player in this field; it is hardly a 10-and-a-half-cent player, let alone a 50% player, which was the original design of the whole medicare arrangement. We don't have that presence today of the federal government, yet it wants to insist under the Canada Health Act that it will be the standard player in designing the real innovations, the real reforms that the provinces have initiated, whether it be home care in Manitoba or many of the pilot projects initiated in Ontario: primary care reform, new investments in dialysis equipment, the community care access that I was talking about, and particularly the hospital realignment.

1520

In our own community we have managed, through the effective leadership of president Leo Stevens, to bring about three hospitals under the William Osler Health Centre: originally Peel Memorial, Georgetown public hospital and the Etobicoke General Hospital. These three organizations had large bureaucracies; now they have one slimmed-down administrative arrangement. Where did that money in savings go? Right back into front-line patient services.

That's something we're constantly criticized for by the parties opposite, but when it comes to the real reforms, we don't see them joining with us to demand that the federal government restore the \$4.2 billion that Ontario and its taxpayers rightfully deserve so that we can put it into health care spending that will produce effective and positive results in a whole set of areas.

I must point out that we have heard from members opposite, particularly members of the opposition party, perpetuating the myth that they brought about some fantastic health care reforms in the 1980s. Let's revisit for a moment what the Peterson government did manage to establish.

Back in 1985-86 we had a massive doctor walkout thanks to the so-called innovations of the health minister of that day. They were out for a good length of time and that brought considerable anxiety to people who were looking for medical services that were of quality, that were effective and brought results in restoring their health. Those doctors went out because of very serious concerns, but the health minister of that day trumpeted it as an innovation. I don't know how you can end up with an innovation when you have doctors walking out, who are key players in the delivery of health services.

Another innovation they brought along later, about 1989, was the job-killing employer health tax levy. That certainly brought about a tremendous reform in health care under their administration.

If they had followed through on some of the things they were talking about, we would be a long way down the road to the reform that we had to initiate in 1995.

So for the record, let us be very clear that when it comes to the implementation of reforms instead of imposing new restrictions, don't look to Ottawa in terms of pioneering innovation. If you look to Ottawa, all you'll get, forever and a day, are the placebos out of the Canada Health Act, which, incidentally, was not motivated and introduced for bringing in quality health care or making quality health care affordable, universal or portable. If you go back and look at the debates of those days, it really had to do with cost containment. Back in 1977 the cost of health care started to rise enormously. That's when the feds got anxious, got scared, and they started to jump ship on their full-scale commitment to health care, to medicare in this province.

Not only is it the \$4.2 billion they need to pony up before they become full players again, but they have a long way to go in becoming 50-50 partners in health care in this country. It seems to me their leadership is lacking, their innovation is nearly non-existent and their proposals for reform in terms of the changing needs and changing demographics of people, not only in Ontario but across this country, are severely wanting.

Let me conclude by saying that we need a federal government that gets back as a full player in health care, because right now, all they are doing is talking about reforms but they never really get down to the specifics. They need to bring back the \$4.2 billion which they took out of this province, instead of reducing their own internal administrative expenses back in the mid-1990s, when Mr Martin had his war on the deficit. They need to refocus a lot of the money they're putting into things like the questionable millennium expenditures over the last six or eight months. They need to re-examine all the billions they're pouring into the black hole known as Human Resources Development Canada, the Export

Development Corp owing nearly \$22 billion, folks, and other like-minded questionable expenditures; get back to the core functions of government, like we have for the last five years: quality health care and effective education, instead of handing out cheques before people can pony up to the trough. If they don't do that, they really are not going to be an effective player at the table.

Finally, you can't trust either the provincial Grits or the federal Grits when it comes to the administration in the future—

The Acting Speaker (Mr Ted Arnott): Further debate?

Mr John Gerretsen (Kingston and the Islands): Let me just pick up on the last point that was made by the member. If there's one thing that the people of Ontario are absolutely united behind, it's the notion that you cannot trust the Tories with health care. It's a known fact. It's the Tories throughout this country who are talking about privatization of our system, the Americanization of our system. It's out there, and for him to even suggest that the Liberal Party, which throughout the last 40 years has been the chief advocate of a universal health care system for this country—that simply would not be telling it like it is. This member knows that.

You know, it's kind of interesting: I look at the resolution that the member for Waterloo-Wellington has brought forward. That's going to be debated this Thursday. Let's just read what he says about this whole situation. He wants this passed this Thursday, and I agree with him. He states:

"That, in the opinion of this House, the government of Canada should take immediate action to fully restore the Canada health and social transfer to 1994-95 levels, and work to establish a fair funding approach which ensures that these cash transfers increase to keep pace with future cost pressures faced by provincial governments in their delivery of health services."

I totally agree with that.

Now let's look at the tone of the resolution that the Premier has brought forward. He says:

"That the Legislative Assembly of the province of Ontario,

"Condemns the government of Canada for cutting ... the base payments under the federal program;

"Urges the government of Canada to repudiate the statement attributed to" some spokesman. The resolution further "reminds the federal Minister of Health ... that the sincerity of his commitment to medicare" is in question, etc.

The people of Ontario and the people of Canada quite frankly aren't interested in the blame politics that are clearly evident in the resolution as put forward. They want solutions to this problem. There is no question in my mind that over the last four to five years the central issue that people talk about more than any other is the declining quality of their health care system here in Ontario. You can blame the province, you can blame the feds, you can just keep on blaming everybody if you want, but the bottom line is this: The quality of our health

care system is declining, and the people of Ontario quite frankly aren't interested in who to blame on the issue. They want to see results and they want to see action.

It's very interesting, you know, that the same Michael Harris who has proposed this resolution—let's just hear what he said on October 21, 1996, about the federal transfer payments. I'm quoting directly from Hansard:

"I could do as you used to do in government: blame it on the federal government and their cutbacks and the transfers and the layoffs, but I won't do that, because we've actually been supportive of the federal government trying to get its house in order and reducing the number of people it employs as well."

That was the Premier back in October 1996. He didn't want to throw blame on the federal government. He wanted them to get their house in order. We all remember that when the Liberals took over in Ottawa in 1993 the annual deficit that we were incurring in this country was at the rate of \$42 billion per year. There was an overall recognition by everyone that something had to be done, in the same way that something had to be done with respect to the \$11 billion that we had as a provincial deficit left by the New Democratic government back in 1994-95. No question about that.

1530

Now, what did Harris say on June 19, 1996, exactly the same year? He went even one step further. He said: "We support the federal government balancing its books, getting its affairs in order. We even support them reducing the transfers to the provinces...." That's what he said then. I assume he meant it. What's he saying now?

Let me make it absolutely clear that I, as does the member from Waterloo-Wellington, agree that both levels of government have to come to the table. Our publicly funded and accessible health care system is truly at risk and at stake. I'm sure that each and every one of us has heard horror stories in our own constituency office of people who are on waiting lists for six months, nine months, over a year, before they can see a doctor or get the necessary surgical procedure done in the hospital or get hospital care.

You can just go on and on. We've heard these stories and quite often we are powerless to do anything about it. We've even heard of situations where, as the Provincial Auditor, an independent agency of this Legislative Assembly, clearly pointed out in his audit report last November, only 32%—that's less than one in three—of those individuals who have been diagnosed with cancer are getting radiation treatment within the prescribed period of time, which is usually four weeks. That is a stunning indictment on our system.

I could go on and on and mention all sorts of horrible things that are happening out there. How about the critical bypass situation here in Toronto and elsewhere as well, where basically ambulances have to scurry from one hospital to another because emergency rooms are full, and in the meantime precious time is being lost and the person who needs the immediate medical attention isn't getting it.

We've all heard those kinds of stories. Now, what do we do about it? That's the real question. Spreading blame from one level of government to another level of government, particularly by a government that at one time was fully supportive of the federal government doing what it had to do as far as the cuts in transfer payments are concerned, isn't getting us anywhere.

Even when the transfer payments were cut by the federal government—and we all know it happened, back in 1995, 1996 and 1997—this government had a clear-cut choice. It could do away with its tax cuts and say: "Look, the financial scene has changed. We are not getting as much money from the federal government as we used to in the health care portfolio. The rules of the game have changed, but we believe in a truly quality, publicly funded health care system, and so we're not going to give tax cuts. We are going to put that money that we're not getting from the federal government into the much-needed health care system."

Why didn't they do that if they felt that strongly about it? If they felt that strongly about it and if that money was really required for our health care system, which it was at the time, why didn't they forget about the tax cut and put it into the health care system?

Mr Frank Mazzilli (London-Fanshawe): The Liberals have forgotten about the tax cuts.

Mr Gerretsen: The member says Liberals forgot about tax cuts. As far as I'm concerned, sir, and as far as my caucus is concerned, the most important thing is to make sure that there's adequate funding for our publicly supported health care and education system. Then we can talk about tax cuts, and what's probably even more important, we could start talking about paying down some of the public debt that we have.

I always find it ironic—and all of my business friends in Kingston whom I speak to from time to time, even they can't understand it—how we were able to get tax cuts for the last three or four years when in effect we were still running a deficit on an annual basis. As a matter of fact, this province went into debt by a further \$25 billion between the time the NDP government was finished back in 1995, and they had accumulated a debt of some \$88 billion, to right about now, when the public debt of this province is over \$115 billion. The other statistic that comes out of that, which I always find fascinating and which most people are completely disbelieving of, is the fact that even in these days of low interest rates we spend more on paying interest on the public debt on an annual basis than we do for all the social services of this province. Most people don't believe it or they find that a very hard statistic to understand. We've spent \$9.1 billion annually on interest on the public debt and, according to the government's own last budget, something like \$7.9 billion for social services.

But getting back to the medical field, the government likes to talk about how it has improved the situation. When waiting lists have increased, when emergency bypasses that we've heard about in the Toronto area have

increased, when there haven't been any long-term-care beds built as yet, or they aren't available as yet—I know the government has promised to add something like 18,000 new beds, but as far as I know, not one single bed has so far been added to the system—when, in effect, 45 hospitals have been ordered closed in this province, I don't know how our health care system has improved. It hasn't improved. Even Duncan Sinclair, a man whom I've got great admiration for, a former neighbour of mine, a hard-working individual—remember he was the individual who headed up the health care restructuring commission—admits that the whole premise of hospital restructuring and hospital closing was based on the fact that the community care facilities and services would be out there before these closures would take place.

I don't have any problem with the notion that whereas at one time people may have spent seven days, 14 days, 21 days in a hospital for a particular procedure, if they can be discharged to their homes earlier in a safe and competent way and be looked after properly, that we do it that way. I can remember being in the hospital some 40 years ago with an appendix operation. I was there for 17 days. Now it's a day or two or three and you're home, and that's fine. But it's based on one principle, and that is that once those people go home, there are necessary community care services available for them. Many elderly people get discharged on a daily basis. I heard a story over the weekend. This person, who has been somewhat sympathetic to the government from time to time, couldn't believe that her husband was being discharged when really she was not able to take care of him at home and there were no services available for this individual.

The point I'm trying to make is that there is nothing wrong with home care, there's nothing wrong with nursing care, but it has to be there for the people before they are discharged from hospitals. As a matter of fact, I would go even one step further. In the new sets of discussions and negotiations that undoubtedly are going to take place between the provincial governments and the federal government, we're going to have to start taking a look at mandated home care nursing services. If that is the wave of the future, then we'd better make sure those services are available. They may very well have to be made available under the Canada Health Act. Those are some of the new innovations we should be looking at.

Our party and our leader, Dalton McGuinty, have made a commitment that the system we are striving towards is that anyone who needs medical care will get it 24 hours a day, seven days a week. How anybody could disagree with that is beyond me.

1540

Surely if there's one area in which we are totally different from the Americans, it's our belief in our health care system and that everyone should be entitled to the best quality of health care that's available, regardless of how much money you have in your pockets. That is something that we in this country have believed in for the last 40 or 50 years, started initially by Tommy Douglas—

give him full credit for it—and implemented by Mike Pearson and Paul Martin Sr many years ago.

Anything that takes away from that takes away from all of us. It takes away from our quality of life, and let's remember that as far as the United Nations is concerned, we have the best quality of life of any country in the world and our good-quality health care services, publicly funded health care services, completely totally accessible health care services form an integral part of that.

Rather than passing blame off from one level of government to the other, why don't we work together, particularly now that all governments across this province and across this country and all provinces pretty much have beaten the annual deficits. It's kind of interesting, as we're probably the last province to do that, and if you hadn't had your cuts for the last three or four years, in effect we would have been able to balance our budget some time ago. But the point is that we're now in a position to do something with the so-called fiscal dividend or with the excess money.

Mr Mazzilli: What about the federal fiscal dividend?

Mr Gerretsen: I grant you, sir, that the federal government will have to come to the table and all the provinces will have to come to the table as well.

Interjection.

Mr Gerretsen: I look forward to the gentleman's comments a little bit later on.

The other thing that's very interesting is something that really hasn't been talked about all that much, although I noticed that one day our Deputy Premier, the Finance Minister, got very upset about this. You may recall that last year, \$1.3 billion of extra money was made available by the federal government to the provinces for health care. I understand that \$755 million or almost half of that money hasn't been expended into the health care system. It's been sitting in the bank gathering interest. What I can't understand is, if this government really needs the money to make our health care system the best in the world, then why the heck isn't it spending that money? Why is it banking that money?

Hon Chris Stockwell (Minister of Labour): Where? Chase Manhattan? Get a grip.

Mr Gerretsen: I've got a grip, all right, sir.

All you have to do—in the last two and a half minutes that I have left—is look at the tremendous chaos that you have created in the health care system in my own community of Kingston. The Health Services Restructuring Commission came in there and basically closed the hospital. It did even worse than that: It basically said to the other hospital, namely the Kingston General Hospital, “You can take over the Hotel Dieu Hospital and run your programs out of there,” and that should have happened according to the health care restructuring order, I believe, some time late last year. It basically told a religious order that has been operating a hospital there for over 150 years that their services were no longer required, thank you very much. “Now the other hospital can now come in and run their programs out of your facility.”

You can well imagine that for the people of my area, who have always had excellent care at both facilities, this

was quite a shock. Petitions were taken up, signed by some 70,000 people. As a matter of fact, the matter went all the way to the Supreme Court. The Supreme Court ultimately ruled that the province could do what it wanted in that regard.

What happened of course ultimately was that the Premier came to town about three weeks ago for a fundraiser, and he was asked, "Why aren't you allowing the sisters to continue to run the Hotel Dieu Hospital, and keep their governance and keep their management of their facility?" The Premier said: "Oh, is that what you wanted? Yes, it's done." All of a sudden, on April 5, a letter went out from the Minister of Health to the board of directors that, first of all, says the sisters are allowed to continue to govern and manage the programs at the Hotel Dieu site until a new ambulatory outpatient facility is built. Sure, they're happy, but why did you cause this chaos for two years?

You did it once before with the ferry system, you may recall, where you were going to cut off their funding and these people would have had to raise the taxes on the two islands lying just outside of Kingston by something like 800% to 900%. Then all of a sudden the province came along and said: "Well, I guess we didn't mean it. We're going to fund you again."

Governing shouldn't be about threatening people. It shouldn't be about intimidating people. It should be about governing in the best interests of all of the people. That's one aspect that this government has forgotten. I implore them to get together with the feds, and let's get the best quality health care system we can in this province.

Mr Gilles Bisson (Timmins-James Bay): On a point of order, Mr Speaker: I have here some notes that I think would be important to bring to the attention of the Legislature.

The Acting Speaker (Mr Brian Coburn): That's not a point of order.

The member for Thornhill.

Mrs Tina R. Molinari (Thornhill): It's a pleasure today to speak on the Premier's resolution that "condemns the government of Canada for cutting, by \$4.2 billion annually, base payments under the federal program that supports health care, the CHST, while provincial governments have increased health spending." I will be sharing my time with my colleague and seatmate, the member from London-Fanshawe.

Since 1994-95, the federal government has cut \$4.2 billion from health care transfer payments. Over the same period, Ontario has increased spending on health care over \$3 billion. The 2000 budget was a big disappointment. The federal government failed to live up to its commitment to Ontarians. Once again the federal government has failed to recognize the needs of the growing and aging population in Ontario; \$2.5 billion in one-time funding is clearly not enough.

I want to bring to the attention of the House the Economic Update. It's a special Budget 2000 edition that was put out by Maurizio Bevilacqua, MP, who is the chairman of the standing committee on finance. Under

"Budget 2000 Priorities" it says: "Announces the fourth consecutive federal enrichment of the Canada Health and Social Transfer to help provinces and territories meet what Canadians have identified as their highest priorities: health care and higher education."

It goes on to say, under "Canada Health and Social Transfer," that "starting in 2000-01, CHST cash will reach \$15.5 billion, almost 25% higher than in 1998-99." The reality is that it is still \$4.2 billion less than it was in 1994-95.

Ontario has increased spending on health care by over \$3 billion. The only government that has cut funding for health care is the federal Liberals.

I turn in the same flyer to "Sound Financial Management," and I quote: "Total program spending in the coming year will be \$4 billion below the 1993-94 level." I wonder where that money is coming from.

1550

I also want to bring to your attention Budget 2000: Making Canada's Economy More Innovative. It's the Caplan report that was put out on a funding/budget town hall meeting. It goes on to talk about research and development, environmental technologies and sustainable practices, infrastructure—

Hon Mr Stockwell: Which Caplan?

Mrs Molinari: Elinor Caplan, the MP for Thornhill.

But any mention of health care funding and health and social transfer payments is suspiciously absent from this flyer. Coming from a previous health minister, it's truly a disgrace.

Where are the provincial Liberals and where do they stand on health care? I would like to quote the Globe and Mail, April 4, where McGuinty says, "If we don't modernize medicare we are going to lose medicare." He goes on to say, "I want a system where your doctor is part of a team of doctors, nurse practitioners and nurses, one of whom will always be available to you." In the same article, "Mr McGuinty later told reporters that he would not force the system of rostering and 24-hour care on doctors." He's quoted as saying, "I am convinced that if we make it a priority, people will want to work together on this." On one hand, he says he wants a system that will always be available; on the other hand, he says he will not force the 24-hour care for doctors.

I also want to quote a letter that was in this weekend's Toronto Star, Sunday, April 9. It's titled, "McGuinty Not Up To Job." I will read the letter.

"I find it laughable for Dalton McGuinty to accuse Premier Mike Harris of 'not being on the job' (March 31). McGuinty's one to talk.

"When the federal Liberals held their policy convention in February, the Ontario Liberal leader was nowhere to be found. In the weeks before that convention, Mike Harris and NDP Leader Howard Hampton signed a joint letter calling on the federal Liberals to increase health care spending.

"What did McGuinty do? He refused to stand up for Ontarians, he refused to call upon his federal cousins to reverse their health care spending cuts.

“Never mind not being on the job, when it comes to important issues like health care, McGuinty is not up to the job.”

Mr Gerretsen: Who wrote that letter?

Mrs Molinari: The letter is written by Reg Jerome and it's to the Toronto Star.

Since 1995, our government has been expanding health care services to bring them closer to home for the people across Ontario. Because we restructured the hospital system, we have been able to make major reinvestments in our hospital facilities and in long-term care. There is \$1.2 billion of hospital construction underway, and we plan to spend another \$2 billion to continue improving and enhancing hospital services.

Thornhill is located in York region. It's in the southern part of York region. We are served by three main hospitals: York Central Hospital, Markham-Stouffville, and the York County Hospital.

In the southern corner of the York Central Hospital campus, something almost unprecedented in Ontario's health care system is happening. A new, 240-bed continuing care, long-term facility is being built for the people of southern York region. The people of Thornhill are very happy that we're recognizing the services where they're needed and putting them in place. The \$25-million expansion, along with the growth recommended for York Central Hospital by the Health Services Restructuring Commission, will double the hospital's size and budget. Expansion will also occur in other areas, such as the emergency department, critical care and obstetrics. Frank Lussing, the CEO, believes that the expansion will ultimately translate into a higher level of care for patients.

The new continuing care centre of 158,000 square feet features 100 nursing home beds, plus capacity to increase to 116; 90 chronic care beds; 32 rehabilitation beds; rehabilitation facilities; an adult day program for people with cognitive impairments, brain injuries and physical disabilities; and a community and hospital child care centre for 50 children.

The riding of Thornhill has benefited directly in addition to the 100 beds at York Central Hospital. The Baycrest Centre for Geriatric Care received a contract to build and operate a new 120-bed nursing home also servicing the Thornhill community. York region, as of the end of 1999, received \$192 million in increased health care funding since this government took office in 1995.

Our local paper, The Liberal, had a headline, “\$20 Million Invested in Child Mental Health.” I want to congratulate the minister responsible for children, Margaret Marland, on the announcement recently of the investment of \$20 million that creates a four-point plan to improve children's mental health services. The four-point plan includes \$11.9 million for intensive child and family intervention services provided in homes, schools and communities; \$5.5 million for new mobile crisis response teams to respond to children and families in acute crisis when and where needed; \$400,000 for telepsychiatry access to highly specialized psychiatric services for

children in 10 rural and remote communities; and \$2.2 million to serve more families and better identify and respond to increased service needs. This includes the use of province-wide intake instruments to help identify children who need immediate service, an assessment outcome instrument to assess an individual situation and monitor the effectiveness of treatment, and the introduction of a children's mental health information system.

The funding for telepsychiatry would allow physicians such as York County's Dr Leonora Pinhas, who helps treat teens with eating disorders, to lend their expertise to smaller hospitals without having to travel outside the community. The Health Services Restructuring Commission recommended that York County be funded to offer in-patient beds for mentally ill youth and was designated as the regional hospital responsible for child and adolescent mental health.

As the minister has stated several times, 50% of our health care resources is spent on 12.6% of our population—people over the age of 65. In just 10 years, the first of our baby boomers will reach 65, so we have to plan now and make sure that the health care system is prepared to meet the increased demand for health care services like long-term care.

All the provincial governments have been reforming health care for years while the federal government is still just talking about it. In 1996 the government began working with the Ontario Medical Association on new ways to provide patients with 24-hour, seven-day access to family doctors and other practitioners. Through our partnership in health care reform, over 200 doctors in seven communities across the province will offer 24-hour health care to more than 375,000 patients to make sure they have access to the best possible health care.

I want to focus on another article in the Toronto Star, where the headline is “11¢ or 34¢: What is Ottawa's Health Payout?” We are talking about actual, permanent health care dollars for Ontarians, not some intangible benefit that was provided decades ago and has long since been reclaimed. The math is very simple: Ontario is spending \$20.8 billion, operating and capital, on health care in 2000-01. Federal health care dollars in Ontario, on the other hand, total \$2.3 billion. You do the math. That equals 11 cents of every health care dollar in Ontario. We demand that the federal government recognize and go back to the 50-50 that was originally planned and take an interest in all of the provinces' needs for more health care dollars.

1600

Mr Mazzilli: I'm pleased to join in this debate, and I want to thank everybody on this side of the House for sharing their time with me. I know this is an important part of what they believe in, and everyone wants an opportunity to speak in this debate. In my community of London we have the London Health Sciences Centre, which is a world-known health facility, and this is an important issue for them as well as for the St Joseph's Health Centre.

Let's focus on what this resolution says. Be it resolved that the Legislative Assembly of the province of Ontario:

“(a) Condemns the government of Canada for cutting, by \$4.2 billion annually, base payments under the federal program that supports health care, the CHST, while provincial governments have increased health spending;

“(b) Urges the government of Canada to” withdraw “the statement attributed to a spokesperson for the federal finance minister, the Honourable Paul Martin, that increasing health funding would be ‘just shovelling money into a hole that’s going to open right back up again’;

“(c) Urges the government of Canada immediately to restore permanently the health funding that it has cut and to assume its fair share of increased, ongoing funding to meet the health needs of our country’s aging and growing population;

“(d) Reminds the federal Minister of Health, the Honourable Allan Rock, that the sincerity of his commitment to medicare and the principles of the Canada Health Act would be best demonstrated not by idle rhetoric and vague words but by restoring the health funding he has” slashed.

Ontario has received no answer from the Prime Minister, who has refused to meet with the premiers over this issue. It’s an important issue because, in order for us to sustain a health care system in our province, the federal Liberals must restore the \$4.2 billion they have slashed.

Ontario is the leader in health care. We have increased funding from \$17.4 billion in 1995-96 to \$20.8 billion in 1999-2000. In contrast, Ontario will receive \$1.7 billion less from Ottawa, or from the federal Liberals, under the CHST than it received in 1994-95. I guess that’s the thanks Ontario gets, the thanks Ontario workers get for creating a vibrant economy that has filled the federal Liberals’ coffers in Ottawa. They have surpluses at this stage.

This is about priorities. The Mike Harris tax cuts have not only eliminated the provincial deficit once and for all, which needed to be done, but it has also eliminated the federal deficit once and for all, bringing the federal Liberals into a surplus. So what did Ontario do? What did the leadership of Mike Harris do with this growing economy? It invested it in health care by increasing the funding. What did the federal Liberals invest in? Let me tell you what they invested in: \$3 billion in HRDC grants—allegedly, for about \$1 billion there is no paperwork to be found for where this money went.

Who benefited from that \$3 billion? Certainly not real Ontarians. In some cases, we’ve heard that some multinational companies received millions of dollars in grants, while Ontario taxpayers, real Ontarians with real needs, have received nothing from the federal Liberals.

It’s interesting that the member from Kingston talks about tax cuts not being important, because we now know what the Liberal position really is. Tax cuts are not an option—

Mr Gerretsen: On a point of order, Mr Speaker: The member should not state something in the House that I didn’t say. He should stick to the truth at all times.

Mr Mazzilli: It’s interesting that the Liberals don’t want to take a position. On one hand, when they enter the debate they say, “You shouldn’t cut taxes.” Then, when you say they said that, of course they deny it. There’s no leadership on that side of the House. Dalton McGuinty clearly is not up to the job.

The Mike Harris government will continue to cut taxes, which will continue, at this point, till the deficit is eliminated, create a surplus, pay down the debt and re-invest in health care. But while we’re doing that, the federal government is reaping the benefits of approximately one third of Canada’s population being in Ontario, the growing economy. They have filled their pockets on the backs of Ontario workers, on the backs of Ontario small business people.

And through this, what do they do with it? Where are their priorities? Well, in the Prime Minister’s riding, of course. We hear about it; most of us have not seen it because real Ontarians are going to work every day, paying their taxes. In the Prime Minister’s riding, with taxpayer-funded money, they’re building fountains. That is clearly not a priority for real Ontarians. We will continue, on this side of the House, to make real changes that benefit real people.

At this point in time, the only ones who see fit for this resolution not to pass are Dalton McGuinty and the Liberals. With the NDP, Howard Hampton has clearly demonstrated leadership. He has seen that the NDP and its supporters believe that Ottawa is shortchanging Ontario workers, and fully supports this resolution. Again, the NDP and the Conservative government will continue to support real changes that benefit real people, and the Liberals clearly are not up to the job.

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): I am pleased this afternoon to have an opportunity on behalf of my constituents to address the health care debate, which is, as I think all members understand from talking to their constituents—and I suspect not just in Ontario but in Alberta and New Brunswick—the pre-eminent concern of citizens, regardless of where they live in Canada.

I want to begin my remarks today by asking members, if they didn’t hear this broadcast, to see if they can access the tape. I think it was last Tuesday that CBC Radio ran a radio commentary slot at 8:15 in the morning from a woman in a hospital bed in Ottawa, a woman, as I recall, who was seriously ill and who was speaking, from the perspective of a citizen in need of help and hospital services, about the current health care debate and addressing her remarks to the community at large. I must say I found that commentary a powerful and an arresting one. As I’ve listened to this debate today and last week, I wonder what that woman in Ottawa would think of all of us as to the kind of debate that’s going on here and elsewhere.

At the risk of being a little censorious, let me say that if I were in a hospital bed and I was listening to this debate, I’m not so sure that I would feel particularly confident about the ability of the political class in 2000 to solve my problem.

I just simply want to make the point that if you didn't hear that broadcast, it might be a useful thing for honourable members, seized of their political instincts, to go back and ask CBC to rebroadcast for your edification that two- or three-minute testimonial from that woman at the Ottawa hospital.

I can tell you that as I travel around my constituency in eastern Ontario, whether it's in a larger town or city like Pembroke, or in rural communities like Douglas and Westmeath or the research community up at Chalk River, Deep River, everywhere I go people tell me of their concern and their increasing upset about what is happening or not happening to their local hospital, to their health service and to, quite frankly—how shall I say this politely?—just a general frustration that the politicians of whatever stripe just don't seem to get it.

I think, and I can say this because I've been around here I guess longer than any of the rest of you, that we're playing with fire, all of us, if we think we can glide through this with just some kind of a trite, predictable political response. Are there problems? Yes. Is there blame to go around? Absolutely. There's not a provincial government, whether it's Tory, Liberal, Social Credit, New Democrat, nor is there a federal government that does not have blame to accept. Are there opportunities? Absolutely. I would hope that it is within the interests and the power of my generation to amend and to adjust a plan that was developed by my parents' generation, a public health plan that more and more Canadians feel is a fundamental part of their Canadian entitlement and citizenship.

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You know, it's interesting to me, as I listen to the debate these days, where it came from. This hospital and medical plan of ours is one of the crowning achievements of the generation of the Great Depression and the war. People of my parents' generation went through a great deal of deprivation and loss, and one of the decisions I think they made collectively was that they were going to provide for their children a better life than they had had themselves. They hadn't fought and died in western Europe and in Asia to return to the society of the 1920s and 1930s. They wanted something better. When the Parliament of Canada enacted, in 1957, the Hospital Insurance Act, and when it enacted a decade later the Medical Care Act, it enacted two pieces of legislation that enjoyed broad-based support in the community. The last thing the St Laurent government did before it went to the polls in an election that it lost in the summer of 1957 was to proclaim the Hospital Insurance Act of 1957. The Diefenbaker government which took office a few months later did not change in any significant way that commitment; in fact, I think it's fair to say that the Diefenbaker government actually improved the Hospital Insurance Act of 1957. I tell that story simply to remind us of what we are dealing with here.

Again, if you have an idle moment, I would say to my friends, all of them, go up to the library—in fact, I brought a couple of volumes down here today. Two of

the people of that generation in the political class most associated with public health insurance in this country were Paul Martin Sr and Tommy Douglas. I'm not going to bore you with a long story about their upbringing, except that in both cases they had one particular thing in common: A young Tommy Douglas, while he was in Scotland, was afflicted with osteomyelitis that caused young Mr Douglas and his family a great deal of personal and financial hardship over many years. Paul Martin Sr, who grew up in Pembroke, was stricken as a very young boy with spinal meningitis. He couldn't walk for the first seven or eight or nine years of his young life. Is it any wonder that people like Paul Martin Sr and Tommy Douglas had a commitment to hospital and medical insurance? No wonder at all, because they and their families understood keenly the enormous problems, financial and otherwise, that attached to regular families if they did not have or could not get or afford hospital or medical insurance. That's why we in my generation have had the benefits of the programs that we have come to take for granted.

Mr Bisson: Thank you, Tommy Douglas.

Mr Conway: And the whole generation of people who made it possible. I'm in this debate today because one of the things that concerns me most is a growing sense among my generation of, "Let's throw these commitments to the wind and let's go back to a market-driven health and medical insurance plan." Well, I stand here on behalf of the tens of thousands of people I represent to say, over my dead political body will that happen. I understand how the rich and the powerful will applaud that, but I'll tell you, if you are a farmer in the Ottawa Valley, a retail clerk in Pembroke—the vast majority of people I represent, according to Statistics Canada, are below the provincial household income level. One of the most important programs they get from government is the health insurance plan. They want me as their representative to stand here and say, "Support that plan and fix that plan, but do not reduce that plan or reduce my entitlement to quality hospital and medical insurance, particularly in rural, small-town eastern Ontario, when and where I need it." That point of principle I want to stand and affirm as categorically as I can.

When I read the press today and I hear all of this twaddle about, "Let the market decide"—well, let me tell you, if you were a logger in Barry's Bay, a farmer in Westmeath, a shopkeeper in Chalk River, the health market is probably not going to be very interested in you or is not going to treat you with very much justice if history is any guide. What was done with medicare was to bring underserved areas like rural Canada, rural and northern Ontario, up to an acceptable standard that has been enjoyed and taken for granted in a number of other, largely urban, communities around the country.

I want to make it very clear, medicare has been an enormous social and economic advance for the people I represent, and it is a scandal that parliaments and legislatures of this land, more prosperous today than at any time since the end of the war, are hacking, cutting and subtracting from it, at a time when our cup runneth over.

Now, I'm not here to say that all is well with the plan. I look back at some of the design of the medical care plan of the 1960s and say, "This plan would not and could not stand, for example, demographic changes of the late 20th century." It's clear that the architects of the plan in the mid-1960s reflected a society that was, on average, much younger and much less technologically advanced than we are today.

I'm not one of those people who stand here and say that everything the United States has done in health and medical coverage is bad, because it's not. I think one can go into places like Minnesota, for example, and find some very interesting models of good health care delivery, particularly in rural communities. But, you know, the Americans can do a number of things that we're not able to do, because they simply say 30% of the population is left on its own, with little or no coverage. Well, if you take that as a position, let me tell you, for the other 60% or 70% or 80% you can provide better coverage.

There is something basic to the Canadian instinct that I think we should be proud of that says there should be general coverage for all citizens. Remember what health insurance is philosophically: It is a commitment by the well to help look after the sick. That's what it is philosophically. Let the market decide? I'll tell you what the market will do with a young Tommy Douglas, with his osteomyelitis, or a young Paul Martin with spinal meningitis. You all know what a market would do. Does anybody here, other than the editorial writers of the *National Post*, want to return to that kind of antediluvian world? I don't. I can't believe that anybody elected to responsible office in 2000 wants to turn the clock back.

I remember as well, 22 years ago, being honoured with membership on the select committee of the Ontario Legislature looking at health care costs and financing. It's an interesting report, ably chaired by Dr Elgie and Bruce McCaffrey, known to some of you people opposite. What did we find out in 1978? That's almost a generation ago. We found out then what we know today: that we're spending basically what Emmett Hall said in his royal commission back in the early 1960s we would be spending in 1978 or now in 2000. Yes, we're going to spend more money, because our population is aging. I forget the statistics, but I think the health planners tell us that we will consume something like 75% to 80% of all our hospital and medical services in the last three months of our lives. If you think about that, it probably makes some sense. So as this population ages, yes, we are going to be spending more money, in relative and absolute terms, and we're going to have to come to terms with that. Yes, we're going to have to reconfigure a system that was built at a time when the demographics and the technological realities were quite otherwise.

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One of the things the politicians of my ilk—and it was a tripartisan commitment back in the 1970s and 1980s. We all said, all of us, "We need less institutional care and more community care." We were deficient, if not gutless, in a couple of respects. We never seemed to understand

or we certainly didn't want to admit that that meant something. That meant hospitals were going to have to close—very painful—but we never much confessed it.

People have said, "Well, you didn't do anything for 10, 15 or 20 years on the hospital front." Another accurate charge. The reason we didn't, as I've said here before, was that back in 1973-74 Frank S. Miller, B Eng, MPP, Minister of Health, went out into western Ontario with a plan to downsize and close some hospitals. And how far did he get? I am not here to pass recriminations, because it was a bipartisan assault led by people like Larry Grossman and Eddie Sargent. The only hospital that was closed in about 20 years was the East Parry Sound General up at Burk's Falls, and it was reopened about six months or a year into the Harris government's mandate, for reasons that I entirely understand. So yes, there have to be adjustments and yes, we're going to be spending more money.

One of the questions I have for the health planners is, we are talking today about more and more community care. There's a massive privatization involved in community care because built into that is the assumption that the family is going to carry a much bigger part of the load. My question, particularly for suburban Canada in 2000, is, who's at home to do the heavy lifting with the 85-year-old parent who is increasingly frail but does not yet meet the requirements for an admission to a long-term-care facility or chronic care hospital? Who's at home in Surrey, British Columbia, in Kanata, Ontario or, quite frankly, increasingly in the rural Ottawa Valley that I represent? Who's at home who's willing and able to do the heavy lifting over months and perhaps years? Has anybody really thought that through?

When I look at the current debate, I am enraged and I'm humiliated to see governments spending millions of dollars on ad campaigns, one attacking the other. I meet nurses, I meet technologists, I meet volunteers in places—I was a patient the other day in one of my community hospitals. I must say, not a big deal, a self-inflicted leg problem from a little fall on some winter ice. One of the things that I want to say today is, the small community hospitals—Arnprior, Renfrew, Deep River, Barry's Bay and certainly the Pembroke General in my community—provide a very good level of care. I met a person from Ottawa the other day who had come up to their cottage at Calabogie and was actually getting some treatment done at the Arnprior hospital because they found it very patient- and user-friendly. Not that the Ottawa hospitals are less able, but people understand, just as they do around the Pembroke General, that restructuring has just begun.

As my friend from Kingston rightly observed, we are a long way from the completion of that story, press reports the other day reminding members of the Legislature and the Ontario citizens generally about just how far away we are from meeting targets. Every time I get a press release from the Ministry of Health, I see another substantially enhanced allocation for an about-to-be-restructured hospital because the original estimates were wildly off the mark and understated.

I read about more and more communities having to go to their upper- or lower-tier municipalities to go at the property tax base to raise tens of millions of dollars. We are a long way from completing that story. It's certainly not easy. I have my own very strongly held views. I'm not going to take today to grind a lot of axes.

I have to say to the Premier of Ontario that when I look at this resolution of his, I am not very impressed. It is the best and worst of old Mitch Hepburn, and I can say that as somebody who knew something about old Mitch. Boy, a great dust-up between Queen's Park and Ottawa.

My question is, how many sick people, how many needy people is that going to help? If I were the Minister of Finance for Canada, I've got to tell you, when I listen to these provincial finance and health ministers going on about tax points, I'd be very tempted to say: "All right, all right, I hear you. Let's just pull that back and we will make it directly targeted funding." I don't have much sympathy for Ottawa, because they were told by Parliament and they were told by a lot of other people that their retreat was going to lead to precisely this kind of a day. That's why there is a lot of blame to go around.

I just simply want to say, on behalf of people in communities like Calabogie and Killaloe and Stonecliffe and Douglas and La Passe, members of Parliament, members of the Legislature, cut the crap, stop the partisan bickering and get on with fixing the problem. Get on with fixing the problem because I am losing my patience with the inability of the political class to fix and adjust and amend, as I know it must be adjusted and amended, a core economic and social benefit that my parents and grandparents fought and worked so very hard to put in place and that you people don't understand, or seem not to understand, the centrality and the importance of. Big, fat, wealthy Ontario is the last group of men and women who should be complaining about their financial incapacity to provide an adequate level of hospital and community-based health care in this first year of the new millennium.

Mr Howard Hampton (Kenora-Rainy River): I am very pleased to have an opportunity to take part in this debate and I am pleased that we're having this debate. I see this debate as the foreshadowing of another debate which I believe needs to happen.

As you know, I've been calling for a leaders' debate on health care. I want people to see clearly where the leaders of the three parties stand. This debate will help us to cut away some of the fog, but a leaders' debate would help us to further ensure that some of the fog is cut away and people in Ontario could clearly see the choices for them.

What's the problem? Why are we here? We're here, first of all, because Liberals in Ottawa some time ago decided that health care funding wasn't a priority any more. When you sort through everything they've done on health care, you find they have cut, on an annual basis, \$4.2 billion from health care funding. Worse than that, in the most recent budget, the Liberals in Ottawa, instead of replacing the money that's been cut from health care, put

\$58 billion into tax cuts for the well-off and corporations and could find only \$1.25 billion for health care. In other words, for Liberals in Ottawa, their priority isn't health care. Their priority is the same tax cuts for the well-off and corporations that is the priority for the Harris government. The Liberals in Ottawa talk a good line about medicare, but at the end of the day they have the same priority as Mike Harris and his government in Ontario: Tax cuts for the well-off and corporations come before health care funding.

What happens as a result of that? What happens when Liberals in Ottawa and Conservatives in Ontario would rather finance tax cuts for the well-off? I can tell you what happens. What happens is this: Governments like the Harris government in Ontario and the Klein government in Alberta use the then underfunding of health care as an excuse to move more and more of the health care over to private, for-profit, American-style health care. That's what's happening in Ontario. There's all kinds of evidence of that.

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Look at what is happening in home care. Five years ago in Ontario, home care was for the most part being delivered by not-for-profit community agencies like the Victorian Order of Nurses, St Elizabeth and the Red Cross. What's happening now in Ontario? More and more of home care is being delivered by private, for-profit corporations like Olsten, an American private, for-profit health care organization which has a terrible record in the United States.

What's happening in long-term care? Seventy per cent of the new long-term-care beds that have been announced in Ontario are going to be put over to private, for-profit deliverers.

What's happening in ambulances? The Harris government is downloading ambulances on to municipalities, and not providing municipalities with any money to run them. Municipalities are already cash-strapped because of earlier downloading, and so municipalities, as we're already seeing, are looking at private, for-profit delivery.

Public health, which is so important in terms of ensuring that our citizens have the information and the tools they need to take greater responsibility for their own health, is being downloaded on to municipalities without any additional money. Municipalities are already cash-strapped, caught between a rock and a hard place, and they're looking at turning some areas of that over to private delivery.

If we look at home care, long-term care, ambulances and public health, piece by piece this government is moving Ontario's health care system to the American-style, private, for-profit delivery.

What do the Liberals in Ottawa have to say about it? What the Liberals in Ottawa are doing, because of the kinds of cuts they have made, is simply opening the door and holding open the door for this kind of privatization of our health care system, for this kind of undermining of medicare.

Why is it wrong to move to the American style? I want to say this clearly so people across Ontario understand. Americans actually spend more money on health care than we do in Ontario. They spend more per capita than we do in Canada. The Americans spend about 13% of their GNP, 13 cents on the dollar, on health care. We spend about nine cents on the dollar in Canada. The Americans spend more money, but at the end of the day, when you look at it, 42 million Americans have no health insurance whatsoever. People need to understand that it's working people, it's people who have a job and pay taxes, 42 million of them, who have no health insurance in the United States. There's another 55 million Americans who think they have health insurance but when you read the exemption clauses, the exclusion clauses, the exception clauses, the limitation clauses, they're not ensured for anything. So, literally, close to 100 million Americans have in effect no health insurance. Over a third of the people who live in that country don't have health insurance, yet they spend far more on health care than we do.

Why would anyone want to adopt a system that spends more money but leaves over a third of the population out of health care coverage? That's where we're going. That's where the Harris government is taking us, that's where the Klein government is taking us, and the Liberals in Ottawa are holding open the door to allow that to happen. What is even worse? Rather than either the Liberals in Ottawa or the Conservatives in Ontario showing any leadership, what do they do? They engage in advertising programs to blame one another while something that is a Canadian institution, something that we are recognized around the world for, the quality of our health care system, is being undermined. Liberals in Ottawa and Conservatives in Ontario do nothing more than spend millions of dollars blaming each other. I say, a pox on both their houses, shame on both their houses.

What needs to happen so that Canadians and Ontarians can have the kind of quality health care system that we need if we're going to live productively in an increasingly sophisticated society? First, the Liberals in Ottawa have to stop talking about medicare and have to put the \$4.2 billion back in. That has to happen and it has to happen now. The \$4.2 billion would be on the short end, because since that money was cut our population has aged, our population has grown, and something called inflation has eaten away at least 1.5% a year. Putting back \$4.2 billion a year into health care funding would just be the minimal effort that is needed from the Liberals in Ottawa.

But the Liberals in Ottawa have to do something else: They have to stop their rhetoric about the Canada Health Act and do something to enforce the Canada Health Act. The Liberals in Ottawa have allowed this government to piecemeal change medicare into private, for-profit American medicine, and they've allowed Ralph Klein in Alberta to do the same thing. For the years that the Liberals have been in power in Ottawa, they have done nothing, absolutely nothing, to enforce the Canada Health

Act. As I say, the only thing that they've done, besides not enforce the Canada Health Act, is to hold open that door to ensure privatization happens and happens quickly.

So those are the first two things the Liberals have to do. But then something has to happen here in Ontario. I'm intrigued, listening to Mr Harris and the Liberal leader, Mr McGuinty. Mr Harris has been saying since 1985 that he believes in primary health care reform. He believes that we have to do something in terms of primary health care reform, move away from fee-for-service and move to physicians and nurse practitioners and nurses working in teams where they're paid a salary and we get rid of the inefficient fee-for-service system.

He has been saying that since 1985. We've now had two sets of negotiations with the Ontario Medical Association, and nothing has happened. What does he say when he's questioned about that? Well, he believes in a voluntary change. A voluntary change. Then the other day Mr McGuinty was spouting off about how he believes in primary health care reform, but at the end of his statements, what does he say? He says the same thing Mike Harris says, that this should be voluntary. Intriguing. The more I read the fine print, the more I find there is absolutely no difference between the position of the Conservatives over there, the Liberals over here and the Liberals in Ottawa. They're all drinking out of the same trough and they all spew the same empty propaganda.

I want to say categorically that unless there is some leadership shown on primary health care reform, it won't happen. If it doesn't happen, medicare will be further undermined by Liberals and Conservatives. It must happen, and it must happen now. Why is it so important? It's so important because what we see in Ontario today are all kinds of families who do not have a family doctor. The doctor is not in for them. At the same time, we see nurse practitioners, who can perform many of the health care services people need, yet there is no effective mechanism for them to be utilized in Ontario. We see nurses who have skills and those skills are being underutilized.

Let me give you an example. I'll use something out of my own medical history. Many people will note that I have a bit of a scar above my right lip. I got that playing hockey in my hometown. A friend of mine lost his balance, his stick came up, got under my shield and cut my lip. It just so happened that another friend of mine, a physician, was on the ice and said: "Come on, we're going to go to the emergency room. We're going to stitch you up." When we got to the emergency room, he looked at me and he said, "I'm going to give you a lesson in health care economics." He pointed to the emergency room nurse and he said: "You know that nurse over there, she does better stitches than I do. Based upon her salary, at about \$25 an hour, it would take her a few minutes to stitch up your lip. It might cost the health care system \$10 for material, her time and everything. When you came back in, in five days, it would take her 30 seconds to take the stitches out. It would cost virtually nothing."

He said, "I'm going to do this procedure, though, because under the rules in Ontario now, the fee-for-service rules, I as a physician get to do this, and as an emergency procedure, I'm going to charge the system close to \$100, and when you come back six days from now and I take the stitches out, I'm going to charge the health care system more money." He said, "Howie, can you explain to me why I'm going to do the stitches and charge the health care system over \$100, when that nurse over there can do it for \$10 or less and she does better stitches than I do?"

That is the essence of primary care reform. There are too many services now where the rules say, "A physician must do this." A physician sees the patient for 30 seconds, two minutes, and then the nurse performs all of the procedure. This is a very inefficient system.

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Moving to a system where physicians work in teams with nurse practitioners, with nurses, with other health care providers, where they are on salary—we have a decent pension system; the overhead is covered—would allow us to use to the optimum the skill, the knowledge, the ability of nurse practitioners, and the skill, the knowledge, the ability of nurses, and it would free up physicians so that physicians could be there for all the families of Ontario, not just a few.

The Conservatives under Mr Harris and the Liberals under Mr McGuinty show no leadership. They are not prepared to show some leadership on this; they are prepared to let it dwindle away. Let me say that New Democrats are prepared to show leadership on this. We insist there must be primary care reform in Ontario and it must happen now.

Let me give you another example of what needs to be done, in my view. We know, from report after report in Ontario, federally, from other countries in western Europe and states in the United States, that if you want to make some really cost-effective investments in health care, one of the things we should be investing in are the things that prevent people from becoming ill, the things that help people to exercise more control over their own health, that help people to be well. What are some of those things? Affordable housing is one of them. Lack of quality housing is intimately linked to poor health. If people don't have adequate, affordable housing, their health deteriorates very quickly.

All you have to do is walk into any one of the emergency shelters here in Toronto and look at the standard of health of people who are being forced to live in those emergency shelters; the incidence of tuberculosis; the incidence of things like the flu, pneumonia; the problems of mental health that result. Because this government and the Liberals in Ottawa refuse to invest even a little bit in affordable housing, the health of literally tens of thousands of people is degrading on virtually a daily basis—a very simple investment. In fact, the investment in affordable housing would cost less than what is being spent now on these emergency shelters, which get us nothing in terms of quality of people's health.

What else could we do? It's very clear that when people don't have an adequate income their health deteriorates. I would say to this government, if you want to have an impact on people's health, raise the minimum wage so it can be a living wage, so that people can afford to buy the food, have the clothes on their back and a roof over their head and buy some of the medicine that they and their children need in order to sustain their health—a very simple thing, very cost-effective.

What's another? The linkage between smoking and serious diseases like cancer, heart disease, hardening of the arteries, a number of other lung disorders, is overwhelming. Yet, at both the federal and provincial levels, there is still not a serious strategy to help people stop smoking and to prevent people from ever beginning to smoke.

These are simple, practical, workable things that could be done, but they're not being done here by this government and they're not being done by Liberals in Ottawa. Instead, each of them is contributing to the further Americanization, the further privatization of what has been one of the best health care systems in the world, and when the public catches them at it, they blame one another.

Those are the kinds of thing that we need to do. Those are the kinds of things that we as New Democrats are going to bring to this Legislature because we insist that this debate must continue. We are going to present a private member's bill. I call it the Tommy Douglas Act to preserve Medicare, after Tommy Douglas, who was the person who has done the most in Canada to pave the way to fight the battles, to take on a doctors' strike, to ensure that medicare was enacted.

What do we intend to do through that act? I want to outline what it's all about. We intend the Tommy Douglas Act to slam the door on any further plans to privatize and move to an American health care system. What will it do? It will do a couple of things.

First of all it will ensure that, in terms of long-term care, there is no further move toward private, for-profit delivery of long-term care; second, it will put the brakes on the further privatization and further for-profit delivery of home care, and it will ensure, over stated deadlines, that we move back to a system where it is integrated, publicly funded, publicly administered, where we can get the kinds of savings that come when you have a fully integrated system.

Perhaps people don't understand what I mean by an "integrated" system. I simply want to say that all you need to do is look at some of the things that go on in the American health care system. Recently I had the chance to talk with a physician in Windsor who worked in a hospital in California. He related the difference. He said this was a private hospital in California. They dealt with a number of insurance companies. He said that the thing that was most absurd to him was the fact that the hospital actually had as large a department of clerks for dealing with the private insurance companies as they had nurses. Can you imagine that—a health-care system where you spend as much money dealing with the private insurance

companies as you budget for nurses to look after patients?

That's what happens when you move to that American private, for-profit delivery. You spend more and more money because you don't have an integrated system. We want an integrated system, and that's why we're going to present the Tommy Douglas Act to preserve Medicare in Ontario, and we will have the debate then. There needs to be, still, a leaders' debate on this issue in Ontario so that we can present clearly to people the choices they have.

Mr Doug Galt (Northumberland): I appreciate the standing ovation as I begin my presentation for the next 20 minutes or so—very thoughtful on their part.

I enthusiastically support the resolution that has been brought forward by the Premier of Ontario: "Be it resolved that the Legislative Assembly of the province of Ontario,

"(a) Condemns the government of Canada for cutting, by \$4.2 billion annually, base payments under the federal program that supports health care, the CHST, while provincial governments have increased health spending." I can't understand how anybody could possibly disagree with that particular part of the resolution.

"(b) Urges the government of Canada to repudiate the statement attributed to a spokesperson for the federal finance minister, the Honourable Paul Martin, that increasing health funding would be 'just shovelling money into a hole that's going to open right back up again.'" Who designed the Canada Health Act in the first place? Of course it was a federal Liberal government, and it's hard to believe that they'd come back and say it's like shovelling money into a black hole when they started out with 50% funding.

"(c) Urges the government of Canada immediately to restore permanently the health funding that it has cut and to assume its fair share of increased, ongoing funding to meet the health needs of our country's aging and growing population."

We're not asking to go back to the 50%; we're just asking to go back to the level in 1994. That's not a horrendous step from where we're at: \$4.2 billion for Canada, \$1.7 billion for Ontario.

Indeed, the final point in this resolution: "(d) Reminds the federal Minister of Health, the Honourable Allan Rock, that the sincerity of his commitment to medicare and the principles of the Canada Health Act would be best demonstrated not by idle rhetoric and vague words but by restoring the health funding he has cut."

There's no question that our government believes very much in the Canada Health Act. It's very unfortunate that the federal government can't say the same thing. With the way they've been reducing funding, it's obvious that they do not support this Canada Health Act. Maybe they did once upon a time, but it may be something like the Minister of Finance's staff saying, "Just shovelling money into a hole that's going to open right back up again." That's how much they believe in the Canada Health Act.

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I think it's rather unfortunate that we've got to the point in Ontario where money had to be spent to expose the federal Liberals as to what they're really doing on health care. Now the people of Ontario are starting to understand what we have been struggling with for the last five years. We're spending some 50 cents per family to try and recoup some \$650 per family on an annual basis. That strikes me as being a reasonable investment, and the feds are coming back, talking about tax points and totally confusing the public, but they're starting to understand this 11 cents. It started out at 50 cents; now it's 11 cents. If you were to look at the calendar, 11%, would suggest that the federal government is funding health care in Ontario from January 1 to February 9. From February 10 to December 31, the total funding would come from the province of Ontario. That's one way of looking at 11% versus 89%. I think it makes a lot of sense to look at it in that respect, especially when the Fraser Institute has drawn a comparison to tax freedom day. You might call that a health freedom day for the federal government come February 10, although that same government lays the taxes on us, so we don't get a tax freedom day until late into June, although the government of Ontario certainly backed that up considerably, with our reduction in income tax and some of the payroll taxes that have been reduced in Ontario.

When we took office, approximately \$17.4 billion was being spent on health care. That particular year, that increased to \$17.6 billion that was actually spent. Currently, we're looking at a budget of \$20.6 billion. That's an increase of \$3 billion, and it's probably going to end up more around \$20.8 billion. So you can see from the time we took office to the present time, it's well in excess of \$3 billion, and we have compensated for those reductions from the federal government. Unfortunately, if it would just come down to the 11%, that might not have been too bad to begin with, but it went all the way down to slightly under 8% when they made those cuts a few years ago, and they're taking great pride in bringing it back up to the 11% level. I think it's about time they took it back to the 1994 level. We're not talking about 50%, which would be very nice, if they would come back to the level they started out at, but it's probably not going to happen.

We hear a lot from the Liberals about what they're going to do with a health care plan. Back in 1997, Dalton McGuinty said he was going to roll out their Liberal health plan, and I haven't seen it. In 1999, at election time, he said again they were going to roll out a health care plan. We're still waiting for it. You know, if they just got together with the Liberals in Ottawa, I'm sure all this advertising wouldn't have been necessary. They can do something other than just complain and criticize the present government. They could work with the government to try and get a fair share from the government of Canada. When you talk about the government of Canada, the federal Liberals, in terms of fiscal responsibility, which is totally lacking there—you look at the things

they've been doing: raising the employment insurance rates, raising the Canada pension plan costs—they're raising those faster than we can cut taxes, and it makes it difficult for some Ontarians to really appreciate that there has been a tax cut in Ontario. It's very accidental that the federal Liberals have actually balanced their budget. It's only the tax cuts and the fiscal responsibility in Ontario that stimulated the economy that have given them the chance to get those dollars through the high taxes they have. If it hadn't been for the province of Ontario, I can assure you that the federal government would never, ever have balanced its budget. They'd still be wallowing around in deficit for some time to come.

It's interesting to look at some of the quotes we've seen. Brian Tobin, the Liberal Premier of Newfoundland, who also was in Chrétien's cabinet, said, "We need to put our money where our mouth is," referring to the feds. I don't know how long we've been dialling 911 from the provinces, but the feds don't pick up the phone. Then in Calgary on March 10, Allan Rock said: "All the innovations in the world will not sustain our public health care system unless it's adequately funded by governments. Preserving medicare is going to cost more than words and the federal government must be there to do its share." I couldn't agree more with Minister Rock's comments. You would think he'd get aboard and make sure Martin had the dollars that are necessary to fund this.

When I think of the health care crisis, all I can think of is the front page of the Toronto Star. That's where the biggest health care crisis is going on in Ontario, and in the Liberal caucus as they chase ambulances to come up with new and different stories. I don't know which ambulances they chase to get these stories, but that's where the health care crisis seems to be in Ontario, other than funding, and I can understand the concerns with funding.

On the health care crisis and the concerns, I'd like to share a letter with you—it's in my words because the letter was back in January and I don't have it with me. It was in the local community press. A woman from the community of Tweed came to Scarborough because her mother had the flu. They called 911 because she didn't know how she was going to be able to move her mother; she seemed to be immobile. The ambulance came, non-emergency, and they loaded her mother on to the stretcher and put her into the ambulance. They said, "Where would you like her to go?" and she said, "Scarborough Grace." They radioed ahead to the hospital, but it was on critical bypass. So they radioed some other hospitals in the area and they were also on critical bypass. We often hear these stories here, don't we?

Finally the daughter from Tweed said, "I don't want to go way out to west Toronto to look after my mother when she's in the hospital." The paramedic said, "If I help you get her into the car and you drive over to Scarborough Grace, I think they'll probably take her." So they did. The daughter was thinking: "When I get over there, I'm going to have to wait eight or 10 hours. The emergency room will be jammed, and it will be quite a while before they see my mother." She went over and

parked her car in front of the emergency entrance and walked in. Do you know, there wasn't a soul in that emergency room—not a single soul. She got a wheelchair, went out, got her mother and took her in, and she was seen immediately. This was a hospital on critical care bypass. I don't know whether the other hospitals had anybody in emergency, but this was Scarborough Grace, on critical care bypass, and the mother was seen right away. The last line in the letter said, "Who is playing games with whom?" I suggest that some of the Liberal games we see being played in this House are similar to that letter.

I had an experience this past summer. I was in and out of four different hospitals overnight, two or three times in one. I was very impressed with the triage approach to handling my problem, which was a kidney stone. It was kind of tender at the time. I appreciated getting to the front of the line quickly. When I went back for some routine X-rays, three or four other people passed me. Triage is working extremely well in our hospitals.

Then I was in and out of the Trenton Memorial hospital, an excellent hospital. Right now we're building a new one there. Mr Speaker, you may recall that your government promised to build that hospital back in the late 1980s. I'm sure the NDP will remember that they again promised to build it in the early 1990s. It's finally being done under this government, and they're quite pleased with that.

I'm getting sidetracked in my story. My mother-in-law was in there for over two months, and I was going in to see her. Again, there wasn't an ongoing crisis in that emergency ward. Generally, two or three people were in the emergency waiting room when I would go through.

I'm coming back to the point I made earlier: I think the crisis is in the Liberal caucus and on the front page of the Liberal Star.

I hear an awful lot of talk about restructuring. The feds are coming back and saying, "We'll give you more money if you spend it all on health care, and we might consider giving you more if you were to restructure." That was what the members of the Liberal official opposition were so critical of the Health Services Restructuring Commission for. It was tough. We knew it was going to be tough going. But out of that, we're building a new hospital in Trenton, which is part of my riding, the Trenton Memorial Hospital. By the way, we also have clearance to go ahead and build a hospital in west Northumberland, probably located in Cobourg. This is the Northumberland Health Care Corp. It has had some difficulties, and I can tell you that the biggest difficulties came when the leader of the Liberal Party came to town.

1700

They came into Cobourg back in, I believe, late March or early April on a retreat. They had so many retreats last winter; I couldn't figure out what they were retreating from. But a couple of weeks prior to that retreat, the member for Thunder Bay-Atikokan came to town. I guess she was part of an advance team to check out what was going on there, and found out that things were really in pretty good shape. In spite of finding out that there

was 70% funding for a new hospital and things were moving along quickly, maybe she didn't advise her leader very well. They still came to town and it seemed they were out to destroy what was being developed there.

Of course, I wasn't advised of this visit. If I had been, I would have had a parade for them and welcomed them to town. I'm concerned about their wandering all over Ontario and not being warmly received, and I could have looked after that for them. But I wasn't advised, and I understand there is a courtesy expected to notify the local member.

When I was in the riding of Hastings-Frontenac-Lennox and Addington with my task force on rural economic renewal—by the way, I am very honoured that the Premier appointed me to manage that task force. When we were there, the member for that area, who happens to be a member of the Liberal caucus, took great pains to tell the audience that my invitation to her to attend must be still in the mail. So I take for granted, if that came from the Liberal caucus, that they would expect that kind of invitation. Maybe the invitation from the Liberal leader is still in the mail and I'll get it. I know the mail is rather slow at times. But we had in fact alerted that member's staff. Obviously the problem is in her office. I guess her staff didn't bother to tell her the task force was coming. Probably that was why her nose was a little out of joint because of that visit.

What I'm coming around to is, with the entourage coming to town, it seemed very important to upset the community, and I can tell you that the leader of the Liberal Party indeed did that. He questioned the local people, questioned the local hospital board: Could they in fact raise the 30%? I can tell you that he left town leaving a very bad impression in west Northumberland, questioning that they might not be able to raise the 30%. I can assure you there is absolutely no question that raising that 30% is more than probable. Studies have been carried out, and there's absolutely no question that those dollars can be raised.

The time is slipping along very quickly. A little earlier, the leader of the third party was talking about home care and privatization. I think we should bring to his attention some things that have been happening with home care and privatization.

Private companies have delivered home care in Ontario since the early 1970s. When the NDP left power in 1995, almost 50% of all publicly funded homemaking services were being provided by for-profit agencies, as well as 13% of all publicly funded nursing visits. Not-for-profit and private agencies have an equal opportunity to compete for service contracts. Ontario has not lost a single existing provider of community services. We have gained a number of other new providers in the province, to the benefit of Ontario's citizens.

In addition, I think it's interesting to note, in case the leader of the third party is interested, that during their term there was an increase of some 34% in privatization. I find it rather surprising to hear him speaking a few minutes ago, so concerned about this. With that kind of activity and those kinds of things happening during their

term, I'd think they must support privatization when so much of it was going on at that time. Certainly they were not doing much about it.

I've been speaking a bit about restructuring and the feds expecting restructuring in Ontario. I've talked quite a bit about the Health Services Restructuring Commission. Certainly we're working on some 20,000 new long-term-care beds. In the period 1985 to 1995, there wasn't one single long-term-care bed created in Ontario, while at the same time the Liberal government from 1985 to 1990 closed a lot of beds. From 1990 to 1995, in that full 10-year period, some 10,000 beds were closed in Ontario, but not a single long-term-care bed was created to help with the closing of the acute care beds.

They talk federally about pharmacare; in other words, supplying pharmaceuticals to our seniors and to those who are on social assistance. That's what we already have in Ontario. We'd appreciate a little bit of support from the federal government. I think it's up to something like \$1.6 billion now that it's costing for that program. It started out around \$400 million. That would be \$0.4 billion. That was roughly in 1985. You can see how significantly it's gone up. We have a deduction for those who can afford it of \$100. I understand in Saskatchewan it was around an \$800 or \$900 deduction per person and it's now increasing to something like \$1,700 or \$1,800, in that neighbourhood. We have one of the most generous drug programs right across the nation.

We talk about primary health care. That's already been started in this province, and I would think the federal government would be able to recognize some of those things that we're doing.

We've also restructured home care with the CCACs and what they're doing to assist people going from hospital and being able to stay in their homes longer than they have been able to in the past.

I'm not saying the system is perfect. There are still some bugs to work out of it, but it has certainly come a very, very long way.

In closing, I just very enthusiastically support this resolution that was put forth by the Premier and will be coming up for a vote tomorrow, I believe, to encourage the federal government to give reasonable equitable funding to the province to support health care.

The Acting Speaker (Mr Michael A. Brown): I would remind members that we're speaking to Ms Lankin's amendment to Mrs McLeod's amendment to Mr Harris's motion.

Mr Mario Sergio (York West): Mr Speaker, I do thank you very much for allowing me this time and reminding the House about what we are really speaking about. I've been listening for the past couple of hours or so and I've heard everything except what's really for discussion in front of us here today. But then again, anything goes when it comes to bashing, criticizing or attacking, except speaking to the point to which we should be addressing ourselves.

First of all, with respect to the NDP amendment to the Liberal amendment to the motion of the Premier, Mr

Harris, let me just go over the few amendments put out by the NDP. It has, I believe, four parts to it. I'd like to mention to the House that the first one says, "Let's ban Mr Klein's"—he's a Premier, I believe, somewhere out west, just a bit further west than Ontario; calling for stopping the privatization of the health care system. It's, what do we say, motherhood, fatherhood issues. We've been saying all along, "Well, Mr Harris, let's not play games with our health care system the way we know it, the way we have come to know it, not the way we're knowing it today under the Harris government." I think it's hard to disagree with the principle not to touch the health care system and not privatize it.

I think it would be very nice if once in a while we heard the Premier, their ministers or some members of the government saying, "We want to have something for the people in Ontario that reflects our views, something made in Ontario for the people of Ontario." I would support very much that we don't go that particular way.

1710

The second says, "a freeze on the delisting of health services." There again, it's very fine to say, "Let's not delist it," and it's hard to disagree because I think this would entitle the people of Ontario to receive every possible care that they are entitled to and care should be available when it's needed by anyone in Ontario.

The third one is to end the proliferation of private, for-profit long-term-care homes etc. Again, it's hard to disagree with that. It is something that we have been saying and fighting for in the House for many years with respect to privatization and for-profit and the care that is given in those particular homes to our senior community in Ontario.

Of course, the fourth point in the NDP amendment is for tougher inspections within the system and stiffer penalties. Again, this must stem from the fact that lately in the House we have brought on many occasions too many incidents that are happening with respect to the health care system in those particular homes, especially the nursing homes and retirement homes as well. With respect to that, I believe that not only we Liberals, but the government side is jumping on the bandwagon and wants to introduce their own private member's bill or change the way the health care system is delivered in the nursing homes and retirement homes. That's fine.

But since it seems that it's a free-for-all in here, let me address for a moment both the intent and content of the motion by the Premier himself. We are all of a sudden perhaps now finally coming to realize that we don't have a Premier who leads. He has become a reactionary. Every time he hears a complaint he has to react. That's the way we are being governed nowadays in Ontario. Because of what happens, he says, "Well, let's do something about it." But it's not something positive that he does about it. It is not providing more health care, when people are screaming about the particular system we are inheriting under today's government. So he has retreated. He repudiates by attacking other levels of government, namely, the federal government. He has become a master

in buck-passing, as we say, or blaming somebody else. I find that quite ironic, because in his own bill—and I would hope that we will have more time to debate that, because I will try and spend the few minutes that I have on the amendment by the third party. I hope that I can come back and have some more time, that we all have plenty of time, to address the emptiness of Mr Harris's motion. I will try to just attach a few words to that. At least I want to get it off my chest, because it is so ridiculous that we have the Premier of Ontario come into the House and do nothing but bash and attack the federal government without suggesting any positive solutions as to how to deal with the crisis that he himself and his government have created here in Ontario.

The only thing that he's doing—and I will go step by step on his own motion here—is bashing, and he's got a full bag of fed-bashing. He's blaming the Minister of Health, he's blaming the Prime Minister and he's blaming as well the finance minister for the cuts they have made. Now, does this remind us of something, going back to 1995, when the actual Premier, Mr Mike Harris, said prior to the election, "Not one penny will be cut from the health care system, and closing hospitals is not on my agenda"? I find it very distasteful that we have to deal with such a serious issue and we can only resort to accusing somebody else for our own failure, for the cuts that we have made in Ontario. I find it quite appalling that the previous speaker, the member for Northumberland, said, "The feds have balanced their books cutting health care." My goodness, if there are some people who should be complaining in the House or outside, it should be the people of Ontario, it should be the people in this House, saying: "Mr Harris, what the heck are you talking about? You have championed the causes for cutting, and the only way you managed to give your 30% tax cut was by cutting directly from the two major institutions, that is, health care and education." That's how he has accomplished those 30% tax cuts.

But he did not balance the books yet, so please, the Premier should not be attacking the Prime Minister, the Minister of Finance, the federal Minister of Health. At least they have balanced the books. At least they recognize that, yes, they have shortchanged the provinces on health care, but they have allowed money. What is sad is that of the money that has been allocated for health care spending in Ontario, our government, Mr Harris, has not spent those monies on the health care system. I find that very sad, because as of late, in the last federal budget, there was about \$1.7 billion allocated to the province of Ontario to be spent directly on health care. And what do we have here? On a daily basis, we have the Premier and other ministers travelling the province making all kinds of ritual announcements—one day in, one day out—and at the same time, they have over \$800 million sitting in the bank earning interest and they're not spending it on the health care system. I find that quite distasteful.

I want to speak on behalf of the people in the area that I represent. They are very hard-working people. Day in and day out, they work hard. They want to come home

and find peace and contentment. When they need some assistance, they want to make sure it's there, because they are entitled to it, because they are working very hard, paying taxes, all kinds of taxes. A lot of them don't understand, unfortunately, and we shouldn't hold them responsible for not understanding, because that is why they elect us and other people at other levels to speak on their behalf. When there is that particular need, it should be there.

The hard-working people I represent—and I would say that I speak for most people in Ontario, because I think we have a wonderful community of hard-working people all over the place—don't want to know if it is Mr Chrétien or Mr Harris or whose minister it is. It is a fact, and we know and they know that since 1995 we have been subject to too many cuts all over the place. They say, "But they were necessary." But they were not necessarily in the right place at the right time and in the right amount.

Interjection: And for the right people.

Mr Sergio: Yes, and of course for the right people. If I have the time, I will try to address the plight of the seniors who are in need. We have no idea how many thousands, perhaps hundreds of thousands, of seniors are living below the poverty line, and no one is speaking on their behalf.

Interjection: User fees.

Mr Sergio: "User fee" is a wonderful way of saying it's another form of tax.

What does the motion of the Premier really say? Absolutely nothing, because number 1 says, "Condemn the feds for what they have done, for the cuts."

I'm going clause-by-clause so at least the people who are listening and able to understand know what the heck we are really doing, what we are talking about and what the Premier has introduced here in the House.

1720

Number two, it's attacking directly and viciously the Minister of Finance, Paul Martin, for not giving enough money, attacking again.

Number three, "restore funding permanently": He more than anyone else should give back all the cuts he has made since 1995 to the health care system. Had he done that, we wouldn't be in the situation we are facing today with the generalities of the health care system, but mainly a couple of points: emergency rooms and cancer patients. I don't think that prior to 1995, considering the situation that we went through as well, we saw the flood of our people we had to send south of the border, spending American money and going to a different country to provide health care for those people. I don't think that is acceptable today and I don't think it was acceptable yesterday. Certainly I can't tell the Premier today that he is right when he says, "We want to ask the federal government to permanently fund the health care system in Ontario." They are saying, "Pay your fair share." Mr Premier, are you paying your fair share? Why are you closing so many hospitals? Why are the emergency rooms always full? Why do people have to go south of

the border? So far there is absolutely nothing but emptiness in the motion by the Premier.

The last point: He is attacking the Minister of Health. You can't ask for co-operation when you have contempt, when you attack so blatantly another member at the federal level, especially the one you should be co-operating and working with, for a lack of sincerity in his commitment to the health care system or the Canada Health Act, whatever it may be—attacking the minister for vague words and idle rhetoric.

If I were the Minister of Health, I don't think I would really be too kind to the Premier of Ontario when he himself is not saying anything positive to solve the situation. As I was saying, the people I represent don't want to hear any head-bashing. They don't want to know who is right and who is wrong. They don't want to see any government spending millions of dollars to accuse and attack another level of government. This is where the Premier, when he comes into the House and faces the questions, should tell the people of Ontario the way it is, that since March 24 they have started this vicious campaign, spending taxpayers' dollars to the tune of, as somebody says, \$3 million, and as somebody else says, \$6 million, to tell the people, to tell the federal government: "You are not giving us enough money. We want more money."

The federal government says, "Look, you haven't even spent, you haven't even asked for all the money that we have allocated to you in Ontario for the health care system." Why are they holding on to \$700 million and still going to the expense, using taxpayers' dollars to attack the federal government? Indeed in situations like this, the only thing my people understand is that it makes them sick when they see one level of government attacking another one.

Briefly, let me tell you, because I've heard all kinds of rumblings of "Liberals this and Liberals that," what we would do as Liberals if we were in place to assume the leadership role the Premier has here today. Let me tell you what we would do instead of reading from six years' promotional advertising material or whatever. The people want to know today what the government is doing today. They are in power. He is the Premier. They control the funds, they control the money, and they have lots of money. They've got so much that they can't even spend the money the federal government has allocated to the Premier of Ontario, to the people of Ontario, to be spent on the health care system.

The people in my area—if I were allowed to I would say it in their own language so that perhaps they may understand better: Why is the Premier of Ontario not spending the money? The federal government is saying: "Look, it's here. It belongs to you to be spent on health care in Ontario." Why aren't you getting it? Why are you not spending it for the people in Ontario?

If they don't have enough, at least say, "Well, we have \$700 million that we could spend in many, many ways," and I don't have to tell you in how many ways we could spend it. But let me tell you what we would do as Liberals here in Ontario.

Interjection: Be honest with the people, first of all.

Mr Sergio: Absolutely. We are not limiting the blame only to Mr Harris and his government. I think there is a time and there's a place to attack other levels as well, but fairly and squarely. I think they both deserve to be criticized for failing to reach a consensus, to reach an agreement and deal directly with the problem the way we see it. I'm not letting my cousins up there in Ottawa escape free, you know. After all, yes, they have a responsibility as well, but they have a responsibility as well throughout Canada. When the feds are saying, "Look, we're balancing the books," and the Premier himself says, "Cut, cut cut"—

Interjection: He told them to cut.

Mr Sergio: Yes, he told them to cut, but at the same time he's giving them the money necessary to do the job that they're supposed to do on a daily basis.

We would, number one, stop pointing the finger at who's to blame. There is nothing to gain for the people of Ontario when day in and day out they say "Well, you're to blame"; "I'm to blame." They want a responsible government. They want a health care system that is there when they need it, that is available, that is accessible and that is affordable, as well.

Interjections.

Mr Sergio: Yes, absolutely. Oh yes, you're pushing a very sensitive nerve.

We would assume full responsibility as Liberals and we would deliver responsible service to the people of Ontario. Above all, we would stop paying with taxpayers' dollars to promote themselves, which I think was \$6 million, and \$100 million prior to the last election. I wonder how much service we could deliver to the people of Ontario. So I'm calling on the members and the Premier to stop passing the buck and deal with the issue.

Mrs Brenda Elliott (Guelph-Wellington): I'm very pleased to rise this afternoon and join in the debate on the government notice of motion 32, which is a resolution by our Premier. Just to remind those who are watching, the Legislative Assembly of the province of Ontario condemns the government of Canada for cutting \$4.2 billion annual base payments supporting CHSC, which is our health care social program fund, and urges the government of Canada to repudiate a statement by the spokesperson for the federal finance minister that increasing health care funding would be just shovelling money into a hole that's going to open right back up again.

There are two more points on that resolution which I'll come to in short period of time, but I'm finding it interesting to hear the debates that have been going on in the House this afternoon. One colleague across the way was saying that it's inappropriate for us to criticize the federal government at all, as though we were doing something terrible. I was trying to imagine what it that would be like if I were a citizen watching at home who wasn't part of this Legislature, wondering if it would appear to them that in fact this was one government foolishly, perhaps for political purposes, heaving insults

at another government. Would that be how it was perceived?

I would say to you and to my colleagues here in the House that the people in my riding of Guelph-Wellington wouldn't appreciate that in any way, shape or form. The people in my riding in Guelph-Wellington, and I think people all across the province, are looking for leadership from their elected member.

I'm thinking that the people in my riding, as in most ridings across this province, would say that health care is the number one priority, and I would actually agree with one of my colleagues who was speaking earlier about the importance of health care in our milieu of being a Canadian. I think for many people, a strong health care program is indicative of the kind of caring, warm, thoughtful society we have here in Canada. I think we pride ourselves on the kind of health care program that we have, we're very concerned that it's sustainable in the long term, and we all have come to recognize that given the demographic changes—the aging population, the growing population—that the pressures on health care are going to be enormous as time passes.

1730

I want to speak to a couple of quotes that passed my desk, which respond particularly to the speaker who came just before me. He indicated that somehow this is a problem our government is just making up, and I think he should be alerted to these two quotes.

"But I am part of the problem, not the solution. It was my government that diminished the size of transfer payments." That's a direct quote from Allan Rock in a speech to the 130th annual meeting of the Canadian Medical Association on August 20, 1997.

Here's a second quote from our federal Liberal health minister: "I will not stand here and tell you that the cuts in transfer payments that we made were insignificant. They were not. And I won't tell you that they have not had an impact. They have." Guess who? Again, Allan Rock, our federal Liberal Minister of Health, who has acknowledged that (a) he's made cuts, (b) they have been to the provinces, and (c) they have been very significant and detrimental. He has, by his own words, admitted he is guilty of cutting the transfer payments.

A whole series of numbers have been tossed out over the past few weeks: 6.3, 3.9, 4.2. To the ordinary voter, those are very large numbers. They all end in "billion," and so they're almost incomprehensible on that point. But what is really important to simply understand is that the federal Liberal government has cut transfer payments to the provinces by approximately 33%. This is an enormous cut in the face of governments who have been trying to balance their budgets and who recognize that health is a priority.

I said earlier that I was trying to imagine how I would feel if I weren't in this Legislature and was an ordinary citizen turning on the television, hearing the ads, reading the newspapers and seeing the two governments argue back and forth. Would I be thinking that this is a serious issue or just a bit of a cat fight between one government and another? This is what would make me understand

that this is very serious: Aside from the fact that we're talking about very large numbers, 33% of the biggest transfer from one level of government to another, we are seeing premiers and health ministers of every political stripe, right across this country—Roy Romanow, an NDPer from Saskatchewan; Brian Tobin, a Liberal from Newfoundland—all saying the same thing to the federal Liberal government: "It is time to bring your money to the table. Yes, we'd be happy to talk about programs; yes, we all have ideas from our own jurisdictions. But without base funding, it is very difficult for us to proceed." To see all these political leaders in health, as well as premiers, standing shoulder to shoulder to say the same thing and agree is very unusual. I think it speaks to the depth of concern that all of these leaders in their own provinces have about their priority program—health—and how difficult it is for them to be able to manage.

It is very important for all our constituents to understand that in our province the only government that has cut health care funding is the federal Liberal government. When we were elected in 1995, our health care budget in Ontario was \$17.4 billion. We have steadfastly added to that budget every single year to try to meet the pressures. We are now up to a little over \$20 billion, and we have committed to at least \$22.7 billion. By all predictions at this point, we are going to need more money and we're going to need it sooner, because we are listening and we know the challenges we have in this portfolio.

What I'm saying here is that we have a united concern across Canada, directed to the federal Liberal government. It's not just here in Ontario's Legislature. We've all recognized that health is a priority, that it's a growing priority and a problem, and that Ontario's commitment to improving and expanding our health care budget is unequivocal. We have been very steadfast in that.

The speakers before me have been talking about a number of different actions that have been taken. Because I represent the riding of Guelph-Wellington, I want to point out some of the things that have happened in my own riding, based on the principle that actions speak louder than words. In our party and in our government, we have undertaken a number of initiatives, whether you look at home care, pharmacare, restructuring, nurse practitioners or long-term care. We have been leaders in all of those programs, and we've taken very definitive actions, with extensive investments.

The question is, do those numbers actually translate into projects, into new programs in our own riding? I was trying to think about what has happened in Guelph-Wellington. My colleague Dr Galt referred to a new hospital being built in his riding that was promised under the Liberal government, not delivered; again promised under the NDP government, not delivered. The interesting thing is that that happened exactly the same way in my riding, and I'm very pleased to report that in my riding right now the Guelph General Hospital is being completely rebuilt and refurbished. That is a promise that has been ongoing and very controversial and upsetting in my riding for over a decade now. The St Joseph's long-

term care hospital is now under construction. Again, promised by the Liberal government, no delivery; promised by the NDP government, no delivery. But Mike Harris, before he was even the Premier, came to town and said, "We're going to deliver." Hallmark of our government: We keep our promises. Guess what? Both are under construction, both being built, and I can tell you my constituents are very happy about that.

Interjections.

The Acting Speaker: Order. I'm having a great deal of difficulty hearing the member from Guelph-Wellington. Members would know that only one member may speak at a time.

Mrs Elliott: Hospital restructuring and delivery on capital and infrastructure has been unequivocal in our riding, and it has been the Mike Harris government that has delivered, hands down.

I look at things like health centres. We've had a community health centre that has been delivering service to our community for several years now, and its mandate is to deliver health services to people who are hard to serve, primarily street people and people who have a lot of health challenges. We are going to now have a brand new community health centre that's going to be strategically placed right downtown, exactly where it should be. It's our government that is making this capital investment. The tenders have just been opened recently. Work is underway, and I think the total is something like \$6.3 million. The interesting thing about this project is that it's not going to be just an isolated community health centre. They're renovating an existing building down town, and they're going to have tenants come from all around the city delivering all sorts of different kinds of services so that in fact it will be a true community health centre in every sense of the word. We're very excited about that.

I mentioned the hospitals and nurse practitioners. Ours is the government which established legislation for nurse practitioners. We have pilot projects all across the province where nurse practitioners are now taking leading roles. One was just announced, again at St Joseph's hospital in my riding, a nurse practitioner to deal primarily with geriatrics, something people are very excited about, because they do see this as a very practical solution for primary care reform.

Dialysis: I did a statement in the House the other day. People in my community always had to go to Kitchener-Waterloo, to Grand River, for dialysis for years and years and years. We now have a satellite project right in the city, right next door to our new hospital. It has been beautifully designed. It's actually designed a bit like a home; you go in and it's not hospital-like at all. This was actually as a result of a number of leaders in the community. Lisa Arntz, who's an interior designer, came and added her expertise to make this facility much more home-like for people who have to undergo dialysis three times a week, which is very stressful. Our government has made huge investments in dialysis units all across the province so people could get the service where they need it, when they need it, close to home. We have seen those practical results in Guelph-Wellington.

Alzheimer's was another one that came to mind. Recently there was an article in the paper recognizing Ken Murray. Ken is a local constituent and a philanthropist and community leader who has been instrumental in getting the Alzheimer movement underway. He was recently recognized for all of this work. Of course, it's our government that has the Alzheimer strategy underway with the Ministry of Health and the ministry responsible for seniors.

1740

What I'm saying is that when Allan Rock says, "I'm not going to give you money unless you give me plans," our government has had plans. We've had action underway. We've been making unprecedented investments in health care all along. It's the federal Liberal government that just doesn't get it, and everybody knows it. Not only that, but they've actually admitted it.

A recent newsletter came out in my riding from my federal member, also, interestingly, named Brenda. It had a whole section in it devoted to something called "tax credits." I've never heard of something like this—tax points. I thought, what is this all about? I don't know. The article was essentially saying that our province, along with others, has been given some tax points which should make up for this tremendous 33% reduction in CHST payments. So I did a little bit of homework on this and I found out that this whole idea of tax points actually originated in 1941 at a federal-provincial conference where Prime Minister Mackenzie King obtained the agreement of the provinces to cede their entire personal and corporate income tax bases to the federal government for a period of five years in order to finance the war effort. From that came something called a rental payment to key provinces. This was renegotiated several years later, in 1947, where the federal government wanted to extend those tax rental agreements. Ontario and Quebec at that time chose not to participate and chose to reintroduce their own personal and corporate income taxes. So—and this is the key—Quebec and Ontario received a credit of 5% of federal income taxes collected within their borders. This credit was then increased several times, but—and here's the key—it ended in 1962 when they were replaced by tax collection agreements under which all provinces except Quebec began to levy personal income taxes as a percentage of basic federal tax payments.

For the life of me I can't imagine why federal MPs across this province are trying to persuade our constituents, who know full well what's going on now between the federal government and all of the other provinces—why they would try to present pretty weak and mute arguments about something called tax points. Perhaps they thought if it was obscure enough, nobody would actually take the time to figure it out and know what was going on.

If any of my constituents are watching and wondering, "Well, Brenda, are you really telling us the whole goods?" the national accounts prepared by the federal government's own Statistics Canada include revenues

that originated from the 1977 tax transfer as provincial revenue. They say this is the province's own source revenue. Their national accounts have a category that identifies current transfers that the province receives from the federal government. The tax transfer or tax point revenue is not included in this category.

This is a very common expression, but the bottom line is, these are big words trying to confuse ordinary people. I came across a chart. These big words are trying to confuse people that the federal Liberal government is not living up to their promises. This is a graph of the money that the federal Liberal government has cut from the transfers to the provinces. I don't know if you can see it, but it's a big box and there's a big scoop right out of it, just like a great big ice cream scoop, a great big piece right out of it. It's about a third of it gone. That's the money that has not been given to the provinces by the federal government. In fact, it's over \$10 billion. Ten billion dollars has to be thought of in this way: Right now Ontario spends a little over \$20 billion for health care; \$10 billion would be half that budget over again. That is an extraordinary amount of money that could be invested in very specific programs like dialysis, like Alzheimer's that I mentioned, like more hospitals, more nurse practitioners. It just goes on and on. Health care, hip and knee replacements, all of these things, our people want to know about.

Our Minister of Health was very diligent when she recognized that Allan Rock was asking her, "Show me the plan before I show you the money." She got some notes together and outlined very clearly what we've been undertaking here in Ontario. It's extraordinary:

In primary care reform, we've got 200 doctors in pilot projects offering 24-hour, seven-day access.

I mentioned the nurse practitioners earlier.

Three drug programs: These are marvellous programs. Some 44 million prescriptions were filled in 1998-99 under the ODB plan. As my colleague mentioned earlier, we have a minimum cost of \$100 on that program, and in most other jurisdictions it's at least nine or 10 times that. We have the Trillium drug program. The expenditures in that program alone were \$45 million in one year, delivering very expensive drugs for people who have serious illnesses like cancer or HIV, to over 100,000 people.

Home care has been a wonderful success in my riding. We were underfunded in Guelph-Wellington for many years. When our government came to power, I was very pleased to see more equitable funding being distributed all across the province. But we've increased that program, in addition to making it more equitable, by 43%.

In closing, I just want to say that people in Ontario who are wondering whether or not Ontario being cross to the federal government is a fair thing to do can be reassured that it is very fair. The numbers speak for themselves. Allan Rock, the federal health minister, has acknowledged that he has cut the funding significantly. The challenge for us is to find ways to cope with this, and we are taking action clearly in so many different fields.

But the bottom line is, money has to come. These are priority programs, particularly at a time when we're

talking of a federal Liberal government which has a huge surplus, and they got that surplus on the back of each and every province as they cut transfer payments. It's challenging when it's a program like health.

Lastly, I'm going to say that in my riding of Guelph-Wellington people have been so concerned about this that they are starting to sign petitions asking the federal government to share 50-50, asking them to contribute more than 11 cents, which is unconscionable, asking them not to create new health programs before properly funding existing programs.

I'm very pleased to add my voice to this debate today. I think it's about time that our citizens stood up beside us and asked the federal government to bring the fair money to the table for all citizens so that we can deliver better programs across Ontario.

Mr Michael Bryant (St Paul's): I'm going to reserve most of my comments this afternoon to talk about the poor cousin of our broken health care system, our mental health care system, in particular a nightmare, a tragedy that has visited a family that lives in my riding and a community in which a family member of theirs lives.

First, a couple of comments, because I can't let this debate go by without saying that in my riding we had a hospital close. The Hillcrest hospital, sometimes called the Toronto Rehabilitation Institute, is slated for closure. Now, let's be clear here: Dalton McGuinty is righter than right but neither left nor right when he says it's time to stop fighting over health care and to fight for health care.

That said, let there be no mistake: It's not the federal government, it's not the federal health minister and it's not the Prime Minister who closed Hillcrest hospital in the riding of St Paul's. It's Mike Harris who closed that hospital. The hospital restructuring commission made a decision for which this government must be held to account. The people in St Paul's, in June, voiced their opinion as to who is cutting in health care. I can tell you, you can spend on advertising until you're blue in the face, government members, you can spend all you want, but you will never convince the people of Ontario that it is not you, the government, that has cut health care, as opposed to another government.

1750

Another thing I'd like to say is that I was elected here to speak to provincial issues in a provincial House as one of 103 provincial MPPs, and this government would like to spend its time talking about another House. Their response to the health care crisis is: "Look over there. For goodness' sake, don't look there." This government—

Interjections.

Mr Bryant: Mr Speaker, I can't hear myself over the cacophony.

The Acting Speaker: The member for St Paul's is right. There is too much noise. I'm having a great deal of difficulty hearing him. If you have conversations that don't relate to this debate, please take them outside. The member for St Paul's has the floor.

Mr Bryant: Having canvassed those first two points, I want to speak to this issue of our mental health care system.

There is a family in my riding and they've asked that I mention their name. It's the Whitmore family. Ian Whitmore's brother suffers from schizophrenia and has been convicted for a violent offence. If there's anybody in this province who needs the assistance of government, it is somebody who is afflicted with schizophrenia. Necessarily, in a rational society with a Criminal Code and rational laws, we anticipate and expect people to obey those laws and to be responsible for themselves, but as everybody understands, those who have schizophrenia aren't living in the same universe as us when they're not on their medication. Those who have a history of violence are the very people our government and our society need to assist, not only for them so they don't hurt themselves but so they don't hurt members of our community. It turns out that this category of people, schizophrenics with a history of violence, is the very group of people for which there's absolutely no assistance provided within our health care system. I'll walk everybody through this, and we'll have to follow the bouncing ball as we're bounced from ministry to ministry.

In a nutshell, if you are a schizophrenic, then you are to go to a mental health facility, but the mental health facility won't take you because you have a history of violence, so you're sent over to a supportive housing facility which has no supervision whatsoever. In the meantime, there's no way for these people to comply with their sentencing and parole orders and to take their medication, so they go back to the hospital, but the hospital won't admit them because they have a violent history, and on it goes.

Of course it's a nightmare, and this family is living this nightmare. We all know it's a nightmare waiting to happen. So what's our public health care system doing about these people? They're doing nothing.

As a final addendum—and I want to get to the case, but I want to say this—I think we all agree in this House that something has to be done to our mental health laws. This government, by its own admission, has said that amendments have to be made. Nonetheless, notwithstanding that admission, this government decided to pass an act which intended to—and unfortunately has had no effect—sweep the mentally ill off the streets under the squeegee bill. That's the effect. Those who are aggressively panhandling—and we all know that often the mentally ill fall into that category, at least according to the Golden report. Those people need mental health treatment and facilities, but instead of doing that first before bringing in the squeegee and panhandling bill, this government decided to bring in the bill first, by its own admission, sweeping these people off the streets and throwing them into jail.

Mr Galt: On a point of order, Mr Speaker: I believe the debate is on the resolution that the Premier put forward, not the squeegee bill. The safe streets bill has been passed. I think that's over and done with. What we're debating today is the resolution brought forward by the Premier of Ontario.

The Acting Speaker: An interesting observation.

The member for St Paul's.

Mr Bryant: This is a case in point: You just don't get it. You don't see the connection between the failure of our public health care system and those who need assistance, those who are sick and those who are on the streets. But then again you wouldn't know anything about what's happening on the streets of Toronto other than what you read in your speaking notes.

I'd like to get back to this serious issue and off the efforts of this government to distract. I can assure you that the Whitmore family will not appreciate the fact that in the midst of having their story told to this province, this government has decided to play politics. You should be ashamed of yourself for that point of order.

Scott Whitmore was released from the Millbrook Correctional Services Centre on August 24, 1999. Prior to his release, a letter was sent to the Minister of Correctional Services, Mr Sampson. An attempt was made, knowing he had been convicted of a violent offence and was going to be released, to arrange for a place for him to go. They were told, "This is not a correctional issue; you're going to have to talk to the Ministry of Health."

So let's follow the bouncing ball. Over we went to the Ministry of Health. There we were told: "Yes, there are homes for special care, mental health facilities. But because he has a history of violence, he will not be admitted to those facilities. And while there are a few facilities that could treat him, there's no room at the inn. Those beds are full, so there's nowhere for him to go." So the Ministry of Health told this family and told our office, "Off you go to the Ministry of Housing."

The Ministry of Housing said, "You can go to a half-way house." But of course there are no more halfway houses. Moreover, even if there was a facility for him, he would have to go to supportive housing, notwithstanding the fact that in terms of supervision the supportive

housing facilities have a recreation worker and a cook. When this person isn't taking his medication, by the family's own admission and by his own admission, there is a history of and a tendency to violence.

So where does he go in our public health care system? This is Ontario. We're told by this government that we are living in times of great prosperity. So one would think that now is a time when our health care system would be able to help those who can't help themselves, help this family living through their nightmare and help the community in which this man is living.

We've had so many inquests calling for changes that I can't begin, in my allocated time, to go through all of them. The Zachary Antidormi inquest of September 1999 said that the Ministry of Health should study existing legislation, including the Health Care Consent Act, to consider whether legislative changes are needed, and of course they are. But we've known that for years. This is one of a long line of coroner's inquest findings.

Then it's time for him to get treatment, and he needs to have his OHIP card. But when you're incarcerated you lose your OHIP card. But because he's schizophrenic, he's not capable of going back and getting an OHIP card. So yet again he falls between the cracks because there are not facilities to assist him in getting that card.

Recently it's been reported that this man has been slipping into a worse mental state. He's not taking his medication. He has tried to check himself into a mental health facility, but there's no room in the inn at the hospital he went to. He was not admitted. He was told that all beds were full and that there are different admission procedures for him, and again he just fell between the cracks.

Mr Speaker, you're standing.

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

The House adjourned at 1800.

Evening meeting reported in volume B.

ERRATUM

No.	Page	Column	Line(s)
38	1957	1	19-22

Should read:

actually a descendant of the early battle garb that was worn by Roman soldiers. The tartan can be worn in the form of a dress, a sash, a scarf or a tie—the tie being, at one time, simply a large bandage crusaders wore around their necks to be pre-

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Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

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