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of Ontario**

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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 30 May 2000

Mardi 30 mai 2000

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 30 May 2000

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 30 mai 2000

*The House met at 1330.
Prayers.*

the year ending 31 March 2001, and recommends them to the Legislative Assembly.”

BUSINESS OF THE HOUSE

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Mr Speaker: On orders of the day today we have an opposition day, which belongs to the official opposition, the Liberals. We submitted a resolution, according to the rules, about two weeks ago, with respect to what we wanted to debate. In the interim, events at the tragedy at Walkerton have unfolded and I will be seeking unanimous consent to change the opposition day motion that's before the House to read as follows:

That in the opinion of the House, the government, under the Public Inquiries Act, should appoint a public inquiry into Ontario's water supply to consider and report on the safety of the province's drinking water, in particular:

(1) to examine legislation and regulations governing the provision of standards for and testing of drinking water in the province;

(2) to examine the adequacy of the inspection and monitoring programs for all provincial water systems and the role of the province in guaranteeing adequate testing, including funding and staffing considerations;

(3) to examine any other matters that the commission considers relevant to the above terms of reference to ensure that the tragedy of Walkerton does not ever happen again anywhere in this province; and

That the three House leaders are consulted and must approve the government's appointee(s) to the inquiry, any changes or additions to the above terms of reference for the commission, and the reporting date for the commission's interim and final reports.

I seek unanimous consent of the House to change our motion to this motion for debate this afternoon.

The Speaker (Hon Gary Carr): Is there unanimous consent? I'm afraid I heard some noes.

ESTIMATES

Hon Chris Hodgson (Chair of the Management Board of Cabinet): Mr Speaker, I have a message from the administrator of the government, signed by his own hand.

The Speaker (Hon Gary Carr): It reads: “The administrator of the government transmits estimates of certain sums required for the services of the province for

MEMBERS' STATEMENTS

WATER QUALITY

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): First of all, I would like to express my sympathy to the residents of Walkerton, and I would like to bring to the Legislature's attention another potentially deadly problem in rural eastern Ontario.

Walkerton has shown us that we have to be vigilant in maintaining high standards of water quality. In my part of Ontario I have watched as dead livestock have been removed from rivers that feed our water supply. Recently, livestock have been pulled from the South Nation River by the South Nation River Conservation Authority. This livestock had ID tags removed, and instead of being properly disposed of, were left in the river for someone else to worry about.

The dead stock collectors in eastern Ontario are in very serious financial problems. The market for animal by-products has gone through the floor and the collectors are finding themselves wondering about the future of their business. The Eastern Ontario Farm Recycling Association and other shareholders have repeatedly asked the government to provide assistance so the dead stock can properly be collected in a safe manner. The government's solution: another user fee.

This topic was on the agenda of the MPPs for eastern Ontario and wardens in Victoria county last Friday. Obviously, if they're finding dead animals in the water, the user fee isn't working. A lot of responsibility for collecting is falling on the conservation authorities. By some estimates, there will be 15,000 animals improperly disposed of this coming year.

CONESTOGA COLLEGE

Mr Ted Arnott (Waterloo-Wellington): On May 18, I was honoured to join the Minister of Training, Colleges and Universities, the Minister of Health and the members for Cambridge, Guelph-Wellington and Kitchener Centre to announce an historic SuperBuild commitment for Conestoga College. My constituents in Waterloo-Wellington are absolutely thrilled with the \$14.2 million in SuperBuild funding which will provide training for an addi-

tional 1,430 students who will prepare to work in careers including multimedia communications, health sciences and police, fire and emergency services.

This development is the latest in a series of major accomplishments by Conestoga president Dr John Tibbits and his associates. They have put Conestoga College on the map for performance standards such as job placement and private sector partnership. Dr Tibbits was inspiring in his persistence and leadership in bringing together support for this worthwhile investment. I was honoured to have worked with Dr Tibbits in recent weeks. I deeply appreciate the assistance provided by the Minister of Finance in this regard.

I also want to thank the Minister of Economic Development and Trade for the strategic skills investment for Conestoga College which we announced on April 20, which provided \$2.6 million for the new information technology training centre. More training for more students is good news for all of us. It means there will be more people with better skills building a higher quality of life throughout Waterloo-Wellington as well as Ontario.

WALKERTON TRAGEDY

Mr Dave Levac (Brant): I rise today at a very solemn time in our province. I want to offer to the families who have suffered the death of a loved one in Walkerton my heartfelt prayers. I know I speak for the entire Liberal caucus when I offer these feelings as a caring community. The people of Walkerton must know by our actions, our words and our deeds that they are in our hearts and that we will assist them in any way we can to help them travel this difficult journey they are on.

I pay tribute to St Patricks Elementary School in Brantford, which started a water bottle drive immediately and shipped this water to Walkerton. We all care.

This morning, I was on the phone with one of the many residents of Walkerton I have spoken to, to hear her story. They are in such a state. They are concerned about the health of their children. They are concerned about the health of their seniors. They are angry, and they are frustrated. They're confused. They need to know the answers to their questions. They need to know that they are listened to, not spoken about. They demand an independent inquiry. This is about the provision of safe, clean water that must never be taken for granted anywhere in the province.

I say with all my heart that some things are best left to the fully funded, publicly run system to provide for the people of Ontario. Safe, clean water is one of them. Let us commit to never allow this to be repeated again anywhere in this province. Again, I dedicate my prayers to the families in Walkerton that have suffered the loss of a loved one.

EDUCATION REFORM

Mr Rosario Marchese (Trinity-Spadina): My statement is on Bill 74, an act to change the Education Act,

one of the most draconian bills that has been presented in this House in a long time. I want to quote an editorial from the Toronto Star that speaks to this bill, I think, very clearly.

"Bill 74 is an unprecedented attack on basic legal protections that are supposed to apply to everyone What else can they be when after-school duties are mandatory 'on school days and on days during the school year that are not school days, during any part of any day during the school year, on school premises and elsewhere?'"

"This dictum would override 'any applicable provisions or restrictions in a collective agreement.'"

It says: "If a government can override teachers' contracts at will, what is the meaning of the sanctity of any contract? ... judges cannot serve certain orders without Education Minister Janet Ecker's permission."

It says, for example, "that a 'teachers' bargaining unit or members of that unit' can be changed without teachers having any say.... This bill ... makes Ecker a law unto herself, able to investigate school boards if she has 'concerns' and punish them if she 'is of the opinion' there's evidence—not proof—of disobedience."

What we have is an accountability deficit. What we need are hearings. What we need to do is hear from people. If you value democracy, you need to demand that.

1340

ECONOMIC DEVELOPMENT

Mr Toby Barrett (Haldimand-Norfolk-Brant): I'm pleased to recognize the recent announcement made by the Minister of Transportation that will have a significant impact on my riding both for individuals and businesses.

Last Friday, May 26, Minister Turnbull announced the province will invest \$33 million in the development of a highway linking Highway 6, which is a major north-south corridor in my riding, to Highway 403 at Ancaster. The importance of a highway link to the 400 series highway network has long been recognized by area people and business leaders as a key driver of economic development. For instance, when the Premier's Task Force on Rural Economic Renewal visited Caledonia in my riding, which incidentally is less than 10 miles south of the Hamilton International Airport, the panel heard repeated requests for the province to accelerate plans to create this link to the 403.

I am pleased to report to the House and to my constituents in Haldimand-Norfolk-Brant that the Mike Harris government is listening and responding to their requests by fast-tracking this highway link, after years and years of study, in order to foster economic activity in southwestern Ontario and particularly in the Hamilton and Haldimand-Norfolk areas. People in the northern part of my riding, in areas like Hagersville and Caledonia, have told me that this highway link is a top priority for them.

I'm very proud to be part of a government that has delivered on this promise.

WALKERTON TRAGEDY

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): I rise to address my concerns and my sympathy and support to the people in the Walkerton area who are facing an unprecedented situation with their contaminated water supply. As I indicated, like all members, I extend my sympathy and my support, and certainly I do so on the basis of representing a community in the Ottawa Valley that's very similar to Walkerton and that part of north Bruce county in southwestern Ontario. But on behalf of the people of Bruce county and the people of my area, and I suspect all Ontarians, we want answers; we need answers.

When talking to my constituents over the last few days, the question they have first and foremost is, "Can it happen here?" I'm sad to say on the basis of what I have been reading and what I hear from the Ontario Ministry of the Environment that we have very good reason to question the safety and the security of the water system of Ontario. We owe it to the people of Ontario, most especially those who have died in Walkerton and those who are sick, to get answers, to get all of the answers. Nothing short of a clear, independent inquiry is going to be an adequate response.

I want to say as one member in this Legislature, we'd better get a full, independent inquiry, because anything less is an insult to those who have died and those who are sick and is going to cause a great deal of upset in this Legislature and beyond.

CRIME PREVENTION

Mr David Young (Willowdale): Too often we learn that property has been vandalized in our respective neighbourhoods. We learn that someone we know has been threatened or assaulted and, worst of all, that a life has been taken in one of our communities. Though these crimes are serious in and of themselves, they are even more disturbing when they're committed close to home.

This government has led the fight against crime and has undertaken many community safety initiatives.

We have passed Christopher's Law, which created the first registry of sex offenders in Canada to prevent the victimization of women and children.

We have introduced community safety zones in which fines for traffic violations have been doubled, with penalties for individuals who commit these offences while fleeing the police.

We have hired more crown attorneys to ensure that the voices of victims of crime are heard in the justice system.

We have set new, tougher standards for parole and for the granting of early release.

As you know, Mr Speaker, we have repeatedly urged the federal government to eliminate conditional sentences

and to make some meaningful changes to the Young Offenders Act.

But at the end of the day, responsibility for crime and crime prevention lies largely within our own communities. Tonight I will be hosting a crime forum within the riding of Willowdale. Speakers will include my friend and colleague Mr Frank Mazzilli, the MPP for London-Fanshawe; the chair of the Toronto Police Services Board, Councillor Norm Gardner; and Staff Inspector Derek Neeson, representing the Toronto Police Services Board.

We are holding this meeting in an effort to hear from members of the community on how to best tackle the problem of crime. We're holding this forum to inform them about the true costs of crime and to provide effective strategies. Anyone interested in attending should feel free to come to the Greek Orthodox community centre tonight.

MINISTRY OF THE ENVIRONMENT

Mr James J. Bradley (St Catharines): If anyone in this province had any doubts about the consequences of the so-called Common Sense Revolution of the Harris government for the environment of Ontario, those doubts have been erased by the tragic and sad events in Walkerton. By slashing over 40% of the operating budget of the Ministry of the Environment and firing one third of the environment ministry staff, the people of Ontario have been put at risk of experiencing the same kind of unfortunate circumstances that are confronting the people of Walkerton this week, namely tragic deaths and hundreds of people dreadfully ill.

Specifically, as of December 31, 1996, the water and drinking water department staff was cut by 42%, with 48 staff having been let go. The groundwater and hydrogeology staff was reduced by 15, or 53%. The watershed management staff was reduced by 25% and the waste water staff by 33%. It is obvious that the Ministry of the Environment's staff is severely demoralized by huge cuts to staff and financial resources and is simply unable to respond adequately to the serious events and complex and widespread problems.

The Harris government has played chicken with the drinking water system in Ontario since taking office in 1995 and unfortunately, but predictably, the chickens have come home to roost.

How many people in this province would prefer to see the \$200 politically motivated public relations exercise of mailing cheques to Ontario residents converted to an investment in safe drinking water in Ontario? After the Walkerton tragedy, I suspect an overwhelming majority of Ontarians would make that choice without hesitation.

FUNDRAISING

Mr R. Gary Stewart (Peterborough): On the last night this Legislature sat before constituency week, May 18, the Leader of the Opposition retreated to his

hometown of Ottawa to do something he likes to pretend he never does: accept money from corporate donors at a fundraising dinner. Yes, our Premier also attended a fundraiser that very same evening in the same city and I'm sure that a good but responsible time was had by all at both events.

But while the Harris government's economic policies are straightforward, I wonder whether Mr McGuinty's corporate guests knew that his policies have taken a decided left turn since the last election. For example, Mr McGuinty appears to have abandoned his moderate 20-20 election platform. At a pre-budget news conference, Mr McGuinty's stand on tax cuts bore a strange resemblance to the NDP's tax policy in the last election. And he reached all the way back to Bob Rae's opposition days for his opposition to tax cuts for job-creating business and his use of the word "American" as a scare tactic.

At the Liberal fundraiser, Mr McGuinty's corporate benefactors heard a lot of talk about the future. If only they knew that it would be more of a case of back to the future.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON JUSTICE AND SOCIAL POLICY

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

Clerk at the Table (Mr Todd Decker): Your committee begs to report the following bill as amended:

Bill 69, An Act to Amend the Labour Relations Act, 1995, in relation to the construction industry / Projet de loi 69, Loi modifiant la Loi de 1995 sur les relations de travail en ce qui a trait à l'industrie de la construction.

The Speaker (Hon Gary Carr): Shall the report be received and adopted? Agreed.

All those in favour will please say "aye."

All those opposed will please say, "nay."

In my opinion, the "ayes" have it.

The bill is therefore ordered for third reading.

INTRODUCTION OF BILLS

ONTARIO NATURAL HERITAGE ACT, 2000

LOI DE 2000 SUR LE PATRIMOINE NATUREL DE L'ONTARIO

Mr Gilchrist moved first reading of the following bill:

Bill 78, An Act to ensure responsible and acceptable development and to protect the natural heritage of the Province of Ontario / Projet de loi 78, Loi visant à assurer l'aménagement judicieux et acceptable du territoire et

à protéger le patrimoine naturel de la province de l'Ontario.

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

The member for a short statement.

Mr Steve Gilchrist (Scarborough East): This bill will not only incorporate some important elements that will freeze any new development on the Oak Ridges moraine, but will require the production of a long-term plan that incorporates all of the elements of the 1994 Oak Ridges moraine strategy. It goes beyond that, though, and provides a number of powerful measures to promote urban intensification and discourage urban sprawl all across Ontario. This bill will strengthen the protection of natural heritage not just in the Oak Ridges moraine, but for all the citizens in Ontario and will bring greater balance back to the planning process across the province.

Mr Mike Colle (Eglinton-Lawrence): On a point of order, Mr Speaker: I'd like to move unanimous consent that we move Mr Gilchrist's bill right through to second reading.

The Speaker: I don't think under the standing orders we could do that, but—

Interjection: With unanimous consent we could do it.

The Speaker: I beg your pardon. What were you asking for again? Maybe you could repeat it. I missed that.

Mr Colle: That we give Mr Gilchrist's bill immediate second and third readings with unanimous consent right here today.

The Speaker: Is it the pleasure of the House—agreed? I'm afraid I heard some noes.

Introduction of bills? The member for Ottawa-Vanier.

Interjections.

The Speaker: The member is trying to introduce a bill, if the members would please co-operate.

CITY OF OTTAWA AMENDMENT ACT, 2000

LOI DE 2000 MODIFIANT LA LOI SUR LA CITÉ D'OTTAWA

Mrs Boyer moved first reading of the following bill / M^{me} Boyer propose la première lecture du projet de loi suivant :

Bill 79, An Act to amend the City of Ottawa Act, 1999 / Projet de loi 79, Loi modifiant la Loi de 1999 sur la cité d'Ottawa.

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

The member for a short statement.

M^{me} Claudette Boyer (Ottawa-Vanier) : Ce projet de loi a pour but de veiller à ce que les services municipaux de la cité d'Ottawa soient fournis en français et en anglais dès le 1^{er} janvier 2001.

The purpose of this bill is to ensure that municipal services in the city of Ottawa will be provided in both English and French after January 1, 2001.

VISITOR

Mr Steve Peters (Elgin-Middlesex-London): On a point of order, Mr Speaker: I'd like to take this opportunity to welcome Mr Ken Monteith to Queen's Park today. Ken is a former member of Parliament from my riding of Elgin, and I'd just like to take this opportunity to welcome him.

The Speaker (Hon Gary Carr): I'm sure all members join in welcoming him.

DEFERRED VOTES

SPECIAL REPORT, INFORMATION
AND PRIVACY COMMISSIONER

The Speaker (Hon Gary Carr): We now have a deferred vote on the motion by Mr Conway arising from the Speaker's ruling of May 18, 2000.

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

The division bells rang from 1355 to 1400.

The Speaker: Would the members kindly take their seats, please?

Mr Conway has moved that, in light of the Speaker's ruling that there's a prima facie case of contempt, the special report to the Legislature made on 26 April 2000 by the Information and Privacy Commissioner, Dr Ann Cavoukian, concerning disclosures of personal information made by the Province of Ontario Savings Office in the Ministry of Finance and the obstruction the commissioner encountered in the course of her investigation, be referred to the standing committee on the Legislative Assembly for its immediate consideration.

All those in favour will please rise one at a time.

Ayes

Agostino, Dominic	Cordiano, Joseph	Marchese, Rosario
Bartolucci, Rick	Crozier, Bruce	Martel, Shelley
Bisson, Gilles	Curling, Alvin	McGuinty, Dalton
Bountrogianni, Marie	Di Cocco, Caroline	McLeod, Lyn
Boyer, Claudette	Dombrowsky, Leona	Parsons, Ernie
Bradley, James J.	Duncan, Dwight	Patten, Richard
Brown, Michael A.	Gerretsen, John	Peters, Steve
Bryant, Michael	Gravelle, Michael	Phillips, Gerry
Christopherson, David	Hampton, Howard	Pupatello, Sandra
Churley, Marilyn	Hoy, Pat	Ramsay, David
Cleary, John C.	Kennedy, Gerard	Ruprecht, Tony
Colle, Mike	Lankin, Frances	Sergio, Mario
Conway, Sean G.	Levac, David	Smitherman, George

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

Nays

Arnott, Ted	Guzzo, Garry J.	Ouellette, Jerry J.
Baird, John R.	Hardeman, Ernie	Runciman, Robert W.
Barrett, Toby	Harris, Michael D.	Sampson, Rob
Beaubien, Marcel	Hodgson, Chris	Snobelen, John
Chudleigh, Ted	Hudak, Tim	Spina, Joseph
Clark, Brad	Jackson, Cameron	Sterling, Norman W.
Clement, Tony	Johns, Helen	Stewart, R. Gary

Coburn, Brian	Johnson, Bert	Stockwell, Chris
Cunningham, Dianne	Klees, Frank	Tascona, Joseph N.
DeFaria, Carl	Martiniuk, Gerry	Tilson, David
Dunlop, Garfield	Maves, Bart	Tsubouchi, David H.
Ecker, Janet	Mazzilli, Frank	Turnbull, David
Elliott, Brenda	Munro, Julia	Wilson, Jim
Flaherty, Jim	Murdoch, Bill	Wood, Bob
Galt, Doug	Mushinski, Marilyn	Young, David
Gilchrist, Steve	Newman, Dan	
Gill, Raminder	O'Toole, John	

Interjections.

The Speaker: Order. There's plenty of time to debate without yelling across while we're taking a vote, I will remind the members.

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 39; the nays are 49.

The Speaker: I declare the motion lost.

VISITORS

The Speaker (Hon Gary Carr): Just before we begin question period, we have in the Speaker's gallery four interns from the National Assembly of Quebec. Please join me in welcoming our special guests: Philippe de Grandmont, Bridgitte Massé, Sophie Choquette and Francis Gagnon.

ORAL QUESTIONS

WALKERTON TRAGEDY

Mr Dalton McGuinty (Leader of the Opposition): My question is for the Premier. Can you guarantee us unequivocally today that the drinking water right across Ontario is safe?

Hon Michael D. Harris (Premier): I can guarantee you that we are doing everything we possibly can to make the drinking water the safest in the world.

Mr McGuinty: You couldn't answer that simple, straightforward question in a straightforward, unqualified way. What that drives home for me, Premier, is the need for a full, independent public inquiry into our drinking water in Ontario.

Premier, I want you to understand that this is bigger than you, it is bigger than me, it is bigger than any member in this Legislature, it is bigger than all of us combined; it has everything to do with reassuring the people of Ontario when it comes to the safety of their own drinking water. I believe that we together now have a very heavy debt. We owe it to the five people who died, we owe it to their families, we owe it to the thousand who were infected by E coli, we owe it to the entire community of Walkerton and indeed we owe it to all the people of Ontario. I ask you on their behalf, Premier, why will you not consent to a full, independent public inquiry?

Hon Mr Harris: I think we've all agreed that what happened in Walkerton is a tragedy. Clearly, our thoughts are with the families in this community and with

everyone who is struggling to cope with these tragic events. Last Friday I pledged to the people of Walkerton that all necessary resources of the government would be given to help, first to solve the problem and then to the rest of the communities in Ontario to take all steps to ensure safety, and then I committed that we would do everything possible to get to the bottom of this. We have now four separate inquiries, two of them full-blown public inquiries with the Legislative Assembly and of course with the coroner. The reason for this is so we can quickly get to answers for—

Interjections.

The Speaker (Hon Gary Carr): Would the Premier take his seat. Order. We're not going to start off this day and I cannot continue on, as I've said on numerous occasions, while you're yelling across. Under the circumstances, we've got a very controversial issue. Opposition members will have to understand that the people of the province also want to hear the Premier's answer, even if the opposition doesn't agree with it. It's a very controversial issue, but people need to hear both sides of the debate. I'm going to be very quick to name members and throw them out today, because we can't have a situation where a question is asked and the members try to shout down the person answering. It just won't happen.

Hon Mr Harris: As I was indicating, our commitment is to get the answers for the people of Walkerton and indeed for this Legislature and all of Ontario absolutely as quickly as we can. The history of the kind of public inquiry you want is very, very slow. So we think the coroner's inquest, the OPP investigation, the environment investigation and the legislative committee all can get under way right away, rather than waiting months and sometimes maybe years.

Mr McGuinty: Premier, all of this tells me you're not interested in a cleanup of our water; you're interested in a cover-up. That's the direction you're taking. If you were genuinely committed to getting to the bottom of this, you would stand up in favour of a full, independent public inquiry. That's what the people of Walkerton deserve. We should have our House leaders meet right after question period today. They should get together, decide on the terms of reference and decide together on who we're going to put in charge of this inquiry. Let's get this show on the road. That's what we should be doing here, together. That public inquiry should leave no stone unturned. They should conduct a thorough review of our water delivery system in Ontario and do everything we can to find out what is going wrong wherever and to make sure we correct that. This is bigger than political damage control, it is bigger than political sensitivities. If your government has some responsibility, as I believe it does, you'll have to deal with that. If previous governments have responsibility, we'll have to deal with that. But this is bigger than all of us, and the only way we can get to the bottom is through a full independent public inquiry. Why can't we have one?

Hon Mr Harris: I think it's very important for the people of Walkerton and it's important for the public to

know that what you're asking for is a process. For example, when we had tainted blood, in November 1992 standing committee hearings began. In 1985 they knew about problems. In October 1993 the public inquiry, the Krever commission, began, and because of the rules of what you're calling for, hearings began five months later and four years later they reported. We can't wait five months. We don't want to wait five months. We'd like the legislative committee to begin now. We don't want to wait four years for recommendations.

There is absolutely no reason why a legislative committee cannot begin sitting now, cannot begin getting to the bottom of this right now. Our goal is to get to the bottom of this as quickly as possible and I'm disappointed that you as a legislator don't want to accept that responsibility with us to get to the bottom of this.

1410

The Speaker: New question.

Mr McGuinty: My new question is for the Premier. I want to remind the Premier of what he and his caucus just voted against. This government was caught with their hand in the cookie jar when it came to the privacy laws here in Ontario. They were then caught trying to cover that up, and now they're trying to sweep this matter under the carpet and they're asking us here today to have confidence in their legislative committee. Give me a break.

The only way we're going to be able to deal with this matter, and you know it, Premier, and the people of Walkerton know it and the people of this province know it, is through an independent inquiry: one that operates at arm's length from all the politicians in this Legislature—and I emphasize that—all the politicians in this Legislature. I believe that is what we must do at a minimum because it's in the public interest. I ask you again, Premier, in the public interest, why can't we have a full, independent public inquiry?

Hon Mr Harris: I am disappointed that the member doesn't seem to want to engage in his responsibility as a legislator and feels that he can't. We on this side of the House feel that we can have a full and public inquiry with a legislative committee. I am surprised that you don't consider the OPP independent. I think that's shocking. I'm surprised that you do not consider the coroner, with a full inquiry and all the powers he has, independent. I find that shocking as well. I am shocked—

Interjections.

The Speaker: Premier take his seat.

Premier, sorry for the interruption.

Hon Mr Harris: I am shocked that you do not want to accept your responsibility and have your members participate as quickly as possible so we don't have to wait months and months to begin, as is the case with public inquiries, or even years to report. We happen to think that what happened in Walkerton—

Interjections.

The Speaker: Premier take his seat. The member for Ottawa Centre, last warning; the member for Hamilton East, his last warning as well. Premier.

Hon Mr Harris: We happen to think that the tragedy in Walkerton and the goal of ensuring safe water require immediate action and that's why we're proposing immediate action.

Mr McGuinty: Let me be perfectly clear: I trust the coroner, I trust the OPP, but I don't trust you and your committee to conduct a self-investigation. It is already a matter of public record that ministry officials didn't do what they were supposed to do under the terms of their own guidelines and objectives.

Premier, when we talk about this committee of yours, it's a kangaroo committee. It is dominated by Tory members. The guy you have put in charge is a disgraced minister who was convicted of tax evasion. That's what you're talking about here, and you think that is going to inspire confidence in us and the people of the province of Ontario? Why not do the honourable thing in this matter and hold a full, independent and public inquiry?

Hon Mr Harris: Let me thank the very, very honourable member for his question and the tone and the way he phrases it.

Let's get to the heart of the matter here. The legislative committee is clearly the quickest and the fastest way—all-party, with independence from the Ministry of the Environment. I don't think there will be any Ministry of the Environment officials who will sit on the legislative committee; in fact, they will be asked to appear and come before it.

Let me give you a record of another royal commission of inquiry, this one a provincial one into the Niagara Regional Police force. This one was commissioned March 25, 1988, and it reported over five years and one election later. We're not interested in waiting five years and an election to get to the bottom of this. We want to start today, and I encourage you to have your members participate with the members on this side of the House, who are anxious to get all of the facts out in the open in as clear and upfront a way as we can, just as I committed to the people of Walkerton.

Mr McGuinty: Premier, you are overlooking the example of Mr Justice Estey's inquiry that looked into a strike and a disturbance that was held just outside this building. That work was begun and completed within a time frame of six months. The bottom line is, if there is a will, there is a way. I am convinced that our three House leaders can get together. We can put in place specific terms of reference, we can put in place a start date and an end date, and we can have this committee travel throughout the province and provide reassurance to the people of Ontario that we're doing everything we reasonably can to look out for their interests when it comes to their drinking water.

Premier, you don't seem to understand. Today, people in Ontario are looking at this stuff and asking questions—they haven't done that since the early 1900s—because of some tragedy that unfolded on your watch. Once more, on behalf of not only the people of Walkerton but all the people of Ontario who have had their

confidence in their drinking water shaken, I'm asking you, why can we not have an independent public inquiry?

Hon Mr Harris: I really am disappointed that you have so little regard for the legislative process and for the ability of the independent members of the Legislature—

Interjections.

Hon Mr Harris: I want to say that it saddens me that you want to prejudice—

Interjections.

The Speaker: Would the Premier take his seat. The members will know that the more they act up, there are fewer questions. The people want to hear questions and answers and, quite frankly, we can't continue. There are going to be fewer questions on for all members as a result of it because we are not going to continue. As the members will know, more questions asked is what the people of this province want. But we can't continue, and if I have to stand up here for the entire remaining 47 minutes we will do that, because we are not going to continue with shouting across at each other on both sides. It's just not going to happen.

Premier.

Hon Mr Harris: As I say, it saddens me that there's so little confidence in the legislative process, in the committee and the powers that it has. To prejudge the committee is very, very disappointing to me in a government that has been the most open in the history of this province.

WATER QUALITY

Mr Howard Hampton (Kenora-Rainy River): My question is to the Premier and it too concerns the safety of Ontario's water supply. All over Ontario people are alarmed at the safety and security of our water supply, and the sad fact is, because of your government they have reason to be alarmed. In 1996, the environment—

The Speaker (Hon Gary Carr): I'm sorry to have to interrupt. The Minister of Labour and the member for Renfrew-Nipissing-Pembroke can't continue on with the conversation. Quiet conversations I don't mind. The leader of the third party is—

Interjection.

The Speaker: Just a moment, please—trying to ask a question, and when people are shouting across it interrupts his flow. I'm doing it to help the leader of the third party and I would ask the members to stop shouting across at each other. It is now the leader of the third party's time. We are going to start over at the beginning of his question. He can start over because of the interruption.

Mr Hampton: In 1996, the environmental commissioner said you should implement a comprehensive groundwater strategy to protect our water. You failed to do that. You promised a system of water-taking permits to protect the security and safety of our water and the ecosystem. You failed to do that. In 1998, there were 3,300 violations of the water pollution discharge standards in the province and you prosecuted only one of

them. What happened in Walkerton is tragic, but it's apparent that the problem of water safety is a problem that extends across the province.

Premier, you and your government have an obligation to protect that water supply for all the people. Will you call a royal commission with tight timelines so that we can investigate the safety of the water supply across the province and also your government's capacity to protect it?

Hon Mr Harris: I know we have a request for a public inquiry and now a request for a royal commission. We have four inquiries underway today to deal with what I think we would all agree is a very serious issue.

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I think it's been very clear. We've been very upfront and we're making all the information available and we've asked all the officials who knew what to make the information available. We have said that to the OPP, we've said that to the Ministry of the Environment commission that is looking at this, their report, and as well we'll make the same request of course to the coroner's commission. Both the coroner and the legislative committee are public, and they're full-blown and have full powers of subpoena. We are making it very clear that in this referral we would like the work to start right away and we'll make all the information available. I think it's the quickest and the fastest way to get to the bottom of what happened in Walkerton and—

The Speaker: I'm afraid the Premier's time is up. Supplementary.

Mr Hampton: I don't think you appreciate the enormity of this. In Walkerton your Ministry of the Environment officials broke the law. They were notified of the contamination of the Walkerton water supply. Under the law, they were supposed to inform the medical officer of health. They didn't.

The province used to have an agreement with Ottawa for the protection and cleanup of the Great Lakes water supply. You let that die. You failed to release the most recent water quality test results for all municipal drinking water systems across the province. You haven't told the public which water treatment plants have outstanding orders against them from the MOE. This is clearly a problem that extends across the province.

Your so-called legislative inquiry can't begin until after the OPP investigation, the Ministry of the Environment investigation, the coroner's inquest. It can't continue when the House isn't sitting and it has to stop whenever there are legal proceedings. Your so-called review probably won't get underway for at least four or five months, and even if it gets underway, it's going to be delayed and delayed.

What we want is a royal commission to look at the safety of the water supply across this province. We can put together a royal commission with tight timelines, one that isn't going to be ridden with delay. Do you care about the safety of the water supply across the province? If you do, appoint the royal commission now and let's get underway.

Hon Mr Harris: Of course we care and of course we're doing everything we can to get to the bottom of this. I'm a little surprised, though, that you, like the Leader of the Opposition, don't have any confidence and debunk the work of the legislators on our committees. To suggest that they have to wait to start is erroneous. It can start tomorrow. There's no reason why this referral to the committee cannot begin. If you think there is some impediment, I'm sure with co-operation we can clear that up. There's no reason for the committee not to begin now. There is no reason for the committee not to carry on. Whatever reason there is why a committee not be able to proceed, if requested by the OPP or if there is an injunction because of any court cases, it would be an identical intervention or injunction that would hit a royal commission. As you know, there have been commissions of inquiry and royal commissions that have had to cease aspects because of damage it was felt they might do to the legal process.

Right now there are no charges out there. There is an investigation. I think we would have to be careful—

The Speaker: Order. I'm afraid the Premier's time is up. Final supplementary.

Mr Hampton: Premier, because of your government's cuts to the Ministry of the Environment, because of your downloading, we know that there are 46 communities identified in the last drinking water surveillance report as having exceeded health-related parameters. That's how widespread this problem is. There are more than 600 municipal waterworks in Ontario. Your drinking water surveillance program only checks 175 of them; 175 are checked and 46 are found to be over the limit. That's how widespread this is.

What you're going to provide the people of Ontario is simply a legislative committee dominated by Conservative members, the same Conservative members who cheered when all these cuts were made, who cheered when the technicians, the scientists and the inspectors were laid off at the Ministry of the Environment, who cheered and said that when your Red Tape Commission came in and called for getting rid of 50% of the environmental regulations, they thought that was a great idea.

The same people who presided over this disaster you now want to have in charge of the hearing. This is much bigger, much more widespread than you are prepared to admit. The only way to ensure the safety of Ontario's water supply and to ensure that your government is prepared to take that role seriously is to go to a royal commission and do it now.

Will you name a royal commission? We can prepare tight timelines. Let's assure the people of Ontario that your government is going to protect their water supply.

Hon Mr Harris: I can assure you that the members on this side of the House will be fully co-operative on the committee, ready to start now and ready to get all the answers. I'm not aware of the details which you present. Normally, that information that comes from you is not very accurate, but in this case maybe it is. I have no way

of knowing. If you would like to get those questions to the Minister of the Environment, he may know the technicality of some of the questions that you have. I'm sure he'd be happy to answer them and he'd be happy to appear before a legislative committee.

Those are all matters that should be looked at so we can sort out what is totally irrelevant and has nothing to do with the Walkerton situation. I think it's already been demonstrated the procedures in place were sound. There appears to have been some human error. There appear to have been some facts withheld by individuals. But to date, there's not a shred of evidence that there isn't enough staff, nor a shred of evidence that the procedures and the regulations, if they were complied with, would not have prevented this tragedy. That's how it appears to me.

The Speaker: Order. I'm afraid the Premier's time is up. New question. Leader of the third party.

Mr Hampton: Premier, let me give you some other reasons why we need a much broader based royal commission. As early as last September, the person who blew the whistle on Walkerton's dirty water problem warned about water contamination due to manure from factory farms. Your government did nothing about that.

Dr Murray McQuigge alerted Bruce county council to water pollution from factory farm manure. He wrote, "There have been studies that show downstream pollution by antibiotic-resistant bacteria." That alone ought to send shivers down everyone's back.

The counties of Bruce and Huron combined have over 500,000 hogs being raised. There's a huge farm with 2,500 hogs creating tons of manure just outside of Walkerton. The problem in Bruce county is so serious that officials have put a hold on further factory farms.

These are the issues, Premier, that are contributing to everyone's concern about the quality of water supply.

Will you appoint a royal commission so that these issues can be looked at in relation to what happened at Walkerton and the other problems that are already starting to emerge in the water supply across the province? You've got a chance to get out in front of this and prevent serious damage from happening elsewhere. Will you do that?

Hon Mr Harris: I appreciate the question. It does point to an area of concern. We do work proactively to minimize the risk through nutrient management. I need to remind everybody that existing environmental laws apply equally to everyone, including farmers. They are not exempt from provincial environment legislation.

Specifically to intensive farming, we initiated a consultation to seek input from stakeholders on the various issues related to this. It was chaired by Doug Galt, the parliamentary assistant to the Minister of the Environment, and Mr Barrett, the parliamentary assistant to the Minister of Agriculture. We're working with local farm groups to develop the best practices. They have reported to the minister and it will be brought forward to cabinet.

Rather than wait for a royal commission, we've been doing this now for a number of years and in fact inten-

sively in the last number of months. I appreciate the member's interest. We're hopeful we can bring something forward to the Legislature long before a public inquiry could even begin.

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Mr Hampton: The Premier refers to the task force. Yes, you held a task force. You virtually held the meetings in secret. The report you refused to make public. That's part of the problem. That's why we need a royal commission to look at these issues.

Premier, an American study shows manure as a main source of surface and groundwater pollution. A pig farm with as many as 3,000 pigs produces the same amount of manure as 15,000 people—three times the size of Walkerton—and yet you have, in the two combined counties, 500,000 head of hogs. That's what people are worried about. You did a task force; now you refuse to release the results—another reason why we need a royal commission.

This problem is much bigger, much more widespread than your government is prepared to let on. A royal commission can be done with tight time frames. It doesn't have to wait until the Legislature is not sitting this summer, it doesn't have to wait for the coroner's report, it doesn't have to wait for the OPP report and it doesn't have to wait for your Ministry of the Environment to make yet more mistakes. It can begin its work right now.

What do you have to fear, Premier? Why won't you act on behalf of all those Ontario citizens who are concerned about our water supply and want something done about it? Why won't you name a royal commission?

Hon Mr Harris: As I indicated, we have been acting in advance of this. It's important for people to understand that I don't think there's any evidence, that I'm aware of, of intensive farming playing any role at all in the Walkerton situation. In fact, nobody has made that allegation; there's no intensive farming in proximity of any of the wells. I think it's important people understand that. But it is an important issue, which is why we've moved on it long in advance of Walkerton and long in advance of a royal commission. As I indicated, their joint report has been filed with the minister. He is planning to bring forward legislative options to cabinet colleagues this spring. So rather than wait for a royal commission, I hope we can deal with this matter, which has nothing to do with Walkerton but has to do with groundwater and has to do with a very serious concern, independently, much sooner than waiting for an inquiry.

MINISTRY OF THE ENVIRONMENT

Mr James J. Bradley (St Catharines): I have a question for the Premier. Yesterday, Premier, you said, "The recommendations that we accepted for the Ministry of the Environment were to provide better service, and at no time was any single individual downsized in the Ministry of the Environment, at no time was any person downsized in a way that should have affected the delivery of any services of the Ministry of the Environment." Can

you tell me, Premier, if that is so, why the Ministry of the Environment has been secretly developing defences against exactly the kind of suits that may be forthcoming in Walkerton.

“The Ministry of Environment, worried that it is vulnerable to civil lawsuits alleging lax enforcement of environmental rules, has developed secret legal defences against claims of regulatory negligence, according to documents obtained....”

The memo is written by Sheila Willis, an assistant deputy minister, to Jack Johnson, then the top legal official in the ministry.

“The action was based in part on worries that staff layoffs have compromised the ministry’s ability to fully enforce the regulations for which it is responsible, according to another document written by Ms Willis.”

Could you tell me, Premier, if you were so confident in your answer yesterday, why you’re secretly developing legal defences in situations where it would appear that cuts in staff would cause negligence in the Ministry of the Environment?

Hon Michael D. Harris (Premier): I’m not aware that the Ministry of the Environment—I would assume that there are probably going to be lawsuits and I would assume that the town of Walkerton, the Ministry of the Environment and other officials are looking at whether there would be lawsuits.

I was asked yesterday, I think by you, or by one of your colleagues, about any reductions we made to personnel or budgets of the Ministry of the Environment. Clearly it was our intent to get better service, better quality, more efficiently and more effectively. That’s what brought this province out of bankruptcy. That’s what allowed this province to survive, for there even to be a government today. That was our intention. If you are alleging, as some are, that through any of those changes any safety has been compromised, certainly it was not our intent. I would hope that is not the case, but if that’s something you would like to bring to the legislative committee, let’s get started.

Mr Bradley: I’m going to bring it to the House this afternoon because the Premier had said something that is clearly contradicted by secret documents in the ministry. “Ms Willis said she wanted the changes because of the large number of alterations being made to Ontario’s environmental regulations by the Progressive Conservative government.

“Ms Willis instructed the ministry’s legal staff to develop what she called a ‘policy exemption defence’ against this regulatory negligence.”

Under this approach, governments can free themselves from liability by having formal policies outlining the regulations they will enforce and their priorities, given the constraints they face. According to one of the documents, the ministry has identified the need to have defences against regulatory negligence in about 75% of functions, including initiatives that are supposed to ensure air quality, surface and groundwater quality,

proper waste management, the quality of drinking water and the safe use of pesticides.

Mr Premier, how on one hand can you say those cuts have had no consequences, while on the other hand you have internal documents that are developed as a defence against your government, knowing full well that those kinds of cuts will bring about negligence complaints and perhaps legal proceedings against your government?

Hon Mr Harris: As long as there is opposition, there will be complaints. I know that not everybody will be 100% happy with every decision to take this province from bankruptcy to a solid financial footing. I understand that.

I think what you’re referring to is about a three-year-old memo, but I’m not sure; you haven’t shared it with me. But if you would agree to get on with a legislative committee and you think that information should be shared, then we’re happy to share all of that information and anything else the ministry has.

EMPLOYMENT STANDARDS

Mr John O’Toole (Durham): My question is to the Minister of Labour. As you know, it’s nearing the month of June and soon the high school students, university students and of course the college students in Ontario, indeed at Durham in my riding, will be out looking for summer jobs. A few weeks ago I asked you a question with respect to workplace safety, and today I’m concerned about employees and employers with respect to aspects of the Employment Standards Act.

Most of the questions arise out of a general difficulty of understanding the act itself. Minister, are you looking at steps to review the Employment Standards Act, and could you report that to the House today?

Hon Chris Stockwell (Minister of Labour): Yes, as a matter of fact, we are. The Employment Standards Act established the workplace standards in Ontario and sets ground rules for employers and employees, ie, hours of work, minimum wage, termination of employment. The bill was originally enacted in 1968—I’m sorry?

Interjection.

Hon Mr Stockwell: OK. Talk to me later about that.

It’s piecemeal and hard to understand. First, we’ll meet the Blueprint commitments about greater flexibility in designing work arrangements, and then we’ll implement an up to 10-days-a-year, unpaid, job-protected family crisis leave as well.

In addition, we’ll make the ESA less complex and easier to understand.

The Ministry of Labour is currently putting together a white paper that will be released this summer and we will tour with that white paper to get input from employers and unions and the employees. That plan is to move forward as quickly as we can in hopes of getting a full complement of input from all sectors in society.

Mr O’Toole: Thank you very much for that engaging response. I’m looking forward to receiving a copy of the white paper and sharing it with my constituents.

As you mentioned, I think for the Ontario people it's important that you recognize the changes in the workplace itself, changes you've mentioned here in terms of flexibility in the workplace. I specifically like the reference to the crisis leave. I think that's a very insightful addition to the Employment Standards Act which, as you said, needs to be updated.

The employment standards are especially important as they set out the standards for work and employees across the province. Minister, what plans—I guess you've kind of answered this—do you have to consult with stakeholders and potential changes to the Employment Standards Act and reform?

Hon Mr Stockwell: Obviously we're going to consult, as we have shown a propensity to do in the last number of years, with the communities at stake: the employers, the employees and the unions.

I have spent a lot of time talking to the union leadership about what we need to do to create an update of the Employment Standards Act. In fact, some in my own caucus suggest that I've spent too much time consulting with the union leadership.

The Future of Work in Ontario discussion paper was written by Mr Flaherty and released in 1998. It posed broad questions about what workplace parties perceive as the most important changes. We will consult with stakeholders, employers, unions and of course the member for Kingston and the Islands. We will listen to anyone who has concerns or suggestions. We plan on travelling throughout this province. We want to take meetings to anyone who has an opinion or a concern and we're committed to making sure that all voices will be heard before any legislative change is done.

Also, every side on this discussion agrees that the Employment Standards Act is outdated, it's ambiguous and it's got double meanings throughout. We plan on making those changes and bringing forward a good bill to recommend to this Legislature in the fall.

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WALKERTON TRAGEDY

Mr Dalton McGuinty (Leader of the Opposition): My question is for the Premier. Just a few minutes ago, in response to a question by the leader of the third party, who he was talking about the Walkerton tragedy, you said, "The procedures in place were sound." One thousand people were infected by E coli, five people died and you say, "The procedures in place were sound." Your minister rushes yesterday at breakneck speed into the media studio and announces that he's changing the law in Ontario because it wasn't right in the first place, but you say, "The procedures in place were sound."

Now you expect us to have confidence in your Tory-dominated committee to deal with this important matter of public interest. It seems to me, Premier, like the fix is in. It seems to me you've already made up your mind; you've already acquitted yourself and your government of any wrongdoing, any responsibility in this matter.

Once again I ask, therefore, on behalf of the people of Ontario, why can't we have a full, independent public inquiry?

Hon Michael D. Harris (Premier): Very clearly, from the evidence we have seen so far, if the procedures that were in place under your government and then modified under the NDP government and accepted by our government had been followed—and I think that has been verified by the medical officer of health—in fact this tragedy need not have taken place. If there is a procedure that you believe should have been different, we'd welcome that today, in fact, if we can change it. What the minister indicated yesterday was that these procedures that look like they were not followed must be followed, and to give them more force of law. But there's nothing more forceful than, "This is what you're supposed to do, and if you don't do it you're held accountable both in public and in private."

Interjections.

Hon Mr Harris: Clearly, the evidence suggests, as you're shouting and yelling back at me, that some people didn't follow the procedures. We're very concerned about that. We want to know why and how to prevent that in the future. That's why the minister repeated those procedures more forcefully yesterday.

Mr McGuinty: Your government no longer has any credibility on this issue. Now you want to foist this off to a legislative committee that is controlled by the Tories. Just so the public understands what we're talking about here, that means you control the witnesses, you control the documents that are brought forward, you control the time allotted for this committee work, you control where we travel to, you control the staffing, you control the budgets and you control every single vote, Premier. How can you expect us to have confidence, how can you expect the people of Walkerton and the people of Ontario to have confidence, in that kind of process? The only right thing to do here, Premier, and you know it in your heart of hearts, is to have a full, independent public inquiry.

Hon Mr Harris: I think the member knows there are many unanswered questions. What we do know—

Interjections.

The Speaker (Hon Gary Carr): Member for Windsor-St Clair, last warning; member for Sudbury, last warning; member for Kingston and the Islands, last warning; and member for Scarborough-Rouge River, last warning. If it continues, you're all out.

Premier.

Hon Mr Harris: Thank you. There are many unanswered questions. What we do know is that testing was done. We know results were reported but were not broadly shared, as they should have been, as the procedures outline. We want to know why the lab results were not shared, as procedures require, why there were delays in notification, and clearly a breakdown seems to have occurred. Errors of judgment appear to have played a role—

Interjections.

The Speaker: Stop the clock. I warned the member for Hamilton East. I have no alternative but to name him and ask him to leave the chamber. I'd ask Dominic Agostino to leave the chamber, please.

Premier.

Mr Agostino was escorted from the chamber.

Hon Mr Harris: Clearly, errors in judgment appear to have played a role, perhaps at many levels of government. We need to know how this happened. We need to know how to prevent it from ever happening again. That's what our inquiries—

Interjections.

The Speaker: Premier take his seat. This is a warning for everybody now. We can't continue to go out one at a time. Any more shouting across and they're going to be named and we'll do it if there's three or four. If we end up with just the pages and the Sergeant at Arms in here, that's the way it's going to have to be. We can't continue. We've had numerous warnings to people, one person thrown out and we can't just continue to have shouting across. This is a warning for the entire official opposition: any more shouting like that where you shout him down—I've said on a number of occasions that heckling is fine. I've used the example of the member for St Catharines and the Minister of Labour. You can do it, but you can't do it with the only intention of shouting down the other side. It can't happen in question period.

Quite frankly, we're one of the few democracies that has a question period where you're allowed to have the government held accountable with question period. If you're just going to yell and scream—the people of this province don't want to see a Speaker up here. They want to hear questions. You won't always agree with the questions or the answers, but that's our system. An entire warning to the official opposition, and if I have to name everyone, I will do it. Premier.

Hon Mr Harris: I think clearly we all agree. We need to know how this happened and how we can prevent it from happening again. That's what our four inquiries will provide. To prejudge the legislative committee before we've even got it up and running, and to suggest that this government, which has been forthcoming with all the information that we can, has any motive other than to get to the bottom of this—

Interjections.

The Speaker: Premier take his seat. The member for Essex—again, I warned everybody—I'm afraid I have no alternative but to name him and ask him to leave as well. I ask the member, Mr Crozier, to please leave.

Mr Bruce Crozier (Essex): Speaker, you didn't name me yet.

The Speaker: I'm naming you now; I just did. I may not have done it in the correct way, but I am naming you.

Mr Crozier: You're just about as democratic as those guys.

The Speaker: Order. That's not going to be helpful. I warned the member.

Mr Crozier: That was the first comment I made.

The Speaker: We had a situation where I said everybody was put on warning.

Interjection.

The Speaker: Order.

Mr Crozier was escorted from the chamber.

The Speaker: We're dealing with a very controversial issue. It's tough enough dealing in here. But we cannot have situations where people begin to shout immediately when the question is asked.

Mr Dwight Duncan (Windsor-St Clair): Point of order, Mr Speaker.

The Speaker: Point of order, the member for Windsor-St Clair. Keep the clock running, please.

Mr Duncan: Mr Speaker, the rules of decorum in this House are not specific with respect to warnings and so on. It is clearly within your purview, sir, to name members when you believe decorum's been violated. The official opposition, however, has to seek your advice with respect to how we deal with a situation. Let me put it to you specifically.

Yesterday's motion that was passed by this House calls for this committee to meet immediately. Then it goes on to say that it can't meet unless certain other things—police inquiry, coroner's inquiry. The problem the official opposition is having with your naming our members is the absolute frustration we're feeling at having issues stonewalled. Your very own prima facie case of contempt of this Legislature was voted down a mere half-hour ago. How can we have confidence in this House and in this government if you won't allow us to use whatever means are at our disposal—

The Speaker: It's not a point of order. The member will take his seat. The situation is very clear. The Speaker has the responsibility for keeping order in this House. It is sometimes very difficult to do that, particularly with controversial issues, but I guarantee everybody in this House, order will be maintained or members will be made to leave. That's a very simple rule. If you behave in here, you can carry on. I've let questions go on here that are extremely aggressive, very forceful. The member's own leader asked very tough, forceful questions. That's perfectly in order. What is not in order is shouting down the other side. The people of this province want to hear answers and questions. We don't always like the answers or the questions. Quite frankly, we have probably ticked down time while you were doing the point of order. People don't want to hear us arguing over points of order. They want questions and answers. I have one duty in here. That duty is to maintain order, and I will do that.

Premier, I believe you were finishing.

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Hon Mr Harris: By way of conclusion, let me say that we all want to find out answers to these questions—those that have been asked by the opposition today, those asked by the people of Walkerton, those asked by the media and those asked by Ontarians—and I think to prejudge the committee process is the wrong way to go. The evidence of what we have offered by way of four inquiries now, including an all-party legislative inquiry—

and I suggest to you nothing is easier than saying, "Oh, we'll turn it over to a judge and let him take whatever time he wants to take and hire all the lawyers and away we go," but I think that's an abdication of our responsibility as legislators. I ask all members, including the opposition members, to begin, have the committee sit, get started and get on with this legislative inquiry of this issue that we all agree is very serious.

GRAPE AND WINE INDUSTRY

Mr Bart Maves (Niagara Falls): Let me say at the outset that my question will be for the Minister of Consumer and Commercial Relations. But on behalf of my community of Niagara—Niagara Falls, Niagara-on-the-Lake, Thorold and several other areas—let me pass on our deepest sympathies to the people of Walkerton and let them know that in my community our prayers and thoughts are with all of them.

Minister, I know that you have just returned from meeting with officials from three European Union countries regarding the problems Ontario has been having forever exporting our wines to these countries. This is a very important issue to the people of Niagara Falls and Niagara-on-the-Lake. Could you please tell me how these meetings went and what kind of response you've received from the European Union countries?

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): I thank the member for Niagara Falls for his opening comments and his interest in this subject. I think I would describe the visit in one word: helpful. It was helpful for both our representatives and the officials we met throughout the European Union. I think there is a great deal of misunderstanding with respect to the stances that we have taken on a number of issues of concern to EU members, and certainly I don't think that they appreciated the depth of the imbalance with respect to the trade relations between our countries. Currently, the Liquor Control Board of Ontario is selling approximately \$350 million of wine products from European Union countries, and Canada—especially Ontario—producing world-class products, is virtually denied complete access to their markets. This is a blatantly unfair situation which cannot continue to exist. We delivered that message in no uncertain terms and at the same time had the opportunity to explain and address some of their concerns.

Mr Maves: Thank you, Minister, for the answer. I appreciate you making the trip and your efforts on our behalf. I know that the people of Niagara appreciate you taking the initiative to stand up for winemakers and grape-growers in Ontario.

With trade of course being a federal jurisdiction, I and many people in Niagara region have been extremely disappointed with the lack of action from the federal government on this front. I thank you for leading the charge. However, I must ask, is there light at the end of the tunnel for Ontario's winemakers and grape-growers?

Hon Mr Runciman: I think one of the most distressing meetings we had during our visit was with other representatives of New World wine-producing nations who indicated the situations that they're facing in terms of access. All of them, with the exception of Canada, have virtually open access to EU markets while at the same time purchasing very little product in comparison to the LCBO. So it's a very difficult situation to understand, let alone accept. One example is the artificial barriers put in place for the outstanding ice wines produced in Ontario. They have placed a barrier of residual sugar content on our product while allowing producers within the EU to sell that product to other markets—a totally unfair situation.

I think we did make some headway. Certainly we indicated that, as Canadians, we are patient people, but our patience is wearing very thin on this issue. I think there is some light at the end of the tunnel. We're looking for some movement, some progress in the next six to 12 months. If it doesn't occur, we'll have to consider our options.

MINISTRY OF THE ENVIRONMENT

Ms Marilyn Churley (Broadview-Greenwood): To the Minister of the Environment: Environmental Commissioner Eva Ligeti warned you, in 1997, when she said, "Government cutbacks have compromised environmental protection in the area of drinking water testing," and warned that if we don't want to see dead bodies, then safeguards need to be implemented. Well, tragically now we have dead bodies.

Minister, yesterday you announced new regulations to help safeguard our water. Dr McQuigge, the medical officer of health, said last night, as well as myself and others, that if you don't put the resources back into the ministry, then those regulations are not worth the paper they're written on. I'm asking you now to stand up in this House and say you will demand that the \$100 million that you took out of the environmental budget over the last five years will be put back immediately, and front-line staff hired so they can protect the drinking water of this province so we do not have any more dead bodies as a direct result of the cuts and the deregulation and the downloading and the privatization of your government.

Hon Dan Newman (Minister of the Environment): There are safeguards in place to protect the drinking water for the people of Ontario. What I announced yesterday was bringing this into the force of law through a regulation. What it would require is laboratories that are going to test will now be required, via regulation, to be certified labs. That's what is important.

The regulation that is being drafted will also include certificates of approval for those water facilities. They are all going to be reviewed and then be reviewed on a three-year basis, which is very important.

The regulation also deals with the Ministry of the Environment being notified of any change in labs on the part of any of the water facilities in this province.

Ms Churley: Minister, the more you and your Premier answer questions today in the manner that you have, it becomes increasingly clear that you don't know what the hell is going on over there. I am telling you today—

The Speaker (Hon Gary Carr): Order. I wish the member would not use language like that.

Ms Churley: I withdraw that.

You don't know what's going on out there. We have five people dead. Expert after expert has told you that there is a problem with your cuts. You now have slashed the provincial water protection fund by over \$100 million and you planned to cut it entirely this year. That is just one example.

You don't seem to understand the enormity of the problem we have before us. I am asking you again to admit that there is a direct relationship between the tax dollars we pay and the vital services that government is supposed to offer, that in some cases can mean the difference between life and death. Will you finally get it and put the resources back in the Ministry of the Environment so that the people of Ontario can feel when they pick up a glass of water to drink that they're safe and they aren't going to die?

Hon Mr Newman: Again, the situation in Walkerton is a very tragic and unfortunate situation that everyone is dealing with.

The member raises the issue of the provincial water protection fund. This government had a fund of \$200 million that was to be spread over three years. We accelerated that money so that municipalities across this province could have access to those dollars. It was to be over three years; the program was put over two years. Many, many municipalities across Ontario chose to make use of that money.

As I said yesterday, the town of Walkerton did not take advantage of that fund.

Ms Churley: That is not the goddamned point.

The Speaker: The minister will take his seat. I will have to name the member.

Ms Churley: I'm leaving.

The Speaker: She is leaving on her own, but I will name the member. We can't have situations like that occurring.

Ms Churley was escorted from the chamber.

The Speaker: I don't know where we were. I think the member was about to sum up.

Hon Mr Newman: I was merely trying to illustrate the point that the government does take this issue very seriously. We took it seriously before Walkerton; we take it seriously today. That's why we had the provincial water protection fund in place so that municipalities could have access to those dollars.

1500

WALKERTON TRAGEDY

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): My question is to the Premier and it con-

cerns the inquiry. Let's just come back to what we know. We know that five people are dead, one of whom was a two-and-a-half-year-old baby girl. She's dead. Four other people are dead. One thousand people were sickened. Why? Because adults working for local and provincial authorities apparently did not do their job. That much we know.

Now, what are we being asked to believe? That we're going to have an inquiry and we should accept an inquiry, a legislative committee, headed by Mr Gilchrist, who you, Mr Premier, threw out of your own cabinet under a cloud, and we're also asked to accept a legislative committee that is, as we all know, going to be very much controlled by the government House leader, Mr Norman Sterling, who for much of this time was the Minister of the Environment.

I ask the House, I ask all of you as adults and as parents—oh, you laugh, I say to the member for Guelph-Wellington. People are dead, I say to the laughing member from Guelph, and their families and their neighbours and their parents are entitled to know from this Legislature what happened.

With a legislative committee that's going to be led by Steve Gilchrist and controlled—if behind the curtain—by the now government House leader, Mr Sterling, who was through 1998 and 1999 the Minister of the Environment, who may very well be culpable, how can any of us, least of all you, Mr Premier, accept that as anything other than a sham, and for important members of the community like the government House leader an obvious and potential conflict of interest?

Hon Michael D. Harris (Premier): Nobody wants to get to the bottom of this more than I or the minister or all the members on this side of the House. So I encourage all members to work with the legislative process. It has worked very well on many occasions in the past. Our commitment is that it will be open, that we will be free to begin immediately, that we can get on with this right away. I'm disappointed that the member from Renfrew doesn't want to participate. Our members are anxious to get to the bottom of this in a full and open and unfettered way. I say to the member that, while we're not screaming and yelling, we have a great deal of empathy and share in the sympathy for the people who have died in Walkerton.

Mrs Brenda Elliott (Guelph-Wellington): Speaker, on a point of personal privilege: I would like to point out that the member across the way from Renfrew just indicated that I was laughing at the matter on which he was asking the question with regard to Walkerton. I would like the member to note closely that I was in fact involved in a separate conversation. I personally take the matter of what happened in Walkerton seriously—

The Speaker (Hon Gary Carr): I thank the member for correcting—

Interjections.

The Speaker: You'll get your full minute. That's not a point of order. I thank the member for correcting the record. Supplementary.

Mr Conway: You know, I am mad as hell, I'll confess that, because people are dead, a young girl is dead, and it may very well be—

Interjections.

The Speaker: Member take his seat. The clock is running down. The member has got an opportunity to ask a question in a minute and 25. He can either ask a question or he can stand here and look at me. Quite frankly, the people of the province would rather hear a question from the member, who is asking a tough, forceful question that the people of this province want asked, and it doesn't help to be shouting and throwing anybody else out. We've got about one minute to the member for the question. We'll give him the full minute to start over.

Mr Conway: No, I don't want to start over, because I am mad as hell. People are dead. There may be blood on our hands. I think there is blood on our hands. I want to know and the families of those dead people in Bruce county have a right to know what happened. I'm the senior member of this Legislature, I'm a former minister, I'm a former government House leader, and, yes, I'm an active member of the Legislature, and I'm one who believes, perhaps more than most, as my earlier motion this week made plain, that there is an important role for legislative committees. But I say from the bottom of my heart, Premier, this is not one of them because it is clear that we, as an Ontario government, and we, as former ministers of the environment—and God knows who else—may be culpable. We probably are going to be defendants in this action. How can we possibly stare those people whose relatives have died in the face and say, "Accept this." Did any of us fight as hard as we did to get here to do that?

In good faith, tell the dead people of Bruce county and their relatives that at a minimum you are going to see to it that there is an independent inquiry that gets all of the facts out, and then we can decide.

Hon Mr Harris: As the member will know, I have assured the people of Walkerton that there will be several full-blown and independent inquiries. I have assured them—

Interjections.

The Speaker: Premier.

Hon Mr Harris: As I said, I have assured the people of Walkerton, the people of Ontario and this Legislature that there will be several inquiries. Certainly the independence of the OPP I don't think is in question, or that the independence of the coroner, full and public, with power to subpoena, is in question. The investigation: Surely you would expect the Ministry of the Environment to do that and report to a legislative committee which can begin right away. I'm disappointed that members are prejudging a legislative committee. If the member is suggesting former ministers of the environment not be on the committee, I'll take that to heart. I suggest that the other caucuses do too.

The Speaker: The time for question period is over.

On a point of order, the member for Windsor-St. Clair.

Mr Dwight Duncan (Windsor-St Clair): Mr Speaker, today's order of the day is an opposition day motion. I have another opportunity to seek unanimous consent to change the opposition day motion. I'd like to change the motion to read as follows:

"That the government, under the Public Inquiries Act, should appoint a public inquiry into Ontario's water supply to consider and report on the safety of the province's drinking water, in particular:

(1) To examine legislation and regulations governing the provision of, standards for and testing of drinking water in the province;

(2) To examine the adequacy of the inspection and monitoring programs for all provincial water systems, and the role of the province in guaranteeing adequate testing, including funding and staffing considerations;

(3) To examine any other matters that the commission considers relevant to the above terms of reference to ensure that the tragedy of Walkerton does not ever happen again anywhere in this province;

"And that the three House leaders are consulted and must approve the government's appointee(s) to the inquiry, any changes or additions to the above terms of reference for the commission and the reporting date for the commission's interim and final reports."

Anything less than this would amount to nothing more than an absolute cover-up and stonewall on the part of the government of Ontario.

The Speaker: Is there unanimous consent? I'm afraid I heard some noes.

Mr Conway: On a point of privilege, Mr Speaker: I want to say I just had a conversation with the member for Guelph-Wellington. She assures me that she was not making light of my question. As one honourable member to another, I have to accept that and I apologize for any wrong impression I might have cast about her in my question.

The Speaker: That's a gracious gesture. That's what this House is all about.

PETITIONS

SCHOOL CLOSURES

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

"Whereas the Kinsmen/JS MacDonald school is slated for closure,

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

"To direct the Upper Canada District School Board to remove the notice of closure for the Kinsmen/JS MacDonald special school facility.

"Since 1963 the special education facility has adequately served the needs of those students requiring

special education programs and services throughout Stormont-Dundas-Charlottenburgh.

“Presently, the Kinsmen school meets the needs of 45 children ranging from minor learning disabilities, behavioural to more complex multi-challenges.”

I submit this petition with my full support. I affix my signature to that.

1510

EDUCATION LEGISLATION

Mr Rosario Marchese (Trinity-Spadina): I have a petition here from thousands of people, and it reads:

“To the Legislative Assembly of Ontario:

“Whereas Bill 74 diminishes quality education for students in this province by ensuring teachers will be responsible for more students each day and will therefore have less time for each student;

“Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute powers for the Minister of Education;

“Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

“Whereas Bill 74 is an unprecedented attack on the collective bargaining rights of Ontario’s teachers; and

“Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education;

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

“We call on the government to hold public hearings on Bill 74 immediately.”

I am in full agreement with this petition and I attach 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 pass to leave prison with an escort; and

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

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

“That the government of Ontario will:

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

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

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

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

I’m pleased to affix my signature to this petition.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr Tony Ruprecht (Davenport): I have a petition from a number of residents from my riding of Davenport which reads as follows:

“Whereas the Ontario disability support plan recipients have not had an increase in their benefits for 10 years; and

“Whereas the cost of living has been constantly increasing in the past 10 years; and

“Whereas Premier Mike Harris and his government should realize that the cost of basic essential services has been on a continual rise, eg to have a basic telephone line 10 years ago was only approximately \$12 a month; today that is \$20 a month; and

“Whereas it is not acceptable for ODSP”—that’s the Ontario disability support plan—“recipients to be forced to live below the standard of living because they are assessed disabled and unable to work,

“Therefore we, the undersigned, request Premier Mike Harris and his government to immediately increase the Ontario disability support plan benefits.”

Since I agree with this petition, I’m signing my name to it.

EDUCATION LEGISLATION

Ms Shelley Martel (Nickel Belt): I have a petition addressed to the Legislative Assembly of Ontario. It’s been signed by 287 Sudbury and area secondary school teachers. It reads as follows:

“Whereas Bill 74 diminishes quality education for students in this province by ensuring teachers will be responsible for more students every day and will therefore have less time for each student;

“Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute powers for the Minister of Education;

“Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

“Whereas Bill 74 is an unprecedented attack on the collective bargaining rights of Ontario’s teachers; and

“Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education;

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

"We call on the government to hold public hearings on Bill 74 immediately."

ABORTION

Mr R. Gary Stewart (Peterborough): I have a petition from a number of constituents in my riding that reads as follows:

"Whereas the Ontario health system is overburdened and unnecessary spending must be cut; and

"Whereas pregnancy is not a disease, injury or illness and abortions are not therapeutic procedures; and

"Whereas the vast majority of abortions are done for reasons of convenience or finance; and

"Whereas the province has exclusive authority to determine what services will be insured; and

"Whereas the Canada Health Act does not require funding for elective procedures; and

"Whereas there is mounting evidence that abortion is in fact hazardous to women's health; and

"Whereas Ontario taxpayers funded over 46,000 abortions in 1995 at an estimated cost of \$25 million;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to cease from providing any taxpayers' dollars for the performance of abortions."

CORRECTIONAL FACILITIES

Mr David Ramsay (Timiskaming-Cochrane): "To the Legislative Assembly of Ontario:

"Whereas the government of Ontario has stated its intention to close the Monteith Correctional Centre; and

"Whereas this closure will result in the loss of 90 jobs in Iroquois Falls and the surrounding area;

"Whereas this job loss will be devastating to the community,

"We, the undersigned, petition the Parliament of Ontario as follows:

"We call upon the government of Ontario to cease plans to close the Monteith Correctional Centre and continue to publicly operate this facility."

As an addendum, I'd like to submit a list of school children who are under the age to have signed this petition.

CAMPING

Mr Gilles Bisson (Timmins-James Bay): I agree fully with the previous petition but I have one of my own. This position is from a number of citizens from the riding of Timmins-James Bay who have petitioned the provincial government on the decision to limit camping with campers and trailers down to 21 days on crown land for the entire year. The petition reads:

"We, the undersigned, want our camping back for all summer, as it was previously, working under the Ministry of Natural Resources with an elected associate and stewards. Camping for only 21 days in a year is not justified at our campground as we have never experienced

any problems in the past and have taken great care to meet and exceed all of the ministry's demands on us."

I support this petition and sign the same.

ONTARIANS WITH DISABILITIES LEGISLATION

Mr Bob Wood (London West): I have a petition signed by 29 people.

"Whereas 1.5 million Ontarians with disabilities face many barriers when they seek to participate in all aspects of Ontario life such as getting a job, using public goods, services and facilities such as health care and education; and

"Whereas Premier Harris promised in writing during the 1995 election to work together with the Ontarians with Disabilities Act Committee to develop this new law, to be called the Ontarians with Disabilities Act, and to pass it in his first term; and

"Whereas the Ontario Legislature has unanimously passed three resolutions calling on the government to keep its promise; and

"Whereas the most recent resolution calls for a strong and effective Ontarians with Disabilities Act to be enacted no later than November 23, 2001; and

"Whereas there is an urgent need to achieve a barrier-free Ontario for people with disabilities; and

"Whereas any further delay in passing the Ontarians with Disabilities Act to achieve a barrier-free Ontario for all people with disabilities will hurt all Ontarians,

"Therefore, we the undersigned:

"(1) Call on the Ontario Legislature to make sure that the Ontario government keeps its 1995 election promise, and to comply with the three resolutions of the Legislature and to pass a strong and effective Ontarians with Disabilities Act as soon as possible to achieve a barrier-free Ontario for people with disabilities;

"(2) Call on the Ontario Legislature to ensure that there will be open, accessible public hearings on any new bill that is introduced, which will be held across Ontario, in which all who wish can participate so that Ontarians with disabilities can have a meaningful voice in this legislation."

EDUCATION LEGISLATION

Mr Rick Bartolucci (Sudbury): I have a petition to the Legislative Assembly of Ontario signed by hundreds of parents, students and teachers from Sudbury:

"Whereas Bill 74 diminishes quality education for all students in this province by ensuring teachers will be responsible for more students each day and will therefore have less time for each student;

"Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute power for the Minister of Education;

“Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

“Whereas Bill 74 is an unprecedented attack on the collective bargaining rights of Ontario teachers; and

“Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education:

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

“We call on the government to hold public hearings on Bill 74 immediately.”

Certainly I agree with it, so I affix my signature to it.

LORD’S PRAYER

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

“Whereas the Lord’s Prayer, also called Our Father, has always been used to open the proceedings of municipal chambers and the Ontario Legislative Assembly since the beginning of Upper Canada in the 18th century; and

“Whereas such use of the Lord’s Prayer is part of Ontario’s long-standing heritage and a tradition that continues to play a significant role in contemporary Ontario life;

“Whereas such use of the Lord’s Prayer is part of Ontario’s long-standing heritage and tradition that continues to play a significant role in contemporary Ontario life;

“Whereas the Lord’s Prayer is a most meaningful expression of the religious convictions of many Ontario citizens;

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

“That the Parliament of Ontario maintain the use of the Lord’s Prayer in its proceedings, in accordance with its long-standing established custom, and do all in its power to maintain use of this prayer in municipal chambers in Ontario.”

I’m pleased to affix my signature to this petition.

1520

EDUCATION LEGISLATION

Mr Michael Gravelle (Thunder Bay-Superior North): I have a petition related to Bill 74, that extraordinarily draconian piece of legislation before the House. It reads:

“To the Legislative Assembly of Ontario:

“Whereas Bill 74 diminishes quality education for students in this province by ensuring teachers will be responsible for more students each day and will therefore have less time for each student;

“Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute powers for the Minister of Education;

“Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

“Whereas bill 74 is an unprecedented attack on the collective bargaining rights of Ontario’s teachers; and

“Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education;

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

“We call on the government to hold public hearings on Bill 74 immediately.”

I support this strongly and I am signing my name to the petition.

OCCUPATIONAL HEALTH AND SAFETY

Mr David Christopherson (Hamilton West): I continue to receive petitions, organized in this case by Cecil Mackasey and Rick Roberts of CAW Local 222 and forwarded to me by Cathy Walker, the national health and safety director of the CAW. 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; 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 dreadful 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 those of these petitioners.

LORD’S PRAYER

Mr Bert Johnson (Perth-Middlesex): I have a petition to the Legislative Assembly of Ontario.

“Whereas the Lord’s Prayer, also called Our Father, has been used to open the proceedings of municipal chambers and the Ontario Legislative Assembly since the beginning of Upper Canada in the 18th century;

“Whereas such use of the Lord’s Prayer is part of Ontario’s long-standing heritage and tradition that continues to play a significant role in contemporary Ontario life; and

“Whereas the Lord’s Prayer is a most meaningful expression of the religious convictions of many Ontario citizens;

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

“That the Parliament of Ontario maintain the use of the Lord’s Prayer in its proceedings, in accordance with its long-standing established custom, and do all in its power to maintain use of this prayer in municipal chambers.”

I’d like to sign this along with those who have already.

OPPOSITION DAY

HEALTH CARE

Mrs Lyn McLeod (Thunder Bay-Atikokan): I move that in the opinion of this House,

That this House recognizes this government has not moved to address a growing crisis in the supply of family doctors, cancer treatment professionals, and nurses; and

That this House demands that the government finally take action on this serious problem by:

(1) Acting immediately on the recommendations of the McKendry report;

(2) Developing a provincial strategy for the training and recruitment of cancer treatment professionals; and

Undertaking a recruitment and retention plan for nursing.

This is an important motion that we’ve presented before the Legislature today. It’s one we believe must be debated in this House. The issues related to our health are of the greatest concern to the people of this province.

There is no question that the shortage of physicians and nurses is creating a crisis in access to care in communities across Ontario. I have examples of individuals with serious medical conditions who can’t get a timely diagnosis, let alone timely care. I believe these shortages are contributing to ill health in our communities, and it is even possible in cases that we cannot prove, likely cases that we can never prove, that the lack of access to timely care may be resulting in unnecessary deaths. I do not believe this government understands or accepts the urgency of this problem. I don’t believe they are acting with any sense of urgency, and we will continue to raise this issue week in and week out until some action is taken.

But even more immediate concerns about the health of Ontario residents must take precedence over this important issue of physician and nursing shortages. Five people died in Ontario last week. They died because they drank water they assumed was safe. We must talk about these five people and how five people can die in this province

because of poisonous water. We need to understand how this could have happened and, even more crucial, we need to know what has to be done to make sure that this doesn’t ever happen again—in Walkerton or Windsor, in Hanover or Hamilton, in Thunder Bay or even Toronto.

We asked for this debate today on the issue of the deaths of people in Walkerton, on the issue of the safety of the water supply across Ontario, because it is without any question today the most immediate concern of Ontarians who no longer feel their water, that basic essential of life and health, is safe. Unfortunately, the government said no. The government says, “No, we cannot have an independent inquiry to determine what happened in Walkerton and what needs to be done to make certain that no more individuals die because of polluted water.” We can and we must talk about access to health care, and that’s what this resolution before the House speaks to today.

There’s no doubt in my mind that people are extremely concerned that they’re going to have to continue to travel to the United States for cancer care—for as long as another year and a half, according to Cancer Care Ontario—and that they’re having to travel out of their home communities to get cancer care simply because we don’t have enough radiation therapists or enough radiation oncologists to provide timely care closer to home. Why? Because of a government that failed to take into account the consequences of its actions; for example, when it decided to shut down the radiation therapy training programs because at that time they thought there was a surplus of radiation therapists. Now we can’t produce enough radiation therapists to provide the cancer care we need here in Ontario.

We have to talk about access to health care because I know Ontarians are extremely concerned that they can’t get a family doctor. When we first started raising this issue last fall, there were 100 communities in Ontario that were officially underserved for family physicians. Now we have 106 communities underserved. We are at least 451 family doctors short by the government’s own official count. I think it’s important that we ask why people are without care.

I have a constituent who’s a 13-year-old girl. She has severe headaches that have kept her out of school since last November. She can’t get an MRI to get a diagnosis of the cause of her headaches until July 11 because of the shortage of radiologists. I have a constituent who requires surgery for a cataract that is advancing rapidly. She can’t get an appointment even for a consultation with an ophthalmologist until July 2001.

I think we need to understand that lives will be jeopardized because the national blood plasma centre in Thunder Bay is being forced to close because of a shortage of doctors to supervise it.

These are serious situations which in some cases could have potentially deadly consequences for people in this province. These are serious, potentially deadly consequences of this government’s failure to act to address the need for more doctors, for more nurses, for more cancer

specialists and therapists. But I would suggest to you that the most deadly consequences of this government's refusal to act were most tragically apparent in Walkerton last week when five deaths gave us evidence of what happens when a government shirks its responsibility for public health.

1530

The motion we have before the House today speaks to the immediate implementation of the recommendations of the McKendry commission. Dr Robert McKendry was the government's own commissioner, appointed to determine whether there was a shortage of physicians. He reported back in December to say, "Yes, indeed, there is a shortage." It is not, as the Premier said in Thunder Bay just a few weeks ago, any longer just a distribution problem, a maldistribution of physicians. There is a shortage of physicians across this province. It is a shortage, according to Dr McKendry, which is becoming more critical every day. The McKendry commission urged this government to act. The government's response was to appoint a task force.

The McKendry commission advised this government to take immediate action to increase medical school enrolment. They said there should be an increase of at least 55 students in medical schools this fall. The government didn't act and now it's too late to act—another year lost in dealing with this critical shortage of physicians. The government obviously thought the public was concerned about this because they took it seriously enough to play word games in the budget, when they said the government was acting immediately to implement the McKendry recommendations to increase the number of medical school spaces, only they weren't acting to increase the number of medical school spaces at all.

The government knew there was a public concern about health care, but they simply played games. They refused to act. They ignored the advice of their own commissioner. That's exactly what this government did with the Environmental Commissioner's report, in which she talked about the need for a groundwater strategy. They ignored it and they fired the commissioner. It seems to be a habit of this government: A commissioner goes out and brings back news the government might be required to act on, to put some resources into, something which might divert them from their agenda, where there is a Robert McKendry report saying, "Yes, there is a shortage of physicians; you've got to increase the number of spaces in medical school," or Eva Ligeti, the Environmental Commissioner, saying, "We have a problem with groundwater, and government, you've got to act to put in place a groundwater strategy." What did the government do with that report? Not only did they ignore it but they fired the bringer of news they didn't want to hear. They fired Eva Ligeti, the Environmental Commissioner.

They didn't deal with the issue. They hoped everyone would forget about the concerns the Environmental Commissioner raised. They hoped no one would notice the concerns the auditor raised in his report about provincial cuts to the Ministry of the Environment and the fact that

drinking water testing was no longer being audited by the Ministry of the Environment.

The Mike Harris government didn't just walk away from its responsibility to ensure the health of Ontarians by ensuring safe drinking water; it deliberately dumped the cost and the responsibility for ensuring the safety of our drinking water on to the municipalities. It shut down the Ministry of the Environment labs in the name of efficiency, even though we knew it would be three to five times the cost to do the testing in private labs.

This was one only too tragic example of a government following its ideological cost-cutting agenda with blinders on and refusing to see the consequences of its actions, in fact deliberately not wanting to see or to understand the consequences of its actions.

This government doesn't seem to care about the consequences of its refusal to act on the health of the citizens of this province. I think, for example, of the decision this government made in its first year in office to cut the budgets of hospitals and to see 10,000 nurses laid off. Did they care about the consequences to the health of Ontarians? Did they care what that would do to the ability to provide, for example, timely surgery, so that now we have a shortage of surgical nurses and surgery has been cancelled because there isn't a nurse in the operating room? Go to Woodstock and talk to the Woodstock hospital about why they can't get a general surgeon—because they can't staff the operating room with nurses, a consequence of an action which this government took, which they chose not to see and not to understand.

This motion today speaks to a shortage of nurses. We are told we need 63,000 to 93,000 nurses over the next ten years. Where are they going to come from? How many more cancelled surgeries are we going to have? How many more individuals will go without nursing care at home because the community care access centres can't get enough nurses to deliver the care that even this government, with its rationing, would allow?

I believe that some things are and must be a responsibility of government. Protecting the health of the citizens of Ontario is very clearly a responsibility of the provincial government. Part of that responsibility is to provide access to health care. Part of that responsibility is to ensure there are enough health care professionals to provide care in a timely way. But part of the responsibility for health is also about providing safe access to the necessities of life and health.

I submit to you that this government has not accepted its fundamental responsibility for ensuring the health of its citizens. The Mike Harris government was prepared to sacrifice the health of its citizens to save dollars by shutting down water testing labs, turning them over to the private sector. Is that the answer we're now seeing from this government on the shortages of health professionals? If you can't get an MRI because there is a shortage of radiologists, maybe you can find a private MRI, something which has happened recently in the greater Toronto area with the apparent encouragement of the Ministry of

Health. Or maybe you should just go down to the United States, where they may have a radiologist who can do the MRI to get you the diagnosis you need.

The government is responding to the need for access to health care in the same way that they responded to the need to protect the safety of Ontario residents by ensuring the safety of their drinking water: They simply ignored their responsibility, ignored any sense of the consequences of the actions they were taking.

I am concerned that this government will continue to wash its hands of its responsibility for waiting times to see a physician, waiting times to get surgery and waiting times to get a timely diagnosis. I know why they won't increase the number of medical school spaces: because it would cost dollars and because that would interfere with their tax cuts. So they ignore the consequences. They refuse to act. They abandon their responsibility for health care, just as the Mike Harris government abandoned its responsibility for the health of the residents of Walkerton, because its priority was not health; its priority was and is tax cuts.

This motion today calls on the government to act on a matter of urgency in ensuring access to health care, to physicians, to cancer specialists and to nurses. But what we need today, even more urgently, is a broad independent inquiry into this government's abandonment of responsibility for maintaining the health of its residents by ensuring a safe water supply across communities in this province. People have died in this province who shouldn't have had to die. I'm afraid that people will die in the future because of this government's failure to act on critical issues of access to care.

We will push this government to act. We will do it day in and day out in this place, week in and week out, because we will refuse to let them continue to ignore the consequences of their actions to the detriment of the health of the residents of this province.

The Acting Speaker (Mr Tony Martin): Further debate?

Mr David Tilson (Dufferin-Peel-Wellington-Grey): I would like to speak to the resolution put forward by Mrs McLeod. As some members of the House know, I was named by the Premier as parliamentary assistant to the Minister of Health and Long-Term Care, specifically to rural health care. As such, I have spent some time since that appointment travelling to many rural areas around the province to look at many of the issues that the member for Thunder Bay-Atikokan has raised. I have met with doctors, with chief executive officers of hospitals, with community care access people, with nurses, with nurse practitioners—anyone connected with health care. We travelled to Warton, Owen Sound and Walkerton in the early part of April, where we met with hospital administrators, community care access administration and physician recruitment committees to discuss all of those issues, as well as many others.

On April 12 we met with some OMAFRA people in the Guelph area. On April 26 we went to the Grimsby area and met with people from all over the Niagara

Peninsula. On May 3 we travelled to Collingwood where we met Dr Wells, who is of the rural Ontario medical program, with respect to training doctors to practise in rural medicine, a genuine concern. There are 100 underserved areas in this province. It's a very serious issue. People all over the province are looking for doctors. The difficulty is, of course, in the urban areas, in Toronto, I've talked to people who have a choice of which doctor they're going to see, so there is an inequity between people who are out in the rural communities and people who are below Highway 401.

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On May 10 we went to Minden and Haliburton and we talked to health care providers and recruitment individuals. On May 17 we saw the dean of Western university's school of medicine, Dr Carol Herbert, who has recently come from British Columbia, who has a perspective on rural health care, as to the education that's going on of medical students. We also met with Dr Jim Roark, who is the director of SWORM, which is the initials for Southwestern Ontario Rural Medicine. He is a practising physician, as well as a teacher at Western university. He's trying to develop a concept which really hasn't been completed yet—I think he's four years into the program—of encouraging students to receive their education while attending Western university in many of the rural communities around southwestern Ontario. He believes it's going to work and he believes that the province of Ontario should get into many of these types of initiatives at universities to encourage students to receive their education in rural communities.

In your area, sir, up in the north, in Sault Ste Marie, we heard many requests for a northern medical school to encourage students to go there, because most of the education in this province is received in the large urban areas, with expensive medical equipment. There are all kinds of people they can talk to, specialists. Then they go out into the rural communities and there's no one to talk to and they don't have the equipment. It's a genuine problem that Ontario society has, which the Ministry of Health is working on.

We then went to Ottawa and talked to rural communities around Ottawa, particularly in the Champlain district. Last week, which was constituency week, I travelled to the north. We went to Sudbury, we went to Timmins, we went to Chapleau, we went to Sault Ste Marie and we went to Thunder Bay. We had discussions with all kinds of people, who had flown in from such places as Dryden, Sioux Lookout, Wawa and other areas. In fact, there's a definition in the north, Mr Speaker, and as you know, as a member from the north, it's no longer called "underserved," it's called "remote," because of the great distances in the north.

The problems around this province with respect to health care, in rural communities at least, are basically the same types of issues. In the north, of course, there's more emphasis on certain issues, particularly with the shortage of doctors, because of the great distances. You talk to people who are on dialysis who have to travel 250

miles one way three times a week to receive dialysis treatment.

We start asking people, "What does the public want?" This is the question I ask in all the communities: "What does the public want for health care, specifically in the rural communities?" The second question I ask is, is what they want reasonable? Finally, are they prepared to pay for it? We in the province of Ontario spend somewhere between 35% and 40% of our budget on health care. Should we spend 40%? Should we spend 50%? Should we spend 60%?

We are not going to raise any more taxes in this province. We are not going to increase the debt of this province. We're not going to increase the deficit of this province. We're not going to do that. Everyone I talk to has no problem with that. They all need more resources, particularly in the rural areas, particularly in your community in the north, Mr Speaker—and I shouldn't be picking on you personally, but I know you're from the Sault Ste Marie area, and the questions there are similar. But those questions need to be asked.

We went to these communities. We met with people from the aboriginal communities. Of course we got into the funding, which is partially provincial and partially federal. When I went to these communities I stayed away from the issue we've debated for some time in this House, which is that we believe the federal government should participate more in health care in this province, specifically rural health care, which is what I'm charged with.

Mr John Gerretsen (Kingston and the Islands): Did you tell them about the \$5-billion excess?

Mr Tilson: We didn't get into that, but that's fairly evident. The Prime Minister says he wants a meeting with provincial ministers some time in the fall, if we don't have an election. I hope he comes forward with funding and I hope he doesn't do it just because there's going to be an election. Clearly the federal government needs to contribute more funding as their share if they're going to participate in all the issues involving health care.

These problems exist all across the country. It's not just specific to this province. There are problems that we as a Legislature and we as a government on this side are going to have to deal with. For example, we talked about the shortage of doctors; we talked about improving the administration of community care access centres; we talked about primary care. Most people seem to be in support of primary care, although there are different variations of primary care, at least in the rural communities. The fine-tuning of networking: There are some communities that are very concerned about networking; others support it because they realize there comes a point when there is no more money unless you start cutting from other things, so they accept that.

We have a problem with the aging population. We have a problem with the aging population of the medical profession. We have a problem of people retiring to communities such as Haliburton. I was up in Haliburton and people are moving to their cottages and winterizing their

cottages, hence putting a stress and a strain on health services in those communities. That is a problem.

There is the issue of remoteness in the north and the whole philosophy of education of doctors. Everyone acknowledges that we have to change how we do things with respect to educating people who are going into medicine, encouraging people who perhaps do not have the financial resources, particularly from the north, to get into the medical profession.

I'm talking medical profession. Yes, I'm talking about practitioners, but I'm also talking about nurses and nurse practitioners. We have to look at all kinds of other things—midwifery—all kinds of things we need to be looking at.

The issue of enrolment was mentioned, I believe, by the member for Thunder Bay-Atikokan. She referred to the issue of medical schools. The difficulty was—it happened during the Bob Rae reign, but to be fair to the NDP, it was a philosophy that occurred right across the country, where admissions to medical schools were stopped; I don't know whether they were stopped, but there was certainly a slowing-down process. To be fair to the NDP government, I think that was an issue that was made across the country and it was a serious mistake, because it shouldn't have happened.

Some people will say there's a shortage of doctors and some people will say there is not a shortage of doctors. Clearly in my community, in a rural community, there is a shortage of doctors. Clearly in the north there is a shortage of doctors. The member is quite right. I don't agree with her political way of saying how we should improve it. In the long term, we have to look at all kinds of things. We have to look at expanding how we're going to encourage foreign doctors to qualify to meet the standards of the College of Physicians and Surgeons in Ontario to—

Mr Gerretsen: You can do something about it. Don't just look at it.

Mr Tilson: We are going to do something about it and we're going to work with the college to do that.

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I would like to then proceed with the first item. I don't have very much time to do that. That is specifically acting on the recommendations of the McKendry report. We have taken unprecedented steps to address the issue of physician supply and distribution in Ontario. We have taken a lead role in this respect, considering the problems that have occurred.

Mr Gerretsen: How?

Mr Tilson: If you listen to me, I'm going to tell you, member for Kingston and the Islands. I'm getting to it. I don't have much time, and if you interrupt, I won't have time to say it at all.

Minister Witmer responded immediately to the McKendry report by providing \$11 million to implement short-term recommendations. That was done on December 22, 1999.

There was \$810,000 to fund 15 additional post-graduate training positions in Ontario to recruit Canadian

medical school graduates who received post-graduate training in the US. We're working to have the first applicants by this coming July.

We provided \$1.3 million to increase the international medical graduate program, member for Kingston and the Islands, by 50%, and we expect the first applicants by July 2000.

We're going to expand the re-entry training program and provide funding of \$4.5 million for advanced skills training for family doctors to provide specialities such as anesthesia, emergency medicine and obstetrics.

We're doubling the number of community development officers to help underserved areas recruit doctors. Timmins and Collingwood will be starting in June of this year. We anticipate the final CDO to begin operating shortly.

We're providing \$1.2 million to expand the northern family medicine residency program in Thunder Bay and Sudbury by 25%. The program will be available this July.

The expansion of these initiatives will apply to recruitment and retention of physicians in underserved areas. Implementation of the McKendry recommendations builds on some of the government's current successes.

There is no question that there are serious concerns about health, particularly in the rural area, which I have been interested in, which still exist and which we're working on. Dr McKendry has made a number of suggestions. We have followed those suggestions, and quite frankly I will be opposing the member's resolution because I think we are following the recommendations.

Mr Michael Gravelle (Thunder Bay-Superior North): I'm pleased to have the opportunity today to speak on this important motion put forward by my colleague from Thunder Bay-Atikokan, a motion that addresses the extraordinary need for this government to take immediate action to deal with the critical shortage of family doctors, specialists, cancer treatment professionals and nurses in so many communities across the province.

As the member for Thunder Bay-Superior North, I want to express to the House today that this is a matter of great urgency in the city of Thunder Bay, and in fact has reached crisis proportions. Make no mistake about it: We have a true crisis in the delivery of health care in Thunder Bay. The shortage of family physicians has meant that thousands of Thunder Bay residents do not have access to their own family doctor, a situation which can only be described as deplorable, but it has also been our shortage of specialists that has truly crippled the health care system in Thunder Bay. People in desperate need of surgery have had their operations cancelled because of a shortage of anesthetists in our community. It's almost impossible to describe the anguish and fear this has caused for those waiting for surgery and for their family and loved ones. It cries out for action and I believe that support for our party's motion today will signal the government's understanding of the need for that action now.

In addition, we have a situation in Thunder Bay related to emergency room access that is directly related

to the shortage of physicians in our community. At the Port Arthur General site of Thunder Bay Regional Hospital we no longer have access to 24-hour emergency service. In fact there was a recent announcement further reducing the hours of emergency room access at the General hospital site. We've been told that this situation is temporary and that we will return to 24-hour access once the emergency room physician complement increases. That's another reason we need action now. People in my riding deserve 24-hour access to the emergency rooms at both sites of our regional hospital, and it is only through immediate action by this government that the physician complement will be reached and we will once again return to 24-hour, seven-day-a-week access to our emergency room services.

It's also difficult to debate today's motion without making precise reference to the situation in Walkerton. The fact is, that is very much a health issue. This is a crisis of unprecedented proportions in our province. I do think it's just conceivable that the government has been stonewalling so vigorously today in terms of not allowing a public, independent inquiry in that if you look at the situation from the point of view of the history of what this government has done, you may recall that public health was a provincial responsibility. This government was determined to make public health a municipal responsibility. I really believe that is when this process and the dangerous part began. We fought vigorously in this Legislature—certainly the people of the Thunder Bay District Health Unit and all the health units across the province have continued to argue that indeed is the case—when the Ministry of the Environment testing lab in Thunder Bay was closed down, again, because we believe there are some real dangers in place. Clearly, that is what has happened.

What we've seen in Walkerton is a situation that I think threatens and frightens everyone in this province. It is absolutely inconceivable that the government would be so determined not to allow for an independent public inquiry into this extraordinarily important health crisis. It's one that demands that the government respond in a different fashion, not stonewall, not vote against it as they did today on the motion by Mr Conway related to the privacy of 50,000 members of the Province of Ontario Savings Office. Their membership and their privacy was completely denied and let out by this particular government. The government, in fact, broke the law. This issue is one that continues to cry out for some help.

I believe that we have to continue to fight, as legislators, to support this motion today, to recognize that we need an extraordinary action on an immediate basis to help us with our health care situation and our physician shortage and to recognize that the Walkerton crisis today is very much connected: It's very much a health care issue, it's very much a public health care issue and it demands a public and independent inquiry.

Ms Frances Lankin (Beaches-East York): The resolution before us today has three parts in terms of the actions it's calling for from the Legislature. The first asks

the Legislature to demand that the government act immediately on the recommendations of the McKendry report; second, that they act to develop a provincial strategy for the training and recruitment of cancer treatment professionals; and third, that they undertake a recruitment and retention plan for nursing.

I find it interesting to hear government members suggest that they're not going to support this resolution. I assume it's because the intro to the resolution is critical of the government for not having moved to address the growing crisis in these three areas. We hear comments from the government members about actions that have been taken but they ring hollow, with me at least, as I look at the track record of the government to date on these three critical areas.

I want to begin with the issue of physician recruitment and retention. There's much comment in this Legislature about back in 1992-93, when ministers of health in this country sat down and took a look at the issue of physician supply and the numbers of physicians and the numbers of spaces in medical schools, and reduced some of the spaces in medical schools. I love it, although I have to say that Mr Tilson, who was just speaking, was quite accurate in pointing out that it was a federal-provincial agreement right across this country.

Most members opposite, the Premier and the Minister of Health in particular, point fingers and say, "This party opposite, the third party, is responsible for this crisis because of reductions in the numbers." I was Minister of Health at the time. I guess I have to take some responsibility. I'd just like to have a moment to share with the House the discussions that took place at that point, led by the federal government. At that point the Mulroney government was in power.

One of my favourite federal members of health, Benoît Bouchard, a terrific fellow who has gone on to be an ambassador, had a real commitment to medicare and to the protection of medicare, along with ministers of all political stripes from across this country who joined together in looking at major health systems issues and looked at reforms that needed to be put in place to preserve our public medicare system.

Dare I say, had most of those reforms been implemented at this point in time, and had implementation been continued by this and some other provincial governments in this country, along with the federal government, we wouldn't be in the position we are in today. The issue of physician shortages as well as many of the other crises we're facing would be of a very different complexion, although I for one will always acknowledge and seek to convince people that the complexity of the health care system is such that you need to understand, when you tinker around the edges, that it's like a balloon full of water. You push in here and it pops out there. You need to understand the interrelationships.

When federal-provincial ministers of health were looking at the issue of medical school spaces, at that point in time they were looking at the graduation, the numbers of doctors who were coming into practice, the

number of billing numbers that were being issued in provinces, and looking at that in relationship to the population—the size of the population, the demographic growth of the population, the demographic change in the population. That means adjusting it considering the rapidly aging population and what that means in terms of the need for additional resources. It was determined at that point in time that we were graduating and producing more doctors than we could account for, given the size in growth of the population and the aging of the population.

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Interestingly, here we are, not even a decade later, finding that those kinds of macro decisions with respect to human resource management sometimes don't work because other factors come into play. The ICES survey of physician supply that was recently done is very interesting in pointing out the change in practice patterns of a large number of doctors, particularly—not exclusively but most particularly—the larger number of women entering the profession who see a different balance in their home life and in their work life and who practise medicine in a different way, often a more collegial way, less of the—dare I say it; they've used it as a negative connotation, but we have all heard and seen reports of the revolving door style of medicine that we're very critical of—less of that, and operating in a different way. Lo and behold, all the numbers and all the predictions became no longer relevant to the situation we face today.

I would like to take some responsibility for being part of a group that made a decision with the best information available, but I also suggest that had many of the other pieces been put into place, for example the work we began on primary care reform, halting the continuation of health service organizations—they had been put in place by the Liberal government before us, and the intent was absolutely genuine in terms of changing the way in which physicians were compensated. What we found was that the way in which it had been structured, the incentives which had been put in place—the ambulatory care incentive program was designed to reward doctors for using the global budgets or the capitative budgets that came to them to keep their patients healthy, to keep them out of hospital, and if it was found that their patient clientele was not using hospital acute care services, there would be a bonus paid into that and that money was supposed to go to health promotion and illness prevention. We found a whole lot of sole practitioners setting up in places like Forest Hill, with high socio-economic, wealthy populations, with fewer health problems. Let's please acknowledge that health status of families is related to a number of things, but there's a huge and very strong correlation between economic status and health status of our population. So we found them setting up in wealthier socio-economic communities, that had a low utilization rate already, receiving a lot of this extra bonus and no money being put into the kind of health promotion and illness prevention.

The intent was right. The structure wasn't working. Some practitioners, unfortunately too many, were finding

a way to access incentive moneys without doing the work that the incentive money was supposed to incur.

At that point in time, when the freeze was put on HSOs, there was the committee struck to look at primary care reform, and it wasn't simply with medical practitioners. One of the beefs I have with the way the government has proceeded—even though I near-scoff at the claims that this last agreement with the OMA somehow advances primary care reform in this province; quite the contrary. But that's not where the locus of the discussion should be in any event. People around the table have to include other health care professionals, because the concept of primary care reform is to use the health care professionals we have to the fullest of their ability, to bring to bear their skills, their expertise, on maintaining healthy populations. It's the shift away from a system that concentrates all of its resources on illness treatment in doctors' offices, in the hospitals. That primary shift has to happen.

Quite frankly, the other thing that has to happen is that the government has to continue to embrace the concept of determinants of health. You have to understand that it's not just the number of doctors and hospitals that builds a healthy population. It's whether or not we have clean air to breathe, and—is it trite to say this week?—whether or not we have clean water to drink, whether or not our children have decent roofs over their heads, whether there is enough food on the table, whether they have access to a decent education. Those factors in our lives, many of which are part of the very heart and soul of what we collectively ask our governments to provide through our tax dollars, those matters are the things that build healthy kids, healthy families, healthy neighbourhoods, healthy communities. We have seen much under attack in those fields of government activity under the regime of the Harris government. I think you have to understand the impact that has, and is having, on utilization in the health care system as well.

Many factors have changed here. But looking specifically to the issue of physician retention and recruitment at this point in time and the McKendry report, the government has been so slow to respond to many of those recommendations. I think when we hear about communities—particularly for a moment I want to talk about northern and rural communities, and I won't say a lot on this because I know other colleagues from my caucus will be speaking with greater knowledge and expertise and experience from their own home communities on this subject. At a point in time when we began to understand the crisis facing us in northern and rural and remote communities, and knew that there needed to be a way to ensure that northerners, people who understood and lived and loved the life, had an opportunity to be educated and to come back and practise in the north, one of the things was to establish the northern family residency program. That has had an impact, but it hasn't gone far enough. Again, I think the initiative of our government was a good one.

I think now, looking at it, that the McKendry recommendation that there be a northern medical school established is an absolute must. I don't know why we are spending the time at this point deliberating within the Ministry of Health. I can't see another solution. But let me make a horrible analogy: For years we have understood the need in terms of economic security in the north to ensure that our natural resources in the north are not only harvested there but that the products that come from them are produced there, so that economy is fuelled, that we don't take and harvest the best of what we have and send it off someplace else and hope that the end product comes back at some point in time in an affordable way to our northern communities. Think of our young northern students in that sense. It makes no sense for us to continue to take the best and the brightest, ship them off to southern Ontario and hope that, with their education, they'll somehow migrate back to our northern communities, and/or that the education they will receive in southern medical schools will be relevant to the health issues of the north or those communities. It is time, I say, simply put: Build that school and they will come. We will have a situation where we will be graduating northerners in the north to practise in the north. I think that's critical.

I want to very briefly speak about the issue of cancer care and the crisis in terms of professionals providing cancer care. I am absolutely amazed to hear the government's stand on this issue, and to attempt to point fingers and to take pride in saying that they established Cancer Care Ontario and it's they who are building new cancer centres. I just have to take a moment to set the record straight. I have to point out that the NDP government announced plans and began all the blueprint work and all of the capital funding work for two cancer centres, in Oshawa and Mississauga. Those centres would have been up and operating in 1998. That was the planned opening date. In 1995, the Harris government was elected and they cancelled the plans for those cancer treatment centres. Today, we have a shortage of spaces to treat our cancer patients. We are sending them out of the province, we are sending them all over the province, to try and get people treated, and we have a minister who stands proudly and announces and reannounces all of the new centres that they are going to build that are not built and not in operation. They cancelled those two and, some time later, about two years later, reannounced them, and we're supposed to say thank you? The cancer patients of this province are supposed to say thank you? Let's set the record straight.

Let's also talk about the fact that we're facing a shortage in terms of radiation therapists, that being one of the most critical factors in the waiting list we are experiencing in the province today. In 1997, the Conservative government decided not to provide the funding for that year's class of radiation therapists. It takes three years to graduate a radiation therapist. That means this year we will have no radiation therapists graduating, because of the decision made in 1997 by the Harris government.

There would have been between 50 to 70 new radiation therapists coming on stream in this province this year. They're not there. The responsibility for that lies squarely at the feet of the minister and the Premier. They have yet to acknowledge that.

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The third point I want to make with respect to the immediate crisis management: We know that we are sending patients out of this country, across the border, to receive care, to ensure that they get care in a timely fashion. There are only two classes of cancer patients, however, which are approved to go to places like Buffalo or Michigan. Those are breast and prostate cancer patients. While it is always a shame, and it is a shame on our system collectively, that anyone is leaving this province in order to get timely treatment, given the crisis that we have here in the province, I applaud the decision to fund these people going for treatment. But I have to say that the waiting list crisis is still there. We were told months ago by the minister that it would be resolved by March of this year. We are now told by Cancer Care Ontario it will be another 12 months before they hope to have the waiting list addressed.

I have in this House in questions, I have in open letters to the minister, pleaded that she open up the funding for cancer patients seeking treatment outside of the province to include rectal and uterine cancers. If we could also include those two other classes of cancer patients, the experts agree, whether you're talking to Cancer Care Ontario or the Princess Margaret Hospital, we could manage down the waiting lists for the rest of the patients in this province to ensure that they are getting access to treatment within the recommended time frame. This is talking about people's lives, about the possibility of surviving this horrible disease. The minister has refused to even acknowledge this request from me, let alone respond as to why she won't act on it. I simply say to her yet again, this is the time. We are dealing with crisis management. This is not the long-term solution. I am not proposing it is a long-term solution. I am proposing it to deal with the very real lives of people who are now on those waiting lists, who are seeking treatment.

Last, let me just touch on the issue of nurses and nurse supply. I hope people remember the great flurry of announcements before the last election about all the new nurses we were going to get. It became a bit of a pre-election issue as our leader was travelling the province and we had our pre-election commitment in terms of the number of nurses we believed needed to be rehired, after we saw close to half a billion dollars of health money spent on so-called restructuring. When you looked behind it, it was actually all the severances and costs to get rid of nurses. And all of a sudden we're faced with a shortage and we're having to spend nearly that amount of money again to hire the nurses back.

But I can tell you today that the Minister of Health has no ability to tell us how many nurses have been hired as a result of all that money that was announced. There's been no tracking put in place. We've had reports from hospital

after hospital that that money has gone to deficit reduction in those hospitals and has not gone to increasing front-line staff. So please tell me how you have addressed the nursing shortage. And tell me, if you can't do it today, what are you going to do over the next 10 years, when we have reports from the Registered Nurses Association of Ontario and others which estimate that we will need to recruit between 60,000 and 90,000 new nurses by the end of the year 2011? The crisis is not just looming, it is growing. It is staring all of us in the face and the actions of the government are totally inadequate in response to that.

Tell me, in this budget that was just announced a few weeks ago in this House was there one penny for nursing recruitment and retention, one penny invested in changing the front-line working conditions of nurses or the community conditions of nurses to ensure stability of work, to ensure that it is an attractive place, to lure nurses back into the job? Not one penny was announced. Not one line in the budget addressed this huge, huge issue. And to think that we can deliver a quality health care system without the most important of front-line workers—our nurses—is a folly beyond belief.

I wrap up by saying I will be supporting this resolution. I think the elements of this resolution are quite straightforward. It is very clear from this side of the House; our leader has been quite articulate on these issues, as they affect urban and rural and northern and remote Ontario, as they affect the professions of medicine, of nursing, of cancer professionals, as they affect the lives of the patients who are seeking the treatments in these important areas. We will continue to be clear in our convictions on these areas. We will continue to be, I think most observers would admit, the most consistent party with our commitment to moving to primary care reform; to reforming the way doctors are paid; to making it a mandatory process in this province that we no longer waste our resources on a fee-for-service model that doesn't deliver good quality health care, that doesn't take the steps necessary to shift us from an illness treatment system to the illness prevention, health promotion system that we believe is so necessary to ensure the good health of our population in the long run.

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I'm certainly pleased to join with respect to the special opposition day debate. The member for Thunder Bay-Atikokan has brought forth a resolution looking for three things.

The first thing she's looking for is to act immediately on the recommendations of the McKendry report. What recommendations does she want acted on? We certainly have acted on the McKendry report. There are no specifics.

Secondly, she wants us to develop a "provincial strategy for the training and recruitment of cancer treatment professionals." What is her idea? What's the strategy she wants us to implement? She has no specifics. Oh yes, they want us to come up with it. We have.

Interjections.

Mr Tascona: They don't like what we've come up with, but they come out with—what is the strategy from the member across? If I can speak, Mr Speaker, all she's doing is nattering across there—

The Acting Speaker: People listened while you were speaking. I would ask you to do the same.

Mrs McLeod: On a point of order, Mr Speaker: I believe the member opposite was suggesting that we should have specifics in the motion. I just wanted, as a point of order, to note that although we had specifics in our original motion, we were told that we could not include them because of the new orders of the House.

The Acting Speaker: It's not a point of order. The member for Barrie-Simcoe-Bradford.

Mr Tascona: "Developing a provincial strategy"—of course, she doesn't provide specifics. She doesn't provide a strategy. She doesn't provide anything.

Now, the third recommendation is "Undertaking a recruitment and retention plan for nursing. Minister of Health." Once again, what does she provide? Nothing. Oh, she wants a plan. Of course, there's a plan that we're implementing right now. But what is her plan? No plan at all that she comes out with. No specifics, nothing with respect to what she has out here. What's she's trying to do is pure puffery.

Interjection.

Mr Tascona: But I want to address each one of the recommendations, because that's what this debate's about and I'm trying to debate this. The member from the other side is nattering away, as usual.

We have acted immediately on the recommendations of the McKendry report. Minister Witmer responded immediately to the McKendry report by providing \$11 million to implement short-term recommendations in December 1999.

There have been other initiatives that have been taken: \$810,000 to fund 15 additional post-graduate training positions in Ontario to recruit Canadian medical school graduates who receive post-graduate training in the United States. They're working to have the first applicants by July 2000.

Secondly, \$1.3 million to increase the international medical graduate program by 50%. We expect the first applicants by July 2000.

We will expand the re-entry training program and provide funding of \$4.5 million for advanced skills training for family doctors to provide specialities such as anaesthesia, emergency medicine and obstetrics.

We are doubling the number of community development officers to help underserved areas recruit doctors. Timmins and Collingwood will be starting in June 2000.

There's been \$1.2 million to expand the family medicine north residency program in Thunder Bay and Sudbury by 25%.

Those are a number of the initiatives that have taken place. But more importantly, there's been an expert panel set up, with the appointment of Dr Peter George to chair the expert panel, which will conduct medium- and long-

term planning on the issue of physician supply and distribution. The expert panel will do a number of things:

- Develop a framework to assess physician human resource needs, including a model for measuring and monitoring the supply of physician services and the appropriate mix of specialities;

- Examine changes in enrolment at medical schools;

- Examine the recruitment of international medical graduates;

- Advise on changes to the post-graduate medical education system so that the most appropriate mix of physicians is achieved; and

- Recommend how best to attract physicians to remote communities.

The panel continues to meet regularly. Those are very, very important things that should be looked at and this panel is looking at those.

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Also, in budget 2000, in addition to already additional funding for recruitment and retention of physicians, \$100 million was allocated to expand primary care reform; \$75 million to transfer doctors in the academic health sciences centres to alternate payment plans; \$4 million for free tuition to medical students willing to practise in rural and northern areas; and \$11 million annually to address the physician supply through the recommendations of the McKendry report.

Secondly, I want to deal with developing a provincial strategy for training and recruitment of cancer treatment professionals. There's been a number of cancer initiatives designed to reduce waiting lists. The 2000 budget included \$54 million for priority programs such as cancer care. Since 1995 our government has invested \$155 million in cancer services. Certainly in my riding, one of the fastest-growing areas population-wise, I have been encouraged by the Royal Victoria Hospital, the good work of Dr Pressnail and his staff in the cancer department. They have put forward plans for a regional cancer centre. That's something that I support wholeheartedly. There have been tremendous initiatives at RVH with respect to treatment, and also the breast screening clinic at RVH that certainly has been much needed and has been appreciated by the constituents of my riding.

In the Blueprint, our government will implement a wait time for cancer radiology patients of no more than four weeks, as recommended by the Canadian Association of Radiation Oncologists. At the oncology department at RVH they are doing a tremendous job, because they not only service my constituents but they service up into the Muskokas and in an area that is well utilized. Ontario is the only province in Canada to adopt and implement this standard.

There have been other initiatives with respect to radiation therapy programs in terms of increasing enrolment from 50 to 75 new radiation therapists. There has been money put into the program, \$16 million, to expand access to radiation treatment and support services for over 3,600 patients.

In the year 1999-2000: \$82 million to Cancer Care Ontario to treat approximately 26,000 radiation cancer cases at CCO's eight cancer centres; \$153 million for development of five new radiation treatment centres in Mississauga, Kitchener, Sault Ste Marie, Oshawa and St Catharines; and \$23.1 million for the re-referral of breast and prostate cancer patients to other cancer centres in Ontario and the United States.

Cancer Care Ontario, which was created in 1997, is the agency that coordinates standards and guidelines for the treatment of patients requiring cancer services. Since 1997, there has been increased funding to the CCOs, Cancer Care Ontario, of 28%.

There also have been initiatives with respect to nurses. As we all know, nurses are among the most valuable health care professionals that we have. We appreciate the work of the RNAO and will continue to work with the nursing profession and employers. In 1998, \$375 million was allocated to hire new nurses. In the 2000 budget, there is \$6 million in annual funding to provide education and training for level 2 neo-natal units and hospital staff, and \$3.5 million for bridge training for foreign-trained nurses and other professionals to meet Ontario licensing standards. Certainly one of the most exciting areas in terms of recruitment and retention was to provide \$500,000 in funding to the RNAO to develop recruitment and retention strategies.

We will seriously consider all of the recommendations that are put forward. In fact, some of the recommendations have already been implemented. As you know, one of those was the announcement of the new mandatory four-year baccalaureate degree in nursing, and \$22.6 million has been announced to implement the new standard.

One of the key areas and one of the key focuses of our health care plan in terms of delivering services and providing the health care that our constituents need is going to be through nurse practitioners. In February 2000 we announced the addition of a total of 106 new nurse practitioners. There are now 226 nurse practitioners providing health services in Ontario, 76 to underserved communities across Ontario, 20 new nurse practitioners specifically for long-term-care facilities as a pilot project, five new nurse practitioners in aboriginal access centres and five new nurse practitioners in primary care networks.

I have to say this: I cannot support this resolution. This government has acted on the recommendations of the McKendry report. They have developed a strategy for training and recruitment of cancer treatment professionals, and they're doing ongoing work with respect to a plan for recruitment and retention. All I can say is that we don't hear anything from the other side; we hear no specifics, no strategy. They're not clear, and there's no direction. Quite frankly, we have a direction. We have a plan. We would be doing a service to this province and to our constituents much more if the federal government would contribute their fair allocation and if the members on the other side would do something other than nothing

with respect to the federal government. The federal government has not given their fair share with respect to health care funding. They know that across the way. We have a plan to implement, and everybody knows what that plan is, but they continue to natter and make nonsense with respect to health care in this province, scare tactics, and yet they're acting as puppets to the federal government, their fellow brother, and doing nothing to try to get money for this government.

Howard Hampton, the leader of the third party, and the Premier of this province went to Ottawa with a request to provide the funding that's needed for this province, and the Leader of the Opposition did nothing and the members of the opposition did nothing, because they don't know what to do with respect to health care. They are lacking specifics and just use scare tactics.

But all I've heard about the health care system from my constituents—and I'm very in touch with what's going on—is that they appreciate the initiatives that have taken place within my riding of Barrie-Simcoe-Bradford. This government continues to invest and reinvest in health care services in my riding, and I appreciate it and so do my constituents.

The Acting Speaker: Further debate?

Mr Rick Bartolucci (Sudbury): The Harris government has failed the people of Walkerton. The Harris government has failed the people of northern Ontario. The Harris government is charged with the protection of people. They have failed the people of Walkerton, they have failed the people of northern Ontario; in fact, they have failed the people of Ontario.

I stand in support of the motion put forward by our critic, Mrs Lyn McLeod. I must tell you, you across the way who believe everything is right, there is a health care crisis looming in northern Ontario, especially in north-eastern Ontario, starting on June 1. There is a massive shortage of physicians, 400 across the north: 250 specialists and 150 family practitioners. We are short that number of doctors all across the north. What does this government do? It does the same thing it did in Walkerton. They realized the problem well before lives were claimed, and they sent a letter to local officials in Walkerton. What do they do in Thunder Bay, Sudbury, Sault Ste Marie and North Bay? The same thing. They send a directive to the people in those municipalities and in those jurisdictions and say, "Solve the problem." They pass the buck to the local officials. What happens? Exactly the same thing that happened in Walkerton.

You have not provided the tools to the people in the north with regard to health care. You will not listen to independent people who can give you the proper type of inquiry that is essential to ensure that this doesn't happen. What happens when someone dares to speak out about the flawed policies of this government with regard to cancer care? Gerry Loughheed Jr tried it. He said where the government had shortcomings. He said the government was guilty of health care apartheid. He said that people were dying because this government refused to act. He was right. His punishment was not being

reappointed—the most knowledgeable volunteer in Ontario, not reappointed—unlike what we would have done. We tried to appoint the best; we tried to ensure that we get independent people who are qualified, competent, dedicated, who want to devote themselves to solving the problem. This Premier, this government, is afraid to do that. They will not appoint an independent public inquiry because they are afraid of the answers they will receive. The answers are simple: You failed the people of Walkerton. You continue to fail the people of northern Ontario. You continue to fail the people of Ontario when it comes to health care.

1630

There's another similarity. People are hurting all across Ontario because of this government's policy with regard to not only health care, not only the environment but social services, economic diversification. There are more poor people in Ontario than ever before. What a legacy. Add to the casualties of the revolution now people dying because they chose to drink a glass of water. Add to that the thousand people who were sick. Add to that the 12 people who are still in serious condition. Add to that the people in northern Ontario who are not getting the services they require, who will die sooner because this government chooses not to act, this government chooses not to implement Dr McKendry's report or, for that matter, From Crisis to Stability, recommendations that will solve the problem in northern Ontario. You choose to turn a blind eye, you choose to walk away, you choose to allow people inferior services, all for the cause of the revolution. The revolution has casualties. There are casualties in Walkerton. It's sad to say that people are dying all over Ontario because of your failed health care policies.

The Acting Speaker (Mr Michael A. Brown): Further debate?

Ms Shelley Martel (Nickel Belt): It's a pleasure for me to participate in this debate this afternoon. As you can imagine, I will be supporting the resolution that has been put forward. I have a number of points that I would like to make today during the course of this debate. Let me begin, however, with the comments that were made by the member for Barrie-Simcoe-Bradford, who stood in his place a few moments ago and tried to convince members of this assembly and the people who are at home watching that the government has done a long list of things to improve this situation, the government has implemented any number of the recommendations that were made by Dr McKendry last December, and so of course the government is doing everything it can and lots more to make sure that we have enough doctors in our communities to service the needs of Ontario residents.

Maybe the member had better find out what's happening in northern Ontario, because whatever the government has done—allegedly done; I want to express that—isn't working. It isn't working for doctors in northern Ontario, for specialists in northern Ontario; it certainly isn't working for the patients of northern Ontario, who are now experiencing a shortage of family doctors that is

the most acute it has ever been in the history of this province. That is a fact. As much as the government would try to have the public believe otherwise, that is a fact.

Let me begin with the most recent underserved area list, which is published every quarter. This is the list for April, May and June of 2000. It shows that at the end of June we will have a situation where we have 106 communities in this province, including those in the north and those in the south, that have a need of some 451 doctors. That is the highest need of physicians we have ever experienced in this province at any time. It's almost double what the numbers were in 1997.

What is the government doing? If the government were doing anything with respect to physician shortage and specialist shortage, we wouldn't be seeing the kinds of numbers we are now. These numbers are the worst they've ever been in the history of the province.

What used to be a problem only in northern Ontario—shortages of family physicians in particular—now has extended to many communities in southern Ontario, communities that never had a problem before, that would never have dreamed they would have a problem attracting and retaining family physicians. In fact we've got more communities in southern Ontario that need more doctors than we do in the north. That is a first ever too.

Despite all the government rhetoric, which was just spewed out by the member for Barrie-Simcoe-Bradford, if he would take but a moment to look at what the reality is, he would see that whatever the government alleges to be doing is certainly not working. "Alleges" is probably the key word because if you look at the reality, you will see that the government has done very little to deal with what has been, and is, a growing crisis for so many of our communities.

Let me look at my own community in particular, because that's the one I have some familiarity with. Our situation as of June of this year is that we have a shortage of some 29 specialists in a variety of specialties—cardiology, emergency medicine, endocrinology, geriatrics, neurology, oncology, pediatrics, pathology, psychiatry, thoracic surgery etc. We also have in just the Sudbury region itself a shortage of some 11 family physicians, and many of those communities have been sitting on the underserved area list, desperate to try to get doctors, for at least the last five years. They have seen no positive change in their circumstance.

This is a situation just in our community right now. What is interesting is that the physicians in our community have finally come out and in the last two weeks become very public about the nature of the crisis facing our community. That is the first time I have seen physicians, chiefs of staff, in a very public way sitting down with the media and saying quite publicly, "We have a crisis in delivery of health care services in our community right now."

Members will recall that this issue was raised in this House on May 10 by my leader Howard Hampton and by Frances Lankin, who is our critic for health care. It was

raised because it was so extraordinary that the physicians would come out publicly and say, "We have a crisis and we need the government to do something." It was also raised because the nature of the crisis is so extreme that the government cannot choose to ignore it, unless the government wants to choose to ignore the health care needs of people in northern Ontario and unless the government is prepared to start flying down dozens and dozens of people to try to access care in southern Ontario, because the specialists are no longer in our community to provide that needed care.

As of June 1 we have another six doctors leaving the Sudbury region. Five of those are specialists; another is a family physician. Since January 1999, 15 doctors have left the Sudbury region. Many of those doctors were providing care not only for people in our region, but for patients who were coming from other parts of northeastern Ontario for cancer care, for cardiac care and for neonatal care.

We have a situation that, as of June 1, we are losing a radiation oncologist, two emergency room physicians, the only full-time thoracic surgeon we had in our community and the only full-time neurosurgeon we had in our community. That's what's happening in our community as of this Thursday. That's a crisis for our community.

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What happened as the result of this issue being raised in the Legislature? On May 10, after my colleagues asked the Premier if he or the Minister of Health or someone would come to the community and meet with the chief of staff from our hospital and the chiefs of staff from the other hospitals in northeastern Ontario to see what could be done, it was announced later that afternoon that, yes, there would be a meeting the following week whereby some of the top brass from the Ministry of Health—not the minister, of course, but some of her top bureaucrats—would indeed go to Sudbury and talk to people about the crisis.

What happened at that meeting? The ministry staff came and did two things. They tried to convince the chiefs of staff who were there—there were at least five of them, plus the CEOs of the regional hospitals in northeastern Ontario—that there were things in the recent government-OMA agreement that were somehow going to resolve the crisis in Sudbury. They were quite emphatic, repeating again and again that there were details and initiatives and ideas and proposals in the government agreement that were somehow going to fix this problem.

The second thing they did was that instead of responding to two concrete proposals, two reports, that had been provided by those chiefs of staff and by the CEOs of the regional hospitals to this ministry within the last six months, the ministry bureaucrats had nothing to say about the recommendations that were provided in those two reports to stave off this impending crisis that the physicians and chiefs of staff had seen coming for the last six months—not a word, not a response.

Instead they said, "We will set up a committee and we will come back to this community with some concrete proposals about what we're going to do by November 30, 2000." It's going to be a little late by November 30, 2000, to deal with the crisis that has begun and that is certainly going to become much more acute as of June 1 when those six people leave, five of whom are specialists, two of whom are the only full-time specialists we have in their specialty in our community.

The ministry's response—I'm sure those bureaucrats were there speaking on behalf of the Minister of Health; I have no reason to assume otherwise, so in fact I should point out it is more realistic to say the government's response—was to do nothing, was to say to those chiefs of staff and to the CEOs of the five regional hospitals, "We'll get back to you November 30 with some concrete proposals about what we're going to do."

You know what? Tell that to those patients of the thoracic surgeon Julius Toth who is now leaving our community, who are now going to have to travel from Sudbury to Toronto or Sudbury to Ottawa to get care. Tell them that the ministry's going to get back to them by November 30 and see what they have to say. Or the people in our community who were dealing with the one and only full-time neurosurgeon in our community, who is now also leaving as of June 1: Tell them that it's OK, that they can wait until November 30. Up until then, they can travel to Toronto, Ottawa, London, somewhere else for care rather than get it in our own community, because the ministry won't get back to us till November 30 with some kind of concrete action plan to deal with this crisis. It's just not good enough that the government's response is, "We'll get back to you in a couple of months when we have developed some kind of concrete solution."

The other thing that really bothered me about the ministry's response was that the officials would somehow, on behalf of this government, try to suggest that there was something in the government-Ontario Medical Association agreement that was going to help, that was going to make things different, that was going to respond to the crisis we have right now in terms of a doctor and specialist shortage. That's what they tried to imply, and that's what this government's been trying to imply in northern Ontario: that there's something in this agreement that's going to take us down the road to resolving this crisis.

I want to read into the record what the chief of staff for our regional hospital has to say about the agreement. He said this May 16:

"The chief of staff of the Sudbury Regional Hospital says a new four-year agreement between the Ontario Medical Association and the provincial government will not solve the north doctors' shortage.

"It doesn't really address the problem of maldistribution of physicians in the province," said Dr David Boyle. "There has to be a commitment on the part of the government that all communities need the same access to physicians and that they need to be distributed fairly. This agreement doesn't do that."

“There is a clause in the agreement that identifies that northern issues need to be addressed,” said Boyle. “It’s good that the issue has been recognized, but it’s only an agreement to study the issue, not to implement interim crisis solutions,” which is the situation we’re facing right now in Sudbury. He also said that “four urban areas in the province have an unfair share of doctors and specialists,” and that has to change. “The agreement gave ‘small recognition’ to rural areas and a small amount of targeted funding for specialty areas, he added. But he said it falls short in a key area when it failed to address alternative payment plans.”

He says again, and I quote: “Many groups want to address alternative payment plans.... But I’m not sure the contract fully addresses the issue of primary care reform, which wants to go in the direction of alternative payment.”

There’s the ministry staff, on behalf of the minister, pushing the line at this important meeting that there are things in the government-Ontario Medical Association agreement which are going to resolve or respond to our problems. It’s clear from the chief of staff of the Sudbury Regional Hospital, who, I assure you, has read this agreement, that there is nothing in the agreement that will respond to the shortage of physicians and specialists that we face now—nothing, from someone who has read it and for someone who surely has an interest in finding the solution to the problems we are facing. If he thought there was a solution there, some kind of proposal, some kind of an idea that would make things better, surely he would be talking about it, promoting the ministry to go forward with it, but the sad reality is there is nothing in the agreement that will change the situation that we are facing now.

The worst part about it is that the government had a golden opportunity in the government-OMA agreement to make a positive change. I really believe they did. They had a tremendous opportunity to take the recommendations that came from the Health Services Restructuring Commission on primary care reform and to implement them as part of the government-OMA agreement. The government was in an enviable position. The government, going into the negotiations, had the agreement of the Ontario College of Family Physicians, which represents about 7,000 family physicians in the province. The government had the support of that college when it came to the issue of moving on mandatory primary care reform. The day after the Health Services Restructuring Commission released its report last December and said that we should move on mandatory primary care reform, the day after that happened, the College of Family Physicians released a press release and a report which said the following:

“The Ontario College of Family Physicians, representing Ontario’s family doctors, today responded to the Health Services Restructuring Commission’s release of their primary care reform plan.

“We’re pleased that the HSRC has listened to what family doctors have said,” said the executive director of

OCFP. ‘For the most part, we’re supportive of what the HSRC has proposed because it’s consistent with what family doctors have said.’ In November, after consulting widely with the public and key stakeholder groups, the OCFP released their updated plan to map our solutions to the problems facing family medicine and primary care in Ontario.

“Family medicine is in crisis in Ontario. The emergency room crisis in Toronto is ample evidence that Ontario doesn’t have the right family medicine system in place to help people,” said the executive director. ‘We need to make the HSRC’s proposals reality right now, to alleviate this crisis.’

“The OCFP is particularly supportive of the HSRC’s proposal for a 24-hour-per-day/seven-day-a-week access to care; the establishment of practice groups and networks, and the enrolment of patients with a family physician. The OCFP also supports the HSRC’s strategy to offer patients access to a comprehensive selection of health care services.”

Finally, “The OCFP also supports the HSRC’s recommendation about nurse practitioners working in partnership with family doctors.”

1650

That was the day after the HSRC released its recommendations on primary care reform, which said we needed to move in a mandatory way, right now, to have these group practices where family physicians worked in partnership with nurses and nurse practitioners and other health care professionals to provide 24-hour-a-day, seven-day-a-week access to patients who were enrolled in that practice. The government was in an enviable position starting out the negotiations because they had the support for this important initiative from the very family physicians who would have to implement the change. How much better does it get than to have that support?

The government also had the support, for example, of the Registered Nurses Association of Ontario, because they too, the day after the HSRC’s recommendations were released, said they supported the recommendations that had been made. They said they welcomed the report, welcomed the recommendation to work in a family practice with other health care professionals so that they could use their expertise to deliver excellent health care to patients across the province.

The parties that have to implement primary care were the very parties that the government could depend on for their support as they headed into these negotiations, and what did the government do? The government caved in; the government just absolutely, totally caved in during these negotiations. There is nothing that’s going to happen on primary care reform for the next four years now as this latest agreement runs its course. Nothing.

The government, in its budget, set out \$100 million over the next four years, \$25 million a year, to try and encourage physicians to move into a group practice. Even the HSRC in its recommendations said it would take at least six years, even in a mandatory situation, to have that

change occur in the province. Now we have a proposal that is voluntary, that probably doesn't have anywhere near enough money to fund it properly, that's not going to work. I can't believe the government just couldn't do the right thing in this regard, especially in the face of the overwhelming support from the very parties who were going to be necessary to make it work. The government caved in completely.

I suspect that over the next four years we will see no substantive, concrete change with respect to primary health care in the province. I suspect that over and above the seven pilot projects that the government has underway—which, I repeat, the government is not going to do any more of; that wasn't part of the agreement or part of the budget either—I bet over the next four years we will see nothing more concrete or substantive with respect to a change in that circumstance than what we have in place today, that is, seven pilot projects only.

So the government wonders why we have a crisis. The government failed to show any leadership during the course of those negotiations to move forward on a critical health care issue, that is, primary care reform, patients' first point of access to the health care system. I think in northern Ontario that means that the number of underserved area communities that continue to not have access to enough physicians will continue to grow. The number of physicians that we will need in our communities to provide care will continue to grow, because those who are trying to provide care now are getting burned out and are leaving the profession. Finally, the crises in the emergency wards are going to continue to grow, because all of those people who don't have family physicians have nowhere else to go except to the emergency room to try to access health care. I think four years from now all of those numbers will have dramatically increased because the government did nothing on primary care reform.

In looking at another part of the resolution which has to do with the McKendry report, what does the government need to do? Well, the government needed to do something mandatory in primary care. They didn't do anything there; they gave up. Secondly, the government has to deal with this issue of medical school. It is becoming a more critical issue in the face of the crisis facing so many communities, like our own, who are losing specialists and family doctors every day.

It's clear to me that the family residency program in Thunder Bay, which has been established for many years now, and the family residency program in Sudbury, which was established under our government, have proven to be a success. If we have residency programs in northern Ontario and physicians come to do their residency training in our part of the province, nine times out of 10, they are going to stay in our part of the province because they understand what it's like to provide health care services in rural communities. They understand what it's like to have to develop a much more general specialty in terms of delivering health care. Some of them may even meet their partners, their future

husbands and wives, in our communities, and they will stay.

That is why we need to move now on the medical school. The government has all the evidence that it could ever need to show that it would work. All of that evidence specifically comes from the success that we have seen with the residency program in Thunder Bay and in my community.

If you look at the statistics in northwestern Ontario, because that program has been operating longer than the program in Sudbury, it is clear that the majority of family physicians who graduate stay to practise. They may not stay to practise in Thunder Bay. They go to Red Lake, they go to Manitowadge, they go to Marathon, they go to Fort Frances, they go to any number of other communities in northwestern Ontario and they stay and they serve the health care needs of the residents of those communities.

In Sudbury, even though the program has not been operating for a long time, we have seen the same thing in the first three years of the graduating classes. Over 70% of those who graduated stayed in the Sudbury area or in other places in northeastern Ontario. That is why I say to the government, you don't need any more study with respect to the medical school in northern Ontario. We have all the proof that we need that this will work. All we need now is the government to make a commitment to invest the some \$20 million that it would cost annually to run the northern medical school between Sudbury and Thunder Bay.

We don't need extensive study, we don't need a delay in the report that is supposed to be by the of July. We need the government to say now, today—in the face of the crisis that continues in the north in attracting and retaining family physicians and specialists—“We will have this medical school operate in northern Ontario,” so that the students who graduate will stay in those communities to deliver health care to those people in those communities.

I just want to deal with one other issue that is particularly important to me. It has to do with cancer. My colleague our health care critic talked about the government's mistake in 1997 when they cancelled all of the radiation therapy training in this province, the outcome of which we see this year with not one radiation therapist graduating in the province of Ontario. That has certainly led to the crises we have witnessed in the last year: seeing cancer patients who have breast and prostate cancer having to be sent to the United States, to Thunder Bay, to Sudbury for care because they can't get the care in their own communities because there are not enough specialists to do so. Even if we deal with the radiation therapy specialist problem, we also have a medical oncology problem that is coming. We heard very clearly about that shortage which is looming when Cancer Care Ontario was before the public accounts committee on February 18.

The government has to do something about the terrible shortage of cancer care specialists, but the government

also has to do something about the discrimination that it continues to practise with respect to cancer patients. Cancer Care Ontario made a medical decision last year. It was the right decision to make, but because of the long waiting list they would send cancer patients out of the province or to northern Ontario for treatment so that they would get treatment in a timely fashion. Then the government made a political decision, that in order to make it easier for those patients to access care away from their own communities, this government would pay all of the costs associated with that cancer treatment elsewhere: travel, accommodation and food.

If I can refer to what Cancer Care Ontario officials told us about that, they said on February 18 to our committee, "I just want to say that our current reimbursement practice in Cancer Care Ontario is that indeed we have funds available to cover the costs of travel and accommodation for patients who are re-referred. We see this as an exceptional and temporary circumstance, as these patients would not normally have to travel long distances for their treatment."

1700

Let me say again to the members of this government: People in northern Ontario every day—day in, day out—have to travel far from home for cancer care. That is a reality. They have to drive four and five hours in north-western Ontario to access care in Thunder Bay. They have to drive three and four hours in northeastern Ontario to access care in Sudbury. And many more leave the north every day because they have to access cancer treatment in Toronto or in Ottawa. It is not fair that cancer patients in northern Ontario are discriminated against by this government because this government doesn't pay their accommodation, this government doesn't pay their food and this government certainly doesn't pay the full cost of their travel when they have to travel far from home to access cancer care too. I implore the Minister of Health to end this discrimination and treat cancer patients from northern Ontario the same as southern cancer patients too.

Mr Brad Clark (Stoney Creek): It's indeed a privilege to rise today in the House and be able to speak to this motion from the member for Thunder Bay-Atikokan. The member for Thunder Bay-Atikokan and I have had the privilege of working on the standing committee on general government for Brian's Law, on which we have so far been able to work through the system in very much a non-partisan way. I have to state that the member is a very dedicated, conscientious and very compassionate member who has worked hard for her constituents. And I have to state that when we're talking about these things, I understand how partisan politics get in the way, and I'm sure the member will attest to the fact that I have done everything I can in that particular committee to keep partisan politics out of it as we try to improve mental health care. The member for York North sits on the committee with me. The member for Hamilton Mountain also sits on the committee.

I say all these things because as we debate things in the House, from time to time—more often than not, apparently—we will disagree across the floor. But from time to time I also hear—and I have to state it sometimes offends me—that members of the opposite side, and even on our side, will question whether or not the other side cares about an issue. I don't think that's the case at all. I think the government—

Mr Gerretsen: You care but you're not doing anything about it.

Mr Clark: The member says I care but I'm not doing anything about it. We'll address what we're doing. But I think it's important that we recognize that the government side not only cares but is compassionate and is trying to address the issues.

I think it's important that we recognize that the issues raised in the motion are not anomalies to just Ontario. Every province in Canada is dealing with similar issues. The member for Nickel Belt raised the issue of doctor shortages in her community. The member for Hamilton Mountain can attest that we just went through this with Hamilton Health Sciences in Hamilton—a large urban centre with 500,000 people. Hamilton Health Sciences has a shortage of 90 specialists. Now, if you go across the country, it's not an anomaly because if you go back in time, if you go back 20-some-odd years or further and you look at actuarial studies, you can recognize where the problem started. I'm not going to get partisan. Previous governments of all stripes generally did short-term planning when it came to health care. As a matter of fact, they did short-term planning when it came to just about anything in government. And we're now in a situation where we have to do long-term planning, and that's what this is really about.

I appreciate the member bringing the motion forward because it gives us an opportunity to talk about what the government is trying to accomplish. She may not agree that we're doing enough. She may have other ideas all round. But to simply state that we're doing nothing is not fair. I'm not casting aspersions on the member. We heard comments from the other side that we're doing nothing. That's unfair. We are doing something. They may not agree with what we're doing, but we are doing something.

It's ironic that while we're talking about health care here today, talking about doctor shortages and talking about nurses and talking about cancer, the Minister of Health is in Quebec. She's in Quebec meeting with other ministers of health from every province in Canada because they have similar issues that they're trying to deal with; that's what they're there for. It is also ironic—and I found out just this afternoon—it's unfortunate that the federal Minister of Health isn't there with them. I'm not going to cast aspersions as to why he's not there; I'm just stating as a simple fact that he's not there. However, the provincial ministers of health are there and they are working together to come up with solutions for health care for all of Canada, and Ontario is leading the way.

With issue to the very first statement, "Acting immediately on the recommendations of the McKendry report," arguably it could be stated that we are. If you look at what the government has done, we are acting on the immediate short-term recommendations and we're acting on the medium- and long-term recommendations. When I spoke about the issue of long-term planning, everyone in the House said: "He's right. All governments have failed in the past because they didn't do long-term planning." That's a given. When we're dealing with this, we just can't come up with knee-jerk announcements and throw money here or there. I would ask everyone, where are the doctors going to come from? Do we have some magic where we can materialize them out of the air?

Mrs McLeod: Start now.

Mr Clark: I understand; they're saying, "Start now." Look at what we're doing. I'm a little bit surprised that they're saying this, because we're already recruiting additional physicians. Cancer care alone—they're sitting over there saying, "Start now." The member from Thunder Bay would be interested to note that we recruited 92 radiation therapists, a net gain of 52; we recruited eight medical physicists, a net gain of three; we recruited 11 physics residents, a net gain of 11; we recruited 12 radiation oncologists, a net gain of 12. I think we are recruiting.

Mrs McLeod: From other countries.

Mr Clark: The member from Thunder Bay is saying, "You're recruiting them from other countries." I'm not willing to cast aspersions on any political party, but if we go back to 1992, the enrolment for medical school was cut by 10%—again, short-term solutions to a problem they saw at that time, but in the long term you've got a problem.

Interjection.

Mr Clark: The member says, "They're to blame." I'm simply stating facts. If you go from this province to other provinces, what are they doing? They're recruiting physicians from Ontario. The United States is recruiting physicians from Ontario. We're recruiting physicians from Ontario. The member for Hamilton Mountain knows this because we spoke with other physicians from McMaster University and from Hamilton Health Sciences. They're doing everything they can to recruit here. It's very competitive now. We are doing what we can as a government to solve problems that should never have become problems, because previous governments had short-term solutions instead of long-term solutions. We're moving forward on it.

The minister responded immediately to the McKendry report by providing \$11 million to implement short-term recommendations. I'm going to list some of them here. We've heard them earlier today. I want to do it again so the people at home can hear what we're doing:

"\$810,000 to fund 15 additional post-graduate training positions in Ontario to recruit Canadian medical school graduates who received post-graduate training in the US. We are working to have the first applicants by July 2000." That's short-term. We're trying to do it now.

"\$1.3 million to increase the international medical graduate program by 50%." We're expecting the first applicants by July 2000.

"We will expand re-entry training program and provide funding of \$4.5 million for advance skills training for family doctors to provide specialties such as anaesthesia, emergency medicine and obstetrics.

"We are doubling the number of community development officers to help underserved areas recruit doctors. Timmins and Collingwood will be starting in June 2000."

We have community development officers, not simply in the north; we have them in Hamilton-Wentworth. We're working to recruit physicians to serve the citizens of Ontario. Again, they claim we're doing nothing; we're doing something. Hamilton Health Sciences announced a program not a week ago to try to solve the shortage of 90 that they have in their own facility. Again, you can throw things out and say we're not doing anything. The member says we're not doing anything, but we're demonstrating that we are. They may not agree with what we're doing; they may not agree with the speed; they may not agree with how we're doing it. They're not offering solutions in this resolution. But the reality is that we are acting. We have a plan, and we are acting on it.

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Dr Peter George is the president of McMaster University, a well-respected academic from my community, and he is chairing the expert panel. He is working hard to find the medium- and long-term solutions that we have to find to solve the problems we have. That's what he's doing. Again, you go back—short-term Band-Aids, or do we find the long-term solutions? I would rather have Dr Peter George working with this expert panel to come up with clear recommendations for the long term so we don't have these problems down the road ever again than state, "We don't need Dr Peter George," as some opposition members have, and, "They're just trying to slough it off somewhere, another study for another shelf." Not a fair aspersion, but that's what some say.

We're developing a framework to assess physician human resource needs, including a model to measure and monitor the supply of physician services and the appropriate mix of specialties; examine changes in enrolment at medical schools; examine the recruitment of international medical graduates; advise on changes to the post-graduate medical education system, so that the most appropriate mix of physicians can be achieved; and recommend how best to attract physicians to remote communities.

This debate on how to attract physicians to remote communities is not new. This debate on how to attract physicians to remote communities has been an ongoing debate for a long period of time. As a matter of fact, even in the United States they had a television program, Northern Exposure, about attracting a physician to Alaska. This has been an ongoing problem that numerous governments in numerous jurisdictions have wrestled with. We are working on fixing the problem. We're actually putting \$4 million towards free tuition for medical

students willing to practise in rural and northern areas. It's operational by the fall of 2000. It's a Blueprint commitment. We said we would do that; we're doing that. There's \$75 million to transfer doctors in the academic health science centres to alternate payment programs; \$100 million to expand primary care.

I heard earlier from I think it was the member for Nickel Belt—I will get it eventually; I know I keep saying Sudbury. She raised the concern of primary care reform. I don't agree with her position, but I respect her position. She would have it mandatory, immediate, done. But it's interesting to note that she stated there were two bodies supporting us: I believe the family physicians and the Registered Nurses Association of Ontario were supporting our position. I don't think they have withdrawn their support for what we are trying to accomplish. They still support it. It's a question of doing it in a mandatory, draconian way or building supports and voluntarily working with the doctors to create primary care reform. That's what we're accomplishing. We're creating partners. We're working with the physicians to arrange for primary care reform, working in unity with them to serve the constituents. To mandatorily just jam it in, you're not going to get broad-based support. So the two groups that supported the primary care are still with the government supporting it today, as we bring it in in a more voluntary manner. What's wrong with that? Nothing.

The issue of nurses has come up consistently. The document here says that "undertaking a recruitment and retention plan for nursing" was the issue. They may not like it, but we're already doing it. We brought in the Registered Nurses Association of Ontario and provided them with funding to develop a recruitment and retention strategy. It would seem to me that this would make sense. It does make sense. Ask the nurses, how do we do this? The same as what we're doing with the doctors through Dr Peter George. So we are developing that strategy. We're trying to develop that strategy using the nurses, working with them to develop the strategy that's going to work.

When you look at that and when you look at what we have done in terms of providing 226 nurse practitioners providing health care services across Ontario, I think the commitment is there for nursing and the government is clearly moving in that direction, but we're doing it in co-operation and collaboration with the professionals.

Mr Gerretsen: I would hope so.

Mr Clark: I would hope so too. There is no other way to do it, correct? You have to work with the professionals to come up with the solutions. I look at the situation in terms of collaboration and co-operation. The member for Kingston and the Islands agreed with me that that's important—"I would hope so," he said—collaboration and co-operation with professionals. There's one partner that's missing, that we still haven't got to the table.

Mr Gerretsen: The feds.

Mr Clark: The member speaks clearly, "The feds." I can remember I raised this issue a couple of months back,

in the last session actually, under unanimous consent, asking that we send a letter that they would restore our health care payments, the \$1.7 billion a year. It was denied. I don't know who said no. You never know around here, but it was denied.

Mr Gerretsen: It's usually the government House leader.

Mr Clark: I don't think he did this time.

I think it's important for people to recognize that federally and provincially we need collaboration.

I have used this analogy before: Health care is a triangle. If you think of health care in a triangle, you start to understand the need for all parties to be involved. On one side of the triangle, you've got the federal government, the provincial governments, the funding partners. You even have the regional and municipal governments, ambulances, all part of health care. On another side, you have all of the professionals: the doctors, nurses, nurse practitioners, all of the health care workers, laboratory technologists, radiologists. There are a slew of health care workers and providers. That's another section of the triangle. Along the bottom, you have the constituents, the citizens of Ontario. They're all patients. One thing all of us in this House have in common with all of the citizens in Ontario is that we are all patients. Every single one of us is a patient. We form a part of that triangle. If one section of that triangle fails, if one section of that triangle doesn't pull its weight, then it drops down and collapses. Everybody has to be there. Everybody—government members, opposition members, the federal government, regional governments, municipal governments—we all have to be there.

Unfortunately it has become a political sport, a blood sport of pointing fingers, and everybody does it. I'm not being critical of anyone, I'm not laying blame on anyone; I'm simply stating a fact. It has become fun, it's a game, "They did it, they did it."

Mr Gerretsen: No, it's not fun. People are dying.

Mr Clark: You sit here and you listen to the heckling back and forth as they point, "You did it," and then they start laughing. You know what? Partisan politics cause so many problems when we're trying to deal with policies and issues. I wish we could stop it. I wish we could withdraw all of that nonsense. That is my personal opinion. But I've got to tell you something. I think if you listen to the constituents in your riding they'll tell you the nonsense has to stop. Stop pointing fingers and start working together, coming up with solutions to the problems across the province and across the country. That's the reality.

1720

I don't care whether it's on health care, I don't care what ministry it's in, I don't care what level of government it's in, you sit down and you talk to the average citizen at home and they will tell you it disturbs them. What happened earlier today, when the Speaker had to in essence admonish the entire opposition caucus—

Interjection.

Mr Clark: They're proving my point as I stand here. That happened because emotions were flying, but it's

wrong, and you all know it's wrong. On our side we know it's wrong.

Interjection.

Mr Clark: Do you know what? I think every one of the members in this House understands the need that they are here to represent their constituents in their ridings and that's their job. All 103 of us have to—I try hard not to go down that road. The member for Hamilton Mountain knows me and has got to know me well. She knows I don't go down that road.

Mrs Marie Bountrogianni (Hamilton Mountain): They're not all like you, Bradley.

Mr Clark: We lead by example, and the opposition can help lead by example. It's time we started to recognize that when we have problems we should work together. That's what we're supposed to be doing. To have someone come into the House and state that we're doing nothing on health care, that we are failing the people of Ontario, is an unfair aspersion. It's their opinion that they don't like what we're doing, but to state that we're failing, to state that we're doing nothing is grandiose rhetoric that does not give credit for anything we're doing.

I can go back, and I would encourage you to do so also, and look at the headlines for the past 20 years. Tell me that your government or the previous government fixed all the problems. If you go back and look at the headlines, you will see all of the anomalies, all of the complaints, all of the nonsense that has gone on, and again it was short-term solutions. We're a government that's looking to the long term. We're a government that's trying to fix the problem for the long term. That's why the McKendry report's short-term recommendations came through and that's why Dr Peter George is moving on and looking at it from a long-term perspective.

I think it's important that we recognize and give credit where credit is due. If you don't like a policy, say so; absolutely, say so. But I take great offence when any member of this House stands up and slights another member on a personal level and says we're doing nothing, or that we don't care, or that we don't have the compassion, or that we don't have passion for our constituents, that we have no feeling. Absolutely nobody in this House should be saying that against anyone else, and that's the reality. Thank you very much.

Mr Gerretsen: If there is one thing I agree with, it is that that member says the nonsense has to stop. I totally agree with that. I would like him to explain to me why this government is constantly attacking the federal government for the money that has been cut out from the transfers, something like \$1.5 billion, when you in your own budget document had an excess in revenue this year of \$4.3 billion. That's a fact. You had enough money to deal with the health care problems of this province if you had wanted to. So stop your silly ads during all the hockey games and tell the Minister of Health that we've got the money in the coffers of the province of Ontario. That's a good place to start.

There are currently 106 underserviced municipalities. If there is one issue we're all hearing about more than any other, it's the fact that there aren't enough family doctors. Your own ministry documents clearly indicate that we are short 451 family physicians in this province. What is McKendry saying? He's saying there should be immediately, this fall, 55 new places set aside in our medical schools for new students. What are you doing about that? Nothing. Have you authorized any further places in the medical schools? None whatsoever. The only thing you have done is allow 12 foreign-trained physicians new residency places in our hospitals. You tell me how 12 new spaces are going to deal with the 451 family physicians that we are short in this province.

Let's look at another issue. Over the next five years, one in every four of our physicians in this province is scheduled to retire, according to the OMA; one in four. What are we doing to deal with that? What's this government doing? Absolutely nothing.

Figures have indicated that we need at least 60,000 to 90,000 new nurses in the next 10 years. What's being done about it? Absolutely nothing.

The Provincial Auditor's own report indicated that 32%—and I keep coming back to this because it is something that affects each and every family that has had the tragedy of cancer strike them—of all the cancer patients out there do not get treatment within the required four-week period that treatment should start.

Now the minister said, "Well, it's up to 35%." What about the other 65%? Why aren't we setting the funding aside to make it happen? What does this government do instead? It's stonewalls the situation, just like it has stonewalled every other situation.

Look at what's happening in Walkerton right now, which is the primary health issue in this province. Are we dealing with that problem effectively? No. Does the Premier allow for an independent judicial inquiry? No. Stonewalling. He wants a legislative committee that is dominated by Tory members, that takes direction either from him or from the government House leader, to look into this issue. Why not an independent judicial inquiry?

What about the fact that contempt was found by the Speaker of this House that our privileges were breached? There was a prima facie case. He said that there was contempt of this House. Are you allowing an independent commission to take a look at that? No. This government is only interested in one thing, and that is stonewalling each and every situation as it affects the health care of our residents in Ontario.

This government has finally been found out, and it is indeed a very tragic situation. It took the unfortunate situation of Walkerton for people to finally realize what this government is all about.

I say to the members opposite, this is the most non-partisan resolution that has been brought forward in this House over the last five years. It simply states and recommends that we act immediately on the recommendations of the McKendry report, that we develop a provincial strategy for the training and recruitment of

cancer professionals and that we undertake a recruitment and a retention plan for nursing. What could be less controversial than that? Again, you are stonewalling. I urge the members of this House to support this resolution.

Ms Caroline Di Cocco (Sarnia-Lambton): I'm pleased to speak to this motion, which in fact is about this government not having moved to address a shortage of doctors, a shortage of nurses and a shortage of cancer treatment professionals. To be able to deal with an issue or with a problem, one has to admit that there is one. Otherwise, you can't resolve it. Up until just a couple of members ago, I heard again that there's not really a shortage, there's a distribution problem. Thus, there's the crux of the problem. We can't resolve something if we can't admit that there is an actual problem.

1730

Unfortunately, one of the problems I have encountered in Sarnia-Lambton has to do with what we've been hearing about in the last number of days, and it deals with the medical officers of health. I have to say that when it comes to my riding of Sarnia-Lambton, and Chatham-Kent is also affected—by the way, the medical officer of health in Lambton county is Dr Greensmith. What it involves of course is testing the water of Lake Huron, and it involves Sarnia Bay and the St Clair River. They test it for contamination and then they post signs when the water is unsafe. As well, he's charged with the immunization of the schools, seeing possible outbreaks, epidemics—we had a meningitis scare in Sarnia in 1993—the distribution of medicine, and to quell public fears and uncertainty. So we need these medical officers of health that we take for granted.

I'd like to tell you what has happened both in Sarnia-Lambton and Chatham-Kent. At one time, both constituencies had a full-time medical officer of health. What do we have today? We have a part-time officer, the same person for both constituencies, who spends two mornings a week in Sarnia and one morning every two weeks in Chatham-Kent. This happened since 1998. So if Dr Greensmith has this limited number of hours that he can spend, because in actual fact you see he's retired, we really don't have anyone to fill those two spots.

If there is an emergency, how would the communities know? How would they even know? We don't have medical officers of health who are there to fill in and do their job in the capacity that they did in 1998. Again, that is another area, and it goes again to the crux of the issue of Walkerton. I have to say it is the revolution of the Harris government of cuts and less government, that has this mantra that all they want to do is downsize and download and privatize, and I believe that what has happened in Walkerton rests squarely on their shoulders. I believe that your—and I'll use the term—revolution is not “a friend of the people.” It's an enemy of the people.

Mr Gerard Kennedy (Parkdale-High Park): It is a pleasure to join the debate. The constructive motion put forward by my colleague from Thunder Bay-Atikokan unfortunately, at least to date, has not been met by proper acceptance on the other side of the House. I think people

watching the events unfold in Walkerton can now understand that the stonewalling, the cover-up, the hiding from the facts is a pattern. It's an attitude, it's an outlook of this government that certain things happen not because of accidents but rather because of wilful neglect of a compliant backbench that will not ask questions, that will not demand whether hospitals are being closed, that will not demand why nurses and doctors do not want to serve in this province and that do not demand what the impacts are of eviscerating important areas and departments like the Ministry of the Environment. That's the flaw, perhaps the fatal flaw, in this particular government.

We see it again today. We see, instead of a government willing to come to terms with the challenges that the virtue of their office brings them, that they want to diminish, belittle and put aside the real reasons they are there. Instead, they resort to uniform propaganda, to centralized planning. It's not just the backbench; it is ministers who have been in place in terms of long-term care, in terms of health care, who are unwilling to advocate effectively to make sure services are there, ministers too timid to put in place, for example, standards that would protect the working environment for nurses and doctors. What we've had over the last number of years, five years, in fact, is the negative impact this government has had, causing nurses not to want to practise in this province, forcing them to work for private sector operators, for example, as they've downloaded nursing services in the community sector to private companies, often to companies that simply don't have the standards in mind for the people who need to be served.

We've seen time and time again, in community after community, nurses made culpable for the rationing of health care, for putting health care on a dollars-only basis. We have not heard any independent voices from the members opposite, nothing from this government that would acknowledge that they've made an experiment with the health and the lives of the vulnerable people in this province that has gone wrong. That's what's writ about health care. If you look in the estimates, where is the money going that this government trumpets it is spending on health care? It's not going to patients. It's not making its way into the environment for nurses to be there at the bedside. We have instead, incredibly, \$4 billion that this government would like to spend on building us smaller hospitals, building us fewer locations for patients to attend, fewer patients being able to be accommodated in those locations, and yet this government would spend \$4 billion. That's where \$1 billion of the so-called surplus was deposited last year. It was on this government's commitment to its own incompetence.

What we have not seen from this government is an awakening that this resolution today would ask of them. In some ways its requirements are modest. It says, get working on making sure that people have access to doctors; have a strategy in place to bring nurses back in, which goes right to their working conditions; make sure that you rectify the mistakes you've made chasing cancer professionals out of this province and bring them back. It

would take too much. It would take a change in attitude, a change in outlook on the part of this entire government. As we've seen with the stonewalling on Walkerton today, as we see in other actions by this government, that is too much to request of this government, that they stand in their place, represent the people who sent them here and look after the health care of the residents of this province.

Mr Dwight Duncan (Windsor-St Clair): I rise today in support of my colleague's resolution, the opposition day resolution, that I think succinctly underlines the fact that we have a huge shortage of doctors in this province, a huge shortage of cancer treatment professionals and, of course, of nurses.

I should tell you, as a result of the McKendry report I did a little research. You know what I found? I found that in Ontario today, speaking directly to the question of medical school enrolment, with a population of approximately 11.6 million, we have 551 first-year medical placements in Ontario. The province of Quebec, with a population of 7.4 million, has roughly the same number, approximately 551 first-year medical placements. The state of Michigan, which has a slightly smaller population than Ontario, has 681 first-year medical placements in that jurisdiction. The state of Illinois, with a population slightly larger than Ontario's, approximately 12.4 million, has almost 800 first-year medical school placements. Interestingly enough, the state of Ohio, with a population almost identical to Ontario's, has more than 900 first-year medical school placements in that jurisdiction. I would submit that McKendry underestimated the number of first-year medical school placements we need and that the government and this House ought to consider that reality.

But it's clear in this debate, as it's been so clear today and throughout this session, that this government has no intention of listening. This government, as it's done in the case of Walkerton, will shut down our discussions, as it did earlier today on the obstruction charges laid against the Ministry of Finance by the privacy commissioner. They shut it down.

The people of Ontario should also know what the government just did this afternoon quietly in this House. They tabled a closure motion, a time allocation motion on the most sweeping education bill we've seen since they jammed through Bill 160. They've appointed the times that this should be held. They've appointed where it will be held. There was no negotiation. Yet on Walkerton they want the same kind of kangaroo court. It's nonsense. This government doesn't want to discuss these issues. This government wants to stall, delay, stonewall and, generally speaking, not deal with the truth.

You're not going to get away with it. You won't. My colleague today brought it home I think for everyone in this House on Walkerton, which you shut down today. We wanted to change our resolution and you wouldn't allow it.

Interjection.

Mr Duncan: You can make all the comments you want. There's a two-and-a-half-year-old baby girl dead as

a result of the water situation. The stonewalling and the deception and the closures and the allocations will end, and I'll predict that that stone wall will fall on that government and crush you in three years, because what you've done today and what you've been doing throughout this session is an absolute travesty and a crime, and you will pay more than you can imagine soon enough.

1740

Mrs Bountrogianni: It's my pleasure to stand up and support my colleague from Thunder Bay-Atikokan's motion in this debate. I would like to first respond, however, to some comments made by my friend and colleague from Stoney Creek. He said that we got emotional earlier on in the House and that led to nonsense. When people die as a result of a poor water testing system, yes, we get emotional. What a cold society we would be if we sat here and coolly accepted that. Of course we got emotional. If we could feel 1% of what the parents of that little girl are feeling right now, we'd be screaming all day.

You cannot talk about health care without talking about the environment. What has happened in the last week is only the tip of the iceberg. If anything positive can occur out of what has gone on in the last week, it could be that finally, after a decade of ignoring the environment and the health hazards associated with the environment, maybe something will occur. Maybe the public's attention now, after this awful tragedy, will turn to the future of our children, because the environment is the future health of our children.

Speaking of emotions and health care and nonsense, I'd like to talk to you about one of my constituents and the nonsense she went through in order to get radiation therapy, the emotions that she went through as a 54-year-old grandmother-to-be who had to choose, should her husband come with her to Buffalo to support her in her radiation therapy, or should he stay on Hamilton Mountain to support their daughter, who was about to have a baby? Being the wonderful person that she was, she chose to go alone. Her case history is amazing. This lady is a nurse. Let me tell you something about medical professionals. When they get sick, because of their knowledge, their stress is at a more increased level than ours.

She had a routine breast screening which showed need for a biopsy. She had her first lumpectomy on October 20, the second on November 10. She then had an initial radiocardiology consultation in January. She was told she needed radiation therapy very quickly; it was very serious. Mrs Volkens was told she had four to six weeks to wait in the Hamilton radiation program. Her choice was to go to Thunder Bay with one return visit in six weeks or to go to Buffalo with visits every weekend. She chose Buffalo. She wanted to come home on the weekends and see her daughter and her family.

On February 3 it was confirmed in Buffalo that she would be admitted. Cancer Canada sent a cheque for \$7,000 a month later and she finally, in March, got to

Buffalo. This started in the fall of 1999, and finally in March 2000 she was in Buffalo. She has nothing but good words to say about the Roswell centre in Buffalo, but she is also astounded at the amount of money that Canadian taxpayers have to pay to the United States for this.

About a year ago, radiation therapists—actually, this takes longer than 30 seconds, so I will share the remainder of my time.

Mrs Sandra Pupatello (Windsor West): I did want to be on record so that the people who live in Windsor West understand that all of us here realize that doctor shortage is an issue across Ontario today. People in this House will remember that for the five years I have been in this Legislature we have been talking about doctor shortages in Windsor. We are looking at some 50 general practitioners that we need; we are looking at 30 to 40 specialists that we need where I come from. When I look at headlines today and realize that our children's mental health agencies do not have the kind of support from social services or whatever method of funding there is going to be—we don't have children's psychiatrists to deal with the issues at hand where I come from. We have a very high incidence of children who need help where I come from and they cannot access the specialist services we require in the Windsor area.

So I applaud my colleague from Thunder Bay for bringing this forward today, for once again putting it on the block for the government to consider. It is something that cannot just be talked about in the budget when the crowds are there so that when people are waiting to see what is being done you can hand them some kind of sentence to say, "We put something in our budget." We need to see action where I come from. We need to talk about who is enrolling in medical school. What are the numbers like? Are we planning for the future so that those numbers will increase as our population does, never mind making up for the number of communities that are without services today?

We have read repeatedly about the north and the troubles and tribulations that people there face because they cannot access care. If the people here in this House will recall, Windsor was the first southern urban community that applied to the northern rural program to be designated under shortage of doctors. We did it at the time because the then Minister of Health, Jim Wilson, said we couldn't even talk about it because we hadn't even applied for the program. The program has not

helped us, and since our designation we have fewer doctors today than we had then.

The Acting Speaker: Mrs McLeod has moved opposition day number 4. Shall the motion carry?

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion, the nays have it.

Call in the members. It will be a 10-minute bell.

The division bells rang from 1747 to 1757.

The Acting Speaker: Members please take their seats. All those in favour of the motion will rise one at a time.

Ayes

Bartolucci, Rick	Duncan, Dwight	McLeod, Lyn
Bountrogianni, Marie	Gerretsen, John	Patten, Richard
Boyer, Claudette	Gravelle, Michael	Peters, Steve
Bradley, James J.	Hoy, Pat	Phillips, Gerry
Christopherson, David	Kennedy, Gerard	Pupatello, Sandra
Cleary, John C.	Kwinter, Monte	Ramsay, David
Conway, Sean G.	Lankin, Frances	Ruprecht, Tony
Cordiano, Joseph	Levac, David	Sergio, Mario
Di Cocco, Caroline	Martel, Shelley	Smitherman, George
Dombrowsky, Leona	Martin, Tony	

The Acting Speaker: All those opposed will please rise one at a time.

Nays

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

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 29; the nays are 50.

The Acting Speaker: I declare the motion lost.

It being past 6 of the clock, this House stands adjourned until 6:45.

The House adjourned at 1800.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon / L'hon Hilary M. Weston
Speaker / Président: Hon / L'hon Gary Carr
Clerk / Greffier: Claude L. DesRosiers
Clerk Assistant / Greffière adjointe: Deborah Deller
Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman
Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Algoma-Manitoulin	Brown, Michael A. (L)	Hamilton Mountain	Bountrogianni, Marie (L)
Barrie-Simcoe-Bradford	Tascona, Joseph N. (PC)	Hamilton West / -Ouest	Christopherson, David (ND)
Beaches-East York	Lankin, Frances (ND)	Hastings-Frontenac- Lennox and Addington	Dombrowsky, Leona (L)
Bramalea-Gore-Malton- Springdale	Gill, Raminder (PC)	Huron-Bruce	Johns, Hon / L'hon Helen (PC) Minister of Citizenship, Culture and Recreation, minister responsible for seniors and women / ministre des Affaires civiles, de la Culture et des Loisirs, ministre déléguée aux Affaires des personnes âgées et à la Condition féminine
Brampton Centre / -Centre	Spina, Joseph (PC)		
Brampton West-Mississauga / Brampton-Ouest-Mississauga	Clement, Hon / L'hon Tony (PC) Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement		
Brant	Levac, Dave (L)	Kenora-Rainy River	Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Broadview-Greenwood	Churley, Marilyn (ND)		
Bruce-Grey	Murdoch, Bill (PC)	Kingston and the Islands / Kingston et les îles	Gerretsen, John (L)
Burlington	Jackson, Hon / L'hon Cameron (PC) Minister of Tourism / ministre du Tourisme	Kitchener Centre / -Centre	Wettlaufer, Wayne (PC)
Cambridge	Martiniuk, Gerry (PC)	Kitchener-Waterloo	Witmer, Hon / L'hon Elizabeth (PC) Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Carleton-Gloucester	Coburn, Brian (PC)		
Chatham-Kent Essex	Hoy, Pat (L)	Lambton-Kent-Middlesex	Beaubien, Marcel (PC)
Davenport	Ruprecht, Tony (L)	Lanark-Carleton	Sterling, Hon / L'hon Norman W. (PC) Minister of Intergovernmental Affairs, government House leader / ministre des Affaires intergouvernementales, leader parlementaire du gouvernement
Don Valley East / -Est	Caplan, David (L)		
Don Valley West / -Ouest	Turnbull, Hon / L'hon David (PC) Minister of Transportation / ministre des Transports	Leeds-Grenville	Runciman, Hon / L'hon Robert W. (PC) Minister of Consumer and Com- mercial Relations / ministre de la Consommation et du Commerce
Dufferin-Peel- Wellington-Grey	Tilson, David (PC)		
Durham	O'Toole, John R. (PC)	London North Centre / London-Centre-Nord	Cunningham, Hon / L'hon Dianne (PC) Minister of Training, Colleges and Universities / ministre de la Formation et des Collèges et Universités
Eglinton-Lawrence	Colle, Mike (L)	London West / -Ouest	Wood, Bob (PC)
Elgin-Middlesex-London	Peters, Steve (L)	London-Fanshawe	Mazzilli, Frank (PC)
Erie-Lincoln	Hudak, Hon / L'hon Tim (PC) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines	Markham	Tsubouchi, Hon / L'hon David H. (PC) Solicitor General / solliciteur général
Essex	Crozier, Bruce (L)	Mississauga Centre / -Centre	Sampson, Hon / L'hon Rob (PC) Minister of Correctional Services / ministre des Services correctionnels
Etobicoke Centre / -Centre	Stockwell, Hon / L'hon Chris (PC) Minister of Labour / ministre du Travail	Mississauga East / -Est	DeFaria, Carl (PC)
Etobicoke North / -Nord	Hastings, John (PC)	Mississauga South / -Sud	Marland, Hon / L'hon Margaret (PC) Minister without Portfolio (Children) / ministre sans portefeuille (Enfance)
Etobicoke-Lakeshore	Kells, Morley (PC)		
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)	Mississauga West / -Ouest	Snobelen, Hon / L'hon John (PC) Minister of Natural Resources / ministre des Richesses naturelles
Guelph-Wellington	Elliott, Brenda (PC)		
Haldimand-Norfolk-Brant	Barrett, Toby (PC)		
Haliburton-Victoria-Brock	Hodgson, Hon / L'hon Chris (PC) Chair of the Management Board of Cabinet / président du Conseil de gestion		
Halton	Chudleigh, Ted (PC)		
Hamilton East / -Est	Agostino, Dominic (L)		

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Nepean-Carleton	Baird, Hon / L'hon John R. (PC) Minister of Community and Social Services, minister responsible for francophone affairs / ministre des Services sociaux et communautaires, ministre délégué aux Affaires francophones	Scarborough Southwest / -Sud-Ouest	Newman, Hon / L'hon Dan (PC) Minister of the Environment / ministre de l'Environnement
Niagara Centre / -Centre	Kormos, Peter (ND)	Scarborough-Agincourt	Phillips, Gerry (L)
Niagara Falls	Maves, Bart (PC)	Scarborough-Rouge River	Curling, Alvin (L)
Nickel Belt	Martel, Shelley (ND)	Simcoe North / -Nord	Dunlop, Garfield (PC)
Nipissing	Harris, Hon / L'hon Michael D. (PC) Premier and President of the Executive Council / premier ministre et président du Conseil exécutif	Simcoe-Grey	Wilson, Hon / L'hon Jim (PC) Minister of Energy, Science and Technology / ministre de l'Énergie, des Sciences et de la Technologie
Northumberland	Galt, Doug (PC)	St Catharines	Bradley, James J. (L)
Oak Ridges	Klees, Hon / L'hon Frank (PC) Minister without Portfolio / ministre sans portefeuille	St Paul's	Bryant, Michael (L)
Oakville	Carr, Hon / L'hon Gary (PC) Speaker / Président	Stoney Creek	Clark, Brad (PC)
Oshawa	Ouellette, Jerry J. (PC)	Stormont-Dundas-Charlottenburgh	Cleary, John C. (L)
Ottawa Centre / -Centre	Patten, Richard (L)	Sudbury	Bartolucci, Rick (L)
Ottawa South / -Sud	McGuinty, Dalton (L) Leader of the Opposition / chef de l'opposition	Thornhill	Molinari, Tina R. (PC)
Ottawa West-Nepean / Ottawa-Ouest-Nepean	Guzzo, Garry J. (PC)	Thunder Bay-Atikokan	McLeod, Lyn (L)
Ottawa-Vanier	Boyer, Claudette (L)	Thunder Bay-Superior North / -Nord	Gravelle, Michael (L)
Oxford	Hardeman, Hon / L'hon Ernie (PC) Minister of Agriculture, Food and Rural Affairs / ministre de l'Agriculture, de l'Alimentation et des Affaires rurales	Timiskaming-Cochrane	Ramsay, David (L)
Parkdale-High Park	Kennedy, Gerard (L)	Timmins-James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Parry Sound-Muskoka	Eves, Hon / L'hon Ernie L. (PC) Deputy Premier, Minister of Finance / vice-premier ministre, ministre des Finances	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	Smitherman, George (L)
Perth-Middlesex	Johnson, Bert (PC)	Trinity-Spadina	Marchese, Rosario (ND)
Peterborough	Stewart, R. Gary (PC)	Vaughan-King-Aurora	Palladini, Hon / L'hon Al (PC) Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Pickering-Ajax-Uxbridge	Ecker, Hon / L'hon Janet (PC) Minister of Education / ministre de l'Éducation	Waterloo-Wellington	Arnott, Ted (PC)
Prince Edward-Hastings	Parsons, Ernie (L)	Wentworth-Burlington	Vacant
Renfrew-Nipissing-Pembroke	Conway, Sean G. (L)	Whitby-Ajax	Flaherty, Hon / L'hon Jim (PC) Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones
Sarnia-Lambton	Di Cocco, Caroline (L)	Willowdale	Young, David (PC)
Sault Ste Marie	Martin, Tony (ND)	Windsor West / -Ouest	Pupatello, Sandra (L)
Scarborough Centre / -Centre	Mushinski, Marilyn (PC)	Windsor-St Clair	Duncan, Dwight (L)
Scarborough East / -Est	Gilchrist, Steve (PC)	York Centre / -Centre	Kwinter, Monte (L)
		York North / -Nord	Munro, Julia (PC)
		York South-Weston / York-Sud-Weston	Cordiano, Joseph (L)
		York West / -Ouest	Sergio, Mario (L)

A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

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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