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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 30 October 2000

Lundi 30 octobre 2000

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 30 October 2000

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 30 octobre 2000

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

ASSISTANCE TO FARMERS

Mr Steve Peters (Elgin-Middlesex-London): I rise to raise the issue of the Harris government's lack of commitment to the drainage maintenance-superintendent program. In what has been one of the wettest growing seasons on record for Ontario farmers, this government's inactivity is completely unacceptable. More than ever, farmers are in desperate need of proper drainage. This administration has failed to live up to its part of the agreement it shared with rural municipalities and the farming community.

When the government undertook a review of the program it was understood that this would not affect this year's funding. To date, nothing has been done. In a year when farmers all across Ontario have their backs up against the wall because of bad weather, record low commodity prices and constant pressures from globalization, this is unacceptable.

Once again, the government is putting its cost-slashing principles ahead of the needs of our farmers. Bills cannot be issued for maintenance or construction of these drains until there is word from the government on what the funding is and when it will be allocated. Municipalities and farmers are once again being served up as sacrificial lambs by an unfeeling government that reneges on its promises, all in a zealous desire to cut costs rather than maintain services. The municipality of West Elgin submitted a grant application in February of this year. They have heard nothing from this government.

The questions remain: where is the money and how will this delay affect the funding for 2000-01? It is time that this government recognize its responsibility to the farming community and rural Ontario. Inaction and delaying tactics are unacceptable responses. The time for action was months ago.

DIWALI

Mr Bob Wood (London West): I rise today to draw to the attention of the House that 800 million Hindus across Ontario and the world celebrated the festival of Diwali last Thursday. The celebration takes place No-

vember 4 this year in London. Diwali or Deepawali, the most pan-Indian of all Hindu festivals, is a festival of lights, symbolizing the victory of righteousness and the lifting of spiritual darkness. It commemorates Lord Rama's return to his kingdom, Ayodhya, after completing his 14-year exile. Twinkling oil lamps, or deeyas, light up every Hindu home in India, and fireworks displays take place across the country. The goddess Lakshmi, symbol of wealth and prosperity, is also worshipped on this occasion.

The festival also marks the start of the Hindu New Year. At this time, most Hindu homes worship Lord Ganesha, the symbol of auspiciousness and wisdom. Spring cleaning and decorative designs for homes are the order of the day. Family members come together to offer prayers, distribute candies and light up their homes.

I know that all members of this House will join with me in wishing Hindus across Ontario and the world a happy new year and a warm "Namaste."

GASOLINE PRICES

Mr Bruce Crozier (Essex): My statement is on retail gasoline prices.

In August 1997, when he was playing competition cop, Premier Harris said, "My own personal opinion is, they're"—the public—"being gouged." The Premier went on to say, "Ontario will do what it can to bring the oil companies to heel, including regulation of prices." The retail price of gasoline in August 1997 averaged 59.6 cents per litre.

In May 1998 the Harris consumer and commercial relations minister boasted, "We are gathering evidence to continue the fight against the price gouging of Ontarians." The retail price of gasoline in May 1998 averaged 52.4 cents per litre.

The retail price of gasoline in my area today is 74.7 cents per litre. The October 24, 2000, issue of FuelFacts, issued by MJ Ervin and Associates and Purvin and Gertz Inc., says:

"Gasoline

"Retail—Ontario pump prices rebound ...

"Wholesale—Rack prices jump up ...

"Crude—Crude prices rise and fall ...

"Furnace Oil

"Retail—Residential fuel oil prices rise ...

"Wholesale—Furnace oil rack prices increase ...

"Diesel

"Wholesale—Rack prices increase."

Premier Harris tells us he understands. I don't think so. The gauge reads empty of action. The Harris gauge reads empty of ideas and empty of leadership.

FEDERAL HEALTH SPENDING

Mr John Hastings (Etobicoke North): I rise today to take this opportunity to strongly urge the federal Grit government to immediately provide additional funding for Canadian health care in the amount of \$15 billion. The federal government should be a fully participating partner in medicare, and it should return to the 1991 funding level of at least 18 cents per capita, as opposed to their current spending level of 13 cents per capita.

The Grit government must acknowledge, as a starting point, that under the Mulroney administration the government subsidized medicare to the tune of 18 cents per capita while they had a \$40-billion deficit. Contrast that with the Chrétien administration, which supposedly has a 13-cent contribution but a \$60-billion surplus. Shame.

Even after the recently concluded agreement with the provinces, which incidentally doesn't click in until April 1, 2001, Ottawa under the current administration has a long way to go to once again become a fully participating partner in medicare.

When are the federal Grits going to realize that if they want to be the national guard of medicare standards under the Canada Health Act, they will have to pony up real money at the medicare table and back off those Grit values they're always talking about: compassion, caring, etc? Certainly 13 cents per individual will not cut it.

BORIS SPREMO

Mr Mike Colle (Eglinton-Lawrence): Today, one of Canada's, if not one of the world's, most distinguished photojournalists, a constituent of mine, Boris Spremo, retires after 37 years of covering everything from the war in Vietnam to the Beatles.

Boris has travelled the world photographing wars, drought, famine, the Olympics, the wedding of Prince Charles and Diana and her tragic funeral in 1997. His work has brought him nearly 300 national and international awards, including Canada's highest honour, the Order of Canada, in 1997.

Boris Spremo came to Canada in 1954 from his native homeland, the former Yugoslavia. For 37 years, he gave Canadians photographs that have portrayed people and events with timeless grace and empathy. Boris Spremo was able to capture, through his talented eye, the essence of historical figures like Robert F. Kennedy or historical events like Canadian peacekeepers in the Middle East.

Yes, there is an old Chinese proverb that says a picture is worth a thousand words. In the case of Boris Spremo, his photographs are worth a thousand emotions and a thousand memories that will always be with us.

Thanks to Boris Spremo, his wife and four daughters for 37 memorable years of pictures. Thank you, and all the best on your retirement.

1340

SNOWMOBILE LEGISLATION

Ms Frances Lankin (Beaches-East York): Speaker, you know that I represent the riding of Beaches-East York. It's a downtown Toronto riding, so you might be a little surprised that today I'm going to speak about snowmobiling and about the government's Bill 101 for mandatory snowmobile permits.

The reason I'm doing this is because I am a snowmobiler. I buy my permit every year from the local Restoule Snowmobile Club, now part of the South Shore/Restoule Snowmobile Club.

I want to say to the government that the snowmobile clubs and the Ontario Federation of Snowmobile Clubs support the concept of mandatory permits; they have for years. But they're very upset about the government's bill handing over the administration of that to the Ministry of Transportation, taking it away from the dedicated volunteers who, club by club, have built organized snowmobiling in this province.

Mr Speaker, you will know that organized snowmobiling brings in millions and millions of dollars of economic activity, particularly in northern Ontario. You would know that it would take just a fraction of that for the government to support these clubs. With the user-pay system, the trail permits only bring in about \$14 million a year. The hard cost of trail maintenance and operations is about \$20 million a year.

The government must step up to the plate. They must invest in the maintenance of world-class trails for the economic activity of the north, and they must withdraw the misguided attempt to hand over administration of what has been a locally built initiative to the Ministry of Transportation. I implore the government to rethink this issue.

GORDON B. ATTERSLEY PUBLIC SCHOOL

Mr John O'Toole (Durham): I think the member from Beaches-East York is actually up to something, and I support her on this.

Last Thursday night, I had the distinct privilege of participating in the official opening ceremony of one of the many new schools that have opened in my riding of Durham.

The Gordon B. Attersley Public School was named after the former councillor in the city of Oshawa. For 23 years, Gordon Attersley was involved in his community and worked hard for the interests of his constituents. As everyone in this room knows, getting involved in public service is a great honour, but it's very time-consuming as well. I think this particular honour which was given to Mr Attersley is one that speaks well of how he was

viewed by the city and the people of Oshawa. Although Mr Attersley is sadly no longer with us, I am sure his wife, Nell, and all of his children who were present that evening felt comforted and very proud that his accomplishments were recognized. I thought his daughter, Sonya, gave a very moving tribute to her father.

I'm glad to have this opportunity to congratulate the school's principal, John Howard, and vice-principal, Gary Wraith, as well as everyone who was involved to make the evening such a success. I particularly enjoyed the performances of the school's concert band, the primary, junior and intermediate choirs, and especially the school cheer, which was written by two of the school's students.

As MPP for the riding of Durham, I want to thank the over 525 students and 26 teachers who made the Gordon B. Attersley Public School opening one to remember and one I was very proud to attend.

QUESTION PERIOD

Mr Gerry Phillips (Scarborough-Agincourt): Mr Speaker, I have a proposal that I plan to send to you right now to speed up question period. You will know that most times when the opposition asks the government a question, the ministers spend a fair bit of time figuring out who they're going to blame, and I think we waste a lot of time with, "Well, the members of the public will be interested to know that really you should blame this or that."

We've prepared what we call the Harris Blame Somebody/Anybody Else Guide. It has a series of numbers on here, and rather than the government minister or the Premier going through the blame, he simply has to read off the number. What we have on here is a blame number and the description of the blamee.

As you can imagine, number 1 would be the dreaded federal Liberal government. Number 2 would be the previous Liberal governments, the one from 10 and a half years ago or the previous one from 57 years ago. Number 3 of course would be the dreaded NDP socialist government; number 4, those awful special interest groups—teachers, nurses, doctors, the taxpayers' federation; number 5, the union bosses, the teachers' federation president, the Ontario Federation of Labour president, the OMA president. Number 6 would be the left-leaning media. Number 7—and really a tip of my hat to Mr Wettlaufer, who last week pointed out that the Communist Party continues to be a significant threat here in Ontario, as he pointed out that someone who wrote a study on child care was a known member of the Communist Party.

Mr Speaker, I hope this will help speed up question period. We just need to know the number.

Mr John O'Toole (Durham): On a point of order, Mr Speaker: I've looked at the order paper for today and I think there's been an error; perhaps you should look into it. There's no mention of Doug Galt on here at all, and I'm quite disappointed.

The Speaker (Hon Gary Carr): I'm sure he'll figure out a way to get on.

SUTTON MEDICAL CLINIC

Mrs Julia Munro (York North): I rise today to talk about the real issues surrounding the Sutton Medical Centre, which is a privately owned clinic in Georgina. On September 22, I hosted a meeting to explore possible ways to increase access to doctors. In attendance were representatives from the town, the physicians, the hospital and the ministry. The Ministry of Health designated the town of Georgina as an underserved area for family physicians. Because of this designation, the town is eligible to receive special recruitment assistance from the province.

I made a commitment to explore possible sources of funding for our clinic, although it was made very clear that it has never been the practice of the Ministry of Health to provide special funding to privately owned clinics.

An alternative to the privately owned care clinic is a primary care network that would give residents 24-hour access to medical care. A primary care network could be established that would complement the full-service hospital, which is less than an hour away.

I am disappointed that the town rejected the chance to participate in the recent Ministry of Health physicians recruitment tour. I can't believe that there wasn't a single member of council or staff available to attend or that, if scheduling was the problem, the town wouldn't have approached me, Southlake Regional Health Centre or the business community for help.

I remain committed to working to find a long-term solution. I hope that in the future the town of Georgina will take advantage of the assistance that the province continues to make available.

INTRODUCTION OF BILLS

WYCLIFFE COLLEGE ACT, 2000

Mr Smitherman moved first reading of the following bill:

Bill Pr30, An Act respecting Wycliffe College.

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

Pursuant to standing order 86(a), this bill stands referred to the Commissioners of Estate Bills.

MOTIONS

HOUSE SITTINGS

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): I move that pursuant to standing order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on Monday, October 30, Tuesday, October 31, and Wednesday, November 1, 2000, for the purpose of considering government business.

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

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

All those opposed will please say "nay."

In my opinion, the ayes have it. Carried.

Mr Dave Levac (Brant): On a point of order, Mr Speaker: On June 22, I introduced Bill 107, Firefighters' Memorial Day Act. Since that time I've received tremendous support from citizens, fire chiefs and fire departments across the province. I've also written to all the members seeking their support for the bill. I'm now seeking unanimous consent for second and third readings.

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

VISITORS

Mr Steve Peters (Elgin-Middlesex-London): On a point of order, Mr Speaker: I'd like to take this opportunity—we have a young lady visiting us today from Berlin, Germany, by the name of Katharina Fiedler. Katharina is part of an exchange program and she's visiting the Legislature today with her hosts, the McPhail family. Duncan McPhail is the warden of Elgin county. I'd like the members to welcome Katharina and her hosts.

The Speaker (Hon Gary Carr): That's not a point of order, but we do welcome our visitors.

1350

ORAL QUESTIONS

HOSPITAL RESTRUCTURING

Mr Dalton McGuinty (Leader of the Opposition): My first question today is for the Minister of Health. We are facing a real, live and genuine emergency room crisis in many communities throughout the province of Ontario. One of the things I have recommended to you is that, finding yourself in this emergency room hole, the first thing you should do is stop digging. I specifically requested that you not close Wellesley hospital. Notwithstanding that, you did, and you told us last week in this House, and this is confirmed in your own press

release, that the new capacity of St Michael's is going to be 23,000 visits more on an annual basis than the existing two older sites were able to provide, Wellesley and St Mike's, before this amalgamation. Do you still maintain today, having had an opportunity to review this matter, that the new St Mike's capacity will be 23,000 more visits than the two older sites?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): To the Leader of the Opposition, we take our commitment to the emergency room pressures in this province very seriously. It's unfortunate that your government or the other government didn't take action. I'd like to refer back to a quote that I saw in the Toronto Star on April 4, 1998, which said, "A Star survey of Metro's 22 hospitals found many are so backed up with patients ... that hospital officials routinely plead with ambulance services not to bring them any more." I guess the problems that have existed for a long—

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

Mr McGuinty: I appreciate the tales from the previous century but I want to take you to just last Thursday. You told us in this Legislature that the new capacity—we've got a huge, pressing problem today in Ontario when it comes to our emergency rooms. This is a very serious question. You have done something specifically affecting two emergency rooms. You shut one down and you said you created more spaces, more capacity, at the new one. You told us specifically that there were going to be 23,000 more patients who could be accommodated at St Mike's new centre. Tell us whether that is right or wrong, whether it is true or untrue. It's a simple question.

Hon Mrs Witmer: We have acknowledged that the issue of emergency room pressures is a long-standing issue in this province. Unfortunately, when the Liberals were in office, there were no solutions. In fact, the situation was only made worse. Let me just quote. On November 10, 1986, Doctor Irv Freeman at Scarborough General Hospital said in the Toronto Star, "One of the major reasons for bed shortages is the number of beds being taken up by chronic patients who should be in special long-term facilities and not occupying active care beds." Despite this information, the Liberals in 1988 stopped constructing long-term-care beds. There were no new beds awarded until 1998, and we are now constructing 20,000 to help address the issue of emergency—

The Speaker: Final supplementary?

Mr McGuinty: It's obvious the minister is dancing around this very direct question because she is too embarrassed to admit that she made a terrible mistake. The fact of the matter is that the combined capacity in the new facility consists of four more beds than were there in the original two separate sites. If we were going to use four beds to accommodate 23,000 more patients on an annual basis, that works out to 16 patients every single day in these four new beds. I've heard of long-term-care beds, but I guess these are the new short-term-care beds.

I guess you're going to put egg timers on the side of each of those four new beds so they can accommodate fully 16 patients a day. When are you going to start giving us the straight, unvarnished goods when it comes to your responsibility and your failings in dealing with the emergency room crisis today in Ontario?

Hon Mrs Witmer: We are, and actually there are others who recognize this. I'd just like to quote from a recent article that says, "Imperfect though the health system may be, the government is taking steps to try to deal with the problems. Regrettably, when the health minister recently announced that another \$8.5 million would be spent on emergency physicians, the opposition parties seemed unable or unwilling to welcome this news. Liberal Leader Dalton McGuinty, for example, accused the government of tinkering around the edges of the emergency room problem. The Ontario Medical Association took a more reasoned approach. Its president, Dr Schumacher, said he was pleased the government had recognized the need to recruit and retain emergency room physicians. Schumacher also said that two years ago Ontario's health care system finally started improving again after"—

The Speaker: Order. I'm afraid the minister's time is up.

New question, leader of the official opposition.

Mr McGuinty: I have a new question for the same minister. Why don't you just admit you made a mistake? Twenty-three thousand was wrong. It was in the press release and then you said it again in this House on two occasions. It was wrong. You made a mistake. Your credibility is at stake here. You've told us in the past that ER visits are up in Ontario and that's the cause of the ER crisis. The fact is, visits are down, and the cause of the crisis is that there are no beds available in our hospitals because you cut them. You're telling us that the new St Mike's could see 23,000 more patients. We know today that is not the case. You told us that your budget was in order. We found a \$2.5-billion screw-up.

Minister, you tell us now: why is it that you keep telling us one thing when the facts demonstrate something entirely different?

Hon Mrs Witmer: The member opposite knows full well that the information he is presenting is not accurate. However, the one piece of information I can share with this House today is the fact that since 1994-95 the federal government is spending \$1 billion less than they were—

Interjections.

The Speaker: Order. Minister, take your seat. Order. Minister of Health, continue. Sorry.

Hon Mrs Witmer: Ever since 1994-95, our government has been working very hard to ensure that we increase health care funding, which we have from \$17.6 billion to in excess of \$22 billion, all without the help of the opposition party, which refused to encourage the federal government to restore their share of funding. Why they refused to do so I have no idea.

Mr McGuinty: Minister, you tell us that you've been working hard. You have been working hard. You've been

fumbling about and then trafficking in fictions when it comes to your real record. That's what you're doing.

Take a look at how you fumbled the health care file here in Ontario. You fired thousands of nurses—that cost us hundreds of millions of dollars—and now you're rehiring them. You closed thousands of hospital beds prematurely and now you are reopening them. For years you denied that we have a doctor shortage problem in Ontario and now you are scrambling to expand medical school spaces. You started all of these fires and now you are scrambling to put them out. It looks like some kind of a fire drill organized by arsonists.

I'm going to ask you, Minister: do you not agree that you not only have a credibility problem but that you now have a real and genuine competency problem because of your gross mismanagement of the health care file in Ontario?

Hon Mrs Witmer: The only person with credibility problems is the Leader of the Opposition. For five to six years in this province that party allowed the federal government to decrease the CHST and did nothing to support the people of this province in order to access that additional money. Up until now the federal government has still not restored the funding—

Interjections.

The Speaker: Minister of Health, take a seat. The member for Windsor West, come to order, please. The Minister of Health.

Hon Mrs Witmer: Even today, with the new agreement that was reached between the federal and provincial governments, there has been no restoration of the CHST despite the fact that the federal government appears to have a huge surplus, and we won't see any money until April 1, 2001. In the meantime, our government has increased health care funding each and every year since 1995, from \$17.6 billion to \$22 billion.

1400

Mr McGuinty: With you, Minister, it's always somebody else. It's either got to be the federal government or the doctors or the nurses, or the problem is even with the patients, because just too damned many of them keep showing up at our emergency rooms. The fact of the matter is, you are failing us. On your watch we now have more cancelled and delayed surgeries than ever before. We have more ambulances being turned away than ever before. We have more communities without doctors than ever before. We now have the fewest nurses per capita in the country. Except for Yukon, we have the fewest acute care hospital beds in the country, and we are sending more patients south of the border for treatment than ever before. Minister, you are failing us.

Tell me why—tell Ontarians why—we should have any confidence whatsoever in your ability to manage this very important file?

Hon Mrs Witmer: If anybody in this province is failing the people of Ontario, it is the Leader of the Opposition. He had a chance to take action and ask the federal government to restore the money. He had an opportunity to deal with the restructuring of our hospital

system and ensure we constructed hospitals that would become centres of excellence to respond to the growing needs of our aging population.

We were the ones who set up the nursing task force in this province. In fact, if the Leader of the Opposition thinks the problem of nursing shortages, doctor shortages and emergency room pressures is unique to Ontario, he's obviously not doing his reading. When we met with Mr Rock and my provincial and territorial colleagues at our most recent meeting in Winnipeg, this is a nationwide problem we're all trying to address. Why won't you—

The Speaker: New question.

WALKERTON TRAGEDY

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of the Environment. When your Premier finally accepted demands for a public inquiry into the Walkerton tragedy, he promised, "It will be a full, open and public review of what went wrong and why."

He agreed, "The Ontario public demands answers."

The reality today is that a citizen of Ontario who wants to learn what is happening at the Walkerton inquiry has to pay \$200 a day for the transcripts. If they want to know what happened last week, they have to pay \$1,000 for the transcripts. This is supposed to be a public inquiry for the people of Ontario. Instead, you're turning it into a pay-per-view scam.

Minister, why is your government preventing the citizens of Ontario from having full access to the evidence at the Walkerton inquiry? What is your government trying to hide?

Hon Dan Newman (Minister of the Environment): I'll refer the question to the Attorney General.

Hon Jim Flaherty (Attorney General, minister responsible for native affairs): If charges are being levied for transcripts of the Walkerton inquiry, that's a matter I'll look into. I'll consult with counsel and get back to the member opposite about it.

Mr Hampton: How can you not know this? We've been questioning your staff and the Ministry of the Environment staff and we get the same answers from them that we get from you: stonewalling. You pretend you don't know about it. This is a well-known fact. The legislative library can't get copies of the transcripts. Do you know that members of this House can't get copies of the transcript unless we pay \$1,000 a week? This isn't a public inquiry; this is abuse of the Legislature and abuse of the citizens of Ontario. This is a cover-up. Don't tell us you don't know what's going on. What are you going to do about it? Is this an open inquiry or another scam by the Conservative government?

Hon Mr Flaherty: I think the member opposite must know that the proceedings at Mr Justice O'Connor's inquiry are publicly telecast. They're hardly being covered up. They are open—

Interjections.

Hon Mr Flaherty: They are open, they are public, they are accessible to the people of Ontario.

I understand the member opposite's concern is about the cost of transcripts. That's not something that has been raised previously. I'll look into that and get back to the member about the cost of transcripts.

Mr Hampton: The legislative library, which is supposed to be an accountable source of information for members of this Legislature, cannot get copies of the transcripts without paying \$1,000 a day. A citizen of Ontario who wants to find out who said what at the inquiry, who wants to be able to examine what kind of evidence was entered at the inquiry has to pay \$1,000.

Interjections.

The Speaker (Hon Gary Carr): Stop the clock. Order. Government bench, come to order, please. I can't hear the questions. The member from the third party is down at the end. I can't hear him.

Sorry for the interruption, the leader of the third party.

Mr Hampton: Somebody who wants to follow the transcripts and wants to find out what was entered in evidence has to pay \$1,000 a week, and what is the answer we get from the Attorney General? The Attorney General's answer is, "You can watch it on television and hope to pick up whatever you can follow."

Mr Attorney General, you were the one who said this had to be a full, open, fair public inquiry. You were the one who said, and I can quote you, that all of the information had to be presented to the public. Why, then, has your government put in place a situation where people have to pay \$1,000 a week just to know what was entered in evidence and what is going on?

Minister, this is an insult to the Legislature and an insult to the people of Ontario. What are you going to do about it, and when are you going to do it?

Hon Mr Flaherty: As the member opposite may or may not know, if he's been following the inquiry, the commissioner, Mr Justice O'Connor, has made recommendations to the Attorney General about funding for various groups that are being represented at the commission of inquiry. Those recommendations have been followed, and many persons are represented at the inquiry. Those decisions are made by Mr Justice O'Connor. Certainly they're following on with respect to the proceedings.

In terms of the transcripts, I've indicated to the member—and he doesn't seem to want to take yes for an answer—that I'll look into it and get back to him.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr Howard Hampton (Kenora-Rainy River): My next question is for the minister responsible for the Ontario disability support program, a program that is in big trouble.

This is a survey of the people in ODSP who work very hard to help individuals who are disabled or developmentally handicapped. This survey shows that 86% of all

the front-line workers in the disability support plan said your so-called new team concept of handling ODSP cases, of dealing with the disabled, doesn't work.

They describe a system that is in utter chaos, with no tracking, a chronic shortage of staff, no leadership, no clear responsibility for tasks and too many mistakes, and most of all, too many disabled and handicapped individuals not getting the service they deserve.

Minister, why are the disability support offices in such a sad situation under your watch?

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): We set out a number of years ago to create an income support program for people with disabilities. We established that in 1998 with the support of the party of the member opposite. We realize that we can constantly do more to improve the delivery of government services.

The member cites a report. It's a report we've seen, and we're working on implementing much of the information contained in it. The member opposite will want to be honest with the House and tell people that it's a report from the Ontario Public Service Employees Union, a union that I wouldn't characterize as a supporter of the government.

In March 2000 we launched a business process review of this program, and we're working at improvements to the process.

1410

Ms Shelley Martel (Nickel Belt): Minister, this report was prepared by the front-line staff who deal with the disabled every day. If you've got a problem with their work, maybe you should say so publicly.

Minister, the question was, why are your offices in such a state of chaos? You obviously don't understand the severity of the problem: 86% of the staff reviewed said your team concept case management system is a total failure. The overwhelming number of offices still have temporary or permanent vacancies instead of permanent staff. A majority of the staff has seen office closures in all of their regions, which means the disabled don't have access to front-line services, and most of the offices continue to use temporary agency staff, so there is no continuity at all for the disabled.

Minister, things are so bad that Bob Eaton, who is the union president and also the co-chair of your ministry's employment committee, actually called your office and requested a meeting between you and the front-line staff who deal with the disabled to see how this situation could be resolved. You turned him down flat. The question is, why are you refusing to meet with the front-line staff who deal with the disabled in this province every day so you can find a solution to this chaos?

Hon Mr Baird: I regularly meet with staff at the Ministry of Community and Social Services. In fact, this summer I went to the leader of the third party's constituency and met with employees of the Ontario disability support program in his own riding in Kenora, and I learned a terrific amount.

There are obviously concerns about how we can better deliver the program. As usual, we listened and are working through a review process to help identify better ways of delivering the program. We have no objections whatsoever to meeting with staff to learn their views.

DOCTOR SHORTAGE

Mr Dwight Duncan (Windsor-St Clair): I have a question to the Minister of Health. From Windsor to Wawa, we are experiencing a severe physician shortage in this province, a problem that according to demographers and health care experts is going to get worse rather than better as time goes on. In southern communities there is a shortage of 335 doctors. In July 1999, you appointed Dr McKendry to do a fact-finder. He made a number of recommendations to you, including 110 new medical school spaces, which you in turn gave to Dr Peter George and an expert committee to make recommendations on.

Minister, is it your view that 110 new medical school spaces will be enough to provide for increasing demand for medical services in the coming years?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): I think that's a very good question the member opposite has asked, and I know he is interested in that issue. That's exactly why we have asked Dr Peter George and the expert panel to do an analysis to determine whether or not that would be sufficient to respond to the needs of people in this province, not just in the immediate term but in the long term as well. We need to be able to identify, as well, the mix of specialists we're going to require, based on the needs of our population.

Mr Duncan: In Ontario today, with a population of 11.5 million people, we have 532 first-year medical school places. In Quebec, with a population of 7.3 million, they have 521. In the state of Michigan, with 9.8 million, there are 657 first-year medical school places. In the state of Ohio, with almost an identical population to Ontario, they have 981 first-year medical school places. In Illinois, with a population of 12 million, they have 1,064 first-year medical school places.

The evidence is overwhelming. The Canadian Medical Association has called upon all Canadian governments, all Canadian provinces, to increase the enrolment of medical schools from roughly 1,500 a few years ago up to 2,500. If we fail to do that, the crisis today will become a catastrophe in five years.

You put both commissions on a relatively short leash with respect to what they can and cannot recommend. Will you today acknowledge that this province needs at least 170 and probably 250 new first-year medical school placements, not just to address short-term issues but, more important, to ensure that today's crisis doesn't become a catastrophe? Will you go on record that way?

Hon Mrs Witmer: The issue of having the adequate number of health professionals in Canada is a number one concern for every province and territory in Canada.

Again I would mention that it was a key point of discussion at the recent FPT conference in Winnipeg.

I just want to assure the member that we are working collaboratively with our partners from coast to coast, because there's no point in British Columbia stealing from us or vice versa. We are of course working with Dr George to see what number he will recommend.

I think the reality is that we know we need more physicians. We need to distribute those physicians in a way that responds to the needs of people no matter where they live in the province, and we need to ensure we have the appropriate number of specialists. So we are moving in that direction.

EDUCATION REFORM

Mr R. Gary Stewart (Peterborough): My question is for the Minister of Education. I recently had the opportunity to meet with students from various schools from both boards in my riding of Peterborough to hear their feelings about the changes to the education system. These students are frustrated, they are concerned, and they do not know the facts about education change. One of the students asked me how the recent reforms to education were going to make the system more accountable.

Minister, what has this government done to make itself more accountable for the reforms and decisions it has made?

Hon Janet Ecker (Minister of Education): I'd like to congratulate the member for Peterborough for the efforts he's taken in his community to continue to meet with students, to hear their concerns, to offer to take up those questions, both publicly and otherwise, with the government to make sure they have the information they require so they themselves can judge what is happening.

I've had a number of meetings myself with students, student representatives and trustees. I must say that the quality of those young people does give us all hope for the future.

One of the things we think is very important is that we set those high standards for quality in the education system and that both ourselves as the provincial government and school boards are held accountable for making sure those quality standards are indeed implemented in the appropriate way. That's why we brought in legislation to clearly give information about where dollars are going, how they're being spent and how they're being used to improve education in this province so that parents and students can judge how successful we're being.

Mr Stewart: I'm certainly glad to hear the government is meeting the commitment to the students of Ontario. I guess the concern I have for the students, and the parents as well, is that when they are trying to do something themselves within the education system, obstacles and roadblocks are being put up in front of them. I'm certain my constituents will be happy to hear

the government has indeed made real strides in reforming the system.

Minister, you told us how we're making the education system more accountable. Can you tell my constituents and other concerned parents across the province what the government is doing to make the system more accountable to those folks called parents?

Hon Mrs Ecker: As the honourable member said, those folks called parents are very much key partners in education, as they should be. While the Education Accountability Act does set out some clear standards that school boards have to meet—it does require that clear information is out there for parents—we are also making sure their voice is heard through school councils. The regulations spell out very clearly that they have advice that needs to be listened to by principals and school boards, and that principals and schools should report back to those parent councils, those school councils. They have the power to set policies on dress codes and uniform codes, to help develop the selection criteria for principals, to work with the board on improvement plans for each school, and to set local policies on a range of things. Their role is very important.

We are taking additional steps, also by law, to ensure that we, as the government, have an obligation to report back to school councils on a—

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

HEALTH SERVICES IN OTTAWA-CARLETON

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): My question is to the Minister of Health. It concerns a real issue for people not just in Ottawa-Carleton but in the Ottawa Valley, and that issue is timely access to medical-surgical beds at the Ottawa Hospital.

Minister, you will know, because I understand that in recent days you have met with officials at the Ottawa Hospital, that the Ottawa Hospital has, by conservative estimates, 13% to 15% of its medical-surgical beds tied up with alternate-level-of-care patients. This is causing a very real problem. I, as a member from the Ottawa Valley, like a number of my colleagues from Prescott-Russell, Cornwall and other members in Ottawa-Carleton proper, am encountering more and more constituents—some, in my area, coming from two hours away—who, after a couple of days of preparation for surgery, are getting to the door of the Ottawa Hospital and being turned away because they cannot access those medical-surgical beds.

1420

Specifically, Minister, can you tell the patients in my constituency, in communities like Renfrew, Eganville, Pembroke and Deep River, what measures you are going to take this fall to relieve the problem that is causing so many of these needy patients to be turned away from the

Ottawa Hospital because they simply cannot get to the medical-surgical beds that they absolutely require?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Thank you very much for the question. I did have the opportunity a couple of weeks ago—precisely two weeks ago, I think—to meet with officials in Ottawa concerning some of the issues that have been raised by the member opposite. Obviously, we need to ensure that the surgeries that have been scheduled are able to proceed.

The member probably is well aware of the fact that for 10 years in this province, we did not see the awarding of any long-term-care beds. Unfortunately, despite—

Interjections.

Hon Mrs Witmer: Maybe the opposition doesn't want to hear this.

Unfortunately, it has meant that we do have a backlog of older people in particular who are looking for access to long-term-care beds. As the member knows, we did announce in 1998 that we would be constructing 20,000 beds over eight years. We've expedited the timeline—

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

Mr Conway: Minister, you will know, because the Ottawa Hospital is making no secret, that in their view your Health Services Restructuring Commission overdid the cuts and underestimated the growth pressures not just in Ottawa-Carleton but across eastern Ontario. They will have told you that they have today 130 beds tied up with alternate-level-of-care patients, where just a few months ago it was only 85. This is before the flu season arrives. Minister, when that flu season arrives, the Ottawa Hospital is simply going to be crushed under the weight of these pressures.

If one reads the editorial pages, the letters-to-the-editor pages in the Ottawa press, to say nothing of the Ottawa Valley press, you can see daily the human tragedy that is out there: people, young, middle-aged and elderly, coming from Sandy Hill and Vanier, from the Upper Valley and the Lower Valley to get to the Ottawa Hospital, in some cases after a couple of days of preparatory work, a 71- or a 75-year-old woman from the Upper Ottawa Valley going through all of that, getting to the Ottawa Hospital and being told, "We have no bed for you. Go home. We have no idea if or when you're going to be able to be dealt with."

For those patients in this need now, what are you prepared to do? Are you prepared, for example, to put some transitional ALC beds into the national capital in the next few weeks so that these patients can be dealt with?

Hon Mrs Witmer: As the member has indicated, this certainly is an issue that needs to be addressed, and that's why I personally took the time to meet with the officials in Ottawa. We are continuing to move forward with the input we have received. As you know, we've put considerable money into the Ottawa hospitals over the last number of years. In fact, the money we have approved for capital expenditures also is well ahead of

what has been recommended by the Health Services Restructuring Commission. It would be our intention to move forward and respond to some of these issues. I can assure you that we are doing exactly that.

COMMUNITY SAFETY

Mrs Tina R. Molinari (Thornhill): My question is for the Solicitor General. It has to do with something very important to the people of Ontario, and that is safety in our communities. The people of Thornhill have consistently told me that they take the issue of community safety very seriously.

This weekend I have been door to door talking to the people of Thornhill, and besides being very happy for receiving their \$200 cheque, they all believe that community safety should be one of government's top priorities.

Minister, I know that community safety is one of this government's top priorities. Our Blueprint commitment to increase public safety is something that we will continue to live up to. The constituents of Thornhill are very pleased with some of our initiatives, such as improving public safety through the Sergeant Rick McDonald Memorial Act, which increases penalties on criminals who take reckless flight from police; our government's passage of Christopher's Law, creating the first sex offender registry in Canada; and the dedication of the Ontario Police Memorial to honour police officers who have died in the line of duty. In closing, Prime Minister Jean Chrétien cut Parliament short last week, sooner than any—

The Speaker (Hon Gary Carr): Order. Your time is up. Solicitor General?

Hon David H. Tsubouchi (Solicitor General): I actually caught a key word at the end of the question, which was Jean Chrétien's calling of the election. When Jean Chrétien called the election after the shortest majority government in close to 90 years, many important bills died on the order paper.

Let's talk about one that is important to all of us. If we remember back when Justice Minister Anne McLellan was sworn in when the government was formed, she said that her number one priority was reform of the Young Offenders Act. We know what happened to Liberal promises like that. Nothing happened.

When my colleagues Jim Flaherty, the Attorney General, and Rob Sampson, the corrections minister, asked to appear before the standing committee on justice and human rights to address Bill C-3, guess what happened?

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

Mrs Molinari: Thank you for the answer. I believe that all the investments and initiatives by our government are helping to make our streets safer. In my riding of Thornhill we have been providing York Regional Police Service with the tools they need to fight crime. Since 1995 our government has given York Regional Police Service almost \$150,000 for their Reduced Impaired

Driving Everywhere program. We have also given York Regional Police Service over \$1 million for our Partners in Community Safety, community policing/enforcement grant.

I would like to tell the House today that the York regional police decided to continue using the helicopter as one of their crime-fighting tools, having secured a partnership with the private sector. During the last provincial election we made it clear where we stand. We promised that when re-elected, our government would continue to make the investments to support our justice system.

The Speaker: Order. The member has had well over a minute.

Hon Mr Tsubouchi: I guess we can't hear enough about justice issues. I'd like to thank the member from Thornhill. Let's look at some contrasts here. In Ontario what we have is a program called community policing. This \$150-million program allowed 1,000 net new officers to get on the streets of this province. Let's look in contrast federally. The RCMP, a well-respected organization across the world, is about 2,000 officers under complement.

Let's look at another example, Christopher's Law, which is a credit to this Legislature. All parties agreed to this important legislation, which is a sex offender registry. This came out of a tragic situation over 10 years ago when Christopher Stephenson was killed. Clearly, out of tragic situations some good must come, but that was 10 years ago. We saw fit in this province to do something about it. We believe, as did the jury believe, that the federal government should act to have a federal sex offender registry.

KING'S HEALTH CENTRE

Ms Frances Lankin (Beaches-East York): My question is to the Minister of Health with respect to the King's Health Centre fraud scandal and to what extent, if any, the alleged fraud involves public health dollars, OHIP dollars. You'll know that the King's Health Centre was promoted as an entrepreneurial dream. Ron Koval set up the King's Health Centre to profit from Ontario's health insurance plan. He played the public-private game. His operation profited from Ontario public dollars while fast-tracking wealthy patients and providing deluxe service for those who could pay.

We know that the OPP and Interpol are investigating Mr Koval, and there is a lot of talk about how he appears to have defrauded investors. But today I would like you to tell us, what do you know about to what extent, if at all, the King's Health Centre defrauded the public of Ontario?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Any fraud in the province of Ontario is investigated by a dedicated health fraud squad that is under the operation of the OPP. I can assure the member that it is that squad which has been specifically dedicated

to that task which follows up on any of these cases where there is a need to do so.

1430

Ms Lankin: Minister, we know there are investigations underway. We know that the police are pursuing Mr and Mrs Koval. I asked you what you know about it. As Minister of Health, I can tell you, sitting in that chair with this going on, I wouldn't have let a day go by without asking for an update in terms of whether or not any of the allegations of fraud involved OHIP health dollars. Surely you should be able to tell us that.

The bottom line is that you and your government have played footsie with Mr Koval and his private entrepreneurial dream for a number of years now. We know they've been pushing the boundaries of medicare and they've been pushing for privatization, and you seem to have been willing partners in that.

We have this alleged fraud here. We know they are fleeing the justice authorities at this point in time and we know there have been some suggestions that it also involves fraud of OHIP dollars. I'm asking you to what extent, if any, the public was defrauded. If you don't know, as the Minister of Health, why haven't you asked the questions to find out?

Hon Mrs Witmer: I don't know if the member is aware or not, but the Ministry of Health does not provide any direct funding to the centre. I would also just remind the member that it was our government that put in place this dedicated team of OPP officers in order to investigate fraud. In fact, we take fraud very seriously, and I can assure the member that those individuals, the OPP dedicated fraud squad, are investigating all situations related to fraud.

WATER QUALITY

Mr James J. Bradley (St Catharines): I have a question for the Minister of the Environment. We learned, of course, and a lot of people knew, that Ontario's drinking water now is threatened by more than 100,000 old wells that allow manure, chemicals and other surface contaminants to rapidly poison the groundwater. The Ministry of the Environment, your ministry, used to have a dedicated team of well inspectors who received complaints directly and had the job of enforcing the well-plugging rule. Over the past decade the unit has been reduced from five to about one person. Retired inspector Cliff Faulkner says it's an enormous problem. Well inspectors used to assess the construction and safety of new and problem wells. During these routine field inspections they would discover abandoned wells, well owners were told how to fix the problem and a field order was issued. The inspector would follow up. "Now that the inspectors are gone, nobody knows how bad the situation really is," says Faulkner.

He lobbied your ministry and got no response. The groundwater association lobbied your ministry and got no response. Minister, we have a potentially catastrophic problem with old wells in this province. We know about

the problem, after Walkerton in particular. Will you now commit to re-establish the team of inspectors and to put the money back into the Ministry of the Environment that will enable them to deal with the catastrophic problem in this province?

Hon Dan Newman (Minister of the Environment): Groundwater in Ontario is indeed a very precious resource on which all Ontarians should be able to depend, and this government is committed to safeguarding our groundwater. Wells that have not been properly abandoned not only pose an environmental risk to our groundwater but they also pose a safety risk to small children and animals where those wells might be. As has been the case for over 20 years, properly plugging and abandoning wells is the responsibility of well owners. Should a well owner fail to properly abandon their well, they could be charged under regulation 903. First-time offences carry an individual fine of up to \$20,000 and second-time offences of up to \$50,000 in that regard.

With respect to staffing levels, the issue the member for St Catharines raised, he should note that well inspectors began to be phased out in 1985. In fact, the individual he spoke of retired from the ministry in 1989, when the number of inspectors went from two—

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

Mr Bradley: You have what has happened in Walkerton. You like to blame the federal government, blame previous governments, blame some environmental group. There is the potential for a catastrophe to take place in Ontario because of what we're finding in those wells today.

I went to one of your photo opportunities today. I thought it was going to be an important announcement; instead it was a reannouncement of \$2 million a year to your conservation authorities, that you cut first of all by 70%, then by another 20%. Now you're dribbling a little bit of money back. Even the former Conservative candidate in Thunder Bay, who heads up the conservation authorities, described your step as a first step, as a minor step.

I'm asking you the question: can you guarantee the people of this province today that their well water and the groundwater will not be contaminated by abandoned wells which have such things as manure, garbage and dead animals in them, and what specific and extensive action are you prepared to take to ensure that this does not happen?

Hon Mr Newman: When the ministry staff responds to complaints about abandoned wells, the investigations and enforcement branch is notified. That branch of the ministry may consult with our well inspectors for specific expertise or in some cases the well inspector will be called in to testify in a court proceeding with respect to that.

But again, going back to the staffing levels that the member for St Catharines spoke about, staffing levels for well inspectors began to be phased out in 1985. We're

not blaming anyone; I'm simply stating the facts. In fact, in 1989 the individual he alluded to retired from the ministry. The number of full-time well inspectors in the Ministry of the Environment across the province went from two to one. In fact, today, at the announcement of the groundwater strategy and the monitoring, this is what Conservation Ontario chair, Rick Potter, said: "The Ontario government is moving in the right direction. We, on behalf of Ontario's 38 conservation authorities, are pleased to be part of this partnership."

ENERGY COMPETITION

Mr Frank Mazzilli (London-Fanshawe): My question is to the Ministry of Energy, Science and Technology. The Energy Competition Act was passed two years ago, yet we're still awaiting the electricity sector's opening. I would like to know if new investments are coming to Ontario, considering the market has yet to open.

Hon Jim Wilson (Minister of Energy, Science and Technology): I thank my colleague from London-Fanshawe for the question. We're very pleased with the extent of electricity generation investment that we've seen prior to market opening, some \$3 billion, a record for this province and indeed any jurisdiction in North America at this point, in deregulation or opening of a market situation.

Two plants that are being proposed, one in Brampton and one in Mississauga, will be the largest of their kind in North America: one 800-megawatt plant in Brampton and one 800-megawatt natural-gas-fired plant in Mississauga. Those are the largest of their kind. That's about \$1 billion worth of investment right there by Sithe Inc.

Last Thursday the Premier and I toured the new Sudbury district energy plant, and I know the Minister of Municipal Affairs has toured that before. It's something that Bill 35 made possible. Prior to the Energy Competition Act, it was illegal to sell your own power to willing customers on the Ontario grid.

Mr Mazzilli: There's no question that \$3 billion is quite an investment that will certainly help our environment and our economy, not to mention give customers a choice. Minister, I'm interested in knowing how many jobs that investment will translate into.

Hon Mr Wilson: Just to continue there and mention the jobs, there are also plants being built in Sarnia, Thorold, Windsor and Toronto, new hydro facilities in Peterborough and Quinte. Last year I opened the new cogeneration facility using biomass, methane, off the landfill site in Waterloo, and there are similar plants being built in Toronto and Thunder Bay.

With respect to jobs, an example would be the TransAlta Sarnia cogeneration plant, a \$400-million investment, well on its way to being built, which will provide 430 megawatts of power. It will create about 320 construction jobs over the next 10 months, an additional 185 construction jobs over the next 21 months, and 50 permanent jobs in the plant. Add the other plants that I

mentioned and we have a total to date of 3,000 construction jobs over the next couple of years and 300 permanent jobs in the province, just in the electricity sector, just in the generation part, and that's before the market opens.

1440

ONTARIO DISABILITY SUPPORT PROGRAM

Mr Ernie Parsons (Prince Edward-Hastings): My question is for the Minister of Community and Social Services. About a year ago your ministry gave funding to the Ontario March of Dimes to pay for the home and motor vehicle modification program. This is a program that obviously should and has removed barriers for people with disabilities.

Nancy Andres is in a wheelchair. She and her husband farmed in St Catharines for many years until this past summer when, because of the terrible weather, they lost their farm.

They've been forced to move. The home they were in was wheelchair-accessible. They've been able to scrape up enough money to build a new home. Naturally, they applied for assistance through the home and motor vehicle plan that your ministry supports. They qualify under the financial, but they disqualify because of a very short-sighted condition in the program. Your program requires applicants to be in the residence for a period of three years before they can apply for modifications.

Think about that. Obviously Nancy requires the accessibility to move into it. To move into it now with it modified would cost \$12,000-and-some dollars. If she waits until she's been in three years and has to have it retrofitted, it will be \$36,797.

Minister, there's an easy solution for Nancy and all of the other people in Ontario facing this challenge. Will you assure Nancy and will you assure the people of Ontario that you will immediately change the three-year rule so that people can have the home modified when it is being built or they can have it modified before they move in so they have access to their home?

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): This government kept its commitment to maintain a home and vehicle modifications program for adults as we did under the vocational rehabilitation services program. We expanded eligibility for the program. We provided more funding for the program. We want to do the very best we can for people with disabilities to live independently, whether it's through a home or whether it's through vehicles.

The member opposite has brought forward a concern. I'd be very happy to take it back to the ministry and discuss it.

Mr Parsons: Minister, I have bad news for you. On October 20 of this year, the Ontario March of Dimes was forced to advise the public that, due to the high demand

for the home and vehicle modification program, they will not accept new applications until April 2001 at the earliest.

They are simply out of money, not because the money was misspent, but because there are far more people with disabilities than you are aware of. This is understandable on their part. But, Minister, it's your ministry that administers the Ontario disability support plan. Your ministry should have been aware of the numbers of people in Ontario with disabilities and been able to properly fund the amount of money needed so they can have access to their homes.

Given the shutdown of the program, something is wrong. Minister, will you commit today to properly fund the home and vehicle modifications program?

Hon Mr Baird: Indeed, we're a victim of our success. It's a great program that's helping more and more people with disabilities live independently in their communities.

Can we do more for people with disabilities? Yes. That's why this year we've increased the budget by 25%.

ENVIRONMENTAL PROTECTION

Mrs Brenda Elliott (Guelph-Wellington): My question today is for the Minister of Agriculture.

Minister, last week the Ontario Farm Environmental Coalition announced that the Ontario environmental farm plan would soon be winding down. They claim this is because of lack of funding. This is worrisome. The program has been a success in making farmers more aware of potential environmental concerns and in helping them make their farming practices easier on the environment.

Minister, is this claim accurate? What do you know about the environmental farm plan, and has this program worked here in Ontario?

Hon Ernie Hardeman (Minister of Agriculture, Food and Rural Affairs): I want to thank the member from Guelph-Wellington for the question and for raising this important issue.

As the member said, the environmental farm plan has been a very successful program that our government has been proud to be part of. The program has been run for seven years by farm organizations in order to raise awareness of environmental issues with farmers and to help by providing for projects that are needed to implement the environmental farm plan.

More and more farmers each year are buying into the program, with over 18,000 farmers having participated in the program and with more workshops being scheduled for this fall, which will increase the number of farmers involved by 3,700.

The environmental farm plan program continues to be an incentive for farmers to invest in their operations. For example, records show that farmers are spending \$3 of their own money for every dollar invested by government. We think it's a very successful program.

Mrs Elliott: I'm pleased that you're supportive of the program, Minister, although to be honest, they are saying

they're not going to have enough money to run their programs come next spring. They say they believe they may even have to cancel their spring workshops.

Now, in my own riding I've visited many farms that very specifically benefit from this program. They've instituted projects to deal with manure management, to protect their waterways, and the \$1,500 incentive program has indeed been very valuable money invested in farms.

Minister, has our government's position changed on this program, and are we going to continue to support the environmental farm plan?

Hon Mr Hardeman: Thank you again to the member for the question. I want to reassure the member that Ontario's role in the environmental farm plan program remains unchanged. We continue to support the program, as we have since its inception. The federal government has supplied the program with administration, delivery and incentive funding for the life of the program.

Unfortunately the money has run out and the federal government is not renewing the funding for the program. Our involvement stays the same. OMAFRA provides staff to give technical advice and help the Ontario Soil and Crop Improvement Association at the workshop sessions. The ministry has dedicated resources to lead the revision of the program workbook to produce a third edition.

In addition to our commitment to the environmental farm plan program, my ministry has made rural water quality issues a priority through our healthy futures for Ontario agriculture program. We have many exciting programs, both received and approved, and we are looking for many more to improve the rural environment and the rural water quality in Ontario.

NORTHERN HEALTH TRAVEL GRANT

Ms Shelley Martel (Nickel Belt): I have a question for the Minister of Health regarding her government's ongoing discrimination against northern cancer patients. Your Premier is a tough guy when it comes to telling the media that southern Ontario cancer patients are being discriminated against, but he's gutless when it comes to telling northern cancer patients that to their faces.

Last Thursday night the Premier refused to meet with 50 northern cancer patients who wanted to tell him how much they have to pay out of their own pockets to access cancer care. He was at a big Conservative fundraiser, he was 20 feet away in the same hotel and he couldn't spare five minutes to come and talk to them about this serious matter.

The question is, Minister, why was your Premier afraid to meet with these northern cancer patients?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Since I was not present I'm not in a position to make any further response, other than to say that the two travel grant programs that we have in this province are each different. The northern health travel grant is permanent and applies only to people in the

north, and the one that is there for cancer re-referrals is available to any person in the province, no matter where they live, if they are re-referred from their home site for either prostate or breast cancer radiation.

Ms Martel: Minister, the question was, why was your Premier too gutless to come and talk to these northern cancer patients directly?

You see, Minister, these northern cancer patients clearly know that in April 1999 your government set up a special program to help southern cancer patients who have to travel far from home to access cancer care. Northern patients clearly know that your government is funding 100% of the travel, food and accommodation costs for this special program for southern patients, but northern patients are not able to qualify too. They know this is discrimination, pure and simple, and they want it to end. If your Premier had had enough courage to appear before them, they would have told him that too.

My question is, Minister, when is your government going to end this discrimination against northern cancer patients and fully fund their costs too?

Hon Mrs Witmer: I understand that the Premier offered to meet with the patients. I don't know how the member opposite can stand in her place and criticize us when they had five years to make a difference. This is what Shelley Martel said in June of 1989 to the Liberals opposite:

"The travel grant in this province is woefully and totally inadequate. None of the total costs for accommodation, for airfare, for wages lost when people have to take time and go with relatives in search of medical treatment in southern Ontario is covered. It's time this government addressed the inadequacies in the northern health travel grant in this province."

Why did you not, when you had five years to do so, change the program?

The Speaker (Hon Gary Carr): The member's time is up.

1450

TRUCKING SAFETY

Mr Michael Gravelle (Thunder Bay-Superior North): My question is for the Minister of Transportation. About two and a half years ago your government decided that, because of the increase in truck traffic and the need to improve public safety, you were going to open up truck inspection stations on a 24-hours-a-day, seven-days-a-week basis. Ten of them have been opened up across this province, but you chose to ignore a very important part of the province where an increase in traffic is also the case, and that's northwestern Ontario.

We've been trying for some time to get some commitment from you as to whether you will open one in northwestern Ontario, particularly at the junction of Highways 11 and 17 near Nipigon-Red Rock. We have written to you on several occasions and continued to ask you to take that seriously. Minister, I'd like to ask today, if I may, when will you be opening up at least one truck

inspection station in northwestern Ontario? In fact, two of them are required. Traffic numbers have gone up, as you know. We have some very real safety concerns. We had some serious accidents last year as well. When will you be opening up a truck inspection station in northwestern Ontario?

When will you do that, Minister? Please give us the answer today.

Hon David Turnbull (Minister of Transportation): I think you're referring to my response last year that the Windsor truck inspection station would be open 24 hours a day, seven days a week. Truck inspection stations certainly serve a very important purpose. This is why we have put a great deal of emphasis on making sure we do spread our resources around the province. I'm pleased to see that the member is beginning to be interested in truck safety.

PETITIONS

NORTHERN HEALTH TRAVEL GRANT

Mr Rick Bartolucci (Sudbury): This petition is to the Ontario Legislature, and it's from northerners demanding that the Harris government eliminate health care apartheid, which we will be debating this afternoon.

"Whereas the northern health travel grant offers a reimbursement of partial travel costs at a rate of 30.4 cents per kilometre one way for northerners forced to travel for cancer care while travel policy for southerners who travel for cancer care features full reimbursement costs for travel, meals and accommodation; and

"Whereas a cancer tumour knows no health travel policy or geographic location; and

"Whereas a recently released Oracle research poll confirms that 92% of Ontarians support equal health travel funding; and

"Whereas northern Ontario residents pay the same amount of taxes and are entitled to the same access to health care and all government services and inherent civil rights as residents living elsewhere in the province; and

"Whereas we support the efforts of the newly formed OSECC (Ontarians Seeking Equal Cancer Care), founded by Gerry Loughheed Jr, former chair of Cancer Care Ontario, Northeast Region, to correct this injustice against northerners travelling for cancer treatment;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand the Mike Harris government move immediately to fund full travel expenses for northern Ontario cancer patients and eliminate the health care apartheid which exists presently in the province of Ontario."

Of course I affix my signature to this petition.

REGISTRATION OF VINTAGE CARS

Mr John O'Toole (Durham): Mr Speaker, you may have noticed a collection of fine antique vehicles out front this morning. They are products of Ian Lavery, Gord Hazlett, Ross McDowell, Al Fisher, Ross Walter and Ian Robertson, among others. They presented me with a petition which I'm very pleased to read today, as well as support. I encourage you to have a look at this issue as well.

"To the Legislative Assembly of Ontario:

"Whereas there are many Ontarians who have a passion for perfection in the restoration of vintage vehicles; and

"Whereas, unlike many other jurisdictions, Ontario vintage automobile enthusiasts are unable to register their vehicles using the original year of manufacture licence plates; and

"Whereas Durham MPP John R. O'Toole and former MPP John Parker have worked together to recognize the desire of vintage car collectors to register their vehicles using vintage plates; and

"Whereas the Honourable David Turnbull as Minister of Transportation has the power to change the existing regulation;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows: to pass Bill 99 or to amend the Highway Traffic Act to be used on vintage automobiles."

There's more to this, but in the interest of time Mr Gill will sign it as well.

PENSION FUNDS

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

"Whereas the Ministry of Health announced a new model on January 25, 1996, for improving and coordinating long-term care services. The amalgamation of the home care and placement coordination services function did shift to community care access centres (CCACs). The governing bodies of various pension plans, namely the Ontario Municipal Employees Retirement Savings (OMERS), Victorian Order of Nurses (VON), Family Services Association (FSA) and Hospital of Ontario Pension Plan (HOOPP) have failed to successfully negotiate agreements for a transfer of pension assets.

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

"That the pension adjustments are a transition item which the ministry has not yet addressed. We are requesting a one-time adjustment to enable the transfer of pension assets. This transfer is required to ensure that employees transferred from predecessor employers (namely health units and the Victorian Order of Nurses) to community care access centres as part of the mandatory government reform initiative for 'single access to long-term-care services' receive pension benefits equal to those which they formerly enjoyed. Provincially over 3,000 health care workers are affected. The individuals

who transferred to the CCACs had no control over what would happen to their prior pension contributions. Unless a one-time adjustment is made to enable the transfer of reserves, the typical employee will lose about \$2,000 annually in pension benefits compared to the position they would have been in had they been allowed to remain in OMERS.”

I affix my signature to this.

EDUCATION FUNDING

Mr Rosario Marchese (Trinity-Spadina): I have a petition to the Legislative Assembly:

“We the undersigned Catholic Parents in Action from the Toronto Catholic District School Board hereby petition you as follows:

“That the board and teachers resolve their current impasse and ensure there is no further disruption to our children’s education;

“That there will be no further cuts to programs, teachers, textbooks, supplies and services and that adequate funding be granted or restored by the minister to the Toronto Catholic District School Board; and

“That the funding formula be amended by the minister so that each board’s unique needs are considered.”

I affix my signature to that.

REGISTRATION OF VINTAGE CARS

Mr John O’Toole (Durham): Today there was a very interesting presentation at the front of the Legislature of vintage automobiles by the representatives of some of the clubs: the Specialty Vehicle Association of Ontario, Model “A” Owners Club of Canada, the Rouge Valley Antique and Classic Car Club, the Lincoln Continental Owners Club and the Historic Automobile Society of Canada. They presented me with a petition.

“To the Legislative Assembly:

“Whereas there are many Ontarians who have a passion for perfection in the restoration of vintage vehicles; and

“Whereas unlike many other jurisdictions, Ontario vintage auto enthusiasts are unable to register their vehicles using the original year of manufacture licence plates; and

“Whereas Durham MPP John O’Toole”—by the way, that’s me—“and former MPP John Parker have worked together to recognize the desire of vintage car collectors to register their vehicles using vintage plates; and

“Whereas the Honourable David Turnbull, the Minister of Transportation has the power to change the existing regulation;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows: to pass Bill 99 or to amend the Highway Traffic Act to be used on vintage automobiles.”

I am pleased to endorse, sign and submit this petition today on their behalf.

NORTHERN HEALTH TRAVEL GRANT

Mr Michael A. Brown (Algoma-Manitoulin): I have some more of the over 60,000 signatures on the petition to the Ontario Legislature.

“Northerners demand Harris government eliminate health care apartheid:

“Whereas the northern health travel grant offers a reimbursement of partial travel costs at a rate of 30.4 cents per kilometre one way for northerners forced to travel for cancer care while travel policy for southerners who travel for cancer care features all reimbursement costs for travel, meals and accommodation;

“Whereas a cancer tumour knows no health travel policy or geographic location;

“Whereas a recently released Oracle research poll confirms that 92% of Ontarians support equal health travel funding;

“Whereas northern Ontario residents pay the same amount of taxes and are entitled to the same access to health care and all government services and inherent civil rights as residents living elsewhere in the province; and

“Whereas we support the efforts of the newly formed OSECC (Ontarians Seeking Equal Cancer Care), founded by Gerry Lougheed Jr, former chair of Cancer Care Ontario, Northeast Region, to correct this injustice against northerners travelling for cancer treatment;

“Therefore, be it resolved that the undersigned petition the Ontario Legislature to demand the Mike Harris government move immediately to fund full travel expenses for northern Ontario cancer patients and eliminate the health care apartheid which presently exists in the province of Ontario.”

I affix my signature.

Ms Shelley Martel (Nickel Belt): I have a petition regarding this government’s ongoing discrimination against northern cancer patients. It reads as follows:

“Whereas the northern health travel grant offers a reimbursement of partial travel costs at a rate of 30.4 cents per kilometre one way for northerners forced to travel for cancer care while travel policy for southerners who travel for cancer care features full reimbursement costs for travel, meals and accommodation;

“Whereas a cancer tumour knows no health travel policy or geographic location;

“Whereas northern Ontario residents pay the same amount of taxes and are entitled to the same access to health care and all government services and inherent civil rights as residents living elsewhere in the province;

“Whereas we support the efforts of the newly formed OSECC (Ontarians Seeking Equal Cancer Care), founded by Gerry Lougheed Jr, former chair of Cancer Care Ontario, Northeast Region, to correct this injustice against northerners travelling for cancer treatment;

“Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand the Mike Harris government move immediately to fund full travel expenses for northern Ontario cancer patients and

eliminate the health care apartheid which exists presently in the province of Ontario.”

I agree with the petitioners, I have signed my name, and I'd like to thank Gerry Loughheed Jr for all of his efforts.

1500

HIGHWAY SAFETY

Mr John O'Toole (Durham): You are probably expecting another petition on behalf of the year of manufacture, but that's not the case. This is to draw your attention to another important legislative initiative.

“To the Legislative Assembly of Ontario:

“Whereas motor vehicle accidents are the leading cause of death in North America; and

“Whereas studies conducted in the city of Toronto, the United States and Great Britain have reported that drivers using cellular phones while operating a vehicle significantly increases the risk of collisions; and

“Whereas people talking on cellular phones while driving may cause a 34% higher risk of having an accident;

“We, the undersigned, respectfully petition the Legislative Assembly of Ontario to ban the use of hand-held cellular phones, portable computers and fax machines while operating a motor vehicle. We further respectfully request that” members support “Bill 102,” MPP John O'Toole's bill, “An Act to amend the Highway Traffic Act to prohibit the use of phones and other equipment while driving on a highway, be passed unanimously by all” members on both sides of the House immediately.

I'm pleased to endorse and support this myself.

NORTHERN HEALTH TRAVEL GRANT

Mr Michael Gravelle (Thunder Bay-Superior North): I also have some of the 60,000 petitions that were delivered here last week related to the discrimination of the northern health travel grant that this government needs to deal with.

“Whereas the northern health travel grant offers a reimbursement of partial travel costs at a rate of 30.4 cents per kilometre one way for northerners forced to travel for cancer care while travel policy for southerners who travel for cancer care features full reimbursement costs for travel, meals and accommodation;

“Whereas a cancer tumour knows no health travel policy or geographic location;

“Whereas a recently released Oracle research poll confirms that 92% of Ontarians support equal health travel funding;

“Whereas northern Ontario residents pay the same amount of taxes and are entitled to the same access to health care and all government services and inherent civil rights as residents living elsewhere in the province; and

“Whereas we support the efforts of the newly formed OSECC (Ontarians Seeking Equal Cancer Care), founded by Gerry Loughheed Jr, former chair of Cancer Care

Ontario, Northeast Region, to correct this injustice against northerners travelling for cancer treatment;

“Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand the Mike Harris government move immediately to fund full travel expenses for northern Ontario cancer patients and eliminate the health care apartheid which exists presently in the province of Ontario.”

This is a battle we will not give up on and neither will these people here. I'm pleased to sign my name to this petition.

PAPER SLUDGE

Mr John O'Toole (Durham): It's my duty and privilege to stand and represent the people of my riding. Here's another petition. They keep coming.

“Whereas residents of the riding of Durham have voiced their objection to the storage of paper sludge and related materials within the Oak Ridges moraine;

“Whereas the residents are concerned over the impact of this material on the air, water and soil of the moraine and on the health of those living nearby;

“Whereas this issue has been raised at several public meetings by both individual citizens, members of the Protect the Ridges Coalition and municipal governments;

“Whereas the Ministry of the Environment is currently completing a study of the impact of paper sludge in the Durham riding:

“We, the undersigned, respectfully petition the Legislative Assembly of Ontario to take whatever steps are necessary to re-evaluate the use of paper sludge in Ontario, including its stockpiling and storage in rural areas, the spreading of this material on farm fields and any other commercial applications for this material. And that such re-evaluation of this process include consultation with residents in communities where paper sludge is spread, stored and processed. And that the re-evaluation also include whatever technical studies are necessary to fully understand the impact of this material on the natural environment.”

I'm pleased to endorse and sign this on their behalf as well.

EDUCATION FUNDING

Mr Gerard Kennedy (Parkdale-High Park): I'm here on behalf of dozens of parents who came down for the noon hour with respect to the strike and lockout taking place at Toronto elementary schools, affecting thousands of students.

To the Legislature of Ontario, the Premier of Ontario and the Minister of Education:

“We, the undersigned Catholic Parents in Action (CPIA) from the Toronto Catholic District School Board, hereby petition you as follows:

“That the board and teachers resolve the current impasse and ensure there is no further disruption to our children's education;

“That there be no further cuts to programs, teachers, textbooks, supplies and services and that adequate funding be granted/restored by the minister to the (Toronto Catholic District School Board); and

“That the funding formula be amended by the minister, so that each board’s unique needs are considered.”

I’m happy to affix my signature to this petition as I think it reflects something this Legislature has to give attention to.

VISITORS

The Acting Speaker (Mr Bert Johnson): We have some very special guests today.

I want to mention those who are here from the Ontario Medical Association.

I want to point out that this is the last week for this group of pages; as you know, next week is constituency week. There are some very special people here in connection with that. I want to introduce, in the members’ east gallery, Joan Chamney, mother of Ashton Chamney, one of our pages from Lucknow, and her four friends, Amber Hackett, Julie Hamilton, Brittany Ackert and Melanie Willits. We’re glad they could be here.

As most of you know, Willy Heeman, from the riding of Perth-Middlesex, has been here as a page. His mom and dad, Rudy and Florence Heeman, and his brother Tommy and his sisters Katie and Bridget are here. We’re ever so glad they could be here visiting us as well.

OPPOSITION DAY

NORTHERN HEALTH TRAVEL GRANT

FRAIS DE TRANSPORT AUX FINS MÉDICALES

Mrs Lyn McLeod (Thunder Bay-Atikokan): I move that this House recognizes that:

The government of Ontario is perpetuating a policy of discrimination against residents of northern Ontario who have to travel to receive cancer care;

The government of Ontario has established a standard of ensuring that 100% of costs of travel for cancer patients referred from southern Ontario are covered;

The Canada Health Act and the Constitution of Canada require that any health program that is offered must be extended equally to everyone; and

That this House resolves that 100% of the costs of travel to receive cancer care must be covered, regardless of whether the cancer patient resides in northern or southern Ontario.

The Acting Speaker (Mr Bert Johnson): Mrs McLeod moves opposition day number 3.

Mrs McLeod: Let me begin by expressing my personal appreciation to all the members of the caucus for allowing us to focus this afternoon’s debate on this very important issue to northern Ontario residents who

need health care, and in particular northern Ontario residents who need access to cancer care.

It is quite clear that the members of our caucus have heard the concerns, the frustrations and the anguish of constituents in northern Ontario who are discriminated against by having to pay a significant cost out of their own pockets to get access to care. While the government has not heard those voices, members of our caucus have. They believe this policy is wrong, it is unfair, it is discriminatory, and they’ve given us their support to raise this issue in the House this afternoon.

I also want to make clear at the outset that the concern of residents in northern Ontario is not exclusively for those who need cancer care, although this resolution speaks specifically to the discriminatory treatment of northern cancer patients. The issue of northern residents having to travel to get health care and having, at best, \$419 of those travel costs covered by the northern health travel grant is an ongoing issue of concern for people across northern Ontario. It is not just about cancer patients; it is about patients who need heart bypasses and can’t get them in the north. It’s about patients who need organ transplants and have to leave their northern communities and spend literally weeks or months living in another community waiting for the possibility of that transplant. It’s about people who have neurological disorders that can’t be treated in our northern communities, even in our northern urban communities, and it is indeed about northern cancer patients as well. It’s about northern cancer patients who need surgical treatment that isn’t available in northern Ontario communities. It’s about children with leukemia who can’t be provided with the treatment they need in our northern Ontario communities.

1510

All of these people faced with the kinds of illnesses that need care are having to travel to get that care and are incurring significant costs that can be devastating to their families. In many cases residents of our communities are facing thousands and thousands of dollars of expenses, crippling for their families. They already face the devastating impact of illness, and they face as well financial devastation, because what do you do if your child has cancer and you have to get treatment for that child and the only way to get treatment is to travel to Winnipeg or Toronto to get the care that’s needed, and you can’t afford the repeated travel costs and you can’t afford the accommodation costs of being the parent who stays with that child while the child gets treatment? What you do is you beg, you borrow, you go into debt.

Too many northern Ontario families who face devastating illnesses and can’t get care at home are facing the costs of those illnesses long after the illness itself has been cured or after it has taken its all-too-often tragic toll.

This is an ongoing issue of tremendous concern for residents of northern Ontario. It flared up in a way that I’ve never seen before in my political lifetime, living in the northern Ontario community of Thunder Bay. It became anger. It became anger at a point in time when northern Ontario residents realized that this Ontario

government had adopted a policy, a policy that said, "If you are a southern Ontario cancer patient who has to be referred out of southern Ontario, where you would normally get your care, to a centre in northern Ontario or in the United States to get timely treatment, then all of your costs will be covered." Let's be clear—all of your costs: all of your travel costs, all of your accommodation costs, all of your meal costs will be covered. Compare that to the standard policy for any northerner travelling for cancer care or other kinds of medical care who will get a maximum of \$419 regardless of what the costs are.

I want to make it absolutely clear that northern Ontario residents are not angered because the government, through Cancer Care Ontario, has seen fit to provide the costs of travel for southern Ontario patients who need to get timely access to radiation treatment, not at all. What we want is to see that same principle, the principle that people shouldn't have to pay out of their own pockets to get necessary care, applied equally to northern Ontario residents. Quite frankly, we want to see that same principle applied, whether your illness is cancer or any other illness. We think the principle is the right one. We think the government took the right step in covering the costs of southern Ontario cancer patients who need to travel for care, and we want that same right direction to be applied fairly to northern Ontario residents.

It's a gold standard. It's a standard we agree with. It's a standard that we believe, having been established in this province for one group of patients, should now be extended universally to people who need medical care.

Cancer Care Ontario has said that the reason the southern Ontario re-referral program, as they call it, was put in place, the reason this policy of paying all the costs for southern Ontario patients who need radiation was put in place—this is a quote taken directly from an answer to a question asked in the estimates committee last week—was because they did not want financial barriers to prevent people from travelling to get the care they needed.

We say amen to that. We believe that is the right answer. Financial barriers should not be put in place that prevent people from getting access to care, and we say if that was a concern for southern Ontario patients needing access to cancer care, it should be a concern for any patient needing to travel to care. There should not be financial barriers put in the way of people getting access to care.

Those financial barriers most definitely exist now. If you want to talk to people who need to have a kidney transplant, for example, and have to travel out of a northern Ontario community and they're on welfare or low incomes, they don't put their names on the list for the kidney transplant because they can't afford the care, and the Kidney Foundation will tell you they can't meet all the needs that are there.

I believe it is morally wrong to discriminate against some patients who need access to care and don't have all their costs covered while other patients have all their

costs covered. I believe that's morally wrong. I also truly believe it is legally wrong.

The government is somewhat shaken by the fact that they may be in court over this issue, and so they are being very careful to qualify the nature of the applicants who have all their costs covered. They want this program to be narrowly understood in its application in order to perhaps protect themselves in defence in court. So the minister, from time to time, has said this is not a discriminatory program because all cancer patients referred away from their home area, out of their region, are eligible for full cost recovery. That's because the sense is that if you normally can get care in your home area, then you won't need to have your costs covered. They're saying that if you have to be referred out of your home area, then we'll cover your costs. That was the argument made for covering the costs of southern Ontario cancer patients who are referred out of their home areas to get radiation treatment for their cancer.

I have a bit of difficulty with the underlying rationale, because it says to me that if you normally get your care close to home, then you shouldn't have to pay, but if you never get your care close to home, then we expect you to pay. I think there's a basic unfairness in that very principle.

I don't think you could defend the fairness of that principle if you were to talk to Butch and Judy Carrol, who are residents of Thunder Bay. They are not people who would fall under what is narrowly defined as a re-referral program. People who normally can get care at home but for some reason temporarily can't get the care at home and have to be referred out, are re-referred. These are people whose daughter Erin died in 1998 after a nine-year battle with cancer. In the course of battling cancer over those nine years, the Carrols made 30 trips to Toronto with Erin. Erin had 13 surgeries. She was not a re-referred patient. She was a person who could not get care at home, so she made 30 trips to Toronto for her 13 surgeries. She didn't qualify under the narrow definition of who should get all their costs covered. Tell Butch and Judy Carrol that this program is fair in its underlying principle: You don't get your costs covered, because you never can get that kind of care at home.

The minister has tried to narrow the definition of the program even further. Not all cancer patients who are referred out of their home area for care get their costs covered, as she has said from time to time in answer to our questions in the House. They're being very careful now to say it is for breast and prostate cancer treatment only. The re-referral program is for breast and prostate cancer patients who cannot get radiation in a timely way in their home community.

That's not actually quite factual either, because the government did decide, after the re-referral program was put in place, to extend full cost recovery to northern Ontario residents who need to leave their home community for something called brachytherapy. But it's interesting that the reason brachytherapy is now to be covered—it's a special kind of radiation therapy. But it's

not just for breast or prostate cancer; it's also for cervical cancer or esophageal cancers. So already the program has been extended beyond breast and prostate cancers. I need to make that very clear.

This still seems to be a narrow definition, because the reason brachytherapy is now covered for northern Ontario residents is that it used to be provided in a northern Ontario community, in Thunder Bay specifically, but it's no longer provided. Because it used to be provided and you now have to travel, and normally it would have been provided, therefore we'll cover all your costs. If that sounds like it doesn't make a lot of sense in terms of people who have to travel and pay the costs, I agree with you. The fact that if you normally could get it at home and you have to travel, you get your cost covered, but if you never can get it at home, you're not going to get more than \$419, doesn't make a lot of sense.

Quite clearly, that is what the government is hanging its hat on when it wants to say this is not a discriminatory policy. It's quite amazing the lengths to which Cancer Care Ontario goes—on behalf of the government, I add, because of course it is the government that is fully funding Cancer Care Ontario—when they say: “All Ontario cancer patients who are re-referred outside of the region where they live for radiation treatment, for a service that is normally available in their region, are eligible for this subsidy.”

I'm reading from the media statement from Cancer Care Ontario that was put out on October 25, just last week, as they attempted to make sure that we all understood just what a narrow group of people this program applies to.

1520

Why was this program put in place? If we think back we'll realize it was because there are unacceptable—absolutely unacceptable—intolerable waiting times for radiation treatment for people in this province and, in particular, people who needed radiation for breast cancer or for prostate cancer. I for one agree wholeheartedly that something had to be done, that we could not tolerate waiting times, which are supposed to be no longer than four weeks and which still extend as long as seven months in some cases.

The government thought this would be a temporary program. That's the other reason the government said, “We put this program in place, but we don't have to look at extending it more broadly because, after all, this is only temporary. We won't be having to pay these costs for very long.” The temporary program was supposed to end last March, when the government was going to meet the standard for providing timely treatment for radiation. Now they are saying they may be able to meet that standard within the next year. It's clearly not a temporary problem.

I do have a problem with programs that are put in place on the basis, supposedly, of a temporary principle. I have a problem with programs that are put in place that are more responsive to political pressures and media headlines than they are to meeting patient needs. I don't

know how you justify a temporary program that is based on a fundamental principle that if you have to travel to get care, you should have all your costs covered.

In any event, I realize that the government is concerned about the legal challenge, which is why Cancer Care Ontario has sought a legal opinion from McMillan Binch, and their legal opinion says basically that the program is not discriminatory on the basis of geography. No it's not. It's discriminatory, perhaps, on the basis of the type of cancer that you've got, the disease that you've got.

The legal opinion given to the CCO, Cancer Care Ontario, says if you need radiation treatment and you're re-referred, you can receive that whether you live in the north or the south. You can't tell that to Mr Erik Seigwart, who is a constituent of mine who travelled to Toronto for surgery for cancer; so of course, he wasn't covered because it was travel for surgery. But then he was referred—re-referred would be an appropriate term—back to Toronto for radiation treatment. But it wasn't brachial therapy, so even though he was referred out of his home area for radiation treatment, his costs weren't covered because he didn't fit the program. Tell me that's not discriminatory.

Health care should be universally accessible. There is going to be a legal debate. The government has established a standard. The Canada Health Act says a standard which is established for the delivery of health care should be universally available to all. There will be a legal debate, and they are already taking a stand that they can defend this position in court. I believe there is a legal challenge in the failure to provide universal access to this program. In fact, I believe there is a legal challenge in the failure to provide universal access to health care depending on whether you live in northern Ontario or southern Ontario.

But whatever the outcome of that legal debate, the moral principle in this issue is not debatable. How is it fair to pay all the costs for a southern Ontario patient who has to travel to get health care, to get cancer care, but not to pay for Julie Groombridge or Sheila Chalat or Eric Seigwart or Heather Curtola, all residents of Thunder Bay, all of whom are cancer patients, all of whom have had to travel for cancer care, not for radiation, except for Mr Seigwart, but for surgery. How is it fair that their costs should not be covered? How is it fair for Butch and Judy Carrol, whose daughter had to make 30 trips to Toronto to get care?

How is it fair for Dana Zahn, whose four-year-old son Quinten was diagnosed as having a malignant tumour in his adrenal gland, who couldn't afford to go to Toronto—a waitress with a small income who is extremely concerned about financing and still has to draw on her own finances—although she chose to go to Winnipeg to get the care so it would be somewhat less expensive? How is this policy fair to any of these people?

The Premier said last week, “The community should help with fundraising.” The community does help with fundraising, but that's not the answer. The government

should make universal access to health care available. I say to this government, which wants to suggest that there is a counter-discrimination in having northern health travel grant programs for northerners, that it is indeed only residents of northern Ontario who have to travel on a regular basis to access health care, both cancer care and care for other illnesses. It is only northern Ontarians who are encountering thousands and thousands of dollars to get that kind of care and are facing devastating costs as a result, because they get such minimal help from government.

It is not Cancer Care Ontario's responsibility; it is the responsibility of this government. Cancer Care Ontario has done a report with advice to this government. We ask that the report be tabled. We ask that this government act on the recommendation, an all-party recommendation from the public accounts committee to look at fair treatment for cancer patients, whether they come from northern Ontario or southern Ontario, and we ask this government to establish and apply the clear universal principle that everyone should be entitled to fair and equitable access to health care.

Ms Shelley Martel (Nickel Belt): It's a pleasure to participate in this very important debate, so we can reinforce once again the fact, and it is a fact, that this government is discriminating against northern cancer patients. There is no doubt about that, except perhaps in the mind of the Minister of Health. Even her colleague the Minister of Finance, early in May, very publicly on CBC in response to a caller from northern Ontario, indicated that an inequity did exist with respect to funding of cancer patients and that he would personally bring the situation to the attention of the Minister of Health. It is regrettable that we are here five months later and clearly nothing has been done by this government except to stall and stall and continue its discrimination.

It's worthwhile to go back to the history of this matter, so that people who are watching get a clear idea of how we got where we are and why the government is clearly discriminating against northern cancer patients. The history is as follows.

In April 1999—actually, early in the spring of 1999—Cancer Care Ontario recognized that there were long waiting lists for cancer treatment, specifically for breast and prostate cancer, and cancer patients could not get timely treatment close to home. Cancer Care Ontario, the agent of this government for cancer, made a medical recommendation that patients from London, Toronto and Hamilton be sent to other centres to get access to timely cancer care. These patients would be sent to Buffalo, Detroit, Kingston, Sudbury and Thunder Bay. I agree with that decision. God help us if someone loses their life in Ontario in the year 2000 because they could not get access to cancer care in a timely fashion.

So Cancer Care Ontario made a recommendation to the government to allow this to happen. The Harris government, for its part, made a financial decision and a political decision, and that financial-political decision was that the government would pay 100% of the cost for

those southern Ontario cancer patients to access care in other centres. In other words, the government would fully fund 100% of the costs of travel to get to that centre, of food that might have to be purchased while someone was there getting treatment and of accommodations that someone might have to pay for if the cancer lodge was full or if it was closed on a weekend and they had to be accommodated in a hotel. That was a financial and a political decision. It was regrettable that at estimates last week, when I questioned the Minister of Health about the rationale for making that decision, she refused to answer that very important question.

But Cancer Care Ontario, the agent of the government, has clearly answered the question, and I suspect the answer would be the same from the minister if she ever decided to actually answer the question. Dr Shumak from Cancer Care Ontario said the following before the public accounts committee in February: "We see this as an exceptional and temporary circumstance, as these patients would not normally have to travel long distances for their treatment." He said again in the same public hearing, "We felt that in the extraordinary circumstance of a re-referral from the cancer centre they should have been treated at to another cancer centre, we should not institute a financial barrier to care." I suspect, because it was just before an election and the government didn't want to get caught with this very serious and important issue, that was also why the government made a financial/political decision to fund 100% of the costs for these patients.

I agree with that decision, because I can't imagine the emotional trauma, first off, of having to go for cancer treatment.

1530

Secondly, I can't begin to imagine the emotional burden and then the financial burden which is added to that when you have to pay out of your own pocket to access cancer care. But that is a situation which northern cancer patients face every day, and we have been trying to get the Minister of Health to understand that, because clearly she doesn't want to. Every day in northern Ontario, we have cancer patients who travel four and five hours from home one way to get to their nearest cancer treatment centre in Sudbury or Thunder Bay. Every day we have other northern patients who have to leave the north altogether and travel to London or to Toronto or to Ottawa to get the cancer care they need. All they get from this government when they have to do that is a small, minute portion of their travel costs covered: 30.4 cents a kilometre one way from their home to the cancer treatment centre, provided that it is further than 100 kilometres.

I agree that southern cancer patients should have their costs covered when they have to travel far from home. But if the government can do that for southern Ontario cancer patients, then they absolutely should do it for northern cancer patients too, who every day travel far from home to access cancer care.

It's important to note that many of the cancer patients we are talking about from northern Ontario travel farther

to get to their nearest cancer treatment centre than southern Ontario patients who are travelling not to the cancer centre in their own community but to the cancer treatment centre in the United States or in Kingston.

In June, I made a presentation before Cancer Care Ontario urging them to make a recommendation to this government to fully fund northern cancer patients too. I regret that Cancer Care Ontario, the lead agency for cancer, hasn't had the political courage to do that, because they are as much a party to this discrimination as this government is. I raised four cases, and I'd like to raise them here today, because it clearly shows that these four individuals have had to travel farther in the north to their nearest cancer treatment centre than many of the cancer patients from southern Ontario who are actually being re-referred.

Donna Graham lived in Pickle Lake, 525 kilometres one way from the nearest cancer treatment centre in Thunder Bay. She made 14 round trips to Thunder Bay for treatment, beginning in May 1999. She flew two times to Thunder Bay, was driven once to Ignace and then took the bus to Thunder Bay, another 235 kilometres, and was driven 11 other times. Her travel costs alone were \$6,077, but she received only \$2,200 in total compensation from the government. She paid \$3,806 out of her own pocket to access cancer care.

Donna Graham travelled farther by car in northern Ontario to access her nearest cancer treatment centre than the re-referral patients from Toronto, London and Hamilton who had to go to Buffalo, Cleveland, Detroit or Kingston.

Case number 2: Lorraine Newton lives in Kenora, but she cannot access cancer care in Thunder Bay because she has a rare eye cancer which can only be treated in Toronto. She drives to Winnipeg, 207 kilometres one way, and then flies to Toronto for care. She made four trips to Toronto and will have to go again this month. The best discounted airfare was \$287. She usually pays \$400. She pays \$23 to come from the airport to downtown Toronto, spends \$59 for a night in a hotel used by the Princess Margaret Hospital, and her food costs are added on. She receives a grand total of \$146.40 in total compensation from this government each trip that she makes.

Lorraine Newton travels farther by car just to get to Winnipeg than a southern Ontario cancer patient who is referred from Toronto to Buffalo, from London to Buffalo or from Hamilton to Detroit.

The third case: Elizabeth Boucher. She lives in Iroquois Falls. It's 360 kilometres one way to the nearest cancer treatment centre in Sudbury. She made nine round trips between December 1999 and March 2000. She spent \$308 for four nights in a hotel in Sudbury when the cancer lodge was closed. She spent another \$450 for meals at the hospital during seven weeks of treatment. She spent \$240 for meals before she was admitted as a cancer patient and during those times when the lodge was closed. She received a grand total of \$109.80 in total

compensation for each trip. That barely covered the gas costs.

Elizabeth Boucher travels farther by car in the north to get to her nearest cancer treatment centre in Sudbury than a southern Ontario cancer patient referred from Toronto to Buffalo or Kingston, from London to either Detroit or Buffalo, or from Hamilton to Buffalo, Detroit or Kingston.

The final case: Gladys Whelan, who lives in Fort Frances. She has to travel 336 kilometres one way from her home to her nearest cancer treatment centre in Thunder Bay. She made three round trips between November and December 1999. She spent \$469 for six nights in a hotel because the cancer lodge in Thunder Bay was full. She spent another \$360 for meals during the nine days of treatment. She spent \$180 for gas for three round trips. She had total costs of \$1,009 but received a grand total of \$306.54 in compensation from this government. She paid \$702.46 out of her own pocket to access cancer care.

Gladys Whelan travelled farther by car in the north to access cancer care in Thunder Bay, her nearest cancer treatment centre, than a southern Ontario cancer patient referred from Toronto to Buffalo or Kingston, from London to Buffalo or Detroit, or from Hamilton to Buffalo, Detroit or Kingston.

The point of all this is this: we have northern Ontario cancer patients who daily travel farther from home to get to their nearest cancer treatment centre than many of the southern Ontario re-referral patients who are travelling to other centres for cancer care. There is nothing fair about compensating 100% of the travel costs for southern Ontario re-referral patients and giving a lousy mileage allowance to northern Ontario cancer patients.

The government has tried to justify its discrimination using one of three excuses, sometimes all three.

The first is that this is a temporary program. The Minister of Health has said on numerous occasions that this is a temporary program and the government will only temporarily fund southern Ontario cancer patients. It's interesting to note that this program, funded 100% by the government of Ontario, began in April 1999 and has already gone on for 18 months. The second interesting point is that when Cancer Care Ontario was before the public accounts committee, they made it clear that at that time, in February 2000, they expected the program to go at least another 18 months. Two and a half years is not temporary by anyone's standards except, obviously, those of this Minister of Health, who needs to say that to justify the discrimination. What's worse is that we know, because those waiting lists now are longer than ever, and that was recently admitted by Cancer Care Ontario, that in fact this program is going to go on much longer than two and a half years, and the government is going to cover the costs for southern patients much longer than two and a half years. There's nothing temporary about this situation.

The second justification, and I use the word loosely, for the government's ongoing discrimination against

northern cancer patients is the government's reference to the northern health travel grant. The government—the minister and now the Premier, who has jumped into this debate in a most inappropriate way, given that he is a northerner and should actually lobby for northern cancer patients—has tried to allege that somehow northern patients are entitled to northern health travel grants, so that's OK.

The northern health travel grant has nothing to do with this issue, absolutely nothing at all. The reason for that is because this government in April 1999 created a special program for southern Ontario patients only; northerners need not apply. That's what the government has done. They created a special program, made a political-financial decision to fund 100% of the costs of southern Ontario cancer patients who travel far from home for care, and this government refuses to allow northerners to access that special program. That is a fact.

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So for all the Minister of Health and the Premier trying to talk about the northern health travel grant in hopes that maybe the media will be confused, or other MPPs will be confused or northern cancer patients will be confused, the fact is the basis of the discrimination lies with this government wherein it established a special program in April 1999 to fully fund 100% of the travel costs for southern patients. That program should be opened up, applicable to northern cancer patients too.

The third reason that the government gives to justify what just cannot be defended—and that is this government's ongoing discrimination against cancer patients—is that they have tried on numerous occasions to say that it is Cancer Care Ontario that is paying the costs for this program, or that it is the Canadian Cancer Society that's actually paying for this program and the Mike Harris government has nothing to do with funding 100% of the cost of this program.

It's interesting that in the response to the petitions that we have been placing regarding this ongoing discrimination, the government again—and I have the reply right in front of me—has insisted that it's Cancer Care Ontario and the Canadian Cancer Society paying for this program. I want to quote you from the reply to the petition. It says, "Cancer Care Ontario and the Canadian Cancer Society have chosen to pay 100% of the expenses for cancer patients who have to be re-referred for breast or prostate cancer only."

Well, you know what? That's absolutely false. It's absolutely dishonest, and the minister should know better because she knows it's not true. When we had Cancer Care Ontario before the public accounts committee in February this year, I asked Cancer Care Ontario officials how this program was being paid for, because we know they're administering it and we also know that the Ministry of Health, at the time, was sending letters to northern cancer patients alleging that this was being paid solely by Cancer Care Ontario. So I asked Cancer Care Ontario, "Can you tell me, Dr McGowan, who is paying for these costs?" And I asked again, "The money that

you're paying these patients for their 100% of costs is not coming out of Cancer Care Ontario's base budget?"

Dr McGowan: No.

Ms Martel: So it is money that has been flowed particularly for this effort by the Ministry of Health?

Dr McGowan: Yes. This is funding for this program.

Ms Martel: So special allocations?

Dr McGowan: This is funding for this program, yes."

Clearly the government is providing a special allocation to Cancer Care Ontario to pay these costs.

Second, because the government was sending letters to northern cancer patients saying that the Canadian Cancer Society was paying for these costs, for 100% of the travel to be covered, I asked Dr McGowan:

"So it would be probably dishonest or false for someone to suggest that in fact the money paying for this is coming from Cancer Care Ontario or the Canadian Cancer Society, for example?"

Dr McGowan: Well, it's not coming from the Canadian Cancer Society.

Ms Martel: At all?

Dr McGowan: No. This is not funding that's coming through the Canadian Cancer Society."

So here we are with the ministry just recently replying to the petitions that we have filed in this House trying to say again that it's Cancer Care Ontario or the Canadian Cancer Society paying for this program. That is false. That is dishonest and, as I said earlier, the Minister of Health should know better. It's clear that she's so desperate to use any excuse to justify this discrimination that she is fully prepared to make incorrect statements to northern cancer patients and suggest that somehow the money is coming from Cancer Care Ontario or the Canadian Cancer Society. Absolutely untrue, it's a special allocation, courtesy of the Mike Harris government, and the Mike Harris government is funding 100% in this special allocation, all of the costs that have to be covered for southern Ontario cancer patients.

It's clear the government has done everything it can to delay a positive resolution. It has done everything, in fact, to continue its discrimination against northern cancer patients.

We know that the Ministry of Health, the Sudbury regional office, was asked last fall to develop an options paper in order to cover the cost of northern cancer patients too. We know that the director of the northern health branch promised Cancer Care Ontario's northeast region, and Mr Gerry Lougheed in particular, that the options paper would be developed and provided to Cancer Care Ontario's northeast region for review by December 1999. We are here almost a year later and we have never seen that options paper; it has never been presented or released to anyone.

Second, in response to questions raised by my leader and I in this House on May 8, the Minister of Health promised this House that she would do a review of this inequity and that she would have the results of that review provided within a short time span. We are here five months later, and the Minister of Health has yet to

produce the report that I had been told was finished in June, which I believe clearly shows that this inequity does exist and this government is clearly discriminating against northern cancer patients. In fact, because we hadn't gotten a reply, I filed a freedom of information request for this document on September 13 and got a reply back from the minister last week to say that the government still has to consult about my request and I shouldn't expect an answer much before November 14. This is a stall tactic; it's a delay tactic; it is, in finality, an insult to northern Ontario cancer patients. Again, I believe the only reason this report hasn't been made public is because it clearly shows this discrimination exists and this government continues to carry out its campaign of discriminating against northern cancer patients.

Do you know what the sad part of this is? The really sad part about this issue is that it would cost the government a sum total of about \$6 million to fix this problem. The government blows more on advertising in a week than it would cost to fix this problem. It is an absolute shame that instead of replying to the serious and legitimate financial needs of northern cancer patients who spend hundreds and thousands of dollars out of their own pockets to access cancer care, this government would continue to delay or that this Premier, in a horrible insult to northerners, would actually say that the people being discriminated against are southern Ontario cancer patients.

We will of course support this resolution. I say again, there is nothing fair, there is nothing just, there is nothing correct or right about this policy. This government continues to discriminate against northern cancer patients. The discrimination should end and this government should cover 100% of the costs for northern cancer patients too.

Mr Bob Wood (London West): This resolution raises an important issue. Most people in Ontario have had cancer strike their families and understand what the patient and family go through in the treatment of this disease. They also know that in some cases the treatment is not successful. My family is no exception. I know firsthand what you have to go through in the treatment of cancer. I for one think it would be a good thing if we could increase travel grants to those who are suffering from cancer, and I hope that we can.

I also, however, agree with the Premier. This has to be done as part of our overall plan to provide 21st-century health care to the people of Ontario, and the review being done right now is in fact the right way to find the answer. I think, however, as we seek that answer, we have to see this issue as part of our overall plan to provide 21st-century health care to the people of Ontario. Looking at this issue in isolation is not going to provide the best possible answer. Significant changes are needed to the ways we provide health care.

There are a number of reasons why we have to make these changes. One is that medical science has made great strides in the last 20 years: new therapies, new

technologies, new drugs. The best medical practices are a lot different now than they were 20 years ago. Another reason is that our population is aging and therefore requires more health care.

What this government has stood for is real change for the better, for the people of Ontario in the area of health care. One way we have accomplished this is in the restructuring of our hospitals. Medical science has advanced and a lot more treatment is done outside of the hospital. That's what the patients themselves want and what medical science tells us is the right thing to do. So we undertook a major restructuring of the hospital system and we're well on our way toward completing that. It has been a great success.

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Members of this House will be familiar with a recent survey, done by the Ontario Hospital Association, of what patients who actually received service in the hospitals thought about our hospitals. It showed a high rate of patient satisfaction with the hospitals of Ontario.

Without being too parochial, I would like to refer in particular to the rating received by the London Health Sciences Centre, which was significantly above the average of the hospitals throughout Ontario. The reason for that high rating, I think, was that our hospitals and our health care community recognized early that a restructuring was needed and they started restructuring before the commission was even struck.

Mr Gilles Bisson (Timmins-James Bay): Prior to 1995.

Mr Wood: It actually started, I might say for the benefit of those listening, prior to this government's taking office. They had the vision to see, unlike the government of the time, that real restructuring was needed, and actually started.

They themselves would agree that they were helped a lot by the restructuring commission.

Mr Michael A. Brown (Algoma-Manitoulin): "I have no plans to close hospitals."

Mr Wood: By the way, we hear from the other side a bit about the question of hospital restructuring, and I'm going to speak a few minutes about their plan or lack thereof when it came to hospital restructuring. That in itself is going to be a matter, I think, of some interest to the public of this province.

The process of restructuring of hospitals has permitted us to move money away from areas of waste. The restructuring commission identified some half billion dollars or more that was basically being wasted in the system. The government has rechannelled those funds back into where they can best be used to provide the best possible health care for the people of Ontario.

Another area where we have made real change for the better is in community care. Advances in medical science permit many people to recuperate at home today, where that wasn't possible 20 years ago, and advances in medical science permit many people to live at home, where that was not possible 20 years ago.

This, number one, is what the people themselves want and, number two, it's what 21st-century medical science tells us is the best way to deal with people with those particular problems. Members will be familiar with the many studies that show that people recover better at home than they do in hospitals or institutions where it's possible for that to be done. To do this, however, required a considerably increased level of support for care in the home and it required the major investment of new money that we have given to the community care access centres. Members are aware that we have put hundreds of millions of new dollars into home care and community care. That is a major change for the better in our health care delivery system.

The third area of real change for the better is, of course, primary care reform. There is a general consensus that primary care reform is needed. Pretty much everybody agrees with that. But that consensus is not going to produce any useful result for the people of Ontario unless it is actually implemented. That's why I am so pleased with the recent agreement between the government of Ontario and the Ontario Medical Association. It provides the necessary framework in which primary care reform can actually be achieved. I think it provides a real basis for a very positive working partnership with the physicians to accomplish what's needed in the area of primary care reform.

I think the solution to the problem raised in this resolution must be achieved within the overall framework of a good health care plan for the people of Ontario. That's why I think the right thing to do is to take a look at it in that context, and that's what is happening right now. Given the authorship of this resolution, I feel it is also my duty to draw to the attention of the public where the Liberals stand or don't stand on the issue of real change for the better in health care.

The members will remember that the Liberal Party consistently opposed the work of the Health Services Restructuring Commission. When, however, it was time to put their platform before the voters, what substantial changes did they propose to the work that had been done? Well, they committed to changes with respect to two institutions and said they would not be bound by the rest of the report, whatever that meant. I don't know whether it was because they actually agreed with the report, wanted to try and solicit votes from those who opposed it or couldn't agree among themselves on whether the report should be implemented. I do know that when the report came to be implemented, the Liberal policy was that they had no policy. Surely, after three years of restructuring, they could tell us what they thought was right and what they thought was wrong with the report. Surely it was appropriate to come clean with the people of Ontario on where they stood on such an important issue. But they couldn't and they didn't, and that I think is rather typical of the Liberal Party. They say they support real change for the better, but when it comes down to actually doing it, they're married to old ideas and old ways and to special interest groups.

What did their platform say about community care access centres and their significant role in providing 21st-century health care to the people of this province? Actually, virtually nothing. What did they say about primary care reform? What was the Liberal platform with respect to primary care reform? As far as I can tell, their plan was that they had no plan. The fact of the matter is that when it comes to real change for the better, to provide 21st-century health care for the people of this province, the Liberals have neither a plan nor the strength to implement a plan. I invite them to open their minds to some new ideas, to some new ways of doing things, to loosen their ties to the special interest groups and to embrace the idea of real change for the better in health care.

The problem referred to in this resolution can indeed be solved, but it has to be solved as part of our overall approach to health care. A good overall plan, consistently executed, is how we will deliver 21st-century health care to the people of this province. That's something they both want, need and are entitled to.

Mr Brown: This is a debate I wish I were not taking part in. It seems to me that for well over the past year I have been reading petitions from people in Algoma-Manitoulin—from places like Manitouwadge, Hornepayne, Elliot Lake, Blind River, Thessalon, Espanola, Gore Bay, Meldrum Bay, South Baymouth—in short, from all across my part of northern Ontario. What the people are saying is, yes, that it is necessary that the travel grant in general be restructured because it is, even as it sits today, a barrier to good, accessible health care. But what's more, what angers them far more, is the fact that when southern Ontario is faced with a lack of resources to provide a certain kind of adequate care, the government does not say, "The circumstance of the northern travel grant now applies to you." What they say is, "The northern travel grant is not good enough for southern Ontario. We will provide you with a special deal. We will provide you with a deal that provides you with full travel expenses being covered." That's airfare, if necessary, all mileage, if necessary, taxis, accommodation, food, whatever it takes. If you're from southern Ontario, that is the standard that applies to you. If you're from northern Ontario, you get 30.4 cents a kilometre one way regardless.

I want to tell you that many of my constituents live more than four hours away from the closest cancer care centre in northern Ontario. If you're in Manitouwadge, if you're in Chapleau, if you're on some parts of Manitoulin Island, many of those folks will travel at least three hours, probably four, maybe more, to get proper cancer care.

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To add insult to injury, the present Minister of Health came to Algoma-Manitoulin—well, actually, to Sault Ste Marie—and announced just prior to the election that she would provide radiation services in Sault Ste Marie for those patients in Sault Ste Marie and in Algoma who needed those services provided locally. "Too bad, so sad;

we're into a hospital restructuring. Somewhere down the road, after we make decisions on hospital restructuring, probably right after the next general election, radiation services may be provided."

What this is about—it isn't about travel grants, because I don't want any travel grants. I don't think we should have them. I think we should provide the services as close to home as possible. But in the absence of being able to do that, we have to get rid of the barrier that is there, and we know the barrier is geography.

We know that this government is driven solely by electoral imperative. We know that radiation technologists have not been graduated. As a matter of fact, the number of graduates being provided into the province was cut back. It sounds kind of like the doctor situation. We know that. That has caused the problem, or at least one of the major problems, in southern Ontario. We know that to be the case. They created the problem. The solution to the problem for electoral purposes was to put this present policy in place.

Many of my constituents not only have to go to Sudbury for cancer care, or to Thunder Bay in some instances; many of them have to come here to Toronto, some have to go to London, some have to go to Ottawa, some have to go to other cancer care facilities in this province because those services are not available in our part of the world. That is the case. But somehow they are second-class citizens to this government because the government refuses to treat them in a similar manner to their southern cousins.

If that is not offensive, I don't know what is. I don't know how you explain to the miners in Manitouwadge that they don't rate the same kind of consideration as people who may be from Toronto or Hamilton, or explain to the people who work in the steel mills in Sault Ste Marie and who live in my constituency that they don't rate the same kind of consideration as their cousins in Hamilton. I don't understand how the independent loggers and the people who work in the sawmills of Chapleau can't be treated like the people who work in mills like Domtar in Cornwall. I don't see the artificial differentiation that the government is making. I think they had to get some Philadelphia lawyers around to kind of write this policy so they could exclude northerners from this particular situation.

What the government needs to do is (1) provide those services as close to home as possible, and that should be your number one priority; (2) treat the people in the rural areas of northern Ontario as well as in the urban centres equally to their southern cousins; and (3) provide a health care system without barriers.

One of the interesting things—I was watching a news report here in Toronto, Mr Speaker; you may have seen it too. They said that 50% of the people who were offered radiation treatment in centres other than by their own homes—that is, they would have to come to Sudbury or Thunder Bay or go into the great United States of America to get treatment—even though all their costs would be paid, would not travel. Their life was at stake,

but they still would not travel the distance, for a variety of reasons.

Those very same reasons affect northern Ontario. So the issue is not strictly money, but it is partially money.

We look at the mortality rates in northern Ontario for a whole host of diseases and find, unfortunately, that in many instances they are much higher than in southern Ontario. Part of the reason is that they cannot access in a reasonable and acceptable fashion the services provided by the Ontario government.

My other colleagues wish to speak, but I was sent here by the people of Algoma-Manitoulin to speak about those folks in rural northern Ontario who demand treatment equal to all those people in southern Ontario. I don't think that's a lot to ask. Make it the same. It's very simple. It would not even cost you a great deal of money. Why wouldn't you do it? I asked the Premier that last week. I got a song and dance. I thought he might stick up for northerners; I was wrong. For goodness' sake, there has to be some shred of morality over there. Treat the people in northern Ontario with the same dignity and the same equality as you do the people here in southern Ontario.

Hon Tim Hudak (Minister of Northern Development and Mines): I'm pleased to get engaged in this debate this afternoon and to provide some perspective, both on ensuring that those who are watching at home have a clear understanding of the facts in this situation and also to talk about how this situation with respect to travel is a telling indicator of the lack of policy opposite and how the travel issue fits in with an overall plan by the Mike Harris government and the Ministry of Health and Long-Term Care to improve access to services in northern Ontario and in fact in all parts of Ontario. That's the big issue: getting access to care as close to home as possible.

Those at home have heard in this debate, and in the previous questions and petitions in the House, about a couple of different programs. I want to be clear on what those two programs do. The northern health travel grant has been referenced a couple of times already today. You can tell by its name that the northern health travel grant is a unique program for those in northern Ontario, to reimburse northern residents for travel expenses for specialized services. That program has been around for some time, at least through three consecutive governments and, as I said, is unique to northern Ontario. There is no similar program in the south, the southwest or the southeast. I'll give an example to make that clear for those at home.

Let's say there was a patient who was going to travel from Smooth Rock Falls to Sudbury, a bit of a trip especially in the wintertime, considering the conditions. The province of Ontario—and this has been the case in consecutive governments—helps defray those expenses for, say, a hip replacement. That individual would have some coverage to help defray her costs for travel, gas and such. If somebody was heading a similar distance, say from Tobermory to Toronto, for this type of surgery, that

individual would not receive any funding from the province to mitigate the travel expenses. I think that's a good case in point to indicate the differences between the northern health travel grant and the lack of a similar program available to southern Ontario patients. That's certainly a program this government is committed to, to ensure that patients who have to travel significant distances in northern Ontario have access to some help from the taxpayer to cover those expenses. Again, to make it clear, that program is unique to the north; there's no similar program in southern Ontario.

As you've heard the Minister of Health indicate, that program is currently under review. The feedback we're receiving in the House today and the feedback we hear when we're travelling across northern Ontario and other parts of this province is brought to mind when reviewing that program to make sure it adequately addresses the health care needs of Ontarians.

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The other part of the argument in this debate today has to do with Cancer Care Ontario. As was described by the member from Thunder Bay earlier in the debate, that developed because there were waiting lists for cancer treatment. It's an unfortunate fact across Canada, and true as well here in Ontario, that there are often waiting lists for cancer treatment.

It was felt by Cancer Care Ontario that the waiting lists for prostate cancer and breast cancer were getting too long, and there was some concern about the patients' ability to access those services in a timely manner. So Cancer Care Ontario made sure those patients could travel to a centre—if they couldn't get that service promptly, closer to home in their nearest centre, they would be re-referred to another area. Potentially, if somebody couldn't get treatment in Ottawa, they were referred to Buffalo or Detroit. If they were from the London area and couldn't get treatment, they could go to the north and vice versa. If they couldn't get treatment in time for breast or prostate cancer in northern Ontario, they would be re-referred to southern Ontario.

Obviously, individuals—men, women and families—in some very difficult and desperate circumstances, want to ensure they get access to radiation therapy as quickly as possible. Obviously too, in the time this may take, significant costs could be incurred. So Cancer Care Ontario has offered to cover the costs of travel and accommodation and some meals for those patients to travel. I think Cancer Care Ontario has been clear, too, that whether a patient would travel from the south to the north, the north to the south, the east to the west or from Ontario to the States, patients in similar circumstances would be treated equally, that there is indeed no discrimination in this program. We've heard that from Cancer Care Ontario on several occasions.

It's often worthwhile looking through old Hansards. The debates we have today sometimes reflect debates that have happened in the past. Sometimes issues that bubble up in the health care system aren't unique; for example, doctor recruitment, a long-standing issue that

certainly predates all of our time in this Legislature. I guess the matter is which governments are moving to address these issues in long-lasting and sophisticated ways. What's interesting too is that this debate occurred at an important time: the last legs of the Peterson Liberal government and then the new Bob Rae NDP government coming in in 1990. A similar situation developed with waiting lists for cancer care, and it was determined by the Liberal government of the day to refer those patients to other areas and to cover their costs.

There are a couple of good quotes from Hansard. Howard Hampton, now the leader of the third party and at that time in opposition in 1990, said, "Over the past eight months, southern Ontario patients who have been referred to Thunder Bay for specialist treatment have received full funding for their airfare, hotel accommodation and meals from the Ministry of Health." The NDP was arguing at the time that the situation needed to be fixed, and more equitable treatment was their argument.

Indeed Shelley Martel, who spoke earlier today, the member for Nickel Belt at that time, arguing with Liberal Health Minister Elinor Caplan in 1990 said: "The travel grant in this province is woefully and totally inadequate. This Minister of Health and this government"—the Liberals—"have done absolutely nothing to change that, in spite of the cases we've raised in this House." She indicated that none of the costs for accommodation, airfare and wages lost when people have to take time to go with relatives in search of medical treatment in southern Ontario were covered. She wanted the inadequacies in the northern health travel grant addressed.

I think what's instructive, what's very telling about this is that the Liberals in office at that time, facing a similar situation, did nothing. Nothing was done. They heard the debate and did not move to address the situation; they did not respond to the criticisms they heard in the debate in 1990. That's telling, and it's instructive. In fact, many members sitting in the House arguing one side of the issue today were arguing the complete opposite side just a few years ago.

Hon Janet Ecker (Minister of Education): No. Tell me it isn't so.

Hon Mr Hudak: The Minister of Education is shocked by that. But even in my short time in this Legislature, I have discovered that unfortunately that happens from time to time from the members of the opposition. It's sad but true.

Again, it's instructive and telling that the NDP then came into office, and despite the rhetoric they had in the House, as I read, in 1990 both the leader of the third party and the member for Nickel Belt, who was the Minister of Northern Development and Mines in that Legislature, had five years to address the concerns they have brought forward. In fact, their response was not to address those concerns, but instead to tighten the criteria for the northern health travel grant, reducing access to health care dollars to help those travelling. I think it's quite ironic that, having had the opportunity, both parties

in the opposition did nothing to address this and they bring it up today in the House like it's a new issue.

I think it's fair if they want to make the debate, "Is the northern health travel grant adequate considering the significant distances that northern patients have to travel, considering the weather conditions, considering the time away from families?" That's a fair debate, and we're taking that advice as we review the travel grant. But I think the inflammatory rhetoric, the terminology, some of the stunts are unfortunate, are unproductive and, as I described, are inaccurate. It's a long-standing issue that because of distances, small populations in northern Ontario, a resource-based economy, northern concerns aren't always heard, whether it's in Toronto or Ottawa. I think it's the case, if you look at Hansard, that those arguments have come for any government, whether it was a Liberal government, Conservative or NDP. This feeling of northern alienation stems way back.

I think it's unfortunate, this twisting of facts, fanning of the flames, trying to exploit that vein of northern alienation. It may score some points for you in the newspapers, it may give you some pictures in the papers or in the press, but I'm afraid it is, in my view, an opportunistic twisting of the facts. In fact, CCO and Dr Shumak have both come forward to say that in the opinion of the doctors, the experts in the matter, they are treated equally, whether they come from the north or the south.

If the opposition were to argue that if they came from certain distances, if they had to travel from certain distances, they should be treated fairly across the province, I think that's an interesting point for debate. But the argument of the opposition is that the patient from Sudbury should be treated the same way as a patient from the south. There's also the situation I brought up with respect to somebody travelling from Tobermory to Toronto, who would have zero, whereas somebody in the north would at least be assisted in their health care.

So to make the distance-based argument is fine; that's something we could talk about and we could examine. As I said, the travel grant is under review. But the notion that somehow this is a north-versus-south issue is misleading and seeks to exploit a vein of alienation that is not accurate. If there are comments that I can bring back, that I can share, on how we can examine the travel grant, how we can ensure that northern patients are treated adequately, I'm very pleased to do that and share that with my cabinet colleagues and with the Minister of Health, but I do worry about the political tone that has come up in this debate.

That's just part of the issue. To sum up that point—because I know the member for Timmins-James Bay wanted to speak—both parties had that opportunity for five years or so to address the issue, and nothing was done. Similarly, in both platforms, in terms of the debate you're making today, it was totally absent; any mention of this type of increase in travel costs was not incorporated in either document. So five years or so to try, but they didn't say anything. In their chance for a platform,

their opportunity to govern potentially in 2000, nothing was said as well. That's why I think it's more about politics than health care.

While helping people to accommodate their expenses is important, to help relieve some of that burden of travel—and I've discussed my concerns with respect to some of the distances in northern Ontario that need to be travelled for medical treatment—the most important issue is to ensure that people have access to health care services as close to home as possible. Ideally, you want to ensure that that patient who we're debating travelling from Sudbury to Toronto can get that care in Sudbury or in Thunder Bay or Timmins. I think the fact that the opposition tends to dwell on travel alone indicates that they are satisfied with the system. I hope they're not satisfied with a system where northerners have to travel from point to point. Instead, I think we should concentrate on doing our best to put resources as close to home as possible. That's why you've seen this government move to build a new cancer care centre in Sault Ste Marie, to expand the capacity in Sudbury, to expand the capacity in Thunder Bay, a \$100-million investment in the state-of-the-art hospital in Sudbury, and similarly in Thunder Bay.

1620

I had the chance as well to be in Sudbury not too long ago to participate in a network that linked up a number of hospitals in northern Ontario. In fact, we could hear the heartbeat of a patient in Timmins across an electronic stethoscope in Sudbury. We're trying to address those issues, to overcome that distance. Certainly, the Ministry of Northern Development and Mines has invested significantly in trying to help small northern Ontario communities invest in needed equipment to attract more doctors to deliver those services.

Another good program is the direct health program, a program that began in northern Ontario in particular to try to allow 24-hour access to primary care services through a 1-800 telephone line to have contact with a nurse who could give advice to somebody who was, say, concerned about their child crying through the night and whether they should go to the emergency or seek care elsewhere. There is another example of working on technology to overcome the distance. Similarly, in the northwest recently, some funding was announced to improve dialysis services so people in the Fort Frances area could get that treatment closer to home rather than having to travel long distances, say to Thunder Bay.

As well, the province of Ontario, under the Mike Harris government, has been successful in recruiting a number of doctors and health care specialists to the north with some special initiatives, whether it's a community based contract or special incentives to work the emergency room, looking at ways of making sure that the best health care professionals will be there in the cities of the north, as opposed to having northern patients travel to the south.

Similarly, we've done some work on the Northern Academic Health Sciences Network, the NAHSN

program, funded through the northern Ontario heritage fund under the Ministry of Northern Development and Mines, again to try to improve the links between health care facilities to overcome that distance issue and to ensure that doctors can stay in touch, and to help train more doctors so they stay in northern Ontario.

I think the overall plan should be to continue to concentrate on ensuring that northerners have quick access to health care services as close to home as possible, certainly with respect to travel grants, an issue that we are reviewing to ensure that those particular issues are addressed. But it all fits into the overall government plan to ensure that whether you're in the Sudbury area, whether you're in the Timmins-James Bay area or Moose Factory, where I was on Friday, you'll have better access to quality services as close to home as possible. I will continue to work hard as Minister of Northern Development and Mines to ensure that patients do have that access so we can overcome the travel issue and ensure that they have access to the best quality services as close to home as is possible.

Mr Bisson: What is truly disappointing in this debate and what is truly disappointing with this issue of how we're treating cancer patients in northern Ontario is the constant spinning of lines we've heard, first from the Premier, who is trying to make this out to be an issue of unfairness for southerners, but, quite frankly, the same kind of message being spun by the Minister of Northern Development and Mines.

I want to say to the minister directly across the way, to Mr Hudak, I've got some respect for your position and I have some respect for you as an individual, but I really have a problem with you standing up in the House today and just mouthing the lines of your Premier. I realize, in sincerity, you are appointed by the Premier and you have to follow his direction, but we in northern Ontario expect to count on our Minister of Northern Development and Mines to be our spokesperson at the cabinet table. Sometimes that means, quite frankly, that you have to stand up against your Premier.

I know that because we had to do that ourselves when we were in government, and I'm sure the Liberals had the same type of battles with their Premier when they were in government from 1985 to 1990. But it's always been understood at the Ministry of Northern Development and Mines that that minister is a spokesperson for the north. I hope you change your line and you don't carry on with the line you're doing now of strictly defending the Premier.

Let's not mix the two issues. You guys, as a defence, are trying to lump in how we're treating cancer patients with Cancer Care Ontario with travel grant patients. They're two different issues. We've been saying that from the beginning. Yes, we could have a debate about how we're dealing with northern travel grants. Yes, I'm prepared to enter into debate about how we strengthen that program and I'll give you a couple of suggestions. But the issue here is not the northern travel grant program; the issue is how we deal with cancer patients in

this province who have to travel for treatment. It's very simple.

If you're living in Timmins, Red Rock or Moosonee and you have to get cancer treatment, you can't get it in your home community most of the time and you need to be referred to a cancer centre, in this case, Sudbury, if you're in northeastern Ontario. Those patients are paid a one-way premium based on the mileage they have to cover to get treatment. But if you're a patient in southern Ontario—let's say you're in Hamilton and Hamilton can't treat you because your hospital is full. You're being sent up to Thunder Bay or Sudbury and being paid the full cost of transportation.

We're saying that's not fair. As northerners, we think it's great you're paying 100% of the cost of southerners. That's not the problem. You should treat northerners the same. If we establish a program that says for people who have cancer and have to travel in this province in order to receive treatment we are going to pay 100% of the cost, that program must apply to all Ontarians, not just people in southern Ontario.

It's been very disappointing to listen to the debate and to the answers to the questions in the House when the Premier, all of a sudden, really started to hone in on what the communications strategy of the government was, which was to say, "Southerners are discriminated against and somehow or other northerners are doing quite well, thank you, and they don't need our help."

I don't accept that and I don't think you do. I know you well enough to know you want to do the right thing when it comes to northern Ontario. I'm asking you to do it on this one. Don't mix the two issues together. This is a simple issue. If I'm a cancer patient in Moosonee and I have to travel to Sudbury or Toronto, I'm treated differently than a cancer patient who resides in Sarnia. That's the point.

If you want to talk about how we enhance the northern travel grant program to deal with other issues, I'm more than prepared to get into that debate. I agree with you. I wish that in the time we were government, from 1990 to 1995, we could have been in a position to strengthen that program. You guys want to play politics with this. The reality is, we were in the middle of a recession. You guys are sitting in a surplus situation. You're in a position to increase that program, if you so choose, and I'll support you on that. I'll go out and campaign on it with you, if you want. I'll stand on the podium and say, "Minister, you've done the right thing. You've increased the northern travel grant program for all patients who need to travel for health care treatments in northern Ontario."

But let's not mix the two issues together. The issue here is, we have northern cancer patients who are treated differently than cancer patients from southern Ontario. As you know, there is a legal challenge coming before you that I think is going to stand up in the courts at the end of the day because the argument they make under the charter is, once you apply a program in the province or in the country, or you apply a law, you cannot apply it

differently to different classes of people. The Constitution is very clear about that.

What they're saying is that you created a program with money from your government to Cancer Care Ontario to offset the travel costs of southern cancer patients when they need to travel for treatment and you pay 100% of the cost, but when people in northern Ontario need cancer treatment you only pay according to the northern travel grant program. You're paying out of two different programs. You can do that all you want, but that's the issue.

If you want to talk about the northern travel grant program, I'll give you one example. Just today, I got a phone call from my office where—I'm not going to use the gentleman's last name because I don't have permission. But my staff tell me a gentleman came in with the initials C.L. His son or daughter, I'm not sure which, a young child three years old, is in a situation where they had an accident and need to get an eye replaced either with a transplant or with a prosthetic eye.

This parent is having to travel from Timmins to Toronto to get treatment for that child so, hopefully, that child can get his or her vision restored. It's costing that father \$600 every time he comes down, at bare minimum. By the time he gets in his car, drives down, brings the child, gets to the hotel room, then goes back to Timmins, it's 600 bucks, and the travel grant program doesn't cover his entire costs, and that's not even talking about the loss of wages. This gentleman has come to our office saying, "I've now travelled four times. I will travel another 40 if I have to because it's my child but, Jeez, I need some help. This is expensive. I've just gone back to work, I'm not making a lot of money and I can't really afford to do this. Is there any help?"

I say to you, Minister, yes, let's increase the northern travel grant program so fathers like C.L. are able to get the money they need, not to give them more than they're entitled to but to at least allow them to cover their costs when they travel for treatments they can't get in their own communities.

1630

I say to you, Minister, and the Minister of Northern Development and Mines, if you say to me today that your government is prepared to look at some ways of increasing the northern travel grant program to deal with all patients who need to travel more than 100 kilometres in northern Ontario, as under the current program, I'm more than prepared to work with you on that. I think we can do it. This province is in a surplus position because of what's happening in the economy in North America. All governments, ours and the federal government and the American government, are running now with more money coming in every year than is going out. I say we can certainly take a few dollars, put them aside and increase that program so those people who need transportation to get treatment are able to do so. I agree with you. I will work with you on that. Today, tomorrow, whatever you want to do, name the place and I'll be there with bells on. I think you and I both understand that's an

issue we should deal with now that we're in a surplus position.

Minister, when we're talking about cancer patients, it's not the same issue as the northern travel grant program. Don't mix the two together. I understand in this place—the minister stood up a little while ago and said that the opposition is having fun with that, that the NDP, Shelley Martel and myself and Howard and Tony Martin, are out there in northern Ontario chastising the government for the way they're treating cancer patients and are making hay of it in the media. Darn right we are and, I think, if you were in northern Ontario with me, you would be doing the same thing. I know you. You're in the same profession that I am. You're there to represent your community. We're called politicians and we get elected to represent them. I know that if Tim Hudak's constituency in northern Ontario were affected, he would be out there yelling at the top of his lungs and talking to any media outlet that would allow him, if he were in opposition, or, I would hope, if he were in government. I've been on both sides and I've done the same things from both sides of the House.

Minister, what we need you to do is to lobby within your cabinet and talk to the Premier and say, "Listen, these are two different issues. Let's not get caught up in the re-referral issue. Let's not get caught up in trying to say that southern Ontarians are discriminated against—against northerners." Listen, it's not the issue. It's two different things. If I have cancer and I need treatment in Moosonee, there ain't no other game in town. You've got to go to Sudbury. If you're in Hamilton and you've got to get cancer treatment, there's treatment in Hamilton or you can go down the highway to Toronto. There's not a huge cost involved for that patient to get treatment. They can get it in a timely fashion. But for people travelling great distances in northern Ontario, that's not the case.

You know that. You're an intelligent human being. I respect you as an individual and I know you understand that that's the issue. I'm just asking you. You say you don't want to be partisan about that. OK, let's not be partisan. Work with us to find a solution; work with all members of the north, in the NDP caucus and Liberal caucus, to find a solution. Convince your Premier that he's wrong. Yes, that's tough. It's a hard thing to do. I remember having to go against Bob Rae on a couple of issues when he was our Premier. It's not easy standing up to a Premier, especially when you're only a parliamentary assistant. But every now and then you have to do that because you're elected by your constituents to have that fight. At times, yes, you will pay a price, but at the end of the day you have to look at yourself in the mirror, look yourself square in the eyes and say, "Have I done my job?" I feel that I have and I know you want to as well.

I'm appealing to you, Minister, to work with us. Let's not confuse the two things. There is the issue of what happens to cancer patients, how they're treated in this province; northern cancer patients are having to pay for travel to get life-saving treatments, where people in

southern Ontario, when they need to travel, are paid the entire cost. People in southern Ontario are treated differently from people in the north. That's the argument we make. I don't argue that you should take away that program from southerners. I agree with you, if somebody's in Hamilton and the hospitals in Hamilton are full and the hospitals in Toronto are full and that person has to travel to get life-saving treatment, by all means let's send them to Sudbury, Thunder Bay, wherever we've got to get them well, and yes, let's pay their cost—no argument. I think that's a noble idea. But you've got to do the same for the people of northern Ontario.

We have no other options. If I'm sitting in Timmins or Red Rock or Moosonee or Kapuskasing or Hearst, we're not treated the same. We have no choice. You must travel.

This weekend—j'ai eu l'opportunité de rencontrer un couple d'individus dans la communauté de Hearst. Je ne sais pas si vous la connaissez, mais dans la ville de Hearst il y a un groupe de personnes qui ont survécu les traitements de cancer. Ce sont des personnes qui ont déjà été traitées pour le cancer et qui sont correctes. Eux se demandent où ça va aboutir, tout ce document-là. Qu'est-ce qui va arriver à la fin de la journée quand ça vient à toute la question de comment on traite les patients du nord ?

Moi, je veux être capable de dire à ces patients à Hearst que la ministre est d'accord avec eux autres, qu'il y a un problème, qu'elle reconnaît qu'il y a un problème, que l'on traite nos patients de façon différente et qu'à la fin de la journée on va s'assurer qu'il y ait un programme adéquat pour les patients de cancer du nord de l'Ontario tel qu'il existe pour les patients du sud de la province.

So, Minister, I don't want to belabour the point. I think I've made my point. I think you understand what I'm saying. This is not a question of playing politics. The reality is that we're all elected to represent our constituents, and we in northern Ontario right now are dealing with a very real issue. It's hard. You've got people coming into your constituency office, as I did two weeks ago when I had one woman come who said, "My mother is dying of cancer. She's not going to make it. But she has to go get some treatment to give her some hope that maybe there'll be a miracle." The treatment she has to get you can't get in Timmins, so she has to go to Sudbury. The daughter is having to pay the cost of this; her mother's in no position to pay for it. She asked, "Why should I have to pay when I see somebody from Toronto or Hamilton who sits at a Sudbury hospital getting treatment next to my mother and tells me, 'We got everything paid,' and I'm not?" She feels rather frustrated about that. That's the real issue, so let's not confuse the two.

The northern health travel grant is a separate program. It deals with patients needing all kinds of treatment of all kinds of diseases, with services you can't get in your home community of Timmins if you live more than 100 kilometres away. In Hamilton there doesn't exist such a

program because if your hospital can't treat you, you can go to the hospital 20 kilometres down the road and get treatment. That's why there's no travel grant program for southerners on other issues, because, bar none, more times than not, they can get the services close enough to their communities so they can get treatment. But when it comes to people in northern Ontario, we don't have that luxury. People are travelling, as you know, Minister, great distances—500, 600, 800 kilometres. In my riding, people travel upwards of 1,000 kilometres to get treatment. That's why we have a travel grant program. The issue of cancer treatment is separate, and let's not mix the two up. Let's do the right thing for northerners. I know that's what this is all about.

Mr R. Gary Stewart (Peterborough): I was going to say I'm pleased to speak to this resolution, but I'm not, because of the type of resolution it is, that it deals with cancer, something that, as the member for London West said, seems to touch us all, which is most unfortunate. The reason I did want to speak to this resolution is that I believe the wording is extremely deceptive and I wanted to make sure I had the opportunity to try and get out what this is all about.

I want to just make a comment that there are two programs. One is the northern travel grant and the other is, of course, Cancer Care Ontario's referral program. All Ontario cancer patients who are referred outside the region where they live for radiation treatment, for a service that is normally available in their region, are eligible for this subsidy. Because patients in northern Ontario do not face unacceptably long waits to access radiation in their regional cancer centres, the majority of patients who require support under the referral program are from southern Ontario. Again, it's a population issue, it's an issue of having adequate facilities.

1640

I've listened to those folks about the long distances the folks in the north have to travel, and I can appreciate that. But being from a rural part of a riding in Ontario, I know that many of the people in my constituency and to the north, in the area of my fellow caucus member, the Hon Chris Hodgson—certainly those in the Burleigh Falls area, Lakefield, Maynooth, Bancroft, Apsley and that area—who have got to go to Kingston or Toronto or London, have a long way to travel. And they are indeed as sick, I'm quite sure, as those who travel equivalent distances in the north country. I can tell you that there are many people from that area, because the economy is not booming as well and there is not the opportunity for high-paying jobs—those folks would be most appreciative of the 30.4 cents if they were able to get it.

The northern Ontario travel grant being permanent I believe is a major help to those from northern Ontario, especially to assist with those travel costs for specialized health services such as dialysis, cardiac care, AIDS, whatever it might be. Again, in southern Ontario that did not happen, and a good example of it was dialysis in our area. Again, I talk of the communities I mentioned.

For 15 years they tried to get a dialysis unit in Peterborough. Finally, within eight or nine months after we formed the government we did get a dialysis unit, so those people did not have to travel three times a week to Oshawa, Toronto or Kingston. When you're looking at three times a week, two to two and a half hours, that is a major cost for those folks in southern Ontario, without any assistance whatsoever.

I believe that Cancer Care Ontario, when it was established a few years ago, was a major move forward for Ontario, the fact being that they developed a temporary program to ensure that all patients in Ontario who require radiation received their treatment within a medically acceptable time period. I guess for any of us who do have cancer or who have had loved ones with cancer, that is primary. This government, our government, believes patient care is primary and will happen, and if you look at some of the major dollars that have been put into health care in this province in the last five years, it's absolutely unbelievable.

I look at my own riding. We now have a dialysis unit as of five years ago, with a new one coming to our new regional hospital. We have a new regional hospital, the sod-turning hopefully will be this spring. We have a cath lab second to none in North America; in fact, I believe it is the only swing lab at the moment in North America. We just completed the 500th test last week. Those people were travelling to Ottawa, Kingston, Toronto, Hamilton, London—three or four hours—and not getting any type of assistance. An MRI is coming. So I believe that the province is very cognizant of the fact that we have to continue to invest more money into health care.

I'm glad that the federal Liberals finally decided to give us some of the money that they took back from us five years ago—not all, mind you, but they finally realized that they have to be part of the solution in health care. It was interesting to note last Friday, when the minister announced \$471 million invested in operational costs of the hospitals in Ontario, what it will do for hospital services.

I get very concerned when I hear the opposition talk about health care and how terrible it is. I believe that if you are criticizing health care, you are criticizing health care workers. I want to publicly compliment all the workers who are involved in health care, whether they be doctors, nurses, workers on the floor, whoever they might be. They need to be complimented and told, "Thank you for what you're doing." The other thing I want to comment on is all the volunteers in this great province who assist people with cancer and other medical problems by driving them and assisting them to get to these centres.

I also want to make a comment about our government. We have been playing catch-up since we became the government back in 1995. Whether it be in roads—it was interesting to see the auditor a year or so ago saying, "You're going back the other way," yet we're spending the largest amount of money on roads this year that has

ever been spent in this province, because previous governments did absolutely nothing.

I look at what is happening with the investment in cancer centres that is proposed and is going to happen: \$180 million for the construction of five new cancer centres in Peel, Durham, Sault Ste Marie and St Catharines, and expanding three existing sites in Sudbury, Hamilton and Windsor. Without any doubt that is a tremendous investment. Certainly the economic environment in this province helps us invest money in health care, and I compliment the ministry and the minister for his persistence in making sure Ontario indeed is open for business, and we will continue to do so.

My time is up, but I want to say that I want to make sure everybody in this province gets quality care, whether it be for cancer, cardiac or whatever. I compliment the Ministry of Health for their investment in health care in the province, making patient care the priority it is, the priority it has been and will continue to be under our government.

Mr Rick Bartolucci (Sudbury): I proudly stand in support of the resolution put forth by the member for Thunder Bay-Atikokan, because we on this side of the House know it's the right thing to do, the proper thing to do and the fair thing to do. What concerns me a little is that presently in Ontario we have an issue of discrimination that's taking place. It takes place against people in northern Ontario who have to travel out of their area for cancer treatment. Clearly this is an issue of fairness that is not happening in Ontario now. To compound the matter, we have a Premier who has decided, for God knows what reason, to allow that to continue without understanding the significant burden it's placing on northerners. We have a Minister of Northern Development and Mines who stood in the House a little while ago and said, "I agree with my Premier. I agree that no discrimination is taking place. I agree when Mike Harris says there's discrimination but it's against southern Ontario." It shows two things. One, it shows a clear lack of understanding about the issue. For the people of Ontario today it is simple. We are talking about cancer patients who have to travel for treatment. Thank God the people who have to travel from southern Ontario to northern Ontario or to the United States are being compensated. That's never been an issue with this caucus. The issue is that those in northern Ontario who have to travel for cancer care to southern Ontario or to points outside their home centre are not being funded fully or the same as southern Ontario residents.

1650

So it is an issue of fairness. It is clearly an issue that this government cannot stand on any rational policy and defend. I ask the people of Ontario and I ask the government members: bring forth those northern cancer patients who are so happy with the policy the way it's written. We've outlined time and time again those who are unhappy with the policy, those who are being placed under enormous strains financially. We're asking the government to stop the unfair treatment.

We're not asking you to enshrine something forever. My proposal to the government—I made this proposal not only to Mike Harris but also to the Minister of Northern Development and Mines, to the Minister of Health and to anybody else who would care to listen and respond to correspondence—is treat us the same. Until you get the northern health travel grant or a health travel grant in order, treat cancer patients in northern Ontario the same as you're treating them in southern Ontario.

Do you know what? We stand here with no argument if that were to happen. If you were to treat Janice Skinner the same as you treat all the cancer patients in southern Ontario who have to travel out of their home jurisdiction, we would have no argument. Janice Skinner, one of the co-chairs of Ontarians Seeking Equal Cancer Care, would be happy. Certainly the chair, Gerry Lougheed Jr, would be happy.

The reality is that's not happening and it's very simple to fix on an interim basis. Here is the solution. The Minister of Northern Development and Mines stood up and said, "Give me the solution." Well, the solution is simple. Until you solve the problem with your health travel grant, fund cancer patients in northern Ontario who have to travel for treatment the same way you fund cancer patients in southern Ontario who have to travel for treatment. It is no more complicated than that. The problem is solved.

I think the people in the House today, and I also think the people of Ontario should know that the real dilemma we have here started a while ago when a single voice from northern Ontario, Gerry Lougheed Jr, who sat on Cancer Care Ontario, decided what was happening and what was being proposed by the government and Cancer Care Ontario was unfair to the northerners. This started a long time ago at a Cancer Care Ontario meeting, when Cancer Care Ontario decided they would implement this policy, with the approval of the government, and probably with the direction of the government. Gerry Lougheed Jr, a champion of fairness, a champion of equality, decided we must stand up for northerners around Cancer Care Ontario tables. That's where it started. We've just extended this fight.

He lost his position on Cancer Care Ontario. It's unfortunate for the people of Ontario because, without a doubt, Gerry Lougheed Jr is probably Ontario's greatest cancer advocate, and he has the history to prove it. So the people of Ontario lost an advocate. But you know what? In northern Ontario, we gained a very strong voice that will not quit until there is equality, until there is balance, until there is fairness and until the discrimination ends.

We can call it health care apartheid, and you can call it whatever you want. The reality is that whenever there is a lack of fairness, then there is discrimination against one party. In this instance, sadly, it's against northerners. But it's a situation that could be easily and quickly remedied if the government understood, as I know they do in their heart of hearts, but because of a politically driven agenda, they won't admit it. All they have to do is say, "From now until we fix the health travel grant, cancer patients

travelling from northern Ontario to southern Ontario will be treated the same as southern Ontarians travelling to northern Ontario for treatment." Cancer knows no geographical boundary. A tumour is a tumour is a tumour. A cancer patient is a cancer patient is a cancer patient. It is no more complicated than that.

Earlier, the Minister of Northern Development and Mines said that we get up here and we do what we have to do as opposition members to attract attention. Of course we're going to do that. That's our job, especially when we see that we're not, as northerners, being treated fairly. What he doesn't understand is that it's his job, as the Minister of Northern Development and Mines, to stand up for northerners. The reality is, he doesn't do that, and I don't know the reasons why. I'm not about to guess or surmise what those reasons are, but clearly we know in northern Ontario he's not doing that. While I have respect for the office, I must say I would have much more respect for the individual in the office if just once he stood up for northerners and he said, "Yes, there is an injustice here. Yes, northerners are right. Yes, those who represent northerners are right. Clearly, this wrong has to be righted. Clearly, Mike Harris is wrong in this instance. Clearly, I as the Minister of Northern Development and Mines will defend the rights of northerners, as I'm charged to do."

But what do they do? They go back to what they say are the lost 10 and a half years, and then they say that the NDP withdrew \$5 million from the northern health travel grant and they try to put the smokescreen around it. "Yes, that's right; if they'd put in the \$5 million and increased it by \$1 million, we wouldn't have a problem."

But you know what? Let's not confuse this issue. This issue is not one that's complicated. You fix the northern health travel grant, and while you're doing that—we know you're going to do it. We know you're going to make that announcement very, very soon. All the writing is on the wall. It's so obvious, it's almost pathetic. I don't know why you just don't do it. But what you haven't done, what you clearly refuse to do and what is wrong, is that you refuse to treat northerners the same as southerners. That is what is upsetting the people of Ontario—not only northerners.

Lots has been written about the government's reaction to this dilemma, but let me quote an editorial that appeared in the Sudbury Star. Those of you who are in the know will know that the Sudbury Star, by and large, gives you very favourable editorials. I respect the Sudbury Star for its editorial ability. I don't always agree with their editorials; however, today I agree. In Saturday's paper they say, "Harris Should Be Embarrassed." It's a very long editorial, but I'm only going to read a couple of sentences.

"Premier Mike Harris's defence of the province's assistance to northern cancer patients is insulting to cancer patients and should be embarrassing for him and his government."

I believe the first line of that editorial says it all.

1700

Mr Wayne Wettlaufer (Kitchener Centre): I'm pleased to stand and speak to this today. The one thing that I think has been ignored during the course of the debate is the fact that everybody wants equal treatment, wants proper health care, in each of their own ridings, each of their own communities.

I'm no different from the northern members of the opposition party. For 10 years in the riding of Kitchener, in fact in Waterloo region, we did not have proper health care at all. We did not have cardiac care facilities. We did not have cancer care facilities. We didn't have an MRI. We didn't have dialysis. The patients in Kitchener had to travel to London, Hamilton, Toronto or wherever they could get the treatment. So I do sympathize with them in what they're trying to achieve.

However, I think we should realize that during the course of this debate there's been much said about government funding this or that element of health care. We've all said many times in this House that since 1995 our government increased funding from \$17.6 billion in 1995 to \$22 billion—in fact, \$17.4 billion in 1995 to \$21.6 billion, and it's going to be \$22 billion this year. Much has been made of that. The reason we have had to increase funding dramatically in health care was to meet needs that were not properly planned for by the two previous governments from 1985 to 1995.

I want to explain something here. We've been under a great deal of criticism for the "emergency crisis." We put \$8.5 million into emergency physicians a couple of weeks ago, and I would like to quote the editorial in the Kitchener-Waterloo Record within that week; I didn't date it, so I don't know the date exactly. It says:

"This change comes shortly after the government also increased the number of beds in emergency wards and announced that it would expand its flu program in an attempt to keep Ontarians in good health and out of hospital.

"Regrettably but perhaps predictably, the opposition parties seemed unable or unwilling to welcome this news. Liberal leader Dalton McGuinty, for example, accused the government of 'tinkering around the edges' of the emergency room problem.

"The Ontario Medical Association took a more reasoned approach. Its president, Dr Albert Schumacher, said he was pleased the government had recognized the need to recruit and retain emergency room physicians. Schumacher also said that two years ago Ontario's health care system finally started improving again after a decade of decline."

So it started improving under our mandate after 10 years of decline under the mandates of those two governments. They did not plan. They knew what the needs were, but they did not plan.

Cancer Care Ontario has recently issued a media statement, October 25, and in their media statement they comment:

"The travel subsidy provided under the re-referral program does not discriminate against anyone. All

Ontario cancer patients who are re-referred outside of the region where they live for radiation treatment, for a service that is normally available in their region, are eligible for this subsidy.

"Because patients"—and this is very key—"in northern Ontario do not face unacceptably long waits to access radiation in their regional cancer centres, the majority of patients who require support under the re-referral program are from southern Ontario. However, northern Ontario patients have received support to travel to southern Ontario to receive brachytherapy, a specialized form of radiation that was, but currently is not, available in Thunder Bay."

In addition, Kenneth H. Shumak, MD, president and CEO of Cancer Care Ontario, recently wrote to Health Minister Witmer—on June 1, 2000, as a matter of fact—and he said:

"In response to recent conversations between our offices regarding the northern health travel grant program, I want to convey my support for your recent commitment to review this program." The program is under review. "As you know, as chief executive officer of Cancer Care Ontario, I speak on behalf of CCO.

"I understand that the government's decision, on the recommendation of CCO, to cover all travel and accommodation costs of cancer re-referral patients has resulted in a misperception that there is inequitable support for northern residents needing to travel for specialist care.

"As you know, the re-referral program covers only cancer patients who are re-referred for radiation treatment and provides full coverage of their travel and accommodation costs. This is a temporary program to ensure that those who need early radiation treatment can be treated in a timely manner ... patients who are re-referred for radiation treatment in northern Ontario are treated exactly the same way as southern Ontario re-referral patients.... The NHTG program is a permanent program designed to assist any resident of northern Ontario who must travel an appreciable distance for medical care. The two programs are designed to meet different purposes and needs."

We're dealing with a health care problem in this province that is not dissimilar to health care problems right across this country. But everything can't be done at once. As I mentioned to you earlier, the program is under review.

I was talking before about the fact that there hadn't been proper planning for 10 years. Again, we're talking about ER ills which, according to some officials, are chronic. Dr Harold Fisher, assistant director of the emergency department at Mount Sinai Hospital, said, "It's just the tip of the iceberg. We have fundamental problems....

"This is a very old problem. It's at least 10 years old.... This is not a new issue. It's not a new disease."

Had the Liberal government when they were in power and the NDP government when they were in power done proper planning, we wouldn't be sitting here discussing these problems. We wouldn't be discussing them today.

I mentioned to the Minister of Energy, Science and Technology today how I felt. He, of course, is the former Minister of Health and he said, "Well, Wayne, if they had done planning, we might not be here." That is true. The people of Ontario were looking to us to address the problems that they knew the two previous governments had not addressed.

Now the parties opposite seem to think that when they snap their fingers, we should be able to immediately make these problems go away. It doesn't happen that way. There has to be proper planning. But when you people were in power—when they were in power, Mr Speaker, they did not recognize that proper planning must be done. It will take probably a few more years. It will take a few more years. All the governments right across this country have recognized that it will take a few more years.

The federal government has decided, finally, that they're going to put some money back in. However, do we remember, when the Canada Health Act came into being 35 years ago, that it called for the feds to contribute 50% of the cost of health care? Do you know what? They're now only contributing about 11% or 12% or 13%. It'll be 13% as a result of the new funding, which we still haven't seen, by the way, which we won't see until April of next year. By then we'll be contributing more again, so it probably won't hit 13% anyway. But for a reasonable health care program in this province, the federal government should contribute a standard 18%. That's what they should contribute.

Does the Liberal Party ever talk to them and suggest this to them? No. They would rather make political points. They would rather have their leader come in this afternoon and try to make political points. The people in Ontario aren't fooled. They realize that the Liberal Party is only trying to make political points, that they do not exhibit any kind of leadership. They know the Liberal Party doesn't have a plan.

Let's get back to the northern travel grant. The mechanics for applying for the northern health travel grant are the same today as they were when the Liberals were in power. We haven't reduced it any. We haven't made it any more difficult. They're the same. Ontario is one of only five provinces that offer travel assistance of any kind at all. What's the problem? We know it has to be reviewed, and it is being reviewed. But again, you want to make political points.

My time is up. I would like to take advantage of this opportunity to thank the members for listening.

1710

Mr John O'Toole (Durham): It's my pleasure to speak on the Liberal opposition day today and, I suppose, driving it down first to respect the opposition for bringing this up, specifically Ms Martel. I think she has done an outstanding job in raising members' awareness of the issue.

I want to make sure that I represent my constituents in Durham. I'm a little bit out of air because I just ran in here today to speak on this issue, but I was watching the

previous member, the member from Kitchener, speaking on it as well. But I think to drive it down, in my riding, for instance, of Durham, to this point in time most services provided in the treatment of cancer were not provided in Durham. However, chemotherapy, for instance, was offered at the Lakeridge Health Corp Oshawa site, which was in some respects more convenient then. Prior to that, in the generation I can speak of at a personal level, those suffering from cancer basically had to go to Princess Margaret.

I recognize that there are certainly distance disadvantages in living in the north in a number of ways, whether it's getting a quart of milk or whether it's getting services for illness and disease like dialysis or cancer treatment, and it would be presumed that everything is so close and so convenient in southern Ontario because the distance is in compact urban form. I just want to dispel that myth. It's certainly not the case in all cases. When I was first elected in 1995 there were no dialysis services for people living in the Peterborough, Apsley and Bancroft areas. In fact, the catchment area for that area was basically that you had to go all the way to Oshawa two and three times every week. They would be travelling certainly in excess of 200, perhaps close to 300, kilometres.

The member from Peterborough worked very hard to make sure there were dialysis services provided in Oshawa. In fact, that's the whole theme we're working toward and we shouldn't lose sight of the longer objective here: to make services closer to the patient. That's, of course, what's happening in this transitional time as we've expanded higher-order services in northern parts of Ontario. I think it's a good thing, whether it's in Thunder Bay or Sudbury. But there will always be a certain gap in terms of distance between people and services, whether it's in health services or other higher-order services that are important to our community.

I also want to take a moment and appreciate what is actually happening in Durham. The member from Oshawa and the member from Ajax-Pickering and the member from Uxbridge as well—that is Janet Ecker, Jim Flaherty, Jerry Ouellette and myself—have been working very hard with the Ministry of Health and Long-Term Care to make sure we finally realize a long-time goal, to have cancer treatment right here in Durham. That project has been committed to by the minister, and in May 1999 the ministry approved a grant of up to \$34.2 million, which represents 70% of the total share of that project cost. The total cost of course is \$48,913,000, almost \$50 million. That project has been approved by the Ministry of Health and Long-Term Care, and I can assure you that the people, the residents, my constituents, have worked very hard first of all to have that need recognized and, second, to support the funding. The 30% portion has been raised by local constituents in Durham region, if you will, to drive services closer to patients.

Why did they put it in Oshawa? It's the same issue we're debating here today. The whole theory here is to have patient services closer to patients and where they

live. It will be more difficult in northern Ontario, but certainly the issue for people in southern Ontario was for many, many years that they had to travel to the larger centres, whether it was London or Kingston or Toronto, to receive the higher-order services. It may be presumed by someone else that that isn't difficult. I can tell you, it takes me close to two hours a day each way to get to and from my occupation here at Queen's Park. So imagine trying to do that under the threat of illness and life-threatening disease. I understand it's a problem. We're trying to make sure the future is bright for the people of Ontario.

Mr Michael Gravelle (Thunder Bay-Superior North): I'm very pleased to also join the debate in support of the resolution by my colleague from Thunder Bay-Atikokan. I think it's just so very important to understand the level of outrage that is felt by northerners when this issue is discussed in the Legislature. Last week we had one question period almost devoted to it. That level of outrage I think actually rises when we hear responses like we've heard today from the members on the government side. The member for Kitchener Centre was talking about political points being made; the Minister of Northern Development and Mines was suggesting it was a political issue as far as we are concerned. It really is disgusting.

I'd like them to tell that perhaps to the family of the little boy who was diagnosed with acute lymphoblastic leukemia in Thunder Bay last year. Because there was not a pediatric oncologist at the Northwestern Ontario Cancer Centre, he had to come to Toronto, to the Hospital for Sick Children, to be looked after. He had to spend a great deal of his time with his family back and forth. I'd like the government members to talk to that family about the politics of this, the fact that they had to remortgage their home, the fact that they had to use their life savings. The extraordinary emotional trauma of this was amazing. The child was extraordinarily brave. He did pass away, unfortunately. They spent over \$18,000 of their own money. Yes, they got support from the northern health travel grant; yes, they got support from the Canadian Cancer Society.

But the fact is we have southern Ontario patients that the government has deemed, for perhaps good reasons, can't receive the kind of care they need in a quick enough time period. They're going to be sent to other places, including Thunder Bay and Sudbury, and they're going to receive 100% of their travel costs, their accommodation, their food, whereas this little boy and his family could not get that same sensitivity from the government. I think it's really difficult to explain to them, as it is to any of us, how you can possibly justify that behaviour.

When the minister announced back in April 1999 that this re-referral program was going to be put in place—and just the term irritates me. You're referred down to Toronto because you can't get help in Thunder Bay, and you're re-referred from Toronto to Thunder Bay—these are all words that don't mean a lot to a lot of people.

When the minister announced that, she did make it very clear that it was going to be a temporary program. I recall my response at the time, when I was asked by the Thunder Bay media. I said, "If that's the case, they should at least temporarily provide the same level of service and care to northern Ontario patients who are forced to travel as well."

Because no matter how you cut it, this is an issue of pure discrimination, and nobody can argue that. I will tell you, whether you are in Thunder Bay or you are in Marathon or Geraldton or Sudbury or Timmins or Sault Ste Marie, any part of the north, this is an issue that incenses people, and it gets much worse when we have this response from the government. I think they know they're wrong and I think they recognize that they're in trouble on this one.

There's no question that the efforts of Gerry Lougheed Jr have been extraordinary in terms of the effort he has put into this, the 60,000 petitions that he has managed to gather. The fact that we now have a very prominent lawyer suggesting that indeed this could be a class action lawsuit based on the Constitution of Canada has been broached and the fact is that the requirements of the Canada Health Act, which requires accessibility, are not being met.

So there's no question in our mind that this is an issue that (1) we know we're right about and (2) the government actually knows they're wrong about and they can't back off. It is important to understand that the issues related to the northern health travel grant program itself, ones that we've also been fighting—certainly all of us northern members since we returned to the Legislature after the 1999 election have focused very strongly on the need to improve the northern health travel grant. There's no question about it that we have story upon story about why this is unfair. Mr Harris has threatened us by saying that he thinks southerners are actually being discriminated against and he made some reference to the fact that they may actually be broadening the program, ultimately, to help those people who are far away from health care facilities in southern Ontario. We wouldn't object to that, as long as they made the program fair for everybody.

1720

All we know is that indeed the issue in terms of cancer care for northern Ontario patients is simply one that is not being treated properly by this government. It is pure discrimination; there's no argument about it. I'll tell you, wherever I go people don't understand how the government can continually try to justify their behaviour and their response, based upon the fact that they are indeed providing this care to southern Ontario patients—and, God bless them, we're glad they're receiving that care.

One of the reasons why the issue exploded, even in Thunder Bay—and in some ways it was an unfortunate circumstance—was that one of the patients from southern Ontario who chose to come to Thunder Bay and Northwestern Ontario Regional Cancer Centre wrote a very nice letter to the editor, I guess about six or seven months ago, saying how wonderful it was to be in Thunder Bay,

how wonderful it was to be treated so well while she was there receiving treatment; that she had been picked up at the airport, that she was treated very well. It was a lovely letter of thanks for the kindness and generosity of the Ontario government and the people of Thunder Bay for being so generous. Of course what it did was make people even more conscious of the discrimination.

There are many stories I can tell, and I can't reveal their names—and some I could—of children who have cancer who are going back and forth between Thunder Bay and Toronto. We are going to fundraisers for them. There are people with all kinds of other health care issues whom we are going to fundraisers for because people simply cannot afford to get the care they need. That's another issue that worries us in an extremely large way, and that is the fact that because the way the system is set up, patients who require care outside their own communities who cannot afford it have to find the money up front somehow. They're going to families, they're remortgaging houses, they're depleting their life savings. That simply can't be fair. So for that side of the House to talk about political points being made by us is vile and it's vulgar and it's incredibly wrong. Again I ask them to go and say that to the families of the patients who have had to go to Toronto and elsewhere for care.

I have a very large riding, Thunder Bay-Superior North. I think, Speaker, you said it earlier yourself when you were speaking on this issue, that this wouldn't be an issue if we could receive the care in our own communities. That isn't a reality so we've got to work toward that and we must all continue to do that. I have a large riding. Thunder Bay-Superior North spans hundreds of kilometres. I can think of many examples—and I won't use the names, as I haven't received permission to do so; I'm sure they wouldn't mind, but I won't—of patients who have had to go from Marathon to Thunder Bay for cancer treatment at the Northwestern Ontario Regional Cancer Centre. I guess they had been referred, not re-referred. This one particular person I'm thinking of had to be there for a significant period of time and had to stay in hotels because they couldn't stay at Amethyst House. There were all kinds of reasons. Enormous amounts of money were being spent because they simply had to receive the treatment in Thunder Bay. So should you be punished for living in other parts of the province? I don't think so. We talk about universal health care; we talk about accessibility to health care. We have to mean it.

Again, when I hear members like the member for Kitchener Centre talking about us making political points, I find that offensive and I think the constituents I represent find it offensive and most people in Ontario would find it offensive, when what we have seen here is a form of discrimination that is blatant, that is clear and that must be corrected.

There's a reason why we're debating this today. We're debating this today because we are determined to continue this fight. We are not going to give up on it. We are going to continue to fight this fight until we get some real justice, and that justice will be fairness and it will be

equal treatment for the northern patients in terms of the southern patients. That's all we're asking for. It's what we are going to continue to fight for. There is no question that this is something the government must understand. We will continue to appeal to them. We will continue to fight for it.

I am proud to say we will support this resolution and I ask all members of the Legislature to support it because it's the right thing to do.

Mr Howard Hampton (Kenora-Rainy River): I'm pleased to take part in this debate, although it is with some sadness that I mention some of the cancer patients who originally were courageous enough to allow me and other members of the NDP to present their individual case. I'm saddened by the fact that some of those people are no longer with us, but this is an important debate and I want to mention some of those people right off the bat.

Over a year ago, when I first brought forward a case of an individual who was being subjected to the government's discrimination, I gave the situation of Donna Graham. Donna Graham lived in Pickle Lake. Pickle Lake is a small community that is challenged to provide health care to its citizens. In Donna Graham's case, she had to travel 525 kilometres one way to Thunder Bay to access cancer treatment. So every trip she took to Thunder Bay for cancer treatment involved total travel of over 1,000 kilometres.

Because the Ontario government is not as generous to Donna Graham as they would be to a patient who lives in southern Ontario and who is sent to a cancer treatment centre in Buffalo, Detroit, Cleveland, Sudbury or Thunder Bay, she had to drive the 1,000 kilometres to access cancer treatment. This was 1,000 kilometres quite often over highways that were icy, that were risky. Often she had to dodge the odd moose on the way to Thunder Bay and back. When she got to Thunder Bay, if they were not ready for her in terms of her radiation treatment, then she'd have to get a hotel room at her own expense. She'd also have to go out and purchase her own meals, and any other accommodation or travel expenses she had to cover herself as well. It would not be unusual for her to have to pay out of her own pocket \$400 or \$500 per trip in order to get to Thunder Bay and back. I repeat, she always had to drive because the Ontario government simply wouldn't cover the airfare.

Donna Graham endured incredible hardship. She made several trips to Thunder Bay and back by car. Besides the hardship of having to battle cancer and the hardships of those very long drives—five hours, sometimes seven hours—and then having to pay out of her own pocket the money to cover those travel expenses, I'm sad to say that six weeks ago Donna Graham—a very courageous person who endured a lot—passed away.

Why should people in Ontario know about Donna Graham? Because the issue here is access to health care. In this particular case, it's access to cancer treatment. Donna Graham, in order to access cancer treatment, had to endure several hardships: the hardship of simply battling cancer; the hardship of travel; the hardship of all

the money, the expenses, she had to pay; the hardship of sometimes travelling down to Thunder Bay and then immediately travelling back up because she couldn't afford a hotel room. This is the hardship she had to overcome in order to access cancer treatment.

At the same time Donna Graham would be at the Thunder Bay cancer treatment centre, she would bump into cancer patients from southern Ontario who were equally dealing with a very difficult situation, who were equally having to fight cancer. But she would run into those folks who would say, "My airfare from Toronto was paid. My taxi was paid. All of my hotel accommodation is paid. All of my meals and my food expenses are paid." Donna Graham couldn't help wonder, "Why is this? There's no difference between us. She has cancer; I have cancer. I have to travel a long distance to access cancer treatment; she has to travel a long distance to access cancer treatment. Why is the government of Ontario covering all of her expenses and the government of Ontario basically says to me, 'You get to Thunder Bay any way you can and if you can't afford to make it, too bad, so sad?'" That is the reality that cancer patients face, and the government comes out here and says they've dreamed up this classification system.

1730

Let me tell you what the classification system is. The classification system is nothing other than an attempt by the government to cover up what they're doing. The classification system is nothing other than an attempt to classify two cancer patients as somehow one being deserving and the other one not being deserving. That's all it is. It is a disgusting example of how this government so often deals with the challenges and the difficulties that Ontario citizens face. The government says, "If you fall into these categories, if you have this kind of cancer and you have this kind of cancer in this part of Ontario, we're going to pay your travel expenses. But if you have that kind of cancer but you don't live in this part of Ontario, we don't pay your travel expenses, or if you have another kind of cancer, we don't pay your travel expenses."

Let me give you another example of how absurd this is. This is a woman who lives in Kenora. She has a type of eye cancer. Yes, she was referred to Thunder Bay. Thunder Bay said, "We cannot help you. We simply do not have access to the specialists here and some of the special procedures to help you. You will have to go for cancer treatment to Toronto."

Let me tell you what this patient does. In order to be able to afford to access the cancer treatment, she drives from Kenora to Winnipeg, over 200 kilometres. She drives to Winnipeg because then she can at least get a reduced-fare ticket to fly to Toronto. So she drives over 200 kilometres to Winnipeg and gets a reduced-fare ticket; otherwise she wouldn't be able to get to Toronto at all. She flies down to Toronto on that reduced-fare ticket. She has to find her own hotel room, taxi fare, food expenses and so on. The government refuses to cover any of it because she has a certain kind of cancer. She re-

ceives her treatments in Toronto, then has to fly back to Winnipeg and drive back to Kenora. The cost for her out of her own pocket in accessing cancer treatment, even with the advance-booked, reduced-fare flights, is at least \$600 every time she has to come to Toronto.

One would think, if you listened to some of the government members, that she ought to qualify for some sort of enhanced coverage of her travel expenses. After all, they couldn't help her in Thunder Bay; she had to be re-referred to Toronto. But oh, no, she doesn't have the right kind of cancer according to this government. It doesn't matter that she's a cancer patient. It doesn't matter what she's suffering. The pain doesn't matter, the hardship, that she might lose her eyesight. According to this government, she has the wrong kind of cancer, and therefore they're not going to help with her travel expenses.

She should have gone back and said, "Lord help me. If I'm going to have cancer, can you make sure I've got a kind of cancer that this government in Ontario recognizes?" That is how absurd this situation is, how stupid it is. This woman has to travel further, under greater difficulty, than any cancer patient in southern Ontario, and you won't help her. Why? Because she lives in the wrong place in Ontario and because, according to this government, she has the wrong kind of cancer. How ridiculous, how absurd, that any government could operate in this way, that any government would even think to operate in this way.

The list goes on. Gladys Whelan, a woman who lives in my own community, who lives just down the road from my parents, a senior citizen who's living on a pension cheque—that's what she has to keep a roof over her head and put food on the table: a pension cheque. Gladys Whelan has been fighting cancer for close to eight years, with repeated trips to Thunder Bay, financed always by what little money she's got left over from her pension cheque. Gladys Whelan has had to miss meetings with her cancer specialist because she doesn't have the money. She doesn't have the money to pay the travel costs, the hotel room and the food, so she says, "I can't come. I can't make this meeting with my cancer specialist."

What does this government say? This government says, "Gladys, you have the wrong kind of cancer and you live in the wrong part of Ontario. You should have been smarter, Gladys. You should have gotten a different kind of cancer, and you should have lived in a different part of Ontario. Then we'd help you with your travel expenses."

I don't think anywhere else in Canada any government has ever tried to get away with such an outlandish, such an insulting, such a degrading attempt to avoid equal responsibility to the citizens of their province.

People need to know how we got here, what it is that the government is desperately trying to cover up. I want to tell people what the government's desperately trying to cover up.

When this government came to power, their constant line was, "Oh, there's waste, there's inefficiency," so they cut the cancer treatment centres that were on the drawing board for Mississauga and Durham. They cut the program for the education of radiation technologists at the community college level. You know the other stuff: they said that nurses were comparable to hula-hoop workers; they were out of date. They slashed beds in hospitals and set about slashing hospitals. Now we're discovering that was all wrong. We're discovering that was all the wrong direction by this government.

What happened on the cancer treatment front is that the experts tried to say to this government, "If you cancel the cancer treatment centre in Mississauga and the one in Durham, you're going to create huge waiting lists. If you do away with the community college program for the education of radiation therapists, you're going to create an even worse situation." Just before the election, that was becoming obvious to everybody: this government, through its wrong-headed decisions, in order to finance their tax cuts for the well-off, had placed the health of thousands of people at risk, in particular with respect to cancer.

They wanted to cover that up. So what did they do just before the election? They said to those very cancer patients, especially in the greater Toronto area, who were facing long waits for cancer treatment, "Oh, we'll pay your expenses to get to Cleveland or Buffalo or Detroit or Thunder Bay or Sudbury. We'll pay your expenses."

This has nothing to do with access to medical treatment for all the people of Ontario or equal access to cancer treatment; this has everything to do with a government that is trying to hide and cover up one of the big, fundamental mistakes it made in health care funding. It was wrong to close, to shut down, to stop the building of those cancer treatment centres in Mississauga and in Durham.

That is why we're into this awful, ugly, terrible scenario of discriminatory funding for access to cancer treatment. This government wants to cover over the wrong decision it made in Durham and in Mississauga. But in doing that, they're creating an even more odious situation, a situation that says, "If you don't live in the right part of Ontario and if you don't have the right kind of cancer, according to this government's definitions, then this government won't help you access cancer treatment."

One of the things this government needs to learn, especially one of the things the Minister of Health needs to learn, is to say, "I made a wrong decision. I made a mistake." She can say that the information she got was incorrect. But right here, right now, this government needs to say that they've made a mistake, and they need to fix this awful situation—

The Deputy Speaker (Mr Michael A. Brown):
Thank you. Further debate?

1740

Mr Dalton McGuinty (Leader of the Opposition): I was going to say that I am pleased to speak in favour of

this motion, but really it is not a pleasure. It is more a sense of compulsion because clearly it is, in all the circumstances, the right thing to do to support this motion. I'm very pleased that Mrs McLeod has put it forward on behalf of our party.

In a sense, this debate is very surreal. It's the kind of debate we should not be having, certainly not today, not in Ontario, Canada, and not at this time. What this debate is really about is whether we should bring an end to discrimination. How could we even be considering entering into such a debate? Why is it that we have to have such a debate in Ontario at the beginning of the 21st century?

The subject of this debate is a Mike Harris government policy. There's a law on the books in Ontario that says if your family is stricken with cancer and you are living in northern Ontario, you will not be entitled to the same kind of financial assistance that you would be had your family been resident in southern Ontario. I know many of us have had the opportunity to raise this matter with people in our ridings. I certainly have raised it with people across Ontario, and I haven't come across anybody yet who says, "I'm in favour of this," let alone somebody who says, "I am proud of this kind of policy."

People living in the north are understandably angry, and people in the south with whom I have raised this issue tell me they are embarrassed by the fact that we've got a law on the books in Ontario today that says, "If your family is stricken with cancer and you live in the north, then you are going to be the subject of discrimination. You will not receive the same kind of helping hand you would have received had you resided in the south." We've got a policy on the books that is unfair, unjust and indefensible. I would also argue it is illegal. But let's set all that aside for a moment.

It seems to me that from time to time in government you've got to do things simply because they're the right thing to do. This policy is wrong; it's bad law. The right thing to do, in a purely moral context, is make sure we don't discriminate in the kinds of assistance we provide to families in Ontario, that we don't discriminate according to where they happen to reside and that we strive at all times to make sure all families and all Ontarians have access to quality care, regardless of where they live.

I'm sure all members in this Legislature understand that a family that is stricken with cancer experiences tremendous pain, suffering and anguish, and that this disease exacts a terrible price. Families pay a tremendous toll as a result of being stricken with cancer among one of the family members. But we've got a policy in place today in Ontario that says, "If you live in the north, in addition to that social burden, in addition to that social cost you are paying, and that pain and suffering and anguish, you are now going to be facing a financial burden."

I can't believe that members opposite, members of the government, if they were for a moment to look into their heart of hearts and if they had the opportunity to stare into the eyes of families living in northern Ontario who

have been stricken with cancer and who have felt the full force of this discriminatory policy, could possibly believe this is good policy. These are the people who told us time and time again they were not going to be the government. They were going to come here and fix the government. Presumably they were going to fix it and make things right for people. Here is an opportunity for the members of this government to fix something for people. They can grab on to this and can change it. From what I understand, we may be looking at \$6 million in cost. But let's set aside this economic argument for a minute. From time to time, we in this Legislature are called upon to do things simply because they are the right thing to do. This policy is wrong. It is bad law and we all have it within our means to right it.

I have close family friends, and as we speak, somebody in that family is at death's door with cancer. Their children are friends with my children. This cancer has ravaged the entire family and it consumes everybody. To think that in addition to that, there are some families in this province who are going to face huge financial burdens—surely members opposite understand that is patently unfair. It is unjust. It is inequitable. I'm asking the government members, look inside your heart of hearts, think of those families and ask yourselves whether you can possibly support this policy. Instead, I ask all of you to support this resolution.

The Deputy Speaker: The time allotted for debate is complete.

Mrs McLeod has moved opposition day number 3. Is it the pleasure of the House that the motion carry?

All in favour will say "aye."

All 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 1746 to 1756.

The Deputy Speaker: Mrs McLeod has moved opposition day number 3. All those in favour will rise one at a time.

Ayes

Agostino, Dominic	Dombrowsky, Leona	McGuinty, Dalton
Bartolucci, Rick	Duncan, Dwight	McLeod, Lyn
Bisson, Gilles	Gravelle, Michael	McMeekin, Ted
Bountrogianni, Marie	Hampton, Howard	Parsons, Ernie
Boyer, Claudette	Hoy, Pat	Peters, Steve
Bradley, James J.	Kennedy, Gerard	Phillips, Gerry
Bryant, Michael	Kormos, Peter	Ruprecht, Tony
Caplan, David	Lankin, Frances	Sergio, Mario
Christopherson, David	Levac, David	Smitherman, George
Conway, Sean G.	Marchese, Rosario	
Crozier, Bruce	Martel, Shelley	

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

Nays

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

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 31; the nays are 47.

The Deputy Speaker: I declare the motion lost.

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

The House recessed from 1759 to 1845.

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 East / -Est	Agostino, Dominic (L)
Ancaster-Dundas- Flamborough-Aldershot	McMeekin, Ted (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	Kenora-Rainy River	Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Brant	Levac, Dave (L)	Kingston and the Islands / Kingston et les îles	Gerretsen, John (L)
Bruce-Grey-Owen Sound	Murdoch, Bill (PC)	Kitchener Centre / -Centre	Wettlaufer, Wayne (PC)
Burlington	Jackson, Hon / L'hon Cameron (PC) Minister of Tourism / ministre du Tourisme	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
Cambridge	Martiniuk, Gerry (PC)	Lambton-Kent-Middlesex	Beaubien, Marcel (PC)
Chatham-Kent Essex	Hoy, Pat (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
Davenport	Ruprecht, Tony (L)		
Don Valley East / -Est	Caplan, David (L)	Leeds-Grenville	Runciman, Hon / L'hon Robert W. (PC) Minister of Consumer and Com- mercial Relations / ministre de la Consommation et du Commerce
Don Valley West / -Ouest	Turnbull, Hon / L'hon David (PC) Minister of Transportation / ministre des Transports	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
Dufferin-Peel- Wellington-Grey	Tilson, David (PC)	London West / -Ouest	Wood, Bob (PC)
Durham	O'Toole, John R. (PC)	London-Fanshawe	Mazzilli, Frank (PC)
Eglinton-Lawrence	Colle, Mike (L)	Markham	Tsubouchi, Hon / L'hon David H. (PC) Solicitor General / solliciteur général
Elgin-Middlesex-London	Peters, Steve (L)	Mississauga Centre / -Centre	Sampson, Hon / L'hon Rob (PC) Minister of Correctional Services / ministre des Services correctionnels
Erie-Lincoln	Hudak, Hon / L'hon Tim (PC) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines	Mississauga East / -Est	DeFaria, Carl (PC)
Essex	Crozier, Bruce (L)	Mississauga South / -Sud	Marland, Hon / L'hon Margaret (PC) Minister without Portfolio (Children) / ministre sans portefeuille (Enfance)
Etobicoke Centre / -Centre	Stockwell, Hon / L'hon Chris (PC) Minister of Labour / ministre du Travail		
Etobicoke North / -Nord	Hastings, John (PC)		
Etobicoke-Lakeshore	Kells, Morley (PC)		
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)		
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)		

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Mississauga West / -Ouest	Snobelen, Hon / L'hon John (PC) Minister of Natural Resources / ministre des Richesses naturelles	Scarborough Centre / -Centre	Mushinski, Marilyn (PC)
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 East / -Est	Gilchrist, Steve (PC)
Niagara Centre / -Centre	Kormos, Peter (ND)	Scarborough Southwest / -Sud-Ouest	Newman, Hon / L'hon Dan (PC) Minister of the Environment / ministre de l'Environnement
Niagara Falls	Maves, Bart (PC)	Scarborough-Agincourt	Phillips, Gerry (L)
Nickel Belt	Martel, Shelley (ND)	Scarborough-Rouge River	Curling, Alvin (L)
Nipissing	Harris, Hon / L'hon Michael D. (PC) Premier and President of the Executive Council / premier ministre et président du Conseil exécutif	Simcoe North / -Nord	Dunlop, Garfield (PC)
Northumberland	Galt, Doug (PC)	Simcoe-Grey	Wilson, Hon / L'hon Jim (PC) Minister of Energy, Science and Technology / ministre de l'Énergie, des Sciences et de la Technologie
Oak Ridges	Klees, Hon / L'hon Frank (PC) Minister without Portfolio / ministre sans portefeuille	St Catharines	Bradley, James J. (L)
Oakville	Carr, Hon / L'hon Gary (PC) Speaker / Président	St Paul's	Bryant, Michael (L)
Oshawa	Ouellette, Jerry J. (PC)	Stoney Creek	Clark, Brad (PC)
Ottawa Centre / -Centre	Patten, Richard (L)	Stormont-Dundas- Charlottenburgh	Cleary, John C. (L)
Ottawa-Orléans	Coburn, Brian (PC)	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)	Toronto-Danforth	Churley, Marilyn (ND)
Peterborough	Stewart, R. Gary (PC)	Trinity-Spadina	Marchese, Rosario (ND)
Pickering-Ajax-Uxbridge	Ecker, Hon / L'hon Janet (PC) Minister of Education / ministre de l'Éducation	Vaughan-King-Aurora	Palladini, Hon / L'hon Al (PC) Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Prince Edward-Hastings	Parsons, Ernie (L)	Waterloo-Wellington	Arnott, Ted (PC)
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)
		Windsor-St Clair	Duncan, Dwight (L)
		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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