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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 4 June 2002

Mardi 4 juin 2002

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 4 June 2002

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 4 juin 2002

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

EDUCATION FUNDING

Mr Dominic Agostino (Hamilton East): I rise today to inform the House of the crisis in education we're facing in the city of Hamilton. Last night the Hamilton board of education announced that it is facing a \$16-million deficit. This would mean fewer teachers, cuts in special education, cuts in textbooks, larger class sizes and more school closures. For example, in the riding of Hamilton Mountain, represented by my colleague Marie Bountrogianni, six schools are under review for closure, as are a number of schools in my own riding.

This is the result of the flawed funding formula that has forced boards not only in Hamilton but in Ottawa, Toronto, Sudbury and right across this province to make the decision to simply risk everything by saying to this government, "We are not going to go along with this. We can't continue to operate schools with this funding formula that you have put in place and make the types of cuts that are going to be devastating to students."

I urge this government to adopt the plan introduced yesterday by my leader, Dalton McGuinty. This plan would mean additional help for students who are having curriculum problems, extra help for students with special needs and a moratorium on school closures until the funding formula has been reviewed.

I ask the Minister of Education to meet immediately with the Hamilton board of education. I ask the Minister of Education to give us the additional funding we need to ensure that these boards across Ontario will not continue to face this crisis we're in today. If this government immediately adopted the plan outlined by my leader, Dalton McGuinty, it would go a long way toward easing the situation.

Schools can't wait till November, till next year. We need help now from this government.

EDUCATION PROGRAMS

Mr Rosario Marchese (Trinity-Spadina): I want to draw the attention of Ontarians to particular programs called the international language program and the African heritage/black cultural program. They have been going

on in the Toronto board for about 20 years, and the international language program has been going on in the Catholic school system as well for the same number of years.

International language programs teach third languages, a language other than English or French, which in our view is critical. Chinese, Vietnamese, Spanish, Portuguese, Italian, Farsi, Gujarati, Hindi and a multitude of other languages are being taught in our school system. But the board of education here in Toronto and the Catholic system don't have enough money to keep these programs on the go. In fact, in Toronto they're on the chopping block.

The African heritage/black cultural programs get no money at all from the provincial government. That means the board is doing this on its own. It has to cut \$90 million in order to be able to comply with this government's laws. Without \$90 million, these programs, which are so valuable, won't be able to exist. They're good socially, pedagogically and in every way imaginable, including economically. In a global village, we become more competitive with languages.

You've got to insist the government give the money to the Toronto board to keep those programs alive.

NOEL CATNEY

Mr Joseph Spina (Brampton Centre): We're not here today to talk about vintage wine. I'm pleased to stand today in recognition of Noel P. Catney, chief of Peel Regional Police, who was among 23 other Canadians recently presented with the Officer of the Order of Merit of the Police Forces on May 17 at Rideau Hall by the Governor General.

This was the inaugural investiture of this award, approved by Her Majesty the Queen. It was implemented in October 2000 to recognize conspicuous merit and exceptional service by members and employees of Canadian police services whose contributions extend beyond protection of the community.

I don't think there could have been a more deserving recipient than Chief Catney. Chief Catney is a renowned proponent of community policing. Under his leadership, Peel Regional Police have introduced and expanded a number of programs such as pure patrol, youth education, bike patrol and cybernetics, just to name a few.

Chief Catney, a long-time resident, has been involved with several charities and community groups and recently was recognized by the Brampton Rotary Club in 1999 by

receiving the Paul Harris Award for the support he's given the city of Brampton over the years, a rare achievement for a non-Rotarian.

Please join me in recognizing Chief Catney in receiving this outstanding award for dedication, wisdom, vision, determination, perseverance and compassion.

INJURED WORKERS' RESOURCE CENTRE

Mr Michael Gravelle (Thunder Bay-Superior North): It's been a pleasure and an honour for me to have worked closely with the Thunder Bay and District Injured Workers' Resource Centre for the past several years. This is an organization that has been remarkably dedicated to the cause of injured workers in our region. It is my firm belief that their efforts at promoting the prevention of injuries in the workplace has been nothing short of remarkable.

The provincial government should be enormously grateful for the work they have done. Yet it appears that the province no longer supports the work they do. By cutting off the small amount of funding they received to run their office in Thunder Bay, the government is tossing aside a resource that provided a real benefit, not only to injured workers but to everyone in the workplace.

Certainly, it's not too late to fix this mistake. In speaking with Labour Minister Clark about the meagre amount of funding required to resurrect this service, I got the impression that he acknowledges the value of the work they do. What appears to be at issue is who should cover the small costs involved. Should it be the labour ministry itself or the Workplace Safety and Insurance Board?

Interjection: Who cares? Give them the money.

Mr Gravelle: Exactly. Regardless, this is an organization that must be funded. Minister Clark must take a leadership role to see that funding is restored. We need the expertise of the resource centre to help our injured workers navigate the complexities of the WSIB. We need the selfless dedication of their staff and countless volunteers to ensure that workplace safety becomes and remains a priority for all employers.

Minister, we cannot afford to lose this extraordinary group of people to a foolish cost-cutting measure that will ultimately do nothing more than seriously damage all our efforts to prevent workplace injuries and fatalities.

TOURISM IN NORTHUMBERLAND COUNTY

Mr Doug Galt (Northumberland): I'm sure all of the members of this House are anxious for some good weather so we can get out and explore this great province of Ontario.

The provincial government is working hard to ensure bright, sunny days ahead, particularly for the big tourism months of July and August. However, as you know, weather is a federal responsibility. We're working hard to

convince the feds to do their part to ensure that we have good weather for a successful tourism season.

I encourage the members of this House, the people of the province of Ontario and the people of our bordering states to come and enjoy what Northumberland county has to offer. In my riding you will find everything from historic towns and villages, to great fishing camps on Rice Lake with unlimited panfish, to well-known tourist attractions such as the Big Apple at Colborne and Port Hope and Cobourg's historic town halls.

In Northumberland county, we pride ourselves on offering a warm and welcoming experience for tourists. We have wonderful bed and breakfasts, quaint hotels, charming resorts and great boating on Lake Ontario and the Trent-Severn waterway. Our county towns and villages offer a range of fairs and festivals that are not to be missed.

To get more information about tourism in Northumberland county, why not visit our tourism Web site at www.northumberlandtourism.com or request your copy of the Northumberland tourism guide, available at the county office.

1340

SENIOR CITIZENS

Mr Mario Sergio (York West): June is dedicated to our seniors, and yesterday the minister responsible for seniors made that acknowledgement in the House. The minister, while reflecting on various seniors' contributions, failed to recognize and address the real needs of this large group in our society.

The actions of this government cannot be guided by the principles of dignity, independence, fairness and security when our seniors are neglected and deprived of the most basic needs, like one bath a week. Do we call this giving seniors dignity, being fair with our seniors? Providing long-term stability for our long-term citizens has to be a real priority for this government.

As it is acknowledged by the minister, we now have some 1.5 million seniors, and by the year 2041 a quarter of Ontario's population is going to be over the age of 65. "The needs of our growing seniors' population are a priority for us," said the minister. How can we take this government seriously when it fails to recognize that we have some 15,000 seniors waiting for a bed? How can we believe this government when they changed the rules, making it even harder for seniors to remain on a waiting list? The new rules as of May 1 of this year say, "Take the first available bed or you're off the list for six months." Is this peace of mind for our seniors and their families, or is it adding more anxiety and stress?

Let me tell the government and the minister that announcements alone won't do it in this House. A solid commitment will. I ask the minister and the Premier to rise and do it today.

STRATFORD FESTIVAL

Mr Bert Johnson (Perth-Middlesex): I rise today to tell my fellow members of the opening of the Stratford Festival's 50th season last Monday.

This year's festival opened with *All's Well That Ends Well*, the very first play performed at the festival in 1953. Since the first performance under a tent, the festival has grown to three permanent theatres, with a fourth opening in July.

Interjection.

Mr Johnson: I don't mind the opposition heckling; I hate it when my own members do.

The festival, which sold more than 600,000 tickets in each of the last two years, now generates 6,000 jobs and \$346 million in economic activity for southwestern Ontario.

I am proud of this government's recent contributions to festival projects like the renovation of the Avon Theatre and the creation of the Canada at Play series. However, I am equally proud to say that the festival is almost entirely self-sustaining, with 96% of its revenue coming from ticket sales, sponsorship and fundraising and only 4% coming from government funding.

I was honoured to be joined at the opening by Deputy Premier and Minister of Education Elizabeth Witmer, Chair of Management Board and Minister of Culture David Tsubouchi, and Minister of Enterprise, Opportunity and Innovation Jim Flaherty, as well as Ontario's Lieutenant Governor, the Honourable James Bartleman.

I encourage all members of this House to visit Stratford this summer to take in the festival and enjoy some of the local restaurants and shops.

TELETHON

Mr Richard Patten (Ottawa Centre): I'd like to salute today the many volunteers at the Children's Hospital of Eastern Ontario and the citizens of eastern Ontario as a whole who showed their support for the hospital this past weekend during their telethon. The total raised was almost \$3.6 million. That's a 3.6% increase over last year's telethon. In a 24-hour period, CHEO raised, on the telephones alone, over \$625,000. This comes from the community of eastern Ontario, from individual donations and pledges and events. They know the value of the services of CHEO.

It's important to understand that all of this money was raised even though the government has jeopardized the pediatric cardiac surgery unit. Donations in fact increased. People turned out in support of CHEO.

Ryan Williams, who is 13 years of age and the CHEO Champion this year, started off his day at a rally in support of CHEO with over 2,000 parents saying to the government, "Keep the cardiac unit where it is." Ryan knows the value of CHEO. Ryan says CHEO is like a second home. He has undergone 29 surgeries in his short lifetime. Ryan's story is just one among many stories we heard over the 24-hour period.

I had the pleasure of answering phones for over three hours during the telethon. We heard from people from Pembroke, Kingston, Cornwall and Arnprior. Calls came from all over eastern Ontario. It explains why the hospital once again was able to increase year-after-year donations.

Residents in eastern Ontario are united in keeping the pediatric cardiac surgery unit at the Children's Hospital of Eastern Ontario.

BILL WILKINS

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): On Saturday, June 2, I attended the funeral service of Barrie firefighter Bill Wilkins.

Bill was the youngest of four children born to Barbara and Bill Sr. Bill was hired by the Barrie Fire and Emergency Service in January 2000. This began his full-time employment in fire services and fulfillment of his life-long goal. Bill Wilkins was a firefighter who died in the service of his community.

The Barrie Examiner reported on the funeral as follows: "The funeral for Bill Wilkins will forever be remembered by all who lined the streets or watched on TV, as Barrie mourned one of its own with grace and dignity.

"Thousands of firefighters in dress uniforms marched, medals gleaming and white gloves glowing in stark contrast to their black uniforms, shoes and hat brims catching the light as they marched for Bill, his friends and family.

"And they marched for each other."

Fire Chief Ron Hickey spoke about the loss of one of his men: "Bill was one of those individuals who bring a team together. He had a passion for saving lives, which was exemplified by his work here in Barrie." He then presented Bill's fiancé, Julie Cann, with a plaque which held Bill's firefighter badge, number 67, and retired the number from service.

The loss of Bill reminds us of the courage of firefighters who face unforeseen risks so often in their work and yet go forth each day into unknown dangers in their efforts to protect others. It also reveals the fortitude of Bill's loved ones, who at times like this may find solace in the realization that sacrifice in service to one's community is a high calling.

Mr Ernie Parsons (Prince Edward-Hastings): On a point of order, Mr Speaker: Since I introduced the Family Restroom Facilities Act last week, I have been inundated with calls from seniors whose partners require assistance when travelling, from persons with disabilities and from caregivers of young children, all of whom noted how much their life would be improved if they had access to a family washroom.

I would ask for unanimous consent for second and third reading of Bill 57, An Act to facilitate families by requiring that all buildings open to the public be equipped with family restroom facilities.

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

REPORTS BY COMMITTEES

STANDING COMMITTEE ON GENERAL GOVERNMENT

Mr Steve Gilchrist (Scarborough East): I beg leave to present a report from the standing committee on general government and move its adoption.

Clerk at the Table (Ms Lisa Freedman): Your committee begs to report the following bill without amendment:

Bill 81, An Act to provide standards with respect to the management of materials containing nutrients used on lands, to provide for the making of regulations with respect to farm animals and lands to which nutrients are applied, and to make related amendments to other Acts / *Projet de loi 81, Loi prévoyant des normes à l'égard de la gestion des matières contenant des éléments nutritifs utilisées sur les biens-fonds, prévoyant la prise de règlements à l'égard des animaux d'élevage et des biens-fonds sur lesquels des éléments nutritifs sont épanchés et apportant des modifications connexes à d'autres lois.*

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

All those in favour will please say "aye."

All those opposed will please say "nay."

In my opinion, the ayes have it.

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

The division bells rang from 1348 to 1353.

The Speaker: All those in favour of the motion will please rise and be recognized by the Clerk.

Ayes

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

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

Nays

Agostino, Dominic	Crozier, Bruce	Martel, Shelley
Bartolucci, Rick	Curling, Alvin	McLeod, Lyn
Bisson, Gilles	Di Cocco, Caroline	McMeekin, Ted

Bountrogianni, Marie	Dombrowsky, Leona	Parsons, Ernie
Boyer, Claudette	Duncan, Dwight	Patten, Richard
Bradley, James J.	Gerretsen, John	Peters, Steve
Brown, Michael A.	Gravelle, Michael	Phillips, Gerry
Bryant, Michael	Hampton, Howard	Prue, Michael
Christopherson, David	Hoy, Pat	Pupatello, Sandra
Cleary, John C.	Kormos, Peter	Ramsay, David
Colle, Mike	Lalonde, Jean-Marc	Ruprecht, Tony
Conway, Sean G.	Levac, David	Sergio, Mario
Cordiano, Joseph	Marchese, Rosario	Sorbara, Greg

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 51; the nays are 39.

The Speaker: I declare the motion carried. The bill is therefore ordered for third reading.

INTRODUCTION OF BILLS

HYDRO ONE INC. DIRECTORS AND OFFICERS ACT, 2002

LOI DE 2002 SUR LES ADMINISTRATEURS ET LES DIRIGEANTS DE HYDRO ONE INC.

Mr Stockwell moved first reading of the following bill:

Bill 80, An Act respecting directors and officers of Hydro One Inc. and its subsidiaries / *Projet de loi 80, Loi concernant les administrateurs et les dirigeants de Hydro One Inc. et de ses filiales.*

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

The minister for a short statement?

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): The bill removes the directors of Hydro One Inc from office, effective June 4, 2002. It also removes them from the board of directors of any subsidiary company of Hydro One Inc. The Minister of Environment and Energy is authorized to appoint their replacements. The minister is also authorized to make other appointments to the board of directors until the first annual meeting of shareholders after the act receives royal assent.

The bill imposes restrictions on the payments that designated officers of Hydro One Inc are eligible to receive on or after January 1, 1999, when their employment is terminated or when they resign. The employer of the designated officers is required to negotiate new employment contracts with them. If a designated officer enters into a new employment contract, these restrictions cease to apply to him or her.

Contractual and other rights of the directors and designated officers who receive compensation or other payments in excess of these amounts, if any, authorized by the act are deemed to have expired. If a person receives an excess amount, it must be repaid. If it is not repaid within six months, it becomes a debt owing the crown.

No proceedings may be brought against the crown, Hydro One Inc, a subsidiary of Hydro One Inc or any other persons relating to anything done in the act.

On a point of order, Speaker: Considering the amount of debate about this issue in the last couple of weeks, I would ask this House to do the right thing and give this bill second and third reading right now. I seek unanimous consent to do that, without debate.

Interjections.

The Speaker: Order.

1400

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Speaker: I seek a five-minute recess in order to allow the opposition to read the bill before we vote on it.

Interjections.

Mr Peter Kormos (Niagara Centre): On a point of order, Speaker: I just read most of the bill, in particular section 8, and I put to the Minister of Energy, you've got to be kidding. Of course not.

The Speaker: If we could, it's a little noisy and I want to make sure I get the sense of the House—

Interjection.

The Speaker: I can tell I'm going to get the sense, I'm sure. The minister has asked for unanimous consent for second and third reading and I'm going to ask for it. I think I know the reaction.

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

Interjections.

The Speaker: Order. It's time to proceed.

Mr Mario Sergio (York West): On a point of order, Mr Speaker: I want to understand very clearly that the minister has just introduced another six months for the board members and he has refused five minutes for the opposition. I want to have the minister repeat exactly what he said.

The Speaker: I'm not going to be the one who's going to interpret—

Hon Mr Stockwell: On a point of order, Mr Speaker: I just asked for unanimous consent. There was no request for five minutes put to the House and, furthermore, the unanimous consent was turned down by the third party.

CLEAN UP HYDRO ONE ACT, 2002

LOI DE 2002 SUR L'ASSAINISSEMENT DES FINANCES DE HYDRO ONE

Mr Hampton moved first reading of the following bill:

Bill 82, An Act respecting the compensation of Hydro One Inc. executives and sponsorships and political contributions by Hydro One Inc. and other entities / *Projet de loi 82, Loi traitant de la rétribution des cadres de Hydro One Inc. ainsi que des activités de parrainage et des contributions politiques de Hydro One Inc. et d'autres entités.*

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 opposed will please say "nay."

In my opinion, the ayes have it.

The leader of the third party for a short explanation.

Mr Howard Hampton (Kenora-Rainy River): The bill provides that the compensation of executives of Hydro One Inc shall not exceed amounts established by regulation using comparison to executive positions with comparable companies in other provinces.

Termination payments are limited to what would be payable under section 65 of the Employment Standards Act of Ontario.

The Integrity Commissioner will review Hydro One's sponsorships of athletic and cultural events and establish binding policies to govern them. These policies will also apply to sponsorships engaged in by other government-controlled entities. Hydro One is not permitted to make provincial political contributions. This restriction also applies to other government-controlled entities.

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Mr Speaker: On the introduction of this bill the minister went on at some length. Would it not be appropriate to give the opposition an opportunity to respond? It went well beyond—

The Speaker: It was not that long. It was the short explanations in the notes.

M. Gilles Bisson (Timmins-Baie James): Sur un point d'ordre, monsieur le Président: comme vous le savez, à beaucoup de reprises je suis revenu à l'assemblée pour faire plainte que, encore, le premier rapport sur Walkerton n'est pas disponible en français. Hier, je me suis levé sur un point d'ordre. J'ai demandé le ministre de l'Énergie et il a dit que oui, en effet le premier rapport sur Walkerton était pour être publié et disponible sur les sites web du gouvernement et du procureur général par la fin de la période de questions de hier.

À 1 h 30 cet après-midi, le premier rapport n'était encore pas disponible. J'aimerais, monsieur le Président, que vous assistiez pour nous assurer que ce rapport soit disponible en français.

The Speaker: It's not a point of order.

Mr Rick Bartolucci (Sudbury): On a point of order, Speaker: I seek unanimous consent for second and third readings of Bill 20, An Act to amend the Occupational Health and Safety Act to require the appointment of a workplace carcinoma committee.

The Speaker: Agreed? No. I'm afraid I heard some noes.

Mrs Sandra Pupatello (Windsor West): On a point of order, Mr Speaker: I'm looking for unanimous consent for second and third readings of Bill 66, An Act to amend the Health Protection and Promotion Act to require that a certified food handler be present at all times during the operation of a food premise.

The Speaker: The member has asked for unanimous consent. Agreed? I'm afraid I heard some noes.

TERRY RYAN AND STEVE McATEER

Hon Robert W. Runciman (Minister of Public Safety and Security): On a point of order, Speaker: I understand we have the unanimous consent of each party to speak for a few minutes on the deaths of Durham

police Constable Terry Ryan, the chair of the Police Association of Ontario, and Toronto police Detective Sergeant Steve McAteer.

The Speaker (Hon Gary Carr): Is there unanimous consent? Agreed.

Hon Mr Runciman: Before I begin, I'd like to ask that, following the comments, all honourable members rise for a minute of silence in memory of Terry Ryan and Steve McAteer.

I rise in the House to recognize the tragic and untimely death of Provincial Constable Terry Ryan, a member of the Durham Regional Police Service, a husband, a father, a grandfather and a friend to many. In addition, I want to recognize Terry's vast contribution to his fellow police officers and policing, not only in Ontario but across Canada.

Terry was killed last Thursday evening when he was involved in a head-on collision. Typical of Terry, he was heading home from a police function.

He began his policing career in 1973 with the Pickering Police Department, which in 1974 was merged with others to form the Durham Regional Police Service. Terry was always a highly professional and dedicated police officer. The overriding goal of his career and his life was to strive for safer communities for his fellow police officers and the citizens they served. He provided tremendous leadership and dedication to the policing community through his involvement in police officer associations.

1410

He served on the board of directors of the Durham Regional Police Association for more than 20 years and was first elected president in 1993.

At the provincial association level, he was a long-serving director of the Police Association of Ontario and represented the PAO on several ministry committees.

I got to know Terry well over the years and I can tell the House he was always honest, forthright and dedicated to the safety of all Ontarians and to the police officers of the province. Terry had this gruff exterior, at least with politicians, but when you got by that you were meeting and talking with one warm-hearted, funny and genuinely good guy.

He was a consistently strong voice for the front-line officers in Ontario who put their lives on the line every day to make our streets and communities safer.

A colleague of Terry's recalled when, back in 1992, the Blue Ribbon campaign was starting and police association representatives were called to meet in St Catharines. Terry had injured his back and he wasn't able to walk, but he insisted on travelling from Oshawa to St Catharines. When he got there, they borrowed a secretary's chair and Terry was wheeled into the meeting to have his say. Terry strongly supported the Toronto police, who were struggling with many difficult issues at that time, and he wasn't about to let personal pain get in the way of showing his support.

Terry also gave freely of his time and commitment through his volunteer work in the community, particu-

larly in minor sports organizations and local charity work.

Sadly, Terry was not the only police officer to pass away last week. Detective Sergeant Steve McAteer passed away on Wednesday, May 29, after a brief battle with cancer.

Detective Sergeant McAteer was an instrumental player in the development of the repeat offender parole enforcement, or ROPE, squad. The ROPE squad has been a very valuable tool in the fight against those who try and evade law enforcement while often becoming a threat to our law-abiding communities. I think it's fair to say that our families and our communities are that much safer, thanks to Steve McAteer and his ROPE squad colleagues.

In fact, it was this dedication to community safety and lifelong policing that led to Toronto Police Chief Fantino's promoting Steve to the rank of Detective Sergeant only hours before his passing.

Terry and Steve will be deeply missed by the men and women who served on their police services. Their strong leadership and dedication to public safety will be truly missed.

I believe we all understand that the loss of Terry Ryan and Steve McAteer will most profoundly affect their loved ones, their families and their friends. On behalf of the Progressive Conservative caucus, let me extend our deepest condolences to all those mourning their loss. Our thoughts are with you.

Mr Dave Levac (Brant): I rise today on behalf of Dalton McGuinty and the Liberal caucus, and indeed all Ontarians, to pay tribute to a man who has passed away so suddenly and tragically.

On Friday morning, Constable Terry Ryan, a 29-year veteran police officer, president of the Durham Regional Police Association and chair of the Police Association of Ontario, succumbed to injuries suffered when his vehicle was struck head-on. He was off duty at the time.

Mr Ryan's police career began in 1973. He spent over 20 years on the board of directors of the Durham Regional Police Association and was first elected president in 1993. During this period, Terry played a key role in the development of the Durham Regional Police Service and was able to build many bridges for the betterment of service to his community that he so dearly loved.

Terry was a stocky and, some might say, vertically challenged charmer. He always had a smile on his face, unless he was talking to politicians. He was tenacious in his fighting for a cause. He worked with, among others, our own Rick Bartolucci, the member for Sudbury, on the Joe Mac committee.

It is fair to say Terry was a tireless member of the Police Association of Ontario. To the leadership and membership of the OPA we offer our deepest sympathy. Ontarians have lost an important leader and advocate. Terry strove for safer communities for both police personnel and the citizens they serve. He will be sadly missed.

What compounds the tragedy is that Mr Ryan was allegedly killed by a drunk driver. Terry was a non-

drinker and a strong advocate against the perils of impaired driving. It sickens me and, I know, all of us here to think that people continue to put their lives and the lives of others at risk by drinking and driving. Again we have another example of why we must never rest until drinking and driving is a thing of the past.

Mr Ryan is survived by his wife, Carol, his two sons, Jamie and Kevin, and this three grandkids. Again, on behalf of Dalton McGuinty and the Liberal caucus, we offer our heartfelt sympathy and prayers to the entire Ryan family and their friends. As we journey through the sadness and grief, let us celebrate the triumphs and accomplishments of this wonderful man.

Last week we lost another member, a true leader within the police force, Detective Sergeant Steve McAteer, who passed away, too young, on Wednesday from a rare form of cancer.

Steve was described by many as born to be a police officer. He entered the Toronto police force early in the 1970s with the aim of ridding the city of bad guys and providing safe communities for all. Over the next 32 years, he amazed all those who surrounded him with his uncanny vision, unflagging determination and righteous pursuit of justice. As one officer stated, Steve exemplified all those virtues that you want not only in a police officer or even a gentleman, but all human beings.

Although we stand in memory of this fine man, we should also reflect on the legacy and the vision that he imparted. Steve helped found the repeat offender parole enforcement unit, the ROPE squad, which since its inception has been credited with taking 400 dangerous fugitives off the streets. He was also instrumental in founding the Toronto police fugitive squad. Both squads work under very difficult conditions, seeking to find those predators who attempt not to be found.

Again, I, on behalf of the Liberal caucus and Dalton McGuinty, would like to send our condolences to Steve's sons, Sean and Brock, his relatives, family and friends, for whom he cared so deeply. We will not forget the legacy that he has left.

I have a reflection, which I share with this House today, that captures the essence of these two fine public servants. It's called Take Time:

- Take time to think—thoughts are the source of power.
- Take time to play—play is the secret of perpetual youth.
- Take time to read—reading is the fountain of wisdom.
- Take time to pray—prayer can be a rock of strength in a time of trouble.
- Take time to love—loving is what makes living worthwhile.
- Take time to be friendly—friendships give life a precious flavour.
- Take time to laugh—laughter is the music of the soul.

Take time to give—any day of the year is too short for selfishness.

Take time to do your work well—pride in your work, no matter what it is, nourishes the ego and the spirit.

Finally, take time to appreciate—thanks is the frosting on the cake of life.

I thank God for these two fine men.

Mr Peter Kormos (Niagara Centre): New Democrats join in this tribute to these two police officers. I wanted to be quite clear that this House, this assembly and its 103 members stand to pay tribute because of our personal sadness over the deaths of these two men, but clearly on this occasion we speak as well on behalf of 12 million constituents. We speak on behalf of them and attempt to articulate the regard that Ontarians have for personnel, women and men, who are there on the front lines: firefighters, the emergency medical response personnel and, today, two police officers.

Constable Terry Ryan had an outstanding career cut short under the most tragic of circumstances all too soon. His sons, Jamie and Kevin, were deprived of a father far earlier than nature intended for them to be without a dad, and three grandkids will never get to know their grandfather the way grandchildren ought to. So there is a tremendous loss for this family: Carol, the sons, the grandkids.

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There is also a tremendous loss for a policing community. Constable Ryan was held in the highest regard by his own colleagues. For over 20 years he served, out of a sense of responsibility to his fellow police officers in Durham, on the board of directors of the Durham Regional Police Association. For 29 years, of course, he was a police officer, serving his community, serving his province, and in 1995 he was elected chair of the Police Association of Ontario, with 13,000 members. It's a huge community to be responsible for, in the role of incredible responsibility that Constable Ryan assumed on their behalf, but it's also an impressive figure in terms of the numbers of people who called upon Constable Ryan, as they did, to speak for them.

Yes, mention has been made of Constable Ryan and Queen's Park and his role as a lobbyist. He was as effective as any lobbyist who ever walked the corridors of this building. I hope his fellow officers across this province know he was a tough, tenacious, determined advocate for the interests of police officers as well as for the interests of the safety of communities and the residents of those communities across this province.

In paying this tribute, we express our admiration for Constable Ryan. We express our gratitude for his contribution not only to his own community but to his province and for the leadership role that he performed in such an exemplary way on behalf of his fellow police officers.

We deplore the tragic circumstances in which his life was stolen from him and in which he was stolen from his wife and his sons and his grandkids. We pay tribute with

the hope that those three grandchildren can reflect upon, yes, perhaps even the Hansard of these brief proceedings here, and understand that their granddad was a man who earned the respect, admiration and affection of his colleagues and of his community. He didn't win it in a game of chance; he did it the old-fashioned way: through his own, Constable Ryan's, hard work.

Today we are doubly saddened because Constable Ryan is joined by Detective Sergeant McAteer, an innovative, creative, gutsy police officer who leaves behind family: his mother, four sisters and two young sons, Brock and Sean. Again, a life taken all too soon, a life ended all too early, but a life ended which, in and of itself, Brock and Sean should know, provided a police officer who provided incredible leadership and, as I said, innovation in developing some of the strategic efforts, particularly in the ROPE exercise. It was his efforts in the establishment of ROPE, the apprehension of repeat offenders and parole violators, Detective Sergeant Steve McAteer's role in the creation of that team, that gave rise to what has become an established institution and one that has been acknowledged by governments, both provincial and federal, in terms of understanding and recognizing the need for that level of law enforcement.

So we admire Detective Sergeant McAteer. We respect him for the contribution he made to policing, which means the contribution he made to safer communities, the contribution he made to building and developing and nurturing more civil communities.

We mourn the loss of these two police officers. We recognize that they've set standards for other police officers that other police officers are going to have to aspire to and attempt to meet, and we recognize the vacuum that the loss of these two men has created for their families, their friends and their communities.

New Democrats join every other member of this House in expressing our most sincere sympathies, our condolences, to the families of these two police officers. We hope that this tribute today on behalf of every single Ontarian will be of some comfort to those families.

The Speaker: Will members and our friends in the gallery please join us for a moment of silence?

The House observed a moment's silence.

The Speaker: I will ensure that copies of the Hansard from today go to the families.

CONSIDERATION OF BILL 58

Mr Peter Kormos (Niagara Centre): On a point of order, Mr Speaker: It's with respect to Bill 58, An Act to amend certain statutes in relation to the energy sector.

Speaker, you will note that the Orders and Notices paper for today indicates that Bill 58 is to be called at 6:45 pm. I'm conceding to you, sir, that the most appropriate time for raising a point of order around the orderliness of a bill is the point at which it's called. I ask you to indulge me today, sir, because I have a serious matter that I raise with you in as brief a context as possible because it may require you to reflect on the validity of

the point of order and the argument supporting it and will give you an opportunity, sir, to do so, so that if the Speaker concurs with the point or does not, a ruling could be made in such a way that it is less disruptive than it would be otherwise.

So I ask you in particular with respect to Bill 58. I ask you to refer to standing order 23, which reads:

"In debate, a member shall be called to order by the Speaker if he or she ...

"(g) Refers to any matter that is the subject of a proceeding

"(i) that is pending in a court or before a judge for judicial determination, or

"(ii) that is before any quasi-judicial body constituted by the House or by or under the authority of an act of the Legislature,

"where it is shown to the satisfaction of the Speaker that further reference would create a real and substantial danger of prejudice to the proceeding."

Standing order 23(g) embodies the historic sub judice convention of this and other assemblies. The purpose of that convention was spoken to by the Canadian House of Commons special committee on the rights and immunities of members in its 1977 report, and I quote:

"The purpose of the convention"—that's the sub judice convention—"is to protect the parties in a case awaiting or undergoing trial and persons who stand to be affected by the outcome of the judicial inquiry. It exists to guarantee everyone a fair trial and to prevent any undue influence prejudicing a judicial decision or a report of a tribunal of inquiry."

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Speaker Fraser in the House of Commons, March 8, 1990, stated that one of the functions of this convention is "to maintain the separation and mutual respect between the legislative and judicial branches of government."

I put to you, Speaker, and I put to you that I am prepared to provide you with sufficient information to satisfy you that the separation is threatened by allowing debate to proceed on Bill 58. Well in advance of tabling this legislation that enables the sell-off of Hydro One, the government had already filed its appeal of Mr Justice Gans's decision of April 19 of this year, which determined that the government does not have the legal authority to relinquish public control of the corporation by offering its shares for sale to private investors.

I've read that judgment, Speaker, and I ask you to read it too, because one of the initial issues that Judge Gans had to resolve was the standing of the parties, and that was in particular CUPE and CEP, the two trade unions, and Judge Gans of course found that they had standing. I submit to you that one of the considerations here and now is the prejudice to them as parties as well as the prejudice to other parties, and that is the government, but it is also, I submit, by virtue of the role of this assembly, this assembly as well.

Until the government filed its notice of appeal, it had a choice. It could try to give itself the requisite authority through legislative channels or it could seek legal redress

by launching an appeal in the courts. The government chose to initiate these proceedings, because the proceedings that are being heard now are the appeal. Had the issue rested with Judge Gans, there would be no argument to be made because there would be no ongoing proceedings. The trial would have been held, judgment made, and the government then would be entitled to introduce its bill. We would be entitled to debate it. But the government consciously chose to appeal those proceedings notwithstanding the legislation that's before the assembly. So I put to you that it's impossible to maintain the separation and mutual respect between the legislative and judicial branches of government if both bodies are seized of the same matter.

Following on Speaker Fraser's interpretation of the sub judice convention, I put to you that it's therefore improper for the government to call a bill for debate whose subject matter is before the courts. Indeed, and as I said, in this case it was the government that maintained the matter before the courts when there was no obligation on it to do so, nor was it required to do so in view of the legislative alternative that it indicates it has by virtue of this bill.

I want to indicate that we acknowledge the sound reasoning underlying Speaker Lamoureux's judgment from the Canadian House of Commons on October 4, 1971. But we submit to you that it is not applicable in this specific case.

Speaker Lamoureux argued, not irrationally of course, that if a legal proceeding could be permitted to prevent Parliament from discussing or initiating the discussion of legislation, then "the whole legislative process might be stopped simply by the initiation of a writ, or legal proceedings in one or other of the courts of Canada."

Of course Speaker Lamoureux was right, because the broad interpretations of the sub judice convention would suggest that the Judicature Act, the County Courts Act, the Division Court Act, the Execution Act or any other act affecting actions of law could never be amended while actions were before the courts. We concede that. All members would agree with Speaker Turner of this Legislature that such an interpretation would be *reductio ad absurdum*.

However, in the case I'm putting before you today, we're not seeking such a broad interpretation of the convention's applicability, by any stretch of the imagination. We're not suggesting that no matter relating to Hydro can properly be put before the Legislature. On the contrary, questions relating to the pay packages and benefit packages of the board of directors have very little to do with the very specific issue of enabling the government to sell off Ontario's electricity assets, which is the very specific issue in the litigation currently before the courts, and a very narrow issue.

We're asking you to invoke the sub judice convention to prevent a single, clearly delineated matter from being debated in this assembly while that very same matter—the very same matter—is before the courts.

Speaker, you're vested with the discretion to do that. Your predecessor Speaker Morrow confirmed your authority in this regard when he ruled, on March 30, 1966, that "Absolute discretion must be left with the Speaker to intervene at any time to stop any debate, even if the action has not been set down if, in his opinion, there is a real danger of prejudice."

I would ask you as well to consider that prejudice must be interpreted broadly, being real or perceived, and that when the Speaker considers whether or not there is prejudice here, it's not sufficient to say there's a lack of evidence regarding real prejudice. I put to you the matter of perceived prejudice on the part of any party to the ongoing proceedings and indeed this Legislature being almost offensive in suggesting to the court that, to put it colloquially, it doesn't matter what the court does, because the Legislature's going to do what it's going to do. That, I submit to you, is a very dangerous thing and something to which the Speaker should address his mind.

Former Speaker Turner of this assembly also indicated, quite rightly, I put to you, that "It is very difficult for a Speaker to know when a matter is sub judice." He therefore concluded, "The Speaker must take direction and rely on information from members in this House." I've brought the information for your consideration today, sir.

I would remind you as well of comments made recently by the then-government whip, who has argued on behalf of this government that the separation of the legislative and judicial branches can best be observed by prohibiting the former from commenting on matters being dealt with by the latter. Former government whip Frank Klees said this: "We on this side of the House believe that it is important to respect this place and to conduct our business in accordance with respect not only to the rules of this House but for the judicial system in our province. Under these circumstances no further comment, we believe, is appropriate."

Indeed, other ministers have echoed Mr Klees's concerns. I can recall Attorneys General Harnick, Flaherty and, yes, even Attorney General Young, declining to respond to questions when the issue raised by an opposition member was one that was then before the court. It has become a frequent admonition by Attorneys General that this Legislature must not deal with matters before the court.

Speaker, if you're inclined to concur with both Speakers Morrow and Turner that (a) you have the discretion to stop the debate—and I put it to you that that in itself is not a difficult consideration; I believe it's clear that you have that discretion—and (b) you must take direction from members of this House in terms of what you rely upon to exercise that discretion, then I submit to you that consideration of Bill 58, An Act to amend certain statutes in relation to the energy sector, cannot proceed for debate in this House until the court has ruled on the government's appeal. The government, as well, could withdraw its appeal, in which case the matter would no longer be before the courts and this would not even be a matter for the Speaker to have to consider. So I put that to you, sir.

As well, on a second point of order with respect to the same bill, I put this to you—and this is with respect to the issue of omnibus bills. I've been here, as have you and most members of this assembly, when there has been a succession of rulings on omnibus bills. I'm well aware of the history of those rulings. There have been members from all three caucuses who have had occasion to call upon you to rule with respect to omnibus bills.

You yourself, though, sir, noted that you've been put in a difficult position by omnibus bills. On December 2, 1999, the Speaker of this assembly said, "I have found that omnibus bills cause me great concern.... The opportunities for members in this place to give due and sufficient consideration to legislation should be respected." I put it to you that it flows from that comment in 1999 that this government has become much more up front—I put this to you candidly, because the government has been much more candid—about when it deems the contents of a bill to fall within Beauchesne's requirement that there be a theme of relevancy among the contents of an omnibus bill.

I draw this bill to your attention because last Thursday the government introduced an omnibus bill. The Minister of Training, Colleges and Universities delivered the written copy of her ministerial statement on the Post-secondary Education Student Opportunity Act, 2002, to members of this Legislature and the bill was called the post-secondary education omnibus bill, so that makes it easy for you. The government has identified its bill as an omnibus bill. If the umbrella designation of the title is a catch-all, then it's pretty difficult to rule that such a bill would be out of order, although it's still up to you to use your discretion. In other words, the government has been up front saying, "Yes, this is an omnibus bill." This is a dog's breakfast, if you will, and it's acknowledged up front.

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So the government has adopted that strategy, and that in itself is not only fair, but good. But it suggests that a bill that is not designated as an omnibus bill is not intended to be an omnibus bill. If the bill is not intended to be an omnibus bill, then it's imperative the government demonstrate the relevancy of theme referred to by Beauchesne. In other words, the threshold of demonstrating a relevancy of theme is much higher in cases where a bill has not explicitly been designated an omnibus bill. So I submit to you that the threshold articulated is not met by the contents of Bill 58, entitled An Act to amend certain statutes in relation to the energy sector.

Bill 58 tries to deal with at least four discrete policy matters under the guise of one unified piece of legislation. The first, and to us most odious, part allows for the wholesale privatization of Hydro One. A second, almost equally worrisome component of the bill deals with market surveillance. But then we get to two much less contentious sections which deal with consumer protection and the assurance that hydro corridors will be owned by the province.

As you can tell by my description of various parts of the bill, it's impossible for our caucus, and we suspect others, to dispose of these issues with just one vote. Whereas we're vehemently opposed to some sections of the bill, others seem much more benign. It's inconceivable to us that we could only vote once with a single year or nay to dispose of all these disparate matters.

House of Commons Speaker James Jerome, May 11, 1977, noted that there is legitimacy to the kind of concerns that I'm expressing here today. Speaker Jerome indicated "some very deep concern about whether our practices in respect of bills do in fact provide a remedy to the very legitimate complaint ... that a bill of this kind gives the government under our practices the right to demand one decision on a number of quite different, although related, subjects." It's a very important ruling, that of Speaker James Jerome, May 11, 1977.

The time to address the issue is now. We've reached the appropriate stage in the life of Bill 58. The bill has been given first reading, so it's now that we need to consider its orderliness and to determine whether this Legislature would be better served by splitting this bill into more manageable pieces.

I know there have been precedents at the federal and provincial levels to suggest that the severance of an omnibus bill is something that can happen. Indeed, when the NDP was in government it agreed with the other two parties to divide Bill 29, a budget bill that was introduced June 1, 1993, as well as Bill 160, introduced on May 18, 1994, because there were certain elements of those pieces of legislation that were contentious. The NDP listened to the concerns of the opposition parties of the day and accommodated them.

Severing those two bills was done through political accommodation. However, Speaker, there are precedents which exhort you to achieve the same end in instances where the government of the day is not as accommodating as the NDP was then. There was a ruling made by the Honourable Lucien Lamoureux, Speaker of the Canadian House, who asked with respect to omnibus bills, "Where do we stop? Where is the point of no return? (The honourable members) said that we might reach the point where we would have only one bill, a bill at the start of the session for the improvement of the quality of life in Canada which would include every single proposed piece of legislation for the session. That would be an omnibus bill with a capital 'O' and a capital 'B.' But would it be acceptable legislation? There must be a point where we go beyond what is acceptable from a strictly parliamentary standpoint."

But he continues, "There must be a point where an omnibus bill becomes more than an omnibus bill"—more than an omnibus bill—"and is not acceptable from a procedural standpoint ... the government has followed these practices that have been accepted in the past, rightly or wrongly, but that we may have reached the point where we are going too far, that omnibus bills seek to take in too much."

The Speaker (Hon Gary Carr): Order. If the member could wrap it up, please; we have a good sense of it.

Mr Kormos: The point to which Speaker Lamoureux alluded in 1971 has now been reached by this Legislature. Lamoureux went further, that "It should be the responsibility of the Chair, when such a bill is introduced and given first reading, to take the initiative and raise the matter for the consideration of the House by way of a point of order." He advised that when another omnibus bill was proposed, "It should be scrutinized at first reading stage, where honourable members would be given the opportunity of expressing their view and the Chair can express its view either that the bill goes too far or that it is acceptable...."

Clearly, you have the power to rule. I would also ask you to look at page 618 in the text of the House of Commons Procedure and Practice, which states that "The Speaker has expressed deep concerns about the right of members to make themselves heard properly, and so has occasionally felt the need to suggest what remedies members have to deal with the dilemma of having to approve several legislative provisions at the same time."

Speaker Jerome, on May 11, 1977, stated that omnibus legislation "leaves some very deep concern about whether our practices"—

The Speaker: If I could interrupt the member again, if he could explain the relevance of those parts, we do have the books; we can look them up. If you could explain the relevance to this particular incident, it would be very helpful.

Mr Kormos: It's about omnibus bills and the authority that you have. It's about precedents. But I'll tell you, then, the comments made by Speaker Jerome on May 11, 1977, the comments made by you on December 2, 1999, here in this Legislature, where you expressed great concern—I draw your attention to page 3 of Beauchesne, which defines the principles of Canadian parliamentary law. I also ask you to consider standing order 1(b), considering the democratic rights of members and the cumulative effect on the democratic functioning of the House if we allow Bill 58 to be debated in its current form.

I put to you that it is your prerogative and that we call upon you to address this matter, exercising your discretion to intervene in order to preserve the very limited rights of members to fully address each of the discrete subject matters that the government is trying to consolidate in Bill 58.

I thank you very much for your patience with me, Speaker, and I thank you very much for your consideration of these two points of order. I put to you that while, at first blush, precedent may seem to hold that Bill 58 stands and should stand, it's not the size of a bill that determines whether it ought to be effectively severed, but it's the content of the bill. While there have been larger bills before this House that have been ruled not to be omnibus bills, there has not been legislation which so clearly contradicts and violates the rule against disparate matters so grossly disparate as to create unfairness as Bill 58.

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): Mr Speaker, I generally have found in this House that the weaker the argument or point of order, the longer the discussion. That's the longest I've ever heard, so that would rank it right up there as the weakest argument I've ever heard.

"The sub judice convention is first and foremost a voluntary restraint on the part of the House to protect an accused person, or other party to a court action or judicial inquiry, from suffering any prejudicial effect from public discussion on the issue."

To go further, "Where criminal cases are concerned"—and I want to highlight that for the member; he didn't seem to get around to that—"the precedents are consistent in barring reference to such matters before judgment has been rendered and during any appeal. Members are expected to refrain from discussing matters that are before a criminal court, not only in order to protect those persons who are undergoing trial and stand to be affected whatever the outcome"

Did you notice a couple of words in there consistently: "criminal court," "criminal matter," "criminal action"? I heard nothing from the member opposite with respect to how he figures—and he talks quite at length about "real and perceived." I mean, you're not even into real and perceived. It's a criminal action. You're into dreams. There's no dream as far as these actions are concerned; it's a criminal action that you're talking about with respect to the convention. That has been spoken to by all those Speakers you quoted just recently in your rather long-winded dissertation. Set that aside. I mean, that is a criminal action. This is not even close to being a criminal action.

Mrs Sandra Pupatello (Windsor West): Speaking of long-winded.

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Hon Mr Stockwell: It is not a criminal action, and probably the person who ranks second just heckled me about being long-winded. This is a criminal action we're talking about, so the convention doesn't apply and, Mr Speaker, I suggest you dismiss that readily.

The omnibus argument is beyond a stretch. This is beyond even the credibility of the member opposite to make an argument that this bill, Bill 58, is an omnibus bill and should be ruled out of order. I could only mention a few bills—the social contract and others—which had wide-reaching initiatives and touched far more in the way of legislative reform that didn't relate to particular bills. Bill 58 isn't even close, isn't even in the ballpark, not even in the margins of being an omnibus bill that should be ruled out of order.

So, not wanting to take up too much time, Mr Speaker, I suggest that any reference to the sub judice convention that you will review will see it's a criminal matter. And as far as the omnibus bill, well, that's hardly worth even debating. If this bill is an omnibus bill, Mr Speaker, and it's ruled out of order, then, my goodness, there is not a bill that can touch two different statutes, two different acts or two different ministries that could in fact be ruled

in order, because this will set a precedent that no government has ever held itself accountable to and no government has ever lived through with respect to omnibus bills.

The Speaker: I will take this afternoon to reserve opinion on that and look up all of the precedents that the government House leader and the member for Niagara have given me and we will have a ruling by the time the bill is called this evening.

It is now time for oral questions, and the leader of the official opposition.

Mr Dalton McGuinty (Leader of the Opposition): Speaker, I understand the Premier will be here momentarily.

Hon Mr Stockwell: I fully expect that the leader—

The Speaker: Yes, a point of order. If we could put the clock back to the beginning.

Government House leader for some clarification?

Hon Mr Stockwell: Speaker, I don't think we were expecting such a long opening, so we will just find the Premier and get him in here as soon as we can. We apologize for the delay and if—

Inaudible.

Hon Mr Stockwell: —and we will undertake to let the full hour run.

The Speaker: I wonder if he is in the vicinity, or maybe we could stand down the first question. We'll give him a few moments.

VISITORS

Mr Joseph Spina (Brampton Centre): On a point of order, Mr Speaker: May I take this opportunity to introduce the wonderful students of Cardinal Leger Catholic high school of Brampton who are in the gallery today.

The Speaker (Hon Gary Carr): We welcome our guests, and that's all the time we needed to have the Premier ready.

ORAL QUESTIONS

PUBLIC SECTOR COMPENSATION

Mr Dalton McGuinty (Leader of the Opposition): My question is to the Premier. Much has been made, and quite rightly so, about the pay packages for the executive over at Hydro One, and as a result of your negligence and incompetence you have had to introduce a bill today. That had to do, as I say, with Hydro One.

I want to address today the matter of Ontario Power Generation. Can you confirm for us, Premier, that the president and CEO of Ontario Power Generation is receiving an annual salary of \$2.3 million?

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): No, I can't, but I presume that he will want to be voting for the bill that was introduced by the Minister of Energy today with respect to Hydro One.

Mrs Sandra Pupatello (Windsor West): Next issue.

Hon Mr Eves: Excuse me.

The Speaker (Hon Gary Carr): Will the Premier take his seat. The member for Windsor West, come to order, please. He isn't up two seconds and you're yelling at him. Would you come to order, please.

Sorry for the interruption again, Premier.

Hon Mr Eves: I seem to recall distinctly just a few short moments ago the leader of the official opposition leading into his question, talking about Hydro One, talking about negligence, talking about this, talking about that. You should know by now that in question period, if you make your questions so long that you could talk about anything from orange groves to Hydro One, as you mention it in your preamble, you can answer anything to do with that question.

The issue is, the leader of the official opposition and his party have been yipping and yapping for over a week in this House about Hydro One. The Minister of Energy has proposed a solution to the problem. Are you voting for it today? Yes or no?

Mr McGuinty: Premier, I take it from that that you are not aware that the president and CEO of Ontario Power Generation, Ron Osborne, is now receiving an annual salary of \$2.3 million. You brought in your bill in order, at least in part, to address an annual salary over at Hydro One, on the part of the president and CEO over there, of \$2.2 million. This president and CEO over at OPG is earning a salary of \$100,000 more. You should be aware of this, Premier, because obviously your minister is not, and I will now tell him that this information is in fact available publicly. It was made available when Ontario Power Generation filed their annual information form with the Ontario Securities Commission.

My question for you, Premier, is, if \$2.2 million was inappropriate and worthy of a bill to fire the board of directors, what are you going to do in the case of a salary of \$2.3 million?

Hon Mr Eves: Is the leader of the official opposition going to deal with the Hydro One issue today or not?

Interjections.

The Speaker: Order. I believe it was the Premier who had the floor.

Hon Mr Eves: The leader of the official opposition has made a great to-do about Hydro One compensation packages, especially the severance package of the CEO. That is what he has been pointing to and talking about in this Legislature for weeks.

Interjections.

The Speaker: Order. Would the Premier take a seat, please.

The member for Hamilton East, the member for Kingston and the member for Sudbury, come to order, please. I'm not going to keep getting up. This is your last warning, for all three of you. I'm going to pick up very quickly. I've been up and down two or three times. We'll just remove you if you can't behave. I apologize, Premier. I don't know if you were done. Yes.

Mr McGuinty: Premier, I can understand why you are very, very concerned about the consequences of your

negligence and incompetence over at Hydro One and the fact that ratepayers are going to be burned with those outrageous compensation packages. I can understand why you're very concerned about that.

But I want you now to have a look at something else, Premier. That's what I'm asking you to do. I'm asking you to take a look at Ontario Power Generation; I'm asking you to take a look at public documents; I'm asking you to pick up the phone and phone Ron Osborne and ask him how much he's making on an annual basis. We have learned that he's making \$2.3 million. Over at OPG it's the same thing as at Hydro One, Premier. You appointed the board, you excluded both boards from sunshine laws and then you either tacitly or explicitly approved of these compensation packages. I ask you again: if \$2.2 million warranted a bill that would fire the board and turn back the clock when it came to salaries, what are you going to do for a salary of \$2.3 million?

Hon Mr Eves: The honourable member might want to turn the clock back to December 12, 2001, and have some time to think about some decisions he—

Interjections.

The Speaker: Premier, take a seat, please. This is the last warning to the Minister of Environment and Energy. We're not going to continue to have you yell across. You've got a bill tonight. I suggest that you be here and don't get thrown out. I guess you're back for this evening, but I would suggest that this is your last warning as well. If you want to answer the question, you can answer the question. If not, it's the Premier's turn.

1500

Hon Mr Eves: Speaking of turning the clock back, the leader of the official opposition might want to go back to December 12, 2001, when he was in favour of privatizing Hydro One. Then he said, "Well, I made a decision too quickly. I actually should have some time to think about it." Now, six months later, he's thought about it and he wants to do something different.

No doubt if we did exactly what he wanted today, six months from now he would change his mind yet again just so he could be on the opposite side of the issue. Leadership is about a little bit more than that.

We are dealing with the situation at Hydro One. We have proposed a solution to Hydro One which, I might add, won't cost the taxpayers one red cent more.

Interjections.

The Speaker: Just before we begin the next question, the member for Windsor West is on her last warning too. If I have to talk to her again, she'll be removed.

Mr McGuinty: Let me say at the outset, I don't need any lectures from the king of flip-flops when it comes to Hydro One.

Premier, let's take a look at the cost to Ontario ratepayers for senior management over at Hydro. At Hydro One, we're paying the president and CEO \$2.2 million annually; at Ontario Power Generation, we're paying \$2.3 million annually, for a total salary package of \$4.5 million.

Over in Quebec, they are paying \$407,000 to have both jobs done; in BC, \$466,000 for both jobs. Why is it that with all your Bay Street savvy and financial acumen, here in Ontario ratepayers are paying 10 times what they're paying in BC and Quebec?

Hon Mr Eves: The leader of the official opposition has a chance to do something today that he very rarely has a chance to do. He has a chance to be part of a solution to a problem that he has raised in this House consistently for about a week in a row.

Are you going to do the right thing today, Dalton, and be part of the solution to Hydro One compensation or not? Yes or no?

Interjections.

The Speaker: Order. Come to order, please. Sorry. Leader of the official opposition.

Mr McGuinty: The way the Premier is so effective at putting these questions, he's going to make a fine leader of the opposition.

Mr Dwight Duncan (Windsor-St Clair): That's if he holds his seat.

Mr McGuinty: Assuming he can hang on to his seat.

Premier, it doesn't end there. There's also Mr Osborne's severance package, which I'm sure you'll be very interested in learning about. It's a minimum of \$2.3 million and, depending on the circumstances, it will double to a payout of \$4.6 million. This is on top of a \$12-million golden parachute over at Hydro One.

Let's remember: you appointed the board. You excluded them from sunshine laws. You either tacitly or explicitly approved of these compensation packages. The problem here is, this is not a case of one wild rogue board; this is a case of systemic incompetence and negligence. What are you going to do about that?

Hon Mr Eves: The leader of the official opposition has an opportunity to resolve a situation on Hydro One today in this House, or is he going to let it go on for a protracted period of time? You can pass the bill today. I'm sure you'd want to give unanimous consent to resolve the issue at Hydro One today. Are you going to do that? Yes or no?

Mr McGuinty: Premier, if you are asking me whether I am going to move expeditiously to get you out of the mess that you created for yourself, the answer is no. Besides that, you're going to need an omnibus bill to clean up all the messes you've been creating. This bill only deals with Hydro One. When are you going to bring in the bill to deal with Ontario Power Generation? When are you going to disclose all of the salaries and all of the compensation packages for senior execs over at Ontario Power Generation?

I come back to my original thought. The real problem here is not these boards, not these directors who were appointed by you, not the ability that you extended to them to create these compensation packages; it has everything to do with you and your standards and your failure to stand up for ratepayers.

You introduced this bill today. It is too—

The Speaker: The leader of the official opposition's time is up.

Hon Mr Eves: First of all, the leader of the official opposition knows very well that I did not appoint the boards. He knows that but he keeps on repeating it.

Interjections.

The Speaker: Would the Premier take his seat. Premier.

Hon Mr Eves: We on this side of the House are not afraid of confronting a problem when it arises and solving the problem.

The leader of the official opposition has said several times today and last week—last week he said in the scrum, as I recall, the horse was out of the barn. The taxpayers would have to pay anyway. People would sue. They'd be successful, obviously. He was going to give up. We just had to pay the millions of dollars.

I'm telling you, this bill will not cost the taxpayers of Ontario one red cent. Will you support it or not? Yes or no?

The Speaker: New question.

HYDRO ONE

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. I've had a chance to read section 8 of your proposed legislation. It says, "The board of directors of Hydro One Inc shall negotiate with each of the designated officers for a new employment contract."

So far as we can tell, over the last three weeks your government has apparently been negotiating with the officers over at Hydro One. The only thing we've noticed is that the payouts and bonuses and severance packages become more generous.

Premier, what does this legislation do, other than just allow you to negotiate, which is exactly what you've been doing for the last three weeks while the situation gets worse?

Hon Mr Eves: First of all, the government is not negotiating with anybody. The government, through the Minister of Energy, directed the board of Hydro One to do the right thing and renegotiate inappropriate amounts of compensation and severance packages for certain officers of Hydro One. That is what the government asked the directors of the company, Hydro One, to do.

1510

Mr Hampton: So, Premier, all that the operative section here does is say that you're going to continue negotiating with these same people, Eleanor Clitheroe and company, who have suggested to you that they deserve these incredible salaries, bonuses and severance packages.

This bill doesn't set any wage structure. It doesn't. I've put forward a private member's bill today that says that Hydro One salaries should be pegged to salaries at Hydro Quebec and BC Hydro, essentially \$500,000 or less.

So I'm saying to you, Premier, if you're serious about this, if you're really serious about getting these salaries in

line, will you include the section of my private member's bill that says the salaries shall not be higher than the salaries at Hydro Quebec and BC Hydro? If you'll do that, then we might get somewhere.

Hon Mr Eves: I understand where the leader of the third party is coming from at least, and I understand the philosophy he has with respect to these things. He believes that government should impose salaries, all kinds of things, on all kinds of people, through all kinds of legislation.

Mr Gregory S. Sorbara (Vaughan-King-Aurora): You're the shareholder. Of course you should.

Interjections.

The Speaker: Order. Premier.

Hon Mr Eves: We are not going to dictate salaries to people in corporations incorporated under the Business Corporations Act of Ontario. That is what boards of directors are there to do. When boards of directors act inappropriately, then shareholders are left with no option but to take the appropriate action with respect to the board, and that's what we're doing today.

Mr Hampton: Premier, for all of your huffing and puffing, all this bill would allow you to do is to continue doing what you have been doing: negotiate. Negotiation has gotten you nowhere other than increased packages, increased severance and increased bonuses and payouts.

I've done the legislative drafting for you. Hydro One is a smaller company than Hydro Quebec. It is a smaller company than BC Hydro. If you're serious about this, put a section in this bill. You can adopt the section out of my private member's bill that says the salaries will be in line with Hydro Quebec and BC Hydro.

If you're willing to do that, then we can get somewhere. Will you do that, Premier? You're the shareholder for the people. Are you protecting the people's rights or are you still protecting your friends over at Hydro One?

Hon Mr Eves: I doubt that I have any friends over at Hydro One, today especially.

The way the Business Corporations Act acts is that the directors of any particular corporation determine the remuneration and compensation of employees of the company.

We are exercising, through this piece of legislation, our rights as shareholders—

Mr Sorbara: Subject to a unanimous shareholders' agreement.

Hon Mr Eves: —to (a) remove the current board of directors because we feel that they acted inappropriately—

Interjections.

The Speaker: The member for Vaughan-King-Aurora, this is his last warning as well.

Premier, take your seat. This is the last warning for the member for Vaughan-King-Aurora. We can't continue to have you shout across at him.

Is the Premier finished? New question, leader of the third party.

Mr Hampton: Premier, in fact you had prior warning of Hydro One because, when you were Deputy Premier

and Minister of Finance in charge of Ontario Hydro, you put up the name Sir Graham Day to be the chair of the board at Hydro One.

We presented evidence that Graham Day, when he privatized the electricity network in Great Britain, did the same thing there. He increased the salaries of the executives in Great Britain to the point where it was a public scandal. We told you that. You ignored it.

This is your doing, Premier. You are the people who put Graham Day and his cronies in charge, even though they have a track record of increasing executive salaries to outrageous proportions. You are the people who made the executive salaries over there immune from the freedom of information act. You are the people who were told about this at least six months ago and have done nothing. Now you present legislation that is simply going to allow you to negotiate.

If you're serious, Premier, put in the clause that says the salaries should be the same—

The Speaker: The member's time is up.

Hon Mr Eves: I refer the question to the Minister of Energy.

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): Since you've three or four times brought up this letter that you claim to have sent in November, we have searched all the files in the Ministry of Energy two months before the alleged letter was sent, two months after the alleged letter was sent. We can find no record of any letter that you've ever sent the Minister of Energy outlining any of these concerns.

To go one better, I then had my office phone your office and ask them to provide me a copy of the alleged letter, which they never did. So, once again, reality and perception and dreams. Maybe you dreamt you sent the letter, but you never sent it because dreams don't happen. Your caucus go to bed every night dreaming you're not their leader, and every day they show up in here, you still are.

Mr Hampton: The Premier might want to know as well that some of the other people he appointed to the Hydro board—and I'm talking first of one Radcliffe Latimer, who also had a track record of giving himself a \$1.8-million severance package when he left Trans-Canada in 1985. You would also know that one of the other people on the Hydro One board is a Mr Sakus, who sat together with you on the corporate board of BCE Emergis. You know most of these people very well, Premier, and they have a track record.

I'm simply saying to you, knowing these people, knowing what they've done previously—Mr Graham Day, Mr Sakus, Mr Radcliffe Latimer—the fact that they've done this kind of thing before, why did you appoint them to the Hydro board? If you're so interested in doing something about this, why won't you put the clauses in the legislation that set the salaries?

And I'll say to the Minister of Energy, I'll provide you with another copy of the letter and I'll provide you with the Hansards where I raised the questions as well.

Hon Mr Stockwell: If you're going to provide me with another copy of the letter, you better write it this time.

Secondly, you know you just went through your concerns with respect to the members of the board for Hydro One and you're saying you've got concerns with respect to their being the members of the board of Hydro One. So do we. That's why we introduced the bill today calling for the board of directors to be changed. All we're looking for from the opposition, the third party and the Liberals, is that after weeks of you haranguing and harassing and being concerned, we've taken initiative. We've taken direction. We've taken action. The bill is before the House. You don't have a tough decision to make. All you have to do is say "yea." That's it, just say "yea." When we ask for unanimous consent, just say "yea" so we can get on with the fact that we want to clean up this problem at Hydro One. We want to save the taxpayers money, and the longer you wait, the less chance there is of that. Just say "yea."

The Speaker: New question.

1520

Mr Michael Bryant (St Paul's): But that it could be so easy. The government knows very well that this billion-dollar botch-up by this government is going to cost the taxpayers of Ontario millions of dollars in litigation costs. You said this won't cost one red cent, Mr Premier. Are you off your rocker? You've just left a very fine law firm. You've been advised by the Attorney General as to what litigation costs are going to ensue here. This is going to make the Pearson airport fight look like a Small Claims Court matter. Will you tell us now, how many millions of dollars are the taxpayers going to be left with as a bill after you've finished royally screwing up this file?

Hon Mr Eves: I'm not so sure that was a question. That was a statement. The member for St Paul's is obviously the most articulate, intelligent lawyer that's ever been invented on the face of the planet. Obviously we'll have to defer to his legal knowledge and expertise.

Mr Bryant: No, no, no, no, no. You laid the mine field. A moment of modesty. You laid the mine field. You're the shareholder. You appointed the board. You authored the articles of incorporation. You laid the mine-field. The board helped you lay down the minefield. It is a legal minefield and now you've walked into it. Boom. Boom. There are boardrooms of lawyers across this province right now that are very excited about this.

This government has not only botched up the Hydro One file, this government has not only commissioned the yacht, appointed the captain and set sail for privatization with the good ship Hydro One, but now it's sunk the ship. There are going to be litigation costs and taxpayers are going to be on the hook for them. I say to you again, Mr Premier, how many millions of dollars of litigation costs is this going to cost the people of Ontario?

Hon Mr Eves: If the members who are being disposed of through this legislation that's proposed here

in the House today have any decent legal advice at all, it won't cost the taxpayers of Ontario one red cent.

ENVIRONMENTAL TESTING

Mr John O'Toole (Durham): My question is also to the Minister of Environment and Energy. Minister, a group of citizens in my riding has been working for a number of years on concerns over storage and spreading of biosolids and other materials throughout my riding. This group is called Protect the Ridges. It's been looking specifically at the impact of materials on groundwater and wells, as well as air quality, and on the land itself. I appreciate the fact that staff in your ministry are committed to following up on these concerns; however, Protect the Ridges is disappointed that the previously promised testing and release of information have been slow, if at all.

Two of the major issues raised by the group are the monitoring of SoundSorb paper sludge at the Oshawa Skeet and Gun Club, as well as composting at the Harmony Road site.

My question to you, Minister, is: could you advise my constituency on what progress has been made and what commitments you're prepared to make in the future?

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): I'm very happy to answer a question from a member who's prepared to protect the taxpayers with respect to the Hydro One bill that was introduced in this House.

We are releasing a report within the next two weeks which discusses test results of SoundSorb samples from the Oshawa Skeet and Gun Club, arranging for the installation of test wells by this July at the gun club and nearby composting facilities to assess the potential impact of the berm on the groundwater in the area and awarding a contract by the end of June to study the potential of SoundSorb to generate harmful bio-aerosols. The ministry is also currently reviewing the exemption of SoundSorb from the Environmental Protection Act and regulation 347.

I can assure you that this review will consider the findings of the above studies. I want to also assure the member that we take this issue very seriously. I want to thank you for working very diligently with this, and also the other members from Durham, talking to me with respect to the issue and where we stand on it. I can give you an undertaking that we will deal with it in the very near future.

Mr O'Toole: Thank you very much for that comprehensive response, Minister. I'll certainly be sharing it with my constituents at a public meeting on Wednesday night.

Do I have your assurance that this information received from the testing will be shared very promptly with the residents and we will continue to work with Protect the Ridges in resolving this important constituent issue?

Hon Mr Stockwell: Yes, I assure you that the Ministry of Environment will be happy to meet with

concerned citizens' groups, including Protect the Ridges, to discuss the findings of all the analytical testing. We encourage the member to go out and meet with these people. If any support staff are necessary from the Ministry of Environment, we'll be more than happy to send the support staff.

Let me just say that these kinds of issues are brought forward in the technological world and decisions are made, sometimes without the advance knowledge of what impact these decisions have. This is one of those situations where a decision was made in the past and now we have to deal with the issue because of the advanced technology. We should be very forthright and diligent in dealing with it, but we should also be very thankful that there are members like the member for Durham, who can represent his constituency, carry the ball in this House and also deliver this public hearing and the message back to people, because they know he's working in their best interests.

PUBLIC SECTOR COMPENSATION

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): My question is to the Premier. As you can tell, Mr Premier, Ontario electricity ratepayers and many members of the Legislature are quite interested in these executive compensation arrangements that your successor hydro companies have made with people like Eleanor Clitheroe and, we learned today, Ron Osborne.

Can I just ask this question? The chairman of the board at Ontario Power Generation is none other than Bill Farlinger, who is well-known to the Ontario provincial Progressive Conservative Party. The vice-president of corporate relations at Hydro One is Deb Hutton, who is well-known to all of us here and very closely associated with the Ontario Progressive Conservative world of Mike Harris and Ernie Eves.

My very specific question to you, Mr Premier, is this: in the last five months, at any point have either Bill Farlinger or Deb Hutton talked to you, as the now Premier and the former leadership candidate, about the executive compensation arrangements involving Ms Clitheroe and her colleagues and Mr Ron Osborne and his colleagues?

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): Absolutely not.

Mr Conway: So you are asking the Legislature to believe that these people—I'd just ask people, do you remember the opening day of the Ernie Eves Legislature? The person sitting between Mr Harris and Mr Eves was none other than Bill Farlinger.

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): What are you saying, Sean?

Mr Conway: I'm saying that there are no two better-connected Ontario Conservatives than Bill Farlinger and Deb Hutton. Deb Hutton was writing members of the Legislature, garden variety members like myself, in the middle of April telling us about concerns about executive

compensation over at Hydro One. It was a very interesting letter.

Are you, my good friend Mr Eves, asking me to believe that your close associate Ms Hutton and your close associate and friend Mr Farlinger at no point over the last while said a word to you about the executive compensation issues involving Ms Clitheroe and colleagues at Hydro One and Mr Osborne and colleagues at Ontario Power Generation?

Hon Mr Eves: I have never spoken to Mr Farlinger or Ms Hutton about executive package compensations either at OPG or at Hydro One.

NUTRIENT MANAGEMENT

Mr Bert Johnson (Perth-Middlesex): My question is for the Minister of Agriculture and Food, the minister representing Huron-Bruce. Many of my constituents in Perth-Middlesex watched the progress of Bill 81 and the hearings into the Walkerton inquiry with great interest because of the high level of agricultural activity in my riding. I understand that the proposed Nutrient Management Act will be extremely important in the implementation of many of Commissioner Dennis O'Connor's recommendations.

I also understand there have been those in opposition benches who have been critical of Bill 81, saying this legislation is too enabling. Of course those are the same members, particularly the member for Ottawa South, who on December 12 said, "I changed my mind. I honestly believe I never said that. I didn't recall at the outset that I said what I said."

Minister, considering the recommendations put forth by Justice O'Connor, should this government amend this bill before it's passed so the recommendations can be better implemented?

Hon Helen Johns (Minister of Agriculture and Food): Let me say that Bill 81 is an integral part of what we on this side view as a clean water strategy that is going to be led by the Ministry of the Environment. Because of the complexity of the recommendations that were made by Justice O'Connor, we needed time to study those recommendations.

After going to the hearings and listening to what people said, I made the decision that we needed time to look at the decisions that Justice O'Connor has made. I took his advice that says on page 138 of his report, "The Act"—that's Bill 81—"if passed in its present form, would certainly provide the province with the authority to create the tools it would need to develop the farm water protection planning system that I am recommending." We took his recommendations and we'll take them when we move forward in the regulations if and when Bill 81 gets passed by the House.

1530

Mr Johnson: It does seem irresponsible and unwise to tie our hands by introducing specific amendments to Bill 81 at this time.

I am pleased to know that Justice O'Connor believes this bill to be a reliable tool to ensure the safety of our drinking water. That is, of course, if it's consulted upon properly. I know many farmers and farm groups in my riding have ideas as to the specific regulations. Minister, who shall be consulted in the production of these standards and regulations?

Hon Mrs Johns: Let me say that Bill 81 is the bill in this House that has had the most consultation of any bill. It has been out after first reading; we had discussions after second reading. My colleagues Mr Galt and Mr Barrett ran consultations early on. The former minister, Brian Coburn, also had lots of consultations in the office, and we intend to follow that history and work on consultations.

It says in the report from Justice O'Connor that the Ministry of the Environment and OMAFRA need to work together. A number of things need to happen. We need education, training, enforcement, and we need to do those things in consultation with one another, and of course we will continue to do that as we move forward to get Bill 81 passed through third reading and we start to work on the regulations.

HEALTH SERVICES

Ms Shelley Martel (Nickel Belt): I have a question for the Minister of Health. The crisis in waiting times for radiology exams is poised to get a whole lot worse, and that is because the proposals coming from the relative value schedules committee make it clear that changes in radiology codes could reduce professional fees for radiology and nuclear medicine from between 35% and 50%. Radiologists have made it clear that that would prompt a mass exodus of existing and new graduates out of the province at a time when Ontario is already short 150 radiologists.

Minister, you have two members who sit on this committee. Why are they, on your behalf, considering changes that would cause such an exodus and such a shortage of radiologists, which could only lead to even worse waiting times for diagnostic services?

Hon Tony Clement (Minister of Health and Long-Term Care): I can certainly inform this House that if one compares on a number of different levels the amount of service that is being offered and the amount on behalf of the taxpayers of Ontario that we're spending in these areas, the amount has gone quite substantially up. In the year 1995-96, OHIP payments for CT services were close to \$30 million; now they're close to \$56 million—a 91% increase. For MRI services, the OHIP payments were \$4.9 million in 1995-96; now they're \$19.3 million—a 294% increase. So I'm not sure what the honourable member is talking about, but that's the reality of the situation.

Ms Martel: Minister, the question had to do with a shortage of radiologists and how that would be impacted by the proposals that are coming forward from the committee. Those proposals have been made public as of

September 2001. They say very clearly that changes in radiology codes will result in a decline of professional fees in the order of 35% to 50%.

The Ontario Association of Radiologists has polled its new residents regarding the changes, and it's clear to them that 95% of new graduates will not stay in Ontario if this proposal remains unchanged. We already have a shortage of 150 radiologists. This shortage, in conjunction with your government's underfunding of medical imaging equipment and your ongoing clawback of technical fees, will mean that thousands and thousands of Ontario's residents who need timely access to X-rays, mammograms and CT scans are going to see those waiting lists dramatically increase. That will have an impact on patient care.

What are you going to do to ensure that the province does not face a mass exodus of radiologists, which will impact directly on patient care?

Hon Mr Clement: I hope the honourable member will understand when I decline to involve myself in discussions about remuneration on the floor of the Legislature when we have a perfectly good forum in which to do so. So I am not going to take the bait. I'm not going to engage in the discussion so that she can be the collective bargaining agent on behalf of the radiologists. I'm not going to do that, but what I will say to this House is that when they were in power there were 12 publicly funded MRIs and now there are 43. Since we've been in power, when it comes to mammograms, we have been lauded by CIHI, the Canadian Institute for Health Information, which indicated that women in Ontario per capita are receiving more access to mammograms, and we were lauded for that. So those are the facts that the people of Ontario care about, and those are the facts that we care about.

The Speaker (Hon Gary Carr): New question.

Mrs Sandra Pupatello (Windsor West): My question is for the Minister of Health and it's in regard to the diagnostic imaging access report that was released this morning.

Radiologists have been telling you for some time that patients, people, are having woefully long waits for treatment and diagnosis of their disease. In Hamilton, people are waiting 16 weeks for a CT scan. In Kitchener, people are waiting 15 weeks for a CT scan at the Grand River Hospital, and 30 weeks at St Marys. In Sault Ste Marie, a seven-week wait for mammography; in Windsor, a 12-week wait for mammography. Minister, this is the difference, potentially, between a lumpectomy and the removal of an entire breast. If you don't want to talk about fees for doctors, maybe you'll talk about why people have to wait this long for diagnosis in Ontario.

Hon Mr Clement: I'd be happy to review those statistics. I can tell you again that when it comes to investment in this area, certainly the 91% increase in CT services and the 294% increase in MRI services tell the story about the fact that we, on this side of the House, have recognized the importance of diagnostic services.

These amounts of investments have been made directly available to the people of Ontario.

Again, the Canadian Institute for Health Information, an independent body, a national body, has released a comprehensive report recently. They indicated that women in Ontario, per capita, are receiving more access to mammograms than anywhere else in the dominion of Canada, to potentially identify breast cancer risks earlier. That is the record that we are proud of on this side of the House, that is the record that we are going to continue to invest in, and that is for the benefit of the people of Ontario.

Mrs Pupatello: Minister, don't be proud. Rather, explain the five-month wait in Peterborough for bone density tests for osteoporosis; 10 weeks for a cardiac test in Peterborough. Explain the seven-week wait for mammography at the Rouge Valley health system, the eight-week wait in Windsor for colorectal cancer checks. Explain the 13-week wait in Stratford for a CT scan. You've removed \$200 million over the last seven years from testing. That represents 90% of all the tests ordered. That's besides the MRIs. Ontario is short 150 radiologists. Almost without exception, the diagnoses are longer today because people can't get tests on time; therefore, treatment is late. That means more cancer growth, more bone fractures.

Why, Minister, in your Ontario, is the treatment worse today than it was before you took office?

Hon Mr Clement: Let me quote from the Toronto Star; I can't believe I'm actually doing this, but I am.

It says, "A shortage of trained technicians has sparked a crisis in cancer treatment, forcing some patients to wait for life-saving radiation therapy, hospitals say." When was that quote? Oh, June 22, 1989. "Princess Margaret announced yesterday it will refuse to treat new patients for six weeks after September 30, 1989." That was the record of the Liberal government. That was the record that we had to fix after we came to power.

One of the most well-respected coordinators of radiating treatment said, "What we've actually seen in the last few months is that the waiting times have started to come down. We've been working very hard at cancer centres, but the waiting lists have come down." That's our record compared to the record of the Liberal government, and I would compare those before the people of Ontario any day of the week.

YOUTH CRIME

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): My question is to the Attorney General. Minister, I want to ask you about a very disturbing story that appeared in yesterday's Globe and Mail. The story profiled an alleged case of bullying in a school in Halton that went on for a number of years. According to the claim filed by the plaintiffs, one of the bullies told the victim that a young offender's conviction for assault would be "well worth it to see you unconscious."

Minister, I ask you, what does that say about our youth criminal justice system when abusers feel that the penalties for serious crimes like assault are literally something to laugh off?

Hon David Young (Attorney General, minister responsible for native affairs): Let me start by saying that I cannot and I will not comment on the particular case that my friend referred to. I am in a position, though, to say to you that I have, on numerous occasions, dozens of occasions over the past year, gone to Ottawa, spoken to my federal colleague, spoken to my counterparts in other parts of this country, to indicate that we are not satisfied with the youth criminal justice system in this country or with the new act that has been brought forward by the federal Liberals.

They brag about being tough on crime, but indeed they are anything but that. What they have brought forward is an act that is three times as long as the Young Offenders Act, five times as complicated and 10 times as costly to administer. The federal Liberals have failed the people of this country for some considerable time, and it appears as though that will continue.

1540

Mr Gill: Thank you, Minister. Clearly there is a need to reverse this trend toward weaker treatment of young offenders. Every violent crime, regardless of whether it is committed by an adult or a youth, deserves to have serious penalties attached to it.

People of every political stripe recognize that improving the youth justice system is long overdue. I think every member has been confronted with a case in his or her riding where the community was outraged by a young offender receiving far too lenient a sentence. We need to change the way we deal with young offenders.

Minister, in regard to the federal government's Youth Criminal Justice Act, what success have you had in pressuring Ottawa to back down on or modify their flawed legislation?

Hon Mr Young: Indeed, we did go forward with what I believe to be a hundred meaningful, constructive amendments that we suggested the federal Liberals insert into their proposed legislation, and at the end of the day we would have an act that is responsive to what the people of this province and indeed the people of this country want. Some 72% of Canadians have said they have little or no confidence in the current Young Offenders Act. I say to you they will have less confidence in the new act that the federal Liberals have passed when it is proclaimed next year.

The only measure of success we have had in speaking for the people of this province, and indeed the people of this country, in many respects, is that we have convinced the federal Liberals to delay the implementation of this new legislation. Every province and every territory asked for that, because indeed it is complicated, costly and cumbersome and it will not serve the interests of the people of this great province or the people of this great country.

PUBLIC SECTOR COMPENSATION

Mr Dalton McGuinty (Leader of the Opposition): My question is to the Premier. Do you believe that the \$2.3-million compensation being awarded this year to Mr Osborne as president and CEO of Ontario Power Generation is appropriate?

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): I understand that the Minister of Energy has an answer to this question.

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): If he was getting \$2.3 million, I would say no. But the fact of the matter is that your slipshod Liberal researchers put you in a pickle December 12 that you had to try to wiggle your way out of outside here by claiming that when you make quick decisions, you get yourself into trouble. Once again you got a quick decision on your hands and you got yourself into trouble. Thank God you don't have your finger on the button, because six million people would be dead if every time you made a quick decision, those kinds of decisions came out.

Am I upset? Yes, because you're maligning a member of the public who is working at OPG. No, it's not accurate. No. If it was \$2.3 million, it would not be acceptable. The total isn't. You're counting in accrual, an amount of money set aside in a pool that is accrued year after year. You're counting it—

Interjections.

Hon Mr Stockwell: Let me finish. You're applying that money to one year, and one year each and every year. I know this is complicated, but it's not accurate. You did lousy research. If you had it on good research, you would have known that was wrong. So, no, \$2.3 million is not acceptable.

Mr McGuinty: I'm going to recommend to the minister that he quite simply pick up the phone, contact Mr Osborne and ask him what he is making. I will also ask him to check the publicly filed documents which provide that he is receiving a total compensation package this year of \$2,337,692.

Minister, given that Ms Clitheroe's package of \$2.2 million was inappropriate, I'm asking you whether or not you consider this package of \$2.3 million to be inappropriate.

Mr James J. Bradley (St Catharines): Good question.

Hon Mr Stockwell: Good question? What are you talking about? You must be Pavlov's dog. The minute he sits down, you just yell, "Good question."

What we have here is an accrued amount. The accrual runs over three years. If you had read the report that you got off the Web site, it says right in it, "Actual LTIP payouts for performance periods, which commence January 1, 1999, were paid out at the end of the year 2002."

The fact is, the money is not applied year in and year out. You've got to get somebody back there who can give you accurate information. Yesterday you stood in this House and claimed that we're hiding the numbers for all

the OPGs. You went on the Web site and found them all. Today you're making allegations that they get paid this much—completely, actually, undeniably inaccurate. Get some crackerjack people back there. The whiz kids did a better job in their spare time than these guys do full-time.

PROVINCIAL PARKS

Mr Norm Miller (Parry Sound-Muskoka): My question is for the Minister of Natural Resources. Ontario boasts a diverse collection of provincial parks. Not only the people of Ontario but people from all around the world can enjoy these beautiful parks, with such recreational activities as fishing, camping and canoeing.

Not only do these parks serve as a great outdoor experience, but they also provide an economic boost to the local economies. In my riding of Parry Sound-Muskoka my constituents are able to enjoy many of these parks, which are close to home, including Arrowhead Provincial Park, Oastler Lake, Massasauga, Algonquin, Killbear and Restoule—many beautiful parks in my riding.

Due to the OPSEU strike, there were many delays in the parks opening this year on Victoria Day weekend. Minister, could you please comment on the delay in park openings and give me an update on the status of these Ontario parks?

Hon Jerry J. Ouellette (Minister of Natural Resources): Our parks are some of the best in the world and we pride ourselves on the level of service that we provide in those parks.

Even though we were a bit behind schedule on the long weekend in May due to the OPSEU strike, our staff worked diligently to ensure that our parks were safe and ready to open as soon as possible. I am happy to inform the member that currently all the provincial parks that should be open and ready to accommodate our campers are open except for one.

On that note, I'd like to thank the hard-working staff who were able to accommodate and relocate campers over the past few weeks. They have demonstrated their professionalism and commitment to our parks system by once again providing the level of standards that our campers have come to expect.

Mr Miller: Thank you for that answer. I know the level of service in our parks provides something we can all be proud of. I have also heard that you are an avid camper, and I hope you will take the opportunity to visit one of the many beautiful parks in Parry Sound-Muskoka.

However, the recent weather conditions this spring have been fairly cool and wet; certainly not as nice as last year's warm and dry conditions. Minister, can you update me on the status of the reservations at Ontario Parks for this year and let us know how the reservations are going for the year?

Hon Mr Ouellette: It is no surprise, as last Monday I did list during the Heritage Hunting and Fishing Act how I have been a regular attendee at the parks, along with my wife, Dianne, and sons Josh and Garrett.

Due to the poor weather conditions, our parks have experienced lower visitation than normal. However, the publicity that has surrounded the parks issue has broadened the scope of our core group of campers and subsequently has allowed more people out of the province an opportunity to learn about our parks.

Up to now, the use of the reservation service continues to be strong, and there have been more reservations processed to date than at this time last year. Ontario Parks anticipates more than 300,000 reservations this year. Although there is still room in many of the parks, I would urge the people of Ontario who wish to camp to make a reservation as soon as possible, because some of our more popular campsites are already full for the summer. To find out more information, you can make a reservation on the Web site at Ontarioparks.com.

1550

AFFORDABLE HOUSING

Mr Michael Prue (Beaches-East York): My question is to the Minister of Municipal Affairs and Housing. You signed a housing deal with the federal government last week, a much ballyhooed agreement. In effect, though, that deal has downloaded the cost to municipalities, churches and charitable groups. People who have looked at this deal have given your government a D as a grade and, in some places, they've even said an F, or worse than an F. There is almost no commitment from the province to give any monies whatsoever to the building of affordable housing.

Mayor Hazel McCallion of Mississauga has said she will not participate in your deal. She will not do so because it's on the backs of the ratepayers to the tune of \$9.7 million. Mr Minister, will you make funds available to municipalities so that the housing can be built, so they don't have to back away as Mayor Hazel McCallion has just done?

Hon Chris Hodgson (Minister of Municipal Affairs and Housing): I think the member of the third party wants to be clear on this. What we're asking municipalities to do is waive fees that are a barrier to creating affordable housing, which are passed on in the rents and make them higher.

For example, in Toronto, when you were on council, you voted for a multi-residential rate four times higher than the condominium rate. We're asking that that be rolled back for 35 years. That is not costing the fiscal plan in Toronto one dime. It's just because they're getting zero revenue from your decision to have four times the taxation on rental units as on condos. That's what we're asking for. That doesn't cost the fiscal plan of the city of Toronto anything, because they're getting zero today.

That's a partnership that we think is practical. Remove the barriers and affordable housing will be built. We're not going to block the federal money from coming into Ontario for the first time in 10 years.

Mr Prue: For the edification of the minister and those opposite, I believe my vote was in the negative on that particular item, as were those of a great many members of municipal council. Perhaps he should do some research on that.

My second question—

Interjections.

Mr Prue: Perhaps if the honourable members would just listen—

The Speaker (Hon Gary Carr): Order.

Mr Prue: Many other cities and charities are crying foul. They are saying it is not fair. They cannot raise the amounts of money that are necessary. There is a very real risk of failure. That risk will put more people on the streets, exacerbate the problem of the homeless and increase the waiting lists.

I ask you again, notwithstanding what some vote of the city of Toronto may have been, will you make the funds available to the municipalities that want to participate so they don't have to put the monies on the backs of the ratepayers?

Hon Mr Hodgson: I don't think he understands the program, but to answer his question, we did do a little research. When you were on the city of Toronto council, you supported a motion that maintained the multi-residential tax rate at 4.7 times that of the residential rate. That minute was 4.15, C.1 A.2, April 23 to May 2, 2001.

The second thing you did while you were a member of the city of Toronto council was support a motion in 1998 to create a new multi-residential property tax class. You're on the record for this. That has meant that every rent in Toronto has gone up 15% to 20% because of your actions. We're trying to get affordable rents in this province, particularly in the city of Toronto, over your objections.

PETITIONS

HYDRO ONE

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

“To the Ontario Legislature:

“Whereas the Conservative government plans to sell off Hydro One and Ontario's electricity transmission grid—the central nervous system of Ontario's economy;

“Whereas the government never campaigned on selling off this vital \$5-billion public asset and never consulted the people of Ontario;

“Whereas Ontario families want affordable, reliable electricity—they know that the sale of the grid that carries electricity to their homes is a disaster for consumers;

“Whereas selling the grid will not help consumers—the only Ontarians who will benefit are Bay Street brokers and Hydro One executives;

“Whereas selling Hydro One and the grid is like selling every 400-series highway in the province to private interests—selling the grid means the public sector will no longer be responsible for its security and protection;

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

“To demand the Conservative government to halt the sale of Hydro One until the government has a clear mandate from the owners of Hydro One—the people of Ontario.”

I have also signed this petition.

CHILDREN'S HEALTH SERVICES

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): I'm very proud today to present three petitions signed by hundreds of my constituents living in communities like Pembroke, Eganville, Renfrew, Calabogie, Arnprior, Petawawa, which petitions read in part:

“To the Legislative Assembly of Ontario:

“Whereas the Ontario Conservative government is planning to close the children's cardiac surgery services unit at the Children's Hospital of Eastern Ontario in Ottawa by April 2003; and

“Whereas the Ontario Conservative government is planning to centralize all children's cardiac surgery services in Toronto; and

“Whereas the many residents of Renfrew county (including Canadian Forces Base Petawawa), eastern Ontario, western Quebec and the city of Ottawa rely on the specialized care of the children's cardiac surgery services unit at the Children's Hospital of Eastern Ontario; ...

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

“To cancel all plans to centralize children's cardiac surgery services in Toronto and to keep open the children's cardiac surgery services unit at the Children's Hospital of Eastern Ontario in Ottawa.”

I'm delighted to be able to sign and endorse these petitions and present them to the Clerk and to the table on behalf of my constituents, the undersigned.

POST-SECONDARY EDUCATION FUNDING

Mr Rick Bartolucci (Sudbury): This petition is from the College Student Alliance Partners in Learning. It's a petition concerning the double cohort and quality in education. The petition is to the Legislative Assembly of Ontario.

“Whereas, by eliminating the fifth year of high school the government of Ontario has created a double cohort of students; and

“Whereas the government of Ontario has promised that there will be a space at a university or college for every willing and qualified student; and

“Whereas Ontario’s universities and colleges have not received sufficient funding from the government of Ontario to accommodate these double cohort students; and

“Whereas the quality of education at Ontario’s universities and colleges has been declining in recent years; and

“Whereas the double cohort students will add an additional strain on an already fragile university and college system;

“Therefore, we, the undersigned, petition the Legislative Assembly of Ontario to: provide full funding for every new student entering Ontario’s universities and colleges; provide additional funding to increase quality at Ontario’s universities and colleges; provide targeted funding to colleges for skills and innovation; and increase the per student funding to the national average over the next five years.”

I affix my signature to this petition as I’m in agreement, and I give it to Douglas to bring to the table.

HYDRO ONE

Mr David Caplan (Don Valley East): I have a petition. It’s entitled “Stop the Sale of Hydro One.”

“To the Ontario Legislature:

“Whereas the Conservative government of Ernie Eves plans to sell off Hydro One and Ontario’s electricity transmission grid—the central nervous system of Ontario’s economy;

“Whereas the government never campaigned on selling off this vital \$5-billion public asset and never consulted the people of Ontario on this plan;

“Whereas Ontario families want affordable, reliable electricity—they know that the sale of the grid that carries electricity to their homes is a disaster for consumers;

“Whereas selling the grid will not benefit consumers—the only Ontarians who will benefit are Bay Street brokers and Hydro One executives;

“Whereas selling Hydro One and the grid is like selling every 400-series highway in the province to private interests—selling the grid means the public sector will no longer be responsible for its security and protection;

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

“To demand Ernie Eves and the Conservative government halt the sale of Hydro One until the government has a clear mandate from the owners of Hydro One—the people of Ontario.”

I wholeheartedly agree with this petition and I have affixed my signature to it.

1600

OPPOSITION DAY

CHILDREN’S HEALTH SERVICES

Mr Dalton McGuinty (Leader of the Opposition): I move the following motion:

That the Legislative Assembly of Ontario offers its unequivocal support to the people in Ottawa and London in their efforts to convince the Eves government to reconsider its decision to remove life-saving children’s heart surgery programs from their communities.

The Acting Speaker (Mr Michael A. Brown): Mr McGuinty has moved opposition day number 3.

Mr McGuinty: I can tell you, on behalf of my caucus, that we very much appreciate this opportunity to speak to a very, very important issue. This matter came as a terrible shock to the people of Ottawa when the government announced very recently its intention to take away from us our children’s heart surgery program. The people of London have been fighting this move for several months now.

I can tell you, the government advances the argument based entirely on numbers and outcomes. It is important to take a look at outcomes and to ensure that we are providing quality care in each of those three communities—that is, London, Ottawa and Toronto—but in addition to that we feel it is absolutely essential to take into account what you might call the human factor.

We have had recently in Ottawa an outpouring of support for this program and the children’s hospital, the likes of which I have never witnessed in my 12 years in politics. If there is one institution that brings people together, if there’s one facility that families in particular will fight for, it is our local children’s hospital.

My comments to the government are as follows. First of all, the government alleges that there are problems with outcomes at the Children’s Hospital of Eastern Ontario. I say, I’m from Missouri: show me. I have seen no evidence whatsoever that would demonstrate that somehow we are less effective, less safe, when it comes to cardiac surgery in Ottawa than they are here in Toronto at the Sick Kids hospital.

I’m also asking the government to take into account—I’m asking Dr Keon, in particular, to take into account—travel time. Travel time is an important issue on two fronts. Travel time means that we are putting children at risk. I say this because our doctors, both in London and Ottawa, are telling me this. I’m also telling you that travel time presents a real hardship for families. It is one thing to travel across town to visit a child in the hospital; it is hard enough on a family to have a child who is so sick that he or she has to be hospitalized, but then to impose on that family the additional burden of having to travel to Toronto, which could be 350 to 400 kilometres, depending on where you’re located in eastern Ontario, is

a tremendous hardship, to say nothing of the costs connected with accommodation here in Toronto, to say nothing of imposing on parents this struggle to juggle the responsibilities vis-à-vis their child here in Toronto and the rest of the family back home, let alone job responsibilities there.

The other thing that I'm asking the government to take into account and Dr Keon to take into account is the impact that the loss of our heart surgery programs will have on remaining programs. One of the things I've learned recently, as a result of my conversations with physicians both in London and in Ottawa, is that medicine is, in a very real sense, a team sport. It turns out that if you lose your cardiac surgery, those surgeons are not going to stay in those communities because there is simply not enough work for them to do. It also turns out that people who are involved in cardiovascular work—that is, using catheters, which is the modern and most effective way to go in many circumstances today—will not do that catheterization, which avoids open heart surgery, unless there's a cardiac surgeon on standby. We've also heard from the kidney people. The nephrologists are telling us, "Unless there is a cardiac surgeon in this hospital, I'm not going to do the kidney work," and so on. This is in effect a house of cards, with one specialty reliant upon another.

We've also learned about the impact this is going to have in both hospitals with respect to the ability to deliver the best emergency response. There are a few cases I would like to bring to the attention of this Legislature and the government, because the government says all they're going to do is transfer elective surgery to Sick Kids and the rest of the programs will remain intact. That's not how it works.

Young Sean McCarthy, who is known as a miracle child in Ottawa, was a cold-water drowning victim. He is, I believe, about three or four years of age now. I had the opportunity to meet him at a very successful rally this past weekend, where people came out by the thousands to support their hospital and their children's heart surgery program. Sean McCarthy had been under water for close to two hours. He was brought to the Children's Hospital of Eastern Ontario, and there they put him on a special piece of equipment, which, as I understand it, both oxygenates and warms the blood externally. That is a very sophisticated piece of equipment that's dedicated to the use of children. It cannot be used and will not be used by anybody unless there's a cardiac surgeon there. If we had had to transport Sean to Sick Kids in Toronto, he would not have survived.

Another case I learned of was a 10-day-old infant, a baby girl, who was undergoing an ultrasound at the Children's Hospital of Eastern Ontario. She was brought in by her parents because she wasn't thriving. She experienced cardiac arrest during the ultrasound. If a cardiac surgeon had not been there to respond immediately and to intervene by way of surgery, we would have lost that child.

Another case, just to show you how varied these can be: a young girl, eight years of age, had been infected by E coli, the same variety that had affected the community in Walkerton, and she went into some kind of hemolytic uremic shock, and she too went into cardiac arrest. Fortunately, this happened in the hospital and, fortunately, we had the cardiac surgeons and the expertise to save her life. So when the minister argues that it's a simple matter of transferring elective surgeries to another city, I am hoping he will understand that it is in fact more complex than that.

I am also asking the minister to take into account, as I am Dr Keon, the length of waiting periods. My understanding is that the waiting times at Sick Kids here in Toronto are much greater than they are at the children's hospital back in Ottawa or than they would be at the London Health Sciences Centre. This should not be seen as one community being pitted against another, one facility being pitted against another; it's a matter of putting in place a network of expertise so that all three institutions, all three facilities, would be able to serve and meet the needs of the 12 million Ontarians. That's what it's all about.

That brings up this notion of vulnerability. I ask the minister, does it really make sense to put all of our children's heart surgery eggs into one basket? What if a hospital—and these things have been known to happen; it happened here recently in Toronto—had a viral outbreak of some kind and a ward or the entire hospital had to be closed down? What if there was some kind of labour issue? What if we experienced a shortage of nurses in a particular hospital? It just seems to me that a prudent and responsible course of action would be to ensure that we have available in a province that continues to grow a number of locations where children's heart surgery could in fact be performed.

The other thing we have to take into account is that there is a body of literature out there, and I've spent a fair amount of time researching this on the Web and through my staff, that does support this concept that says the more surgeries you do, the better the outcomes. It's important for us to keep that in mind. But the outcomes back home in my riding at the Children's Hospital of Eastern Ontario are good. The government seems to be arguing that, in theory, things should not be working as well as they are at the Children's Hospital of Eastern Ontario. But the facts are that those outcomes are up to standard and there is no legitimate or medical rationale that would warrant the closure of that program back at the Children's Hospital of Eastern Ontario.

1610

The other thing we have to keep in mind here is that we're a province of 12 million and we are growing. I can tell you that both in London and in Ottawa there is tremendous growth taking place as well. It would seem to me that in a proactive way, with one eye to the future, what this government should be attempting to do is to ensure that we will be able to meet not only today's

needs but future needs as we bring more children into the province of Ontario.

Just to let you know how important this is to my community, I was involved in an effort back in 1993 to bring paramedics to Ottawa-Carleton, as it then was. They had paramedics up and running in Hamilton, Oshawa and Toronto. The argument I made at that time to the government, and I raised it in the Legislature a number of times, was that we had one of the lowest survival rates in North America in a large urban centre. Eventually, the government relented.

At first, if you could believe it, the NDP government of the day argued that there was no evidence that paramedics saved lives. They actually argued that in this House. It took me six months to collect 55,000 signatures. I can tell you, in about eight days we have collected 80,000 signatures. We simply cannot keep up with the demand for lawn signs. I'm talking about my community back home in Ottawa.

We believe that our hospital, the Children's Hospital of Eastern Ontario, is a world-class facility. Some 30 years ago we fought long and hard to get this hospital to serve 1.5 million people in eastern Ontario. We're talking over half a million kids.

During the past 30 years, we have worked long and hard and invested millions and millions of donor dollars and millions and millions of volunteer hours to develop our facility into a world-class centre of excellence for children's health care. So this government has another thing coming if it thinks it can walk into Ottawa and say, "We are appropriating this program." If it intends to do that, then it's going to have to put a lot more evidence on the table, because I can tell you, we have not seen it. If I have to rely on government experts on the one hand, and on the other hand my folks back home who work themselves to the bone day in and day out looking after kids, I'm going to rely on my local experts.

There are many in my caucus who would like to speak to this, and I will not deprive them of the time they need to do an effective job, but let me just wind up by saying this. This is a very important issue for the people of Ottawa and the people of London. We're talking about our children's health care. Yes, you are damned right it is an emotional issue when it comes to ensuring that kids are getting the best health care. But beyond that, this government has a responsibility to put on the table facts. It has failed to do so. The facts that I am aware of support the maintenance of those programs in those communities, and that's why we are fighting so hard to maintain children's heart surgery programs in Ottawa and in London.

The Acting Speaker: Further debate?

Hon Tony Clement (Minister of Health and Long-Term Care): I join in this debate and thank the Chair and the honourable members for an opportunity to discuss this very important matter from my perspective.

As this House knows, on November 5 I announced that the Ontario government would review the delivery of highly specialized children's hospital services in Ontario—not just in London, not just in Ottawa, but

throughout the province of Ontario. It was on May 23, just a few weeks ago, that I received and accepted the findings of that report.

We wanted to make sure that children in Ontario receive the best possible care and the best possible outcomes, phraseology that the honourable Leader of the Opposition echoed in his remarks as well. Experts and specialists, hospital CEOs, five doctors responsible for overall pediatric services at their hospitals, including CHEO, were on the committee. These experts took their time. I gave them all the time in the world to examine the impact the changes would have on their hospitals in general and specifically how best to ensure the delivery of surgical services to children.

This report I believe is so compelling that I would like to refer to it, because in many ways it speaks for itself. The report has a number of sections. One of the sections deals with what other jurisdictions have found when dealing with precisely the same issue. They refer to, in the first instance, the Pediatric Cardiac Surgery Inquest Report in Manitoba and quote from that report. This was after the completion of a chief medical examiner's inquest after some terrible tragedies in Winnipeg. From 1995 to 1998 there were 12 children who died who underwent cardiac surgery in Manitoba.

"The inquest report concluded"—in part—"The available information suggests that the limited number of cases that can be undertaken in a province like Manitoba, with a population just over one million, represents an increased risk of morbidity and mortality, particularly in the case of high-risk surgery. Even if the catchment area were expanded, the base population would still not be large enough to support a full-service program. The inquest recommends pediatric cardiac surgery be re-initiated in Manitoba only as part of a regional program in western Canada."

The report that I received in May goes on to say, "The Manitoba program has since formed part of the western Canada specialized pediatric cardiac surgery program sited in Edmonton. The western program includes workloads from British Columbia, Saskatchewan, Alberta and now, Manitoba."

What that means is if you have a sick child in Calgary, that child goes to Edmonton; if you have a sick child in Saskatoon, that child goes to Edmonton; if you have sick child in Winnipeg, that child goes to Edmonton; if you have a sick child, in some instances, in Vancouver, that child goes to Edmonton.

The report then examines the public inquiry of 2001, the Bristol Royal Infirmary Inquiry of Bristol, England. Our report says, in part, "The Bristol inquiry called for the development of 'standards that should stipulate the minimum number of procedures which must be performed in a hospital over a given period of time in order to have the best opportunity of achieving good outcomes for children.'"

Our pediatric report then refers to the Office of the Chief Coroner of Ontario, which "investigated three deaths associated with the pediatric cardiac surgery pro-

gram at London Health Sciences Centre.” That report “noted that after considering the factors of low volumes, human and equipment resources, the decision of the LHSC”—that is to say the London Health Sciences Centre—“board of directors to discontinue pediatric cardiac surgery program was ‘entirely consistent with international trends in pediatric cardiac surgery where services tend to be centralized rather than decentralized.’”

That was their examination of other jurisdictions.

Let us get back into the Ontario context, the provincial context. They examined the trends over the last few years, the trends in pediatric cardiac surgery. The report goes on to state, “Between 1996 and 2000, the zero to 14 population in Ontario remained relatively constant, in contrast to the total population, which grew by almost 5%. The provincial population growth rate is expected to continue to outpace the growth rate in the zero to 14 age group, which, in fact, will experience a negative growth rate.” That’s a very poor way of saying that the number of kids ages zero to 14 in Ontario is actually going to decline, according to demographic trends. “Between 1999 and 2010, the zero to 14 population in Ontario is expected to decline by 4.8%,” while “the total provincial population is expected to grow by 13.5%.”

1620

This is important because it indicates that the number of individuals who may require the surgery is expected to decline, even though in Ottawa, as in many other parts of our province, the general population is increasing.

The report goes on: “Consistent with a decline in overall tertiary pediatric in-patient surgical volumes, tertiary pediatric cardiac surgery has declined from 727 total cases in 1995-96 to 638 total cases in 2000-01 or by 12.2% for the zero to 14 age group.” The whole number of cases in Ontario has declined in the last six years by 12.2%.

Why is that happening? Part of it is happening because of good news. “Changes in medical practice, in large part, appear to account for a shift in the percentage of tertiary cardiac cases by the age groups”—that is to say, new procedures, better procedures. In fact, doing multiple interventions rather than one operation after another as a series of separate procedures over time reduces the number of operations. “As well, these procedures”—the report goes on—“are being done in younger children. This likely obviates the need for repeat surgery at later stages in life.”

The bottom line is this: the number of cases is declining. They are not going up even with population growth. Even with massive population growth in the Ottawa area, the number of cases is declining quite significantly since earlier reports had been studied in Ontario.

The report then goes on to examine the individual issues in the individual parts of Ontario where we have cardiac or other pediatric services. I will confine my comments to the Children’s Hospital of Eastern Ontario, although there is also commentary about the London Health Sciences Centre in London.

The pediatric report says, “CHEO has experienced an 8.2% reduction in tertiary pediatric cardiac surgery cases between 1995-96 and 2000-01 for the age group zero to 14 (excluding neonate). Based on CIHI data”—the Canadian Institute for Health Information, an independent body of the government of Ontario—“CHEO experienced an average annual volume”—this is the number of cases they’re doing every year—“of 104 cases, averaged over the six years.” When you add in the neonates, when you add in the 15- to 18-year-olds, “CHEO has averaged 121 annual cases over the six years.”

And here’s another interesting fact—

Mr Richard Patten (Ottawa Centre): Some 145 last year.

Hon Mr Clement: No, not 145. The honourable member is wrong. When you add everything you could possibly add in, it’s 121.

The report goes on: “CHEO experiences the highest rate of tertiary cardiac service by non-Ontario residents. CHEO has indicated,”—these are CHEO’s facts—“that Newfoundland has accounted for a number of these cases, as have residents of Quebec. Out-of-province cases have constituted from 22% to 35% of the total CHEO tertiary cardiac surgery cases in a five-year period.” That’s how they keep their volumes as high as they are, which are still low. That’s why it’s relevant.

The HSRC—the Health Services Restructuring Commission—expressed concern over the low volumes experienced by CHEO and recommended that volumes be monitored over an 18-month period to see if suggested annual minimum volumes of 200 were achieved. It was generally considered at the time from clinical and medical evidence that if you were below 200 cases a year, the kids who had that operation were at risk.

Mr Patten: Where did they get that 200 figure?

Hon Mr Clement: It’s a clinical determination. Read the report.

Since the HSRC review, the CHEO in-patient volumes have further declined. They haven’t gone up since the 1999 review; they’ve gone down to 90 in-patient cases for the zero-to-14 population. They are low; they are considerably below the 200 threshold which is considered clinically advisable, and they’re going down.

Now I get to an interesting page, given the honourable Leader of the Opposition’s dissertation. This is the section entitled “Key Considerations.” These are the things the pediatric review committee considered before rendering its conclusions. I will read into the record each and every issue that was considered by the committee.

The first is “Changes in Pediatric Cardiac Surgery Practice.” They conclude, “One noticeable trend since the time of the HSRC’s work was that the volumes of in-patient tertiary pediatric surgery overall, as well as the volumes of in-patient tertiary pediatric cardiac surgery, were decreasing.”

Interjection.

Hon Mr Clement: The next consideration is “Clinical Research Indicating that Outcomes are Related to Volumes,” in answer to the honourable Ottawa member’s

barracking. "Various researchers have clearly established the direct linkage between the number of procedures done and successful outcomes ... In fact, an area of strong consensus for the" committee "was that thresholds (minimum volumes of procedures, or specific activities) to maintain clinical proficiency/competency were as important for the entire team supporting patient care (physicians, nurses, perfusionists, infection control specialists, nutritionists, respiratory therapists, other allied health professionals) as for the individual physicians themselves. Likewise, the requirement for 'critical mass' extends to both a critical mass of patients for the team to maintain its skills and expertise and a critical mass of human resources to support the multiple facets of a program." They considered that.

Next is, of course, the thing that we all agree on, "Best Interest of Children." They recognized, they considered, they researched, they debated in the pediatric review committee the very point the honourable member, the Leader of the Opposition, made. The committee "recognized that many people associate services 'close to home' as being in the best interest of children and may not be aware of mortality rates that can vary." They are sensitive to the argument that people want to be as close to home as possible, but they have to balance that with a very technical, cold term, "mortality rates." We want to keep as many kids alive as possible. That's what that sentence means.

Next, "Interdependencies Among Pediatric Cardiac Surgery, Pediatric Cardiology and Other Pediatric Programs." Again, they considered the very point the honourable Leader of the Opposition made. They say, "Changes to one component would have direct and indirect effects on other components." They considered that.

They considered accessibility. "Ontario has a legal commitment to provide services in both official languages." It goes on to say, "Other important aspects of accessibility are the geographic and demographic realities of the province."

Finally, they considered program cost, but they say the committee "did not undertake a detailed costing of programs or cost implications." They wanted us to know that this was not a cost-driven decision.

After considering all the issues raised by the honourable Leader of the Opposition and all the issues that should have been raised, they came to the conclusions that were found in the report.

1630

The first recommendation: "To ensure best outcomes, a coordinated system of tertiary pediatric cardiac services is required in the province and includes both surgical and medical services." That's why the head of the London Health Sciences Centre is so excited about this report. We're finally going to have a coordinated system for pediatric cardiac services in the province of Ontario, and I say it's about time.

They say, "Tertiary pediatric cardiac surgery should be centralized on one site with a targeted implementation

date of April 2003." They considered all the factors and, in order to ensure the best outcomes for our kids, that is the recommendation they came up with, along with the other recommendations.

This has been an emotional debate. It's been emotional for my colleagues from Ottawa and London and it's been emotional for all of us. I can tell you I did not wish for this report to be taken lightly. I did not consider the report lightly. It was one of the most difficult decisions I've had to make as Minister of Health and Long-Term Care. Yet, to be absolutely sure this report examined every facet and every angle, this government was willing to ensure that a second opinion was also part of the discussion. That is why last week at this time I was pleased to inform this House of the appointment of a pre-eminent cardiovascular surgeon, one of the pre-eminent medical minds in the Dominion of Canada, Dr Wilbert Keon, as a one-man investigative person who has the ability to review the review, speak to any individual he wishes to speak to, examine any data he wishes to examine, consider any matter he wishes to consider and render a report within 14 days.

I said at the time, one week ago, that I would be willing to accept whatever findings, positive to the report, antithetical to the report or in addition to the report that Dr Keon, an Officer of the Order of Canada, was willing to make. I would like to challenge my friends on the other side of the House to come to the same conclusion. I challenge them to accept whatever findings, conclusions or recommendations Dr Keon comes up with just as I have accepted to do. Yet, we have a Leader of the Opposition who is not willing to do that.

The Ottawa Sun asked him that very question: "Unlike politicians who answer to their electorate, Dr Wilbert Keon isn't as affected or influenced by public opinion. Could his appointment become detrimental to the cause?" Here's what the honourable Leader of the Opposition said: "First of all, I am grateful the Tory government has come to understand that their study was not comprehensive." Those are his words. "I have confidence in Dr Keon," the honourable Leader of the Opposition said, "in bringing a comprehensive approach to this issue, including considering the impact of travel time and the impact this will have on delivering emergency care to all of the children of eastern Ontario." Incidentally, the original report did that, but that's fine. We have a difference of opinion.

"Sun: "What if Keon decides the recommendations are correct?" Aye, there's the rub.

"McGuinty: We'll wait and see what he does, but I have confidence in Dr Keon." Is that a yes or a no? I can't tell.

"Sun: But will you stand behind the decision?"

"McGuinty: I have confidence in Dr Keon."

Well, of course, we all have confidence in Dr Keon. That's not the issue. I challenge the honourable members: take the politics out of it; take your self-interest out of it; take your electoral dreams out of it; take your visions of measuring tape in ministers' offices out of it. Choose to

do the right thing: choose to accept the recommendations of Dr Keon on a non-partisan, non-political basis, just as I have undertaken to do. Join me in making this a non-partisan issue.

If you do not do that, I am sorry, Mr Speaker, they are being partisan, they are being self-interested. I question whether they will have the best interests of the children of Ottawa at heart if they will not come on board with whatever Dr Keon comes up with, because they themselves have said they have confidence in Dr Keon.

There was an interesting guest column today in Ottawa, by a registered nurse by the name of Yvonne Craig. I've never met her. She said some interesting things. She said, "I am a nurse. I am also a mom of two surviving triplets. I have the utmost respect for the staff at CHEO and my children have certainly benefited from the excellent care provided there. My son Joseph spent much of his 21 months in and out of the hospital. He died at CHEO as a result of numerous medical complications of his premature birth. The staff were wonderful and supportive at a most difficult time for us...."

"Having said all of that I am in support of closing the pediatric cardiac surgery unit. I realize this is not a popular stance right now but these are my reasons:

"This decision is not the result of a politician trying to trim a budget." She goes into the report of the leading pediatricians.

"I am sure," she goes on, "that the current team at CHEO is excellent at what they do. But the reality is that, tracking the numbers, the need for these types of procedures is diminishing over time (with new drugs and alternatives to surgery being used)." She then goes into the statistics which I read into the record.

She says at the end, "Opposition politicians have been quick to jump on the bandwagon and blast the current PC government over this issue. In my opinion this is a shameless ploy to garner votes over a highly charged emotional issue. They are quick to portray themselves as saviours of sick children when in fact if they were in power they would be doing exactly what Mr Eves and Mr Clement have done—following through on the recommendations of a panel of experts."

Interjections.

Hon Mr Clement: This isn't me saying this. This is a constituent of yours saying this. This is a constituent in Ottawa, a registered nurse, who had a child who was a patient of the hospital.

I say to you, look at the facts, read the report, consider the analysis, consider the facts in the report, consider whatever facts Dr Keon comes up with, consider whatever conclusions in addition to this report—or in contravention of this report—Dr Keon comes up with, and join us in a non-partisan, best-interests decision for the people of Ontario and London and Ottawa that will ensure excellent pediatric cardiac services are available now and in the future.

The Acting Speaker: Further debate?

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): I can't believe that the government would even

consider ending the cardiac surgery service in Ottawa at CHEO. Since I've been in politics, and that's for many years, I've never had a complaint or heard one complaint about the service that was provided. Then the minister has the nerve to stand up and refer to the health care restructuring commission, which has split many communities in this province.

Since the government first announced that children's surgery would be consolidated in Toronto, my constituency office and my home have been flooded with calls and visitors. People in my community are outraged that the sick children in their families—not only their families, their children, their grandchildren—all will have to travel and stay in Toronto, and we know how expensive that is.

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Anyway, I would hope that the government would reconsider this decision. I know they say it's not to save money. I'd like to believe them, but in many of the things they do, the dollar is the almighty thing and we don't have to worry about our patients and our children.

Health care is very important. I think the people of Ontario will make the government change its mind on this particular issue.

Mr Rosario Marchese (Trinity-Spadina): I'm happy to have this opportunity to speak to this resolution presented by the Liberal leader, and we'll be supporting it.

I wanted to raise some questions to the minister, having heard the entire 25 minutes of a speech which was rather clinically delivered; visibly clinically angry as opposed—

Hon Mr Clement: Clinically angry?

Mr Marchese: It's a clinical report. I understand. I'm just responding to your emotions as being representative of a clinical report, rather than other emotions that flow from this discussion. I just thought I'd point that out.

I know you are convinced by the compelling nature of the clinical evidence you present, but bringing forth Dr Keon as someone who would review the review suggests that you yourself perhaps have some doubts about the clinical nature of this report. I suggest to you, Minister, that if you were convinced by the compelling nature of the evidence you were presenting, you wouldn't need to have recourse to yet another study.

Hon Mr Clement: It's not about me.

Mr Marchese: It's not about you; I understand that. You're worried about the lives of children; I understand. So are we all. I'm not disputing that.

But you do say you are convinced by the evidence presented in this report. It's hard for the critics to disagree with it, you were saying, right? All I'm presenting to you as an argument is, if you're so convinced by it, why would you need to consider bringing in Dr Keon to review the review?

Hon Mr Clement: Because I'm not infallible.

Mr Marchese: It's good you would admit you're not infallible, because that has not been the case with the Tory government prior to Mr Eves coming into government. Mr Eves has finally come into this government

saying that, indeed, the Conservative Party is fallible, that it indeed does make mistakes, now admits—like so many other bills presented similar to the municipal bills; the tax bills where they had to present seven different bills to fix each and every one of them—that they were fallible then and will continue to be fallible. I'm happy you admit that reports are subject to problems and reconsiderations and that you too want to be absolutely sure. You're quite right. I applaud you for that. I think it's important to do that.

In addition, you cannot simply rely on clinical evidence to convince this Legislature. I suggest to you that you've got to go and talk to the communities out there and say to them, "Here is the evidence." Before you do anything, you'd better have long discussions with those communities and say, "Here is the evidence, communities. We're trying to save lives. Are you in agreement with me?" before you make these drastic decisions. I suggest and recommend to you that you'd better do a good job of sitting down for a long time with the communities affected, because sometimes the evidence is not as compelling to people as you might think.

When you have people faced with the problem of saying, "I've got to travel to Toronto from who knows where with an immediate surgical problem," they're not likely to be convinced by the fact that it might be a good thing for them to go to Toronto on the basis that they perform more surgeries here in my riding than they would somewhere else, and that the outcomes are likely to be better because they perform more surgeries here than somewhere else. They're not likely to be convinced of the argument, as compelling as it clinically is.

So I say to you, Minister, you've got a job on your hands to do. It isn't sufficient to say, "The study says it's better to do this." It is not.

I say to you that in a study done in 1997 by a task force headed by Dr Richard Hamilton, in a report that was supposed to be presented to the Health Services Restructuring Commission, he concluded the following: "The intensive care and post-operative pediatric cardiac surgery facilities in Toronto, London and Ottawa were excellent. All three centres were also important to area teaching programs, especially in critical care." They also noted "the known benefits of accessibility for patients and families," which I know the current group of people doing the study have looked at. "There was no indication of costs being higher at any of the hospitals. There was strong consensus to keep the programs where they were. Three independent individuals reviewed the conclusions and supported them."

That was a study headed by Dr Richard Hamilton submitted to the Health Services Restructuring Commission of 1997, and they conclude rather differently than the current report that is before us. So I ask the minister and the member from Ottawa: what has changed since 1997? What has changed that we are now faced with a different conclusion today that we didn't have in 1997 in the report headed and submitted by Dr Richard Hamilton? Something happened along the way.

Mr Cleary: Money.

Mr Marchese: What happened? The member who just passed me said that money is or might be the issue. But we just heard the minister saying, "Money is not the issue." The issue for the minister is putting the lives of children ahead of any other consideration. We applaud that.

Hon Norman W. Sterling (Minister of Transportation): That's right. That's the only motive.

Mr Marchese: But I do say—and maybe the member from Lanark-Carleton heard my comments; I'm not quite sure—what is different from the report submitted by Dr Hamilton that concluded differently than the current report you're looking at?

I, for one, wanted to present the comments made by Dr Hamilton as a way of, in speaking to you Ontarians, showing that we've got a little problem along the way here in this debate, and that we need to consider a whole lot of other things. Clearly, the minister, prior to making this decision along the leadership campaign trail, said that—

Interjections.

The Acting Speaker: I'm not going to have these conversations taking place across the floor. If you want to have those conversations, take them outside or you will be outside.

Mr Marchese: Clearly, the minister, in his leadership debate, in his desire to be leader—he didn't quite make it, but he did OK—said there was no plan to close these two units, London and Ottawa. But something happened along the way. My question to the minister is—it's hard to ask you because you've already spoken, but hopefully you'll have another opportunity sometime—what happened? Presumably, you didn't have access to the study at the time, and now, having had it, are so convinced that you've changed your mind. That could happen.

Hon Mr Clement: That's what did happen.

Mr Marchese: The minister says, "That's what did happen." But you've got to explain this to the public, of course. Yes, you think you're doing it now, and maybe you've been in Ottawa a number of times, maybe you've been in London a number of times, talking to the good people there, saying, "Look, I now have a submission here and the clinical evidence says your kids, should they have a fatal problem to deal with, would be better served in Toronto." Maybe he's already been there a number of times, over and over again, talking to the good people.

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I don't know what the minister from Lanark-Carleton is saying by shrugging his shoulders. Maybe he has talked to you, presumably he has, and maybe he has talked to your community. I don't know. But I hope so. I hope if he hasn't done so, he will come to the community to present this report, because if he hasn't done that, I'm telling you, the clinical evidence in and of itself will not satisfy people's desire to see this particular service close to their home. Forget about the language issue—don't forget about it; there is a language issue. French-speaking Ontarians of course have some concerns, and maybe this

will be addressed, presumably by Dr Keon. I'm not quite sure; maybe it will. But the issue of distance is a serious matter. It will not be assuaged very simply by saying that they do it better here in Toronto; it will not. It's OK for me, because I live here. But I'm not sure the people from Ottawa, London and beyond will feel happy and assuaged by that argument.

I remind the minister of a little matter that was asked about in a question by a colleague of mine from Nickel Belt, something that I want him to consider in the context of this discussion, and that is the matter of the Champlain District Health Council and the decisions of course that they made with respect to this and the role they played with respect to this, and the fact that—

Mr Patten: That's in Ottawa.

Mr Marchese: In Ottawa, yes.

Interjection.

Mr Marchese: I beg your pardon.

Ms Sweetnam is one of the people heading this district council there. What we have in Ottawa are two councillors who have been appointed by the city to represent the city council—

Hon Mr Sterling: Talk about the issue.

Mr Marchese: I want to bring it up in this context because I think it's pertinent.

Alex Munter and Alex Cullen have been appointed by the city of Ottawa to represent them on this district council, and the Minister of Health has refused to accept those appointments. When he speaks about not bringing politics into this, he was speaking to the Liberals, presumably the New Democrats as well, these two representatives—I know, member from Lanark-Carleton, in your mind it has nothing to do with it, but I wanted to bring in the issue of politics. You're going to have an opportunity. You're going to have 11 minutes to speak to this, God bless you. I want to hear you.

The minister said, "Please don't bring politics into this," and I wanted to interject with the issue of politics, and that is, Alex Cullen and Alex Munter are the two appointments of the city to sit on this district health council, and they have been rejected by the minister. On what basis? We do not know. We don't know. We believe there is politics involved. We believe it is the habit of this government to only appoint Conservative members to boards, agencies, commissions and any other appointment they have, wherever they may be made.

This government is unashamedly—not bashfully—appointing, only 99.9% of the time, Tories to sit on boards, agencies and commissions, and in this case district health councils, to represent their interests. They're unashamed about that.

I presume the Minister of Health would say, "Oh, my goodness, that wouldn't be politics, no, because we're not interested in politics in these issues. We're interested presumably in the larger issues, and the politics is the least of our concerns."

Well, these people happen to be New Democrats, and it wouldn't be in the interests of the Conservative government to say yes to those two appointments even though

these are the two appointments made by the city of Ottawa. The city of Ottawa says, "These are the two people we want." I'm assuming that the city of Ottawa politicians are not all New Democrats. I could be wrong but I don't think they are. I'm also assuming they are not all Liberals. I could be wrong, but I'm also assuming many of them are Tories. I'm sure there's a healthy mix, and they decided, unequivocally, that those two people would be the representatives on that district health council. This minister has said, "We will not have it." They want Tories on those boards. These two individuals have been unequivocal in their opposition to dismantling these two units—Ottawa, London—and setting up shop at Sick Kids here in Toronto. They made their views very clear.

It is also very clear that Ms Sweetnam is a very open supporter of the Conservative Party; makes a healthy financial contribution to them. It's not unusual. They all do. They all give fine contributions to the Conservative Party. I don't dispute that. I just say that as long as they're Tories they are OK, and if they happen to be something else they're not. In particular, if they happen to be New Democrats who disagree with what these district councils are doing and in particular disagree with what the government may be doing, the Minister of Health and the others say, "No, it's just unacceptable."

That's not politics, but for us as opposition parties to disagree with the minister, that would be political. That's politics. That's taking advantage of people's emotions in Ottawa and London. But when he plays politics, good heavens, we need to transcend political considerations because that's what we as a party are all about. I raise that in the context of what the minister said earlier on in his remarks, that what opposition parties are engaged in is politics.

What I am saying is that we're dealing with a matter that involves people in a very visceral way, and when it involves people in a very visceral way you've got a lot of persuading to do; that numbers and facts and clinical evidence in and of themselves will not be sufficient to persuade or dissuade people from whatever beliefs or feelings they've got. Is it wrong for opposition members to say people are very concerned? Is it wrong to say that the distance from wherever they are to here on University Avenue is not an issue, is not a consideration for people? Is it wrong to suggest that the fallout of such decisions could have implications that we may not like? Yes, it may not attract, it may not recruit certain doctors to those places because of such decisions. Is that good or bad? I think it's bad. Is that a consideration one should consider? I think it is. We need to discuss the negative consequences of such decisions on communities and on those hospitals.

Those are social considerations, psychological considerations, sociological considerations, health considerations, political considerations, and while the minister presents arguments, as the report does, which are indeed interesting and indeed compelling, we have a problem to deal with politically, and I am not quite sure this is the solution. I'm not quite sure this is the solution, to bring

the services to one unit here in downtown Toronto. I'm not convinced. I don't think many people are convinced about it, and it's quite possible Dr Keon may suggest a process to deal with this and a solution that will satisfy the clinical results presented to us. But also satisfy the worries, the visceral worries, that people have in those communities in Ottawa and London and beyond, because it wouldn't be just those communities.

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I hope that's what Dr Keon will bring forth. Clearly, we support his nomination. Clearly, the man is skilled in his field, and hopefully he will bring forward results that will attempt to bridge the gap between the clinical evidence and the psychological facts that people face when they're dealing with a problem of their own or of their children or of a family member or someone they know. There is a gap that needs to be solved. I'm convinced the minister understands that; that's why I think he appointed Dr Keon. Unless you bridge that gap, the results in and of themselves which he finds compelling will not be sufficient, in fact will have deleterious effects for them politically. I'm making this argument as a way of not just making a political argument to help me but as a way of helping him, which helps all communities.

This is about how we find solutions to help communities sort out and deal with medical problems. While it is true that the numbers of surgeries are going down, the minister quite properly, probably, said, and may be correct, that even though the city of Ottawa may indeed see an increase in numbers in the area—the mayor argues 400,000—the minister argues that may not affect the clinical results he was speaking about.

That may be all true, and Dr Keon may indeed validate such a conclusion, but it still will not solve the problems we've got, because when you're dealing with social problems of this kind it goes beyond numbers; it goes beyond evidence. It's like when I was the Minister of Culture, trying to convince my caucus and cabinet that culture was an incredible contributor to our economy. Most people look at you funny because they say, "That might be true, but are people out there demanding that they have more cultural funding? Are people in the streets saying, 'We want more money for theatre, for the Big Six, the symphonies and the ROM and the galleries and so on?'" If people aren't clamouring for it, the fact that the evidence says that culture is an important contributor to our economy means nothing. So it didn't matter how many times I brought those numbers in front of the cabinet or caucus; it was irrelevant because governments respond to the issue of pressure out there, and if people are not pressuring you one way or the other, the evidence is irrelevant.

So what you, member from Lanark-Carleton, have to take into account is exactly what I'm talking to you about. You've got people in your area demonstrating. Of course you do, and you know that. And rather than be arrogant and say, "Look, I've got the papers, I've got the studies, I've got doctors, I've got people saying, 'You

guys are wrong,'" rather than saying that, bridge the problem. I'm trying to help you out.

Member for Nepean, you've got the same problem, right? John, you have the same problem? I'm sure people are coming to you, saying, "Johnny, we've got problems here. We've got to fix this." We just can't go through this without your getting hurt. You're going to get hurt politically. Yes, you might be right, John, former minister of Comsoc, you might be right. But, look, people out here are demonstrating visibly, actively. We can't approach this matter very clinically, very coldly. You've got to respond with some heart and some emotion, and we're appealing to you to look, to find a solution. That's what they're doing; that's what they want.

I don't see this approach being taken by the Minister of Health. The Minister of Health is saying to the opposition, Liberals in particular—he wasn't addressing me; I was here but it doesn't matter—he was saying to the leader of the Liberal Party, "Look, if the report of Dr Keon says this, will you accept it? Yea or nay?" I don't think that's the right approach. I really don't.

Dr Keon may or may not find the appropriate solution. He might, but if he doesn't address the human element, he will be wrong and you will be wrong. Putting the Liberals in a position—

Interjection.

Mr Marchese: You'll be able to comment on this. Putting the Liberals or us in a position to say yea or nay is not the correct approach. I hope Dr Keon—

Interjection.

Mr Marchese: Sorry, Tony, I didn't hear you. I didn't hear.

I hope that's what Dr Keon will be doing, but I don't know that. It's as if you would almost need, on issues of this import, a referendum out there in those communities, saying, "Do you want this or not?" The issues are so important to people that you almost need, I would venture, a referendum on such questions because they're not going to take it lightly.

Minister, I'm saying to you, don't be so arrogant in your approach to this. I saw a bit of clinical arrogance as you were presenting this report. I did.

Hon Mr Clement: No. I'm relying on facts. Excuse me.

Mr Marchese: I know. You're lining up the facts, but that's what I'm saying. I am saying to you that sticking simply to facts is not the right approach. I think you should make the facts known to people, which you are doing, but you then have to be careful about what else you do. That's what I'm recommending you do. What else can one say that hopefully will persuade this government to be very careful?

Dr Joe Reisman, the pediatrician chief, and the chief executive, Garry Cardiff, condemned the move to close this unit. I am convinced they have compelling arguments to make as well. It's quite possible that you, the government, have reviewed their arguments. I presume you didn't find them compelling enough to refer to them.

Hon Mr Sterling: They were on the committee.

Mr Marchese: I know they were on the committee. Their views were not reported to you, as far as I know, and they ought to have been part of the mix so that you politically, in that context, could make your judgments as to the proper approach to this issue.

They were very strong in their condemnation of this report. I think it would have been the duty of the district health council to inform you of these disagreements that exist. I think it's their duty to inform you. I understand you weren't informed. I understand you didn't ask them their views on these matters, they didn't give them to you, and maybe there's a problem of communication. It's quite possible. But if there is, the two of you, government and the district health councils, had better fix that problem you may have. If the communication isn't working very well, that's a serious problem. You've got to fix that.

They should be communicating to you on a regular basis and you should be communicating to them on a regular basis, I say to you in all good faith. I'm also arguing that if you haven't reviewed the arguments made by Dr Reisman, and also by the chief executive, Garry Cardiff, you should. You should also review the report I made mention of earlier on, the 1997 report. I suspect some of you may not have done that—the one by Richard Hamilton.

What I want to know is, what happened between 1997 and now, that we have arrived at different conclusions? Is five years what it takes to arrive at a different conclusion? I don't know. What does it take? What happened in the space of five years, where you have a report that says intensive care and post-operative pediatric cardiac surgery facilities in Toronto, London and Ottawa were excellent. That's what they reported five years ago. Does that mean that from 1997 to the present they're no longer excellent services, that there's been a deterioration of those services? Is that so? If it is, what happened? I don't know. Do you know? If you do, let me in on it.

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All three centres were important to area teaching programs, especially in critical care. They noted, "The known benefits of accessibility for patients and families." There was no indication of costs being higher at any of the hospitals. Is that so? If it isn't, what happened from 1997 to now? Is it an issue of costs? They say it wasn't in 1997. If it isn't now—is that the issue?

Interjection.

Mr Marchese: The minister from Lanark-Carleton says no. So I'm ruling that out, as you nod your head one way or the other.

There was a "strong consensus to keep the programs where they were"—a strong consensus. It doesn't say there was a serious disagreement between the people reviewing this. It says there was "strong consensus"—not even "consensus"; qualified by "strong," meaning there's a great deal of agreement by the people reviewing it to keep the programs where they were. What happened? Is that the case or not? Has that changed? I don't know. Did

it, member from Lanark-Carleton? You're not nodding your head one way or the other, so I don't know.

What is the consideration? "Three independent individuals reviewed the conclusions and supported them"—three independent individuals. What happened with those reports and those views? Is it possible, in the space of five years, that those three independent individuals who reviewed the conclusions and said, "We agree with you"—did something happen to their expertise? Was their expertise not so expert or was there something else? Was there politics in that report? Were the individuals who were chosen politically motivated? I don't think so. They were your appointments, so obviously not.

But I'm saying to you, Minister of Health and member from Lanark-Carleton, help me. Help those who are here to listen to this debate and to the Ontarians and to your constituencies, and yours, John.

What is it that has changed? Unless you help those of us who are somehow not in the know about what transpired, it's difficult for us to help you. The way I'm trying to help you is by saying you've got to talk to the communities more than to us. You should be spending a little time in your communities.

Have meetings. I in fact would call meetings rather than wait to be called to a meeting to be held accountable for these issues. I say to you, you call the meetings. Bring the Minister of Health, ask him to present his ideas and have a discussion, possibly a debate. See what you get out of that. I suspect that you'll get more assistance, even though you'll be criticized, from them than you might from Dr Keon.

I'm not quite sure that Dr Keon is going to go into these communities and say, "Look, I need your help. I want to find a social solution to this problem." I don't think he's going to do that. I think his approach will be a clinical one, once again, and that will be a disaster for you. Dr Keon isn't likely to have meetings with your communities.

So I argue with you, Minister of Health, and the member from Nepean as well: have meetings far and wide so that you can be properly informed. And, being informed, hopefully you'll make the right decision. If you don't do that, you're in political trouble and you know it. You know you're in political trouble, and it's because of this that you have appointed Dr Keon. You hope, by appointing Dr Keon, that somehow you will subdue the enemy, have the enemy perhaps squashed a little bit, have them disappear. But I've got to tell you, people don't go away. So while you think you've bought two weeks of time with Dr Keon, you bought very little by way of a solution. You bought nothing, because he's not going to solve the social problems of which I speak.

The only solution I can see is, sit down with the communities, find an appropriate bridge, an interim step, before people might say, "OK, we buy the evidence. We will submit to the risks of travelling 350 kilometres or miles or more. We'll submit to that risk because the evidence is clear that Toronto is where you're going to get

the best care. We submit to that and we submit to those risks involved in the distance.”

They might say that in the end. I don't know. I still don't think they will, because at the end of the day what will dominate people's concerns is to make sure the service is close to home. Even if it's concluded that the level of expertise may not be the same as in Toronto, even if that is so, people will still want the service in their community.

If that's so, Minister of Health, we dare you to dare them with your clinical conclusions and tell them, “Sorry, the evidence is this. I'm trying to help you. Too bad, so sad. Beat me up in the next election.” You could do that. You may be doing that. I don't know. I don't recommend it as a strategy, because I think as a political strategy it's not very smart; it would be a bit dumb, foolhardy at least.

Hon Mr Clement: The day I take your political advice is the day—

Mr Marchese: The day you take my—I know we don't have a lot of members in this place, so you may not want to take my advice, but I offer it to you in all good faith.

Hon Mr Sterling: I consider this one of the more serious debates that I've ever participated in in this place, because I believe it's about saving children's lives. That is why we have acted and acted fairly swiftly and, notwithstanding our inability to portray all of the facts as have been presented to us to the community, I believe it is absolutely essential that we act with some speed and haste with regard to implementing this report, because if the reports and the evidence which have been presented to me and the other Ottawa members are true, then we will save three or four babies from eastern Ontario each year.

The problem is that, in terms of interpreting the data which we have received from pediatricians from across this province who were involved in this, there are always arguments over statistics and data. Quite frankly, my hope is that these pediatricians, the report of the coroner in London and the commission in Winnipeg are all wrong. I hope Dr Keon finds that there's not any more of a risk to our children in eastern Ontario in keeping the cardiac surgery unit at CHEO than in transferring that to Toronto, because this is a lose-lose-lose political issue for me and the other Ottawa members of our caucus. We understand that. We can't explain that. We cannot explain this to the community. It's very, very difficult to read this technical advice and literature and come to a conclusion, but that's what we have been told. We have been told that, notwithstanding the very excellent care that CHEO has provided in the past, when you have a larger unit with three children's cardiac surgeons in Toronto, you can save three or four more lives, comparing apples to apples. Now, Mr Baird and Mr Guzzo and I met with Dr Reisman, Garry Cardiff and Bernie Ashe, the chair of CHEO, and they dispute some of these statistics. That's why I'm glad that Dr Keon is going over

these, because he has much more skill than I or my colleagues in terms of dealing with this.

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But there are some facts that Mr Clement has put forward that are important. Already now there are 25 cases coming to Toronto from eastern Ontario to deal with the most difficult cardiac surgery problems for our children. So the CHEO is not providing a full range of service in this area. Shortly we're only going to have one cardiac surgeon for children at CHEO. We have three here in Toronto. We have none in London. These particular specialists are very rare indeed, and part of the problem is because the number of operations are decreasing. These people are probably going to become even more scarce as we go on. What will our ability be at CHEO to attract another cardiac surgeon when in fact the numbers of cases are probably going to continue to fall because of improved medicine, not because of anything else, because prenatal care is better, because the surgery is better? It's a success story that unfortunately is lowering the need for this health care service into the future. I'm absolutely thrilled that's happening because our children are less sick.

I said before that I couldn't be happier if in fact Dr Keon finds some way of saying or finding that by leaving this particular service in the city of Ottawa, that will in some way improve the care of the kids. Our one aim, our only aim in all of this is to save kids' lives in eastern Ontario. If that cannot be achieved by doing this, you will see John Baird, Gary Guzzo, Brian Coburn and me stop this in its tracks. We will stop it in its tracks, but it has to be someone who is skilled who decides who is telling the truth with regard to these statistics.

All I want is the best possible care for my grandchildren and the grandchildren of other people who live in Ottawa. I believe that Mr Clement has acted with honour, with integrity and has done exactly the right thing. I think he would have been negligent had he not made this decision on behalf of the children of eastern Ontario. I just want to thank him for sticking by his guns and appointing Dr Keon.

I don't believe that playing this as an emotional political issue is the right thing to do. As Mr Clement read out in the article of the particular nurse who spoke this morning, if Mr McGuinty, were he ever the Premier, would not make this decision, then he should never become the Premier of this province.

Mr John Gerretsen (Kingston and the Islands): For goodness' sake.

Hon Mr Sterling: Well, that's the truth.

The Acting Speaker: Order.

Mr Steve Peters (Elgin-Middlesex-London): This is an issue that's of extreme importance to all citizens of Ontario. You've got two communities right now who are extremely concerned about what's happening, but I think we need to look at the broader picture because this is going to have an impact on children's services across this province. I think it's imperative that Dr Keon go and visit these centres. He needs to talk to people because, when

you get notes like this from doctors who say, "I do not wish my name to be used as it is clear there are significant ramifications for those physicians who have already voiced opposition to the hospital cuts," it is imperative that Dr Keon talk to everybody in these hospitals.

We hear a lot about facts and figures, but these very reports that they cite from, you need to continue on and read from these reports because the reports conclude that "transfer from another acute care hospital was a statistically significant independent risk factor for mortality." Transfer of patients from southwestern Ontario or the Ottawa area to Toronto is exactly the solution proposed by this government, and that's wrong.

We need to look at how closely linked cardiology is to other pediatric specialized services. The loss of cardiac surgery in the London area has already had a domino effect on other pediatric specialties. We are losing specialists. As my leader, Dalton McGuinty, pointed out, it's like a house of cards. We're losing specialists, and the blame has to fall on the government.

We have to look at the base that these hospitals serve. The Children's Hospital of Western Ontario serves in excess of two million people. These citizens deserve and should have full access to all tertiary services.

I think the other thing we need to look at that hasn't been looked at in these reports is the medical residency programs that exist. These programs depend on multifaceted pediatric services at teaching hospitals such as Children's Hospital of Western Ontario.

Another factor that hasn't been taken into account by this government is a fact that we already know. It's recognized that Toronto has already experienced a shortage of medical staff: doctors, nurses, anaesthetists and intensivists. We know too that Sick Kids is already trying to cherry-pick. We've seen the memos circulated around Children's Hospital of Western Ontario, trying to cherry-pick nurses out of that hospital. It's irresponsible of Sick Kids' Hospital to be doing that. What you're going to do is place a further burden, though, on the already under-resourced manpower at Sick Kids' Hospital.

I think the other aspect of it is that we hear a lot of talk about the facts and the figures and the clinical outcomes, but you're dealing with people here. It is an emotional issue. There's no doubt about it. It is an emotional issue because this is affecting people's lives. We need to take into account—the minister is not clear. When I listened to him at the scrums after this announcement was made, the minister wasn't clear that we were going to see new financial programs put in place like the northern health travel grant. He says we're going to deal with the existing programs we have in place.

So you need to consider the financial and emotional strains of the families and the individual patients who are going to have to travel to Toronto for their children with special needs. With services moved farther away, these families are going to incur extra costs for expensive accommodation, limited access to places like Ronald McDonald House, food, gas and parking. All these are

additional expenses that families who, because of their situation, will be one-income families, and must continue to make mortgage and rent payments, care for other children and pay long-distance phone bills. Most of all, I don't think this government recognizes that young lives are going to be put at risk because of the centralization of services.

I just want to close with these comments. This was a report that was done in London. I was pleased that the health services 1997 report was referred to, because that report has been buried—another pediatrics review buried. I want to close with these comments: "Pediatric cardiac surgery needs serious consideration. Should it no longer be carried out" at Children's Hospital of Western Ontario, "there is a real risk that pediatric critical care capacity and expertise would markedly decrease. Fellows would be difficult to recruit and there is a major risk that a number of pediatric intensivists would leave, both for reasons of professional opportunities and finances." This report was done in 2001 as a review of the city of London's pediatrics program.

Not all the experts have been listened to. This is an issue that doesn't just affect CHEO or the Children's Hospital of Western Ontario; this affects the province. I ask the government to do the right thing, for those London members to speak up and stand up for their parents, but most importantly, to stand up for the kids of Ontario.

Hon John R. Baird (Associate Minister of Francophone Affairs): My constituents in Nepean-Carleton care passionately about this issue, as I do. CHEO is an important institution in our community. It's one that is valued and respected. People fought for many years in the 1960s and 1970s to have this place built.

I'm probably different from many members in this House, and probably every member in any House in Canada, in that I was actually a patient at CHEO. The combination of my age and the fact that CHEO was constructed in 1974 would probably make me rather unique in that. So I've seen first-hand the type of care that's offered there.

I've taken time with my colleagues to sit down and talk to the president, to the chair of the board and the head of pediatrics at the hospital. I've taken time to review the report of the expert panel. I've looked at what's going on in other parts of the country. I've looked at the coroner's report from London. I've looked at Justice Sinclair's work in Winnipeg and Manitoba. I've looked at the international trend that's going on in this area, and it all seems to point in one particular direction.

1730

I don't pretend or suggest for a single moment, nor should anyone in this House suggest that they're an expert in pediatric cardiology or pediatric cardiovascular surgery; I'm not. We take the reports of the experts.

To the minister's credit, when the members for Lanark-Carleton, Ottawa-West Nepean, Ottawa-Orléans and I suggested we wanted a second opinion, he immediately accepted that request and appointed someone of unquestioned character from the Ottawa area—someone

whom the leader of the opposition said he can trust, whom New Democrats in Ottawa—including Alex Munter, whom I saw quoted in the paper saying he could trust, whom those in the government can trust—to look at all the facts in this issue and render a decision, one which I think all of us are prepared to accept.

We're faced with a choice. This is obviously not a popular public decision. I've received literally hundreds of calls, letters and faxes from my constituents. I've asked those I've talked to, "Have you looked at the situation in London? Have you read the report? Have you seen what they've done in western Canada? Have you looked at what Justice Sinclair has done?" The answer is, "No, no." That's why we're elected: to be able to look at these issues. That's why I'm pleased we're going to get a respected international expert and member of the Order of Canada, who founded the Ottawa Heart Institute, to look at this.

I was impressed when I read an article in the Ottawa Sun this morning by Yvonne Craig, who wrote a guest column. She writes, "I am a nurse. I am also a mother of two surviving triplets. I have the utmost respect for the staff at CHEO and my children have certainly benefited from the excellent care provided there."

She talks about this decision: "This decision is not the result of a politician trying to trim a budget. As I understand it, a panel of the leading pediatricians in the province recommended the closure.... Experts agree that to keep sharp and on top of your skills a unit like this one must do" at least "200 cases a year.... Most of these procedures are scheduled in advance and done on (relatively) stable patients. Very few are emergency cases.... Of the 100 surgeries done at CHEO last year, only 46 were" children from Ottawa. "The Atlantic provinces transport all their cases to ... Halifax. Out west all cases in BC, Alberta, Saskatchewan and Manitoba are transported to Edmonton."

This registered nurse, whose children have had care at the children's hospital, said, "Opposition politicians have been quick to jump on the bandwagon and blast the current PC government over this issue. In my opinion this is a shameless ploy to garner votes over a highly charged emotional issue. They are quick to portray themselves as saviours of sick children, when in fact if they were in power they would be doing exactly what Mr Eves and Mr Clement have done—following through on the recommendations of a panel of experts."

We should do one single thing in making this decision: do the right thing for children and be able to look every family in the eye and say, "Under this model, your child will have the very best outcome, will survive and get the very best care we can provide in this country."

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): CHEO is an important institution for eastern Ontario communities. Closing the pediatric cardiac surgery clinic is unacceptable.

I was listening to both ministers on the other side, the Minister of Transportation and the Minister of Health. They referred to a statistic that came out of the report.

But when the hospital restructuring commission came out with the report in 1996, the report was not accurate. There was false reporting in it. They said at the time that the people of the county of Russell were using the hospital in Cornwall, which was completely false. It never happened. They said only 18% of the population in the area were francophones. In my own riding, which is part of Ottawa, over 60% of the population are francophones. So this is why we are asking Dr Keon to review the report, but we have to go a lot further.

How did I find that out about the Montfort issue? It's because I put a committee together that was fully aware of what was going on at the Montfort Hospital. We Franco-Ontarians fought for years to get French services at the CHEO. Finally, we got some. The services have improved a lot.

This is why we're getting people from up north coming down to CHEO; because this is the only place that they could get the French services. When they come from Sudbury, Timmins, Hearst and Kapuskasing, this is why they are moving them to CHEO. They come from western Quebec also. They say they're not part of the province, but if Manitoba was next to Toronto, would we say to Manitoba, "No, you cannot come to Toronto because you're not from the same province"?

They're also saying that we could transfer them by helicopter. Were you aware that between the months of May and September we cannot have any parents accompanying their kids in the ambulance while they are moved to Toronto? The pediatricians told me it is impossible to have the parents accompany the kids. So it would mean that if they come from my area they would have to travel 600 or 700 kilometres to come down to Toronto for an emergency operation. Can you imagine the stress on those people? Just to show you, the government is not thinking of the people in the rural areas. They want to centralize everything in Toronto. I have nothing against Toronto, but please look at both ends of the province, at the four corners.

Mr Patten: I'm very pleased to participate in this debate, which is a very important one. I speak today as an MPP, and I speak as a resident of the Ottawa-Carleton region and eastern Ontario. Also, as a former staff person, as president of the foundation at CHEO, I have some kind of a feeling for what kinds of things happen in that particular hospital, and it's top drawer.

Now, over the last couple of weeks we've had over 100,000—we will have over 100,000, probably by today or tomorrow, names on petitions from people throughout the region. The people of eastern Ontario are saying to this government they want cardiac surgery for their children to remain close to home in the Ottawa area, at CHEO.

I want to acknowledge that the appointment of Dr Wilbert Keon is an important one. I hope he looks at all the facts, and I believe he will look at more than just what the report talked about, which was very clinical, very technical and just looked at a medical procedure

rather than all the risk factors that surround the transportation of children and the risks that may have.

We know the committee comprised pediatricians and hospital executives. But as Dr Reisman, a member of that committee and pediatric chief at CHEO said, and I quote him, "None of the members of this committee, including myself, had cardiac surgery experience. There were no cardiac surgeons on the committee." He says this decision would have put children at risk. I would add that there wasn't even a cardiologist on the committee.

So let me put this in context. If you wanted, for example, to do a review of the role of history in a curriculum, and you said, "Well, we'll bring together a whole group of teachers," and then afterwards you found out there wasn't one historian who was a part of that particular review team, that would be synonymous with what happened. You've got a bunch of pediatricians, very good people, mainly of course from around the GTA, two from eastern Ontario, and they're making comments and judgments without having the people who are the most knowledgeable about the very important risks that are there.

Dr John Smythe, who is a cardiologist in Kingston, who has practised both at the Children's Hospital of Eastern Ontario and also at Sick Children's, said that the decision to close CHEO's heart surgery would overload the Sick Kids pediatric care system, possibly putting children at risk. Remember, that's also what Dr Reisman said. Dr Smythe also said, "If we end up with one centre, in Toronto, it's vulnerable to nursing shortages. And any centre can be shut down because of an outbreak of infection. That means kids will have nowhere else to go in the province," placing all your eggs in one basket in one centre.

We need to understand of course the implications of closing this particular surgical unit at CHEO and the domino effect. We need to understand that we would not just be removing cardiac surgery but the complete pediatric cardiology program throughout—everywhere outside of Toronto will be affected because of this decision that will affect the London children's hospital and the hospital of eastern Ontario.

Let's look at transportation very briefly. For the parents in Ottawa, you're asking them to drive five hours to get care for their child. You're asking parents and sick children from Cornwall to drive an extra 300 kilometres. You're asking parents from Renfrew to drive an extra 400 kilometres. You're asking parents from Deep River to drive an extra 500 kilometres. Where did you get your research? Your research related to this travel business was from California. Last time I heard, southern California does not have rainy weather or winter weather or ice storms like we do. The kind of distance they were talking about was 52 miles—a vastly different context for the research emphasis that's there.

1740

Now, the minister gave some statistics before and he said he got them from CHEO. We just phoned CHEO and I asked to confirm the figures that I said. Here's what

the stats are. We'd like to see the stats that the other hospital would be prepared to give too because we haven't seen them. In the year 2000 there were 130 procedures, 19 cases from out of province; in the year 2001, 145 procedures—not 121—and approximately 25 cases from out of province. If the minister wants the correct statistics, hopefully he can go back and he can get them. Some of the data he's dealing with are not correct and that's why we get so upset. Hopefully Dr Keon will have an opportunity to review those kinds of things.

The issue of isolating volumes, looking at volumes only: there are cardiologists, independent scholars, one from Cambridge—because of the interests of time I haven't got his name; I may have it here—who identified that you cannot look at volumes alone. You have to look at the experience of the surgeon. You have to look at the backup services. You have to look at the training of your nurses. You have to look at your anaesthesia. You have to look at your technicians and how highly trained they are and what kind of experience they have.

From everything that I've read, CHEO's outcomes are comparable with Sick Kids, all right? We hear otherwise, and the implication of course that makes people upset and angry is that CHEO's program isn't as good as Sick Kids'. It is true that we send some children to Toronto for certain procedures. When you have the time to plan, when you have the time to organize something over a three-month period etc, that goes on. That goes on in many areas. It goes on to CHEO from many parts of eastern Ontario. It goes on from Quebec, goes on even from Newfoundland. The point is that if you weaken the program so much—the capacity of that particular hospital to be able to do the emergency surgery—they will have lost that capacity. That's why everyone is saying that if you hurt this program like that, you'll have no surgeons.

I spoke to the surgeons. I saw one surgeon leave—he was on his way to Britain—saying, "I've been offered another job, because obviously the government wants to do away with this program." He's gone, all right? So already you see the weakening of that. If you lose that capacity you lose other capacities in other areas of surgery for the hospital because it has a ripple effect in that hospital and other parts of Ontario.

I'm running out of time but I do want to point out, as the member for Trinity-Spadina had pointed out, that in 1979 Dr Hamilton chaired a particular task force and his question was, "What happened between then and now?" The conclusion of that task force was to keep these units, London and CHEO, together and, if you have to, spread around and redistribute some of the numbers, because obviously the waiting list is higher at Sick Kids than it is at CHEO. Spread that around. That was the mandate, that was the recommendation to the ministry. Why did the ministry never respond to that? I ask you that. You want to talk about politics? Believe me, there's politics in the health care system, that's for darn sure.

Finally, CHEO has always accepted the idea of putting together a network. A network means sharing. A network means best practices and complementing things. Why is

it that families have to travel to Toronto? Why can't surgeons go to other places to do some of the particular surgery? Some of these questions will be dealt with by Dr Keon, I hope, and we'll look forward with great interest to his particular report.

I'll now pass this over to my friend from Lanark.

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke):

I'm delighted to have an opportunity to stand in my place today and support the motion tabled by my leader and colleague, Dalton McGuinty, the member for Ottawa South. Like Dalton McGuinty, Mr Patten, Madame Boyer and Jean-Marc Lalonde, I was at CHEO on Saturday morning with thousands of people, many of them from the upper Ottawa Valley, who are very, very concerned by the government's announcement to close down the children's cardiac surgery unit at the Children's Hospital of Eastern Ontario.

Just a short while ago, I heard the member for Nepean talking about some article that appeared, I think, in the Ottawa Citizen today. I would ask members to read the "Facts and Arguments" piece in the Globe and Mail today on page A20 by the distinguished Canadian journalist Paul Adams, who is writing from the Middle East. He tells the story about the experience he and his wife had with their son, Alexandre, who would have died, according to this, had they not been so quickly able to access the first-rate facilities at CHEO.

I want to say, as the member from the upper Ottawa Valley, I represent people in places like Stonecliffe, Killaloe, Calabogie and Westmeath as well as the big towns of Petawawa and Renfrew and the city of Pembroke. These parents, parents like Katherine Mullen-Hammond and grandparents like Frances Smith, have been saying to me in the last few days, "Are they out of their minds, these people at the Ministry of Health? Don't they understand that we as parents and grandparents and guardians of very, very vulnerable young children have not got the time or the resources to get ourselves and our very fragile young people the five and six hours from a place like Stonecliffe or Petawawa, often through winter weather without public transit, across the hills of eastern Ontario to Sick Kids in Toronto?" It's not just the surgery at CHEO, but it's all of the support services.

Katherine Mullen-Hammond and her husband, Mike, were telling me about what they have experienced with a very, very fragile youngster. It wasn't just the surgery; it was all of the surround services that they depend on and depended on on a weekly basis. It is beyond their comprehension that anybody at the Ministry of Health could imagine that people from the upper Ottawa Valley with very, very fragile youngsters are going to be able to manage to get the children and themselves to Toronto.

Somebody mentioned earlier, and the point has to be reinforced, that it was 14 or 15 years ago that the Peterson government was told, "You'd better develop a second and a third site," because the Sick Kids facility by the mid-1980s was simply not able to manage the waiting list for children's cardiac surgery and there were real risk

issues arising at the time that the then provincial government felt it had to respond to.

I have in my hand a letter from the council in the town of Renfrew, one of many expressions I've had from municipal governments. Let me just read from part of Mayor Sandy Heins's letter dated May 30.

"At the regular meeting of Renfrew town council held May 27, 2002, council expressed great concern about the proposed move of the cardiac surgery unit" from CHEO basically to Sick Kids. They go on, "On behalf of the" Renfrew town "council and citizens of the town of Renfrew, I," the mayor, "urge you," Minister of Health and Premier Eves, "to reconsider this proposal and keep the cardiac surgery unit ... open" and available at the Children's Hospital of Eastern Ontario.

I just have to say to my colleagues on both sides of the aisle, as I have said on previous occasions, I have been around for several years in government, in opposition, I've been through the wars on a number of these issues, but I can say quite honestly that I can't remember a time when so many people have come up to me as their local member and said, "Please help us keep the CHEO children's cardiac surgery unit open and available. We simply cannot conceive that it makes any sense for the patients, their parents and the support groups from our part of eastern Ontario to close the unit in Ottawa and imagine that it can all be done safely and efficiently 400 or 500 kilometres away in Toronto." I think this Legislature should listen to those parental pleas and support Mr McGuinty's motion.

The Acting Speaker: The time for debate has expired.

Mr McGuinty has moved that the Legislative Assembly of Ontario offer its unequivocal support to the people in Ottawa and London in their efforts to convince the Eves government to reconsider its decision to remove life-saving children's heart surgery programs from their communities.

Shall 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. This will be a 10-minute bell.

The division bells rang from 1750 to 1800.

The Acting Speaker: Mr McGuinty has moved opposition day number 3. All those in favour will stand one at a time and be recognized by the Clerk.

Ayes

Agostino, Dominic	Curling, Alvin	Parsons, Ernie
Bartolucci, Rick	Di Cocco, Caroline	Patten, Richard
Bountroggianni, Marie	Dombrowsky, Leona	Peters, Steve
Boyer, Claudette	Duncan, Dwight	Phillips, Gerry
Bryant, Michael	Gerretsen, John	Pupatello, Sandra
Caplan, David	Gravelle, Michael	Ramsay, David
Christopherson, David	Hoy, Pat	Ruprecht, Tony
Cleary, John C.	Lalonde, Jean-Marc	Sergio, Mario
Colle, Mike	Marchese, Rosario	Smitherman, George
Conway, Sean G.	McGuinty, Dalton	
Crozier, Bruce	McLeod, Lyn	

The Acting Speaker: All those opposed will please rise one at a time and be recognized by the Clerk.

Galt, Doug
Gilchrist, Steve
Gill, Raminder
Hardeman, Ernie

Molinari, Tina R.
Munro, Julia
Mushinski, Marilyn
Newman, Dan

Witmer, Elizabeth
Wood, Bob
Young, David

Nays

Arnott, Ted
Baird, John R.
Barrett, Toby
Beaubien, Marcel
Chudleigh, Ted
Clark, Brad
Clement, Tony
Coburn, Brian
Cunningham, Dianne
DeFaria, Carl
Dunlop, Garfield
Ecker, Janet
Elliott, Brenda
Eves, Ernie

Hastings, John
Hodgson, Chris
Hudak, Tim
Jackson, Cameron
Johns, Helen
Johnson, Bert
Kells, Morley
Klees, Frank
Marland, Margaret
Martiniuk, Gerry
Maves, Bart
Mazzilli, Frank
McDonald, Al
Miller, Norm

O'Toole, John
Ouellette, Jerry J.
Runciman, Robert W.
Sampson, Rob
Snobelen, John
Spina, Joseph
Sterling, Norman W.
Stewart, R. Gary
Stockwell, Chris
Tascaona, Joseph N.
Tsubouchi, David H.
Turnbull, David
Wettlaufer, Wayne
Wilson, Jim

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 31; the nays are 53.

The Acting Speaker: I declare the motion lost.

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

The House adjourned at 1803.

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