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**Thursday 3 June 2004**

**Jeudi 3 juin 2004**

Speaker  
Honourable Alvin Curling

Président  
L'honorable Alvin Curling

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Thursday 3 June 2004

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

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*The House met at 1000.  
Prayers.*

PRIVATE MEMBERS'  
PUBLIC BUSINESS

PRIVATE INVESTIGATORS  
AND SECURITY GUARDS  
AMENDMENT ACT, 2004

LOI DE 2004 MODIFIANT LA LOI  
SUR LES ENQUÊTEURS PRIVÉS  
ET LES GARDIENS

Mr Dunlop moved second reading of the following bill:

Bill 88, An Act to amend the Private Investigators and Security Guards Act / Projet de loi 88, Loi modifiant la Loi sur les enquêteurs privés et les gardiens.

**The Deputy Speaker (Mr Bruce Crozier):** Pursuant to standing order 96, Mr Dunlop, you have 10 minutes to lead off.

**Mr Garfield Dunlop (Simcoe North):** I'm very pleased to have this opportunity this early in the Parliament to bring forward my private member's bill. I want to thank a number of people for that opportunity, including many of the stakeholders.

My private member's bill relates to my critic's position. As you know, I'm the critic for community safety and correctional services. It's an area that I particularly enjoy working with because I have a lot of security and correctional facilities in my area, including the Ontario Provincial Police general headquarters, and I get to work a lot with the OPPA, the correctional facilities and, of course, the Police Association of Ontario. It's an area I believe in very strongly. Although as governments we all have priorities where money should be spent, I'm a person who believes that money has to be spent on law and order as one of the number one areas. Without law and order, we can't have a province with a good education system, a good health care system and all the other services that people in our province expect their governments to provide.

With that, I looked at all the different issues last fall when I was asked to handle this particular portfolio, and I spotted immediately that security guards and private investigators certainly was an area that needed a lot of reform.

I'd like to put on the record a few of the comments I received last fall from the different areas.

One, of course, was from the Police Association of Ontario. I'm very pleased this morning that Bruce Miller, the executive director of the Police Association of Ontario, is in the gallery with us. I'd like to acknowledge Bruce and thank him for his support on this particular bill.

In my time, I want to put this on the record, and a couple of other things as well.

First of all: "The Police Association of Ontario ... was founded in 1933 and is the official voice and representative body for Ontario's front-line police personnel, and provides representation, resource and support for 63 police associations. Our membership is comprised of over 21,000 police and civilian members of police services.

"The Police Association of Ontario promotes the mutual interests of Ontario's front-line police personnel in order to uphold the honour of the police profession and elevate the standards of police services....

"The PAO appreciates the opportunity to comment on the Private Investigators and Security Guards Act. Our organization has serious concerns over the lack of regulation of the industry. We believe that private security performs many important functions and as such must be subject to regulations and standards in order to ensure community safety.

"The PAO is concerned with the rapid growth of such an unregulated industry. The private security industry has experienced dramatic uncontrolled growth in the past 35 years, from 4,600 licensed private investigators and security guards in Ontario in 1967 to 28,000 in 2002."

I think those are important things to have on the record—the growth of this industry alone.

Second, I want to point out from the Ontario Association of Chiefs of Police, again from November of last year, their concerns on the Private Investigators and Security Guards Act. The comment on that is as follows:

"Private security and investigative industries are rapidly expanding and require regulation to ensure that the interests of the public will be adequately served and protected. Untrained persons, unlicensed persons or businesses, or persons who are not of good moral character engaged in the private security, investigative and recovery industries are a threat to the welfare of the public.

"OACP agrees that regulation of licensed and unlicensed persons engaged in the business of private investigations and security guards has not kept pace with the expansion/changes in the industry and totally supports reform to current regulations and legislation.

There is a recognized need to develop minimum provincial standards for the selection and training of all private security officers whether they are proprietary or contract. The development of minimum standards enhances the ability of Ontario companies to protect the province's infrastructure, enables the private security industry to better interact with public safety personnel in reducing and preventing crime, especially in the wake of the new reality of security today, post-terrorism of September 11, 2001."

Following on that, we've seen the report of the inquiry into the death of Patrick Shand, which involved security guards. There are two recommendations I will read that are very important. But I want to point out that the bill is all-encompassing. It covers all the recommendations of the Shand inquiry. I want to point out that I understand the Minister of Correctional Services is intending at some point to bring forth a piece of legislation. I think the Shand inquiry distinctly asked that it be done immediately, and I will put that on record.

The first recommendation on amending the Private Investigators and Security Guards Act:

"The Private Investigators and Security Guards Act ... should be amended to remove the licensing exemption that presently exists for 'proprietary' or in-house security practitioners and members of the Corps of Commissionaires. This amendment will provide for mandatory licensing for all privately employed individuals who, for hire or reward, guard or patrol for the purpose of protecting persons or property in Ontario (security practitioners). This amendment is not intended to affect the regulation of armoured car companies or armoured car personnel."

The rationale for that is: "The current act was passed in 1966." That's almost 40 years ago. "The world and the security industry have changed dramatically since that time. To illustrate, there are now some 50,000 persons employed in the security industry, half of whom are unregulated. Every person employed as a security professional should be licensed by the province. In 1966 most security practitioners were watchmen; today they provide a wide variety of services with significant interaction with the public, especially in shopping malls, hospitals, entertainment venues and other locales."

#### 1010

The second recommendation is the need for urgent change, and that's clearly identified in the Shand report: "We recommend that the Private Investigators and Security Guards Act (the 'act') be amended as soon as possible."

The rationale for that is: "While it is important that all that stakeholders are consulted, the ministry has had many years to consult. When this act was passed in 1966, John Robarts was the Premier of the province and since that time there have been seven more Premiers." Nothing has been done. "Any remaining consultation process should be expedited so that further delays in amendments to the act are avoided. It seems that the issues should

already be well known and the ministry should be able to proceed quickly.

"If there are issues that cannot be resolved in the short term, a phased implementation may be appropriate." I hope everyone will listen to that.

"It is important that the government act quickly, responsibly and diligently."

That basically sums it up. There are 20 other recommendations in this. I know a couple of the speakers today—Mr Runciman, a former Solicitor General, will be speaking to the bill on behalf of our caucus; and I understand Mr Levac, a former critic for community safety and corrections, will also be speaking. But the fact of the matter is that this is a piece of legislation we have put a lot of work into, and I hope people will acknowledge that.

We thank all the stakeholders we've dealt with in trying to provide this bill to the public. We think it's very important to bring it forward. It's a bill that I would love to see incorporated in a government bill, but I think it deserves the opportunity to go to some type of committee hearing, hopefully justice and social policy. This is a bill that will enhance services and community safety here in our great province.

Again, I want to thank the Police Association of Ontario, who are very strong advocates of seeing this bill put forward. As you know, you often see vehicles on the roads of our province, and many times these are security guard types of vehicles. These are not police officers. They are not trained, professional police officers—people who are members of organizations like the Police Association of Ontario and the Toronto Police Service—so it is important that we address this. As I said earlier, it has been since 1966; there's no reason right now for anyone to say the minister will bring this bill forward. We've had almost 40 years to bring bills forward, and I think this bill deserves an opportunity to advance to another level. I'd ask that all members of this House support this and give it a chance to be debated. It's something, along with Mr Wilkinson's Bill 40. Where is Mr Wilkinson? Oh, he's not here today. It's like Bill 40: We support it because it's good for community safety; it's good for the people who protect the people of the province for community safety; and it's good for law and order.

With that, I thank all the members of the House who will be speaking to this. I look forward to it. I can't stay around for all the speeches, but I'll be watching them on my TV screen in my office for a while. Thank you very much for this opportunity.

**The Deputy Speaker:** Further debate?

**Mr Dave Levac (Brant):** I want to calm the waters for the member opposite and let him know that I, during this private members' time, will be supporting his bill, and to start right off and let him know that I think it's an appropriate bill that needs to be debated and needs to be discussed, and I will encourage my colleagues to support it as well. I will also encourage my colleagues to get it to committee so we can get this done quickly.

Having said that, I want to review a few things for him, and I know he would appreciate this very deeply. One, in 2001, 2002 and 2003, I introduced a bill that would require a minimum level of training and licensing of security guards, and it was considered to be an action bill presented by the Dalton McGuinty team, in opposition at that time. We would require that applicants for licensing as private investigators and security guards have a minimum level of training, to provide what they can and can't do as security guards and that they not have an action of a police officer. We were supported at that time by the police association, the OPPA, the chiefs of police and many of the stakeholders out there—acknowledging the presence of Bruce Miller here with us today. These are other examples of actions we took even before the Shand report.

I would also suggest to you that in terms of what you're asking us to do in the bill, there are some very good ideas here, but I would offer the member some suggestions. I know that he and I spoke about this and that he would be more than willing and likes the idea of it getting to committee so we can write the right bill, the proper bill.

There's an area that I would suggest to him maybe, if he's taking notes: denial of licensing. In the provisions of your bill, there is no denial of licensing. There are opportunities and times when we do not want people to have licences to be security guards because of their particular background. We should be denying them licensing.

How training should be delivered is important for us to get right—those organizations that provide the types of training that we're talking about in this particular field. I'll use a personal example in my riding. Mohawk College, Brantford campus, has over 600 candidates who are studying for this type of opportunity. That type of organization should be able to provide that type of training.

The complaints commission: I recall another bill I introduced in this House to take care of problems that were leaking information from all ministries. This commission, it seems to me right now, with a brief look at what you're asking, is a duplication of the registrar. I'm wondering whether we should even be having the commission you're asking for.

There was another area you struck on that I thought was very creative, and I compliment you on that, and that is where people with disabilities can still enter the field. I think that's an appropriate approach that usually doesn't get looked at, so I compliment the member on that. I think that with a good, solid Ontarians with Disabilities Act, we'd be able to cover that off to ensure that people who have disabilities can still enter that field.

So I am complimentary on some of the areas you're proposing, and I think that in terms of coroner's jury report, some of those things are being dealt with in your bill, and I compliment you on that.

You had some concerns as to whether the government is moving quickly enough on this. Just so we know on the record, on the day the Shand report was released, the

Minister of Community Safety and Correctional Services committed to updating the act to improve the regulation of private security guards and investigators in this province. Since that time, we've had the discussion paper issued. I know you're aware of it and you know that those are the questions we're asking within this.

I would also suggest to you that the ministry has taken your bill very seriously, and they're looking at all the points you're raising in terms of what the coroner's report indicated. Also, quite frankly, we're very impressed with the fact that it looks like we're going to get all-party support on updating an act that hasn't been updated since 1966. I don't think there should be any law on the books that hasn't been looked at since 1966. Quite frankly, we need to take a look at that.

I know that you know too that there are some other rules and regulations that exist differentiating between police officers. Inside of that, in my bill I recommended that we take a look at copycat badges, copycat insignia, copycat cars and copycat uniforms; I know my friend opposite in the third party, Mr Kormos, and I have had these discussions in the past, as far back as 2001. And since you've been here a few years longer than me, I believe you probably had that in your mind before, and I think it has been discussed before.

So are we on the right track? Absolutely. Are we doing the right thing by looking at a bill that's going to make things better for us in this province, safer, more secure, because of the things that have happened in the last few years? Absolutely. Will we be supporting this bill? I know I'm going to be supporting this bill, and I make it quite clear all the time that we always include in this a discussion of the safety and security of our citizens.

One last point I would like to make to him: We had examples several times that I brought up in 2001. We literally had security guards in their cars, with their flashing lights on, running up and down main streets. Police departments were getting phone calls saying, "How dare you let your police officers drive like that in our community?" Quite frankly, they were getting blamed for things that security guards—"run amok security guards," I'll call them—were getting away with.

So we will be supporting the bill—I will be supporting the bill, and I've got indications that quite a few of us will be supporting the bill. I look forward to its getting to committee, and I thank you very much for introducing this bill a fifth time.

**Mr Robert W. Runciman (Leeds-Grenville):** I appreciate the opportunity to participate in the debate related to the bill tabled by the member for Simcoe North, Mr Dunlop. I want to say at the outset that he is a colleague, of course, but beyond that, I think he is doing an outstanding job, not only of representing his riding and his constituents, but being an advocate for the stakeholders who fall under the umbrella of the Minister of Community Safety. He has reached out and is in constant contact with all of the interest groups, anyone who has a stake, if you will, on the activities and initiatives—and failure to act in some instances—of the Ministry of

Community Safety and corrections. I don't think the policing community could find a better friend in terms of standing up for their interests and standing up for the whole question and issues surrounding public safety in Ontario.

#### 1020

So I want to compliment him on this fine initiative to table this legislation, the Private Investigators and Security Guards Act. This, as I think he and the previous presenter indicated, is an act that calls out for revamping and change to recognize the conditions that have been dramatically altered since the original legislation was passed some 35 years ago. Clearly it hasn't been updated to adjust to some of the new realities and responsibilities that have been assumed by the security guard industry and, as a result of those assumptions of responsibilities, some of the issues that have been raised surrounding that. We heard about uniforms, about the kinds of badges and the cars that are utilized, and the implication for the public, that in many instances they think they're dealing with a police officer when in fact it's a security guard who may not have had even basic training related to the challenges that could be faced by a community, a neighbourhood, an individual. So that is a concern that I've certainly heard over the years.

Last year, when I was in that particular ministry, we initiated a review of this act with the clear goal of moving ahead with legislative changes this year. Our critic, Mr Dunlop, has taken the bull by the horns here. I think it's wise that he is laying the table here, if you will, with respect to this, rather than waiting for the government to move. Essentially, the Liberal government has no agenda with respect to community safety or policing.

What the minister has indicated he will do related to this act is based on an initiative begun by the former government. So we know they have no agenda. We know that anything that is accomplished in a positive sense really had its origins in the former Conservative government. Of course we've seen some announcements that flowed from initiatives undertaken by the former government.

Some initiatives are cause for concern. I guess I can be critical in the sense of not having an agenda and looking for new initiatives, but at the same time, given some of the things that they have moved on, it makes you nervous if you care about public safety and security in the province. I cite as an example, when we were in office last year, effective August 1, we were moving phase 1 young offenders under the responsibility of the Ministry of Corrections. That made sense to virtually everyone except some folks on the left of the spectrum who have a different view of how young offenders, regardless of the degree of crime that they've been involved in, should all be treated as victims.

So what we saw, very quickly after the new government was formed, was a change in direction where the Liberal government formed a children's ministry. Instead of going along with the plans which were well underway—thousands of dollars had been spent on this—

because of a political ideology that young offenders are victims, they pulled back on that. All of the young offenders now fall under a children's ministry.

I can respect in some instances that may be an appropriate landing spot for some of these folks, especially with first-time offenders and those who are of a certain age, but when you're talking about some of the 16- and 17-year-old repeat offenders, these are hardened criminals. If you visited some of our corrections facilities, I don't think you'd want to spend a couple hours in a lock-up with some of these folks. They've lived very difficult lives, and some of them haven't lived very difficult lives. For a variety of reasons they've committed crimes, and some of them very, very serious crimes, including sexual assault and murder.

Now the Liberal government, in its lack of wisdom, has said that these people should be the responsibility of a children's ministry; let's treat these folks with kid gloves. That is a cause for concern.

Going back to Mr Dunlop's comments related to the security guards act and Minister Kwinter's response to the inquest findings that, "Yes, we're going to move ahead with legislation in the fall," essentially this was the intent of the previous government prior to the inquest results. Certainly we're hopeful, we're optimistic, listening to the comments of the government whip, that this will pass today and will go to committee. I'm sure the member will be receptive to friendly and helpful amendments to his legislation.

I think there is a concern, and I think that's one of the reasons Mr Dunlop has brought in his own legislation to drive this issue, to make sure that, in fact, the government does move, and that it's reflective of the concerns of all of the stakeholders that Mr Dunlop has taken the time to listen to and recognize those concerns and embody them in his legislation.

Again, I want to hark back to the concern that the Liberal government may not move on this. I have a great deal of respect for the minister, Mr Kwinter. He has been someone I've considered a friend over the years. But when you get into this opposition and government role that we all have to play—and those of us who have been around for a number of years have played it on both sides of the House—it's a difficult thing to deal with, with friendship and the responsibilities you have as well.

In the last year or so Mr Kwinter, as a critic from the opposition side, was, I thought, some of us thought, out of character in some of his harsh criticisms of the government. I think if you recall, he was especially vigorously attacking Mr Flaherty, the member for the Oshawa-Durham area. Now that he is in government he has assumed some very serious responsibilities. People don't realize that the ministry Mr Kwinter is responsible for is the largest ministry in government in terms of employees. It has a budget in the neighbourhood of \$1.6 billion or \$1.7 billion. It's a big ministry with a great many responsibilities, and you can come into the office in the morning and find that you have a list of issues on your plate as long as your arm.

So I respect him for taking on this challenge, but at the same time he has to appreciate and understand that in that role he is going to be subject to criticism from the opposition, from the public, from stakeholders and others. The reality is, you have to have broad shoulders, and in that ministry especially you have to have broad shoulders. Certainly I suffered the slings and arrows of what you think in many respects is undue criticism in that ministry, especially on the corrections side. But it's something you have to come to grips with and deal with, and I understand the minister has been upset by some of the opposition criticisms. I understand and respect that, but at the same time he should reflect back on some of the comments he and his colleagues have made over the years. It's part and parcel of the business we've all chosen to engage in. It can sometimes be a little rough and a little unpleasant, and that's a side of it none of us likes, but we have to participate in it.

**1030**

So I have great concern about what's happening in the ministry that I so deeply care about, the people who work in that ministry and the fact that, in my view, this is not a priority for the Liberal government. Mr Kwinter, as an experienced minister, has been put in that spot, in my view, to calm the waters, to ensure that if any difficulties arise over the next couple of years someone with his experience can deal with them in a reasonable fashion and keep the government out of trouble. That's going to be difficult to do because it is such a difficult ministry to keep a handle on everything that could happen from any day.

Clearly, there is no agenda. I think our member will be talking about the commitment for 1,000 new cops. We don't see that happening. Certainly, it's not even referenced in the budget that was tabled May 18, so we're very dubious that it's going to happen, although we heard the culture minister stand in her place and say that she has money for a language cop to ensure that the language laws of the province are being carefully adhered to: money for a language cop, but no money for front-line police officers. That is passing strange and certainly would raise serious issues about the priorities of the Liberal government. I think it's more Liberal social engineering, which we've become used to, but I was hopeful that it wouldn't dominate the agenda of the current government, that they would move on issues like the bill to revamp the Private Investigators and Security Guards Act.

When you look at this bill, so many of the components of it just make good common sense: mandatory multi-level training; standards for the use of force and firearms in making arrests; different classes in portability of licences.

Again, you can look at some of the folks who are guards in the Brinks trucks, for example. That's a significant responsibility. Those folks can be faced with very difficult challenges, as we all know looking back over the history of North America with respect to armoured vehicles and the challenges and some of the casualties

that those security guards have suffered as a result of their chosen profession. It should be a profession, I think, when you look at the level of responsibilities.

Going down the line, when you're providing guard-house security at a particular neighbourhood or an industrial complex: Again, those are the sorts of things for which graduated licensing, if you will, makes a lot of sense—where you don't have to meet the same standard of tests that someone who is a Brinks security guard should be able to meet. They are people who carry side arms, and in some instances, may be forced to use those side arms.

What the member is talking about makes so much sense, in terms of uniforms, vehicles, the kinds of identification badges that are utilized by security guards so that the public know when they're dealing with a police officer and when they're dealing with someone who is not a police officer, but in fact is a member of the security industry.

Again, with respect to this legislation and why this member's moving ahead, we are concerned about this government and its lack of agenda in this area. We saw them remove the word "security" from the ministry name; one of the first things they did when they took over the government. We've heard Mr Kwinter stand in his place and say, "Security is the responsibility of the federal government, and we have confidence in the federal government." Well, it's a shared responsibility. Security, especially border security, is a significant concern and should be a significant priority for the government of the day. When we look at over one million jobs in this province depending on ease of access to the US markets, we can't afford to have a terrorist incident that originates in this province and then realize the devastating impact on our economy and the ripple effect that would have on the Canadian economy.

Thank you for this opportunity.

**Mr Peter Kormos (Niagara Centre):** First, right off the bat, on behalf of the NDP caucus, I want to make it very clear that we support the legislation. We look forward—I certainly look forward and I know my colleagues do—Andrea Horwath from Hamilton East sitting here with me in this Legislature—over the course of this debate to seeing this go to committee. I think this is a very important beginning. I think it is substantial—but still, warrants being fleshed out and perhaps made more comprehensive than it is.

Again, it's overdue. Let's understand what gives rise to this. One is the increase in the privatization of policing, especially over the course of the last nine years. It's true. Mr Bradley knows, because he knows that we saw the last government, the Conservatives, download on to municipalities and reduce their support for municipalities. One of the fundamental flaws around public policing now is that policing is mandated provincially, yet municipalities have to carry the cost of policing on the base of their property taxes, which are becoming increasingly strained. Ms Horwath is intimate with this, in view of her long-time experience on Hamilton city

council and the incredible difficulties Hamilton—and any other community in this province—has had, especially over the course of the last nine years. Quite frankly, I don't want to isolate or distinguish the last nine years from the next four, because the pattern that was established by the Tories is certainly being maintained by the oh, so very conservative McGuinty Liberals.

The phenomenon of privatization of policing: I make reference to Mr Bradley because I recall raising in this Legislature some years ago now the phenomenon of one business improvement area having to utilize private policing because of the legitimate concern about the inadequacy of local policing, not because those police officers weren't committed or interested or dedicated enough to do the job, but because they were so dramatically and pathetically understaffed and under-resourced.

It's trite to say that communities must not only be safe but they also must perceive themselves to be safe. My concern about the levels of staffing with respect to public police forces—bona fide, legitimate police forces—is that police associations have been ignored (1) by their local services boards and (2) by the provincial government in terms of the need for improved staffing resources. The sad reality is that we continue to have fewer cops per capita on our streets than we did 10 years ago, back in 1994.

Now we have a proliferation of private police forces, and it should be of concern, because let's understand that private police forces are not subject to what is and what should be the rigorous governance of publicly elected and/or publicly appointed police services boards nor to the volume of legislation that governs police activities. So we should be very concerned about this growth of privatized police. New Democrats endorse the proposition that persons fulfilling these privatized policing roles should be adequately trained and—I will say it, yes—regulated and licensed.

We've seen and heard reference over the course of the last few minutes to the recent coroner's inquest here in the city of Toronto. Let's make this very clear: We can't legitimately expect these private police forces and their staff to meet new and higher standards if they continue to be paid at the abysmally low pay rates that that work/job ghetto has been inclined to pay. Let's say it right up front. These private security personnel are among the lowest-paid people in our communities. So we can't on the one hand call on them to have better training and call on them to have attended any number of community college programs. The member for Brant speaks of the community college program that he's familiar with. I am very familiar with the Niagara College law and security programs and similar programs that do an excellent job of training people, but, by God, I'm not going to tell a young woman or man to go to Niagara College for two or three years and then go out there and get a crummy \$8.25 job, thank you very much.

**1040**

The Liberals' pathetic inaction on minimum wage did nothing to address that issue—a bloody embarrassment

and an assault on low-income workers across this province. For a bunch of people whose minimum wage here is \$85,000 a year, and all but a handful, all but four Liberal caucus members earning anywhere from \$6,000 to \$12,000 to \$13,000 to \$20,000 to \$25,000 in addition—to tell minimum wage workers, “Oh, here's a few cents. Here's less than the price of a coffee. Go home and be quiet.” So I say, if we're going to talk about ensuring that security personnel working for private firms out there in the public field are going to be better trained, are going to have to meet higher and consistent standards, we've also got to make sure that they're better paid.

That takes us to the third issue: ensuring that these workers are unionized. I am proud of my sisters and brothers in the trade union movement, United Steelworkers amongst them—not solely, but amongst them—who have participated in the organization of them by security staff of trade unions, so that they can collectively bargain for better wages, wages that better reflect the skills that they're expected to have and better reflect the real needs of any worker, quite frankly.

The issue of pay, of course, is immediately related to unionization because unionized workers are better-paid workers, make no mistake about it. Quite frankly, on average, unionized workers make \$5 an hour more than non-unionized workers. You know my position. My position is very clear. The NDP's position is very clear. It's never wrong for workers to fight for better wages. What's wrong is a government that keeps its boot, that keeps its heel on the lowest-paid workers in this province and mocks them by tossing them a few cents in terms of an increase in minimum wage, while the minimum wage here is over \$85,000 a year.

The issue around copycat cruisers, copycat uniforms is a real one. New Democrats believe that there have to be standards which clearly distinguish the uniforms and the tools of private security forces, private police officers, from those of public police officers. But I want to make it very clear: We're not talking about putting private security officers in outlandish clothing or in anything that denigrates them or subjects them to ridicule. To do so would be disrespectful of the role that they play out there in private workplaces, in shopping malls and any number of places like that.

But I put this to all the members of this assembly, especially these Liberals here, these Liberal backbenchers so numerous: If you're really concerned about the issues being raised in Bill 88, if you really care, then you're going—

*Interjection.*

**Mr Kormos:** Look, you can't do this in isolation. If you really care about security in our community, you're going to give the communities in this province the resources to invest in public policing.

We have scenarios down where I come from. Mr Bradley's there too; he knows full well. I've talked about it before. If the crooks only knew how few police officers we have on some of our evening shifts, it would be a free-for-all.

Niagara's not unique, especially in communities where you've got rural areas, never mind the north, where you've got huge expanses. You've got some pitifully low numbers of cars out on the street at any given point in time. The Niagara Region Police Association is the first to identify this. People complain about inadequate response times.

Well, if this government, like the last, continues to underfund police forces in this province, it's going to get worse before it gets better. If this government continues to underfund public police forces across the province, there is going to be a huge price to be paid, not just in the fear that accompanies the perception of the inadequacy of public safety, but in the reality of there not being cops out there able to do the jobs as they want to do the jobs, because they're being handicapped.

I want to say this to the Liberals—I said it to the Tories. They're not in government any more, so it's no longer of any use to blame them. But now I say directly to you that you as a government are handcuffing our cops. You should be handcuffing or helping the cops handcuff the crooks; instead, you're handcuffing our cops. Then you have the lack of grace to suggest that somehow you're burdened by a deficit—and a deficit that you're calling upon the poorest people in our society to pay off, a deficit that once again you're going to the middle class telling them to pay off, while your rich friends, your Mercedes Benz friends, your Jaguar friends, your Lincoln Town Car stretch friends, your Frank Stronach friends, your Mercury Marquis Landau cabinet minister friends with the leather and plush upholstery and those dark tinted windows—you wanted to tax the muffin instead of the Mercedes-Benz. Look what you guys tried to pull off. You wanted to tax the crummy buck-and-a-half muffin at Tim Hortons instead of the rich guy in the S500 or the S600 with those tinted windows cruising his way down the passing lane on the QEW, on the 400 highway, knowing he could do 140 clicks an hour because we don't have any cops on the 400-series highways.

*Interjections.*

**Mr Kormos:** We don't. You know full well there's a crisis of policing on our 400-series highways. Northern Ontario has suffered a drought of police officers. Just as Paul Martin is responsible for the deaths of homeless people in Toronto, I say that this government now has to accept responsibility for deaths on highways when we have inadequate policing on our 400-series highways.

*Interjections.*

**The Deputy Speaker:** I've listened carefully, and it has been a few minutes since I've heard the words "private investigators" or "security guards." I wish we could get back to the subject.

**Mr Kormos:** You bet your boots, Speaker. I'm talking about public policing versus private policing. I'm telling this government once again that as long as they persist in underfunding public policing, there's going to continue to be a proliferation of private policing, and as long as there's a proliferation of private policing, we're

going to have to continue to address this issue and the problem is going to continually be one step ahead of any legislative efforts on the part of this assembly.

You can pass this bill, and I urge passing this bill, but the fact is, once you pass it, as pressures increase on communities to buy private policing—and again, what does private policing mean? It means only the people who can afford to pay for it get it. Poor folks don't get private cops; it's the rich people in their gated communities who have private cops. They've got those canine patrol cars, you know the ones, K/9 that drive around, the guys in the SWAT team outfits. That's what we're talking about, of course, when we're talking about regulating the uniforms, but they drive around in their cars with the German shepherd in the back. It's rich people who have those. Poor people don't get that. Middle-class folks don't get that. Middle-class folks and poor folks have to depend on an increasingly depleted, understaffed and under-resourced public police system. The real issue here ought not to be a private security guard who's trying to do his job with whatever modest level of training his employer permits him to have; the real issue is the adequacy of public policing, whether it's the Ontario Provincial Police or municipal police forces, like the Niagara Regional Police down where I come from, or the Toronto police where so many of you are from.

You can pay lip service to the bill and pass it, but if you're going to be meaningful about ensuring the safety of communities, you're going to invest real money back into police forces across this province. You're not going to hide behind your passion to protect your rich friends from accepting responsibility to pay their fair share of taxes and to accept responsibility for the benefits they've enjoyed as a result of Tory tax cuts and the resulting deficit this province finds itself burdened with.

**1050**

**Hon James J. Bradley (Minister of Tourism and Recreation):** I intend to support this legislation, as I support the legislation put forward by Mario Sergio as a private member's bill before the House dealing with the licensing and training of private security guards—that's Bill 66, as you would know. I supported in the years 2001, 2002 and 2003 the private member's bill by David Levac, the member for Brant.

I think the bill has many compelling elements to it. It is not a perfect bill. Seldom do we have legislation that comes forward in a private members' hour that is totally perfect and acceptable to everyone. But I think it captures what David Levac and Mario Sergio have been trying to do for some period of time.

I think we recognize that a significant problem exists out there today with some security guards who are not adequately trained. On many occasions, people from security guard companies endeavour to portray themselves as police officers, and we know that, first, they don't have the training and, second, they don't have the onus and responsibility that members of the police services across this province have. So this bill is quite compelling.

I listened to my friend for Leeds-Grenville being critical of the fact that the government was not moving more quickly on this bill. I simply remind my good friend Bob Runciman that in 2001 his government had a chance to approve the bill by Mr David Levac, the member for Brant, and chose not to do so. They had a chance to do it in 2002 and 2003, and to support the bill by Mario Sergio. We're not going to occupy ourselves with partisan rants in this regard, but when I hear those criticisms, I simply think it's important that the people who are watching in the gallery or at home know that the previous government had a chance to implement this legislation and did not do so.

That doesn't at all diminish the fact that legislation is needed. Indeed, there are areas of some communities in the province that have hired what they would call private police forces or security forces, and the individuals there are not trained as police officers. They cannot deal with the public. It is a very onerous responsibility to be a police officer in this province. There are a lot of obligations on police officers in Ontario and in other jurisdictions. That is why they go through such intensive training and retraining. That is why they are held accountable and security guards in the private sector are not held accountable.

The member for Niagara Centre appropriately pointed out the privatization of police services in this province over the past eight and a half years as a result of significant downloading and other factors. I think the bill commends itself for consideration by committee, and of course by the House today. I certainly intend to support it.

I did hear some words that perhaps diverted a bit from the tenor of this bill. I heard about members on the government side getting paid more money, and I just wanted to remind people, now that the New Democrat Party has party status thanks to the new member of Hamilton East, that virtually all the people in the NDP, I think, will get more money, and I am pleased for them. But I think that's not a known fact. I heard about limousines and something of that nature. I know that Mr Howard Hampton, the leader of the New Democrat Party, will really be pleased to have that government car and driver take him around Ontario. I just wanted to mention that in case people weren't quite aware.

**Mrs Liz Sandals (Guelph-Wellington):** I'm pleased to rise this morning and speak in support of the private member's bill from Mr Dunlop. This is an issue that has certainly increased in profile in the last few months. There has been a dramatic increase in the number of security guards in the province. There are now 29,000 licensed private investigators and security guards but, interestingly, almost as many unlicensed security guards. In fact, 20,000 people are acting as security guards or private investigators without licences, which in itself is a serious problem. Between 1991 and 2001, there was an increase of 73.6% in the number of people who were acting in this capacity.

Security guards and private investigators are regulated by the private investigators and security guards branch of

the Ministry of Community Safety and Correctional Services. The act that governs this has actually not been updated since it was originally introduced over 35 years ago. Clearly it's long overdue for an update.

Concerns have been raised around the lack of training requirements for private investigators and security guards, around problems with the whole licensing process, and with public confusion when they see the uniform: Is this a security guard or a bona fide police officer? So there are a number of issues that I think we all agree we need to pay some attention to.

The Shand inquiry has probably brought this whole issue to public attention. You may recall that Patrick Shand was killed by a security guard who was trying to arrest him in a parking lot in Toronto. The coroner's jury, which recently sat and released its findings, made a number of recommendations. Those included that training programs should be required and that those training programs should at least include the use of first aid, CPR and use-of-force training. We've also been told by the coroner's jury that we need to look at the licensing process—that there should be mandatory licensing of private guards—and that generally we should have more training for people who may be in a position to stop someone to try to make an arrest as part of their duties, even though they're not a police officer.

In terms of public perception, I think that many people think this has only come up as a result of the Shand inquiry. In fact, that's not true. To his credit, the former Minister of Public Safety, Mr Runciman, did release a discussion paper in June 2003 to look at the Private Investigators and Security Guards Act. Our Minister of Community Safety and Correctional Services, the Honourable Monte Kwinter, decided very early in our mandate to carry on with that work. Before the Shand inquiry actually had hearings, let alone released recommendations, Minister Kwinter had directed that the consultation go forward and that we talk to the industry about how we need to amend the act, with a view to amending the act and bringing in legislation as early as next fall.

The consultations that the ministry is currently undertaking are focusing on the need for mandatory and consistent basic training for all security personnel. We would be looking not at just CPR and first aid but at a whole lot of training around the issues of the responsibilities of security guards versus the responsibility of police officers; what security officers are and are not allowed to do; how, when they have to arrest somebody or use force, that should be done appropriately, as opposed, in the Shand case, to inappropriately.

We also want to make sure we have a mandatory licensing process in place and that we are ensuring that people who have a criminal record do not become security guards, along with a host of other issues. I will be supporting this bill.

**The Deputy Speaker:** The member for Simcoe North has two minutes.

**Mr Dunlop:** I appreciate everyone who spoke this morning on the bill: the member from Brant; my col-

league Bob Runciman from Leeds-Grenville; the member from St Catharines, Minister Bradley; the member from Niagara Centre, Mr Kormos; and from Guelph-Wellington, the PA for community safety and corrections. I thank you for the kind words this morning.

This is a piece of legislation, as we've said earlier, that hasn't been updated since 1966. I don't think there are too many pieces of legislation that affect so many people and have not had the opportunity to have some kind of revision or updates or amendment over those years. I think we said earlier that eight separate Premiers had an opportunity to deal with this, and it just hasn't happened. Now is the time.

Obviously the Shand inquiry has brought a lot of emphasis to this, but it's always been at the forefront of our law and order people: our police association, the OPP, the Ontario Association of Chiefs of Police. They're the people who are responsible for law and order in our province. It's always a high priority on their agenda and at any of the conferences they hold.

As critic for that position, I'm honoured to be able to present this piece of legislation this morning. I'm hoping that over the next short period of time we can maybe get it to committee, maybe work with the government. I'm looking forward to doing what we can to make sure the recommendations of Shand and the recommendations that are part of Bill 88 are actually implemented and become law here in Ontario.

As the Shand inquiry mentioned in recommendation 2, it's very important that these recommendations are implemented in a very expedient manner. I'm hoping the House will support that and actually see that it takes place.

1100

ONTARIO WORKERS'  
MEMORIAL ACT, 2004

LOI DE 2004  
SUR LE MONUMENT COMMÉMORATIF  
DES TRAVAILLEURS DE L'ONTARIO

Mr Ramal moved second reading of the following bill:  
Bill 79, An Act to establish the Ontario Workers' Memorial / Projet de loi 79, Loi visant à ériger le monument commémoratif en hommage aux travailleurs de l'Ontario.

**The Deputy Speaker (Mr Bruce Crozier):** Pursuant to standing order 96, Mr Ramal, you have 10 minutes.

**Mr Khalil Ramal (London-Fanshawe):** I'm proud today to rise in this House to speak about my bill, An Act to establish the Ontario Workers' Memorial. This bill is not a new bill. It was first introduced as Bill 37, the Ontario Workers' Memorial Act, by Dominic Agostino on May 21, 2003. That bill didn't get past first reading in this House, maybe because the timing wasn't enough to get the chance.

Today I have the honour and pleasure to introduce it on behalf of the late Dominic Agostino. I think it would

be good to honour the member from Hamilton East for his work and effort to protect, work and advocate on behalf of the workers of Hamilton East and all the workers across this province.

This bill would have the effect of erecting a memorial in or adjacent to the legislative precinct to honour the memory of those who lost their lives on the job.

It's true that many Ontario communities have memorials to workers killed on the job. In fact, 49 towns, cities and villages have such monuments. In London, we have a workers' memorial that is located outside the Tolpuddle Co-op Hall on Adelaide Street, but I bet that if you asked most people, they wouldn't have known about it. I didn't even know about it until very recently. I bet in each of those 49 communities most people wouldn't know there was a memorial to workers who were injured or killed on the job.

Yet every year over 300,000 Ontarians are injured on the job through an accident or by contracting a disease. Every one of us remembers the disastrous disease that hit Toronto last year, SARS, which killed many innocent people, especially front-line workers who gave their lives to protect the people of this province.

The WSIB reports that in 2003, 359,353 workers suffered injuries and occupational diseases, and 552 died. Those are the total claims made to the WSIB last year. Many people, sometimes killed, were never reported to the WSIB.

That's why I'm very happy to see that our government is doing more to help ensure the safety of our workers. More inspectors, 25 of them, have been hired to enforce the Employment Standards Act, and more, I am told, will be coming on-line down the road. It is that commitment to the Employment Standards Act that will go so far to help workers and employers thrive in a safer workplace, because a fair workplace is a safer workplace. Cracking down on bad employers through education and training, through legislation, enforcement and prosecution if it is necessary, are some very good ways in which we will travel down the road to safer workplaces.

For some, these measures are too late. They paid the ultimate price doing their jobs. I think it's right, and long past due, that we as a province together have one place, one memorial, to those who died while working.

I have said many times in this House that the workers of Ontario are the lifeblood of this province. Their talent and skills have made Ontario what it is today: the most important economy in Canada. I ask for the support of this House in passing this bill to honour the workers in this province.

I believe the workers in this province deserve all the respect—especially those who have lost their lives—in continuing to work across this province to strengthen our economy and to continue giving life and effort to have a strong economy to support other programs in this province.

I come from London-Fanshawe. London-Fanshawe is rich with many factories. The structure of that riding is of hard-working people who wake up every morning and go

to work to contribute to this economy. This bill will give them some kind of incentive and some kind of honour, to honour the people who go to work on a daily basis. They will believe that people in this province respect their effort and their work, especially if they are injured or die while doing their work.

Every year 300,000 workers are injured on the job. Almost 100,000 of them were injured severely enough that they had to take time off work. We have to remember those workers, the people who build our vehicles, grow our food, build our homes and sell us goods and services every day. Without them, the economy would grind to a halt.

I believe this bill is a small token to honour those courageous people in many fields in this province, to tell them that we're thinking of them, that we believe in their efforts, that we believe their work is going in the right place. It will encourage others to continue doing great work and a great job.

I believe our government, the Dalton McGuinty government, is doing a lot through all the ministries to make sure there is safety in place. I was listening to the Minister of Labour a while ago. He was talking about safety in the workplace. All of his ministry is put to work to make sure that all the workplaces in this province, whether a construction site or factory or hospital or anywhere, are safe, to make sure that all workers come to a safe place and that all jobs are being introduced in a professional and safe way. This is the only way we can protect our workers in this province.

**1110**

I heard my colleague a few minutes ago speaking about the negligence of our government toward workers. I believe for the first time ever in this province, or for the last nine years at least, we increased the minimum wage. We introduced time off work if you have somebody in your household who's sick. All of us, every one of you listened many times to debates and many speakers talking about supporting the bill, to make sure that all people who have someone who's sick can take some time off—all this in an effort to strengthen the workplace, to respect and honour all workers across this province.

I believe that by passing this bill, we can send a great message to the workers in this province that, as members of this assembly, we care about them. We'll try to work and do our best to make sure, through our ministers, through our government, that all the workplaces they go to are safe and protected, and we'll make sure they're honoured if something happens to them.

For that reason, I would like to ask all members from both sides of the House, from the three parties, to support that bill, because I think it shows great respect for the people who built and continue to build our economy and this province.

**The Deputy Speaker:** Further debate?

**Mr John O'Toole (Durham):** It is indeed my pleasure to rise and respond to Bill 79 from the member for London-Fanshawe.

I would like to start by saying it's extremely important to leave the message that, in my view, we will be supporting this important statement about worker safety.

Again, the bill is not original. It's been around the House for some years, but it is also a testament to former member Dominic Agostino from Hamilton East, who introduced the bill on May 21, 2003. Fittingly, Mr Ramal brought this forward on May 10, 2004.

It is an issue that has been around, really, if you look back to the Workers' Memorial Day, which was enshrined in 1984 as a day of mourning and now is respected in over 80 countries throughout the world. April 28 is the day that we honour the memory and the families of injured workers in many and varied workplaces in Ontario, in Canada and throughout the world.

We are fortunate to have a strong and vibrant economy and an opportunity for young people and people of all skills to work. That's the most important thing: the opportunity to display and demonstrate their skills, earn a living income and to feel the respect of that earned income. But the other side of the equation is to eliminate and eradicate, if possible, all the potential risks and hazards that befall us in the workplace.

Last year, I recall in the SARS epidemic, the SARS health outbreak in Ontario, those persons who are often overlooked in the workplace—that is, the nurses, doctors and other health care providers—were at severe risk. I would like to be on the record as stating the great respect and appreciation and indeed admiration that I have for those professionals and those people in their workplace who put themselves at risk.

But you should know that nurses are in one of the most hazardous professions in Ontario, and that needs to be reinforced. Just recently at the hospital in my riding of Durham, Lakeridge in Oshawa, I was invited to attend the commissioning of these automatic lifts that prevent workplace injuries in hospitals. So hospitals are areas and workplaces that we often assume but don't relate—we often think of workplace injuries being tied more to construction sites or heavy industry, whereas people of every age and every skill can be put at risk. So I put on the record that the workers who worked through the incidents of SARS and in ongoing cases, often in highly infectious workplaces, need to be respected. Every possible action should be taken, and it's incumbent on the government to put that in place.

It's also important for me and my riding. In my riding, the largest employer would be General Motors. General Motors has a very large facility: a truck plant, two auto plants and other related assembly facilities, but also is in the process of a major expansion for much-needed growth in the auto sector, which is important for all of Ontario, really, as the second-largest job creator and economic engine in the province.

I know, from my 30 years of working at General Motors—and much of that time was spent in personnel and labour relations but latterly I was a shift supervisor in the assembly environment—the risk that workers are placed in, often unknowingly. Workplace safety is

extremely important, and that's a two-way street. It's incumbent on the employer, but it's also incumbent on the employee to participate by wearing the appropriate safety gear that has been mandated through the local contract language, but also to do whatever is necessary to bring to the attention of those supervisors those things that constitute a hazard, whether it's a spill on the floor, a low-hanging device or possible interruptions in their workspace that can present as a hazard.

I know, whenever incidents occur, how much anguish is forced on to the workplace and the workers, at whatever level or whatever function they're in. It's a tragedy. An injury, whether it's someone losing a finger, falling into an open area or being struck by a lift truck or some other moving vehicle—the whole workplace is in shock. If you want to roll that out, I think of the families. If it's the principal income earner for the family, it is a real tragedy in the broadest sense in that limited community, but in their family and extended family; in fact, in their community.

I think next of the Darlington nuclear plant, and of course safety is a top priority in those plants. There's possible exposure to all sorts of issues along the nuclear field, but I know safety is a priority. They have a very proud record of zero lost-time accidents, and that's just part of what we're speaking about. But safety and the safety culture in those workplaces is an ongoing discipline that's absolutely essential.

The unspoken tragedy of someone actually losing their life is the very worst example of what ultimately can happen. That really does bring itself home throughout Ontario, if I have my numbers right. According to the Workplace Safety Insurance Board, which accumulates these statistics, in 2003, 552 workers were killed; in 2002, 596 died; in 2001, 453 lost their lives. It's tragic to think of those numbers. In fact, if you look at the Canadian numbers, 900 Canadians are killed each year as a result of injuries or illness and accidents related to the workplace. So it is a real tragedy. How do you recognize or bring to focus the tragedy to the human condition?

Mr Ramal, I do respect the intention of your bill, with all regard. Again, looking at it in a legislative sense, I have reviewed the bill. It's not new, as I said. I had the occasion, as I said, to work in industry. Also, when elected in 1995, when Elizabeth Witmer was the Minister of Labour, I was on her labour advisory committee, because my undergraduate degree is a specialist in human resources, or labour economics actually. I was pleased to bring the 30 years' experience of working in industry to the table, and workplace safety was part of that. So there has always been the initiative to strike some memorial, and that's the essence of the legislation, the commissioning of some memorial.

I think it's fitting to have a tribute. Certainly on April 28, I have the accounts here of the spoken word of the Minister of Labour and all of the critics on each side of the House. There isn't a person here who would not find a way to pay fitting tribute to all workers and to realize there are risks.

## 1120

I can recall when my oldest son graduated from the Royal Military College and he was commissioned as a flight officer on the Sea King helicopters. He actually was involved in an incident. As I recall, they were doing one of the regular patrols on the Sea King helicopter, and of course he wasn't a fully trained pilot at that time. They developed a hydraulic leak while at sea and they had no choice but to force-land the helicopter on, I believe it was, a golf course right off Cape Breton Island. But I think it drove home to me that all experience has risk, all those work-type experiences, including being here in the Legislature. There are certain risks involved, I guess, in our roles.

Looking at the bill, it establishes—I'll just read the contents here: "The purpose of the bill is to require that a memorial be established in or adjacent to the legislative precinct of the Legislative Assembly to honour the memory of workers who have died on the job"—very specific recommendations.

I reviewed it, and there are a couple of concerns that I just raise for members of the House to bring to the debate. One of the issues is, fundamentally, that the bill as I interpret it is actually out of order. It's written in such a way that it isn't really out of order, but a private member cannot bring forward a bill that requires the government to expend money. I think it's important, in commissioning any private member's bill, of which I have several, that it cannot require the government to spend money. This does refer, this issue here, and I'll read it—section 2: "The Board of Internal Economy of the Legislative Assembly shall take such actions as it considers appropriate to establish and provide for the maintenance of the workers' memorial, including consulting with experts in the design of memorials." At the end here it says, "The report shall recommend a site for the memorial, make design recommendations and contain an estimate of the costs, and may make such other reasonable recommendations" to the Board of Internal Economy. The costs—and it's only a technical reference, but I'm saying to you that with unanimous consent this will probably go to committee, to bring more discussion and appropriate comment. I think that's just one of the small concerns I have.

The other one is the whole minutiae of when you start to recognize the deaths. Who validates or legitimizes those incidents as work-related? That becomes a whole quagmire of regulations of who, under what authority and under what mandate—whether it's the WSIB, when did they start commissioning statistics etc. So there's some detail there.

Going forward, I think, would be that the people who disastrously met with tragedy in the workplace in 2003 would be left out. Those persons with SARS implications: How do we trace back the implications that they may at some time in the future not be with us? And can we trace that workplace illness or infection or whatever back to the workplace? That becomes a whole very fuzzy area of implementing the bill.

But again it's not the lack of desire. I think we need, and in the workplace specifically, the institution, whether it's General Motors, Ontario Hydro or any of the varied workplaces in the province that would—and I believe they do constitute and have a memorial or a reflection, and certainly there's great sadness that affects the workplace, and indeed the community.

I want to bring to bear the respect that I do, in my role as the MPP for the riding of Durham, meet regularly and whenever asked, with all of the spokespersons or stakeholders in the area of labour. I just want to put on the record some of those people:

John Gillett is the business manager for the International Brotherhood of Electrical Workers, Local 894. I've met with Terry Kelsey as well. Edwin Hull is the president of the International Brotherhood of Electrical Workers. John Lewis is the president of the Durham Region Labour Council. A good friend of mine, Bill Harford, is past president and still active in the labour council in Durham. Garth Cochrane is the business agent and Larry Cann is the business manager for UA Local 463 of the plumbers, steamfitters and welders, a very highly skilled group that works in high-risk situations, primarily construction. Joel Nevell is the business representative for the carpenters union, Local 397. They're just a few of the people I had on record in my constituency office whom I actually have spoken with or met with.

In my riding of Durham, as Mr Hoy would recognize, agriculture safety is something that's often overlooked. I want to bring respect to the Ontario Farm Safety Association and the work they do to educate current and young workers in their work environments. I commend the work of Karen Yellowise, as well as Jacqueline Vaneyk, who is the actual president of the Durham Region Federation of Agriculture. Agriculture and farm implements are a highly sophisticated business today—the equipment they use and the environments they work in, often in close space, heavy equipment and automation. You need to be on your toes. There are a lot of young people involved in that workplace as well.

That brings to mind one of the other things I want to mention. I had the privilege of meeting Paul Kells. Most of you would know his son, Sean, who I think was 19, a student who was killed in the workplace. To his credit, Paul Kells turned a sad circumstance into a positive outcome, I believe, for young workers. He established the Safe Communities Foundation, and it's all part of educating young workers.

I think, if I were to bring conclusion to this in respect of what I've said, education plays an important role in workplace safety. There's no better place for the program than in workplaces and in schools today, as young people enter their first job, to be aware of the hazards and their personal responsibilities and the degree of risk.

But everyone here, I believe, out of respect for the workers' memorial, is supportive. There are some questions that need to be asked. I would be supportive if this private member's bill from Mr Ramal would go to com-

mittee. In the discussion we would bring respect to those, and indeed to all workers, who contribute to making our lives better through a great economy in Ontario.

**Ms Andrea Horwath (Hamilton East):** It's my pleasure to notify members of the assembly that the NDP will also be supporting this bill and supporting its going to committee. I'm very pleased to be taking the opportunity to speak on it myself, as it did come forward originally from the former member for Hamilton East, Dominic Agostino. It gives me great pleasure to be able to be here today to speak to the bill.

I can imagine the reason that it was brought forward by Dominic was because of his knowledge of the numbers of workers, particularly in Hamilton and Hamilton East, who have been killed on the job. As members of this assembly will know, the types of industries that we have in Hamilton—largely the steel industry is one where injuries occur on the job, unfortunately very frequently, and deaths occur frequently as well. The city of Hamilton in fact already has a memorial on city hall grounds. It was erected several years ago. For 20 years we in the city of Hamilton have been recognizing Injured Workers' Day on April 28 at that memorial. I think it will be an absolutely fabulous thing to have such a memorial here, where we can make similar speeches and appropriate memorials to those workers who are injured on the job.

Members have mentioned the number of people who have been killed on the job in 2003: over 500. Last year, 327 Ontario workers were carried to their graves by pallbearers, and I believe that one single person killed on the job is too many in this day and age in Ontario. My understanding is that there are hundreds of thousands of workers who are submitting compensation claims to the WSIB on an annual basis in Ontario. That, again, is unacceptable. We have to find ways to ensure that workers, who go to work every morning, come home whole with all their limbs and all of their health in place at the end of each working day so that their families can then re-welcome them into the household, knowing they've had a safe and productive day at work.

So there are a number of things that we need to do in this province to address the ongoing lack of safety, lack of health and lack of regulation around the various risks that workers take on the job. Those risks are not only the kinds of risks that are of accidental types of injuries occurring with heavy equipment or with other kinds of things, but also the risks that occur when people are put in situations where substances or chemicals or other kinds of cancer-causing agents, for example, are found in the workplace.

#### 1130

If you look at the true toll of these kinds of things in the workplace, there are some estimates that indicate that occupational diseases are, in fact, affecting up to 6,000 Ontario workers every year—6,000 Ontario workers every year who are becoming diseased because of exposure to various cancer-causing agents in the workplace. Occupational cancer, in fact, makes up a significant portion of occupational disease.

From my understanding of the issue, there are consultants in the industries who argue that there is a significant risk factor in occupational cancer, that up to 5% of all cancers are occupational cancers. However, those who are not as close to industry and who are taking a different perspective, more of an advocacy perspective or more of a perspective where we're trying to broaden the types of exposures that are out there in terms of analysis, those other types of consultants will indicate that anywhere from 9% to 40% of all cancers are occupationally caused in Ontario—40% of all cancers.

We know, just from the burden on our health care system, that cancer is a growing concern for our community. If this is the case, then we have to do a lot more to regulate and figure out what it is that is causing so much cancer in Ontarians, and if that is the case, the occupations people are undertaking, that people are going to work and being exposed to agents and substances that are causing cancer—and if it were at the top end of that rate, if the 40% rate is, in fact, one that's feasible and one that can be proven to be the case, that would mean between 2,200 and 9,800 workers, almost 10,000 workers are dying of cancer every year as a result of their exposures in the workplace, and that's simply unacceptable. In addition to the human suffering, the health care costs of these cancers range anywhere from \$130 million to \$500 million in Ontario. Most of this money would be reimbursed to the Ontario health care system by the WSIB, if these occupational cancers were recognized.

But very few workers actually make the connection between their ill health, their feeling of unwellness and exposures they have actually encountered in the workplace. Just over 382 fatal occupational disease claims were made to the WSIB in 2003. What we're seeing, then, is that about 400 people have made claims around occupational fatalities that were cancer-related, that were disease-related to the workplace, but in fact that could be as many as 10,000 if we had a handle on the substances people are exposed to in the workplace every single day. Of course, those exposures day after day, week after week, month after month and year after year eventually cause cancer for workers in Ontario, and that's just not acceptable.

In the city of Hamilton, the memorial that was raised to injured workers was done as a result of a very strong labour movement in our city. The labour movement is strong in our city largely because of issues like this, largely because of the problems and concerns and difficulties workers have on the job in maintaining their health and maintaining their ability to have safe and full lives.

When we had the memorial erected at Hamilton's city hall, it really provided an opportunity for people from the labour movement, politicians, loved ones of injured workers and people who had died on the job, activists, health care providers—all of these people, on April 28, now have a place in Hamilton where we can go and where we can give adequate and appropriate and necessary—not only words of mourning but also words

of anticipation for the justice that we can create in the future, for the work that we can do to prevent these diseases. I believe the saying is, "Mourn for the dead, but fight for the living." That is our obligation in this House. It's to fight for the living. It's to fight to make sure that those cancer-causing agents, those environments that people are put in to this very day—there are, I'm sure, thousands of people right now in Ontario being exposed to something that can maybe in five years, maybe in 10 years, end up giving them cancer. These are the things that are incumbent upon us to do right now.

It is with great pleasure, again, that I bring these comments on the bill. I think we really do need to constantly remember, not just on April 28 but on every single day of every year, and be cautious about the abuse of human lives that can occur in the workplace. It's a responsibility of employers. It's a responsibility of regulators like ourselves, and we need to take that responsibility seriously. I hope that after the memorial is erected, there may come a day in Ontario where we can say, "This memorial was erected because there used to be deaths of workers on the job, because we used to have a problem with exposure of workers to cancer-causing agents," where we can proudly say as Ontarians that we've taken care of that problem, that we've done the things that need to be done to prevent injuries and fatalities on the job as well as disease-causing exposures.

We in the NDP and the labour movement have fought for the living, not just in the struggle for better prevention but also for better protection for those who survive workplace accidents, and we look forward to continuing to do that.

**Ms Jennifer F. Mossop (Stoney Creek):** I too am very pleased to speak in support of this bill. We have to point out that this is important to all of us in this House on a personal level because of the man who spearheaded the bill. I want to thank the member for London-Fanshawe for following through on this bill.

It was just recently that I had the vice-president of the Hamilton and District Injured Workers Group in my office. He was telling me of the work he had been doing with the former member for Hamilton East, Dominic Agostino, and, through him, with our government. We talked about Dominic's spirit and the legacy he has left.

I just want to take a moment while we're doing this to talk about the man who spearheaded this bill. I knew him first as a journalist and then, second, as a colleague. He is known to all of us as a tireless and unapologetic fighter for his constituents and for the underdog. As a journalist, he was so tireless and actually so creative and ambitious about getting his issues into the media and his constituents' concerns into the spotlight that we would actually try in the newsrooms of Hamilton to have "Dominic-free news days," as we called them. I have to tell you, we didn't always succeed. That's how successful and how creative he was at getting his issues out there, championing causes.

When I came to this side of the microphone, I found a tremendous colleague, a loyal man, an incredibly brave

man and a savvy politician. I have to tell you, I felt I was able to call him, night or day, for advice, like his constituents would be able to call him night or day for help or advice, and they could count on getting it. I very much miss his presence here, and I miss being able to give him that phone call. But I am very happy today to be standing here to support his bill that he spearheaded and also to be able to say that I will be presenting petitions on behalf of the injured workers' group later this afternoon, and basically on behalf of Dominic. He would be presenting those petitions today if he were here. So I am pleased to be doing that.

This bill reminds us all that it is our responsibility as human beings, as part of our society, to look out for each other, to watch each other's back, to care for each other; and that's really the essence of this. A monument is a symbol, and it will remind us at all times that that is what we are to do, each and every one of us. Whether we're in different parties, whether we're from different groups of any kind, it is that as individuals, it is our responsibility to look out for each other. So I happily speak in support of this bill, and once again thank the member of London-Fanshawe for bringing this forth and following through on the work of Dominic Agostino.

1140

**Mr Peter Kormos (Niagara Centre):** I'm pleased to speak to the bill which, as has been indicated by my capable colleague Ms Horwath from Hamilton East—I just want to say to the folks of Hamilton East: God bless you and thank you very much for your enthusiasm about the NDP here at Queen's Park. I was down there in Hamilton East, and I was telling folks on the doorsteps—I'd be with Andrea, we'd knock on a door and they'd say, "Andrea." They'd be saying, "Oh, that's right, you're Kormos." But they'd be telling me, "Andrea's wonderful. She's great." I'm saying, "Listen, I know. If you've got any more folks like this in Hamilton, please let us know, or quite frankly, if you've got people like that anywhere else in the province, we'd be more than pleased to have you in the chamber."

Ms Horwath has already laid out very clearly New Democrat support for this bill. I am incredibly hard pressed to refer to the incredible slaughter, poisoning and assault of our sisters and brothers in our workplaces as accidents. Like more than a few others in this chamber, I've had an opportunity to review and examine workers' comp WSIB files. I've had an opportunity to sit down with workers who have been assaulted and maimed in our workplaces.

You see, an accident is exactly that: It's an accident. It's something for which the causation is outside of our control. An accident is, oh, I suppose, referred to by many as "an act of God." But I'm not aware of a single workplace maiming, poisoning, slaughter or murder that can be attributed to a mere act of God—not one—that one could not trace the causation to a phenomenon that could have been controlled.

It is shameful that we continue to slaughter our sisters and brothers in our workplaces in this province in the

year 2004. It is shameful that we continue to cripple our sisters and brothers, who do nothing more than try to work to put food on their table, to pay their mortgages, to feed their kids, to send their kids to college and university. Every worker in this province, every worker anywhere, has a right to leave that workplace, perhaps tired, but as physically and emotionally healthy as they were when they came to work that morning.

Here we are in this Legislature—and again, there are many people with many diverse backgrounds. But here we are, the suited class, if you will. While there may be many of us who worked in industrial work sites at earlier stages in our lives, there's none of us who have to get up at 5 every morning to be at the workplace by 6 every morning, regardless of the weather, regardless of how well you feel, regardless of how tired you are from having worked the day before and then perhaps having worked all night or cared for a sick kid or any other number of circumstances.

I certainly hope all of us attend the day of mourning for slaughtered and maimed workers. As Andrea Horwath says, as workers in this province say, as trade unionists in this province say: "It's our job to mourn for the dead, but, by God, to fight for the living." Monuments aren't enough. Platitudes are not enough. Wringing our hands and expressing concern about our slaughtered sisters and brothers isn't enough.

There are things we can really do. There are things this government can do, like permit agricultural workers to form trade unions and to collectively bargain so they can fight for safer workplaces. There are things this government can do, like enact anti-scab legislation so that workers aren't maimed and slaughtered on their picket lines as scab buses tear through those lawful picket lines. There are things this government can do, like enhance and reinforce the right to refuse unsafe work and ensure that every worker in this province, young and old, anglophone and non-anglophone, is aware of those rights, is aware of what constitutes unsafe work in a toxic workplace and is confident that they can exercise that right without fear of retribution.

Build a monument if you want, but we'd far more meaningfully spend our time building an Ontario Labour Relations Act, building a workplace health and safety act that truly created safer workplaces and gave workers more control over those workplaces so that they could exercise their right to return home as fit as they were when they went to work that morning.

We can build a society where human good prevails over the reckless pursuit of profits. Let this be a monument to that.

**Mrs Carol Mitchell (Huron-Bruce):** I wish to speak on the importance of Bill 79, An Act to establish the Ontario Workers' Memorial. I just want to say that I will be supporting this bill, and I want to add my congratulations to the member from London-Fanshawe.

As you know, Huron-Bruce is a rural riding, and agriculture is the driving economic force. On-farm safety is a very important issue in my riding. As many of you

know, farming, by nature, can be very hazardous. In the past, many people have lost their lives in the workforce, including the agricultural sector. In 2002, 1,597 people were injured or suffered illness. In this industry, there were 424 injured using agricultural machinery. These numbers only represent the allowed claims to WSIB. The number of filed claims is much higher, and many people never approach the WSIB. So those numbers do not reflect, in total, how many people were injured within the farming industry.

But I'm very pleased that this government has brought forward a solid commitment to improve on-farm safety by providing health and safety standards for farmers and farm workers. However, for some, prevention comes too late, and I feel it is extremely important to remember those members who have lost their lives through industry. I believe that it is a very fitting tribute to place a memorial.

I also want to bring forward that the location of the memorial, I believe, is also of importance. For the number of people who come to visit Queen's Park each day, it will be part of some of the scenery that they come to see. For the numbers of people that we have through the doors every day, it acts as a foundation for education. As we all know, real change comes about through education, so that their workplace becomes a safe place within their environment. So I bring this forward today to add my support, as well.

Just as a reminder to everyone, within my riding of Huron-Bruce we have two sites: one in Goderich and one in Port Elgin. Over the years, those memorial sites have acted as reminders to the people within my riding. As they say, if you can't remember your history, then you're bound to repeat yourself.

But it's up to us, the people who represent our constituents. We must ensure that the voices of people in the workplace, health and safety activists, surviving family members and concerned citizens are heard.

I know that in the past, a version of this bill was brought forward before the Legislature by the late Dominic Agostino, the past member for Hamilton East. If this bill is passed, it not only will signify the importance of remembering those who have lost their lives in the workforce, but it will be a wonderful tribute to our late friend and colleague.

1150

**Mr Phil McNeely (Ottawa-Orléans):** I'll be sharing my time with the member from Mississauga East.

I'm pleased to rise today to support my colleague from London-Fanshawe in his efforts to establish a memorial commemorating those who have lost their lives in the workplace.

I remember, as a young engineer in the mid-1960s in the city of Ottawa, that we had two tragic collapses: one a building and one a bridge. I still recall the solicitor for the coroner, a brother of a former Attorney General of this province. Everything that was so important about these deaths came out during that coroner's inquest. It was so tragic, and I can recall very well today the hours that I sat during that inquest.

I support as well the bill's provision, as mentioned by the member for Huron-Bruce, that the memorial be located at or near Queen's Park, which sees thousands of visitors annually. In fact, the memorial would be a fitting site for the day of mourning that has been taking place every year to honour those who have lost their lives on the job.

When I was on council in the city of Ottawa, I believe that two years ago we had the labour unions from the city of Ottawa request the city's permission to place a monument to those workers who died building the Rideau Canal—the Irish workers, back in the 1812 war with the Americans.

This is a tribute that we must go forward with and one that is meaningful. This special day was an initiative of the Canadian Labour Congress, which chose the date to commemorate workers in Canada, and passed third reading in 1914. It is a sign of the importance of this gesture that recognition ceremonies marking that day as a day of remembrance are now held around the world, after Canada's example. We now have the opportunity to make an important next step with this monument.

Families that have lost their loved ones in this tragic way need to know that their loss is not forgotten and that their loss is shared by all of us. They need to know that we are doing our utmost to ensure that similar tragedies will be averted through our common efforts, through prevention, through education and through legislation.

Compared to some jurisdictions, Canada does not have a sterling reputation for health and safety in the workplace. For example, we lose six times the number of workers they do through workplace accidents. Clearly we have much to do in this regard.

I am encouraged that our Minister of Labour is committed to addressing workplace safety and has made this issue a number one priority. He is personally chairing the minister's action group on health and safety, an advisory body that brings together in partnership a range of experts from both business and labour to share ideas on how to reduce and eliminate workplace deaths.

On work sites, the ministry is increasing enforcement with the hiring of 25 new site inspectors, with more to come. The ministry is also committed to enforcing the Employment Standards Act, supported by measures including education, training, legislation, enforcement, and prosecutions when deemed necessary. The ministry is also looking at the extension of health and safety protection into new areas.

All these efforts are important as we work hard to reduce the rate of workplace injury and deaths in this province. I believe it is important that we recognize the lives that have been lost, as a sober reminder of the price they have paid and as a fitting memorial to their memory.

**Mr Peter Fonseca (Mississauga East):** I'd like to thank the member for Ottawa-Orléans for sharing his time to speak on such an important bill. I'm very proud to speak on and support Bill 79, An Act to establish the Ontario Workers' Memorial. It is great that my friend from London-Fanshawe has brought forward this bill, which has a strong foundation from a previous bill that

the late honourable member Dominic Agostino from Hamilton East brought forward. It was great to hear members from all three parties speak so eloquently and heartfelt about this bill.

I come from a family of labourers—construction workers, assembly line workers and heavy machinery operators—and I have been close to tragedy. Many family members and friends of the family have lost limbs or been seriously injured on the work site. I'm very proud of our government, in terms of the measures we are moving forward on in making the workplace a safer place.

Yesterday, I was with the Minister of Health and Long-Term Care at the Irish Embassy pub at Yonge and Wellington, enjoying a cool beer on a beautiful day in a smoke-free environment. As you know, the municipality of Toronto has gone smoke-free. If we think back and remember, you've seen the stop-smoking commercials where we had Helen, a worker in the hospitality industry, who, through no fault of her own, having worked in a smoke-filled environment year after year, contracted cancer. We have to stop those Helen stories from happening.

I can say proudly that our government will take the onus off municipalities in terms of making them smoke-free and have a smoke-free Ontario by 2007. That is something we can all be proud of and of the many lives we will save. As we know, 16,000 Ontarians die due to tobacco every year.

What was brought up by the member from Niagara Centre around accidents in the workplace is so true: Accidents don't just happen. Imagine this about accidents: If we were to accept a rate of 99.9% where you don't have an accident and take that to the airline industry, then 99.9% of the time we wouldn't have accidents and every thousandth flight there would be an accident and a tragedy for hundreds of people.

There is so much more work to do in terms of addressing accidents—because accidents don't just happen—and it's not around common sense. Everybody thinks they've got common sense. The person driving down the highway at 160 kilometres per hour thinks they've got common sense. Common sense is not something we can live by. We have to build powers into legislation and address situations, whether they come around lighting, ventilation, whatever it may be in the workplace, so these accidents stop happening.

I'm very proud that the member for London-Fanshawe has brought forward this bill. It will be a beacon for all those who have been caused tragedy in the workplace.

**The Deputy Speaker:** Mr Ramal, the member for London-Fanshawe, has two minutes.

**Mr Ramal:** I'd like to thank the members from Durham, Hamilton East, Stoney Creek, Niagara Centre, Huron-Bruce, Ottawa-Orléans and Mississauga East for speaking in support of the bill.

I'd like to make some comment to the member from Durham, who was talking about the expense to establish the memorial. I believe it's very important to honour people who give their lives, and who give their time and

effort and are injured on the work site, to have something for them around this building, around this assembly.

As my colleagues from Huron-Bruce and Ottawa-Orléans mentioned, many visitors come to this place on a daily basis. I think it would be a very important place to remind people about the people who gave their lives to support our economy and about people who continue working in factories, nursing homes and hospitals, construction sites, wherever they work. I think it's very important to honour those people who gave their lives to support us and those who continue to support our economy.

I also want to speak to the member from Niagara Centre, who talked about bad employers. I think our government is doing its best to crack down on bad employers through education, training and sometimes prosecution, if necessary, to make sure all workplaces in this province are safe and secure. It's important to us and to our government to make sure all people who go to work on a daily basis—as he mentioned, who wake up at 5 o'clock in the morning and have to be at work by 6 and sometimes work 12 hours on a daily basis. Those people need and deserve respect.

Therefore, after listening to all speakers, I hope I get the support of this House to establish a memorial in honour of people who were killed and injured on the work site.

**The Deputy Speaker:** The time allowed for private members' public business has now expired.

PRIVATE INVESTIGATORS  
AND SECURITY GUARDS  
AMENDMENT ACT, 2004

LOI DE 2004 MODIFIANT LA LOI  
SUR LES ENQUÊTEURS PRIVÉS  
ET LES GARDIENS

**The Deputy Speaker (Mr Bruce Crozier):** We shall deal first with ballot item number 23, standing in the name of Mr Dunlop.

Mr Dunlop has moved second reading of Bill 88, An Act to amend the Private Investigators and Security Guards Act.

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

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion, the ayes have it.

We will call in the members and deal with this after the next ballot item.

ONTARIO WORKERS'  
MEMORIAL ACT, 2004

LOI DE 2004  
SUR LE MONUMENT COMMÉMORATIF  
DES TRAVAILLEURS DE L'ONTARIO

**The Deputy Speaker (Mr Bruce Crozier):** We will now deal with ballot item 24, standing in the name of Mr Ramal.

Mr Ramal has moved second reading of Bill 79, An Act to establish the Ontario Workers' Memorial.

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

**Mr Khalil Ramal (London-Fanshawe):** I'm asking if we can move the bill to the standing committee on the Legislative Assembly, if that's possible.

**The Deputy Speaker:** Agreed? Agreed.

PRIVATE INVESTIGATORS  
AND SECURITY GUARDS  
AMENDMENT ACT, 2004

LOI DE 2004 MODIFIANT LA LOI  
SUR LES ENQUÊTEURS PRIVÉS  
ET LES GARDIENS

**The Deputy Speaker (Mr Bruce Crozier):** We will now deal with ballot item 23. Call in the members. This will be a five-minute bell.

*The division bells rang from 1201 to 1206.*

**The Deputy Speaker:** All those in favour will please stand.

**Ayes**

Baird, John R.	Horwath, Andrea	Peters, Steve
Barrett, Toby	Hoy, Pat	Phillips, Gerry
Berardinetti, Lorenzo	Jeffrey, Linda	Prue, Michael
Bradley, James J.	Kormos, Peter	Qaadri, Shafiq
Broten, Laurel C.	Kwinter, Monte	Ramal, Khalil
Brownell, Jim	Leal, Jeff	Rinaldi, Lou
Caplan, David	Levac, Dave	Runciman, Robert W.
Colle, Mike	Matthews, Deborah	Ruprecht, Tony
Cordiano, Joseph	Mauro, Bill	Sandals, Liz
Dhillon, Vic	McMeekin, Ted	Scott, Laurie
Di Cocco, Caroline	McNeely, Phil	Sergio, Mario
Dombrowsky, Leona	Milloy, John	Smith, Monique
Dunlop, Garfield	Mitchell, Carol	Smitherman, George
Fonseca, Peter	Mossop, Jennifer F.	Sterling, Norman W.
Gerretsen, John	O'Toole, John	Van Bommel, Maria
Hardeman, Ernie	Ouellette, Jerry J.	Yakubski, John

**The Deputy Speaker:** All those opposed will please stand.

**Clerk of the House (Mr Claude L. DesRosiers):** The ayes are 48; the nays are 0.

**The Deputy Speaker:** I declare the motion carried.

Pursuant to standing order 96, this bill will be referred to—

**Mr Garfield Dunlop (Simcoe North):** On a point of order, Mr Speaker: Can the bill be sent to justice and social policy, please?

**The Deputy Speaker:** Mr Dunlop has asked that the bill be referred to the standing committee on justice and social policy. Agreed? Agreed.

All matters pursuant to private members' public business having been dealt with, I do now leave the chair. The House will resume at 1:30 of the clock.

*The House recessed from 1209 to 1330.*

**MEMBERS' STATEMENTS**

SUNSET HEIGHTS PUBLIC SCHOOL

**Mr Jerry J. Ouellette (Oshawa):** It is with great pleasure that I rise today to recognize and congratulate Oshawa's Sunset Heights Public School on 50 years of education and service to our community.

When Sunset Heights was built in 1954, it housed 150 students, with Mr Sutton as principal. The north wing was added in 1958, and the library, gym and intermediate wing, along with the music room, were added in 1972. Currently, Sunset Heights has over 480 students, under the guidance of Principal Sutherland.

The school has always accommodated local community groups such as Beavers, Cubs, Scouts, park league soccer and baseball, along with adult volleyball, in the facilities. Over the past years, staff continue to focus on key aspects of technology, mathematics and literacy, along with teaching a full ministry and board curriculum.

A strong emphasis of community safety and security at the school is supported and maintained by the school's active SCC, led by Chris Dart.

The staff and local communities support a variety of co-curricular activities including intramural and house leagues, band, choir, art and drama, chess and running clubs, along with outdoor nature activities such as tree planting and a trout classroom hatchery. There is also an annual teacher-student hockey game, which I've had the opportunity to sub into in the past couple of years.

I would like to ask all members to join me in congratulating the students, staff and community of Sunset Heights Public School on 50 years of giving.

STRATFORD FESTIVAL

**Mr John Wilkinson (Perth-Middlesex):** Tuesday night was truly a midsummer night's dream in my hometown as the Stratford Festival marked the opening of their 52nd season with Shakespeare's most beloved comedy. It was an exciting production that I describe as the Bard meets Cirque du Soleil.

Drawing audiences of more than 600,000 patrons each year, the festival season now runs from April to November, and includes a wonderful array of 14 productions, including six from the Bard himself, offered at our four theatres. If that were not enough, the season also includes a full program of fringe activities, including concert recitals, discussion sessions and readings by celebrated authors.

I was very proud to attend the traditional opening-night gala dinner and watch as my colleagues the Minister of Culture and the Minister of Tourism and Recreation announced \$200,000 from each of their respective ministries to assist the festival in target marketing to both families with children and patrons from Michigan. Joined by the Minister of Finance, the

evening was a resounding success. Of note, all three already have plans to return to Stratford this season.

Our government, despite fiscal challenges, is committed to the arts for all the right reasons. Our culture helps bind us together as a community, as well as providing the basis of vibrant economic growth.

I entreat all members to visit the Stratford Festival this season, and I stand ready to assist them.

Finally, I want to commend artistic director Richard Monette, and executive director Antoni Cimolino, for the creation of yet another wonderful season, for truly it is “such stuff as dreams are made of.”

#### AGRICULTURE PROGRAMS

**Mr Ernie Hardeman (Oxford):** On May 18, I—and I’m sure all Ontario’s farmers—was stunned to see the Ministry of Agriculture and Food’s budget cut by \$128 million.

Since then, the minister and his staff have explained this—the largest cut of any ministry and the largest agriculture cut in history, I believe—as simply the end of one-time special funded programs. Minister Peters is on record as saying programs like Healthy Futures and BSE relief are included in this group.

The last time I checked, the borders were still closed to live cattle, and the beef and dairy farmers were still suffering extreme financial hardship. Was one-time special funding sufficient? I don’t think so.

By publicly acknowledging that the Healthy Futures program will not be funded, the minister has turned his back on research and development initiatives in agriculture. In my time as Minister of Agriculture, Healthy Futures funded research on products made from tobacco that actually added to public safety through its ability to detect E coli bacteria in meat.

This minister couldn’t convince his urban colleagues that the tobacco industry deserved consistent funding. Now it’s obvious he can’t convince them that these farmers deserve R&D money either. Both of these programs need to be funded or replaced. They are too important to the future of agriculture.

Through acceptance of this budget cut, Minister Peters has turned his back on agriculture and shown he is incapable of representing its importance at the cabinet table. I urge him to speak up immediately so that these programs get the money they deserve, and to be a stronger voice for farm families in this province.

#### BRAIN INJURY AWARENESS MONTH

**Mr Kim Craiton (Niagara Falls):** I’m pleased and proud to rise in the House today to highlight the month of June as Brain Injury Awareness Month.

A personal friend of mine and a constituent from Niagara Falls, Jacqui Graham, suffers from brain injury due to a serious car accident that occurred 19 years ago. Jackie has had to totally readjust her life to live with the

permanent scars of a brain injury and has become a spokesperson for the brain injury association.

“Brain injury can hurt forever” is a phrase that is becoming synonymous with the month of June as it becomes Brain Injury Awareness Month. Brain injuries kill 11,000 Canadians each year and permanently disable many more. It is the leading cause of death and disability for Canadians under the age of 45.

Precautions, such as the proper use of seat belts, child care seats, correctly fitting bicycle helmets and the avoidance of alcohol use while operating motor vehicles, can go a long way toward the prevention of brain injury.

I urge all the members of the House to reach out to the brain injury awareness and support groups in their communities in June as we all support Brain Injury Awareness Month.

#### ANNIVERSARY OF D-DAY

**Mr John O’Toole (Durham):** It’s my pleasure to rise in the House to recognize Sunday, June 6, as D-Day, as we all know it, and to extend congratulations to teachers David Robinson and Nancy Hamer Strahl of Port Perry High School, along with Michael Strahl of Courtice Secondary School and Brent Birchard of Anderson Collegiate.

With the help of the entire community and dedicated volunteers such as author and councillor Lynn Phillip Hodgson, they organized a trip for D-Day ceremonies in France on Sunday, June 6. Approximately 150 students will be attending. Geoff Taylor of the Royal Canadian Legion in Port Perry was also among the strong supporters of the project. There was extensive media coverage of the trip, which was a credit to the teachers, students and community working together.

One of the highlights will occur when the students place a “we remember” time capsule at the Juno Beach Centre. I might add that this memorial was supported by a \$1-million contribution from the Ernie Eves government and the people of Ontario. I would like to congratulate the legion in Port Perry and its president Rory Thompson, as well as the Royal Canadian Legion in Bowmanville and its president, Peter Puleston, on the legion’s support for this trip for D-Day.

At this time I cannot help but remember the veterans in my riding, such as the late Norm Baker and the late Fred West. They were living examples of the dedication and contribution these veterans have made. On the 60th anniversary, D-Day is a time to pay tribute to those who served, especially those who paid the supreme sacrifice. We will remember them.

#### VISUDYNE TREATMENT

**Mr Peter Kormos (Niagara Centre):** Let me tell you about Margaret Boychuk. She’s 83 years old. She lives down on the Kingsway in Dain City, south Welland. She’s lived there for 53 years now, raised her family there and in her senior years as a widow she enjoyed working in her garden, rototilling the ground.

The problem is, she is going blind. She has wet macular degeneration. She can be treated. She went to one of Niagara's leading ophthalmologists, Mario Ventresca, and he indicated that she indeed can save her sight if he utilizes the Visudyne treatment for macular degeneration at the cost of \$2,750 per treatment. She received her first treatment in the latter part of April of this year. She may need as many as five more.

The problem is that Dalton McGuinty's Liberal government cares not about Mrs Boychuk's eyesight, nor about other seniors who suffer from wet macular degeneration, because this Liberal government has told Mrs Boychuk that she is on her own, that the Liberal privatization of health care has left her without any access to OHIP recovery for the cost of saving her sight.

Don't tell this woman that she has to resolve your deficit, Mr McGuinty. She has paid taxes all her life. She has paid lots of taxes. By God, Mrs Boychuk has worked hard all her life. All she expects is to see the medicare, the public health care she helped build sustained for her. This government has a lot to account for.

1340

#### EDUCATION FUNDING

**Mr Lorenzo Berardinetti (Scarborough Southwest):** Since being elected in October, I've had the opportunity to meet with school principals, teachers and students in various schools in my riding of Scarborough Southwest. With the budget announcement and a number of announcements made last week by the Minister of Education, I can now say to these individuals that the war against public education is over.

Funding for public education is being dramatically increased in our four-year plan for change. In my riding of Scarborough Southwest and all across the province, there is an overwhelming feeling of co-operation as our government prepares to reverse the Tory trend of low student achievement, crumbling schools and high dropout rates.

I have come to know school principals, such as Kevin Malcolm at St Theresa Shrine elementary school and Don Snow of Mason Road Junior Public School, and many other educators, as well as their students. I'm certain that they are happy with the investments being made in our community: an \$854-million increase in public education funding for 2004-05; more teachers; additional help for students in need, especially those in ESL.

Educators are telling me that they are now happy to put the past behind them and are looking forward to a positive future of enhanced student achievement in public schools.

Finally, I want to end with a small quote from Benjamin Disraeli, who once said, "Individuals may form communities, but it is institutions alone that can create a nation." Public education is one of those treasured institutions in this province that gives us the best students, the best citizens and the best workers.

#### SOCIAL ASSISTANCE

**Mr Peter Fonseca (Mississauga East):** I'd like to take this opportunity to pledge my support of Minister Sorbara's decision to allocate \$106 million to social assistance recipients in the budget he delivered on May 18.

The need for this increase in social funding is reflected in my riding of Mississauga East, where a high percentage of our case work is related to the Ontario disability support program and Ontario Works. The calculated figure of a 3% increase to the basic allowance and shelter allowance will ultimately help those most in need. Our continued commitment to those who are most vulnerable is an expression of our commitment to social services.

Fellow members, let us recall that the previous government did not deem it necessary to increase the level of funding to those most in need. This increase to ODSP and Ontario Works is the first in 11 years. If we consider this from an economic standpoint, as inflation and the cost of living increased throughout the 1990s, Ontario's most vulnerable citizens were left with an even greater hole to dig themselves out of. This was—and I stress "was"—a crying shame.

Thanks to my fellow members, Minister Sorbara and Minister Papatello, our government is now working hard to change this social disparity. On behalf of my constituents who are most in need of our help, I thank our government for its commitment to increasing funding for social supports.

#### HEALTH CARE FUNDING

**Mr Dave Levac (Brant):** I rise today to tell you how proud I am of being a member of the Liberal Party and, in particular, this government. Today I started off my day by reading an article on the results of a Sun Media-Léger Marketing poll. What did it say? It verified what we've been saying since the election and why Ontarians chose change in October. The Sun Media poll said Canadians say health care is the number one issue.

That's why we're investing in health care. That's why we're hiring 8,000 more new nurses, full-time employment. That is why we're going to provide nine new MRIs and CT scanners. I'm going to suggest to you that a good place to locate one would be in the riding of Brant. We'll invest in our community health centres, 150 new ones, primary care, mental health services, long-term care and home care.

Senior citizens are going to be benefiting in health care from the budget we're putting forward. I want to thank the Minister of Health for his commitment to making sure that our senior citizens are definitely taken care of, contrary to what other people are trying to spin around here.

We're going to make these investments. Why? Because people want them, and they're telling us not only in the federal election but in the provincial election that health care is the number one priority. That's exactly what we're doing, and we're going to continue to do that.

## REPORT, INTEGRITY COMMISSIONER

**The Speaker (Hon Alvin Curling):** I beg to inform the House that I have today laid upon the table the report of the Integrity Commissioner concerning the review of expense claims under the Cabinet Ministers' and Opposition Leaders' Expenses Review and Accountability Act, 2002, for the period of April 1, 2003, to March 31, 2004.

## MOTIONS

## HOUSE SITTINGS

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** I move that, pursuant to standing order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on Thursday, June 3, 2004, for the purpose of considering government business.

**The Speaker (Hon Alvin Curling):** Is it the pleasure of the House that the motion carry?

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

Those against, say "nay."

I think the ayes have it.

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

*The division bells rang from 1346 to 1351.*

**The Speaker:** Mr Duncan has moved government notice of motion 110. All those in favour, please rise to be checked by the Clerk.

## Ayes

Arthurs, Wayne	Hoy, Pat	Qaadri, Shafiq
Berardinetti, Lorenzo	Jeffrey, Linda	Racco, Mario G.
Bountrogiani, Marie	Kular, Kuldip	Ramsay, David
Broten, Laurel C.	Kwinter, Monte	Rinaldi, Lou
Bryant, Michael	Leal, Jeff	Ruprecht, Tony
Cansfield, Donna H.	Levac, Dave	Sandals, Liz
Caplan, David	Marsales, Judy	Sergio, Mario
Chambers, Mary Anne V.	Mauro, Bill	Smith, Monique
Colle, Mike	McMeekin, Ted	Smitherman, George
Craitor, Kim	McNeely, Phil	Sorbara, Greg
Crozier, Bruce	Meilleur, Madeleine	Takhar, Harinder S.
Delaney, Bob	Mossop, Jennifer F.	Van Bommel, Maria
Dombrowsky, Leona	Oraziotti, David	Watson, Jim
Duncan, Dwight	Peters, Steve	Wilkinson, John
Flynn, Kevin Daniel	Peterson, Tim	Wong, Tony C.
Fonseca, Peter	Phillips, Gerry	Wynne, Kathleen O.
Gerretsen, John	Pupatello, Sandra	

**The Speaker:** All those against, please rise to be checked by the Clerk.

## Nays

Baird, John R.	Jackson, Cameron	Runciman, Robert W.
Barrett, Toby	Kormos, Peter	Scott, Laurie
Bisson, Gilles	Marchese, Rosario	Sterling, Norman W.
Dunlop, Garfield	Martel, Shelley	Wilson, Jim
Hardeman, Ernie	O'Toole, John	
Horwath, Andrea	Prue, Michael	

**Clerk of the House (Mr Claude L. DesRosiers):** The ayes are 50; the nays are 16.

**The Speaker:** I declare the motion carried.

STATEMENTS BY THE MINISTRY  
AND RESPONSES

## PROTECTION OF EASTERN WOLF

**Hon David Ramsay (Minister of Natural Resources):** It's my pleasure to rise in the House today to announce that this government is fulfilling its commitment to increase protection for the eastern wolf in Algonquin Provincial Park. In meeting this commitment, we are contributing to the preservation of Ontario's rich biodiversity and a healthy, natural environment.

I am pleased to announce that I have signed a regulation to create a closed, year-round season for the hunting, chasing and trapping of wolves and coyotes in and around Algonquin Park, to take effect on July 1. The proposal for this ban received overwhelming public support when posted on the Environmental Bill of Rights registry last March. The practice of chasing wolves or coyotes with dogs both in and around the park is also discontinued. We have extended the ban to include coyotes to further protect the eastern wolf, since it can be mistaken for a coyote.

A closed season on hunting and trapping is just one aspect of protecting the eastern wolf, because Ontario's ecosystems are very complex. In managing wildlife, we must consider a range of factors, including interactions among different and competing species and abundance and quality of habitat. For that reason, I am proposing that the eastern wolf be assigned a provincial status of "special concern" on the new species at risk in Ontario list.

To put all this into context, it's important to note that the eastern wolf has lost 58% of its historical range in Canada and is now extinct in the Atlantic provinces and the eastern United States. Algonquin Park is now the largest protected area for the eastern wolf in North America.

Wolves play an essential role in the Algonquin ecosystem. Wolves are also one of Algonquin's most enduring images and the focus of the park's popular interpretive programs, including the renowned howl evenings. This action is the first step in ensuring that future generations of park visitors will be able to marvel at the sound of the wolf howls, and I would encourage every member to experience that this summer if they can.

I have also directed my ministry to develop a province-wide wolf management program. Wolves remain one of the last unregulated species in Ontario, and I believe the wolf deserves the same protection and management we provide for other species.

We are proud to make this significant contribution to protecting the wolves of Algonquin and, in doing so, further preserve the rich biodiversity and magnificent natural heritage of our province.

## NURSES

**Hon George Smitherman (Minister of Health and Long-Term Care):** I want to say right from the get-go

that this speech should be checked against delivery. It could vary very slightly from the distributed copy.

I'm proud to speak to the House today about a major initiative that will help us rebuild and transform health care in Ontario. I'm going to talk to you about an investment contained in our recent budget, the Plan for Change, that will deliver on our commitment to support Ontario nurses and bring more nurses the opportunity of full-time employment. I'm going to talk about another significant step forward in our comprehensive strategy to restore the foundations of nursing in this province.

First, I want to take a moment to speak about our plan to transform health care in Ontario. Our recent budget fuels this plan because it invests in much-needed changes in our system to deliver much greater access to the quality services that Ontarians cherish. This is a plan that finds its roots in the great work of Roy Romanow and is a reflection of our government's commitment to enhance the most essential public service: health care.

Our transformation agenda is about a drive to provide vital health resources at the community level, as close to people's homes as possible. I spoke the other day in the House about five significant investment areas critical to improving the health of Ontarians, and I would like to briefly review these now.

The first is our commitment to enhance, by \$406 million of new investment, long-term care, including \$191 million that is targeted to hire 2,000 employees to enhance the care of our loved ones in existing long-term-care beds, and the balance to expand long-term care by some 3,700 beds.

Second is an investment this year of \$100 million in home care, to enable Ontarians to have the option of receiving care in the comfort and dignity of their homes.

Third, we're making a major transformational investment in public health by making a commitment on the part of Ontario to take back to 75%, over four years, the amount of funding that is provided for the provision of essential public health services in our province.

Fourth is an extraordinary investment of some \$600 million over four years to enhance primary care, specifically to deliver on our commitment to create 150 family health teams, delivering multidisciplinary teams of health care providers close to where people live.

The fifth of these is a \$65-million commitment to rebuild mental health and addiction treatment that has not seen a new penny since 1992.

But there is more: our investments to bring down wait times for surgeries that people require, such as cataracts, hip and knee replacements, cancer, cardiac, and nine new MRI and CT sites over the course of the next year. These investments will largely benefit the health and quality of life of Ontarians and especially, in all of these cases, direct targets at our seniors, who need all the help we can offer.

#### 1400

Nurses are essential to our success in all of these areas. Our government believes that health care really is the ultimate human endeavour. It is where people deliver

care to other people. That's why an essential element of our Plan for Change is investing in critical human capacity in our health care system. Our government has a plan to support, nurture and create environments where we have the right people in place and the support they need to deliver the best possible care.

Nurses are the very heart and soul of our health care system. We need nurses here in Ontario to help us rebuild health care in Ontario. We are going to make Ontario the greatest place for nurses to work. We are going to restore the foundations of nursing in this province.

Our budget commits to creating 8,000 new full-time nursing positions in the province, and I want to tell members of the House that we are making tremendous strides toward delivering on this commitment.

Earlier today at Toronto East General Hospital I had the opportunity to announce that the McGuinty government is investing \$50 million on a strategy to provide 1,000 nursing graduates with jobs on the front line. With this investment, we will hire new nursing graduates into full-time positions, and we will provide them with mentoring support and the guidance of our experienced senior nurses. This investment will enable us to recruit as many as 1,000 new graduates this year in our hospitals and long-term-care facilities.

The reality is, we need new graduates desperately to step into the shoes of nurses who are fast approaching retirement. New graduates need sufficient time to acquire the knowledge, skills and experience they need to practise independently, and today we are buying hundreds of thousands of those hours to give them the necessary experience.

For our health care system to grow and thrive, we need the energy and enthusiasm of new nursing graduates, and we need the knowledge and expertise of experienced nurses to nurture new nurses and to provide the high-quality care that Ontarians deserve.

With 30,000 Ontario nurses over the age of 50, decreasing the loss of nurses due to early retirement is absolutely crucial. But we want to help keep those nurses working and making a positive contribution to health care in the province of Ontario. Part of this \$50-million investment will support late-career nurses and nurses who have been injured on the job.

These initiatives will provide opportunities for senior nurses and nurses who have injured their backs to apply their invaluable expertise in less physically demanding but equally rewarding roles and environments. Nurses who are injured and on disability also have a wealth of experience and skill that we need and that we must transfer to our nursing grads. They are often willing to work in their chosen profession but need to make a contribution in a less physically demanding environment. That's what we're providing for. That's why some of this investment will go toward bringing injured nurses back into the workforce by providing them with rewarding alternate roles—for example, practising in a primary health care environment.

We will also use this \$50-million investment to help nursing schools better prepare their students through the purchase of advanced clinical training equipment. This is hardware and software simulation equipment that actually mimics the clinical environment. This will give our new graduates the hands-on skills they need to prepare for the challenges of delivering front-line care, before they are in a real patient care environment.

We will put an end to the understaffed, overworked conditions that have taken a toll on nurses these past number of years. To do this, obviously, we're working hard to deliver on our commitment to bring 8,000 new full-time nurses to the province of Ontario over the course of the next four years.

On that point, we are making great strides toward delivering on this commitment. Let's look at what we've accomplished during our first seven months in office. In February, we invested \$25 million in 33 large hospitals to create 400 new full-time positions for nurses. In April, we announced a further \$25 million for 122 small- and medium-sized hospitals to create 400 new nursing positions, and those dollars are flowing in announcements over the course of the next two days. In May, we announced a comprehensive action plan to improve the quality of care in our long-term-care homes, including adding at least 600 new nurses to a complement of a full 2,000 new staff positions to provide care to our loved ones who are living out their days in long-term-care facilities. With today's announcement, we will see at last 1,000 new nursing positions created.

That means that just over halfway through year one, we have made the necessary investments to create 2,400 new full-time nursing positions in hospitals and long-term-care centres all across this vast province. This year, 2004-05, will be a year when we can mark even more progress toward our commitment of 8,000 new full-time nurses.

Nursing is about more than just a job; it is a career. Nursing is a knowledge profession. Every moment of every day, nurses make a difference in the lives of patients, families and communities. Nurses give their very best to the people of this province.

In return, the McGuinty government is determined to give nurses the very best possible working environment and the professional opportunities to see them thrive. We plan to make Ontario the best place to work for nurses. Our government has a plan, and we're acting on it. The steps I've outlined today are important steps toward rebuilding the foundations of nursing in the province of Ontario.

**The Speaker (Hon Alvin Curling):** Responses?

**Ms Laurie Scott (Haliburton-Victoria-Brock):** I'm pleased to respond and to thank the Minister of Health for recognizing that nurses are the heart and soul of our health care system, and the investments we had started in the previous government, the commitment to health care, by increasing over \$10 million in the health care system.

We're going to watch closely. It's a welcome first step: full-time positions for nursing. I was happy to see that as well as big hospitals, small and medium-sized

hospitals are also going to be included in the full-time nursing positions; often they're left out. This is the first step in your pledge of 8,000 new nurses. Being a nurse myself, I can certainly appreciate that.

I know that we both attended the RNAO conference this year, which told us that our graduates of this class are leaving now. Hopefully we can retain them, and I hope we are actively recruiting nurses who have gone to the States before.

I want to thank Elizabeth Witmer, the past Minister of Health, for her investments in nursing and to implementing the nursing task force, and Doris Grinspun, who observed that "The province is poised to lose 6,000 RNs to retirement or death in 2004, and we cannot afford to lose a single RN," for all the work she's done on behalf of that.

I also want to comment on the minister's investment in long-term care. The 20,000 long-term-care beds the previous government had created in Ontario: I'm happy to see that the Liberal government is putting in the operating dollars to hopefully fulfill that. I also want to compliment him on the community health centres. We spoke last night about the importance they have in communities and the investment they're going to be making.

I want to ask about the investment to bring down wait times for people requiring surgery—cataracts, hip and knee replacements, cancer, cardiac—and for MRI and CT sites over the next year. I want to know when we can hear what that real time is. Is it a year that these people have to wait? Is it going to be brought down to three months? We need to have some real-time values on that so we know.

I also want to comment on the delisting of chiropractic, optometry and physiotherapy that occurred in the budget that's going on the slippery slope to privatization—

**Mr John O'Toole (Durham):** And the new tax.

**Ms Scott:** —and the new health care tax premium, taking money out of people's pockets. Does that give them a family doctor? They're going to pay extra health care premiums, but does that mean they have a family doctor? It's a welcome first step. Being a nurse myself, and for all nurses, I certainly thank you for implementing and putting in some money for full-time positions. It's greatly needed, and we hope you progress further down that slope.

#### PROTECTION OF EASTERN WOLF

**Mr Jerry J. Ouellette (Oshawa):** I'm very appreciative of the opportunity to comment on the minister's statements. What the minister may have done is condemn the fringe packs of wolves in Algonquin Park. Let me explain. The ministry's own science specifically states that inbreeding with coyotes is having a larger impact than anything else on the population in that area.

The original report that came out on the Algonquin wolves specifically stated that up to the 1960s, 25% of the wolves inside the park were harvested by park rangers. It also went on to state that it had no impact on

the population there. The problem in that area was that up to 15% were being harvested outside. For those who don't understand the issue, what takes place is that the wolves follow the food source outside the provincial park during the winter months. Because the deer move outside the park, the wolves follow them out into private areas where they're hunted at that time. What needed to take place was effectively to complete the habitat prey study in that area. That was number one.

Number two on that same issue was the forestry practices within Algonquin Park. The forestry practices needed to be changed. There were studies. There were meetings with the Algonquin Forest Authority to look at those issues to retain the deer and promote beaver growth within the park, and retain the wolves inside the park and they would be protected forever. But that has not taken place.

In regard to the province-wide management program, it's certainly not going to be well received by a lot of individuals, including the agricultural community. I've already had a number of e-mails on that, asking if the predator compensation in these areas is going to be increased as well because of the expectation of more predation on farm animals, including sheep and cattle etc.

I think that everyone wants to protect the wolves. If they had taken the proper steps rather than quickly react, we would all be able to benefit from proper management in that area.

1410

**Mr Gilles Bisson (Timmins-James Bay):** I guess kind of a half-applause to the Minister of Natural Resources. We're not going to say it's a bad thing that you basically signed the regulations to create a closed year-round season for the hunting and chasing and trapping of wolves and coyotes in Algonquin Provincial Park, but as you well know, there are many other species of animals out there that quite frankly—

**Ms Marilyn Churley (Toronto-Danforth):** Like the woodland caribou.

**Mr Bisson:** Let me get to it. There are a number of other species that are at risk. In fact, just this morning at our caucus meeting, when we were discussing this very issue, one of the—

**Mr Peter Kormos (Niagara Centre):** In a full discussion.

**Mr Bisson:** Full discussion. One of the items we talked about was the endangered species called the woodland caribou. For example, in our platform we had called to move on that because, you would remember, the Environmental Commissioner, back in 2002, had actually condemned the previous government for not moving to protect the woodland caribou. I would call on the minister to follow through on what was our commitment and your support at that time to make sure we protect other endangered species.

## NURSES

**Ms Shelley Martel (Nickel Belt):** In response to the Minister of Health's statement with respect to health care

initiatives and nursing, I've got to tell this government and this minister that no one believes your promises any more. No one. You folks have a serious credibility gap and you can't overcome it. Just take a look at the government track record.

Here is the government track record since being elected: The government promised during the election they were going to maintain the freeze on hydro rates till 2007; they broke that promise last fall. The government said they wouldn't build 6,000 houses on the Oak Ridges moraine; they broke that promise last fall. The government said they were going to have a 20% reduction in auto rates; that promise is being broken every day. The government said there were going to be no new tax increases, and what did we see in the budget? The government said they were going to stop discriminating against autistic children over six, and the government in a shameful fashion keeps on discriminating against those same children.

This government has a track record that is now well established of breaking promises, and that has caused this government a serious credibility gap. If anyone needs any evidence to show that Ontarians don't believe this government when they make promises, you just have to look at the Decima poll that was released last weekend, where the Liberals are now down at 32% in Ontario, and we and the Conservatives are now at 29%. Or you could look at the free fall of Paul Martin in Ontario, for he is falling daily because people are attaching him to the McGuinty Liberals.

You can look at Paul Martin's own comments, May 31, 2004 in Saskatoon. It says, "Paul Martin took another shot at the promise-breaking Ontario Liberals on Monday, saying politicians have a duty to plan for the worst." He said the following: "It's not enough to say how you're going to be able to pay for them under the best of circumstances. You've got to say how you're going to pay for them under very differing circumstances.... If I come to you and ask you to vote for me because I'm going to do certain things, and I don't do them, then I have broken faith." That's Paul Martin, cousin of the Ontario Liberals.

The minister said in his comments today, "This is a plan that finds its roots in the great work of Roy Romanow." Roy Romanow is probably rolling over, watching what the Liberal government is doing here in Ontario health care. Roy Romanow said to the private sector, "Come and show me where there is any evidence that private health care is more effective, more cost-efficient and provides better health outcomes." There was no evidence that came forward to prove that.

You would think in Ontario, then, that this government would maintain the promises it made for publicly administered, publicly funded health care. What is this government doing? A P3 hospital in Brampton and in Ottawa, which are privately financed by a consortium and are going to cost taxpayers and people in those communities even more when they're finished; a private CAT scan clinic; private MRIs that this government

hasn't cancelled; competitive bidding in home care for the private sector—not a cancellation of that; and the most recent breaking of a promise when the government said they weren't going to cut health care services—the cutting, the delisting, the privatization of eye care, chiropractic care and physiotherapy—which leads to two-tier medicine in the province of Ontario, which enforces two-tier medicine, which makes it even worse.

I said at the outset and I'll say it again: The problem the Liberals have is a credibility gap. They have broken too many promises, and no one believes this government with respect to what they say any more.

#### ANNIVERSARY OF D-DAY

#### ANNIVERSAIRE DU JOUR J

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** On a point of order, Mr Speaker: I believe we have unanimous consent for each party to speak for up to five minutes to commemorate the 60th anniversary of D-Day and the Canadian soldiers who fought for our freedom.

**The Speaker (Hon Alvin Curling):** Do we have unanimous consent as requested for D-Day? Agreed.

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** There are many definitions of leadership, but my favourite comes from a little cemetery outside of Caen, in the Normandy countryside of France. On top of one of the graves in a cemetery there is a cross, and it bears the following inscription, which reads: "Leadership is wisdom and courage and a great carelessness of self." As the 60th anniversary of D-Day approaches, our generation and our children's generation want to thank the wartime generation for its wisdom, its courage and its great carelessness of self.

On behalf of Ontarians, 12 million strong, I want to thank all veterans and their families for their leadership. They led us to freedom. They led us to democracy. They led us not only in war, but to peace. Their sacrifices, their carelessness of self spared our generation and our children's generation from oppression and war.

All this week, communities across Ontario have been recalling and celebrating the bravery and heroism of the men and women of our armed forces in World War II and the resolve and sacrifice of the nation which stood four-square behind them. That was a generation that found itself on the fault line of history, and it rose magnificently to the challenge, cementing Canadians' reputation as a brave and a just people. These men and women made a brave choice: Rather than ignore tyranny and injustice somewhere over there, they chose to cross an ocean, hurl themselves at an enemy and liberate captive nations. And in doing so they crossed another ocean: the one that separates those who stand by and watch evil grow and those who act for the good of all. More than 1.7 million Canadians served in the First and Second World Wars and the Korean War, and more than 100,000 gave their

lives on the battlefield. That is a debt that can never adequately be repaid.

I say to our veterans and their families: *Grâce à vous, et en raison des sacrifices que vous avez faits, l'Ontario est fort et libre.* Because of you and the sacrifices you made, Ontario is strong and free today. It was on your watch that we faced our greatest threat, and it was on D-Day, 60 years ago, that we first and finally turned the corner to victory, peace and prosperity. On behalf of the government and the people of Ontario, I want to say thank you for doing so much for so many.

**Mr Garfield Dunlop (Simcoe North):** It's my honour to stand and make a few comments on the 60th anniversary of D-Day.

Whether it's in this House, at memorials throughout or in Normandy itself, on June 6 we will hear many moving tributes recalling the bravery of the tens of thousands of our troops who landed on or parachuted behind the beaches of Normandy.

1420

I don't want to recount those stories today, because I know that veterans throughout our country will be doing a much better job this coming weekend. Rather, I'd like to ask members of this House and those watching these proceedings to pause for a moment and reflect on what you think when you hear about these memorials. Too often my generation and generations after have taken veterans for granted. It happens for the simple reason that we take their victories for granted and often take freedom for granted.

D-Day has become a defining moment in our memory—the memory of the Second World War. In the course of a few hours, thousands of Canadian and Allied troops had jumped from planes and landing craft straight into the fire of the German occupation army. In one single day, a quiet French province exploded into a crowded front line. Several million men from Canada, the US, Britain and other countries had left their homes behind to pass through those beaches and liberate Europe. We know that hundreds of thousands did not return.

But still, we've grown up with books, movies and stories that make it seem as though it was inevitable that the Axis powers, and all they stood for, would be beaten. But winning was not inevitable. We know that it wasn't, because celebration of the D-Day victory hides the memory of many defeats and near-run victories that were fought with the same heroism. Canadians were at the forefront in many of those: Hong Kong; the Battle of Britain; Dieppe; the Battle of Caen; Operations Totalize and Tractable; the Battle of the Atlantic. All of those were defeats for Canadians or victories so costly that no sane person could truly celebrate their memory. Winning was neither inevitable nor easy. If I may say so, the fact that the victory was so obviously worth it in hindsight obscures the pain that it took to get there.

History books often speak of Canada's contribution to the war effort, and they proudly recite the numbers. Over a million enlisted. Canada sent hundreds of warships and

hundreds of merchantmen to fight in the Battle of the Atlantic. Our pilots played a key role in the air war and here at home. The Commonwealth air training plan trained thousands of pilots and made victories like the Battle of Britain possible.

But “contribution” is so shallow a word. Even speaking of sacrifice cheapens it somehow. Although we are still a tiny country by population by the world’s standards, far from the front lines, Canada lost over 45,000 people. But I don’t think we really appreciate just how massive each sacrifice was unless we stop and take a closer look at those cold statistics. Every Canadian enlisted was a family member taken from his or her community for months, years or forever. Every Canadian lost really was a lost life, with parents, friends, spouses, colleagues, even children, all left wondering what might have been. Every permanent injury was a scar, a reminder of trauma, a disability.

I think D-Day is celebrated more than any other anniversary because, as the Premier said, it marked a clear and positive turning point. After D-Day, everything gained was liberated ground.

But it’s easy, with the passage of time, to lose appreciation for just how massive the price was. We will all tell ourselves today that our veterans made sacrifices for our freedom, but I don’t think we’ll appreciate the freedom gained unless we truly stop and make an effort to imagine that each sacrifice is more than just another casualty.

He was speaking of a very different war, but I think it’s worth stealing Thomas Paine’s words here. He wrote, “What we obtain too cheaply, we esteem too lightly.”

Mr Speaker, it has been a pleasure to say something this afternoon.

**Ms Marilyn Churley (Toronto-Danforth):** June 6, 1944, known to us as D-Day, marked the beginning of the end of the Nazi occupation of western Europe. As we all know, Canadian troops played a pivotal role in this turning point in the war, an event that set in motion a series of victories that culminated 11 months later in the Allied victory of World War II.

Unified in their purpose to liberate France and the rest of western Europe, the 3rd Canadian Infantry Division, comprising 14,000 young Canadian soldiers—young men, sons, brothers, husbands of our fellow Canadians—landed on Juno Beach and fought a fierce and frightening battle against the Nazi forces. The Royal Canadian Navy and the Royal Canadian Air Force also aided in this crucial mission.

With their victory at Juno Beach, the Canadians helped the Allies in breaking through the Atlantic wall, the occupiers’ first line of defence. The Canadians, at the end of the day, were at the forefront of the Allies’ rescue of western Europe from the Nazis. We are very proud of them.

In the words of British historian John Keegan, “At the end of the day,” the Canadian 3rd Division’s “forward elements stood deeper into France than those of any other division that was part of Operation Overlord, the Allied

attack to regain France.” He goes on to say, “This is an accomplishment in which the whole nation should take considerable pride. Embodying the virtues of courage and determination, the members of the 3rd Division were willing to make the ultimate sacrifice,” a sacrifice that none of us here can even begin to imagine, their well-being and lives for the principles of democracy and humanity. By the end of D-Day, many did make this sacrifice. In the operation to capture and secure the Normandy coastline, Canadians suffered 1,074 casualties, which included 359 young lost lives.

For the contribution made by members of the Canadian armed forces who fought on D-Day—Canadians representing all segments of this country and society—they have been thanked ever since that fateful day, June 6, 1944. I’m sure we all agree that no words can thank them enough for their sacrifice.

On a personal note, let me say that I, along with my colleague Michael Prue, quite frequently attend branch 10 on Pape Avenue in my riding. We recently celebrated the very first—and it will become an annual event—veterans’ day, where we came together at branch 10 and celebrated and honoured the veterans from all the wars—we have fewer and fewer left with us.

They came in wheelchairs, on crutches, by foot, and on buses from Sunnybrook Hospital. It was a very moving experience, where we danced and sang together. We celebrated and thanked them for their sacrifices for all of us. At that event was George McKeil. I’m going to single George out. He won a Governor General’s caring citizen award, nominated by Michael Prue. As a veteran, he’s still very involved in the community.

Last week, I also participated in a moving ceremony at Danforth Tech, in my riding, for the unveiling of the newly restored and majestic stained glass windows that were erected in the school in 1948, dedicated to teachers and students of the school who served in World War II. As of March 1945, Danforth Tech had up to 2,235 enlisted—a great and large sacrifice in that community and that school.

In closing, I would just like to say, as we prepare to commemorate D-Day, let us remember the role these Canadians played in sacrificing their lives to restore and bring back democracy to us and to the world. As we go forward, let’s remember what they sacrificed, what they lost their lives for on behalf of all of us, as we continue to participate in this great democracy that they preserved for us.

1430

#### HANSARD REPORTING SERVICE

**The Speaker (Hon Alvin Curling):** On Tuesday, June 1, 2004, the member for Burlington, Mr Jackson, raised a point of order bringing to the attention of the House his view that the printed Hansard for Thursday, May 20, 2004, contained a correction that caused him to question the degree to which statements made in the House can be altered on their way to the final version of

Hansard. Specifically, the member queried whether there have been any changes in the policy relating to the ability of a member to alter Hansard.

I want to deal first with the request for an explanation of what the member for Burlington referred to as “changes in the ability for members to change what is put in Hansard.” The very simple answer is that there has been no change. Hansard continues, as it has in the past, to act upon members’ requests only in the case that Hansard has actually made a mistake in the transcription. Hansard does not allow members to make corrections to their own remarks otherwise.

In the case at hand, it was pointed out that on the date in question the Minister of Municipal Affairs and Housing, Mr Gerretsen, used the phrase, “What we are doing couldn’t be further from the truth,” but that in the printed version he is recorded as having said, “What the member is suggesting couldn’t be further from the truth.” I have checked into this matter and find that both phrases were used in succession by the minister and that Hansard did edit the remarks to remove the first phrase.

The editing practices of our Hansard branch are derived from Westminster practice and call upon editors to make certain corrections in certain circumstances. Two of the cases where Hansard will edit are: false starts and repetitions; and references that are obvious misstatements understood by all to have been just that. In this case, the statement made by the minister was judged by the Hansard editors to be: (1) a false start after which the member stopped and rephrased his opening remarks, and (2) a verbal mistake mentally corrected by those listening. The member for Burlington made reference to the latter of these in his point of order and I would venture to say that the reaction by many members in the House at the time of the “misstatement” would confirm it to have been understood as such.

As I am sure members can appreciate, the editing of Hansard requires the exercise of a great deal of judgment in converting speech to text. This ensures that the text in its final form is clear and comprehensible. Such judgment is exercised regularly according to established policy and practice and without influence from anyone. This, I believe, is as it should be and as all members would expect. In the case at hand, the Hansard editors employed their usual standards within the bounds of our usual practice. There have been no changes to any of the policies and procedures governing Hansard editing, and the House can be assured that Hansard remains, as always, apolitical and impartial in its reporting.

In closing I want to indicate that next week members will find on their desks a one-page document summarizing Hansard editing conventions which may assist in better understanding what those conventions are.

## ORAL QUESTIONS

### ONTARIO BUDGET

**Mr John R. Baird (Nepean-Carleton):** I have a question for the Premier. I want to read a quote from today’s Ottawa Citizen in the column by Randall Denley, your friend and mine. It says, “It’s great to see Ontario Premier Dalton McGuinty championing democracy, but it’s a bit like closing the barn door after you’ve set the barn on fire. McGuinty said Tuesday that some Ontarians are ‘cynical’ or ‘disillusioned’ about politics. No doubt. Do you think it could have?”—

*Interjection.*

**The Speaker (Hon Alvin Curling):** Order. I’m going to exercise the same restraint as yesterday. I don’t want any shouting across when members are asking their questions. Please continue.

**Mr Baird:** He didn’t work in Mike Harris’s office, I say to the Minister of Tourism.

“No doubt. Do you think it could have something to do with politicians who”—unparliamentary word—“to get elected?”

You voted for the Taxpayer Protection Act. You signed a commitment to hold a referendum if you chose to raise taxes. After the huge, unprecedented and angry outcry from taxpayers in Ontario, will you now live up to your commitment and restore democracy in Ontario by calling a referendum and letting the people of Ontario vote on this budget you are so proud of?

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** I really appreciate the question and the member’s commitment to democracy, but I guess what we are wondering on this side of the House is, where was that commitment when it came to introducing budgets inside the Legislature? If I was to begin quoting from editorials from Ontario newspapers that were critical of the former government’s introduction of a budget outside the sanctity of this Legislature, I wouldn’t have enough time during the course of this question period.

We are proud to have introduced our budget in this Legislature, accompanied by a piece of legislation which will ensure that never again in the future can a government hide from the people of Ontario the true state of public finances.

**Mr Baird:** Premier, let’s look at what you’ve done. You are breaking the taxpayer protection pledge, and worse still—and I look at the schoolchildren in the audience—the Premier is breaking his word to the people of Ontario.

I would like to quote from a Lorrie Goldstein column, where he enumerated the promises that you made. Promise number 162 was, “We will require public hearings on all legislation.” I want to ask the Premier directly, what objection do you have to sending this budget that you’re so proud of on full public hearings around the province so that taxpayers and working

families can have the opportunity to comment and render a verdict on you, your broken promises, your tax increases, your cuts to health care and the war on the middle class?

**Hon Mr McGuinty:** I want to remind the member opposite again of the vote that he cast on June 27, 2002, at which time the government of the day was breaking the Taxpayer Protection Act. It says specifically—and this is a copy of the Hansard document—that Mr Baird voted in favour of that particular breaking of that particular law. So we are not about to be lectured by our good friend opposite when it comes to these matters.

**Mr Baird:** I did vote to delay a tax cut for eight months. It was wrong, and taxpayers in Ontario have rendered their verdict. They have elected you and they expect you to keep your promises. We have no referendum protection, we have no taxpayer protection, and now we learn that you want to ram this piece of legislation through the House with no input from working families in Ontario. Will you now admit that the only way the people of Ontario will have of rendering a verdict on your tax increases, your broken promises, your cuts to health care, is to vote against your co-conspirator in this fiscal crime, Paul Martin, and the McGuinty-Martin Liberal team right across the province; that in Ottawa South the only way they can send you a message to wake you up is to vote against David McGuinty, the man who says he's so proud of your budget? Will you do that, Premier?

**Hon Mr McGuinty:** The member should be careful. I've got many more brothers than does he. I have every confidence in my brother Dave. He is working as hard as he can. I know that.

Let me just tell you something: With respect to the opportunities that we are affording the members of this Legislature and indeed the public, we engaged in an unprecedented public consultation exercise before the budget. We listened and we heard. And we are—

*Interjection.*

**The Speaker:** The member from Oxford, I'm going to warn you. The next time I hear an outburst, I will be naming you.

**Hon Mr McGuinty:** The members opposite have difficulty with this concept, but we are in fact charged with leadership. We've consulted Ontarians. We have listened to them at greater length than has any previous government. We got their very best advice. We have taken into account all of our circumstances, including the \$5.6-billion deficit. As a result, we introduced our budget. We are proud of that budget and the investments we are making on behalf of Ontarians in their health care and education.

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#### BUDGET SECURITY

**Mr Robert W. Runciman (Leeds-Grenville):** It's good to hear that the Premier has brothers. At least he'll have a few votes come October 4, 2007.

I have a question for the Premier. He has acknowledged publicly that he provided advance information on the contents of the provincial budget to his Liberal ally, Paul Martin. Could you advise us under what exception to budget secrecy rules and parliamentary conventions you provided this highly sensitive information to your political friend?

**Hon Dalton McGuinty (Premier, Minister of Inter-governmental Affairs):** There have got to be, in the mind of the member opposite, enemies just around that corner. There's no doubt about that whatsoever; we are surrounded.

There is a practice that I was recently informed of, which was carried on by the previous government. It turns out that our officials had been in touch with federal officials during the course of the preparation of the budget because the federal government, in fact, collects taxes. That is a practice that has been in place for a long, long time, where representatives of the government of the day communicate with the federal government in order to give them a heads-up with respect to the provisions that we are introducing, broadly speaking, so that they can begin to make preparations. This is part of usual practice.

**Mr Runciman:** It's anything but usual practice; it was a political favour, and that's the short and long of it. There were obviously no exceptions that the Premier operated under. Rules don't apply to the McGuinty Liberals. Rules don't mean anything. Promises don't mean anything.

Premier, what does your oath of office mean? I'm going to ask you that. Eight months ago, you placed your hand on the Bible and swore not to disclose secrets outside of the executive council. Will you agree that your decision to whisper in the ear of your Liberal friend is a clear violation of the oath you swore on the Bible?

**Hon Mr McGuinty:** No, I don't agree.

**Mr Runciman:** We have to wonder what the oath means in the future if there are no consequences to a Premier of the province placing his hand on the Bible and swearing with respect to cabinet secrecy that he will not reveal cabinet secrets. The Premier has the audacity to stand in this place and say there are no consequences and, in fact, the oath of office is meaningless. What are the questions for the future with respect to this oath? What if a future member of his executive council violates this oath? Are you saying that the oath of office is meaningless, placing your hand on the Bible as a Premier of the province is meaningless? Is that what you are telling the people of Ontario?

**Hon Mr McGuinty:** No, I'm not saying that.

#### TAXATION

**Mr Michael Prue (Beaches-East York):** My question is to the Premier. There is a great unhappiness in this province, almost bordering on a state of taxpayer rebellion. There's fury among those who make \$30,000 a year and see their provincial taxes going up by some 24% while those who make \$200,000 are seeing their taxes

going up by only 3%. There is a fury because the Bank of Nova Scotia this year has just recorded a \$786-million profit in its first quarter and you are giving them a capital gains tax gift.

You had an option to tax the wealthy banks, the wealthy insurance companies to pay their fair share, and you chose to stick it to middle-class Ontario. My question is, why?

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** I want to remind the member opposite that when he had the opportunity to vote in favour of a corporate tax rollback, he refused to do so.

I think it would be of interest to all members, and the member in particular, to note that in 1992 and 1993 the NDP raised income taxes on working people. A single person making \$20,000 a year saw their income taxes increase by \$160 under NDP budgets. Under our premium, those working people earning \$20,000 will pay nothing more. Under our budget, \$20,000 taxable income, you pay nothing; under their budget, \$160. That is the difference.

**Mr Prue:** It is a wonder to watch the rewriting of history that takes place every day from the Premier's lips, especially when you know full well that that omnibus bill contained nine separate bills. And then you wonder why any opposition would vote because we couldn't possibly agree with all nine bills?

With the greatest of respect, the people in this province are furious. They are furious that they have to pay 16% more in provincial sales tax while those who earn \$200,000 only have to pay 3% more. The Bank of Montreal has just recorded \$602 million in profits in the first quarter. Again, I ask you: Why do you side with the banks and insurance companies and against the working people of this province?

**Hon Mr McGuinty:** Again, we reversed corporate taxes for the banks. The member opposite refused to join us in that. And again, as a result of their budgets, they increased income taxes on a single person earning \$20,000 by \$160. But more than that, when it comes to working families, the NDP increased tuition fees for college and university students by over 50%. That hike would have cost a college student \$369 a year and a university student \$812 a year. So, again, if you were earning \$20,000 under the NDP, you were paying \$160 more in taxes; if you were a college student your tuition fees went up by \$369; and if you were a university student they went up by \$812.

**Mr Prue:** The people of this province are not wanting your revisionist history, they are wanting you to take action. They are furious at the unfairness of this budget, not what happened 10 or 12 years ago—this budget. They are furious that a working couple now has to pay \$1,200 more a year while the CIBC, the Canadian Imperial Bank of Commerce, has just reported \$511 million in profit in the first quarter and you are giving them another tax break. That's what they want to know about. Why did you side with the rich and powerful?

Why are you against working families in Ontario today—not 10 years ago; today?

**Hon Mr McGuinty:** Just to finish the story with respect to the impact of the NDP budget, in addition to raising taxes on people earning \$20,000 a year and raising tuition fees, under the NDP, hydro rates increased by over 40%. They raised gas taxes by over 30% and then they cut the pay of the working people with their unilateral, undemocratic social contract. Contrast that with what we have done for working people. By providing free immunizations, we're saving families \$600 per child. Our two-year tuition freeze will benefit all of our students. And with our proposed changes to the Tenant Protection Act, a family in a two-bedroom apartment in Toronto will save up to \$250. When it comes to defending the interests of Ontario's working families, we are on the job.

#### HEALTH PREMIUMS

**Mr Michael Prue (Beaches-East York):** I can just see, 10 years from today in this Legislature, the same kind of thing being said about Dalton McGuinty. They're going to say the same thing: "You didn't take action when you had a chance to do it."

Premier, my question again to you: People in this province are furious that at \$26,000 a year they are going to have a 1.2% increase on their taxable income. They are furious that someone who makes \$150,000 is only going to be asked to contribute 0.5% at the same time. They are furious that auto insurance companies this very week reported that there is a 500% increase in their profits—

*Interjections.*

**The Speaker (Hon Alvin Curling):** Government House Leader, the next time you do it I'm going to have to name you.

**Mr Prue:** They are furious that the auto insurance companies have reported a 500% increase in their profits. They are going to get a further tax gift from your government, while the workers pay more. This is the most important decision you have had to make in the young life of this government, and you have chosen to side with the big insurance companies and the big banks against working families. Why did you choose them and not ordinary working people?

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** Mr Speaker, the Minister of Finance.

**Hon Greg Sorbara (Minister of Finance):** Let's just get some independent authority on this question of taxation. I'm quoting from Thomas Walkom, writing in *Rae Days*. He says on page 206, "Moreover, to many NDP supporters in the middle-class range, Floyd Laughren's tax hikes, the largest in Ontario's history, overwhelmed any notion of fairness."

Putting that within context, my friend's analysis completely distorts—

*Interjections.*

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**The Speaker:** The member from Durham, I'm going to warn you.

**Hon Mr Sorbara:** My friend's reference and his party's so-called ad campaign completely distort the Ontario health care premium. I want to remind him that individuals with incomes of \$20,000 or under pay absolutely nothing. This is the first health care premium in the country's history that is geared to income.

Beyond that, what we've heard from Ontarians is that "the improvements that we want to our health care system, to our education system, to support our communities" is the real essence of the budget, and he doesn't have the courage or the authority to acknowledge that.

**Mr Prue:** One only has to look at your own budget document to know exactly what you're doing. It's right there, how you're sticking it to ordinary people. You had the option to increase the capital tax and you chose to follow the Conservatives to eliminate it. You chose that, and you chose to stick it to ordinary working people to the tune of some \$1 billion because of your action. Why did you side again with the rich and powerful, over ordinary citizens who are asked to pay more and more, while the banks and insurance companies make more and more?

**Hon Mr Sorbara:** Ah, the great old NDP. They always have only one enemy. Let me make it clear that 37% of families in Ontario will pay absolutely nothing under the Ontario health premium. He talks about insurance companies, and I'm very proud of the fact that in the first seven and a half months of our time in government we have been able to reduce auto insurance premiums. After eight years of hikes, we've been able to reduce them by 10%.

Finally, I want to tell him that in our budget over the course of the next four years, there is not one single tax benefit for banks in this country. I want to tell him that it was he and his party who voted against the tax increases on large corporations that we brought to this Parliament last fall. They didn't have the courage to vote for it.

**Mr Prue:** If there was anyone who did not have courage, with respect, sir, it was you who lumped all of those nine bills together, knowing full well that we would be forced to vote against them, knowing full well that in an omnibus bill you couldn't possibly command the respect of the House on that issue.

You just don't get it. You don't get it that insurance companies are raking in a 500% increase in profit. You don't get it that the banks are making \$3.1 billion in the last quarter in this country. You don't get it that middle-income, taxed Canadians are paying through the nose in hydro rates that are going up, in insurance premiums that are going up, in property taxes that are going up, in bank service charges that are going up. All you see is what you want to do, and it's wrong.

Now we're seeing double-digit increases for personal income taxes in Ontario. This is the most important decision you have to make. You have chosen again and

again to side with the insurance companies and the big banks, and the question is simple: Why? Why are you doing this?

**Hon Mr Sorbara:** I guess my friend has absolutely no ability to listen to the answer I just gave. It was the bill last fall, Bill 2. You were the speaker. It was an omnibus bill. Besides rolling back the Tory corporate tax cuts, it also had the courage to cancel the private school tax credit, and you voted against that; to end seniors' tax credits, property tax credits for the very rich, and you voted against that. We brought in a bill to freeze insurance premiums while we took steps to roll them back, and you voted against that. We know what you're against. The fact is that in this province we can't figure out for the life of us what that party stands for any more.

#### CANCER TREATMENT

**Mr Cameron Jackson (Burlington):** My question is for the Premier. Premier, on May 10 I asked you a question in the House on behalf of all cancer patients in our province. It had to do with zoledronic acid injection treatments for prostate cancer sufferers in our province. You indicated at the time that you would undertake to get an answer to me. That was almost four weeks ago. You also undertook a promise in this House to Ontarians, and I quote directly, "It is not our intention to compromise cancer care for Ontarians."

On Tuesday of this week, I gave the Premier a copy of the document from Cancer Care Ontario confirming that your government had delisted this treatment in our province and that thousands of sufferers of cancer are denied this drug treatment. Will the Premier honour his promise in the House today and indicate that he will reinstate and not delist the zoledronic acid injection treatments for cancer sufferers in our province?

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** The Minister of Health.

**Hon George Smitherman (Minister of Health and Long-Term Care):** On the issue that the honourable member raises, I believe I've also had the chance to correspond with him on that. Yesterday, Terry Sullivan from Cancer Care Ontario was in my office for meetings. We're working closely with Cancer Care Ontario to resolve issues around the increases in their budget to make appropriate opportunity for them to purchase all the necessary drugs related to cancer care.

I would say, this is part of our strategy overall. In this government budget this year, we enhanced by between \$250 million and \$300 million overall the amount of money that we are making available to Ontarians to purchase the necessary medications to keep them well and help them regain their health in the instance of the onset of illness.

On this issue, I'm very confident that we're going to be able to resolve it to the satisfaction not only of Cancer Care Ontario but of course of the patients who are in need. I'd be pleased to keep the honourable member informed as progress is made toward that.

**Mr Jackson:** Terry Sullivan reported to Cancer Care Ontario back in January that your government had put a hard cap on the drug plan. They were using \$60.7 million just for the drug funding program. They indicated to the government in a letter that it was going to be \$68 million. Your government failed to even talk to Cancer Care Ontario through this period, as reported by Dr Sullivan.

Mr Premier, we spend more in this province on Tylenol 3s in the Ontario drug benefit plan than it will take to reinstate this drug. Now that Novartis is setting up today private clinics in this province in order to transfer private insurance benefit plans, which are the only access point to get this drug treatment and have it administered in hospitals and clinics in our province, I ask you again: Please simply state for the record that you will honour the promise and give Cancer Care Ontario the funding they require as health professionals to ensure the safety and long-term hope for cancer patients in our province.

**Hon Mr Smitherman:** First, at the outset, you use Terry Sullivan to suggest that there are no conversations between my ministry and Cancer Care Ontario. I'll work with Terry—

**Mr Jackson:** I have his presentation.

**Hon Mr Smitherman:** I didn't heckle you. I'll work with Terry Sullivan to correct that record. I've met with Terry Sullivan this week. I've seen him twice and I've seen Alan Hudson as well, and that's a repetition, frankly, of the pattern on a weekly basis around here.

But on the substance of the matter—

*Interjection.*

**Hon Mr Smitherman:** I'm with them almost every single day. But on the key point that the member raises, I go back to what I said in answer to the first question: We're working on a daily basis with Cancer Care Ontario to resolve this in a fashion which is satisfactory both to them and the government of the day.

I repeat what I said earlier. This is part of our commitment to enhance access for the people of Ontario to the drugs they need. An investment of between \$250 million and \$300 million for that purpose is contained within the budget that was presented here on May 18. I believe progress is being made on this, and I'll get back to the honourable member and report to him on progress, as I indicated in my earlier answer.

#### PRESCRIPTION DRUGS

**Ms Marilyn Churley (Toronto-Danforth):** Premier, I want to talk to you again today about drug delisting. Your budget still paves the way for massive delisting of prescription drugs that people depend on for their day-to-day lives. On Tuesday, when I asked you about this, you said, "Trust us."

**Mr John R. Baird (Nepean-Carleton):** "Trust us"?

**Ms Churley:** Yes, he said, "Trust us."

You said then that the section of the budget bill that gives the Minister of Health the right to delist drugs without going to cabinet had nothing to do with delisting

drugs. But the Minister of Health later admitted to the Globe and Mail that he hadn't read the bill in detail.

Premier, I have read the bill in detail. I'm going to ask you again today, when are you going to amend your budget bill so people won't be afraid of having their drug coverage wiped out at the stroke of the minister's pen?

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** Refer to the Minister of Health. 1500

**Hon George Smitherman (Minister of Health and Long-Term Care):** On this matter, shortly after it was raised in the Legislature, I had the opportunity to speak to the media, and I know the honourable member was there because she heckled me in the middle of my scrum. But the fact of the matter is that the people—

*Interjections.*

**Hon Mr Smitherman:** It worked well for him, too.

The facts remain clear, and the facts are that the clear intent of the section at hand that the member raises is to provide for the government of Ontario the fast-tracking of generic products once they're approved by the federal government. That is the intent of the section.

On the issue at hand that the member raises about further powers, the key point is this: The Ontario Drug Benefit Act provides the necessary powers with respect to delisting. Those are the only ones that would ever be required.

I would say our government's commitment stands in sharp contrast to the government she was a member of. Let me read a quote from the Toronto Star in 1991: "The government predicts"—this is the NDP government—"that it will save \$35 million next year and \$100 million in 1992-93 by implementing tighter controls on which drugs are covered under the ODB plan ... and which payments are reimbursed." Their actions as a government stand in stark contrast to ours. Ours are backed up with an additional one quarter of a billion dollars in additional funding this year—

**The Speaker (Hon Alvin Curling):** Thank you.

**Ms Churley:** Well, Minister, revision of history: It was the NDP that started the Trillium drug plan. He missed that part of history.

Look, the people of Ontario don't trust the Liberals any more. Your intent is not good enough. I want to say to you that section 20 of the Ontario Drug Benefit Act now says the cabinet must approve the delisting of drugs, but your bill clearly amends it to allow you, the minister alone, to do it all on your own. I can tell you, Minister, these changes in law do not happen by accident. They are put in bills deliberately by government for a reason. In this case, given what we've already seen you do, we know what this is all about.

**The Speaker:** Question.

**Ms Churley:** You want to make it easier to delist drugs, but you want to do it as quietly as possible. Minister, I ask you, do you think people are that stupid? They know what you're up to. Do you think they will really believe—

**The Speaker:** Minister.

**Hon George Smitherman:** I really did feel at that last part she was baiting me a bit, but I won't rise to it.

I want to say to the honourable member, just a couple of points: I've said very clearly that the powers required around delisting are there in the ODB. But let me just ask you this: You were in cabinet. At the point that a drug is delisted, it's well known to be delisted. There's nothing quiet about it. At the point a delisting occurs, everybody knows. But the point of the matter is clear: The intent of the section is to get the generic product fast-tracked for the benefit of the people of Ontario, and any powers—

*Interjections.*

**Hon Mr Smitherman:** On the issue of believability—

**Ms Shelley Martel (Nickel Belt):** This is not about getting a drug on; it's about getting a drug off.

**The Speaker:** The member from Nickel Belt, order. The member from Nickel Belt, I'm going to warn you. You may finish off, Minister.

**Hon Mr Smitherman:** I'm always intrigued when that member, of all members, stands up on the point of believability and heckles other people. That's very clever.

I want to say, in response to the concern that the honourable member from Toronto-Danforth raises, that the legislative intent is clear: It is to provide the opportunity for the faster listing of generic products, to the benefit of the taxpayers of the province. No additional powers with respect to delisting are required. We'll take a good, hard look, as we move this bill forward, at making any changes that make that abundantly clear.

#### AUTOMOTIVE INDUSTRY

**Mr Kevin Daniel Flynn (Oakville):** My question today is for the Minister of Economic Development and Trade. I would like to ask you about the automotive sector. Today we're reading reports that the federal Conservatives do not believe Ontario's automotive industry is competitive. They don't believe that industry is worth investing in. Minister, I know you don't share that view. I know the Premier doesn't share that view. I don't share that view and the people of Oakville don't share that view. What are you doing to ensure that Ontario's automotive industry remains at the forefront? How are you ensuring we remain a world leader in this industry?

**Hon Joseph Cordiano (Minister of Economic Development and Trade):** I thank the member for the question. It's obvious that the federal Conservatives don't understand Ontario's economy and don't care about the auto sector in this province.

I remind members, who all know very well that the auto sector is a vital part of our economy and accounts for 20% of our manufacturing base—

*Interjections.*

**The Speaker (Hon Alvin Curling):** Order. Member for Nepean-Carleton, I'm going to warn you.

**Hon Mr Cordiano:** The auto sector accounts for 20% of our manufacturing base, 45% of our exports and

350,000 jobs, but the industry is facing unprecedented competition. That is why we moved to announce the Ontario automotive investment strategy: \$500 million to help the industry. For the life of me, I cannot understand why the federal Conservatives would turn their back on Ontario and ignore the auto sector.

**Mr Flynn:** Yesterday afternoon, Mr Stephen Harper—that Stephen Harper—unveiled his corporate policy at the Toronto Board of Trade. Based on his comments, it was clear that he does not understand Ontario. Ontario's prosperity and economic well-being are based on our people and on the investments we make in our people. He thumbed his nose at this government's plan to attract over \$5 billion in automotive investment to Ontario. Minister, why is Mr Harper refusing to acknowledge how important the auto sector is to Ontario?

**Hon Mr Cordiano:** I'm very concerned about the comments made by Mr Harper, and his policies and the detrimental effects they're going to have on Ontario if they don't support the auto sector. But I'm not alone. Buzz Hargrove said, "I think it's bad news for the industry. It sends a total wrong message to the industry. It would set the industry back 10 to 15 years."

The federal Conservatives are prepared to turn their back on Ontario and for us to lose those jobs to the United States. Well, we're not prepared to impose, like Mr Harper wants to, the same failed policies of Mike Harris that saw 19 plants located in North America but not one of those plants came to Ontario. We're not prepared to abandon the auto sector. I suggest to the federal Conservatives, and to the provincial Conservatives across the way, that they talk to Mr Harper and get him to support the auto sector in Ontario.

#### POLICE OFFICERS

**Mr Garfield Dunlop (Simcoe North):** I was going to address my question to the Premier, but he hasn't been answering any of my questions lately.

I'm really pleased that you brought up Stephen Harper, because my question is to the Minister of Community Safety and Correctional Services. Mr Harper actually does have a community safety platform, unlike our other—what's his name, Paul Martin? He hasn't got anything. Stephen Harper will get rid of the ineffective gun registry.

*Interjections.*

**Mr Dunlop:** You're talking about Stephen Harper; let's talk about Paul Martin.

*Interjections.*

**The Speaker (Hon Alvin Curling):** Order. Could you now put your question in 15 seconds?

**Mr Dunlop:** This question is for the Minister of Community Safety and Correctional Services. On budget day, it was bad enough not to even hear the word "police" mentioned in the budget speech—

**The Speaker:** You've run out of time. If you choose not to do a lecture and a speech and then ask a question, you may be able to get through it.

**Hon Monte Kwinter (Minister of Community Safety and Correctional Services):** I'm having some problems, because I didn't get a question. But I'll give you an answer, even though you didn't ask a question. I'll try to pick one out of four or five.

Why don't we talk about the budget? If you take a look at the issue, you'll see that the justice sector got \$75 million more than your government provided. You should also know that there are fewer front-line officers in Ontario now than when you were in government, as a result of your fiscal policy. For you to stand up and try to say that Stephen Harper has a particular policy on crime—

**The Speaker:** Thank you, Minister. You've also run out your time.

1510

**Mr Dunlop:** My question is very simple. This government promised 1,000 new police officers in their election platform, and I didn't see the word "police" mentioned once in the budget. I'm asking the minister, when will we see one police officer mentioned in the budget? This government, when we were in power, put 1,000 new police officers on the streets of the province of Ontario; 1,000 more police officers. I want to know very simply when the minister—

*Interjection.*

**The Speaker:** Order. The member from Don Valley East, I'm going to warn you. Next time I'll name you.

**Mr Dunlop:** I wanted to get back to Stephen Harper, but I want to know when we will see new police officers implemented across the province by this government—a simple question.

**Hon Mr Kwinter:** I would have hoped he would have got back to Stephen Harper because I could have talked to him about it. The fact of the matter is that when you left this province as a government, there were fewer police officers on the street than there were in 1995, when you came here.

#### PHYSIOTHERAPY SERVICES

**Ms Shelley Martel (Nickel Belt):** I have a question to the Premier. Premier, your delisting of physiotherapy is not only bad for patients, it's not going to save you any money either. Dr. Edward English, who is the chief of orthopedics and rehabilitation medicine at Scarborough Hospital says, and I'm quoting, "Patients who have had amputations or joint replacement surgery need more than three weeks of outpatient physio to get them back functioning in the community. Those who can't afford to pay will lose all the benefits of that surgery. Hospitals may be forced to keep them as in-patients longer than the three to five days they spend now."

Premier, you're going to spend more to keep patients in the hospital because they can't get physiotherapy in the community, and you're not going to benefit them when they really need high-quality health care. Will you admit today that your decision to delist these services is

wrong, and will you continue to fund these essential health care services under OHIP?

**The Speaker (Hon Alvin Curling):** Premier?

**Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs):** To the minister.

**Hon George Smitherman (Minister of Health and Long-Term Care):** I'm pleased to tell the member and all members of a few important facts with respect to our plan to re-profile physiotherapy services in our province. The first is that there is no impact whatsoever in the 2004-05 fiscal year, which means we have the opportunity to work with the physiotherapy community to make sure we're delivering these services in the most equitable way possible. We believe, therefore, that it's essential that we enhance the physiotherapy capacities in our long-term-care settings, that we provide more resources to home care so that, as an example, treatment services can be extended for longer, if that's what the dictate is, and that we make available, for people who are particularly vulnerable, access to these services.

The sad reality is that physiotherapy services have been available unequally across Ontario. By using tools like the community care access centre, which has a common assessment tool, we ensure that the people who are most in need of these services are the ones who actually get them. I'm pleased to say that we have the opportunity for the course of this fiscal year—

**The Speaker:** Supplementary.

**Ms Martel:** It's true there has been uneven access. By cutting it off OHIP altogether, I cannot see how that makes the situation any better. You know full well that most people who get home care do not qualify to get physiotherapy services, so it's wrong to tell this House that people who are discharged from hospital are suddenly going to get physiotherapy services. That isn't happening now.

Bill Gleberzon, who is the co-director of advocacy for CARP, said his members are really concerned, that, "Many don't have private insurance and even those that do are finding that their coverage is being cut back. The government is entrenching a two-tier system." He is right. Access to eye care, access to physiotherapy, access to chiropractic services in Ontario are not a luxury and should not depend on whether or not you can afford to pay for these services. Minister, you're not going to save any money and you're not going to ensure that people get access to health care when they need it. Admit you were wrong and announce today that you will continue to provide OHIP coverage for these important health care services.

**Hon Mr Smitherman:** As I clearly said in the Legislature yesterday, difficult choices were involved in being able to support the priorities that we believe are important. On the point of physiotherapy, where she started, the reason I use the phrase "re-profile" is because it's our clear intent to take a significant portion of the resources currently available for physiotherapy and transfer those to enhance care in long-term-care settings, and transfer

more of those resources to enhance the quality of physiotherapy services that are provided in home care.

I remind the member that I think it's incredibly important that we recognize that the common assessment tools used in community care access centres are the way we can ensure that those people who are most in need are the beneficiaries of the services that our province is able to provide. I'm proud, notwithstanding the difficulty of these choices, that we were able to make significant enhancements in five areas of community service, all of which will have the implication of providing care where people need it and diverting their need to receive that kind of care in the hospital setting.

### NURSES

**Mr Phil McNeely (Ottawa-Orléans):** My question is for the Minister of Health. Your reference today in your statement, which you announced at the Toronto East General Hospital, was that our government will be investing \$50 million to provide opportunities for new nursing graduates. For the nurses who are graduating this year, this is great news. Can you tell this House more about how this will help new nursing graduates in the province?

**Hon George Smitherman (Minister of Health and Long-Term Care):** I think there is a point on which we all agree: We have had a shameful situation in our province for too long whereby too many of our nursing grads had to seek employment in other jurisdictions. With today's \$50-million announcement we make three significant moves forward: First, we provide \$30 million to provide 1,000 opportunities for nursing grads to get their first experience in a hospital or long-term-care setting; second, because injured nurses and senior nurses still have so much capacity, so much value, so much institutional memory and passion, we want to use them in the role of helping to train and mentor these young new grads, and we'll be dedicating resources to make that possible; and third, because it's incredibly important that all of the clinical training be of the highest possible calibre, Ontario is making an unprecedented \$10-million investment in the clinical simulation equipment that will give nurses very real patient-like experience while they're in school, making sure that when they graduate from school, they're ready to serve Ontario.

**Mr McNeely:** Minister, your initiative has already gained widespread praise from groups such as the Registered Nurses Association of Ontario. The \$50 million in new funding, as I understand it, will not only benefit new nursing graduates but also nurses recovering from injuries. Can you tell us more about the program for injured nurses?

**Hon Mr Smitherman:** The community has received this well. I'd like to read a quote from Joan Lesmond, who is the president of the Registered Nurses Association of Ontario: "The Liberal Party's election platform gave nurses renewed hope with its explicit promise to hire 8,000 new nurses and bring the proportion of RNs

working full-time to 70%." They go on to say further: "And today's announcement is another positive signal that government is committed to meeting these two targets."

One of the things that has surprised me and shocked me, frankly, is the high proportion of Ontario nurses who are on long-term disability. What this initiative is about is bringing them back into the service of the people of Ontario, using their minds, their experience and their passion to help to mentor and transfer that kind of experience to our new grads.

I think it's incredibly important that we have a philosophy in our government and in our health care system that says, with respect to nurses, "We need them all. All hands on deck with respect to nurses." Today's initiative gives opportunity back to those nurses whose backs may be a little bit weak but who have all the presence of mind to help them mentor and assist our new grads.

### HEALTH SERVICES

#### SERVICES DE SANTÉ

**Ms Laurie Scott (Haliburton-Victoria-Brock):** My question is for the Minister of Health and Long-Term Care. Like most members of the Legislature, I've been hearing from my constituents about your government's budget and the impact it's going to have on them and their families. Although people are concerned with many aspects of the budget, the biggest issue I'm hearing about, and the most vocally, is the decision to delist health care services. This decision will have a direct impact on the residents of my riding, and they have been very clear about their lack of support for this measure. I will ask the minister: Will you please reconsider your decision to delist chiropractic, optometry and physiotherapy services?

**Hon George Smitherman (Minister of Health and Long-Term Care):** By now I know the member has had a chance to hear, on a few cases, that we recognize the difficulty of this decision, and, frankly, the response is understandable and predictable. But the fact of the matter remains that as a government we face the challenge of adequately funding medically necessary services, and that's what we've done in our budget.

In a statement earlier in the House, this member was very keen to acknowledge, as an example, that her community desires to have community health centres. I'm proud to say that as a result of the prioritization in this budget, there is \$111 million for new primary care initiatives, including \$14 million targeted specifically at community health centres.

**1520**

That is but one of five very specific and distinct examples of the kind of move forward that we're able to make, bringing more care down to the community level. Our family health team proposal provides the opportunity for health care providers to come together and offer an array of services that meet the needs of those popula-

tions. That means that if those populations dictate that optometry, physiotherapy or chiropractic are their priorities, they'll be able to work those into their family health teams.

**Ms Scott:** I appreciate the member's commitment to community health and to increasing the full-time nurses, but I'm asking a question. This is an increased tax. Ordinary people in my riding are going to have to cope with additional fees, and not just the taxes you're increasing under the health care premiums, but also paying for chiropractors.

I've been in a profession—

**Hon Greg Sorbara (Minister of Finance):** Laurie, that's just not true.

**Ms Scott:** It is true. I've been in a profession, in nursing, which is very strenuous and rigorous—it's called a nurse's back. I'm just telling you about having professions.

I have the luxury of having a job that has benefits. Many people in my riding don't have that luxury. They're self-employed business people and farmers. They work in strenuous jobs and they need chiropractic services. They don't have those benefit plans. You've already tried to find ways of increasing hydro rates, the cost of health care premiums, and water regulations in the Nutrient Management Act. Would you please reconsider the delisting of chiropractic, optometry and physiotherapy services?

**Hon Mr Smitherman:** In her question, the honourable member speaks quite a lot about chiropractic. I think it's important to say that the maximum benefit that the OHIP system has been able to provide for chiropractic is but a subsidy for those people who require those services: a maximum of \$150 a year. We look at the aggregate impact of \$150 a year and we come up with \$100 million.

The result is clear that, faced with other priorities which are desperate for resources—including primary care; home care, which we all acknowledge is under pressure; long-term care, around which until a few months ago, people were more prone to use the word "crisis"; with respect to the lack of quality and capacity in our public health system; and, seriously, about the lack of funding over time for community mental health and addictions—we are faced with difficult priorities.

We made choices and we stand by those choices, not because we're proud that we had to make them, but we're proud that we've made the right choices. We're building a health care system that will be to the benefit of the people of Ontario and that will ensure sustainability of medicare for future generations. That's the challenge we face—

**The Speaker (Hon Alvin Curling):** Thank you. New question.

**M. Gilles Bisson (Timmins-Baie James):** Ma question est au premier ministre. Demain à Kapuskasing, je vais avoir l'opportunité de rencontrer les oculistes, les physiothérapeutes et les chiropraticiens de Hearst et de Kapuskasing, qui sont très en colère, avec leurs patients, que votre gouvernement ait retiré du formulaire médical

l'habilité de payer ces spécialistes. Monsieur le premier ministre, la question est très simple : qu'est-ce qu'on dit demain à ces gens-là faisant affaire avec vos actions? Êtes-vous préparé à renverser la décision?

**L'hon. Dalton McGuinty (premier ministre, ministre des Affaires intergouvernementales):** Au ministre de la Santé.

**Hon George Smitherman (Minister of Health and Long-Term Care):** I apologize to the member that I'm unable to answer his question in the language it was asked in. I'm a slow learner on that point.

*Interjection.*

**Hon Mr Smitherman:** Marilyn, I gave you a chance to be magnanimous; I knew you couldn't do it.

I want to say, in response to the very serious question by the honourable member, I think I've had a chance by now to outline the position that our government takes. We recognize that these are difficult choices. On the issue of physiotherapy, let me be very, very clear. There is no impact on physiotherapy in the 2004-05 fiscal year, meaning that until March 31, 2005, there will be no change or implication about the way we fund physiotherapy in our province. Hospitals will continue to provide those services where they're currently doing so. We'll be working to re-profile that money in a fashion that assures the most equitable distribution possible of those precious resources.

What does that mean? If you're in a long-term-care facility, your access to physiotherapy is going to be enhanced. If you're receiving supports for home care, we're going to make additional resources available to expand our physiotherapy capacities in home care. For anyone who has a need for physiotherapy, for a medically necessary service related, as an example, to a disability or an illness, we're going to continue to be able to offer support for those people.

What you see is an attempt to make a difficult decision, but making sure that we offer prioritization to those most vulnerable in our society. I'm proud of the efforts that we've made.

**M. Bisson:** Monsieur le ministre, je ne comprends pas comment votre ministre de la Santé peut être fier d'une décision qui, franchement, n'est pas supportée par les spécialistes et non supportée par la population. La réalité est que la plupart du monde, les gens à Kapuskasing, à Hearst et à travers la province, qui ont besoin de ces services ne sont pas dans des institutions dont vous parlez. C'est du monde qui demeure dans la communauté et qui n'ont pas d'autre choix. S'ils ne sont pas capables de rentrer voir leur spécialiste, payé à travers le système de santé, ils n'auront pas d'option.

Donc, je vous demande très clairement : on se rencontre avec ces gens demain. Ils sont en colère. Ils viennent nous dire avec colère que le problème va être que beaucoup de monde à Kapuskasing, à Hearst et à travers la province va être sans services une fois que cette décision sera mise en place. Je vous demande encore, êtes-vous préparé à renverser votre décision, oui ou non?

**Hon Mr Smitherman:** I think the honourable member makes points about the challenges we face around health care delivery in remote areas of our province, and especially in northern Ontario. But the fact remains that these services will be enhanced in the areas we've mentioned. I think the member asked at the beginning of his question, in the face of this concern expressed by people, how could we continue with the decision? Frankly speaking, because we're charged with difficult decisions, and this is one of those difficult decisions. The fact of the matter remains that on a priority basis, we've determined that investments in primary care reform to give people access to a doctor in the first place, our additional supports for public health to provide immunization and make sure we're able to deal with any infectious disease outbreak, our capacity to enhance home care overall—and I could go on—dictated that we had to make some priorities and make difficult choices. While I recognize that concern is expressed related to those, I think the trade-offs we had to make were the appropriate ones.

#### COMMUNITY USE OF SCHOOLS

**Mrs Donna H. Cansfield (Etobicoke Centre):** My question is to the Minister of Education. As you know, school boards across the province provide space in their institutions for non-school or community programs for thousands of people through permit programs and city parks and recreation programs. The boards have had to increase their fees for these permits over the past few years because of lack of funding from the previous provincial government, and many organizations can no longer afford the increases and fees that stand in the way of their programs. A good example is what's happening with the Toronto District School Board, which is taking money, \$2.3 million of their own, to provide for the students in Parkdale, Thorncliffe Park, Malvern, James-town and Jane-Finch. We know that providing space for young people and keeping them off the streets reduces crime in our neighbourhoods. What is our government going to do to open up these spaces without prohibitive user fees for our students?

**Hon Gerard Kennedy (Minister of Education):** I want to thank the member both for her question and for her previous work and continuing work on behalf of students in developing in a complete sense what we're promising to do as a government, which is their physical as well as their intellectual and emotional needs.

Thanks to the Minister of Finance and the Premier, there is money allocated in this budget to bring about, again, community use of schools that was taken away from students and communities around this province. These fully paid-for public facilities should be open to the public, and the honourable member is very right in her advocacy to see that happen. I want to say there are other ministries I will be collaborating with—Tourism and Recreation and others—to make sure we do this in a way that brings about not just access to the schools but

real recreation and other enriched activities for students and other members of the community after school.

**Mrs Cansfield:** It's refreshing to know that our government is committed to providing not only young people but also adults with the programs they need. We know about and talk around lifelong learning, which is really critical for all of us. It's imperative that we also encourage our schools and our community groups to continue to use those facilities. Will you continue to work with the school boards and the communities to allow the groups to use the gyms, pools and classrooms, and then will you monitor such activities to determine if these efforts should be made permanent, particularly in schools at risk?

**Hon Mr Kennedy:** There's another dimension there, which is the role we have in ensuring safety in our communities. There has been an absence of taking responsibility, frankly, to fight for our kids. How are we going to make sure that kids are part of our communities unless we show them we care what their future is—the choices they make? There are choices being offered to them every day, on the streets and in different places, to do different things. To have the kinds of values their parents want for them, there needs to be a role played by communities and schools. We will make sure, not just for the community use of schools but also with specific programs working with boards, that there are alternatives, that youth and others have places to turn and programs to occupy them that will develop their potential rather than deny and frustrate them and head them in other directions.

1530

#### TOBACCO GROWERS

**Mr Toby Barrett (Haldimand-Norfolk-Brant):** To the Minister of Agriculture and Food: As agriculture minister you have said, "I'm 100% behind the implementation of a province-wide smoking ban. It's the right thing to do." But back in December you told a meeting of close to 2,000 people in Ontario's tobacco community that you were in their corner, that you would fight for them and for their compensation.

What has changed since then? You're not the health minister. The right thing to do now is to hand over the money. When will you do that? When will the \$50 million that your leader promised during the election arrive in tobacco country?

**Hon Steve Peters (Minister of Agriculture and Food):** I represent a tobacco-producing riding. But I'm also a member of a cabinet that realizes the terrible harm that tobacco does to lives in this province and the cost to our health care system. I stand behind this government's pledge to put in place a province-wide smoking ban. We need to do that, as responsible government.

At the same time, we do recognize that there are economic impacts on the tobacco-growing communities. As we move forward in developing a holistic and comprehensive Ontario tobacco strategy, one of those

components that we will be looking at is, how do we work with helping those farmers transition and work with those tobacco-growing communities?

**Mr Barrett:** We recognize that a smoke-free Ontario will ultimately hurt Ontario's tobacco farmers. They don't understand. Why have you abandoned Ontario's hard-working tobacco families?

**Hon Mr Peters:** The goal of a province-wide smoking ban isn't to hurt anyone. The goal of the province-wide smoking ban is to ensure that we look after the health of our citizens in this province. That's what we need to do.

But at the same time, we do recognize that there is an economic impact on those tobacco-growing communities. As I said earlier, as we move forward in developing that comprehensive and holistic Ontario tobacco strategy, we need to look at that impact and how we transition that tobacco-growing community into another crop.

We're going to work with the Ministry of Health and Long-Term Care, the Ministry of Municipal Affairs and Housing, the Ministry of Finance—all those ministries that are involved. We're going to work toward ensuring that we have that comprehensive strategy in place, and we're going to see that that happens.

#### FINANCEMENT DE L'ÉDUCATION EN FRANÇAIS

**M. Gilles Bisson (Timmins-Baie James):** Ma question est au ministre de l'Éducation. Comme vous le savez, il y a deux ans, M. Rozanski dans son rapport avait fait des recommandations pour trouver une solution à l'iniquité qui existe présentement entre les conseils francophones et les conseils anglophones. Vous savez vous-même qu'une fois que vous êtes devenu ministre, vous avez appointé un comité spécial pour regarder cette question. C'était unanime, même avec le staff du ministère qui était là, qu'on avait besoin d'un investissement d'environ 120 \$ millions pour être capable de rétablir l'iniquité entre les conseils anglophones et francophones. Dans votre budget, vous avez seulement mis en place 30 \$ millions. Quand est-ce qu'on peut s'attendre à ce que les autres 90 \$ millions soient mis en place?

**L'hon. Gerard Kennedy (ministre de l'Éducation):** Merci pour la question du député. C'est une question intéressante. À cause des résultats du budget provincial, il y a une augmentation, pour les élèves francophones, la plus haute dans l'histoire de la province. C'est vrai, absolument. Regardez encore; c'est une augmentation d'environ 10 % pour chaque élève francophone dans la province.

Aujourd'hui on a un gouvernement qui est un partenaire avec les conseils scolaires, avec les parents et avec les élèves pour trouver une solution au problème de l'assimilation. C'est le premier gouvernement qui accepte cette responsabilité. C'est très important. Pour la première fois, il y a 30 \$ millions pour aider les élèves francophones avec leurs résultats scolaires, et c'est une très bonne nouvelle pour les élèves francophones.

**The Speaker (Hon Alvin Curling):** Thank you. That's the end of oral questions.

*Interjection.*

**The Speaker:** You know you have to make the proper paperwork and submit it to the table.

## PETITIONS

### TAXATION

**Mr Norman W. Sterling (Lanark-Carleton):** I have a petition to the Legislative Assembly of Ontario.

"Whereas the McGuinty government's 2004 budget will break the taxpayer protection law by not conducting a referendum on tax increases; and

"Whereas Dalton McGuinty signed an election pledge on September 11, 2003, not to raise taxes without the explicit consent of voters through a referendum; and

"Whereas Dalton McGuinty promised in TV ads not to raise taxes by one penny on working families; and

"Whereas Dalton McGuinty pledged in writing to obey the taxpayer protection law, which requires a referendum before increasing taxes;

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

"To ensure that all of the McGuinty government's tax increases are put before the people of Ontario in a referendum."

That's signed by 25 constituents of my riding, Lanark-Carleton, and the riding of Leeds-Grenville, and I have signed it.

### BENEFIT AND PENSION INDEXATION

**Ms Jennifer F. Mossop (Stoney Creek):** I am pleased to present petitions on behalf of the Hamilton and District Injured Workers Group, members of which are in our gallery today, and I acknowledge them and thank them for coming today.

"Whereas in 1985, all three political parties in the Legislative Assembly of Ontario agreed to enact full indexation (cost-of-living protection) in the Workers' Compensation Act; and

"Whereas the Canada pension plan is fully indexed annually; and

"Whereas in 1995, Bill 165 restricted indexation (cost-of-living protection) drastically of most benefits and pensions;

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

"We, the residents and taxpayers of Ontario, in support of all injured and disabled workers, spouses and their children, demand restoration of full indexation (cost-of-living protection) for all benefits and pensions retroactive."

## DISABILITY BENEFITS

**Ms Jennifer F. Mossop (Stoney Creek):** As well:

“Whereas the Workplace Safety and Insurance Board adds Canada pension plan disability benefits to an injured worker’s deemed earnings to determine the loss of earnings or future earnings lost; and

“Whereas deducting Canada pension plan disability benefits from loss of earnings or future earnings lost benefits systematically under-compensates injured workers; and

“Whereas the Workplace Safety and Insurance Board bases long-term compensation on deemed earnings that an injured worker is not actually receiving;

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

“To amend the Workplace Safety and Insurance Act by removing the deeming provisions and providing legislation to base a loss-of-earnings benefit to reflect actual lost earnings;

“To amend the Workplace Safety and Insurance Act to end the deduction of Canada pension plan disability benefits from future economic loss and loss of earnings benefits retroactively.”

There are some 2,600 signatures here, and I affix my signature to both petitions.

TILLSONBURG DISTRICT  
MEMORIAL HOSPITAL

**Mr Ernie Hardeman (Oxford):** I have here a petition to the Legislative Assembly of Ontario that has now exceeded 6,000 signatures.

“Whereas the Tillsonburg District Memorial Hospital has asked for ministerial consent to make capital changes to its facility to accommodate the placement of a satellite dialysis unit; and

“Whereas the Ministry of Health and Long-Term Care has already given approval for the unit and committed operational dollars to it; and

“Whereas the community has already raised the funds for the equipment needed;

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

“That the Minister of Health and Long-Term Care give his final approval of the capital request change from the Tillsonburg District Memorial Hospital immediately, so those who are in need of these life-sustaining dialysis services can receive them locally, thereby enjoying a better quality of life without further delay.”

I affix my signature to it as I totally agree with the petition.

## LCBO OUTLET

**Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell):** “To the Legislative Assembly of Ontario:

“Whereas the town of Limoges wants to offer facilities to promote tourism and that this service would have a

positive impact on the economic development locally and in the surrounding areas;

“Whereas the town of Limoges greets hundreds of tourists at a camping ground in Limoges;

“Whereas the closest LCBO and Beer Store point of sale is located in Embrun, more than 10 kilometres away;

“We, the undersigned, request that the Legislative Assembly of Ontario approve the liquor licence (wine and beer) at the Pronto convenience store located at 550 Limoges Road in Limoges.”

1540

## PROPERTY TAXATION

**Mr John O’Toole (Durham):** I’ve been working with the trailer industry coalition, as well as the Ministry of Finance people, and today I presented to Mr Mike Colle, the PA to finance, a petition as well as a communication from the Ministry of Finance in support of a solution to this petition to the Legislative Assembly of Ontario.

“Whereas recreational trailers kept at parks and campgrounds in Ontario are being assessed by the Municipal Property Assessment Corp (MPAC) and are subject to property taxes; and

“Whereas owners of these trailers are seasonal and occasional residents who contribute to the local tourist economy without requiring significant municipal services; and

“Whereas the added burden of this taxation will make it impossible for many families of modest income to afford their holiday sites at parks and campgrounds;

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

“That these seasonal trailers not be subject to retroactive taxation for the year 2003; and that the tax not be imposed in 2004; and that no such tax be introduced without consultation with the owners of the trailers and trailer parks,” trailer manufacturers, “municipal governments, businesses, the tourism sector and other stakeholders.”

I’m pleased to sign this and endorse it, one of the thousands of petitions I’m receiving from across Ontario.

## AJAX-PICKERING HOSPITAL

**Mr Wayne Arthurs (Pickering-Ajax-Uxbridge):** I’m adding some 2,000 names today to the petition I’m presenting, to bring it to well over 4,500.

“To the Legislative Assembly of Ontario:

“Whereas at the time the Centenary Health Centre and Ajax-Pickering hospitals amalgamated under the umbrella of the Rouge Valley Health System, a commitment was made by the Health Services Restructuring Commission that the communities of Whitby-Pickering-Ajax, according to the amalgamation agreement, would not lose a full-service hospital and would maintain all existing services; and

“Whereas municipal governments in the region of Durham have provided financial support to the Rouge

Valley Health System on the understanding that Ajax-Pickering hospital would continue as a full-service hospital; and

“Whereas numerous service clubs and other organizations have also raised money in support of the expansion of the Ajax-Pickering hospital and services provided therein such as the maternity unit on the understanding that the Ajax-Pickering hospital would continue as a full-service facility; and

“Whereas the Rouge Valley Health System has changed its strategic plan without consulting its key stakeholders, such as the residents who use the hospital, the doctors, nurses and other professional staff that work within the system and the local governments and organizations that fund the hospital; and

“Whereas this has led to a decrease in the level of service provided by the maternity unit and the number of acute care beds;

“We, the undersigned concerned citizens of west Durham, petition the Legislative Assembly of Ontario as follows:

“That a full-service hospital with all the existing services at the time of amalgamation be maintained at the Ajax-Pickering site and new services added as the population continues to grow and age, as agreed to by the Ajax-Pickering General Hospital and Centenary Health Centre in the amalgamation agreement signed May 31, 1998.”

#### SEWAGE SLUDGE

**Mr Jim Wilson (Simcoe-Grey):** I have a petition to the Legislative Assembly of Ontario:

“Whereas we, the residents of Wasaga Beach, wish to bring forth our concerns regarding the transfer of approximately 5,700 tonnes of 14-year-old sludge, which contains metals, from the North Simcoe transfer station to our recently closed landfill site. To date, there are no EBR requirements for hauled sewage.

“Due to this and the geography of the Wasaga Beach site being so close to the longest freshwater beach in the world and other sensitive areas, there exists a threat to the environment and the public’s health. This questionable product should be moved to a desolate location. Once damaged, the environment and people cannot be replaced;

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

“To stop the sludge from being transferred to Wasaga Beach.”

I’ve signed this petition, but I will also note that the petition seems to have been effective. The county of Simcoe now seems to want to send the sludge to the Nottawasaga landfill site.

#### WATER QUALITY

**Ms Marilyn Churley (Toronto-Danforth):** I have more petitions on water regulations. It reads:

“To the Legislative Assembly of Ontario:

“Whereas comprehensive, rigorous measures listed in regulation 170/03 and the Nutrient Management Act are essential in protecting the safety and quality of Ontario’s drinking water;

“Whereas Bill 170/03 legislates clean drinking water for both rural and urban areas, regardless of cost;

“Whereas, under current provincial municipal funding arrangements, municipalities are being forced to take funds from other essential required services to implement these vigorous measures;

“Whereas the capital upgrades, operational, maintenance and lifecycle expenses are cost-prohibitive to property owners, resulting in the closure of campgrounds and mobile home parks;

“Whereas, demonstrated by the experiences of other jurisdictions, designating water-taking fees to fund water source protection is an effective way to help ensure the safety and quality of municipal water supplies;

“Therefore we, the undersigned, petition that the Legislative Assembly of Ontario urge the Minister of Finance to designate a significant portion of the proposed fees to be collected from water-taking activities as financial assistance for municipalities and property owners to aid them in complying with provincial water quality regulations.”

I have affixed my signature because I support this petition.

#### PRIMARY CARE

**Mr Jeff Leal (Peterborough):** “To the Legislative Assembly of Ontario:

“Whereas the community of Peterborough is suffering a crisis in terms of accessibility to health care, brought on by a severe and growing shortage of family physicians; and

“Whereas the community of Peterborough has demonstrated extraordinarily strong local leadership in developing a proposal for primary care reform which is very innovative and will provide access to primary care for the growing list of more than 20,000 residents in our community without a family physician; and

“Whereas this proposal has been endorsed by the county of Peterborough, the city of Peterborough, the Peterborough County Medical Society, the Peterborough Community Care Access Centre, the Peterborough Regional Health Centre and the Peterborough County-City Health Unit;

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

“To work with representatives of the local community to ensure that all residents of Peterborough have access to an appropriate primary care provider through the timely implementation of the proposed integrated primary care model, as this model provides appropriate and equitable compensation for family physicians while incorporating sufficient interdisciplinary health care providers, community linkages and appropriate administrative, infra-

structure and information technology supports to enable health professionals to enjoy a more realistic, healthy work-life balance.”

I'll fix my signature to it.

#### FISH HATCHERY PROGRAM

**Mr Jerry J. Ouellette (Oshawa):** I have a petition that reads,

“To the Legislative Assembly of Ontario:

“Whereas the Ministry of Natural Resources’ provincial fish hatchery program annually stocks over 10 million fish into over 1,200 water bodies within the province of Ontario; and

“Whereas provincial fish hatcheries contain unique genetic strains of indigenous fish species; and

“Whereas recreational fishing is a multi-billion-dollar industry and a huge contributor to tourism and the economy throughout the province of Ontario; and

“Whereas the world-class Great Lakes salmon fishery, as well as many local fisheries, are dependent on the Ministry of Natural Resources’ fish stocking program;

“Therefore, be it resolved that we, the undersigned, respectfully petition the government of Ontario and the Ministry of Natural Resources to refrain from any cutbacks or cancellations to this provincially significant program.”

I sign my name in support.

#### TENANT PROTECTION

**Mr Tony Ruprecht (Davenport):** This petition is addressed to the Parliament of Ontario, and it reads as follows:

“Whereas the so-called Tenant Protection Act of the defeated Harris-Eves Tories has allowed landlords to increase rents well above the rate of inflation for new and old tenants alike;

“Whereas the Ontario Rental Housing Tribunal created by this act regularly awards major and permanent additional rent increases to landlords to pay for required one-time improvements and temporary increases in utility costs;

“Whereas the same act has given landlords wide-ranging powers to evict tenants;

“Whereas before last October’s elections Premier McGuinty promised real protection for tenants at all times; and

“Whereas our own MPP called for a rent reduction;

“We, the undersigned residents of Doversquare ... petition the Parliament of Ontario as follows:

“To immediately scrap all Tory guideline and above-guideline increases for 2004, as an elementary gesture of goodwill toward tenants, who voted massively against the Tories in last October’s election.

“To shut down the notoriously pro-landlord Ontario Rental Housing Tribunal.

“To abrogate the Tory ‘Tenant Protection Act’ and to draw up new landlord-tenant legislation in consultation with tenants and housing rights campaigners.”

I will provide this information to you, Mr Speaker.

#### CHIROPRACTIC SERVICES

**Ms Laurie Scott (Haliburton-Victoria-Brock):** “To the Legislative Assembly of Ontario:

“Whereas over 1.2 million people use chiropractic services every year in the province of Ontario; and

“Whereas those who use chiropractic services consider this an important part of their health care and rely on these services along with the OHIP funding in order to function; and

“Whereas the elimination or reduction of chiropractic services would be viewed as breaking the promise not to reduce universal access to health care; and

“Whereas by eliminating or reducing OHIP coverage of chiropractic services, where the patient pays part of the cost, will end up costing the government far more in additional physician, emergency department and hospital visits;

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

“That the Parliament of Ontario does not delist chiropractic services from the Ontario health insurance plan, and that assurance is given that funding for chiropractic services not be reduced or eliminated.”

I affix my signature, and there are many signatures involved.

1550

#### BUSINESS OF THE HOUSE

**Hon David Caplan (Minister of Public Infrastructure Renewal):** On a point of order, Mr Speaker: Pursuant to standing order 55, I rise to give the House notice of the business for next week.

On Monday, June 7, in the afternoon, we’ll be dealing with the budget motion; in the evening, with Bill 83.

On Tuesday, June 8, in the afternoon, we will have an opposition day.

On Wednesday, June 9, in the afternoon, to be confirmed.

On Thursday, June 10, also to be confirmed.

**Mr Gilles Bisson (Timmins-James Bay):** Can you read it again? I missed something.

**Hon Mr Caplan:** Speaker, do you want me to read it again? OK, I’ll do it again.

On Monday afternoon, the budget motion. On Monday evening, Bill 83.

On Tuesday afternoon, an opposition day.

The House business for the rest of the week is to be confirmed.

Speaker, I believe we have unanimous consent to call the order for third reading of Bill 8, notwithstanding standing order 77(b).

**Mr Bisson:** Further to that point of order, we also have unanimous consent to divide the time equally.

**Hon Mr Caplan:** I have that.

**The Deputy Speaker (Mr Bruce Crozier):** You've heard. Do we have unanimous consent? Agreed.

COMMITMENT TO THE FUTURE  
OF MEDICARE ACT, 2004

LOI DE 2004 SUR L'ENGAGEMENT  
D'ASSURER L'AVENIR  
DE L'ASSURANCE-SANTÉ

Mr Caplan, on behalf of Mr Smitherman, moved third reading of the following bill:

Bill 8, An Act to establish the Ontario Health Quality Council, to enact new legislation concerning health service accessibility and repeal the Health Care Accessibility Act, to provide for accountability in the health service sector, and to amend the Health Insurance Act / Projet de loi 8, Loi créant le Conseil ontarien de la qualité des services de santé, édictant une nouvelle loi relative à l'accessibilité aux services de santé et abrogeant la Loi sur l'accessibilité aux services de santé, prévoyant l'imputabilité du secteur des services de santé et modifiant la Loi sur l'assurance-santé.

**Hon David Caplan (Minister of Public Infrastructure Renewal):** Speaker, before I begin my remarks, I believe we have unanimous consent to divide the time equally among the three parties.

**The Deputy Speaker (Mr Bruce Crozier):** Is there consent? Agreed.

**Hon Mr Caplan:** I'm very pleased to be sharing my time today with the members from Don Valley West, Ancaster-Dundas-Flamborough-Aldershot, Mississauga West and Oakville.

**The Deputy Speaker:** There is rotation.

**Hon Mr Caplan:** Oh, OK. Bad directions.

**The Deputy Speaker:** You just have to speak and then sit down.

**Hon Mr Caplan:** Very good. In that case, Speaker, those are the speakers who will be speaking for the government caucus, and I must tell you—

**Mr John R. Baird (Nepean-Carleton):** On a point of order, Mr Speaker: I just want to indicate to the deputy government House leader that I can't believe the government House leader's office gave any bad direction. I think it was badly executed.

**The Deputy Speaker:** That's not a point of order, but we'll take that as it's given.

**Hon Mr Caplan:** Speaker, I concur with the member. That's absolutely clear.

I will be supporting and voting in favour of Bill 8, the Commitment to the Future of Medicare Act. I encourage all members of the House to support it. It is an excellent and outstanding piece of legislation which will improve accessibility to health care in the province.

**The Deputy Speaker:** Further debate?

**Mr John O'Toole (Durham):** I am somewhat surprised that Bill 8 is coming to us in this fashion. I would say that from my constituents' perspective on this, it's somewhat of a draconian piece of legislation. When you put it alongside the recent tax increase on health, it concerns me; further, alongside the privatization of health care, the delisting of services, that also raises serious concerns for my constituents.

In the case of Bill 8, which really is the strong arm of the Ministry of Health, George Smitherman reaching out into the hospitals, putting his hands around the necks of the chairs of the volunteer boards of hospitals—is stifling the hospitals, in my view.

I know that there isn't enough accountability at the Ministry of Health. I say that because when I look at Lakeridge Health in my riding or I look at Ross Memorial in Ms Scott's riding—and in Peterborough; we just met with them—they're very concerned about their operating budgets. They know full well that the money that has just been allocated in this very budget isn't enough to provide resources for the doctors under the OHIP agreement or the nurses' settlement, which is a provincially negotiated wage settlement. There isn't enough money in the hospital budgets.

This centralizing of power at the Ministry of Health—George Smitherman is going to sign the cheques and he's going to hold the money out from those hospitals. What really happens here with Bill 8 is that I see the emergency rooms in my hospitals, and the people in emergency situations in mental health, with not enough money because of George Smitherman. What Bill 8 does is centralize the decision-making and all the power in the Premier's office—Premier Dalton McGuinty, the person who levied a tax on health. It was never mentioned during the budget. Now he's going raise a tax on health.

Furthermore, he delisted three critical services that are primary access points to health care. Those three critical services have been mentioned in every question period ever since this budget came down: optometry, chiropractic and physiotherapy. From my short time as the assistant to the Minister of Health, when we were in government, I know the pressures in health care. I know the pressures in drugs and access to proper drug treatment. There are cost pressures. Costs are inflated in the order of 10% each year. I know the costs in the OHIP fees. Doctors, because there's so few of them, need to have the resources to do their job. They don't want to be capped. They want full access. They want to be paid for their time, as well they should.

Then, on top of that, we have the nursing situation today. I know my seatmate here, Ms Scott from Haliburton-Victoria-Brock, as a nurse, spoke very passionately today about the importance of having the right people with the right resources at the front line of health care: the nurses of Ontario. I know she speaks glowingly of Doris Grinspun, who's the RNAO executive director. I believe she has a PhD in nursing. In my view, she's telling the Minister of Health that there's no access to health care.

What Bill 8 really does is give all the power back to the Minister of Health. I'm looking for some direction here in terms of our strategy on Bill 8. I am going to listen carefully. I don't believe the opposition is going to support Bill 8. I know Elizabeth Witmer, as our critic and a former health minister, has tried relentlessly to move some amendments. In fact, she's so committed to health—respectfully, she's not here, but her passion is in health. I think some of the members in the Liberal caucus actually supported a couple of Elizabeth Witmer's amendments.

I think they were whipped into action. Ms Wynne would know that, by mistake, some of the renegade backbench Liberals—and I credit them; I wish I could name them here—actually voted for a couple of amendments. I'm sure the Liberal whip got to them. Those persons are now penalized. Those Liberal members who supported even the slightest nuance of amendment will never see the light of day. I'm telling you, they'll never be in cabinet in a hundred years. The strong arm of Dave Levac, the party whip for the Liberals, will come down on them. They will be silenced. So these many sheepish backbenchers will be whipped into shape.

They know in their hearts that they're trying to ram Bill 8 through. Here it is, a Thursday afternoon, late in the day. There's a structural change in the standing orders—because I read this stuff. It's my understanding that we're supposed to be debating Bill 86. I'm surprised that Bill 8 is before us, in this format, on a Thursday afternoon.

I believe that if Elizabeth Witmer, our critic, was here, there would be very specific details brought to your attention on Bill 8, a very voluminous bill, full of regulations, controls and centralization of health care. I am shocked, amazed and somewhat disappointed. There's something afoot here.

I don't want to give up the time because somebody else will get it. Isn't that the way it goes?

1600

**Mr Garfield Dunlop (Simcoe North):** No, we're in rotation.

**Mr O'Toole:** We go to rotation. In that case, I'm going to stop here, but I put clearly on the record that I find this somewhat offensive, on a Thursday, on the most draconian bill of this new Liberal government, layered on top of a health tax, layered on the slippery slope of the privatization of health, the delisting of services, not to mention the potential for delisting of drugs, as was mentioned today by Cam Jackson, the member for Burlington. He questioned the Premier on access to the appropriate treatment for cancer people, and he wouldn't commit the dollars to save lives. I'm disappointed. This bill is one more piece of the strong arm of a majority government, put in charge by the whip, trying to ram this bill through.

I'm one who won't be supporting Bill 8.

**Ms Kathleen O. Wynne (Don Valley West):** I'm happy to rise to speak to this bill. I've been to almost all

the committee hearings and have watched this bill go through the process. I want to do a few things in my remarks today. I want to establish the purpose of this bill, because I think it's important for us to understand what this bill is about. There's a lot of rhetoric around, and I want to establish what the purpose of the bill is. I want to talk about it as a new approach to dealing with accountability in health care. Then I want to talk about what some of the issues of contention were as we went through the process of the committee hearings. Finally, I want to make the link between this bill and our budget, because I think there is a direct link to be made between what we're trying to do in this bill and what we've done in our budget.

First of all, as the title of the bill says, An Act to establish the Ontario Health Quality Council, to enact new legislation concerning health service accessibility and repeal the Health Care Accessibility Act, to provide for accountability in the health service sector, and to amend the Health Insurance Act: Those are critical terms—accountability, accessibility and the health quality council.

This legislation establishes the Ontario Health Quality Council to report on the performance of the health care system in this province, and it outlines the responsibilities of that health quality council to report annually to the minister, and then the minister to report to the Legislature on what the health quality council has observed. What it will be reporting on are the standards and benchmarks that have been set the previous year and how the health system is doing in reaching those benchmarks.

This legislation reinforces commitment to the Canada Health Act, and I think there is nobody in the province who would disagree that that is a good thing.

Finally, what the bill does is establish a mechanism for the establishment of accountability agreements between the government and health resource providers: hospitals, homes for the aged, as they're defined in the bill, independent health facilities and community care access centres. This is in fact a pivotal piece of legislation in our plan to deliver higher-quality health care in Ontario.

Because it's a new approach, and this is the second piece of what I want to talk about, there has been a lot of opposition. In the hearings we heard from people from around the province who are worried, who are concerned. They want to know where we're going with this bill. The fact that there has been a lot of opposition doesn't mean we're on the wrong track, but it also doesn't necessarily mean that everything we're doing is perfect. So, of course, there have been a lot of amendments to this bill. I'm not one of those people who thinks that just because the throngs are angry, we must be on the right track. What we did was take this bill out after first reading to the province and say, "What do you think? Help us modify it." And that's exactly what has happened over the previous months. We've consulted, we've listened and we've made many changes to this bill.

I want to reference a couple of quotes that indicate how significant this legislation is. One of the people who came to talk to us was Colleen Flood, who's a law professor at the University of Toronto. Her preference would be for us to move in a direction of devolution and regionalization, but she says:

"In the absence of devolution and regionalization, then Bill 8 in its provisions for performance agreements is a second-best alternative. The clearer and more open the lines of responsibility and accountability, the less is the risk that stakeholder interests will prevail over more diffuse public interests....

"Transparency is key. I think there's ample transparency provided for in Bill 8, much more than the equivalent legislative provisions in other jurisdictions, where the many checks and balances of due process do not have to be gone through before a Minister of Health can fire a CEO, for example....

"We can placate with money, but the status quo will not change and real reform will not occur. Ontario now has the opportunity to convert its rhetoric about renewal into action through Bill 8. Let's seize it."

I think Ms Flood has identified exactly what it is we're trying to do. We are trying to make a fundamental change in the way we deliver health care in this province. We are trying to make a fundamental change in the way we talk to Ontario citizens about health care, and how they can talk back to us. That's one of the fundamental points of this legislation.

I'm also going to quote from something that was said by the member for Nickel Belt in this Legislature. I want to qualify what I'm going to say here with the statement that I know very well that the member for Nickel Belt does not support this legislation. However, when she was talking on May 12 in the long-term-care debate, in reaction to the report that was brought by my colleague from Nipissing, she said, "If the minister is going to put this money into facilities"—speaking of long-term-care facilities—"the minister had better be sure about where that money is going. He'd better make the rules really clear about how the money can be spent to hire new personnel. Otherwise, it's just not going to happen."

I think that, inadvertently, the member for Nickel Belt has made a fundamental case in support of this piece of legislation. We have for many years in this province thrown money into health care and budgets have been expanding exponentially, particularly under the previous regime. We have got to get our health-care spending under control. If we don't, then we are not going to be able to do anything in this province except fund health care. We will not be able to do all the other things that government is expected to do. So that's what this bill is attempting to do, to change the dialogue about health care and change the accountability mechanisms. I think, for that reason, it is a fundamental change.

There have been issues of contention, obviously. I want to go through a couple of them and talk about what we have done in this last round of amendments to try to

deal with some of the problems people have had with this bill.

One of the issues that came up over and over again was the issue of the negotiation of the accountability agreements between the ministry, between the government and the health-care provider. The debate pivoted on whether this should be a pure negotiation and nothing but a negotiation, or whether it should be an imposition of an accountability agreement. The argument was that there should not be any point at which the minister would have the right to impose an agreement on a health care provider.

Our point is that we have provided for negotiation. In this last round, we introduced an amendment where the amount of time has been expanded from 60 to 90 days in the first negotiation between the minister and the health resource provider. So 90 days for the first time, and for the second time, where the first accountability agreement was a term of one year or less, and after that, 60 days. Originally, we had only allowed for 60 days of negotiation.

What we're saying is, we acknowledge that, in the first round, there may be some issues that will take longer to resolve, so we've introduced that amendment and it was accepted by the committee. But we have retained the right for the minister to impose an accountability agreement when all else has failed.

#### 1610

The suggestion from some of the people who came to speak to us was that there should be a commissioner or somebody else—a third party—who would impose that agreement or arbitrate the agreement between the ministry and the health resource provider. Our position is that the minister is responsible. It's the minister who is going to be held responsible; it's the government that is going to be held responsible. So it is our responsibility, if necessary but not necessarily, to impose that accountability agreement.

We've extended the period of time. We've made it very clear that it's the board that's going to be negotiating with the minister. It's not the CEO of the health resource provider; it's the board that's going to be negotiating and, in that way, local concerns will be on the table, because that was another concern that was raised. The boards are going to have the responsibility to do that negotiation. I think we've gone as far as we could on that.

On the issue of accessibility, I want to reference the comments by the member for Durham. He talked about the committee not being whipped and a mistake being made in terms of accepting an amendment. I just want to be clear that what happened was, the government was introducing an amendment that would have allowed, in subsection 20(2), under the discussion of "public interest": "The minister and the Lieutenant Governor in Council may exercise any authority under this part" in considering what "public interest" is. We were amending this piece to add "accessibility." There's a list—transparency, quality improvement, fiscal responsibility,

value for money, public reporting, consistency, trust, reliance on evidence, focus on outcomes and any other prescribed matter—and we added “accessibility.”

The opposition brought in an amendment to add “timely access.” The argument I was making in the committee was that “accessibility” was a broader term, that accessibility could include different kinds of accessibility, that timely access was one piece of that but there may be other kinds of accessibility. What happened was, the committee decided to accept both amendments. So “timely access” and “accessibility” have been added to subsection 20(2). I think what that demonstrates is not that the Liberal caucus wasn’t whipped but that in fact the committee process worked in that moment, and I think it’s been a very good process.

Another issue that was contentious in the course of the discussions was opted-out physicians. I was interested that in some of the hearings some of the younger members didn’t know what opted-out physicians are. Being the daughter of an opted-out physician, I can tell you that an opted-out physician is somebody who deals directly with the patient and bills the patient directly, and then the patient is reimbursed by OHIP. There are not very many opted-out physicians left in the province. Originally when this bill was drafted, we suggested that there be no more opted-out physicians, including the people who are currently opted out—currently, the number of opted-out physicians is somewhere between 40 and 70. Those people came to us and said, “Could you at least grandparent the physicians who are currently opted out?” That’s exactly what we have done. We have put a provision in the bill that would allow those who have worked in this way throughout their careers to continue to do that, but from here on we will not be having opted-out physicians. They won’t be allowed in the province, because we want everybody to be dealing directly with OHIP.

Those were the contentious issues. We have dealt with them in what I think is a very responsible way. What this bill does is allow us to move on the initiatives we want to deliver as part of our mandate. We want to fund home care in this province. We want to move health care into the community. We want to be able to respond to local need and cut down wait times. We want to be able to have more full-time nurses, as the Minister of Health referenced today. And in order to do that, we have to get our health spending under control. That’s what Bill 8 does. Bill 8 moves us towards that, and I am absolutely convinced that it’s a move in the right direction and that we will look back at this bill as an historic and pivotal moment in the delivery of health care in this province. I am happy to support it.

**Mr Dunlop:** I’m pleased to join the debate on third reading of Bill 8 today. I’m not under the impression that we’re pushing it through now. I do believe there has been a fair amount of debate on this particular piece of legislation, and certainly the committee meetings made some recommendations. We’ve obviously got some concerns about it, and it’s fair to say our party won’t be

supporting this. But the fact of the matter is, it has received substantial debate, and we’re ready for the passage, as far as we’re concerned.

During the provincial election, the now-Liberal government committed to pass a commitment to medicare act that would make universal, public medicare the law in Ontario. This is basically what it says: “Under our plan, two-tier medicare will be illegal in Ontario.” The commitment was made again at the time of the introduction of Bill 8. However, the government cannot say Bill 8 will eliminate two-tier health care, and it says nothing about how it’s going to address the key pressure that are fuelling the drive for two-tier health care, and that, of course, is waiting lists.

Now, with the introduction of the Liberal government’s first budget, this government is promoting a two-tier health system by introducing a health premium and delisting services such as optometry, physiotherapy and chiropractic services. It’s safe to say there is outrage over the delisting and outrage over the health premium, and I think it’s fair to say to everyone in this House, if they’ve been in their ridings or listened to any of the media, that this is one of the things that’s dragging down your government today, and I believe it has become a boat anchor around the neck of Paul Martin as well.

But further, the government committed in the election to ensure that Ontarians had access to health care services. Bill 8 and the recent budget do just the opposite of that. We on this side of the House cannot support a bill that shifts such an immense power to the Minister of Health and Long-Term Care, and this is exactly what Bill 8 does, as far as our party is concerned. There seems to be a desire of the Liberal government to shift power into the hands of the government, particularly to the minister’s office.

I’ve heard a lot about this in my riding, and I think my colleagues have. Our critic for the Ministry of Health and Long-Term Care, Elizabeth Witmer, has heard so much because she has so many friends and former colleagues who are health care stakeholders, and of course they are in constant contact with her. It is very special to have on our side of the House, although it’s only eight months, two people, Jim Wilson and Elizabeth Witmer, who are former ministers of health. They have a lot to offer in, I guess, a total of about six years, as ministers of health in our province.

We see this pattern in Bill 83, An Act to implement Budget measures, as well, as it gives the minister the power to list and delist drugs as he sees appropriate. Now, there’s quite a debate going on here. I’m going to be interested to hear the member from Nickel Belt’s comments, because I know she’s an advocate of this and feels very strongly that the minister has too much power and that we’ll probably see a lot more, not only drugs, but other services, delisted in the future because of this bill and because of Bill 83.

**1620**

Since clause-by-clause, we’ve heard from various health care organizations that still have serious concerns

about this bill. One of the significant outstanding concerns for hospitals across the province and for the Ontario Hospital Association is the lack of dispute resolution in the bill. I have three hospitals in my riding. We have a large hospital just to the south of us: the Royal Victoria Hospital in Barrie. I can tell you that these three hospitals, Orillia Soldiers' Memorial Hospital, Penetanguishene general hospital and Huronia District Hospital, all have huge concerns about this as well. I meet every month—in fact, I'm meeting tomorrow morning with the North Simcoe Hospital Alliance, which is a combination of the two boards, and this topic will of course come up.

They're not only concerned about this dispute resolution; they're also concerned about the fact that the budget allocates an average of 3.4% over four years. I know there's a movement in the House that says they're going to find efficiencies in the system and use forms of measurement to look at the services that are provided by each individual hospital. But the fact of the matter is, they have been receiving an average of 7.5% to 8% over the last seven or eight years, and I'm not so sure they can survive without cutting services in a serious manner with this piece of legislation and the amount of funding that has been allocated to the hospitals.

Unfortunately, amendments to provide for a dispute resolution mechanism under section 21 were voted down. I know that Minister Witmer tried to put that through—or the former Minister Witmer tried to put that through. It's very difficult not to refer to her as the minister because she has been such an outstanding person in her career in cabinet. These specific amendments add accountability to ensure that the power to impose an agreement can only be made by the order in council, or, alternatively, that it be subject to ministerial approval. They addressed one of the most contentious, outstanding issues remaining within the legislation, the imposition of accountability agreements. The legislation still allows accountability agreements to be imposed without referral to a third party dispute resolution mechanism. As a result, the government will have the power to impose anything it likes on any individual hospital, while ignoring the people who know the most about the hospital and the services it provides to the community.

A third party dispute resolution mechanism would have provided for true third party review in a manner that is streamlined to ensure expedient resolution of the matter. In addition, it would have provided the parties with independent service and given the sector needed information respecting how dispute over the agreements are actually being addressed. The commissioners would have the authority to deny or review if they felt it wasn't in the public interest to do so. Further, this will have ensured an open, democratic process of negotiation that would have resulted in a fair resolution that would ultimately be more conducive to achieving the goals and objectives set out in the accountability agreements.

Despite the fact this government committed—and I'll read what the commitment was. This is from the speech from the throne, November 20, 2003:

“Your new government has made a commitment to bring an open, honest, and transparent approach to government.

“It is keeping that commitment....

“It will open up government and its agencies, bring the voices of Ontarians to Queen's Park, and make the entire public sector more transparent and responsible to Ontarians, because transparency and accountability are the best safeguards of public services.”

Again, that's from the famous speech from the throne on November 20, 2003.

No one agrees against accountability. All the presenters who appeared before the committee on Bill 8 support accountability. According to the Registered Nurses Association of Ontario, and I'll quote from them as well, “That accountability is a one-way street, from provider organizations to government, with no accountability envisioned from government to providers and the public.”

I'd like to read from McMillan Binch's health law bulletin entitled “Moving from Accountability to Government Control in Health Care.” I've got quite a bit to read, and I'd like to put it on the record on behalf of the critic, Elizabeth Witmer, who could not be here today. A few points I'd like to put into the record:

“The recently released 2004 Ontario budget reports that the Ontario government has concluded its assessment and has determined that it is appropriate to include hospitals in the government reporting entity. In the government's view, the only question that remains to be determined is how, and to what extent, this consolidation will take place.

“The 2004 budget suggests that the Ontario government would prefer a more limited form of consolidation. In their view, this would allow the government to exercise ‘high-level control’ while still recognizing that hospitals and similar organizations operate with a greater degree of autonomy than directly controlled organizations. Despite their expressed preference for a limited form of consolidation, the Ontario government did not take the position that full consolidation would not take place, and instead merely stated that they would work with the PSAB and the Office of the Provincial Auditor to resolve their concerns.”

It goes on to say, “The results of these consultations could be influenced by the enactment of Bill 18 and of Bill 8, the Commitment to the Future Of Medicare Act”—of course, what we're discussing today—“which requires accountability agreements to be signed between hospitals and the Minister of Health and Long-Term Care. Bill 8, which passed second reading on April 14, 2004, has attracted a greater share of attention than has Bill 18, but both bills contain expanded powers that suggest the potential for the Ontario government to exercise greater control over the management, administration and governance of hospitals.

“The April 15, 2000, report prepared for the Ontario Hospital Association entitled ‘From Accountability to Control’ notes that the potential for the Ontario govern-

ment to exercise control pursuant to the powers set out in Bill 18 or Bill 8 could significantly alter the way in which the CICA criteria for reporting entities applies to hospitals.

“The OHA report states that the likely result of the amendments would be the consolidation of the accounts of Ontario hospitals into those of the province of Ontario”—and that’s what a lot of hospitals are very afraid of. “The OHA report lists the following concerns that were raised with respect to the consolidation of accounts:

“Confusion between the respective responsibilities and accountabilities of government and hospitals; reduced effectiveness of public sector institutions; diminished governance and effectiveness; and diminished volunteerism and citizen agreement.

“The extent to which hospital books are to be part of the province’s financial statements will likely determine the level of control that will be exercised by the Ontario government over hospitals in the future. Indeed, if hospitals are placed on the books of the government, it is likely that the Legislature will look to the Minister of Health and Long-Term Care for direct accountability for all hospital activities, leading to even greater control and micromanagement.”

Before I get into community governments in the McMillan Binch report, I’d like to talk a little bit about the volunteers and the diminished possibility of volunteerism. I’m really concerned about that, and I don’t know how many people in this House work closely with their hospital boards, but I can tell you that volunteerism is a huge part of the functions of the hospitals in the province of Ontario, particularly in areas such as fundraising, where we have hospital foundations and they work to raise funds.

You have the hospitals that have the hospice organizations, and of course the auxiliaries in the hospitals are a huge part of the services that are provided to the clients, to the patients of the hospital. Without the volunteers, without the auxiliary, I don’t know how most of the hospitals in Ontario could perform. I believe that’s fairly consistent with what happens across our province, that we have so many volunteers who work so hard, put so much time in, raising money, helping out with patients, with clients.

**1630**

I’m really afraid. This is what I’m hearing from my colleagues and this is what I’m hearing in my riding, from my hospital boards, from members of the boards and from the administration of the hospitals: that there could be a serious lack of volunteerism in the future. It’s not included as part of the \$28.1 billion or whatever it is we spend each year in the province on health care. It’s absolutely phenomenal when you think of it. If you added in all those volunteer hours, my guess is it would actually amount to a couple of billion dollars a year, if you took every aspect of the health care volunteering that occurs in our hospitals and our health care stakeholders organizations.

I would like to go on and read into Hansard more on community governance. Again, it’s part of the McMillan Binch report:

“Hospitals are closely tied to the communities they serve. Community volunteers serve on hospital boards and ensure that hospital policies address the concerns of their local communities. The extent to which the Auditor General’s value-for-money audits will interfere in the direct relationship between hospitals and their communities remains to be seen. The potential for the micro-management of Ontario hospitals by government raises the concern of a loss of local accountability. Ontario hospitals are heavily reliant on local volunteers, both for their service with respect to hospital boards and in relation to community fundraising.”

I think that’s an echo of what I’ve just said on the amount of volunteer work, the time that members of our community spend in helping out their hospitals.

I don’t know what it is about a hospital in a small community, but it’s almost like the focal point of the community. For a lot of communities it’s the arena, in some places it’s the hockey rink or the community centre, but wherever a community has a hospital, it tends to be the focal point. I know it’s difficult to sustain small hospitals across our province. I know it’s difficult in a lot of cases to attract doctors to those communities. But I can tell you that I’ve been so impressed, since being elected as an MPP in 1999, to work with my hospital boards.

They’re all volunteers. Some people operate businesses, some are retired and some are former patients of the hospital, people who have been very sick. They want to give something back after their experience in the hospital, so they go back and work as a volunteer on the board, on the auxiliary, on the foundation. It’s amazing to watch these people and see the interest they have in the communities.

I know that early Monday morning—I’m going to put a little blurb in here for the Huronia District Hospital in Penetanguishene and Midland. They have one combined board that basically operates the two hospitals. They’re having what they call their annual Golf Odyssey. They raise about \$50,000 in a morning of golf. You have to get there very early. You get as many holes in as you can. You get sponsors. Each year I’m asked to go. I usually manage to get there for two and a half or three hours before I have to come back to Queen’s Park. It’s a wonderful fundraising opportunity next week. Golf is very popular in our part of province, as you can probably understand. We have, like I think it is in every part of province right now—

**Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot):** I’m going to invite you to my tournament.

**Mr Dunlop:** OK. The Orillia Soldiers’ Memorial Hospital has the Hawk Ridge classic. Each year, they take a specific project in the community, whether it’s the cardiac ward or the pediatric ward. They have about 288 golfers go out and they raise between \$75,000 and \$100,000 each and every year, all by volunteers.

**Mr Jeff Leal (Peterborough):** Wonderful tournaments.

**Mr Dunlop:** Yes. The Hawk Ridge Hospital Golf Classic is one of the top hospital golf tournaments in the province. Of course, it's probably held in the best riding in the province; that adds to it as well.

My point here, as we go back to Bill 8 and the volunteerism—I think other people will probably refer to this as well—is, it's so important that we continue to acknowledge the work of our volunteers and how they contribute. With the people in that Golf Odyssey, organizing that event in Midland-Penetanguishene, or the Hawk Ridge golf classic, there's probably \$150,000 a year that goes into special projects in those two communities, Midland-Penetanguishene and the district of Orillia, that we wouldn't have.

Each year they provide well-funded money. They are good projects. Usually we have a lot of the doctors and medical staff of the particular area the project is destined for. They tend to be at the classic. They raise money as well and they thank the volunteers for it. So again I want to stress that.

In McMillan Binch, they also refer to the section called "Hospital Achievements in Accountability." This goes back to Bill 8, and I'll quote again:

"Ontario hospitals have played a leadership role in establishing a framework for accountability, including the development and implementation of the following measures:

"Through the Ontario Hospital Association, they created the first hospital data collection organization to monitor hospital activity;

"They have acted as leaders in the development of the formula for hospital funding;

"They publish reports and operating plans that are available to the public; and

"They produce annual hospital report cards that provide for comparative assessment of hospital performance. These hospitals report cards are one of the most comprehensive reporting systems in North America." And of course our government helped to implement that report card system.

"In addition, the Ontario Hospital Association has prepared an April 2004 policy framework, *Advancing Accountability Through Hospital Funding Reform*, that presents a new funding approach directed toward the promotion of accountability. In the policy framework, Ontario Hospital Association advocates an approach that considers the unique attributes of hospitals, and bases its funding on patient care needs.

"The paper includes a statement by Senator Michael Kirby"—of course, we know the Kirby report—"chair of the Senate social affairs committee, who indicates that top-down control should be rejected in favour of a system of incentives that would ensure and promote efficiency and effectiveness of health care systems. Senator Kirby goes on to credit the initiatives of the Ontario Hospital Association in encouraging debate and consultation through preparation of the policy framework.

"The inclusion of Ontario hospitals in value-for-money audits should not happen without recognizing the significant steps that have already been taken by hospitals themselves to promote accountability and without establishing safeguards (in legislation or otherwise) that hospitals, as independently governed entities, will not be fully consolidated into the government's books."

That is the concern. The hospitals are concerned that the books will be taken over by the province and that they will lose their independence and their identities as hospitals. I refer back to the point that that will take away from the volunteerism that occurs in our communities and will make them another bureaucratic building run by the government of Ontario. I think that is the wrong direction. That's one of the key reasons I am not in favour of supporting this piece of legislation.

As noted in the piece I have just quoted and as expressed by presenters at the Bill 8 hearings, I'd like to reiterate that this bill threatens voluntary boards and diminishes the role of the chief executive officer of the hospital. Despite hearing from hospitals across the province, this bill will continue to undermine community and volunteerism—back to that again. It would appear that this government is moving from government accountability to government control, and that is the key area we're concerned about here right now.

The Catholic Health Association of Ontario, the Ontario Conference of Catholic Bishops and providers of faith-based care never requested exclusion from Bill 8 or accountability for the expenditures of public dollars. They all support wholeheartedly accountability. What they sought was some comfort that they could continue their faith-based approach to health care within the new era of accountability, and that through Bill 8 the government would honour the commitment of the Premier to recognize the invaluable contribution of faith-based health care providers and the maintenance of their mission and governance.

I urge the Minister of Health to follow up on the recommendation of the standing committee on justice and social policy to direct the staff of the Ministry of Health to enter into immediate discussions with the Catholic Health Association of Ontario to find a way to accommodate the spirit and intent of the defeated amendment to Bill 8 into accountability agreements with faith-based health resource providers.

**1640**

According to the Ontario Medical Association, "Bill 8 continues to be a significant problem for the physician community." This comes from our critic, Elizabeth Witmer's, office. She has done a lot of work with the OMA. "While this government has brought forward some amendments, the fact is they had to because the bill was so poorly drafted and conceived that in its original form it was unworkable in the real world.

"At a time when Ontario needs to make itself an attractive place to recruit our new medical graduates and retain our already practising physicians, Bill 8 would do the opposite and in fact is one of the most" poor "pieces

of legislation for doctors in quite some time.” It does cause them quite a few problems.

Some key outstanding issues for the OMA are:

Section 14—“As written, this bill delivers astonishing powers to the general manager whereby the GM may force people to submit information. These powers are unnecessary, intrusive and threaten privacy. These provisions should be removed.” That’s according to the OMA.

Section 9—“The radical changes to practice methods for occupational health doctors (doctors working for large companies etc). This means unnecessary added costs to the government and making it more difficult for companies to provide the health care they need.” Those are a couple of the points that the OMA had through Elizabeth Witmer’s office.

I wanted also to dwell for a couple of moments, in the time I have left, on some letters I’ve received from my constituents. A lot of people have been extremely concerned about this bill, and that goes for people I have met who are—this is even before Bill 83, the budget act. These are people who are concerned. Many are employees of hospitals, patients, seniors etc.

I’m not going to read the people’s names into it, but here’s an example of one that came in early in the process. It reads: “I am writing to strongly voice my opposition to Bill 8. If passed, it would give the Liberal government the power to strip job security from hospital collective agreements so that contracting out can go ahead, wages cut, benefits gone and pensions frozen. This would mean loss of jobs, loss of homes and a Third World state in our health care system. This cannot happen. I cannot support my family on minimum wage. Could you? Oppose Bill 8.”

**Hon Mr Caplan:** You’re quoting Sid Ryan.

**Mr Dunlop:** No, that’s a young lady who is a mother of two and an employee of a hospital in my riding.

**Hon Mr Caplan:** It’s Sid Ryan.

**Mr Dunlop:** No, it’s not Mr Ryan. Sorry.

Another one from a senior, and I get a lot of those, as you can understand. It says:

“Dear Mr Dunlop:

“We are concerned senior citizens and strenuously oppose Bill 8, legislation that would allow the Minister of Health to open our personal and private health files to an audit. Furthermore, we oppose any legislation that allows further reorganization of the health care system.

“Yours truly”—

I won’t read her name, but it’s not Sid Ryan’s mother.

*Interjection.*

**Mr Dunlop:** Thank you very much.

I also wanted to do this. This is from a young lady named Linda, and she’s a member of one of the CUPE locals and works as a medical transcriptionist at one of our local hospitals.

“Dear Mr Dunlop:

“I strenuously oppose the proposed Bill 8 legislation that would allow the Minister of Health to strip job

security provisions from my collective agreement and roll back my wages and benefits.

“Furthermore, I oppose any legislation that allows further reorganization of the health care system.

“I provide a valuable service to my hospital and community and should not be subjected to this attack on my livelihood.

“Furthermore, if this Bill 8 does pass and our wages rolled back, which child will go to school, spend \$30,000 to \$60,000 on tuition fees to come out of it with a good education and only make pocket money for a living? Why bother? Who do you think, with our wages rolled back, will go to that Friday night show, or that Thursday night dinner, or purchase that new vehicle or a new home? With all the inflation rates rising, how can anyone make a living on such measly wages? You think our health care system is deteriorating; what makes you think this will improve matters?

“We, as a working force, have worked very hard to be and to become who and what we are, and we should not be attacked in such a manner. We are humans. Let’s treat each other like one. I strongly oppose this Bill 8, so please do not allow this to pass, I beg you. We deserve more as a working community. Don’t you agree?”

That’s signed by this young lady who works at one of these hospitals. That young lady voted Liberal in the last election, but I can tell you she won’t vote Liberal in the next election, and there are a lot of those out there.

I think you know that you’re going to come back with your spin that it’s the best bill in the history of the province and all that sort of thing. But the fact of the matter is—

*Interjection.*

**Mr Dunlop:** Well, I hope you’re not including your budget measures act as your first piece of legislation. I know you’re having a difficult time over there. I know the month of May has not been an easy one for you, and I know you want to get out of this House early. You like to be out of here and knocking on doors, helping the people who—

**Ms Shelley Martel (Nickel Belt):** I doubt it.

**Mr Dunlop:** Yeah, I don’t think they want to knock on doors. I’ll rescind that. I guess they don’t want to knock on doors, because they’ll get them slammed in their faces.

There’s no question in my mind that the health care premiums and the delisting of services that I mentioned earlier are having a serious impact on anybody who is a Liberal in Ontario and anybody who is a Liberal in our country today. You can tell that by the polls Mr Martin is experiencing.

You know, aside from Bill 8, I feel sorry for Mr Martin. I know this guy stabbed Jean Chrétien in the back for years and all that sort of thing, but he didn’t seem like that bad a person, and as finance minister he tried his best. He wasn’t successful, but he did try his best. But there’s a real problem. He started out last November, I guess—correct me if I am wrong—at 51% support, and now he’s at 27% or 28%. It’s unbelievable. No one can

believe that has actually happened to this man. So I do feel sorry that he is actually—

**Mr Bob Delaney (Mississauga West):** On a point of order, Mr Speaker: I respectfully request that our colleague from Simcoe North focus on the provincial level of government and perhaps on Bill 8.

**The Deputy Speaker:** That's a valid point of order, although the member has been working hard these last 30 or 40 minutes, so—

**Mr Dunlop:** It's painful at times, I can tell you.

I keep referring to Mr Martin, our Prime Minister, the Honourable Paul Martin, because obviously health care is a two-way street. Canada Health and Social Transfer has his name all over it. He's tried his best. He has tried to balance the books and all the sorts of things that governments do, but it has been unsuccessful. People have not appreciated it. They expected more. They didn't expect the sponsorship scandal, and they didn't expect Dalton McGuinty to come out with a budget with a health care premium. That's what we're hearing at the door. That's what my colleagues who are running federally are hearing at the door, and it's disappointing.

In the meantime, we can't support Bill 8. We won't support it. We know it will pass. We know you will go ahead without our recommendations and implement it anyhow, but the fact of the matter is, it's disappointing. On behalf of our caucus I want to put that on the record.

I look forward to further debate on this, and I thank you, Mr Speaker, for the opportunity of spending the last 37 minutes with you.

**The Deputy Speaker:** Further debate? The member for Nickel Belt.

*Applause.*

**Ms Martel:** Hold the applause; it's going to get worse from here.

New Democrats have been opposed to Bill 8 right from the introduction. We were opposed through two sets of public hearings, and as I stand here and speak on behalf of my party as health critic, it won't be a surprise to anybody, and especially to those committee members who are here today who sat with me, that we remain opposed and will be voting against it once again on third reading.

**1650**

We are opposed for three reasons, all of which I will elaborate on in the time I have: first, because the bill gives sweeping, draconian powers to the Minister of Health to take over boards of hospitals and community care access centres, to take over independent health facilities etc. We are opposed to the Minister of Health having those sweeping, draconian powers.

Second, we are opposed because the health quality council that is proposed in the bill and that the minister says will somehow hold this government accountable to its health care promises will, regrettably, do nothing of the sort.

Third, we are opposed because the bill does absolutely nothing—nothing—to stop the further privatization of health care in Ontario, privatization that was started by

my friends in the Conservative Party when they were the government, and privatization that continues now under the Liberals because they have done absolutely nothing to live up to the election promises they made to stop that privatization and who, in fact, have merrily continued on down the road of the same privatization that was started by the Conservatives before.

So, in the time I have, I'm going to elaborate on all those points.

Let me deal first with the sweeping, draconian powers of the minister. I was here at a time when a previous government brought in such sweeping, draconian powers in the form of Bill 26, which was done not long after the Conservatives were elected, I'd say in the fall of 1996. I could be corrected. But regardless, the government of the day at that time brought in Bill 26, which was an omnibus bill, and made a number of very dramatic and very destructive changes. But one of those changes also incorporated or included the introduction of the Health Services Restructuring Commission, which was given very broad, sweeping powers by the government, essentially to amalgamate hospitals, to close hospitals, all under the guise of a third party but with the full consent of the party in power of the day, that being the Conservatives.

Speaker, you will recall, because you were here, that the Liberals opposed Bill 26. They, with us, opposed Bill 26, and much reference at the time for the opposition involved the broad, sweeping, draconian powers that the former government was giving the Health Services Restructuring Commission to close hospitals, to take over hospitals, to make a number of changes in hospitals etc. I remember. I was here. And here we are. Here we are, Speaker, with a new government that was opposed to a former government bringing in changes that provided broad, sweeping powers to the Health Services Restructuring Commission.

Now we've got a new government that brings in those same sweeping powers and gives them to the Minister of Health to use, to go into hospital boards and to take them over and to get rid of hospital boards and to deal with CEOs and to make the very same negative changes—unilaterally now, by the minister—that the Liberals used to oppose when the Tories brought them in and gave those same kinds of powers to the Health Services Restructuring Commission.

So I find it passing strange that when in opposition, the Liberals were oh, so opposed to broad, sweeping, draconian powers that were given to a Health Services Restructuring Commission to deal with hospitals, and here we are under the Liberals and they've got those same kinds of draconian, sweeping powers now held in the hands of the Minister of Health himself. What a change an election makes.

I've heard the minister and some of his colleagues on the committee repeatedly try to say that the accountability agreements that are an integral part of part III of the bill will be negotiated. When he came to the committee on two separate occasions, the minister used

the word “negotiated.” He had another press release on the day we started clause-by-clause of the bill the first time, in March. He talked about how these would be negotiated. He tried to convince everyone that somehow there is going to be some kind of equal power between the parties in the development of these agreements.

Nothing—nothing—can be further from the truth. The provisions of the bill clearly state that the minister and the minister alone has the unilateral power at the end of the day with respect to accountability agreements to impose orders, to impose compliance directives, to have his own way. There is nothing negotiated about that kind of power.

Let’s look at some of the provisions. On page 27—this is the old bill, because the new bill hasn’t printed yet, and there is not much change in the entire section—it very clearly says that the minister and the party in question, be it a hospital board, a CCAC, for example, “shall negotiate the terms of an accountability agreement and enter into an accountability agreement within the applicable number days provided for in subsection (2.1).”

There is a bit of a change. I’m reading from the amendment that the government put forward, but the references are the same. “Shall” is the terminology that’s used throughout this section. I make the point that that is being used to very clearly show that the minister, at the end of the day, has all the power in this regard. The minister and health resource provider “shall negotiate the terms of an accountability agreement and enter into an accountability agreement within the ... days that are provided.” I’ll return to the number of days. Then it says under the compliance section, and this is 21(2), “A health resource provider ... shall ... comply” with a compliance directive, the emphasis on that because of course the health resource provider has no options in this regard.

In fact, there are some penalties listed in the bill that flow when the health resource provider doesn’t comply. But what’s very clear and reinforces the point I am trying to make is that the minister has all the power and the health resource providers who are noted in the bill have to comply with whatever the minister tells them to do.

Let me deal with some other sections that reinforce that. If you go to section 26.2, it says very clearly under the section on compliance, “The health resource provider shall comply with an order issued under subsection (1).” Again there is no negotiation about that. They are going to be told very clearly what to do, either by the Minister of Health or by his agents in the ministry.

If you go to the section with respect to CEOs of hospitals, again it is very clear that not only throughout these provisions does the minister have the power to make orders and make compliance directives and do that unilaterally, but now the minister takes on power that wasn’t even provided for, in Bill 26, by the Health Services Restructuring Commission. Now the minister takes on an additional power, which is to effectively deal with the CEO of a hospital if the minister doesn’t like what he or she is doing, even though, I want to point out, CEOs of hospitals are employees of hospital boards.

They are not Ministry of Health staff. But in the bill under section 26.16, it says very clearly:

“An order issued under subsection (5) may require the chief executive officer and a health resource provider”—it could be a hospital—“to comply with any directions set out in the order relating to any or all of the following:

“1. Holding back, reducing, or varying the compensation package provided to or on behalf of a chief executive officer in any manner or for any period of time as provided for in the order and despite any provision in a contract to the contrary.

“2. Requiring a chief executive officer to pay any amount of his or her compensation package to the crown or any person.”

Section 7, under “compliance,” “A chief executive officer and health service provider shall comply with the directions set out in the order.”

The point I made at the hearings and the point I will make here again today is that that is excessive power, which is not acceptable. A CEO of a hospital board is not an employee of the minister or the Ministry of Health; that CEO is an employee of the local board. Once this section goes into effect, the first time the Minister of Health tries to exercise his unilateral power under this section, there is going to be a CEO in court making the very argument that he is not an employee of the Minister of Health and that the Minister of Health has no ability to take this kind of action. As sure as I am standing here, that is what’s going to happen when this section is implemented.

The point that needs to be made about all the provisions I’ve just read, which clearly show it’s the Minister of Health who has the unilateral power to impose orders or impose compliance directives or claw back CEO compensation, is that these are powers the Minister of Health should not have.

#### 1700

Frankly, these are powers that I don’t understand why the minister would want to have. I say that for this reason: It was very clear during the course of the hearings that the groups that came before us agreed very strongly with the notion of accountability. Boards of directors of hospitals now, like boards of directors in many other institutions, have to be accountable for a broad range of spending, for a broad range of policy decisions, for their activities. As members in a community, they are very conscious of their need to be accountable.

No party that came before the hearings said that they didn’t want to be accountable, that they didn’t believe in accountability. No party even said that they didn’t want to enter into an accountability agreement. What the parties made very clear, and they are right about this, is that accountability is a two-way street. Where is the accountability on the part of the government in the bill, specifically, for example, with respect to ensuring that hospitals have enough funding on an ongoing daily basis to deliver the programs the ministry demands they deliver?

You see, it's not enough to set out an accountability agreement that lists in broad detail all the programming and all the services a hospital is going to undertake on behalf of the residents in their community and not also list in that same agreement the government's commitment with respect to ongoing multi-year funding to support the operation of those programs and services.

That very fundamental notion is completely absent from Bill 8. All of the accountability rests with the providers. For their part, they came to the hearings and very rightly said, "Where is the government in this negotiation? Where is the government's commitment with respect to the funding being there when we need it to deliver the programs the government demands we do in the agreement? Because if the government isn't there with its funding and we can't provide those services, is the next thing we can anticipate an order from the minister outlining what action he's going to take because we can't live up to our provision of service? Is the next action from the minister going to be a compliance directive ordering us to amalgamate services, contract out housekeeping services or contract out food services because we can't deliver on the service we promised to because we don't have enough government funding?"

That is a legitimate and fundamental point that the government members continue to miss—maybe purposely, maybe not. For this to work, it has to be a two-way street. There is nothing in the bill that guarantees that accountability will be a two-way street.

Second, it seems to me that when the government finds itself in a situation where there is a dispute between itself and a hospital board, or a board of a CCAC, and the government felt their position was correct and the hospital board felt their position was correct, it would want some kind of independent third party to deal with those issues that are in dispute, rather than having in the legislation, which the government now does, the unilateral power to override the concerns, override the questions of the hospital board and just impose a solution, whatever that solution may be.

It makes much more sense to my way of thinking that where the situation arises that there is no agreement between the two—perhaps the hospital board is saying very clearly and quite correctly, "We don't have the money to provide the services the minister wants to us deliver"—then there should be an independent mechanism for those disputes to be settled.

That was certainly the position that was taken by the Ontario Hospital Association and many of the hospitals that came before us. But it was a position that I had taken early on because I think it makes much more sense for the government to have an independent third party make those decisions because that will be seen as a fair process in the community.

I can tell you that the first time the Minister of Health issues a compliance directive or an order in a community, there is going to be vehement reaction to that by people in the community, because most people overwhelmingly support their community hospital board; they do, because

it's people they know. It's people they see in the shopping mall. It's people whose sons play on the same ball teams as theirs. Especially in smaller communities, rural communities, northern communities, there is, by and large, quite overwhelming support for local hospital boards. The first time the government goes in and issues a compliance directive, you're going to see a whole hospital board resign. You're going to see chaos in that community.

You know, I'm not sure that's good for the health care of that community. I'm not sure that's good for the community at all; I don't think it is. I think the government could have easily found a way to deal with what I think will be a minimal number of areas in dispute between hospitals, and found a way to deal with those that did not require the long arm of the minister to unilaterally impose a decision, unilaterally impose an agreement or an order or a compliance directive.

I think that's the wrong way to go. I think that having those powers with the restructuring commission was the wrong way to go. Obviously, the Liberals did at that time, because they opposed it, and here we are with the government bringing in the same kinds of sweeping, draconian powers that you opposed when the former government was in power. I don't understand your way of thinking in that regard, and I don't think the Minister of Health having those kinds of broad powers is going to serve you well at all.

Second, I said earlier that I'd talk a little bit about the changes in the dates, because there has been a change in the dates by which the accountability agreements are supposed to be in place. I won't use the word "negotiated," because I don't believe that's the case.

I think what will happen very early on as the minister and his staff try to go out and negotiate accountability agreements with all of the hospitals in the province, with the CCAC boards, with the independent health facilities, and with all the long-term-care facilities—because these are all health resource providers that the ministry says it's going to enter into accountability agreements with. The moment they start to do that, they will find that they have not the human resource capacity within the Ministry of Health to do anything of the sort in the timelines that are set out.

The new provision says that the applicable number of days is 90 days, where the minister gives notice to the health resource provider under subsection (1) for the first time to develop an agreement, and 60 days in all other cases. I regret to say that I don't think the ministry has the human capacity to deal with what it has just set up under the bill, and it is doomed to fail, then. It would have made much more sense for the government to use the resources that it has to implement a number of pilot accountability agreements across the four sectors that are contemplated in the bill, because I think under that scenario, they might have had the human resources in place, available to deal with the negotiations with the hospitals to set out all of the details of the accountability

agreements, not only with the hospitals but with the other health resource providers.

Instead, the government has decided to go forward full hog with all of the resource providers, and it will be very interesting to see how the ministry will ever be able to try to manage what it has set up for itself under the bill. I don't think the ministry is going to be able to do it, and it will not be very long, I think, after the bill is implemented that the ministry itself will be out of compliance with the very provisions that it has put in the bill in terms of the time frame it expects people to meet. The ministry itself will not be able to comply with those timelines.

Third, on the section, just before I finish with it, I want to go back to a point that was made by the member from Don Valley West, who said that on May 12, when I was speaking in this House, saying that there had to be rules in place to sort out where money goes in long-term-care facilities—that as a result of the comments I made, I inadvertently made the case for this legislation, Bill 8.

I have to tell you that that would be stretching the truth. That that comment would be stretching the truth is a gross understatement. Never, never have I suggested that we need the provisions in the bill, particularly with respect to the unilateral powers of the minister. On the contrary, I have been opposed to that from the start. I repeat again: Every group that came forward said they wanted accountability. Many agreed that they would enter into accountability agreements. They had no problem with that at all. Their concern was about where the ministry was in all of this and how the ministry was going to be accountable. My concern has continued to be, because there is not a two-way street with respect to accountability, that the minister then has the power in the bill to use very sweeping powers to impose what he wants. I think that makes no sense.

**The Deputy Speaker:** Just one moment. I'd like the level of the chatter to go down a bit, please. Thank you. I'm listening to the member for Nickel Belt.

1710

**Ms Martel:** Let me conclude the part about the sweeping powers by reading to you two letters that, I think, make the case. The first is a letter addressed to Minister Smitherman on March 17. It was sent from the Ontario Hospital Association. It's still relevant, frankly, because their concerns were not addressed, even during the second round of clause-by-clause, which occurred this Monday:

“While progress has been made, the amendments made on March 9 have not yet corrected what hospitals see as the most serious aspects of the bill. We believe further changes need to be made to sufficiently safeguard the critical role of community governance of hospitals. The central problem with Bill 8 is that it gives the provincial government the power to impose anything it likes on any individual hospital, bypassing local boards—the people who know most about the hospital and the services it provides to the community.”

The second letter I'd like to read from is one that was actually addressed to me from the chair, G.W. Deverell, of North Wellington Health Care. It was sent to me on April 7.

“The ministry is steadfastly painting the picture that all is well and that with the help of the province hospital governance will be fine. I have over 25 years of experience in hospital governance—and from that experience I have concluded, that will not be, the case. We need, and have historically had, real governance at the local level by voluntary boards made up of community members. This is in tune with the rural and northern health care framework. If the public wants to knowingly change that governance model, so be it. The problem with Bill 8, however, is that the change is being made in the shadow of that worthwhile and now ubiquitous term ‘accountability.’ The public ... don't generally understand that. It is difficult enough now to recruit good, committed volunteer board members. If Bill 8 becomes law as amended, I predict that current and prospective board members will decline the job of being local window props for the provincial level of government.”

The second reason New Democrats oppose this bill has to do with the health quality council and the lack of real power, teeth, what have you, provided to them under the bill. The minister has said on more than one occasion that creation of a health quality responsibility is essentially going to make the government accountable with respect to the health care decisions it makes. I have consistently argued that it will not, and frankly, a review of the powers of the council would bear that out.

I have no problem with a health quality council being instituted. I am sure they will be very good, qualified, well-meaning people who could rise to the occasion. The problem I have is that the health quality council is not going to be able to hold the government accountable with respect to health care decisions or functions. Their functions are very limited. They appear as follows in section 4 of the bill:

“The functions of the council are,  
 “(a) to monitor and report to the people of Ontario on,  
 “(i) access to publicly funded health services,  
 “(ii) health human resources and publicly funded health services,  
 “(iii) consumer and population health status, and  
 “(iv) health system outcomes; and  
 “(b) to support continuous quality improvement.”

That's all well and good, but if you wanted to give this council some real power and some real teeth, then you would also say that they also have the responsibility to make recommendations to the minister with respect to what they find as they do all of their work, to make recommendations to the minister on health policy changes, to make recommendations to the Minister of Health on health funding and where it should be directed and targeted, especially given the work they are going to do to try and identify gaps in services. They should be given the power to make recommendations about policy

changes, legislation changes and funding direction if we really want to hold them accountable.

The problem in the bill is that the only recommendations they can make to the minister are recommendations involving future areas of monitoring for them, the future areas in health care where they are going to monitor and report to the people of Ontario. You might as well tie their hands behind their back, because we have reams of reports that have been delivered by many good, well-meaning people over the years. Despite their recommendations in some of those very reports, there has been nothing to force a Minister of Health to change funding priorities, to add more funding, to change health care legislation, to make things better.

So while the minister has said repeatedly that somehow the Ontario Health Quality Council is going to make the government more accountable, there's not a thing in the legislation that will actually do that. These poor council members have the opportunity only to make recommendations about future areas of reporting that they're going to be involved in. That's it. That's the sum total of their ability to make a recommendation.

If you want to make these people truly accountable—and we should, because we're going to be spending a fair bit of money to put them in place—or make them have a purpose that will make the government be accountable, then you give them the power to make recommendations from the work they do. When they monitor and report on issues, they should have the power to make recommendations about health care changes to make sure that the work they do doesn't just sit on the shelf.

I think, if the minister were being honest with people and telling them very clearly that these folks were going to be accountable, the government would have made the changes necessary to ensure that the council had the ability to make recommendations for sweeping change in health care. That hasn't happened. So, despite the fact that I'm sure some good and well-meaning people will come forward, I regret to say that I think much of their work is just going to end up sitting on the shelf. I think that will be very regrettable indeed.

The third reason that we, as New Democrats, have opposed this bill is that the bill does nothing—zero, nada—to make any changes to the further privatization of health care in Ontario—changes begun under the Conservatives and, regrettably, continued under the Liberals despite some very specific election promises that were made. We have opposed this because the members of the government, and the minister himself, on many occasions have tried to say that this bill protects medicare and makes sure that we don't have two-tier health care in Ontario.

When you look at the track record of the Liberals on this issue, you see that nothing is further from the truth. Let me deal with a couple of examples—P3 hospitals, for starters. This is what the Premier said with respect to P3 hospitals before the election: “What I take issue with is the mechanism. We believe in public ownership and public financing (of health care)”—emphasis on the

words “public financing.” “I will take these hospitals and bring them inside the public sector,” said Dalton McGuinty to the Ottawa Citizen on Wednesday, May 28, 2003.

In the same article he is quoted as saying, “Mr McGuinty believes that public-private sector partnerships in health care would ultimately cost the province more money than traditional arrangements. He says such arrangements would be discontinued and the hospitals returned to full public ownership.”

Well, here we are, eight months after the election: P3 hospitals still underway in Brampton and Ottawa; no change in the structure in terms of a public-private partnership; and no change whatsoever in the financing, which is going to be done by the private consortium, while the public gets stuck with the bill. That was a very specific election promise made by the Premier.

All that has been done is that the Conservative lease has now become a Liberal mortgage. But the traditional hospital financing that the Premier promised is not in place for Brampton and Ottawa. As a result the public, especially the public in Brampton and Ottawa, is going to pay far more for this hospital than if it had been done through a capital grant.

Let me make a couple of points in this regard. The fact of the matter is that, traditionally, we have used capital grants that have been provided by the government to support hospital construction and reconstruction and the community has had to pay a local share. Those capital grants have been obtained by the government, which goes out and borrows money, and because government is such a big player in that system, it can get the best deal in terms of the lowest interest rate.

Under the scenario that's now in place, of course, the private sector consortium is going to go out and borrow the money for financing. You will know that they're going to pay more in terms of rate of interest for the amount of money they're going to borrow. So they're going to go out and borrow the money and it's going to cost us more on that one front.

Second, because it's a private sector consortium, they're going to want—they're going to demand, frankly—a cut, repayment for the work they do on behalf of the public for this project. So of course now we're going to be paying for the profit of the private sector consortium to do that hospital construction project.

#### 1720

Now the public is paying twice. We are paying more because the cost of interest is more, and we're paying now to support the profit of the private sector consortium. That is money that, I have argued consistently through the hearings, should be spent on patient care and patient services, not on the profit of the for-profit consortium.

The second change, and this is a very dramatic one as well, is that before, it used to be provided as a capital grant; now you have a mortgage that the hospital will have to assume. The hospital will have to pay mortgage payments on this hospital construction. The hospital will

pay these mortgage payments through the operating grant of their hospital. Operating grant money has been traditionally used to support staff and services and programs that are offered in the hospital, not to pay for bricks and mortar.

Before we are done, I'm quite concerned that both of these two hospitals, if these deals do continue to go ahead—and there are efforts to stop them, thank goodness, and build them in the public sector, where they should be, where the Premier promised. What I see happening is that down the road a hospital won't be able to make the mortgage payment, and suddenly you have a hospital making decisions to cut staff, cut programs, cut services—all of which patients require—because they're trying to find the money they need to pay the mortgage. This is the wrong way to be financing a hospital; absolutely the wrong way.

I believe, and Premier McGuinty promised, that we should not be moving ahead with private-public partnerships; we should be funding hospital construction in the way we traditionally have done. But this Liberal government, after the election, didn't do what it promised. We have essentially the same private-public partnership deal, scheme, set in place by the Tories, now operated under the Liberals. I can guarantee that people in Brampton and in Ottawa are going to pay more as a result. Their programs and their services will be put at risk if that hospital can't afford to make the mortgage payments through the operating grant.

I think Premier McGuinty should have done what he promised. He was very clear in the election. I think people in those communities voted for him because of that promise, and he should have lived up to it, but he hasn't. So it's pretty difficult for the government to argue that they're not supporting two-tier health in this bill when they're continuing with the same P3 hospital scheme that was put in place by the Tories.

Let me give you the second example. This has to do with the private CAT scans and private MRIs. Here's what the Liberals said in their election platform:

“The Harris-Eves government opened private, two-tier MRI and CT clinics. These clinics will sell a variety of scans alongside public services, giving quicker access to those who can afford to buy their way to the front of the line.

“We will cancel the Harris-Eves private clinics and replace them with public services. The Romanow commission proved there is no evidence to support expanding private diagnostic services.

“Many communities have already raised money for a new MRI or CT scan for their local hospital, but have been denied operating funding by the Harris-Eves government. Instead of opening private clinics, we will work with these communities to expand access in the public system.”

Here we are, eight months later, and we have seven—at least seven—private MRI and CAT scan clinics operating in the province, and this government has done nothing to shut them down; nothing. Despite the very

clear election promise—the quotes I read to you are from the Liberal health platform, and there are other promises made with respect to the same issue before and through the election—here we are, eight months later, and those same private CAT scan clinics that the Liberals were oh, so opposed to before and during the election are still up and operating in Ontario. The same for-profit, private scheme for MRI clinics put in place by the Tories is still operating under the Liberals.

When I hear Liberal members talk to me about how Bill 8 will protect medicare, I have to say, “Are you joking?” I have to laugh. If you were truly interested in protecting medicare, you would have shut them down, just like you promised. They wouldn't be operating today, and they are. We see no evidence that they're going to be shut down in the near future either. Why is it that we are using health care dollars, dollars that should go to patients instead, to go to profits for the folks who operate private clinics? The government is right: These are the kinds of things that allow you to buy your way to the front of the line. If that's what you believed before the election, why haven't you shut them down? Why are they still operating?

It is not enough to say, as the minister did in the budget, “We're going to open some new MRIs next year.” What about the ones you promised you were going to close? What about the ones that are eating up dollars that should be used for patient care, and instead see those dollars transferred into the profit line of the for-profit companies that operate them? Shut them down, just like you promised. Otherwise, everything you say about Bill 8 and protecting medicare is just rhetoric, just nonsense.

Let me give you another example. This has to do with competitive bidding in home care. We got this during the hearings. We got this when we were in Ottawa. We had a woman before us who worked for a CCAC. She gave a very articulate presentation about how competitive bidding was really destroying home care. She talked about the many players in the system now who are all trying to get their hands on money, money that should be going into direct patient care. She made it clear that competitive bidding in home care had resulted in lowering the wages of workers in that sector and had also reduced the quality of care to those people who need home care.

Is the government doing anything about shutting down competitive bidding in home care, about the private sector being involved in home care delivery? No. I don't understand why not. I particularly don't understand why not when all I hear is government rhetoric about how Bill 8 is protecting medicare. If you want to protect medicare, shut down competitive bidding in home care, so that you can actually have people who make a decent wage in this sector, as they should, given the important work they do, and so you can be assured of continuity of care for patients who use home care. Right now, every time a contract comes up, in too many CCACs, somebody else gets a contract, there are new people in there and there is no continuity of care for the people who need it, who rely

on important home care services. But I don't hear the government talking about that at all.

If you look at the preamble of the bill—I guess for me that's where I really see the contradiction between the government rhetoric about protecting medicare and what is really happening—it says, for example:

“The people of Ontario and their government:”—I assume that means this government—

“Confirm their enduring commitment to the principles of public administration, comprehensiveness, universality, portability and accessibility ...

“Continue to support the prohibition of two-tier medicine, extra billing and user fees....”

Just take a look at the most recent budget. If that budget isn't a contradiction with respect to the preamble to Bill 8—the bill talks about universality, prohibition of two-tier medicine. We've got three services that have been covered under OHIP that are now going to be delisted courtesy of this government: eye care, chiropractic care and physiotherapy.

Those are covered now under OHIP, in some cases all of the cost, in some a portion of the cost. OHIP is now covering some of those costs for those important essential health care services. The government talks about two-tier medicine. I can tell you that as soon as you delist health care services from OHIP and people have to pay out of their own pocket for the services, you just increase two-tier medicine in Ontario.

Those who can afford to pay for some of those services will be able to afford to get them and those who can't will go without. That's what two-tier medicine is all about. That's what you folks said you were going to work against in Bill 8. Then you go to the budget and see the services that are being delisted, and all you can conclude is that the government is just continuing to move down that road of two-tier medicine. How else would you describe it when you cut services that are now being paid for by OHIP and those who can afford to pay for them will get them and those who can't will do without?

That is a wrong-headed decision. You will not save any money delisting these essential services and you sure will negatively impact the quality of health care of people who need these essential services. That's just one example of the contradiction in the preamble of the bill that the Liberals have talked so much about and what's really happening under them.

The final one has to do with the delisting powers—I didn't mention this but I should have—that are in the budget bill itself. In the budget bill the minister is now going to have the unilateral power to delist drugs from the Ontario drug benefit plan. There is no reason at all for the minister to have that power.

I was part of the Provincial Auditor's committee where the auditor talked about giving him the power so that he could approve drugs that were already recommended by the DQTC. I can tell you, the auditor never said the minister should have the power to delist. Get rid of that section of the bill. He should not have that power.

It should stay the same in terms of cabinet having to make that decision, not the minister all on his or her own.

In conclusion, as I finish up, let me say: We've opposed this bill from the start and we will continue to because of the unilateral powers to the minister, the fact that the health quality council can't hold the government accountable, and the fact that it does nothing to stop further privatization of health care in Ontario.

1730

**Mr McMeekin:** I want to begin by observing in passing my admiration for the member from Simcoe North, who generally speaks a lot of sense and raises a lot of good questions. He obviously drew the short straw. He was talking about us having problems over on this side of the House. I noted with some sympathy that he was largely abandoned by his colleagues, but I want to say he made some really good points.

A lot of people are going to cover a lot of technical things. I remember mom saying to me once, “You wouldn't worry about what people thought of you if you realized just how often they did.” I want to use that as an entree to say that we can get off on a lot of tangents here, but I want to look at some of the things specifically about this bill that I don't think have been touched on.

I want to just point out, in starting, that many people on this side of the House were mentored and inspired to get into politics by Pierre Trudeau. I thought Mr Trudeau was an incredibly inspiring person-mentor, but I was inspired and encouraged to consider public service by Tommy Douglas, my good friend. I had the privilege of coming to know Mr Douglas quite well. We actually became friends and spent some time together, talking about a number of things, including health care. I recall that Mr Douglas introduced medicare in Saskatchewan—very necessary—but he was the first person to bring in premiums, and everybody paid the same amount. It wasn't graduated. Everybody paid the same—

**Mr O'Toole:** Your government cancelled them.

**Mr McMeekin:** We've made a lot of progress since then. We've got a tax system inspired by him, a tax system, because he fought for that too, that's graduated. People pay different amounts.

On the OHIP premium, I want to say that one of the things that hasn't been said very much is that those who earn over a certain income—I'm not even quite sure where it kicks in—pay a health care premium, I think an extra 4%.

**Mr Mike Colle (Eglinton-Lawrence):** A surtax.

**Mr McMeekin:** A surtax that Michael Colle might want to speak about.

I want to disabuse people on the lack of progressiveness in this particular issue. When we did our consultations around the province, it was interesting to note that 72% of those we spoke to said government had to be about changing the way it delivers services, and some 76%, specifically as it relates to health care, said, “This isn't rocket science. You're going to have to raise some additional revenues to pay for it.” In fact, their suggestion

was that we look at raising taxes, if that's what we had to do.

We heard that in virtually all of the—it's not rocket science. If you want to have 24/7, community-based, multidisciplinary health care, if you want to shorten waiting lists for cancer assessment, cardiac assessment, surgeries, if you want more nurse practitioners, if you want better long-term care and if you want to do what Mr Romanow suggests and that's to put a diversified spectrum of home care options as part of the health care basket, that costs money, right?

It's money we need to look at, particularly when you come to government and suddenly discover you've got an \$8-billion revenue shortfall. It's like that old Woody Allen film: "There are two things wrong with this restaurant: The food is awful and the portions are far too small." The reality is that the buck has got to stop somewhere. You've got to make some tough decisions and we've certainly done that.

I also want to take a few minutes just to disabuse, those who may be watching at home, the notion that there's anything sweeping or draconian about accountability, or that there's anything, necessarily, to the case that some are trying to make that moving through a system where we're now bringing about a health care premium, with a promise that all the money generated is going to be used exclusively to promote better community-based health care, is somehow going to push a two-tier system. I think that's nonsense. In fact, I think a better case could be made for, say, when people make a contribution over and above their tax, that it actually is going to raise their expectations about their health care system; it's going to get them, by design, more involved in discussion. This bill is a lot about that. It's about accountability agreements.

I also want to disabuse those who may be watching that there's anything in this bill that attacks negotiated contracts of workers out there. It's nonsense. We talked about this in the hearings themselves. This doesn't threaten contracts. It may have consequences for chief executive officers who don't fulfill the obligations of the contract they've negotiated with the ministry, but front-line workers—that's just silly.

By the way, there's nothing sweepingly draconian about providing yearly reports to the people of Ontario about how we're shortening waiting lists or how we're accommodating more surgeries and more of our vulnerable elderly and others in home care. There's nothing draconian about hiring 8,000 new nurses. Can you think of anything sweepingly draconian about that? I can't, although I do agree with the member from Nickel Belt that we need to look at the competitive bidding issue. I think that's a real problem.

It used to be that agencies would work together, they'd collaborate together, they'd share information, but a lot of home care agencies today have become cannibalistic. They hoard information. They don't share, and it's because eventually they're going to have to bid for a contract. I know the Minister of Health, from conver-

sations I've had with him, is going to be looking at that as well. So I wanted to make those points.

I also want to say that there's nothing sweepingly draconian about primary care reform that would see 150 new community-based, multidisciplinary health care units across Ontario. My spouse happens to be in a community-based primary care unit, probably the longest-serving one in Ontario, some 30 years. It provides wonderful care. We know first hand. There's nothing draconian about that, or about trying to acknowledge that people who end up in emergency rooms because they don't have family doctors need to have access to family doctors so that we can turn that around. Hospitals can better invest the monies they have access to, providing the care that right now is monitored vis-à-vis the length of the waiting list.

I also want to make reference very specifically to a part of the bill that I think has been missed. But just by way of footnote I want to touch first on the whole issue of dollars, and where's the government. You know, hospital health care has been going up, I think, about 12%, 13% a year over the last four years, where funding for community-based home care has been decreased, and in some cases eliminated in communities. But section 20 of Bill 8, on the Ontario health council, talks specifically about the principle of accountability being a fundamental sixth leg added to the Canada Health Act.

By the way, just as an aside, the three services that were delisted aren't Canada Health Act services, just so you know. So many of the arguments that were made about them are by definition less than complete.

#### 1740

In section 20, there's reference to accountability. Then it talks about public interest extensively. It talks about, "The minister and the Lieutenant Governor in Council may exercise any authority under this part" to guarantee certain things.

Here's a list of those draconian things that some want to talk about that are included in this. What's draconian about "clear roles and responsibilities regarding the proper management of the health care system and any health resource provider"? What's draconian about "shared and collective responsibilities"? Is there anything draconian about "transparency," "quality improvement," "fiscal responsibility"—I'm reading from the act—or "value for money" or "public reporting" of progress using best practices? Is there anything draconian about the insistence on "consistency" and "trust" in the health care system or "reliance on evidence"? Again, best practices. To that we added timeliness and a guarantee of accessibility.

So I want to say that this isn't perfect, but it's sure as heck not sweepingly draconian. The buck's got to stop somewhere. This government's prepared to end the silly ride we've been on and begin to develop those community-based health care facilities by targeting areas that need help. I see my friend from Simcoe North is coming back in, a brave man who speaks a lot of common sense most of the time.

I want to say, that's where this government is. We'll stand on this. We've made a lot of progress since those early years of Tommy Douglas. We'll continue to make more progress as we talk to the stakeholders and our communities about the most important issue they tell us they have, and that's a strong health care system in Ontario.

**Mr Delaney:** It's my privilege to stand and speak in support of Bill 8 today. Like many in the House, I'm a member of the baby boom generation. We baby boomers are living longer, living healthier and living better, but despite all of that, we're also just getting older.

I listened earlier today to the moving tributes to our D-Day veterans. Those are our parents. Those are our children's grandparents. Old age used to mean poverty and neglect. In our last generation, the generation we praised earlier today, they redefined it to "life with independence and dignity."

Our challenge, to follow them, is to extend the concept of universal, accessible and sustainable health care—the pressure from those of us in our baby boom generation who will begin to turn 60 in the next two to three years—through the years when we cease being net contributors to the system and begin to be net recipients of health care.

Moreover, health care means more than caring for the baby boom demographic bulge. Bill 8 is about how health care in Ontario touches and helps everyone at every stage of life.

Our predecessors in government slashed health care for their first five years. Then they threw money at it for their next three years. Ontario ended up spending \$28 billion on health care annually, the single largest budget item. But I ask members here, was health care more accessible in 2003 than it had been eight years before? No, it wasn't. Was health care more reliable in 2003 than it had been eight years before? Did more Ontarians have a family doctor in 2003 than was the case eight years ago? No.

Clearly Ontario needs better than the same old things. Ontario knows that if you do the same old things in the same old way, then you'll get the same old outcomes. That's just unacceptable for Ontario. That needs to be changed. That's why we're doing things differently with Bill 8.

Roy Romanow's report laid out a framework of what Ontarians want. Bill 8 aims to take Mr Romanow's report and turn it into results that Ontarians can see in their hospital waiting rooms, in their parents' long-term-care facilities and in the health of their children.

Why do we need Bill 8? Because right now, other than handing over a cheque to a health care provider, there's very little the Ministry of Health can do to either affect the outcomes in health care or measure the cost-effectiveness of how Ontario's health care resources are focused and spent.

Bill 8's key word is "accountability," and many of the deputants who talked to us during the hearings agreed. Lakeridge Health in Durham region, for example—and I

use their own words—agrees with many of the broad goals behind Bill 8, such as the creation of the Ontario Health Quality Council to monitor and report on important health care indicators for Ontarians.

I'd like to talk about that Ontario Health Quality Council for the balance of my time. "Accountability" means that the outcomes that Bill 8 will measure will be public. "Public" means that those outcomes will be tabled here in this Legislature, where our accustomed high quality of debate will assist the public in achieving the goal of transparency.

Let's show Ontarians just what they're getting for their money. The Ontario Health Quality Council will be an independent, objective body. It will report to the public through the Legislature. In business, we know the mandate of the Ontario Health Quality Council by other names. We call them key success factors. We call them metrics. We call it management by objectives. We call it a host of other terms. In essence, how do you know you're doing well? Often, during the hearings, I asked some of the deputants, "How do you measure or undertake on an ongoing basis to quantify the efficiency, the accountability and the value for money within your facility so you can measure progress and identify areas of concern?" Most often, the answers were vague.

The Ontario Health Quality Council will track the performance of the health system by measuring the same things, measuring them the same way and measuring them year after year, so that we can track changes, measure progress, identify problems and opportunities and target people and money. We know that simply throwing money at a problem almost never does anything except waste the money, worsen the problem and leave the potential beneficiaries bitter at the failure.

We don't believe that a private system is the answer. No nation on earth spends more money on health care than the United States of America. No nation on earth spends so much more so ineffectively. We want our health care resources spent on health care, not on collection of bad debt, not on sky-high malpractice insurance, not on litigation costs, not on profit and incentives, not on marketing, sales and advertising and not on enormous executive salaries and bonuses. We feel our Ontario health care expenses should treat children, keep seniors in their homes and use our hospitals more effectively.

Bill 8 and the budget's health care premiums get a thumbs-up from my own hospital in Mississauga West, the Credit Valley Hospital. Bill 8 is one of the ways Ontario's government will keep its commitments to all Ontarians, to ensure quality health care, universal health care, accessible health care, comprehensive health care and compassionate health care to all Ontarians, young and old.

**Mr Kevin Daniel Flynn (Oakville):** It's a pleasure to join the debate. In the early stages of this bill I had the privilege of being the Chair of the justice and social policy committee as we did the public hearings after first reading. As a result of that I was unable to speak to it, or

felt I shouldn't speak to it in the House in order to maintain that impartiality. Now that I'm not Chair any more I can speak my mind on this bill.

If you take a look at the concept of public health care in Canada, you have to think of some names that aren't necessarily associated with the Liberal Party. You think of names like J.S. Woodsworth, Tommy Douglas, Stanley Knowles and George Cadbury, if you go back to the days of the Ginger Group and perhaps even the CCF. But once that principle was established, people were looking for a government that they could entrust with the management of that health care system.

**1750**

As the health care system began to define us as a country, we realized it wasn't just enough to be in favour of the principles or to be in favour of the concept behind public health care, but that somebody had to manage the system in a businesslike fashion. I think what we've been able to do with Bill 8 is to start to introduce some of the discipline that people use in their own lives, in their business lives and in their own family. We've been able to inject some of that private sector accountability and that private sector business discipline into the health care system, not by introducing private health care, by any means, but by way of introducing accountability agreements. We see that this has to be managed properly. Taxpayers expect us to manage those funds properly and they understand that on a yearly basis we should be able to report back to the public and say, "Here's how we've used your tax dollars. Here's how we've maintained a single-tier public health system in this province." I don't think there's anything wrong with that. I think all parties should be embracing that concept. Taxpayers simply expect accountability.

When you look at some of the amendments that have been made to the bill since its introduction after first reading, I think there have been some substantial amendments that have shown that this is a government that's prepared to listen to people. When people come forward at public hearings to committees, when they bring forward good ideas, this government is prepared, to the extent possible, to introduce and try to include some of those ideas in the bill.

I think you can look through some of the amendments very specifically. For example, some members of the labour movement came forward and said, "If you bring in accountability agreements, you're going to open up collective agreements and all sorts of bad things are going to happen." We learned very quickly that that was scaremongering, that that was a hoax. We were able to put that idea to rest.

We also had people come forward and say, "If you introduce Bill 8, you'll be taking away that tremendous role that volunteers have played on our hospital boards, in the running of our hospitals and on auxiliaries. Hospital boards will quit in droves. You just won't have those volunteers to rely on." When you think of the respect and the honour that volunteers bring to the role in a hospital system, no government in its right mind would

suggest we do anything along those lines, and is certainly what this doesn't do in that.

Just imagine having to replace those volunteers. Imagine the cost involved in having to replace the volunteers who help in the running of our hospitals. It would simply be madness to try to drive people out of the system.

We've got a health quality council that's going to report back. When you look at the roles of hospitals in our community, it's an accountability that people expect; it's an accountability that they're going to receive under Bill 8.

Who is supporting Bill 8? Who should be supporting Bill 8? Anybody who agrees on accountability—

*Interjections.*

**Mr Flynn:** I'm glad the third party has raised that. Who was one of the first governments in Canada to cut health care funding? It was the New Democratic Party, that's who it was. Who closed 8,000 hospital beds? It was the New Democratic Party. Who had that long-sighted policy of cutting medical school spaces? Who put us in the position that we're in today? The NDP, the very people who should have been supporting, the very people who should have been paying honour to the system that Tommy Douglas introduced, were the ones who betrayed it the most when they had the opportunity to run that system.

The facts are very clear: You cut hospital funding, you capped doctors' fees, you cut medical school spaces and you even cut the number of foreign-trained physicians who were trying to enter this province. Now you sit here and say, "We're not going to support Bill 8." You had an opportunity—

**Mr Dunlop:** Hey, buddy, whose approval rating is at 27%?

**Mr Flynn:** Hey, don't. If the Tories want to start in on their record, I'd be quite happy to go there as well.

*Interjections.*

**The Deputy Speaker:** Order.

**Mr Flynn:** I'd be quite happy to go there as well. People know what the Tories did to the hospitals. People know quite clearly.

OK, we've had some fun, Speaker.

We simply believe in this party that single-tier public health care is the best kind of health care. The health of our people is the most precious resource. The Commitment to the Future of Medicare Act will provide enduring protection for that system. We think it's an important step that strengthens our public health care system and restores confidence in it. God knows, after being managed by those two parties, it needs confidence restored in it. You ask anybody in Ontario.

We've actively listened to our health care partners. We listened to the public input during public hearings. We've introduced amendments. I strongly support Bill 8 and urge all members to.

**The Deputy Speaker:** Are we ready for the question?

Mr Caplan has moved third reading of Bill 8.

Is it the pleasure of House that the motion carry?

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion, the ayes have it.

Call in the members. This will be a 30-minute bell.

I have received a request for deferral from the chief government whip. The vote is accordingly deferred until Monday, June 7, during deferred votes.

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

*The House adjourned at 1758.*

*Evening meeting reported in volume B.*

**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenant-gouverneur: Hon / L'hon James K. Bartleman

Speaker / Président: Hon / L'hon Alvin Curling

Clerk / Greffier: Claude L. DesRosiers

Deputy Clerk / Sous-greffière: Deborah Deller

Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman

Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Algoma-Manitoulin	Brown, Michael A. (L)	Hamilton East /	Horwith, Andrea (ND)
Ancaster-Dundas-	McMeekin, Ted (L)	Hamilton-Est	
Flamborough-Aldershot		Hamilton Mountain	<b>Bountrogianni, Hon / L'hon Marie (L)</b> Minister of Children and Youth Services, Minister of Citizenship and Immigration / ministre des Services à l'enfance et à la jeunesse, ministre des Affaires civiles et de l'Immigration
Barrie-Simcoe-Bradford	<b>Tascona, Joseph N. (PC)</b> First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative		
Beaches-East York /	Prue, Michael (ND)	Hamilton West /	Marsales, Judy (L)
Beaches-York-Est		Hamilton-Ouest	
Bramalea-Gore-Malton-	Kular, Kuldeep (L)	Hastings-Frontenac-Lennox and	<b>Dombrowsky, Hon / L'hon Leona (L)</b> Minister of the Environment / ministre de l'Environnement
Springdale		Addington	
Brampton Centre /	Jeffrey, Linda (L)	Huron-Bruce	Mitchell, Carol (L)
Brampton-Centre		Kenora-Rainy River	Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Brampton West-Mississauga /	Dhillon, Vic (L)		
Brampton-Ouest-Mississauga		Kingston and the Islands /	<b>Gerretsen, Hon / L'hon John (L)</b> Minister of Municipal Affairs and Housing, minister responsible for seniors / ministre des Affaires municipales et du Logement, ministre délégué aux Affaires des personnes âgées
Brant	Levac, Dave (L)	Kingston et les îles	
Bruce-Grey-Owen Sound	Murdoch, Bill (PC)		
Burlington	Jackson, Cameron (PC)	Kitchener Centre /	Milloy, John (L)
Cambridge	Martiniuk, Gerry (PC)	Kitchener-Centre	
Chatham-Kent Essex	Hoy, Pat (L)	Kitchener-Waterloo	Witmer, Elizabeth (PC)
Davenport	Ruprecht, Tony (L)	Lambton-Kent-Middlesex	Van Bommel, Maria (L)
Don Valley East /	<b>Caplan, Hon / L'hon David (L)</b> Minister of Public Infrastructure Renewal, Deputy House Leader / ministre du Renouvellement de l'infrastructure publique, leader parlementaire adjoint	Lanark-Carleton	Sterling, Norman W. (PC)
Don Valley-Est	Wynne, Kathleen O. (L)	Leeds-Grenville	Runciman, Robert W. (PC)
		London North Centre /	Matthews, Deborah (L)
Don Valley West /		London-Centre-Nord	
Don Valley-Ouest		London West /	<b>Bentley, Hon / L'hon Christopher (L)</b> Minister of Labour / ministre du Travail
Dufferin-Peel-Wellington-Grey	Eves, Ernie (PC) Leader of the opposition / chef de l'opposition	London-Ouest	Ramal, Khalil (L)
Durham	O'Toole, John (PC)	London-Fanshawe	Wong, Tony C. (L)
Eglington-Lawrence	Colle, Mike (L)	Markham	<b>Takhar, Hon / L'hon Harinder S. (L)</b> Minister of Transportation / ministre des Transports
Elgin-Middlesex-London	<b>Peters, Hon / L'hon Steve (L)</b> Minister of Agriculture and Food / ministre de l'Agriculture et de l'Alimentation	Mississauga Centre /	Fonseca, Peter (L)
	Hudak, Tim (PC)	Mississauga-Centre	
Erie-Lincoln		Mississauga East /	Peterson, Tim (L)
Essex	<b>Crozier, Bruce (L)</b> Deputy Speaker, Chair of the Committee of the Whole House / Vice-Président, Président du Comité plénier de l'Assemblée législative	Mississauga-Est	
	Cansfield, Donna H. (L)	Mississauga South /	Delaney, Bob (L)
Etobicoke Centre /		Mississauga-Sud	
Etobicoke-Centre		Mississauga West /	Baird, John R. (PC)
Etobicoke North /	Qaadri, Shafiq (L)	Mississauga-Ouest	Kormos, Peter (ND)
Etobicoke-Nord		Nepean-Carleton	
Etobicoke-Lakeshore	Broten, Laurel C. (L)	Niagara Centre /	Craiton, Kim (L)
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)	Niagara-Centre	Martel, Shelley (ND)
Guelph-Wellington	Sandals, Liz (L)	Niagara Falls	Smith, Monique M. (L)
Haldimand-Norfolk-Brant	Barrett, Toby (PC)	Nickel Belt	
Haliburton-Victoria-Brock	Scott, Laurie (PC)	Nipissing	Rinaldi, Lou (L)
Halton	Chudleigh, Ted (PC)	Northumberland	
		Oak Ridges	Klees, Frank (PC)

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Oakville	Flynn, Kevin Daniel (L)	Stoney Creek	Mossop, Jennifer F. (L)
Oshawa	Ouellette, Jerry J. (PC)	Stormont-Dundas- Charlottenburgh	Brownell, Jim (L)
Ottawa Centre / Ottawa-Centre	Patten, Richard (L)	Sudbury	<b>Bartolucci, Hon / L'hon Rick (L)</b> Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
Ottawa South / Ottawa-Sud	<b>McGuinty, Hon / L'hon Dalton (L)</b> Premier and President of the Executive Council, Minister of Intergovernmental Affairs / premier ministre et président du Conseil exécutif, ministre des Affaires intergouvernementales	Thornhill	Racco, Mario G. (L)
Ottawa West-Nepean / Ottawa-Ouest-Nepean	<b>Watson, Hon / L'hon Jim (L)</b> Minister of Consumer and Business Services / ministre des Services aux consommateurs et aux entreprises	Thunder Bay-Atikokan	Mauro, Bill (L)
Ottawa-Orléans	McNeely, Phil (L)	Thunder Bay-Superior	Gravelle, Michael (L)
Ottawa-Vanier	<b>Meilleur, Hon / L'hon Madeleine (L)</b> Minister of Culture, minister responsible for francophone affairs / ministre de la Culture, ministre déléguée aux Affaires francophones	North / Thunder Bay-Superior- Nord	<b>Ramsay, Hon / L'hon David (L)</b> Minister of Natural Resources / ministre des Richesses naturelles
Oxford	Hardeman, Ernie (PC)	Timiskaming-Cochrane	Bisson, Gilles (ND)
Parkdale-High Park	<b>Kennedy, Hon / L'hon Gerard (L)</b> Minister of Education / ministre de l'Éducation	Timmins-James Bay / Timmins-Baie James	<b>Smitherman, Hon / L'hon George (L)</b> Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Parry Sound-Muskoka	Miller, Norm (PC)	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	Churley, Marilyn (ND)
Perth-Middlesex	Wilkinson, John (L)	Vaughan-King-Aurora	Marchese, Rosario (ND)
Peterborough	Leal, Jeff (L)	Waterloo-Wellington	<b>Sorbara, Hon / L'hon Greg (L)</b> Minister of Finance / ministre des Finances
Pickering-Ajax-Uxbridge	Arthurs, Wayne (L)	Whitby-Ajax	<b>Arnott, Ted (PC)</b> First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative
Prince Edward-Hastings	Parsons, Ernie (L)	Willowdale	Flaherty, Jim (PC)
Renfrew-Nipissing-Pembroke	Yakabuski, John (PC)	Windsor West / Windsor-Ouest	Zimmer, David (L)
Sarnia-Lambton	Di Cocco, Caroline (L)	Windsor-St Clair	<b>Pupatello, Hon / L'hon Sandra (L)</b> Minister of Community and Social Services, minister responsible for women's issues / ministre des Services sociaux et communautaires, ministre déléguée à la Condition féminine
Sault Ste Marie	Oraziotti, David (L)	York Centre / York-Centre	<b>Duncan, Hon / L'hon Dwight (L)</b> Minister of Energy, Chair of Cabinet, Government House Leader / ministre de l'Énergie, président du Conseil des ministres, leader parlementaire du gouvernement
Scarborough Centre / Scarborough-Centre	Duguid, Brad (L)	York North / York-Nord	<b>Kwinter, Hon / L'hon Monte (L)</b> Minister of Community Safety and Correctional Services / ministre de la Sécurité communautaire et des Services correctionnels
Scarborough East / Scarborough-Est	<b>Chambers, Hon / L'hon Mary Anne V. (L)</b> Minister of Training, Colleges and Universities / ministre de la Formation et des Collèges et Universités	York South-Weston / York-Sud-Weston	Munro, Julia (PC)
Scarborough Southwest / Scarborough-Sud-Ouest	Berardinetti, Lorenzo (L)	York West / York-Ouest	<b>Cordiano, Hon / L'hon Joseph (L)</b> Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Scarborough-Agincourt	<b>Phillips, Hon / L'hon Gerry (L)</b> Chair of the Management Board of Cabinet / président du Conseil de gestion du gouvernement		Sergio, Mario (L)
Scarborough-Rouge River	<b>Curling, Hon / L'hon Alvin (L)</b> Speaker / Président		
Simcoe North / Simcoe-Nord	Dunlop, Garfield (PC)		
Simcoe-Grey	Wilson, Jim (PC)		
St Catharines	<b>Bradley, Hon / L'hon James J. (L)</b> Minister of Tourism and Recreation / ministre du Tourisme et des Loisirs		
St Paul's	<b>Bryant, Hon / L'hon Michael (L)</b> Attorney General, minister responsible for native affairs, minister responsible for democratic renewal / procureur général, ministre délégué aux Affaires autochtones, ministre responsable du Renouveau démocratique		

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

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

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