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of Debates
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(Hansard)**

Wednesday 3 November 2004

Mercredi 3 novembre 2004

Speaker
Honourable Alvin Curling

Président
L'honorable Alvin Curling

Clerk
Claude L. DesRosiers

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Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 3 November 2004

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 3 novembre 2004

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

ROBYN WAITE

Mr John Yakabuski (Renfrew-Nipissing-Pembroke):

The outlook wasn't brilliant for the Raiders team that day. They were down by 19 points with just one half left to play. No, Mighty Casey did not save the day, but Robyn Waite did.

On October 15, the Renfrew Collegiate Institute junior football team trailed the Smiths Falls Redmen by a score of 20 to 1 at halftime. In the second half, Robyn Waite got the call from Coach Ed Oegema. With the composure to stand in the pocket, and the vision and experience to evaluate what the defence was doing, Robyn was able to rally the Raiders by compiling 300 yards of offence and secure a 20-20 tie.

Perhaps this comeback does not seem that remarkable; however, it is remarkable, since 15-year-old Robyn is 5 feet, 4 inches tall and weighs only 115 pounds. Oh, and did I mention that Robyn is a girl? Yes, Robyn, who honed her skills while quarterbacking in touch and flag football, is one of the first, if not the first, females to play quarterback in high school tackle football in Canada.

Congratulations to Coach Oegema, offensive coordinator Bill Currie and the entire Raiders team. Congratulations to Robyn, who plays for the love of the game. With her determination and commitment, I am sure Robyn will be successful at whatever she chooses to do.

PARKS IN MARKHAM

Mr Tony C. Wong (Markham): I am pleased to recognize a new addition to the many wonderful green spaces that Markham provides, with the opening of White's Hill Park on October 31. The new park will provide children and adults alike with a space for recreation—a place to kick the soccer ball around, jump rope or perhaps take a brisk walk while enjoying the colours of the fall leaves.

Parks play a necessary role in our neighbourhoods. They provide a meeting place and space for recreation, and encourage a sense of community. It is vital, particularly in urban areas, that we ensure the continuance of green space, not only to improve our air quality but our heart rates as well.

I'm pleased to say that the town of Markham provides a number of parks filled with pathways, playgrounds, tennis courts and hills for tobogganing. With over 600 acres of green space, the town of Markham provides an opportunity to build strong, healthy communities by promoting and encouraging recreational activities.

By engaging in physical activity, Ontarians will not only become more fit and healthy but will improve their quality of life. The McGuinty government is assisting communities in becoming more physically active by investing \$5 million in Active 2010, a program to promote and encourage the benefits of physical activity. I encourage people of all ages to take advantage of Markham's new White's Hill Park and get active today

GREENBELT

Mr Tim Hudak (Erie-Lincoln): I'm pleased to welcome Lincoln Mayor Bill Hodgson, Grape Growers of Ontario executive director Debbie Zimmerman, chair Ray Duc, and Len Troup, among others, in the media studio today bringing forward their plans for a more responsible greenbelt strategy that will actually support farmers, residents and municipalities in the Niagara Peninsula and hopefully in other parts of Ontario as well.

They make a great point: They're very concerned that if the greenbelt is implemented improperly, it will create new pressures on farmers and force small towns to reduce services and/or dramatically increase property tax rates.

These findings should really come as no surprise to my colleague the Minister of Municipal Affairs and Housing. Farmers, mayors and taxpayers, through the public hearings, all told him that while preserving green space is a good idea, to be successful it must be accompanied by a plan to support those impacted by it.

Last June, I released a responsible greenbelt strategy as advice to the minister, a strategy that supports municipalities whose future growth is frozen by the current plan. It recognized that if you want to save the farmland, you need to save the farmer and support our farmers across Ontario, and incorporated an important transportation plan for Niagara, the mid-peninsula corridor, to move some of that pressure from the tender fruit lands to south and southwest Niagara.

Unfortunately, in the estimates committee when I asked the Minister of Municipal Affairs if he had a plan to support our municipalities and where the money was, he said, "No, we do not." We had the same sad answer for agriculture.

They need to act for a responsible greenbelt plan.

FLOYD HONEY

Mr Michael Prue (Beaches-East York): I rise today to salute the life of Floyd Honey. Floyd Honey was known to us in East York, in Crescent Town and in Toronto. He was a remarkable man who began his career in China, helping the peasants of that country to rebuild their lives. He was forced to leave in 1951, when the Maoists took over and foreigners were not as welcome as they were before.

He came to Canada and worked for both the Canadian and World Councils of Churches until his retirement, but the reality is that he never, ever retired. He spent the remaining time of his life fighting for causes like ending homelessness in Ontario and in Canada, and advocating and working for decent housing for all.

In July 2002, on his way home from a homeless vigil at the age of 86, he walked most of the way, got a little tired and decided to take the subway. Unfortunately, the subway train came and blew his hat off. He reached down to get it and was fatally injured by the subway train.

People in East York were shocked. They could not believe that one of our icons, one of our heroes, had died so suddenly, and they committed themselves to do something about it. His daughter started a walk, called the Floyd Honey Walking Home. A couple of weeks ago, on October 24, 300 people showed up. They raised over \$50,000 for homelessness in Toronto, and that money is going to the Touchstone Youth Centre in East York.

People in East York remember him. We remember him not only in his death, but his memory lives on in the great works he did.

VETERANS

Mr Michael A. Brown (Algoma-Manitoulin): On November 1, I was in attendance at two important and significant ceremonies. On Monday morning, I joined the Lieutenant Governor, the Honourable James Bartleman; Chief Nicole Peletier-Southwind; Deputy Grand Chief Nelson Toulouse; legion members from Blind River and Elliott Lake; MP Brent St Denis; members of the Serpent River First Nation, and members of the broader community in remembering the aboriginal veterans who distinguished themselves in the service of Canada.

The master of ceremonies for the ceremonies for the event was Carol Shawana of the Ontario Provincial Police. The Genaabahjing Youth Drum under the leadership of Rob Essex and the OPP Aboriginal Drum provided a fitting context for the ceremony.

1340

The Lieutenant Governor and the assembly honoured surviving veterans Art Meawasige, Scott Johnston and Albert Owl for their services to Canada and freedom.

Later that day I joined Chief Franklin Paibomsai of the Whitefish River First Nation, the community, legion members from Manitoulin and Espanola, and veterans including Art McGregor, Ontario Regional Chief Charles

Fox and Brent St Denis in dedicating a new monument to veterans.

The monument is situated to face west and is engraved with the names of veterans who served Canada in the great wars. The monument utilizes a striking natural setting to inspire both awe and reverence for all those who have saved freedom in our nation.

Chi Meegwetch.

HOSPITAL FUNDING

Mr John R. Baird (Nepean-Carleton): At the outset of my remarks, I'd like to recognize the presence in the gallery of two residents of Ottawa who are visiting Queen's Park today: Graham Bird and his daughter Alana Bird. I'd like to wish them a special welcome.

Later today we will debate an important resolution. This is an opportunity for all of us as MPPs to stand up and vote. The resolution before us today says that we "call upon the government,

"To guarantee that no nurses will be laid off and no hospital beds will be closed over the course of the mandate of the McGuinty government."

This is an opportunity for the band of Liberal MPPs opposite to stand one by one and be counted.

Hospitals right across Ontario are putting in proposals to this minister to fire nurses and to close hospital beds. Our campaign here in the official opposition, under the leadership of John Tory, is to save the nurses' jobs, to keep waiting times down and to not see beds close.

We have had a sorry record in this House on the government side since the last election. We brought forward a resolution on the opposition side to stand up and defend the Ottawa Hospital, and not one Ottawa-area MPP dared to stand up and speak on behalf of the Ottawa Hospital asking for a raise, an increase less than the rate of inflation.

Now we have London, where every London and southwestern Ontario government member has been missing in action. We have not seen them standing up and defending the London Health Sciences Centre. Today they have an opportunity once again to do that.

TAKE OUR KIDS TO WORK DAY

Mr Tim Peterson (Mississauga South): It's a pleasure to rise to a subdued House. Today is Take Our Kids to Work Day. This great program, which is celebrating its 10th anniversary—

Applause.

Mr Peterson: Thank you. Today this great program is celebrating its 10th anniversary. As the name suggests, this program allows grade 9 students to come into the workplace and experience first-hand what it's like to be in the working world. It allows our children to experience the importance of applying the education and skills training they are learning in school. It further opens their minds to the working world and the options and opportunities that await them.

It is expected that hundreds of thousands of grade 9 students will go to more than 75,000 workplaces across our great country and province. In every province and territory, they will experience a huge variety of career options.

So, on behalf of this House, we would like to thank all the workplaces across Ontario that are participating in this great program for their efforts to open their doors to the minds of our students. And on behalf of this House, I'd like to send kudos across the province to all the students who are participating in this great program.

CONTAMINATED PROPERTIES

Mr Dave Levac (Brant): I understand that an inter-ministerial committee has been struck to deal with the serious issue of properties escheated to the crown, some of which are contaminated and dangerous. Although it is a positive step in dealing with this important issue, it is not at all helpful for the awful situation in the riding of Brant.

Just this week, a devastating fire broke out at the former Crown Electric property in Brantford. This is the third such fire this year. Thankfully, no one was hurt in the blaze, but residents of the area, indeed of all of Brant, are demanding action from the province. I am too.

The city of Brantford seized the property yesterday to protect the nearby school, church and hospital and to shield the dozens of homes in the area from potential disaster. The city has spent a great deal of money to clean up after disasters like this one, but still more must be done.

The Brantford site and others like it can pose a serious danger to people not just in my riding but across the province. Many of these sites remain vacant because they can't be sold, which simply increases the danger to the surrounding community. I know the public guardian and trustee does not manage the lands escheated to the crown and is not able to take responsibility for them, but clearly, the province must be a partner.

I welcome the news that our government is taking some action to deal with the serious issue that sites like Brantford present. I challenge all of us to resolve these concerns before somebody gets seriously hurt.

GREENBELT

Mr Kim Craitor (Niagara Falls): I'd like to talk about two things that Ontarians are proud of: Ontario's natural heritage and its fine wines. Through our government's vision of the greenbelt, we are preserving and protecting both. Our greenbelt protection plan will help protect forever a total of 1.8 million acres, an area the size of Algonquin Park.

The greenbelt will help stop urban sprawl on our most precious specialty croplands that grow the foods we eat, like the Niagara tender fruit and grape lands.

The Niagara Peninsula is the home of 66 wineries. Niagara makes up Canada's most celebrated grape- and wine-producing region. Niagara wines are making a

splash on the national and international stage. By creating a greenbelt, we are ensuring the continued success of Niagara's grape lands.

Don't just take it from me; take it from Ray Duc, grape grower and owner of Forrer Farms: "The fact that the urbanization of our unique agricultural lands will be prevented is great news and it will help produce more VQA wines."

As Debbie Zimmerman, CEO of the grape and tender fruit growers, said, "This is a crucial issue, not only for the wine growers but for the future of tourism, agriculture, transportation and economic growth in the Niagara region generally."

VISITORS

Mr Tim Hudak (Erie-Lincoln): On a point of order, Mr Speaker: I just wanted members to recognize a few guests here today: Rachel Kelly from beautiful, bucolic Dunnville; Brittany Richards and Jordan Fairclough, niece and nephew of Sonia Richards, one of my favourite people from the good old days at the Ministry of Culture, Tourism and Recreation and the Ministry of Consumer and Business Services as part of grade 9 Take Our Kids to Work Day.

The Speaker (Hon Alvin Curling): That wasn't a point of order, but let's listen to this point of order.

Hon George Smitherman (Minister of Health and Long-Term Care): I'm very pleased to bring to the attention of the House, in the centre of the Speaker's gallery, a young woman by the name of Kendra Wharton, part of Take Our Kids to Work Day, a very important person in the riding of Toronto Centre-Rosedale. She is accompanied by a visitor to Toronto Centre-Rosedale, a former member of the Legislature, John Snobelen.

The Speaker: Another point of order? Let me hear this one.

Ms Laurie Scott (Haliburton-Victoria-Brock): I'd like you to recognize in the gallery Marilyn Mercer, a local watercolour artist from my riding, and her husband Joe. One of her watercolour pictures is hanging in the Hansard office.

The Speaker: Let me just get this organized a bit. How many points of order are left to be done?

Mr Jim Wilson (Simcoe-Grey): I know members would want to welcome to this Legislature a group from the Angus legion, who are here to celebrate, in a non-partisan way, the proclamation of Veterans' Day, which will be celebrated on August 9 in this province from here on. They are Irwin Collier, Thomas Knight, Iola Knight, Nancy Willoughby and Doug Burden. Welcome.

Ms Andrea Horwath (Hamilton East): I'm pleased to ask the House to recognize my niece Kate-Lynn Benvenuti, who's here from Hamilton on Take Our Kids to Work Day.

Mr Norm Miller (Parry Sound-Muskoka): On another point of order, Mr Speaker: I'd like to welcome peacekeeper Bruce McPhail and Ruth Ann McPhail here from Bracebridge, as well as retired Major-General Lewis MacKenzie.

Mrs Carol Mitchell (Huron-Bruce): On a point of order, Mr Speaker: I'd like to welcome Catherine Simpson. She is also here from the riding of Huron-Bruce for take a teenager to work today. She's my adopted daughter for the day, so I'd like to welcome her.

Mr Michael Prue (Beaches-East York): On a point of order, Mr Speaker: I would like to welcome Marisa here today. She is the niece of one of my constituency assistants and she's here to discover the wonders of Queen's Park.

The Speaker: The government House leader has the last point of order.

1350

Hon Dwight Duncan (Minister of Energy, Government House Leader): On the same point of order, I'd like to welcome my son, Sean Duncan, who's accompanying his dad to work today, in the gallery.

Mr Ted Chudleigh (Halton): On a point of order, Mr Speaker: I'd just like to welcome everyone in the gallery who hasn't been introduced today. Welcome to Queen's Park.

The Speaker: Well, my generosity ends there.

We have with us today, in the Speaker's gallery, a delegation from the Russian Federal Assembly: the Federal Assembly Committee on Local Governance. So now will you all please join me in welcoming the members from the Russian delegation?

Applause.

Mr Tony Ruprecht (Davenport): On a point of order, Mr Speaker?

The Speaker: If it is not the same point of order, please.

Mr Ruprecht: I'm sure that all members wish to extend a special welcome to the Consul General of the Russian Federation, Mr Smirnov, who is sitting next to Mr Roketsky.

INTRODUCTION OF BILLS

EDUCATION STATUTE LAW AMENDMENT ACT (TEACHERS' ASSISTANTS), 2004

LOI DE 2004 MODIFIANT DES LOIS EN CE QUI A TRAIT À L'ÉDUCATION (AIDES-ENSEIGNANTS)

Mr Flaherty moved first reading of the following bill:

Bill 143, An Act to Amend the Child and Family Services Act and the Education Act with respect to teachers' assistants / Projet de loi 143, Loi modifiant la Loi sur les services à l'enfance et à la famille et la Loi sur l'éducation en ce qui a trait aux aides-enseignants.

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

Mr Jim Flaherty (Whitby-Ajax): I've introduced this bill to ensure that there are province-wide measures in place to keep students safe. This bill will give school

boards across the province the power and the obligation to ensure that there is a mandatory screening system in place for school volunteers. It will require school boards to conduct a criminal record check for volunteers; if applicable, to obtain the disciplinary record maintained by the Ontario College of Teachers; if applicable, to obtain the disciplinary record of another board with respect to the time during which the person was an employee of the other board; and a school board would also be authorized and required to inspect the child abuse register, maintained under section 75 of the Child and Family Services Act.

Mr McGuinty promised—this is promise number 13—that he would make our schools safe so that students can concentrate on learning. That promise has not been kept. The Minister of Education was asked twice by me in this House on this issue: June 21 and October 21. He promised to bring in legislation. It has not come to this House. So we've done the work, and I'm sure the members opposite will support this bill given their commitment to make our schools safer for children.

LABOUR RELATIONS STATUTE LAW AMENDMENT ACT, 2004

LOI DE 2004 MODIFIANT DES LOIS CONCERNANT LES RELATIONS DE TRAVAIL

Mr Bentley moved first reading of the following bill:

Bill 144, An Act to amend certain statutes relating to labour relations / Projet de loi 144, Loi modifiant des lois concernant les relations de travail.

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

Mr Bentley?

Hon Christopher Bentley (Minister of Labour): I defer it to ministerial statements.

PUBLIC TRANSPORTATION AND HIGHWAY IMPROVEMENT AMENDMENT ACT (HASTINGS AND PRINCE EDWARD REGIMENT MEMORIAL HIGHWAY), 2004

LOI DE 2004 MODIFIANT LA LOI SUR L'AMÉNAGEMENT DES VOIES PUBLIQUES ET DES TRANSPORTS EN COMMUN (ROUTE COMMÉMORATIVE HASTINGS AND PRINCE EDWARD REGIMENT)

Mr Parsons moved first reading of the following bill:

Bill 145, An Act to Amend the Public Transportation and Highway Improvement Act to name a portion of Highway 62 and Highway 33 the Hastings and Prince Edward Regiment Memorial Highway / Projet de loi 145, Loi modifiant la Loi sur l'aménagement des voies publiques et des transports en commun pour nommer une

section des routes 62 et 33 route commémorative Hastings and Prince Edward Regiment.

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

Mr Ernie Parsons (Prince Edward-Hastings): The United Empire Loyalists who settled in the counties of Hastings and Prince Edward organized the first local militia unit for self-defence, with the 1st Regiment of Prince Edward Militia being formed in 1800 and the 1st Regiment of Hastings Militia in 1804. These regiments provided units that served in the War of 1812 and the Mackenzie rebellion of 1837-38.

The Hastings and Prince Edward Regiment is the modern descendant of these militia units and has seen service in World War I at Somme, Arras, Hill 70, Ypres and numerous other locations. The regiment mobilized on September 2, 1939, and fought in Greece, Sicily and Italy, and took an active part in the liberation of Holland. It earned 31 battle honours, at a fearful cost.

I believe this is an opportunity to recognize, on a daily basis, the incredible contribution made by the Hastings and Prince Edward Regiment in ensuring that we enjoy the benefits of democracy in our country.

STATEMENTS BY THE MINISTRY AND RESPONSES

LONG-TERM CARE

Hon George Smitherman (Minister of Health and Long-Term Care): I rise today to inform the House about our government's progress in improving long-term care in the province of Ontario. Some of my colleagues might remember that last December I promised a revolution in long-term care. That was in response to a situation that we inherited, one that I am being kind in characterizing as completely unacceptable. Members of this House will no doubt remember the stories that surfaced last year—stories of long-term-care residents suffering from poor care, neglect and sometimes outright abuse in the only home they have, and at the hands of those who are responsible for their care.

I said then, and will repeat now, that we need to change the culture of long-term care in this province. I said that we need to change long-term-care facilities into long-term-care homes. I said that the seniors of this province deserve better. Well, under this government, they have been getting better, and they are going to continue to do so.

Within months of our forming the government, I appointed my parliamentary assistant, Monique Smith, to conduct a comprehensive review of long-term care in Ontario. In May, Monique released her report. It was very much a platform for action, and we have taken action. We invested additional funding of \$191 million this year, to hire 2,000 new long-term-care staff, including 600 nurses. This funding will allow our long-term-

care homes to meet a consistently high standard of care. We have reinstated the requirement, removed by the previous government, that a registered nurse be on site 24 hours a day and passed regulations ensuring that residents receive at least two baths a week. We're increasing funding to establish residents' councils and family councils in all homes to ensure a better voice for residents. We've increased the comfort allowance for long-term-care residents for the first time in 19 years and frozen the accommodation fees they are required to pay for the first time in 11 years. We've adopted a policy of unannounced visits and inspections to better monitor the situation in these homes and ensure that seniors are being treated with the respect and care that they deserve.

All of this is what I would describe as a very good start, but the job isn't done, and neither are we. Next spring, we plan on presenting to this House our government's new long-term-care homes act. The proposed act will be designed to bring together the three different pieces of legislation that presently deal with the operation of these homes: the Nursing Homes Act, the Homes for the Aged and Rest Homes Act, and the Charitable Institutions Act. It should be obvious that something as important as the long-term care of our seniors should not be subject to the confusion and inconsistency inherent in three different pieces of legislation.

Our proposed long-term-care homes act will ensure standards and accountability that are uniform and modern, but it will do a great deal more than that. It will be centred around the needs and desires of the residents of these homes. The transformation of long-term care in Ontario is a major component of our overall plan for the transformation of health care. That plan is based on making patients and residents the focus. It depends on putting patients and residents first. Our long-term-care homes act will put them first. To that end, we're going out directly from the residents themselves to find out how they think we can best do that.

1400

We have released a discussion paper dealing with our plan for improving long-term care. It's available on the Web, and hard copies are being distributed in long-term-care homes, senior centres, community care access centres and libraries across our province. We want to engage seniors, their families, long-term-care providers and other concerned Ontarians in a dialogue about the future of long-term care.

The discussion paper provides an outline of where we want to go in long-term care in Ontario. It then asks specific questions and requests specific answers.

The paper focuses on five key areas:

—Quality of life and care for residents: We've already accomplished a great deal in this regard and we're determined to do more. We want to ensure that our seniors enjoy the very best living standards possible.

—Residents' rights, and combating abuse and neglect: Residents of long-term-care homes absolutely must be protected from financial, sexual, emotional and physical abuse and neglect. We're going to put procedures in

place to encourage people to report instances of abuse and we are going to protect them when they do so. Strong whistle-blower protection will be a major component of the proposed legislation. Residents and their families will also have their voices strengthened through the mandating of family and resident councils.

—Compliance, inspection and enforcement: Our proposed legislation will contain stronger inspection and enforcement measures designed to make long-term-care operators fully accountable for what goes on in these homes. One way or the other, if seniors are not receiving the care they deserve, if they are not being treated with the respect and dignity to which they are entitled, we will find out about it and we will act.

—Licensing: We are proposing to link licensing of long-term-care homes to factors such as bed needs, capital planning and enforcement issues.

—Planning and maintenance of homes: You can build the best structure in the world, but it's not going to last long if it's not properly maintained. Our proposed legislation will promote the physical maintenance and renewal of our long-term-care homes.

We want to hear from Ontarians on all these subjects. In addition to our discussion paper, we will be conducting public meetings and holding discussions with stakeholder groups. The responses we receive will inform our thinking as we draft this legislation, as we continue to put patients and residents first in our transformation of health care, as we move forward to ensure that our seniors live in homes, not facilities, and as we move forward in a revolution in long-term care that will be a model for, and the envy of, all of Canada.

LABOUR RELATIONS RELATIONS DE TRAVAIL

Hon Christopher Bentley (Minister of Labour): I rise to present the House with details about the proposed Labour Relations Statute Law Amendment Act, 2004, which I had the honour of introducing a few minutes ago.

Ontario's prosperity has historically relied on a fair and balanced approach to labour relations. Fairness and balance promote confidence in the law, which encourages productive relationships. This approach helped ensure a prosperous Ontario for decades. It was an approach to labour legislation recognized and supported by those of all political stripes.

Unfortunately, recent years have seen a departure from those principles. Long-term stability was sacrificed for short-term advantage. This was not in the best interests of the province. It is time to restore the fairness and balance that have long characterized Ontario's labour laws.

Il faut rejeter l'approche unilatérale et provocatrice des relations de travail. Un manque d'équité ou la perception d'un manque d'équité mine la confiance dans le système. Cette approche nuit aussi à la productivité et a un impact négatif sur l'économie de l'Ontario.

Let me elaborate on some of the specific parts of the legislation.

First, we would repeal the requirement for unionized businesses to post and provide information outlining the procedures for decertifying the union. Businesses must pay to post this information, whether they want to post it or not. Interestingly, there is no corresponding requirement for non-unionized businesses to post certification information. It is not clear what purpose this requirement serves, other than the obvious one. The existing law is provocative and one-sided and could only serve to undermine and destabilize the labour relations environment. It must go. Employees will continue to have reasonable access to union certification or decertification information. Individuals can already obtain this information from the Ontario Labour Relations Board either by Web site or by phone.

Second, the bill would repeal the requirement for labour organizations to disclose the name and remuneration of each director, officer or employee earning \$100,000 or more in salary and taxable benefits. Again, the existing provision is provocative and one-sided. It does not contain an equivalent requirement for companies to disclose similar information about management personnel. The Labour Relations Act, 1995, already requires unions to provide a copy of an audited financial statement for the previous fiscal year to any member requesting it. It also requires that unions that administer vacation pay, health or pension funds for union members must file an annual financial statement with the Minister of Labour that discloses salaries, fees and remuneration charged to the fund. A member may request a copy of the statement from the administrator of the fund. Finally, many union constitutions already provide for the disclosure of executive salaries to members. These sources of information render the salary disclosure provision unnecessary. It requires resources to be expended obtaining information when they could be better used elsewhere.

Third, this legislation would restore the OLRB's long-standing historical powers to address the worst labour relations violations with effective remedies. It would restore to the board the power to certify a union where an employer has breached the province's labour relations laws during a union organizing campaign. However, this remedy would be reserved for the worst breaches and the worst situations, where no other remedy would be sufficient. The proposed legislation would be balanced. It would also give the board the power to dismiss an application for certification where a union violates the act during an organizing campaign in circumstances where no other remedy is sufficient.

Some of these powers have been part of our legal fabric for years, with the remedial certification power present in various forms since 1950. When the previous government removed them, it removed the only effective remedy for the worst breaches and the worst cases. Not only did it leave such cases without a potential, meaningful remedy, but it sent a clear signal to the labour relations community that certain conduct was not viewed to be as serious as it should be. That signal does not foster productive and harmonious labour relations and

does not contribute to the overall prosperity of Ontario's economy. These powers would only be exercised as a last resort, where other remedies available to the board could not effectively address the unlawful conduct by either employer or the union and the true wishes of employees about union representation could not be reflected in a vote. Restoration of these powers would assure balance and fairness in labour relations while restoring confidence in the labour relations system.

Fourth, the proposed legislation would, subject to certain statutory conditions, restore the board's power to reinstate workers on an interim basis who are fired or disciplined during a union organizing campaign because they were exercising their rights under the act. Dismissal during an organizing campaign can have an immediate, negative effect on workers trying to make a decision about whether to seek representation. Restoring the power to order interim reinstatement would enable the board to respond to any potential harm caused by a dismissal in a timely way, pending a final review of the matter.

The government's role during a certification or decertification campaign is not to favour one side or the other but to ensure that the choice made is an effective, informed choice and, to the extent possible, free of undue pressure. Employees must be free to choose without fear of reprisals. They must be free to choose whether or not they want to be represented by a union. Any interim reinstatement ordered would apply until the board holds a hearing to determine whether the dismissal was an unfair labour practice. This power cannot be exercised if it appears to the board that the action was a legitimate exercise of management rights and not related to exercising a right under the act.

1410

Finally, this bill recognizes the distinct nature of construction in this province in two ways. In fact, the construction sector is long recognized as being distinct—it's a separate part of the act. First, the proposed legislation would make permanent the existing special bargaining and dispute resolution regime for the residential construction sector in the city of Toronto and in the regions of Halton, Peel, York, Durham and Simcoe county. The regime has been in place since 2001. It has worked. It should become a permanent part of the labour relations landscape.

Second, the bill would add an additional means by which a union could be certified in the construction sector. In addition to a vote-based system, this bill would add a card-based system. There would, therefore, be two possible means of certification..

From 1950 until 1995, a union certification system based on membership cards was the norm. Automatic certification could take place if a union signed up more than 55% of the bargaining unit. We are not proposing a return to that system for all sectors. Construction, however, is unique.

The construction sector is characterized by workplaces that change constantly and a workforce that's both very mobile and can change size constantly. Attempting to

accurately ascertain the wishes of the employees in such circumstances can be difficult. For this reason, the bill would add an additional means of certification. It recognizes what the law has long recognized: the unique nature of construction.

These are the key parts of the legislation this government has introduced today. These proposals would restore fairness and balance to the labour relations system. Fairness and balance have been the historical guarantors of prosperity in this province, the foundation on which the province's prosperity has been built. Their existence promotes confidence in the labour relations system, and confidence is essential to its stability and success.

I urge all members to support these fair and balanced proposals. They are good for working people, good for business and good for the people of Ontario.

The Speaker (Hon Alvin Curling): Response?

Mrs Elizabeth Witmer (Kitchener-Waterloo): I am absolutely shocked that this minister today is stripping workers of their democratic rights, rights that workers fought for and asked for. You are today attacking the rights of the individual workers. You are paying back the unions, particularly the construction unions. You are going back to the Bob Rae days. If you don't remember the days of Bob Rae, from 1990 to 1995, let me tell you: Investment in this province was absolutely dead. We lost 10,000 jobs because there was no balance in labour relations. I can tell you that the same thing is going to happen.

I've already heard from businesses today that are going to reconsider their decision to invest or expand in Ontario. This is going to have negative implications for workers. There will not be jobs. There will not be—

Interjections.

The Speaker: Order. Stop the clock, please.

The minister had a very extensive statement and I would like to get the response from the opposition. I also would like for us to give the member an opportunity to make the proper response in her time.

You can start the clock now.

Mrs Witmer: The signal that this legislation today gives to people in this province and to investors outside of the province is that this province will once again be closed to business. This is not good for employees. Not only are they losing their democratic right to a free vote when it comes to certification, there will not be jobs for our children and our grandchildren.

I would say to this minister, you have been advised not to do this. In any consultations you've had, you have been advised that you should not take away worker rights. You have been warned about the negative impact on the economy. You've also certainly heard about what happens when you reinstate automatic decertification.

This is going to motivate unions to file unfair labour practice complaints in any certification drive where they don't think they have support. The integrity of secret ballot votes within five days will be diminished. I guess, most importantly, Minister: Has your government not learned the lesson that between 1990 and 1995 investors

did not invest in this province because of the labour legislation we had? I would advise you to withdraw this today. You are going to kill jobs in the province of Ontario.

LONG-TERM CARE

Mr Cameron Jackson (Burlington): I'm pleased to respond to the Minister of Health and Long-Term Care's announcement today. One would think, after one full year in office, having just charged your parliamentary assistant to travel the province to talk to people about long-term-care needs, that we would have the legislation. However, I'm sure the minister today will admit that there's nothing impeding him, his government or his cabinet from making regulatory changes, with the existence of three pieces of legislation.

It didn't prevent the previous government from building 20,000 new long-term-care beds, the largest increase in long-term-care beds in North American history. The lack of unified, updated legislation didn't prevent us from taking 16,000 D facility long-term-care beds in our province and spending close to \$1 billion to have them upgraded and modernized to the highest standards for nursing homes anywhere in North America. The lack of legislation didn't prevent us from bringing in the first and most comprehensive Alzheimer's strategy in our country.

What we have from you today, Minister, is a formula for taking a further year to bring in some of the changes that are needed in our nursing home system. You made a promise—you were the health critic at the time—that you would roll back any increases that seniors had while living in long-term-care facilities, a \$300-million election promise that you have broken. In your own statement you indicate that you merely froze the rate and you're not rolling it back. Last year, when you had the opportunity as minister, you still passed on to seniors in this province a \$1.16 increase in their copay for inflationary purposes. You did that willingly and knowingly last year. Yet today, for the first time in Ontario's history, senior citizens in nursing homes in this province are paying a health premium tax. And you broke the promise that you would roll that back.

Minister, I want to remind you that you have indicated in your statement today that you support renewal and maintenance programs. I warn you and caution you: Do not, under any circumstances, even consider welshing on the promise we made to seniors and nursing homes that we would rebuild their D facilities in this province—but that's what I think you're about to do.

Ms Shelley Martel (Nickel Belt): I want to make a short response to the statement by the Minister of Health. I thought the Minister of Health would be here today as well, introducing legislation regarding changes in the long-term-care sector, not be here discussing yet another discussion paper about the same matter. I say that because the minister promised that we would be here this fall dealing with legislation for changes in the long-term-care sector. That promise, that commitment, was made on

the heels of the work that was done by Monique Smith with the release of her report in May.

You'll recall, Speaker, that last December, in light of more horror stories in the media about the situation in long-term-care facilities, the minister promised a revolution and had his parliamentary assistant get right on that. From January to March, she supposedly did an in-depth study—talked to everyone and anybody about what needed to be done. When she reported, the government said that her report was the blueprint for change. We expected that we would be seeing legislation as a result of that blueprint, not a promise of more discussion, not a promise of legislation perhaps in the spring.

The minister says today that he's concerned about abuse and neglect of seniors. Let me tell you what he could do today because he doesn't have legislation before us. Today his government could pass private member's Bill 47, which stands in the name of our leader, Howard Hampton, which would place a positive duty on anyone who works in a long-term-care facility to report any abuse of a senior, in the same way that teachers and child care workers do right now when they see child abuse.

I say to the minister: Because you don't have legislation today, if you really wanted to do something to protect seniors against neglect and abuse, pass Bill 47—second and third readings today—and then we'll really be doing something with respect to a revolution and protecting seniors in the province.

1420

LABOUR RELATIONS

Mr Peter Kormos (Niagara Centre): The Minister of Labour's announcement today is uninspired—certainly lukewarm, if anything; thin gruel—and falls far short of the Liberal promise to address the injury done to working women and men over the course of eight years of Tory government here in the province of Ontario. Please, Minister, come on. You're no longer going to require that de-certification notices be posted. You know darn well that those postings didn't last more than 30 seconds once they were put up, and if they lasted longer than 30 seconds in any unionized workplace, they became nothing more than a billboard for those workers' opinions of their bad bosses.

You know darn well as well, and you've acknowledged, that telling unionists that they no longer have to report salaries in excess of \$100,000 a year is irrelevant because that is public information and available from any union member, available at any union convention, in any event. And I tell you, your failure to acknowledge the need for anti-scab legislation—

Interjections.

The Speaker (Hon Alvin Curling): Order. Minister, would you come to order, please. Member from Niagara Centre, could you address your comments to the Chair.

Mr Kormos: Thank you kindly, Speaker.

Your failure to acknowledge the need for anti-scab legislation in this province, to restore real, fair bargaining

and negotiation at the bargaining table rather than forcing workers like the locked-out Airport Hilton workers on to picket lines where they're at risk from drivers and angry bosses, is an injustice to the workers and another breach of your promise to workers to address and redress the injury done to them by Tories.

Your failure to keep your promise to restore successor rights for public sector workers is yet another example of this government's disdain and disregard for working women and men in this province. Your failure to acknowledge the right of agricultural workers to organize themselves into trade unions and to collectively bargain health and safety, amongst other things, at the bargaining table is an insult and a condemnation of those workers to more years of high-risk workplaces at the lowest possible wages imaginable. And I say to you, for you to suggest that somehow one smaller class of workers should have the right to card certification while most workers in this province don't have the right to card certification is discriminatory and reveals once again the fact that this is nothing more than window dressing and is a weak, weak response to your promise to address the wrong and the injuries done to workers over eight years of Tory government here in the province of Ontario.

Your announcement today was done without consultation with the workers whom you've impacted. I'm telling you, the Ontario federations, trade unions, their leaders, their membership are going to have a lot to say to you. In fact, they're going to be here at the end of this month in front of Queen's Park, telling you and your government to start keeping, in the most modest of ways, some of the big, huge promises you made to working women and men. They're here to tell you that your pathetic response to minimum-wage workers in this province, condemning them to yet more years of poverty while they are in the workplace, your abandonment of their sisters and brothers with disabilities, is yet further example of your disdain and disregard for these same workers.

New Democrats are here to expose your failure to meet the needs of workers in this province, your failure to act as a Minister of Labour but more as a minister of bosses.

PEACEKEEPERS' DAY

JOUR DES GARDIENS DE LA PAIX

Hon Michael Bryant (Attorney General, minister responsible for native affairs, minister responsible for democratic renewal): On a point of order, Mr Speaker: I believe we have consent from all three parties. I seek unanimous consent to make a statement on Peacekeepers' Day, to be followed by a statement from each of the opposition parties for up to two minutes.

The Speaker (Hon Alvin Curling): Do we have unanimous consent? Agreed.

Hon Mr Bryant: I am pleased and honoured to rise today to announce that August 9 will be annually recognized as Peacekeepers' Day in the province of Ontario.

Peacekeeping is a long-standing and honourable tradition in Canada. More than 100,000 members of the Canadian forces have participated in peace support missions since the United Nations began working to maintain international peace and security. This contribution is a natural extension of Canada's commitment to the principles of peace and freedom. But it is not without risk and it is not without heroism. One of those risk-takers, one of those heroes, is in the Speaker's gallery today: Major-General Lewis MacKenzie. If you ask him, he will tell you that peacekeeping, by its very nature, places those who do it on our behalf continually in harm's way. He will tell you that keeping the peace often means being willing to sit in a bunker with bullets flying over your head. It is a sad truth that more than 100 Canadian peacekeepers have died in separate missions over the years, and hundreds more have been wounded.

August 9 is the anniversary of a particularly horrible day. In 1974, nine Canadians lost their lives when their plane was shot down over Lebanon. They were flying in a Canadian Forces Buffalo aircraft clearly painted in UN colours, all white and blue, with the UN flag on the wings and fuselage and tail. The plane's crash represented the single largest loss of life in Canadian peacekeeping history.

I'd like to acknowledge Jack Simpson, who is here in the Legislature today. Mr Simpson's brother, Corporal Michael William Simpson, was among those nine Canadian peacekeepers, those nine Canadian heroes. Mr Simpson—a former soldier himself: We're very grateful and honoured that you are here today.

Next week, on Remembrance Day, Ontarians will remember the brave men and women who lost their lives in time of war. Peacekeepers' Day will ask us to remember those who, like Corporal Simpson, gave the ultimate sacrifice in the ongoing defence of peace.

I mentioned Major-General Lewis MacKenzie. He has been a driving force behind Peacekeepers' Day. He and others followed in the footsteps of that great Ontarian and 14th Prime Minister of Canada, Lester B. Pearson, who is considered the originator of the modern concept of peacekeeping. Mr Pearson helped defuse the 1956 Suez crisis by proposing that a multinational UN peacekeeping force be sent to Egypt to restore peace. For his visionary idea, he was awarded the Nobel Peace Prize.

In the decades since, Ontarians and Canadians like Major-General MacKenzie have continued to make exceptional contributions as peacekeepers throughout the world. They have supervised cease-fires and the withdrawal of opposing forces. They have protected displaced persons and refugees. They have removed land mines and delivered humanitarian aid. They have maintained law and order with patience, discipline and skill.

Ils ont gagné la reconnaissance des nations en bloquant la voie conduisant à la guerre, en sauvant des vies qui auraient été perdues, et en aidant la vie à reprendre son cours dans les communautés ravagées par les conflits.

I also want to recognize that so many Canadian peacekeepers around the world, in addition to being members of the Canadian Armed Forces, are members of our police services, RCMP, Ontario Provincial Police and municipal services such as the Toronto Police Service. It's a tribute to the professionalism of our police officers that their services are in such high demand on these missions and are so valued.

Our government is proud to designate August 9 as an annual day of recognition for Canadian peacekeepers. Peacekeepers' Day will see Ontarians pay tribute to the sacrifices made by those soldiers and police officers who lost their lives in the service of peace and mourn the loss with their family and friends. We will honour those who have returned safely from peacekeeping duties in the danger zones around the world.

Let me close by saluting the brave men and women in the Speaker's gallery, and the members' galleries as well. You have honoured us by your presence in the Legislature. We salute you and applaud you. Thank you.

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I'd like to express my appreciation and the appreciation of our party to the brave and resourceful men and women who represent our country so well. The Canadian Armed Forces, whether they be peacekeepers or soldiers, are the greatest men and women that this country has produced. We are proud of you and we thank you for your contributions.

1430

There are times when peace is something to be kept; there are times when peace is something to be won. Canada has fought and won the peace. We have led in times of strife. We have been there to answer the call of history. At Vimy Ridge and Juno Beach, in Korea and during the Cold War, our men and women in uniform have done us proud.

While they are brave and resourceful, over the past number of years they have been forced to scramble, to become more resourceful as their resources have dwindled.

As Major-General Lewis MacKenzie said at today's reception, "What Canada needs in today's world environment is a robust force to stamp out factions and win the peace, as opposed to a philosophy that the peace can be kept by social workers with guns. Only when the peace is won can we then go about peacekeeping."

Military spending has dropped to 1% of GDP—that's one sixth of what it was in 1956—down to about 125th in the world. Our forces have been reduced by half. The equipment of our soldiers is deteriorating. For instance, the Sea King helicopters were bought in 1963. To put that in perspective, that makes our helicopters three years older than the honourable member across the way, the Attorney General, Michael Bryant.

I don't have to remind this House of the recent tragic event that occurred on the maiden voyage of HMCS Chicoutimi. A fire broke out, a brave lieutenant died, and to rescue the remaining crew we had to rely on other countries because we were not equipped to do it on our

own. Now, for the first time since 1961, the Canadian navy has no submarines deployed.

Through all of this underfunding and lack of support by the federal Liberal government, our men and women in uniform, be they soldiers or peacekeepers, have found a way to make us proud time and time again. We are proud of our peacekeepers, and we thank them and their families for their contributions.

Mr Peter Kormos (Niagara Centre): New Democrats, with great pride in our servicemen and service-women and the role they've played internationally, are pleased to participate in this declaration of August 9 as Peacekeepers' Day. We look forward to acknowledging it in years to come.

We salute these women and men, young when they did their service, so many now over the course of years greyed and a little stooped and a little slower in their gait. We salute them not only for their service to their country but, in the course of that service to their country, their service to humankind under some of the most difficult and dangerous of conditions, where there is an incredible risk to themselves. Whether the motive be heroism, gallantry or simply an understanding that the job has to be done, there prevails a selflessness that makes these people all-giving, and they take none.

We salute their leadership: the Lewis MacKenzies, the great Roméo Dallaires—Roméo Dallaire, who continues to challenge our conscience around the role that we as Canadians have to continue to take and the extra steps that we have to continue to make to truly maintain this great tradition of peacekeeping.

As we pay tribute to these women and men, as we salute them, as we acknowledge their great courage, let's, as members of this Canadian community, and let's, as taxpayers, commit ourselves to ensuring that these same young women and men have the tools and the resources to do the difficult and dangerous job that they are called upon to do, because without that commitment, we do these women and men a disservice.

Let's have a commitment to ensure their families don't live in poverty. Let's have a commitment to ensure that, upon their return to their country, they are treated not just with token regard but with genuine regard and the supports that are necessary from time to time—in fact, more often than one would wish.

ORAL QUESTIONS

HOSPITAL FUNDING

Mr Robert W. Runciman (Leader of the Opposition): I have a question for the Premier. Yesterday your Premier-for-a-day couldn't answer our questions, so I'm revisiting the hospital funding crisis your government is creating in communities across Ontario.

Premier, I would like to ask you about the situation in London, where we are told the city's hospitals will have

to eliminate 1,000 jobs, close 384 beds and cancel 4,000 day surgeries if they follow the dictates of your ham-fisted Minister of Health.

From your government's performance to date, it's clear that you have trouble keeping track of your promises, let alone keeping them. The London situation is a stark case in point. Premier, how do the closure of hospital beds, the loss of nursing jobs and thousands of cancelled surgeries meet your health care promises?

Hon Dalton McGuinty (Premier, Minister of Inter-governmental Affairs): How soon the opposition would have us forget their record. There are only two parties which, when in government, actually made cuts to hospitals in the province of Ontario—the Tories and the NDP—just so the people of Ontario know where we're coming from.

Just to revisit the record, because I'm sure that the member opposite, honourable as he is, would be interested in being reminded of these facts: When the Tories were in power, they cut hospitals by \$557 million. They closed 28 hospitals. They closed 5,000 beds. They spent \$400 million to fire thousands of nurses and then spent hundreds of millions of dollars in a vain attempt to hire them back. That is the record of this Leader of the Opposition and this opposition party that is without credibility when it comes to the fact that we're putting 700 million more dollars into hospitals this year than they would have, had they been in government.

Mr Runciman: This is the Premier's second year in office, and he's still playing this juvenile blame game. This is a serious issue that deserves a serious response from the Premier of Ontario. The problem is, Premier, that you don't have any credibility. No one believes you any more.

You said, before the election, that you would put hospitals on a sound, long-term financial footing. You said, before the election, that you would open 1,600 hospital beds and hire more nurses. And now, after the election, an infusion of over \$800 million from the federal government and your \$2-billion health tax, your policies are resulting—

Interjection.

The Speaker (Hon Alvin Curling): Just a moment, Leader. Could I ask the member from Nepean-Carleton to come to order.

Could you continue, Leader.

Mr Runciman: Yes, heckle them, not me.

After the election, an infusion of over \$800 million from the federal government and a \$2-billion Liberal health tax grab, your policies are resulting in lost jobs, closed beds and cancelled surgeries. Premier, why are hard-working Ontario families being forced by your Liberal government to pay more while getting less health care services?

Hon Mr McGuinty: Not a single element of that statement holds any truth. The fact of the matter is that we are working together with all of our hospitals, on an individual basis, over an extended period of time during which they have to balance their budgets. I'm pleased to

report that more than 50 hospitals have already balanced their budgets. We now intend to work with all the remaining hospitals.

I know that it's in my colleague's political interest to fan the flames and pander to fear, but we think we've got a responsibility to continue to work with our hospitals to ensure that we can find efficiencies without, in any way, compromising the quality of care. We've started that, we're on that route, and we're going to achieve our objective.

Mr Runciman: Premier McPromise—he serves up billions and, just like McDonalds, he doesn't deliver. That's a fact.

Premier, the time is long overdue for you to show leadership. Outstanding hospitals, large and small, are facing decisions forced on them by your policies and the late-breaker approach of your Minister of Health. Liberal MPPs and ministers who were very vocal in opposition are now either silent or relegated to reading from the Liberal Party cue card labelled "Hospitals: How to Defend the Indefensible."

You can stop this looming hospital crisis. Put a muzzle on your bully Minister of Health, keep your promises and guarantee that not one hospital bed will be closed in London or any other hospital in the province of Ontario.

Hon Mr McGuinty: Again, I don't know how he can say this with a straight face after closing 5,000 hospital beds. When I talk to the people in London, they are still very sore about the loss of their children's cardiac surgery program, which happened on their watch. This is an opposition party that is without credibility on this particular issue.

Here's what somebody said recently, when John Tory was travelling through the city of Ottawa and making his outlandish claims in that particular venue: "Doug Angus, a health economist at the University of Ottawa, said the numbers 'are really high. I suspect they're playing with the numbers. This is an outlandishly high figure. That's virtually impossible to see. They are so far off base on that one. There is no way. It's impossible.'" Nobody could have said it better than this independent, objective, third-party economist.

1440

The Speaker: New question.

Mr John R. Baird (Nepean-Carleton): My question is to the Minister of Labour. Across London and throughout southwestern Ontario, patients and health care workers are distressed, upset and full of fear. They're also angry, because not a single Liberal MPP from the region has raised one objection to the job losses or supported our call for adequate hospital funding. Under the Ontario Labour Relations Act—

Hon Dwight Duncan (Minister of Energy, Government House Leader): On a point of order, Mr Speaker: This question is not in order. It shouldn't be directed to the Minister of Labour.

The Speaker: He hasn't completed his question. Let me hear the question.

Mr Baird: Under the Ontario Labour Relations Act, it's your job to stand up for workers and be notified of

layoffs. It's a legislated requirement. Minister, will you stand in your place now and do the right thing: stop the firing of 1,020 nurses and health care workers who are actively facing layoffs? Will you answer the question? Will you stand in your place and defend London Health Sciences Centre and St Joe's, or are you going to pass the buck?

The Speaker: The Minister of Health.

Hon George Smitherman (Minister of Health and Long-Term Care): I appreciate the opportunity to respond to the question from my honourable friend. I think it's important to remind everybody of the circumstances that are in place, not the fear and rhetoric that are being provoked by the other side, but the reality, which is this: No cuts have occurred in London; no layoffs have occurred in London. We continue to work—with very strong interaction from all the members in that area—with the London community, the London hospital and its volunteer board of directors, who are committed, in the very same way we all are, to good-quality patient care in Ontario.

The Premier has well identified that we have an 18-month window of opportunity to get every hospital in Ontario in balance. We're going to work through those on a case-by-case basis, as has been well established. As required, the best people in the health care system will get in and be of assistance in these situations. I look forward to continuing to work through these, as we are, on a case-by-case basis.

Mr Baird: My supplementary question is again addressed to the Minister of Labour. It concerns his responsibilities under the Ontario Labour Relations Act and the legislated requirement that he be notified of layoffs and cutbacks. London and southwestern Ontario taxpayers, nurses and patients want to know if any Liberal MPP in southwestern Ontario is prepared to stand up and fight for them. They haven't heard from you, from Steve Peters, from Deb Matthews or from John Wilkinson. The London Health Sciences Centre is facing cutbacks of 580 nurses—health care workers. St Joe's health centre is facing the layoff of 420 staff. Will you stand in your place as Minister of Labour and say, not on your watch, that you will do everything to ensure that not a single—

The Speaker: Thank you. The Minister of Health.

Hon Mr Smitherman: Sensitive as the opposition party is about their legacy on this, which will be remembered by all Ontarians—their inspirational leader, Mike Harris, compared nurses to Hula Hoops—it's a bit rich to hear the honourable member now. The fact of the matter is that last Friday, members from London met with representatives of the London hospital, a demonstration of the fact that they're engaged, as is appropriate, on behalf of their constituents. The fact of the matter is that no layoffs have occurred in London and no program cuts have occurred in London.

We're at the earliest stages of an 18-month process, and we're going to work through these in the fashion that has been established between the Ministry of Health and

the Ontario Hospital Association. There are seven steps to the process, and we're at the earliest stages of them. Rather than contribute to fear by advancing this line of rhetoric, I suggest to the honourable member that he stand by instead and watch the progress we're going to make, hand in hand with those who are dedicated to providing good-quality patient care in our province.

Mr Baird: I have never seen a regional group of MPPs who have so abandoned their constituents and failed to stand up for them in this House.

Minister, the bottom line is, it doesn't have to be this way. You don't have to force and bully hospitals to lay off nurses and increase waiting lists and close—

Interjections.

The Speaker: Order. Will the minister come to order, please. I'm trying to hear the member from Nepean-Carleton. The member from Erie-Lincoln, who is echoing all the while—I'm confused. Who is asking the question? The fact is that now the member from Nepean-Carleton has his final supplementary.

Mr Baird: Minister, you don't have to force and bully hospitals to lay off nurses, to cut beds and to increase waiting lists that are already too long. You see, there is another way. Right across the street, at the Ministry of Finance, there is \$825 million of new cash for health care sitting in a vault. None of that money has been allocated.

Minister, will you join our call and stand in your place and commit to our nurses and our hospitals, that you will put in at least half of that money to stop these devastating layoffs that you are forcing these hospitals to undertake?

Hon Mr Smitherman: "Will we join their call?" he asks. Their call, as presented in their budget at Magna, called for \$700 million less for Ontario hospitals this year. That is their call. That is their record. Oh no, that's only part of their record. The member calls for regional solidarity. He wants to put his own record on the line for the great work he did in the Ottawa community while part of a government. What is the legacy of his involvement as a strong regional player? Riverside Hospital—closed. Grace hospital—closed. And Montfort—Montfort had to fight for its life in court against the cuts that his party proposed. What is the legacy of that party while in government in the London community? Children's paediatric services were gored at the hands of that government.

No cuts have occurred in London. London members are working aggressively for their community, and we are dedicated to the strongest possible patient care.

The Speaker: New question.

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. A year ago, on September 3, you promised, "We will bring stability to our hospitals by providing adequate multi-year funding"—Dalton McGuinty. We have seen how you've broken your promise to London hospitals. They are being forced to schedule the layoffs of 1,000 hospital workers and close 348 beds because of a \$90-million shortfall in funding. But they are not alone. When we look at northern Ontario and 40 community hospitals, 32 of the 40 are facing budget

shortfalls totalling \$51 million as a result of your short funding. They are now being forced to make the same difficult decisions, except in their cases they don't start with regional health centres; they start with basic, core services.

Premier, what happened to your promise of adequate multi-year funding for hospitals? Why are you forcing northern Ontario hospitals to cut basic, core services?

Hon Mr McGuinty: Again, here is another leader of another party of the opposition who has conveniently forgotten his own particular record when it comes to health care. Just for purposes of contrast, we are increasing funding for hospitals by 4.3%. When the NDP were in power in 1994, they cut hospital funding by 3.6%, for a total of \$277 million.

The leader of the NDP may not like to hear this, but the fact of the matter is, we are working with hospitals. We understand the nature of their challenges. We also understand that the status quo is just not tenable. So we've increased funding substantially, by 4.3%. We now have more than 50 hospitals that succeeded in presenting plans that balance their budgets in a way that does not compromise services. Now our plan is to work with each and every single remaining hospital to make sure that we get it right.

They may not like to hear about this kind of approach—it's called working together—but we believe it's the right thing to do.

1450

Mr Hampton: Premier, this is your promise; this is a promise you made. And you talk about working together. Why are those very hospitals writing to us and to the Minister of Health, saying, "This won't work. This is going to force us to cut core services"?

I want to quote to you from the northern hospitals. They are very blunt. They're saying, "Look, we're already severely underserved. We don't have enough physicians, and in many cases we have inadequate community-based services." In order to meet what you are doing to them, they're saying, "We will have to reduce or eliminate basic core services that are taken for granted in most southern Ontario hospitals."

That doesn't sound to me like working together; that sounds to me like you're taking the axe to hospitals that have already been downsized, that have already been forced to find efficiencies. What happened to your promise, Premier? Why are you forcing northern Ontario hospitals to cut basic core health services?

Hon Mr McGuinty: The short answer is, we're not. We're working with our hospitals over an extended period of time. They've got two years within which they could balance their budgets. We have increased funding for every hospital in the province of Ontario. What we're doing now is working with hospitals to make sure that we get it right.

The member opposite made reference to the fact that they are concerned in the north about a shortage of physicians. One of the reasons we are grappling with a shortage of physicians in Ontario today is that they cut the number of spaces in medical schools on their watch.

The other thing I want to remind my distinguished friend about is that in addition to making cuts to hospitals on their watch, they cut funding for OHIP by \$218 million, they cut the Ontario drug benefit plan by close to \$30 million, they cut mental health services by \$42 million and they cut community and public health by \$163.7 million. That is their record when it comes to health care.

Mr Hampton: The Premier wants to talk about everything other than his promise. So I want to remind the Premier of a little history he should remember. It was a federal Liberal government that said to provinces across this country, "Cut the number of medical school admissions." It was someone named Paul Martin who made the biggest cuts to medicare in the history of Ontario and forced every province to make those cuts.

I want to bring you back to the present, to your promise. This is just one hospital, and this is what they say: "Northern hospitals are underfunded already. We can't make these cuts. Northern hospitals tend to be smaller in size and more isolated. We have difficulty in terms of achieving critical efficiencies because we are so small. Northern hospitals fulfill a different function. In many towns, they are the only game in town."

Premier, you're sitting on \$825 million of new federal health care money. You've got a \$2-billion contingency fund in your budget. Why don't you use some of that money to work with hospitals instead of forcing them to cut core services?

Hon Mr McGuinty: I don't want to underestimate the challenges that are faced by our hospitals today, with the growing utilization rates and pressing demands. We understand that. But the fact of the matter is that we are increasing funding for our hospitals by 4.3%. We're going ahead with change. I know that my friend opposite is a staunch defender of the status quo. He thinks that health care in Ontario should perhaps occupy 60%, then later 70%, then 80% and then possibly 90% of our budget. We're not going there. We're going to work with our hospitals.

The minister has said before that he understands there are some special issues connected with some of our smaller hospitals. We are looking for ways to extend special support to our smaller hospitals.

Let me just say this about our Plan for Change. This is what Roy Romanow had to say about our minister and what he is doing. He said, "When I talk about sustainability ... with Health Minister Smitherman in this province, I hear a strong commitment to the future of publicly supported medicare, and a resolve to spending resources designed to leverage the changes necessary, rather than spending on the status quo.... It seems to me that Ontario wants to do the 'real work' required to ensure medicare's sustainability."

I agree with Roy Romanow.

FUNDRAISING

Ms Marilyn Churley (Toronto-Danforth): I have a question for the Premier. Premier, I want to ask you again about your broken promise to stop "pay your way

to the front of the line" politics. Tonight, in Ottawa, you'll be wining and dining with some of your biggest donors. They'll be shelling out \$4,000 a table.

We believe Ontarians have the right to know who's buying access to your government. You said during the election that you believed that too, and you pledged to disclose political donations in real time. Tell us, Premier, will you keep your promise, or will we have to guess who's coming to dinner?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): Apparently, the NDP doesn't fundraise. They've never had to resort to that. But here's what the Windsor Star said on October 6, 1994: "But in the end the party got what it wanted: Selling 700 tickets to raise \$130,000, making it the largest-ever fundraiser for the NDP. Some tables sold for \$4,000."

I'm disappointed to learn we're only charging \$4,000. Whatever happened to inflation? Anyway, I look forward to the supplementary.

Ms Churley: We're talking about your promise, Premier. This morning—now get this—the Attorney General said that you can't keep your promise at this time because real-time disclosure is a terribly complex matter.

Premier, you don't need space-age technology to disclose donations in real time. All you need is this: I call it the "real-time machine." Yes, it's a simple fax machine. Here you go.

Everybody going to tonight's dinner filled out this form. All you have to do, Premier, is fax all these forms to Ontario's chief electoral officer by dinnertime tonight.

Again, will you keep your promise and disclose your donors, or will this continue to be another broken Liberal promise?

Hon Mr McGuinty: I can understand the member's enthusiasm. She obviously is very much looking forward to our package of reforms to be introduced by the Attorney General. I look forward to introducing that as well and giving an opportunity for all the members here to debate them. Hopefully, we will receive the warm-hearted support of members opposite.

Let me say this, and repeat the offer I made in this House earlier: If the members of the NDP and the members of the Tory party want to go ahead and pre-empt the bill that's about to be introduced so that we all agree that we will all record our receipts, our contributions, on a just-in-time basis, then we're more than prepared to do that. But I've yet to hear from any of them in that regard.

Ms Churley: This is a real turn and a twist in Liberal broken promises. Premier, the NDP supports real-time disclosure. No problem. But we're talking about your words, your commitment and your promise. New Democrats want openness and transparency. You're continuing with secrecy and side deals.

In August, two days before accepting bids on power projects, Dwight Duncan charged energy companies up to \$5,000 to golf with him. Two weeks ago, you charged high rollers big bucks to golf with you. In September, people paid top dollar for a boat cruise with George

Smitherman. In all three cases, you were asked to disclose the donors, and in all three cases you said no.

I'm asking you again: Will you disclose the donors attending your Ottawa dinner by dinnertime tonight, or will this continue to be another broken Liberal promise?

1500

Hon Mr McGuinty: We have all kinds of good things that we want to bring to the good people of Ontario by way of new legislation, including a package of reforms that has to do with political financing. We're more than prepared to introduce that at the earliest possible opportunity.

Now, if the members opposite—again, I repeat my offer—want to pre-empt that so that we can do something together on a voluntary basis, I would be delighted to do that. But having said that, we could move that bill more quickly into this Legislature, together with so many other bills, if this party would resist its childish antics and begin to allow us to move legislation through in a thoughtful and responsible manner.

YORK CENTRAL HOSPITAL

Mr Frank Klees (Oak Ridges): My question is to the Minister of Health. On October 14, I asked you a very specific question regarding the status of the York Central Hospital redevelopment project. All I got was a political dance from you. I pointed out that the Minister of Finance, who is also the member for Vaughan-King-Aurora and whose constituents are served by this hospital, although he had approved some \$4 billion of new spending, had done nothing to ensure that this important project was funded.

Now we're hearing that the same Minister of Finance has given the nod to search for property for a new hospital in Vaughan. Is it true, Minister of Finance, that the reason the funding for York Central Hospital is being delayed is because the real plan is to ensure that the minister's new hospital in Vaughan will be funded? Will you confirm or deny that?

Hon George Smitherman (Minister of Health and Long-Term Care): The honourable member started out as someone who liked to drive around in snowstorms, and now he likes to go on fishing expeditions. Here's what I can tell the honourable member.

In point of fact, if he looks back to the answer that I gave him that day, what he'll see is that I sent a very strong message to the people of that area, one of the high-growth areas of our province, that we recognize their need for additional capital investments.

I also made another point which is important in the piece. When these guys weren't closing hospitals, they ran around promising new ones. The fact of the matter is that the quality of the rhetoric and their great, big plastic cheques weren't backed up when anybody took these cheques to the bank. The fact of the matter continues to be that we're working on about \$4 billion or \$5 billion worth of capital projects that are in one phase or another of creating expectation in local communities, and we're working very, very hard.

My ministry is working with the Minister of Public Infrastructure Renewal to make sure that Ontario moves forward with a program of capital infrastructure that is capable of being funded in our province.

Mr Klees: The truth is that we built more hospitals under our time in government than any other government in this province. That's a reality. What this minister now is doing is making political light of the fact that York Central Hospital is in a situation where 50% of the ambulances are turned away every month of this year. Over 1,000 patients in the last year have walked away from the emergency ward of this hospital because they couldn't be served. The reality is that the average wait time to get someone into a bed in that hospital is now some 10 hours. That's the average, Minister.

The fact is that nurses and doctors and patients alike are frustrated, and you continue to play political football with this issue. Will you or will you not consider this a priority and give us a commitment that you will fund this project and that you're not playing politics with the Minister of Finance on a new hospital in Vaughan?

Hon Mr Smitherman: It seems to me that if we want to know who's playing politics, we simply have to look to the person asking the question. Perhaps in response we should say, how is it, sir, that after eight and a half years in government, you did not get that done? How is that the case? Because while the honourable member wants to say that they opened more hospitals, the fact of the matter is that the member seems to have created the expectation in his own head that having an announcement and presenting a big plastic cheque was about the opening of a hospital.

Interjections.

The Speaker (Hon Alvin Curling): Order.

Mr Klees: On a point of order, Mr Speaker: The minister knows full well that that's an asinine remark to make.

Hon Mr Smitherman: What I know full well is that in the final days of the life of that party while in government they ran around from hither to yon in the province of Ontario and presented big plastic cheques. When they were taken to the bank they were returned NSF. This is on top of their \$5.5-billion operating deficit that they left behind, and this—

The Speaker: Thank you.

Interjections.

The Speaker: The member from Oak Ridges. Will the members come to order, please. I'm going to start maybe naming members because we're not progressing in any way. Now a new question, the member from Nickel Belt.

AUTISM SERVICES

Ms Shelley Martel (Nickel Belt): I have a question to the Premier. Premier, your government is at it again this week, fighting against families with autistic children. This time your government is intervening at the Ontario Human Rights Tribunal against 200 families that claim your government is discriminating against their autistic children on the basis of their disability.

You have four lawyers at this proceeding, and on Monday and Tuesday, on your behalf, they argued that the commission has no jurisdiction to hear the cases, that the cases should be stayed. They further argued that it's not in the public interest to have this process proceed. I remind you, Premier, that these families are fighting to get medically necessary IBI treatment for their children. Can you tell me how much your government is spending to try and block these families from doing that?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): To the Minister of Children and Youth Services.

Hon Marie Bountrogianni (Minister of Children and Youth Services, Minister of Citizenship and Immigration): I can't comment on anything in front of the tribunal, but I can tell you how much we are spending to help children with autism—

Interjection.

The Speaker (Hon Alvin Curling): I'll warn the member one more time. Minister.

Hon Mrs Bountrogianni: I guess I was fortunate I didn't hear what the member said. I can tell the member what we are spending to help children with autism across this province, right from the time of their diagnosis, right through to the end of high school. We have doubled the amount of spending on children with autism in this province. We have increased the preschool screening and assessment by \$10 million. We are reaching 20% more children. Our waiting lists are decreasing. As well, we have put \$30 million for more resources in the school system, because children with autism, as all children with special needs, need to be at school with children of all abilities and disabilities. I'm very proud of our strategy.

Ms Martel: Premier, the question was, how much money is your government spending to fight these families from getting the IBI for their children? You see, during the election, you told voters to choose change. The fact of the matter is, your government is discriminating against these children just as badly as that group ever did. Your government is attacking these families just as aggressively as the former government ever did. Your lawyers, on your behalf, spent months trying to undermine families at the Deskin and Wynberg trial. Your government has sent in lawyers against every family that has tried to get an interim order for their IBI to continue after the child turns six. Now your government has got four lawyers at the Ontario Human Rights Tribunal, trying to stop those proceedings so their parents will never have their say.

I ask you again, how much money has your government spent in all of these proceedings, trying to stop parents from getting medically necessary IBI for their autistic children?

Hon Mrs Bountrogianni: I will refer this question to the Attorney General.

Hon Michael Bryant (Attorney General, Minister responsible for native affairs, Minister responsible for democratic renewal): To answer the member's question, we have counsel before the Ontario Human Rights

Tribunal on that matter. We have counsel before the courts, as well, on this matter. We are defendants in the matter I'm speaking of. Some cases see some plaintiffs and some applicants who wish to get some funding earlier. Some are seeking to get funding a little later.

We want to let the government and the Legislature decide. We want the government and this Legislature to determine how we are going to be dealing with and treating autistic kids. We think this is the place to do it, not before a tribunal and not before the courts. That has been our position all along. We'll continue to fight for the democratic right to provide autistic—

The Speaker: Thank you. New question.

1510

HOSPITAL FUNDING

Ms Deborah Matthews (London North Centre): My question is for the Minister of Health and Long-Term Care. People in my community of London have recently been reading media reports about possible hospital cuts. I have been reassuring my constituents that no such cuts have been made and that this is just the first step in a process to work with hospitals to balance their budgets. Can you confirm that no cuts have been made and tell us what the process is for moving forward?

Hon George Smitherman (Minister of Health and Long-Term Care): I appreciate the question from the honourable member from London. As I had the opportunity to say earlier in question period, she and all members from London continue to serve their constituents with good focus and distinction—focus on the quality of patient care; frankly, the same as we all have. The reality of the circumstance is that no cuts have been made in London; no layoffs have occurred in London. In fact, as has been outlined by the Premier and others today, we are at the earliest stages of a process that is designed to get all of Ontario's hospitals in balance and to eliminate the cycle we were dealing with, which we inherited from the previous government, of bailing them out at the end of the year. I remind the honourable member that in some cases we fully expect it might take us up to 18 months to do this. That's the time frame the Ontario Hospital Association requested and that we granted. I give the assurance to the honourable member from London, and to all honourable members, that we're going to continue to work through these on a dedicated basis, with a view to enhancing the quality of patient services and making sure we are operating within what is available financially.

The Speaker (Hon Alvin Curling): Supplementary?

Mr Khalil Ramal (London-Fanshawe): Minister, for eight years—

Interjection.

Mr Ramal: You have to listen for the question, my friend.

Minister, for eight years London suffered health care cuts by the previous Tory government. Can you tell us what investment our government is making to enhance

health care services in London and take pressure off our local hospitals?

Hon Mr Smitherman: I think the honourable member asks an excellent question, especially because it gives me an opportunity to remind all that we made significant investments in health care, particularly in the London area: more than \$43 million to hospitals, long-term-care facilities, home care and mental health. These included the first investments in a long time in community-based mental health, which that party ignored while in government; \$4.7 million to enhance the number of clients who can be served through local home care, through the CCAC; a \$2.4-million investment to enhance the quality of long-term care; and \$1 million for community support services, which help keep people independent in their homes. All of these are beneficial to patients, and all of them play an incredibly important role in assisting our hospitals by diverting traffic and making resources more available in communities, because we believe that the best care is the health care you find as close to home as possible.

I thank the honourable member from London and all members from that community for their hard work, and I commit to continuing to work with them to the benefit of the people from London.

CANCER TREATMENT

Mr Jim Wilson (Simcoe-Grey): My question is for the Premier, and it involves a commitment that was made some time ago to build two new cancer centres, one in Barrie at Royal Victoria Hospital and one at Southlake hospital in Newmarket. I just want to emphasize the need that patients have in this area. Central-east region, where these cancer centres are to be built, has the largest population growth in Ontario. We're growing 80% faster than the provincial average. Our growth rate for residents over age 50 is increasing 50% faster than the rest of the province. Cancer incidence in this region is increasing 25% faster than the rest of the province, and cancer mortality is going through the roof. In fact, cancer mortality is 42% higher than the rest of the province, and we don't have cancer centres.

The planning has been going on for years. Governments of all three stripes have participated in it. Will you give me your commitment today that you'll begin construction immediately? The hospitals have provided all the information required. People are dying faster in this part of the province than anywhere else due to cancer. Would you give us the commitment to begin construction immediately, Premier?

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

Hon George Smitherman (Minister of Health and Long-Term Care): I appreciate the opportunity to respond.

Interjection.

Hon Mr Smitherman: I'm sure you'll get another question, Frank.

I appreciate the opportunity to respond to the honourable member. This is an area, of course, that we recognize for its high growth. I think that on the issue of long-term care, as an example, it's sad that Simcoe county was passed over so clearly by your government's allocations.

I would say with respect to the issue of cancer centres that, regrettably, cancer in our community continues to be a growing challenge. We work with Cancer Care Ontario, which helps to prioritize where those investments should be made. The issue of the two centres that are raised by the honourable member is a matter that Cancer Care Ontario is assisting on with some advice right now. But all of the forecasts do indicate, regrettably, that advancements by building these additional cancer centres that were referenced by the honourable member will be important. This is part and parcel of the strategy that we're involved in, in consultation with my colleague the Minister of Public Infrastructure Renewal.

Mr Wilson: Minister, I'm not sure where you get your facts from. In terms of community care access centres, I set those up as Minister of Health.

Hon Mr Smitherman: Long-term care.

Mr Wilson: Long-term care: We have hundreds of new beds in Simcoe county. On home care, when I was first Minister of Health, there was \$1.9 million spent in Simcoe county. When I left, it was \$35 million a year and growing.

The cancer patients in Simcoe-Grey and the ridings of Parry Sound-Muskoka, Barrie-Simcoe-Bradford, York North, Simcoe North and Oak Ridges would all benefit from these cancer centres. How high does the mortality rate have to go? How hard do we have to hit your conscience before you'll build these centres? People are dying. They're having to go as far away as Sudbury and down to London and Windsor for treatment. It's appalling. We should work together and get these centres built. These are all Tory-held ridings. So, Minister, are you cancelling these centres because they're in Tory-held ridings?

You're responsible for governing for all the people of the province. You're playing politics with cancer, and you should be ashamed of yourself.

Hon George Smitherman: That 60-second display was nothing but shameful pandering. It was regrettable. It was designed to drive at the heart, through people's emotions.

To question in the fashion that he did was a little generous. It takes 33 months for only the capital construction element of a building like a cancer centre. We have been in government for somewhat more than 12 months. Was there a shovel in the ground? Was there a funded project? No, there wasn't. There continues—

Interjection.

Hon Mr Smitherman: No, that is inaccurate as well.

But the fact remains, if you go back to my earlier answer, I acknowledge the honourable member's concern. My mother lives in the same area. I'm not unaware of the growth that has occurred in Simcoe county. As I said in my very first answer, both the centres in New-

market and Barrie continue to be important priorities, and we're making considerable progress.

PENSION PLANS

Ms Andrea Horwath (Hamilton East): My question is to the Minister of Finance. Minister, sitting in the gallery are a dozen or so members of the Participating Co-operatives of Ontario Trusteed Pension Plan, representing over 2,300 former employees of Ontario's farm and dairy co-operatives. Their pension plan has been fatally damaged by a risky investment strategy that went terribly wrong, negligence on the part of the province's pension overseer, the FSCO, and a huge hole in the mandate of the province's pension protector. Eighteen months ago, their very modest pensions of about \$700 a month were cut to \$350 a month, and their plan is soon going to be wound up.

Minister, you have told these people personally that the province takes no responsibility for this tragedy and there's nothing you can do about their situation right now. The New Democratic Party believes that you're wrong, that there is something that can be done. Will you take immediate action and meet with the plan members, and come up with an action plan to restore these hard-earned benefits?

Hon Greg Sorbara (Minister of Finance): I'm glad that my friend from Hamilton East met with these pensioners. Indeed, it was about two years ago this month, I think, that I met with them for the first time. I was in opposition at the time. I made submissions on their behalf to the then Minister of Finance. Later, after our government was sworn in, I had an opportunity to meet with these representatives of this plan.

The reality in the province is that there are two types of pension plans: those who pay into something called the pension benefits guarantee fund and, in that way, have their pensions protected in some measure, should things go wrong with the plan; and there is another group of pension plans in the province that doesn't pay into this plan and therefore does not have this insurance protection when something goes wrong with their plan.

The terrible, unhappy reality is that the pension plan that these pensioners paid into was not covered by the pension benefit guarantee fund and therefore their plans are not insured. I wish it were different. I wish that weren't the reality, but it is.

1520

Ms Horwath: Minister, that's just not good enough, and now you do have the power to make some changes for these people. The FSCO, the government's pension regulator, had ample warning of the problems but did nothing at the time, which you've admitted to. The former government made mistakes, the plan trustee made mistakes, the investment manager of the fund made mistakes, but the people who are paying the price for the mistakes of all these different players are sitting up there in the gallery, the other 2,300 members of this pension plan and in fact their spouses, totalling over 4,000 people

from every riding in this province. Every one of these members sitting here likely has one of these members in your riding.

Now your government is joining the long list of people who are throwing up their hands and saying, "There's nothing we can do. We feel really bad but there's nothing we can do about it." Minister, please do the right thing: Sit down immediately with the Co-operatives pensioners and work out some kind of compensation plan for these people who worked for decades in their industry, who worked very hard for very modest and meagre pension plans that they no longer can benefit from.

Hon Mr Sorbara: As the Minister of Finance for this province I would love, every time someone, particularly from the NDP, comes and says, "Fix this horrible problem"—the fact is that we have a group of pensioners who were being supported by a pension plan not covered by the insurance program that covered others.

Interjections.

The Speaker (Hon Alvin Curling): Order. Member from Whitby-Ajax, please do not interrupt.

Minister of Finance.

Hon Mr Sorbara: Some of the representatives of this pension plan have actually taken the right steps by commencing a class action against the trustees who were responsible for the plan. It's a problem that is going to take some time to resolve, but at the same time I want to tell you that we have looked at every single possible method so that we might help the members of this pension plan. The fact is that they were not covered by the insurance, and it would be inappropriate for me to intervene at this time.

CHILD CARE

Mrs Maria Van Bommel (Lambton-Kent-Middlesex): My question is for the Minister of Children and Youth Services. I know that you've been in Ottawa this week, working with your counterparts from the federal, provincial and territorial governments on a new national strategy for early learning and child care. You know that families in Ontario face big challenges in terms of finding child care for their children, and they watch the progress of these meetings with great interest. My constituents are mostly rural, and rural regions face their own unique challenges in terms of child care. Minister, what were the results of your meetings in Ottawa, and what will that mean for families in Ontario, including our rural communities?

Hon Marie Bountrogianni (Minister of Children and Youth Services, Minister of Citizenship and Immigration): Indeed, child care took many steps forward in these talks in Ottawa.

First of all we agree—provinces and territories—with the federal government to embrace the QUAD principles of quality, universality, accessibility and developmental appropriateness of the programs. We also agreed that the programs needed to be, although a system across the country, flexible within each province to address exactly

the issues that you just brought up: the rural and urban differences, and aboriginal communities, for example—a major step forward, and a lot of it had to do with the collegiality and respect among the provincial ministers, but also the respect for federal Minister Dryden.

Mrs Van Bommel: Families in Lambton-Kent-Middlesex and families all across this province are concerned that there are simply not enough child care spaces available. More and more families have two working parents. Our child care is no longer something that is a luxury; it is a necessity for these families.

In rural areas we have added concerns such as distance and transportation, lack of resources and child safety on our farms.

One of the things that is really worrying me is the report we have seen from the Organization for Economic Co-operation and Development that shows that Ontario's child care system is inadequate in its capacities and also inadequate in how it helps children to develop in those very critical early years. Minister, how is Ontario addressing these gaps, and what are you doing to make things better for Ontario families?

Hon Mrs Bountrogianni: Indeed, the OECD report is an embarrassing report, not just for Ontario but for the country—but particularly for Ontario. As I said in the meeting to my provincial counterparts, it was embarrassing to be representing such a wealthy province and yet to be playing catch-up, and that is because the former government didn't spend one red cent of extra investment in child care. In fact, they put federal monies into other programs.

You will see with the Best Start plan that we will show that we are not only committed to working with the federal government, but we are committed to improving accessibility and quality for child care across the province.

Interjections.

Hon Mrs Bountrogianni: I think it's the members opposite who should be careful, because our Best Start plan hasn't been announced yet.

HOSPITAL FUNDING

Mr Cameron Jackson (Burlington): My question is for the Premier. Premier, you'd be aware of course, coming from Ottawa, that your Montfort Hospital received a 15% increase. All the staff at Joseph Brant Memorial Hospital are perplexed because the community of Burlington and Oakville is growing at two and a half times the rate of the city of Ottawa, and yet they were relegated to a 1.2% increase in funding. Your prescription for starvation funding for Joe Brant has resulted in a \$6-million deficit. Sixty bed closures are on the table. Eighty nurses and cleaning staff are to be terminated. Another operating room is to close this year, with a 20% reduction in operating theatres.

Premier, how can you justify giving a 15% increase to a hospital in your community while the growth factors are such in a community like Burlington, which the Hos-

pital Services Restructuring Commission has confirmed, that it requires those additional beds and the additional funding in order to provide the needs of a growing community in the GTA like Burlington-Oakville?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): First of all, let me just say that I think it's entirely inappropriate, as the member is trying to do, to pit one community against another, one hospital against another. I don't think that is the responsibility of a responsible government. I don't have the details as to why one hospital got more money than another, but I can tell you that the minister would gladly speak to that if he were here.

I can say this: We are ensuring that every single hospital receives an increase in funding this year. We've tried to do that in as fair, as methodical and as dispassionate a way as possible. Now we're going to work with every single hospital to find a way to ensure that we can balance the budget and deliver still better-quality services, and we look forward to working with the member's hospital.

Mr Jackson: Premier, the staff at Joseph Brant Hospital are paying you about \$600,000 a year on your new tax. They didn't even get that money back for their hospital. They're justifiably concerned because we're a growing community.

Premier, when you sat on this side of the House, you talked about program protection in hospitals and you talked a lot about children. I want to ask you a specific question. Your mental health announcement for additional dollars specifically says it cannot be provided for children in the province of Ontario. The \$30 million you've committed is only for bump funding for staff salaries. No access to additional supports for children's mental health in the province will come from that. Child psychiatric beds in hospitals all across Ontario, in particular in my own community of Halton, are not protected under your minister's program of restraint going on in all of our hospitals.

Premier, will you undertake or commit in the House today that you will protect children's psychiatric beds to protect children who are suicidal, who have severe mental challenges? Will you protect those beds in this province and add them to the list, the very small list your minister has created that are protected programs?

Hon Mr McGuinty: First of all, let me just say that I'm proud to lead a government that has provided the first increase in 12 years for children's mental health services—very proud.

Also, to add to my initial response, regarding the means by which we determined how much one hospital got as opposed to another, hospital allocations were based in part on a formula that was developed by the Ontario Hospital Association.

Finally, the Hamilton-Wentworth-Burlington area was the recipient of \$40.3 million in additional health dollars this year and has expanded greatly the number of services in that community. I say again, through this member to his community, that we look forward to working with his

hospitals to ensure we can deliver still better-quality care in a way that is cost-effective.

1530

TENANT PROTECTION

Mr Michael Prue (Beaches-East York): In the absence of the Minister of Municipal Affairs and Housing, my question is to the Premier. Tenants want to know, which side are you on? Many are forced to choose between paying their rent and feeding their children. During the last election and leading up to the election, you promised in public debate—and indeed all Liberals promised in public debate—that you would return to a regimen of real rent control. But behind closed doors you also promised the landlords and others that you would institute a plan of regional decontrol when vacancies went above 3%. I'm asking you point-blank today: Which promise are you going to keep? Is it your intent to protect the tenants, or is it your intent to embark on regional decontrol of rents?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): I can tell you that our government will shortly be introducing legislation to replace the Tenant Protection Act, 1997, with fair and effective tenant protection. We're aiming for a new system of regulating rents that provides real and balanced protection for tenants. We will also improve fairness in the dispute-resolution process and encourage the proper maintenance and growth of rental housing across the province. We look forward to introducing that bill in due course.

Mr Prue: That's simply not good enough. The parliamentary assistant to the Minister of Municipal Affairs and Housing went before the Federation of Metro Tenants' Associations and point-blank told them that you and your party are committed, that all of the promises, including regional vacancy decontrol, are on the books. Those people are very upset and they want to know, is this your plan? Because if it is your plan, it is absolutely wrong.

The Daily Bread Food Bank, and perhaps you know about them in Toronto, is telling us that users of their bank are now spending 75% of their income on rent in Toronto. This is way up from 58% just a decade ago. And 2004 was the highest use of food banks in Toronto's history. Some 130,000 tenants paying market rent are using that food bank.

I ask you again, which promise are you going to keep? Are you going to protect tenants by maintaining controls or are you going to keep your private promise to institute regional decontrols in Toronto and other major cities?

Hon Mr McGuinty: Just to remind my colleague opposite of the record of his own party, here's a quote from his leader, Howard Hampton. This is from the text of a speech delivered to the Association of Municipalities of Ontario on August 20, 2002. He said, "We will implement a two-year rent freeze and re-establish rent control, with some exceptions if the vacancy rate was higher than 3%." It sounds to me like vacancy decontrol.

I can say that we've heard from both tenants and landlords. We've listened to what they had to say. What we will be doing is putting together fair and balanced legislation, and we look forward to doing that.

LABOUR RELATIONS

Mr Lorenzo Berardinetti (Scarborough Southwest): My question is to the Minister of Labour. In your announcement today, you introduced amendments to the Labour Relations Act, 1995. I've heard from both employers and employees who are tired of being whipsawed between, first, an NDP government that overly favoured labour, and then a Tory government that introduced a labour relations system that unduly favours business. Can you tell us what the key changes are and how these amendments will encourage balance, stability and fairness in Ontario's labour relations community?

Hon Christopher Bentley (Minister of Labour): I would like to thank the member from Scarborough Southwest for the question, and for his concern for the rights and fairness of workers and for the stability of the system.

We introduced today fair and balanced labour relations changes. Let me outline a few of them. First of all, the provocative one-sided changes made by the previous government: We're proposing to get rid of those. The decertification poster: There's no equivalent certification poster. That has to go. Union salary disclosure rules which aren't balanced by requiring companies to disclose similar information: They have to go.

What about the fairness of the process? For the worst labour relations abuses in the worst cases, the previous government got rid of the only effective remedy, a remedy that existed for almost 50 years: remedial certification. We're restoring that power to the board, and we're restoring as well a remedial power to stop any certification application if the union abuses. This is a fair and balanced approach to labour relations that has characterized Ontario for decades. That's the one we're pursuing.

PETITIONS

HEART MEDICATION

Mr Ernie Hardeman (Oxford): "To the Legislative Assembly of Ontario:

"Whereas the Ministry of Health for Ontario, via OHIP, permits discriminating reimbursement policies for at least one specific heart medication, the medication referred to as Solatol, a medication required to establish regular heartbeat. The 80-milligram version cannot be claimed for reimbursement, while the 160-milligram version can;

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

"To establish equitable rules for reimbursement by OHIP of the above-mentioned medication, and to instruct OHIP not to differentiate claimability for reimbursement on the basis of differently-sized doses for one and the same medication."

I add my signature to this as I agree with it.

GO TRANSIT SERVICE

Mr Bob Delaney (Mississauga West): I have a petition to the Ontario Legislative Assembly from a group of residents in Toronto who join with us in our appeal for a new GO train station. It reads:

"Whereas the city of Mississauga has, within a generation, grown from a linked collection of suburban and farming communities into Canada's sixth-largest city, and tens of thousands of people daily need to commute into and out of Mississauga in order to do business, educate themselves and their families and enjoy culture and recreation; and

"Whereas gridlock on all roads leading into and out of Mississauga makes peak period road commuting impractical, and commuter rail service on the Milton GO line is restricted to morning and afternoon service into and out of Toronto; and

"Whereas residents of western Mississauga need to commute to commute, driving along traffic-clogged roads to get to overflowing parking lots at the Meadowvale, Streetsville and Erindale GO train stations;

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

"That the government of Ontario, through the Ministry of Transportation and highways, instruct GO Transit to allocate sufficient resources from its 2004-05 capital budget to proceed immediately with the acquisition of land and construction of a new GO train station, called Lisgar, at Tenth Line and the rail tracks, to alleviate the parking congestion, and provide better access to GO train service on the Milton line for residents of western Mississauga."

I'm happy to sign this petition.

CHIROPRACTIC SERVICES

Mr Ted Arnott (Waterloo-Wellington): My petition is to the Legislative Assembly of Ontario and it reads as follows:

"Re: support for chiropractic services in Ontario health insurance plan:

"Whereas

"Elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

"Those with reduced ability to pay—including seniors, low-income families and the working poor—will be forced to seek care in already overburdened family physician offices and emergency departments;

"Elimination of OHIP coverage is expected to save \$93 million in expenditures on chiropractic treatment at a

cost to government of over \$200 million in other health care costs; and

“There was no consultation with the public on the decision to delist chiropractic services;

“We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province.”

It's signed by many hundreds of my constituents and it will my support as well. I've affixed my signature to it.

Mr Wayne Arthurs (Pickering-Ajax-Uxbridge): To the Legislative Assembly of Ontario:

“Re: support for chiropractic services in Ontario health insurance plan:

“Whereas the elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

“Whereas those with reduced ability to pay—including seniors, low-income families and the working poor—will be forced to seek care in already overburdened family physician offices and emergency departments;

“Whereas the elimination of OHIP coverage is expected to save \$93 million in expenditures on chiropractic treatment at a cost to government of over \$200 million in other health care costs; and

“Whereas there was no consultation with the public on the decision to delist chiropractic services;

“We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province.”

1540

STUDENT SAFETY

Mr Jim Flaherty (Whitby-Ajax): I have a petition to the Legislature of Ontario.

“To the Legislature of Ontario:

“Whereas the Ministry of Education has failed to ensure that students are protected from individuals whose past behaviours have directly harmed children; and

“Whereas the Ministry of Education has chosen to ignore the children's aid society's recommendation that certain individuals not work with children; and

“Whereas the introduction of a ‘volunteer’ into the school system must not be solely at the discretion of the principal; and

“Whereas the Liberal government promised to ensure that school boards provide strong local accountability and decision-making;

“We, the undersigned, petition the Legislative Assembly to amend the Education Act to place restrictions on the eligibility of persons who act as volunteers in schools, and to include as a formal requirement that

volunteers be subject to the approval of the school board and parent council.”

I've affixed my name, and I introduced a bill to this effect today.

CHIROPRACTIC SERVICES

Mrs Maria Van Bommel (Lambton-Kent-Middlesex): I have petitions that I'm going to present on behalf of chiropractic patients in Wallaceburg, and I read from them:

“I write to urge you to reverse the decision to eliminate OHIP funding for chiropractic services. This decision is short-sighted and ill-advised and puts my health and that of the entire province at risk.

“I believe the government must provide OHIP funding for chiropractic care because over 1.2 million Ontarians depend on chiropractic care for treatment and relief of back and neck pain, headaches, and other musculo-skeletal disorders.

“This cost-effective and efficient care allows patients to continue to function and lead healthy lives. Without this care, patients will experience increased pain, increased time off work and greater disability.

“Access to care will be severely affected, as many patients will be unable to absorb the additional out-of-pocket costs resulting from delisting. Without OHIP funding, many patients will be forced to seek no care or to access more expensive care available through the public health care system. Where there are family physician shortages, they will have to wait longer for care and visit overcrowded and expensive emergency rooms.

“While government will save \$93 million by eliminating chiropractic coverage, the additional direct cost from patients accessing physicians, emergency departments and drugs will exceed \$200 million.

“I want my government to continue to provide OHIP funding for chiropractic care and call on you to change this bad decision.”

That is signed by 700 residents of Wallaceburg.

GASOLINE PRICES

Mr Gerry Martiniuk (Cambridge): “To the Parliament of Ontario:

“Whereas gasoline prices have increased at alarming rates during the past year; and

“Whereas the high and different gas prices in different areas of Ontario have caused confusion and ... hardship on hard-working Cambridge families;

“We, the undersigned, hereby petition the Parliament of Ontario as follows:

“1. That the Ontario McGuinty Liberal government immediately freeze gas prices for a temporary period until world oil prices moderate; and

“2. That the Ontario McGuinty Liberal government and the federal Martin Liberal government immediately lower their taxes on gas for a temporary period until world oil prices moderate; and

"3. That the Ontario McGuinty Liberal government immediately initiate a royal commission to investigate the predatory gas prices charged by oil companies operating in Ontario."

As I agree with the contents, I set my name thereto.

OPTOMETRISTS

Mrs Julia Munro (York North): This petition is to the Legislative Assembly of Ontario.

"Whereas the last funding agreement between the Ministry of Health and Long-Term Care and the Ontario Association of Optometrists (OAO) expired March 31, 2000; and

"Whereas the optometric fees for OHIP-insured services remain unchanged since 1989; and

"Whereas the lack of any fee increase for 15 years has created a crisis situation for optometrists; and

"Whereas fees for OHIP services do not provide for fair or reasonable compensation for the professional services of optometrists, in that they no longer cover the costs of providing eye examination; and

"Whereas it is in the best interests of patients and the government to have a new funding agreement for insured services that will ensure that the most vulnerable members of society are able to receive the eye care that they need;

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

"That the Ministry of Health and Long-Term Care resume negotiations immediately with the OAO and appoint a mediator to help with the negotiation process, in order to ensure that optometrists can continue to provide quality eye care services to patients in Ontario."

I agree with this. I will affix my signature.

LESLIE M. FROST CENTRE

Mr Norm Miller (Parry Sound-Muskoka): I have a petition to reopen the Leslie M. Frost Centre, and I know the member from Haliburton-Victoria-Brock also has petitions for this purpose. It says:

"To the Legislative Assembly of Ontario:

"Whereas the Leslie M. Frost Centre has been Ontario's leading natural resources education, training and conference centre, aimed at fostering an understanding of natural resource management, with a focus on ecosystems and their sustainability for future generations; and

"Whereas the McGuinty government refused to consult with municipalities and other user groups before taking this drastic action and continues to operate in a clandestine manner; and

"Whereas this move will hurt the people and economies of Muskoka and Haliburton, especially those in the local tourism industry; and

"Whereas the Frost Centre is a valuable resource for elementary, secondary and post-secondary institutions as well as a variety of other groups;

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

"That the McGuinty government reverse the decision to close the Leslie M. Frost Centre, allowing valuable summer programs to continue while a long-term solution is developed."

I support this petition and affix my signature to it.

VOLUNTEER FIREFIGHTERS

Mr Ted Arnott (Waterloo-Wellington): I have another petition to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas many volunteer fire departments in Ontario are strengthened by the service of double-hatter firefighters who work as professional, full-time firefighters and also serve as volunteer firefighters on their free time and in their home communities; and

"Whereas the Ontario Professional Fire Fighters Association has declared their intent to 'phase out' these double-hatter firefighters; and

"Whereas double-hatter firefighters are being threatened by the union leadership and forced to resign as volunteer firefighters or face losing their full-time jobs, and this is weakening volunteer fire departments in Ontario; and

"Whereas Waterloo-Wellington MPP Ted Arnott has introduced Bill 52, the Volunteer Firefighters Employment Protection Act, that would uphold the right to volunteer and solve this problem concerning public safety in Ontario;

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

"That the provincial government express public support for MPP Ted Arnott's Bill 52 and willingness to pass it into law or introduce similar legislation that protects the right of firefighters to volunteer in their home communities on their own free time."

I have affixed my signature as well, and I am in full support of this petition.

LESLIE M. FROST CENTRE

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

"Whereas the Leslie M. Frost Natural Resources Centre has a long history in the county of Haliburton and provides an important historical link dating back to its use in 1921 as a chief ranger station; and

"Whereas the history and the use and management of natural resources in Ontario stretches back to the 1600s and forms an integral part of the overall history of the province and MNR, and the history of the ministry and the Frost Centre itself easily qualifies as a significant historic resource; and

"Whereas the Minister of Culture, Madeleine Meilleur, has said, 'The McGuinty government values and is committed to conserving Ontario's heritage for the

enjoyment and benefit of present and future generations'; and

"Whereas the Frost Centre is an important educational resource for the community, being described on the Ministry of Natural Resources Web site as 'Ontario's leading natural resources education, training and conference centre'; and

"Whereas closure of the Frost Centre would cause economic hardship in the local communities of the county of Haliburton and district of Muskoka due to direct job losses and loss of tourism dollars spent in local communities; and

"Whereas the local community has not been consulted about the closure plans;

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

"The Dalton McGuinty Liberals should not close the Leslie M. Frost Natural Resources Centre."

This is signed by thousands of people from my riding.

HEALTH CARE SERVICES

Ms Marilyn Churley (Toronto-Danforth): I continue to get petitions on the subject of cuts to health services. This one reads:

"To the Legislative Assembly of Ontario:

"Whereas the McGuinty Liberal government is cutting provincial funding for essential health care services like optometry, physiotherapy and chiropractic care;

"Whereas this privatization of health care services will force Ontarians to pay out-of-pocket for essential health care;

"Whereas Ontarians already pay for health care through their taxes and will be forced to pay even more through the government's new regressive health tax;

"Whereas the Liberals promised during the election that they would not cut or privatize health care services in Ontario;

"Therefore we, the undersigned, petition the Legislative Assembly as follows:

"We demand the McGuinty Liberal government keep its promises and guarantee adequate provincial funding for critical health services like eye, physiotherapy and chiropractic care."

I fully support this petition and will sign it.

1550

HEALTH CARE

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

"Whereas the Liberal government has announced in their budget that they are delisting key health services such as routine eye exams, chiropractic and physiotherapy services,

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

"To reverse the delisting of eye exams, chiropractic and physiotherapy services and restore funding for these important and necessary services."

It's signed by many people from my riding.

CHIROPRACTIC SERVICES

Mr Frank Klees (Oak Ridges): This petition is to the Legislative Assembly of Ontario.

"Whereas,

"Elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

"Those with reduced ability to pay—including seniors, low-income families and the working poor—will be forced to seek care in already overburdened family physician offices and emergency departments;

"Elimination of OHIP coverage is expected to save \$93 million in expenditures on chiropractic treatment at a cost to government of over \$200 million in other health care costs; and

"There was no consultation with the public on the decision to delist chiropractic services;

"We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province."

I affix my signature to this petition.

OPPOSITION DAY

HOSPITAL FUNDING

Mr Robert W. Runciman (Leader of the Opposition): I move that the Legislative Assembly call upon the government to guarantee that no nurses will be laid off and no hospital beds will be closed over the course of the mandate of the McGuinty government.

The Deputy Speaker (Mr Bruce Crozier): Mr Runciman has moved opposition day number 2. Mr Runciman?

Mr Runciman: I appreciate the opportunity to speak to this very important issue. It's also an issue when we're talking about hospital bed closures and loss of employment for nurses. Today provides an opportunity for Ontarians in many communities throughout the province who are facing severe restraints and job losses and negative impacts on hospitals in their communities. It's an opportunity to see how all members of this House react and respond to what is indeed, I think, a very fair resolution or motion that we put before the House.

As you know, the Liberal Party, in the election campaign of 2003, indicated that they were going to open additional hospital beds in the province of Ontario. They were going to hire 800 new nurses. Now we're starting to

see a number of hospitals coming forward—a limited number at this point, but we think this is going to snowball, this is going to really grow, as people become less and less concerned about the bully Minister of Health, Mr Smitherman, and the culture of fear that he has engendered in the hospital sector. More and more people, when they realize and appreciate and understand the impacts of the policies of the Liberal government, are going to come forward. They're going to be forced to come forward and state the case for their hospital and for their community and for public health care in the province of Ontario.

Since the election of the Liberal government in 2003 we've asked these questions related to the health care sector, specifically the hospital sector in the last number of weeks because of our growing concern. What we got in terms of responses from the government, the Premier and his ministers was what we received in the earlier sessions of this House: non-answers, glib responses and a Premier who continues to play a juvenile blame game. Instead of getting up and responding to serious issues, serious concerns of Ontario citizens, what does he do? He does not provide a serious response; he gets up instead and goes back, in one instance we heard today, to 1994.

The reality is that that Premier and that government have been in office now for over a year—they're now into their second year—and this Premier, his ministers and his backbenchers have to stand up and start defending the policies that this Liberal government has put in place and the impact that they're having across the province of Ontario. They cannot continue to provide the kinds of glib non-responses to us and, through us, to the vast majority of the public of Ontario that they've been delivering over the life of this Parliament.

We raised the issue of London. That's the most pressing issue of the day with respect to the very dramatic impacts that the government's bullying approach to hospitals is going to have. We saw situations of 1,000 jobs being lost, over 346 hospital beds being closed, 4,000 day surgeries being cancelled, if they have to follow the dictates of the late-breaking Minister of Health.

That is not the only situation. I can mention a few, just to put them on the record: Four Counties hospital in Newbury—20 beds to be closed; Cambridge hospital—27 jobs lost, 18 programs cut; Campbellford—19 beds to close, 21 jobs to be cut; Joseph Brant Hospital—90 beds to close, 100 jobs to be cut.

We know the Premier has a bad memory when it comes to the promises his party made during the 2003 election. We know, certainly, that he has broken a significant number of them; I think the latest count is 37 out of 231.

Interjections: Shame.

Mr Runciman: Shameful, indeed. But perhaps what is even more shameful is the response and the reaction of Liberal members of the Legislature. We've seen that in really dramatic terms in the London area in southwestern

Ontario, where we have a number of members—I think five of them: Mr Bentley, Ms Matthews, Mr Ramal, Mr Wilkinson and Mr Peters—who are simply not around. They're missing in action. They're not standing up and speaking on behalf of their own constituents. I want to put one point—

Mr Bob Delaney (Mississauga West): On a point of order, Mr Speaker: It's contrary to the standing orders to either refer to missing members or to refer to them by name.

The Deputy Speaker: That is a point of order. In this case there was no mention of any missing members. I don't think there was any malicious intent of mentioning names. I'll listen carefully from now on.

Mr Runciman: Mr Speaker, that was a Liberal effort to use up the time of the opposition.

I want to put one quote on the record from Mr Peters, Elgin-Middlesex-London, who was a vitriolic, and in many ways, an offensive member of the opposition. He certainly never let up in his efforts to attack the former Conservative government.

One quote from Mr Peters, and we have a significant number of them, is from October 29, 2001: "The minister must immediately intervene into what's going on in London. Consider the value of this academic centre ... ensure that the appropriate funding is allocated to the London Health Sciences Centre now. Show some leadership."

Why doesn't Mr Peters show some leadership now? He's a member of the Liberal cabinet. Where is he? He's missing in action.

The Deputy Speaker: Further debate?

Ms Shelley Martel (Nickel Belt): It's a pleasure for me to participate in the debate this afternoon, a resolution that calls on the Legislative Assembly to call on the government to confirm that there will be no nurses laid off and no hospital beds closed over the mandate of the McGuinty government. Of course, this would stem very clearly from the election promise that was made by the Liberals that I would read into the record now, election promise number 126: "We will bring stability to our hospitals by providing adequate multi-year funding." If indeed it was the intention of this Liberal government to live up to that promise to bring stability to the hospitals by providing adequate multi-year funding, then of course there wouldn't be any nurses laid off and there wouldn't be hospital beds closed.

1600

The reality is quite different. The reality is that the government has no intention of keeping its promise to bring stability to our hospitals by providing adequate multi-year funding. Instead, this minister and his government have said to hospitals, "In the next 18 months, balance your budgets or else." They are essentially holding a gun to the heads of those administrators, those volunteers on local boards and the chairs of those local boards, and saying very clearly, "Regardless of all the funding pressures you have to face as a local board in trying to deliver health care through this hospital, regardless of the elec-

tion promise we made, which essentially would have increased funding, you have to get rid of your deficit. And if you don't, well, cut the programs, cut the services, cut the staff, cut whatever you have to, because we are not going to support your hospital any more after that 18-month time."

I think that is very clearly going to result in not just a loss of nurses and the closure of hospital beds; it's going to result in the loss of cleaning staff in our hospitals. It's going to result in the loss of many other CUPE workers, for example, who are in the kitchen, who are registered practical nurses etc. There's no doubt in my mind that if the government proceeds in the direction it is now pursuing, one of confrontation with hospitals, one of holding the gun to their heads and saying, "Balance your budget or else," there will be many negative consequences for many of our communities.

In the time I have, I want to focus on the hospitals in our part of the world, in northern Ontario. Let me begin by reading from a letter that was sent to all northern members, I would assume, from Jackie Thoms, the director of the OHA board for region 1 and a trustee at the Sudbury Regional Hospital, and Mr Fjelsted, who is a director of the OHA board as well, and vice-chair of region 1. He is the CEO of the Kirkland and District Hospital. We heard about the concerns in that hospital. Those were raised on Monday by my colleague Gilles Bisson. These two people have written to northern members and said the following:

"As representatives of northern communities, we feel it's important to ensure that you are aware of some of the issues northern hospitals are facing and the potential impacts on the communities we serve. Eighty per cent (32 of 40) of hospitals in the north are predicting a deficit for the 2004-05 fiscal period. Of these, 68% (27 of 40) are predicting a deficit of more than 2% of expenses. Of all Ontario hospitals with severe funding shortfalls (greater than 8%) 44% of them are in northern Ontario. Cumulatively the net predicted deficit for northern Ontario hospitals is in excess of \$51 million.

"For fiscal year-end 2003-04, northern Ontario hospitals ended the period with a net combined deficit of approximately \$10 million. This situation was further aggravated by the fact that the MOHLTC—the Ministry of Health and Long-Term Care—"February 2004 funding announcement for northern hospitals included approximately \$13 million in one-time funding"—not funding to base. "Northern hospitals collectively commenced the 2004-05 year with a \$23-million shortfall. By contrast, hospitals in the greater Toronto area ended the 2003-04 year with a net surplus of \$119 million, of which only \$17 million was one-time funding.

"The net result"—and this is very important for people from where I'm from—"is that northern hospitals, most of which are small and isolated, commenced the year with a \$23-million deficit. ... This fact in itself supports our argument that the current methodologies and decision-making processes used by the Ministry of Health and Long-Term Care to allocate hospital funds seriously disadvantages northern hospitals."

Do I hear the Minister of Health talking about his willingness to sit down with northern hospitals and determine a better funding formula? No, I do not. I hear the same minister say, "Balance your budget or else."

"It is also important that you are aware of the impact of current directions we receive from the Ministry of Health and Long-Term Care. At one end of the spectrum of services, the ministry has prepared a list of protected programs. These are primarily tertiary ... services such as cataract surgery, joint replacement and cardiac procedures. We welcome the protection of these services as many of the patients we serve are referred for these services and several of our larger northern hospitals provide the protected programs. At the other end of the spectrum, many of our northern hospitals are providing primary core services to communities that are already severely underserved from the viewpoint of physician shortages and inadequate community-based services. In order to meet ministry-mandated balanced-budget requirements, many northern hospitals will be forced to reduce or eliminate basic core services that are taken for granted in most parts of southern Ontario."

That's a serious concern for me. I hope it soon becomes a serious concern for the Minister of Health, because most of our community hospitals in northern Ontario are in small, isolated communities. There are five major regional centres, five hospitals. Most of them have deficits too. But in the smaller communities across northern Ontario, those hospitals are the only health care game in town. If people can't access basic core services there, then they are travelling hundreds of miles to try and access them somewhere else. I can tell you, if every small, isolated northern community has a hospital that's under the gun because of a deficit, they're going to be driving a long way to find a hospital that will still have the core services they require.

I also want to say that I've heard the minister say on a number of occasions that he expects that community-based services will be in place in some of these communities and that will take the load off the hospitals so that some of those programs that the hospitals are now providing can, in fact, be transferred to communities. I tell you, the fact of the matter is, the community-based services are not—are not—in place in our communities, and they will not be in place in our communities by the end of next fiscal year.

I heard the minister say, "Well, we can look at family health teams because we're going to have new family health teams and they can bear some of the load." This government hasn't announced one single, new family health team since it's been elected. In the last year you haven't announced one family health team, so how do you expect them to take off the load from the hospital?

I heard the minister say that they allocated more funding for home care so that's going to take off some of the load on the hospital. I remind you of the announcement you made this summer. Only half—only half—of the money that you announced actually flowed to the community care access centres to provide more health

care. How are the community care access centres going to be in a position to ramp up services that the community is going to need in about a year and a half from now? They won't be able to do that.

I remain very concerned about what's going to happen, and I just want to put on the record some of the deficits that some of our hospitals are facing. Let me start with two small ones. I mentioned earlier that we had a letter from both of the chairs who represent the northern region. Here are some of the figures that have been provided with respect to some of the hospitals they service.

Let me deal with Kapuskasing first. This year, Kapuskasing has a deficit of \$582,000. I can tell you, they did not get a funding increase in that amount from the government to cover that deficit. The CEO of the Elliot Lake hospital said this in a media interview on September 27: "I think it's fair to say that the deadline for developing a business plan that balances the budget in the short time frame offered by the Ministry of Health is unrealistic, if not reckless." "Unrealistic, if not reckless"—that is the CEO of St Joseph's hospital in Elliot Lake. That is someone who should know what it's going to take to try and balance the budget and what will happen if the government proceeds to hold a gun to people's heads and they have to eliminate programs and staff in some of these small communities.

Again, he says, "unrealistic, if not reckless." I bet the consequences of that will be severe if the government doesn't back off.

1610

Let me deal with the Timmins and District Hospital. They sent a letter, dated September 21, 2004, to Minister Smitherman regarding the need to balance their budget. It says as follows:

"Dear Minister:

"We need your ministry's assistance in order to resolve a forecasted \$3.9-million deficit for fiscal year 2004-05 and a subsequent projected \$6-million deficit in fiscal year 2005-06 in order to balance our hospital budget as required by March 31, 2006.

"We require this financial support since our hospital is in a significant working capital deficit position and we project to be at the maximum of our bank credit line in February 2005." That's the situation this hospital is in.

"A total budgetary shortfall of \$6 million on a \$70 million operating budget translates into a 10% reduction in our workforce (ie 60 FTE jobs). This would mean a major change to our hospital, its program/services and our workforce. In order to mitigate reductions of this magnitude, we respectfully request transitional/restructuring funding in order to be able to offer early retirement and voluntary exit packages to our staff. The funding that we would require is in the \$2.5- to 3-million range." Of course, that only deals with half of their projected deficit next fiscal year.

"We hope that your ministry will be able to assist us to minimize the impact of these staff reductions on our health care team and on our community."

That's signed by Don Wyatt, who is the chair of the board of directors, and Esko Vainio, who is the executive director. I think they know how budgets work in their hospital. I think they know the programs and the services and the staff that are going to be put at risk if the government continues down the path it's on, which is one of confrontation with our hospitals.

I don't know if they got a reply to this letter. What I do know is that even if they get a positive response from the government, they're going to be in the unenviable position of laying off staff, of letting them go out the door as early retirement and not being able to replace them, which surely is going to have an impact on patient services and patient care. And they're still going to be \$3 million short of the projected budget deficit that they have next year. So they're still going to have to cut more programs and do other things to balance the budget and get rid of the \$3-million deficit that might be alleviated—might, I say—if the ministry provides them with some financial assistance to offer early retirement packages. That's the situation in Timmins.

Let me deal with the situation in North Bay. This is a news report from Saturday, October 16.

Interjection.

Ms Martel: Maybe my friend Ms Smith will comment about the situation in North Bay; I hope she does.

Let's just look at the October 16 North Bay Nugget, which says that they now have an anticipated deficit of \$10.2 million, down from \$13.5 million. They still have \$10.2 million to go, and I'm going to be very interested in seeing how they manage that. I think a lot of people in North Bay are going to be very interested in seeing how they manage that.

Mr Mark Hurst, who is the president and chief executive officer, says "the hospital hopes the province will look at the reduced deficit while recognizing uncontrollable costs—such as those associated with operating two sites—before considering any program or service cuts."

You see, in North Bay, the chair of the board has already said that he is not going to cut staff or programs. If the government wants that to be done, then the government can come in and do it themselves. It's very clear in this article from Saturday, October 16: "The board has said it will not make program or service cuts and is leaving any decisions to the province."

How much money did they get? This year they have a \$10.2-million deficit. Do you know what they got? "The province has promised the hospital a 1% funding increase this year, representing \$686,200 toward the reduced deficit."

I've got to tell you, they have a long, long way to go and they've got a lot of program cuts, staff cuts and bed closures in order to close that gap.

Here's what else the CEO said—the minister has said, of course, that they're going to send in turnaround teams and that's all that's required, because the turnaround teams are going to be there to identify all the savings that are required. Mr Hurst, who is the CEO, said that "the

hospital has already conducted an external review and is expecting a peer review team to be called in....

"The board has said it isn't opposed to opening its books to the province, but believes the turnaround team will be hard pressed to find efficiencies other than those the hospital has already identified."

I'll bet you that Mr Hurst is right, because one of the uncontrollable costs that is keeping the hospital in deficit has to do with alternate level of care patients who are being kept at the hospital at an annual cost of about \$4.4 million.

The other huge problem they have which is uncontrollable is the fact that there's \$3.1 million due to inefficiencies, which is only going to be rectified when the hospital is on one site. That hasn't happened yet, and that's not going to happen before the deadline the minister has already given the North Bay hospital.

So there's the situation in North Bay. There's quite a significant deficit to be dealt with and a board that says, "Fine, bring in the turnaround teams. We welcome their presence. But we don't think they're going to be able to find much that we haven't found and we don't think they're going to be able to instruct us to do much that we haven't already done." It will be interesting to see what the minister's response is in North Bay.

Let's deal with Sault Ste Marie. Sault Ste Marie also has a very significant deficit problem. In June, the hospital announced a \$5.8-million deficit for the 12-month period ending March 31, nearly triple the \$2.1-million shortfall of fiscal 2002-03. So things are getting worse there, not better. The deficit was the third in as many years and the sixth in the past eight. A further \$6-million deficit is forecast for fiscal 2005-06.

Mr Walker, who is the chair of the board, said very clearly that he would welcome turnaround teams, that their board would prefer to try to deal with the deficit themselves. His concern is that they don't know what else they can do to deal with that deficit, what else they can cut, what else they can postpone and what else they can put off in order to meet the arbitrary deadline that the minister has set out.

The situation has escalated quite significantly in Sault Ste Marie. There was a press conference held by Dr Tim Best, who is president of the Algoma West Academy of Medicine, representing a number of physicians in the area. This was held at the end of September. He made it very clear that this hospital could face a crisis in its service cuts if the Ontario government doesn't do more to provide the hospital with more money. That is someone who actually provides health care at the hospital. In response to his press conference, city council also passed an emergency resolution demanding a meeting with the Minister of Health. That was passed on Tuesday, September 28. Let me give you a couple of quotes from some of those city councillors.

Ward 2 Councillor Terry Sheehan, who moved the resolution, said that the Soo is in a critical situation and that the city seems worse off than other places.

The councillor for ward 5 said that Sault Ste Marie deserves better quality health care than they get: "I

believe northern Ontario shouldn't sign any agreements (with the provincial government) until our health care issues are dealt with."

That resolution was sent to the minister, asking for an emergency meeting between local health representatives and the Minister of Health to discuss the need for additional funding for the Sault Area Hospital.

What is interesting about the Sault Area Hospital is that after all that happened, on October 14 employees at the Sault Area Hospital were notified that there would be layoffs of 75 full-time-equivalents. We got this information from the chair of the CUPE council in Sault Ste Marie, Elsa Morehouse, who sent the following e-mail: "Men in black suits and briefcases arrived today and swarmed all over the building, held forums for the employees and informed them that 75 full-time equivalents will be laid off—two managers were physically taken from the hospital! Disgusting when you know the nurses/cleaning staff/technicians are all working themselves to a standstill trying to keep up with the workload."

So here we are: Even before the arbitrary deadline that the minister has imposed, a hospital in northern Ontario has announced to its employees that 75 of them will be laid off, and that's with a \$5.8-million deficit this year. Next year it's projected to be \$6 million. I wonder how many more staff at the Sault Area Hospital are going to get layoff notices, and I wonder if the Minister of Health has responded to the request from city council to have a meeting in order to deal with the crisis facing this community.

1620

That's just a highlight, or a flavour, of the situations facing some hospitals in northern Ontario. This government can continue in the direction it has started to go, on the road it has started down, one that has been marked by a great deal of confrontation and the minister making allegations about hospitals that they are doing not near enough, not putting their minds to the tasks, in order to deal with the deficits. This, of course, totally ignores the fact so many of these hospitals are dealing with costs that are completely beyond their control in terms of wages and salaries and negotiations that are arrived at, in terms of in-hospital drug costs, in terms of costs for utilities and other things they are facing—medical equipment etc. A lot of those costs are completely out of their control and are going to continue to be completely out of their control.

The government can certainly proceed down this road. It would be absolutely contrary to the promise that they made in the election, which was to provide stable multi-year funding to hospitals. Frankly, worse, I think it's going to be extremely detrimental and have very serious negative consequences in northern Ontario. I said at the outset, as I quoted from the letter that northern members had received, that northern Ontario hospitals in particular are facing very serious deficits. A majority of them, 32 out of 40, are in deficit situations. In many of those communities, the hospital is the only health care game in

town. They are providing basic care now, and if there are cuts to basic care, I don't know where northerners are going to get their health care. I can tell you it's not going to be in the community, because the community-based services that the minister has talked about aren't in place and aren't going to be in place by the time of the deadline the minister has imposed.

I hope the minister will take a very serious, sober second look at the direction he is proceeding in, and if he still feels very confident that this can all be done, then he should be quite prepared to support the resolution that's before us, which says that no nurse will be laid off and no hospital bed will be closed. I look forward to seeing what he might do in that regard.

Ms Monique M. Smith (Nipissing): I'm delighted to speak to this resolution today. In his opening remarks, the member for Leeds-Grenville said that he would be looking for the response and reaction of members of this House to his resolution. I can only tell you that my reaction is one of being stunned. I am stunned by their audacity; stunned by the audacity of the Conservatives in this House to bring this motion today, given their past record in health care, and particularly their record with respect to the nurses of our province. I find it remarkable that the party that was led by my predecessor, Mr Harris, who stated in 1995 that it was not his plan to close hospitals, then went on to close—

Interjection.

Ms Smith: —together with the member for Nepean-Carleton, 28 hospitals in our province. It is stunning that this party that, while in power, cut funding to hospitals by \$557 million, a cumulative cut of 8%, is now here today to righteously—

Interjection.

The Deputy Speaker: Excuse me. Member for Nepean-Carleton, I seem to recall that you were warned once already today, so be careful. Thank you.

Ms Smith: We can only hope that if we keep warning him, some day it will stop.

You may recall the infamous statement made about our nurses in this province under the previous government, which said that nurses had gone the way of Hula Hoops, and fired 8,000 of them. They spent \$400 million firing 8,000 nurses, and then they spent hundreds of millions of dollars trying to attract them back. Some of those nurse were colleagues of mine with whom I went to high school, colleagues who went to Texas because they couldn't find good jobs here, because they weren't respected here, because they were treated so badly under the previous regime.

This government also left our hospitals with \$721 million in unpaid bills. They closed 5,000 hospital beds in their first two years in office. Their record on the health care file is abysmal, and it's shocking that they could be bringing this resolution before this House today.

They continue today, before this House, to raise the spectre of fear. It is obviously what we've come to expect from that party, but again, it's not what Ontarians want. That was the reason they voted the way they did last

October, and that's the reason they have voted for positive change, which we are bringing to the province. As the Minister of Health has said on many occasions, he is working toward creating a system for our health care in Ontario. I would like to review our record to date on what we are doing with respect to health care in Ontario, for Ontarians. We are investing record amounts of money in community health care.

We are investing an additional \$469 million in new funding in our hospitals, but we are also investing in other forms of health care that will ease the pressure on our hospitals. We are investing over \$600 million in community health care. This is a significant investment. Some \$103 million in home care this year will allow us to care for 21,000 new clients this year alone in Ontario.

Let me just tell you that while I was reviewing long-term care across the province, I heard an awful lot about home care. People in Ontario are looking for a spectrum of care. They don't want just hospital care; they don't want just long-term care. They'd like to age in place; they want the supports of home care. Our additional \$103-million investment in home care this year was very well received by those who need care in their homes, by the residents of Ontario and also, I should note, by the Ontario Hospital Association, which recognized that this investment will reduce the pressure.

I'd like to quote Hilary Short, the OHA president and CEO: "Over time, this home care funding should relieve some of the pressures being faced by Ontario hospitals.... The investment will help reduce hospital admissions and allow those needing chronic and palliative care to receive their treatment in the comfort of their own home."

Ms Short went on to say, "We welcome the government's commitment toward improving access to care.... By making investments in one sector, the benefits can be realized in others."

The member for Waterloo is only too familiar with Ms Short and how well-versed she is in health care in Ontario. I think her statements today indicate that she realizes that our investment in home care is an important step in reducing the pressures on our hospitals and allowing our hospitals to function as they should.

Over the last year, we've also invested \$65 million in community mental health care. This is the first base funding increase in over 12 years. This was incredibly well received in our communities and was much-needed funding for our community-based mental health care.

I'd like, for a moment, to speak to long-term care, which of course is an issue near and dear to my heart. After finishing my review of our long-term-care system in the spring, we announced \$191 million to enhance the quality of long-term care across the province. This will add another 3,760 new beds to our long-term-care system and will also add 2,000 front-line workers, among them 600 nurses. We announced this Monday—

Mr John R. Baird (Nepean-Carleton): I'm sorry, Monique. I didn't realize how great you were.

Ms Smith: Thank you. The member for Nepean-Carleton is just heaping me with praise today, and I appreciate it so very much.

Interjection: What would we do without him?

Ms Smith: Exactly. What would we do without the member for Nepean-Carleton?

In long-term care, we are investing in nurses, and we value the service that our RNs, our RPNs and our nurse practitioners are bringing to our long-term-care homes. While I did my review, I spent eight hours on a shift with an RPN at Cassellholme in North Bay. It was an eye-opening experience. I doubt very much that the member for Leeds-Grenville has ever spent more than an hour in a hospital, perhaps as a visitor, but has not experienced an entire shift.

An entire shift really demonstrates how much work is packed into eight hours for these nurses and personal support workers. The front-line workers in our hospitals and long-term-care homes are providing a great deal of service and care to our residents. An impressive amount of effort goes into every single day. What they do is bring to it a passion for care. They believe in what they're doing. They are treating these patients, these residents, with dignity and respect, and in our long-term-care homes they are truly creating a home environment, which I can only thank them for. We respect them very much for that.

We are investing an additional \$469 million in new funding in hospitals this year, an increase of 4.3%. In particular, we've spoken about some specific hospitals. I'd like to talk to you a little bit about the hospitals in my riding. I have two hospitals in my riding: the North Bay General Hospital and Mattawa General Hospital.

North Bay General Hospital is working with a deficit, it is true, and we are working very hard with them to work toward a balanced budget. The hospital has indicated that they are willing to work with the ministry to help solve these problems. They actually volunteered from the very beginning. They offered to take on a turnaround team to allow them to find efficiencies and resolve the issues surrounding their budget.

Mattawa General Hospital is another interesting hospital in my riding. It has actually been housed in portables since the 1970s. The hospital was created in portables in the 1970s as a short-term measure awaiting the creation of a real hospital, a permanent structure.

1630

As you know, my riding was represented by a member of the Conservative Party from 1981 until most recently. During that time, they were unable to create a hospital for the people of Mattawa. The Minister of Community and Social Services had the honour of visiting the Mattawa General Hospital with me last year. She too was shocked by the state of that hospital and the fact that for so many years the people of Mattawa had not been able to obtain a permanent structure and a healthy building in which to provide health care.

But we are working with both the Mattawa General Hospital and the North Bay General Hospital toward the creation of their new hospital projects, as well as dealing with their operating deficits. The North Bay General Hospital hired six new nurses this year under the focused

funding that we provided for nursing, and the Mattawa General Hospital hired one new nurse. So we are not in any way reducing the number of nurses providing services in our hospitals in my area, but in fact we are increasing the number of nurses and health care workers.

We recently announced \$1.1 million for long-term care in my area, a welcome investment in long-term care and I think a just reward for the long-term-care homes in my area that are providing such great care to our seniors.

We are also working in a spirit of co-operation with our hospitals, a spirit that has been sorely lacking in the previous administration. We have a plan to create a health care system—thank you, Mr Speaker, for noting again that the member for Nepean-Carleton is getting out of hand.

We are creating a health care system. We are working hard toward that end. We are working in co-operation with our health care partners, and I continue to work with the minister and all the members of our government to achieve that goal.

Mr Baird: The resolution before us—that's what we're debating. I think too often members talk about things other than the issue before us. I, of course, always speak to the issue that's before us.

It says that we call upon the government to “guarantee that no nurses will be laid off and no hospital beds will be closed over the course of” this government. Well, this party, Dalton McGuinty, promised 8,000 net new nurses. He promised 1,600 net new hospital beds.

They have no intention, apparently, of letting nurses go or of letting hospital beds close, so I am convinced that this resolution is going to pass at 6 o'clock, it's going to pass unanimously, because this resolution simply calls upon the government to keep its campaign promises. They say they're not going to fire nurses. They say they're not going to close hospital beds or see patient care cut, so we're going to pass that. But I suspect that the Minister of Health has bullied his caucus into voting against this resolution. Those people over in the Hepburn Block, who are sitting on the 10th floor watching television right now, have got to these MPPs, I am going to bet you. Those people like Jason Grier and Ken Chan have got to these members and have got them to vote against it, I fear. Jason, tell me that I'm wrong.

Look at the Ministry of Health. We need a turnaround team to go into the Ministry of Health. It was discovered at the estimates committee by our party's health critic that the increase to the administration of the Ministry of Health is up by 6.87%. On the administration line for the Ministry of Health, the budget is up by almost 7%. But you're saying to the Queensway Carleton Hospital, “Make do with 0.6%.”

The Premier came in here today and bragged that so many hospitals had actually balanced their budget. Well, the Montfort hospital balanced their budget; they got a 15% increase. If you gave the Queensway Carleton Hospital the approximately 5% budget increase they asked for, they could balance theirs too. But they can't, without laying off nurses and without closing beds.

I fought too hard, with the member for Lanark-Carleton, to lobby successive ministers of health and Mr Wilson, Ms Witmer or Mr Clement for additional funds and resources and beds and MRIs and other things to make that hospital successful, to get that hospital on track financially, to see it slip away.

Look at 1.8%—the Ottawa Hospital, the hospital that serves my riding. For those members who don't know, my riding is right next to Dalton McGuinty's riding. They border each other. I'm the only opposition member whose riding borders the Premier's riding. The Ottawa Hospital—two of the campuses are in his riding, and it serves the people in our community. They got a 1.8% budget increase. All they asked for was 5.99%, demonstrably less than the rate of health care inflation.

Now the administration—Jack Kitts, the president of the Ottawa Hospital, has he fired people? He fired paper pushers and put more money into front-line care. He saved \$25 million as CEO of the hospital, and he cannot do any more without affecting patient care.

The London Health Sciences Centre—it's like London is an MPP-free zone. No one in London ever comes into this place and demands more money for their hospitals.

Mr Tim Hudak (Erie-Lincoln): Who are the members?

Mr Baird: The member for London West, the Minister of Agriculture or Minister of Labour, or the member for London North Centre or my friend here from London-Fanshawe, who has a good sense of humour and I like him. No one is standing up and saying, "How did my hospital get a 0.2% budget increase?" I'll tell you, there would be bloody murder if the Queensway Carleton Hospital had got that kind of increase when there is \$825 million of cash, cold cash, sitting in the bank account in the Minister of Finance's office, \$825 million that came from the federal government to help our health care system and hospitals.

I could go on. I would like to go on. The member for Lanark-Carleton, who is with us for debate on this important issue, wanted me to raise two concerns, because he goes on about these hospitals all the time, as members will know. The Carleton Place hospital is only getting 2.6%, and the Perth and Smith Falls hospital is getting only 1.8%. They need our help.

If we pass this non-partisan resolution—nothing partisan about it; there are no "whereases" in this resolution condemning the government. We're asking for your help to ensure that no nurses are laid off and that no beds are closed.

I look to all members of the House. Tell the whip, "No way. I'm going to stand up for the hospital in my riding." Tell the whip that democratic renewal starts right here, right now, today in the province of Ontario. Tell the whip your hospital is more important than the extra 50 bucks a week you get for being a Vice-Chair of a committee or something. Tell the whip, that demon of despair who threatens and bullies people, that you are going to stand up for nursing and that you are going to stand up for hospital beds and that you are going to stand up for health care in your community.

Ms Andrea Horwath (Hamilton East): I have to say that the motion is an interesting one, and one that I think should get support from all members of the Legislature. The reason it should get support is that I think people in Ontario have spoken loud and clear about the fact that they really do want to see their health care system protected. In fact, it's not just Ontario. People will know that across Canada health care is the primary issue on the minds of Canadians. So it is not surprising at all that this motion has come forward.

But what is quite surprising is that the government had made many promises in that regard, and has broken them one by one. It looks like they're going to continue to do so, so it's not surprising that the official opposition will bring this motion forward to try to get the government to actually keep some of their promises on health care, specifically promises that are important to local communities.

1640

You've heard member after member get up and talk about hospitals, not only in their local communities but in other communities nearby to theirs. You can hear the frustration that is coming through the members here on behalf of the citizens, on behalf of the residents of Ontario, as they watch in fear the kinds of shenanigans that are going on with the Minister of Health and the health care sector, particularly the hospital sector. The motion, I think, speaks, if I'm not mistaken, specifically to nurses: "That the Legislative Assembly call upon the government to guarantee that no nurses will be laid off and no hospital beds ... closed over ... the mandate of the McGuinty government."

I have to tell you, the community that I come from has concerns not only about these issues but also about projects that had been approved and that are waiting to be funded, that are waiting, apparently, because there is some lack of willingness for these projects to get the go-ahead. My understanding is that those projects are queued up waiting for the rubber stamp of cabinet. That is quite a frustrating thing. It is a frustrating thing for the administrators of those hospitals, and it is a frustrating thing for all of the people who are intending to be working on those projects. So it's not only a matter of the hospitals and their administration and the people that are looking to supply new and improved wings and new and improved services in some of these facilities, but also, quite frankly, those people who would become employed in those situations of building some of these capital projects.

In fact, St Peter's Hospital comes to mind specifically. It was raised in this very Legislature not too long ago and is really concerned about capital projects that are being withheld or held up through lack of commitment. Two projects particularly have been approved. They've been approved in principle, but the funding is not flowing. The brakes have been put on. That is simply not a tenable position for St Peter's Hospital to be in.

The question is, why? I think, again, that has to be asked in a very specific and concerned way because we

all know that the money is coming out of our pockets right now, through the health tax. It is coming out of our pockets every single pay to pay for these improvements, to pay for these guarantees in the improvement of our health care system. We're not seeing the results. So not only are we getting the money taken out of our paycheques every single week to pay for improvements to the health care system, but the government is also getting some \$825 million more from the federal government to pay for improvements to our health care system.

Where is all this money going? In fact, my understanding is that there is over \$2 billion in reserves sitting there waiting to be spent, waiting to be used to improve the health care system in Ontario, waiting there on a shelf to actually do the good work that the government claimed it wanted to do during the election in terms of the health care system. That's just not good enough. I mean, it is just not good enough that you have health care workers, that you have doctors, that you have administrators, that you have citizens of this province waiting for these promises to be fulfilled.

The situation is quite severe. We know that the hospitals are in a significant deficit situation overall. We know that there is a \$622-million deficit this year collectively for hospitals. That is something that is on the books. It was announced quite clearly in August by the Ontario Hospital Association. We know that the forecast is that these operating costs are going to continue to increase. We also know that only \$470 million was offered in increased funding for these hospitals for this year.

What people have to realize is that the hospitals are not living in isolation from every other individual and every other institution and every other organization in Ontario. The same kinds of pressures that we all see on our personal budgets, that we all see on our workplace budgets, that we all see day in and day out, are also affecting hospitals. What are those pressures? Well, we all know what they are: pressures like hydro, the cost of power; pressures like insurance, the cost of insuring the medical staff and the facilities; the cost, for example, of food care services; the cost of cleaning; the cost of wages. All of those things are pressures that are increasing annually in the hospital sector. The rising cost of drugs, quite frankly, is a significant pressure on hospitals.

I already spoke about hydro, but the other utility rates are going up as well. Here we have all of these pressures coming to bear on hospitals. They're telling us what their deficit situation is right now, and they're being told, "No, you're not even going to get enough to cover you off this year, let alone next year. In fact, in this two-year period we expect you to somehow be able to deal with this and balance your budgets without any help from the government." On top of that, it looks like—and we'll see what happens when this motion comes to a vote—we're going to have a government that's not even prepared to support some basic fundamentals around hospital beds and nurses in the province of Ontario.

The thing that's quite frustrating as well—and it's interesting—is that this government was extremely criti-

cal of the previous government, extremely critical of the previous government's track record on health care in particular. What's interesting, coming from a Hamilton perspective, is that some of the ministers of the current government—in fact, one of the ministers of the current government was leading the fight in Hamilton to prevent a hospital from closing. Now, at a time when we have real concerns in our Hamilton hospitals, the same kind of situation is happening here: This new government is now going to follow in the same footsteps. We're going to have beds closing. We're going to have services being reduced in certain hospitals in Hamilton.

Again, when you look at what the plan is, the government has said quite clearly that certain areas cannot be touched. So as you go through the process of trying to deal with your deficits and balancing your budgets over the next two years within the context of reduced funding and growing pressure on all of the areas of expenditure that the hospital has to deal with, you're not allowed to touch certain services, you're not allowed to make cuts in selected areas.

What does that mean? That means that the other areas where the hospital provides services, the hands-off ones, are the ones that are going to feel the greatest extent of pressure. And what does that mean? Chemotherapy clinics, children's beds, complex care beds, diabetes clinics, all of these ones are the ones that are going to be forced to absorb greater cuts. They're going to be at greater risk in terms of reduced services to communities.

I can tell you that in a city like Hamilton, yes, we have a number of hospitals. They're excellent hospitals. But they're hospitals that—I'm not sure; I don't have the figures in front of me, but my understanding was that Hamilton Health Sciences Centre, for example, was facing a \$28-million deficit. In fact, they were coming to the government to beg that they at least get some kind of transitional money, some kind of buffer to prevent them from having to be in the situation they're in this year. If I'm not mistaken, St Joseph's hospital has an \$11-million deficit for this year and, again, was very concerned and was coming to the government with hat in hand, begging for some kind of relief.

Unfortunately, our bully health minister, our health minister who is getting a great deal of pressure and, quite frankly, a significant lack of confidence from the health care sector, and always from hospitals, doctors and other kinds of practitioners—talk to me about physiotherapy, talk to me about chiropractic, talk to me about vision care. All of those medical practitioners are not pleased with this government and not pleased with their lack of commitment in terms of providing a wide range of health care services to people in Ontario.

When we have a motion in front of us like the one that was put earlier, it's quite clear that it's fairly motherhood. It's a fairly fundamental statement about where we think the government needs to be in terms of its commitments to health care across Ontario. It means that nurses will stay in our hospitals and nurses will be providing quality care. It means that hospital beds will be prevented from being closed. In fact, as the health care system is—what

the minister likes to refer to—transitioning to this new model of health care, I don't think anybody has a problem with transitioning to a new model, but the problem occurs when you start to fund for the transition at the end and not during the in-between times, when you assume that your new plan is going to be a wonderful plan and we talk about it in terms of how great it's going to be when it is completely rolled out, not taking into consideration at all what needs to happen during those months and years while you get to Shangri-La. Unfortunately, what this government is saying is, "We're prepared to write off hospitals. We're prepared to write off doctors. We're prepared to write off nurses. We're prepared to write off all these people because they just don't get the vision."

1650

Well, I would say to you, I think they would get the vision if they had the opportunity to understand how they fit in during those interim years. It's not good enough to just say, "We're going to have this particular model at the end, and in the meanwhile we're going to strangle the life out of you over the next couple of years as we get to our new model." I think if there is one fundamental problem that the minister has and that the government has, it is that they have made the fatal folly that other governments have made when it comes to the renewal of systems; that is, they have not bothered to recognize that existing systems must stay intact and in place and funded at appropriate levels prior to and during the transition taking place. You don't get there from here without making sure that all of your bases are covered along the way.

It seems to me that that has not been done. In fact, that's the message we're hearing from hospital after hospital after hospital. A number of hospitals in a number of communities have come forward with extremely loud alarm bells, and I can tell you that I expect that we're going to see more and more hospitals coming out of the woodwork over the next couple of months.

Why is that? Because up until now, I think they actually thought the government was listening to their concerns. But I think the evidence is becoming clearer and clearer that the minister is not prepared to back down, that he is going to continue on his bullying path no matter what, that there are going to be no holds barred, and that this minister is prepared to drive this agenda regardless of who or what ends up on the sidelines. Unfortunately, what ends up on the sidelines are the people of Ontario, who are now paying more money out of their pocket through premiums. It means that nurses are going to be on the sidelines. It means that doctors are going to be on the sidelines. In fact, you see that when you hear about the deal that is going to go down with the doctors.

You just have to look around and recognize that you cannot drive an agenda in such a negative way and with such negative reaction when you are actually expecting people in the professions such as the ones I've been talking about to come onside with some future vision. The bottom line is, you don't get to the future without

dealing with the present. We're not going to end up with a system that has any credibility at all if we're not positive and sure that we are keeping things moving in a positive direction every step of the way.

Quite frankly, the war with the hospitals over balanced budgets and infrastructure money and the other issues that we continue to bring into this debate is clearly problematic. We've talked about hep C money. We've talked about the OMA's secret deal. We've talked about seniors' drug benefits. We've talked about MRIs and CTs. We've talked about the lack of federal dollars that were supposed to be invested in these kinds of diagnostic tests and are simply not being invested. We have talked about the fact that this government is prepared to go after the wages of the lowest-wage workers in the hospital sector. We talk about the fact that the cutbacks are going to come on the backs of the cleaners, on the backs of the food service workers, on the backs of the people who are the least able to sustain reductions or privatization of their jobs.

So, quite frankly, the system is in a mess, but the attempts to fix it are making it even messier. That's extremely, extremely irresponsible. Simply moving forward with such aggression and with such singlemindedness that everybody else is left on the sidelines is not only inappropriate but it's irresponsible for the minister to do.

Ms Caroline Di Cocco (Sarnia-Lambton): First of all, I want to say of this motion that has been brought forward that it's pretty cheeky of the opposition to move this motion, particularly because of their actions over the last eight years that certainly caused thousands of beds to be closed and thousands of nurses to be laid off. One thing you will never see from this government is anyone here referring to nurses as Hula Hoop workers.

I would like to take this opportunity to speak about the transformation that's being undertaken by our government to make health care delivery about the patient. The transformation is about better delivery of health care, an integrated approach to providing service and getting a handle on the best practices and applying it within our health care delivery system. It's about putting in the checks and balances on how money is being spent and measuring results so that we can see we are getting value for the dollars invested, and that the patients are getting the care they need. That's hard work, and that is the hard work that has not been done by those who preceded this government. It is this integrated system that will put our public health care system on a sustainable footing.

Currently we have a system that is fragmented, one that has many silos. Our computer systems, for instance, are not coordinated within the health care delivery agencies, such as between doctors and hospitals, public health, community care or long-term care. We have at best a fragmented system whereby information doesn't follow the patient, and information and best practices are not shared between systems. We have, to date, invested in ensuring we increase the level of full-time nursing to 70% of the workforce. This government is investing in increasing the care providers in our long-term-care facili-

ties, increasing the number of medical student spaces in our universities, removing the onerous processes for our internationally trained physicians and putting into place more multidisciplinary models for primary care.

Add to this the focus that is being put on the prevention side, such as physical activity, establishing again the use of our public schools for community sports and other activities, and removing junk food from our schools so as to give a strong message about nutrition and good eating habits, these and all the determinants of health such as clean air or clean water, as a way to have a healthier population. This in turn is going to ease some of the stress in our health care system.

There is the difficult work to build a culture within our health care system to ensure that we are achieving results and that we can measure those results to see whether all the extra dollars are actually improving patient care overall. That's the basis of this transformation. It's about ensuring the money is being spent where it is needed for the patient.

There's anecdotal evidence that a hospital facility had a 15% increase in their budget, yet they cut their services. We don't know why. We want to put a stop to putting dollars into a system without measuring the results. We are putting into place a fair and better-managed health care system for the patients and the people of Ontario.

The culture of funding that is currently entrenched is one that is not tied to results or better delivery. I hear the opposition suggesting that when hospitals declare a deficit, the government should then write a cheque. That is the culture we want to change. We will be taking a look at the hospitals that have balanced their books, such as Windsor Hôtel-Dieu, Guelph, Cambridge and 47 others. We're going to look for the best practices, where they have found significant savings in non-clinical areas. From this, hospitals providing this approach to balancing their books, the Ministry of Health will embark on a 30-day analysis. This 30-day analysis is going to compare those best practices and assist the hospitals in meeting and achieving the savings, because it isn't just about putting more money into a system; it is getting the results at the end of the day. We need to establish the mechanisms to measure results and to have a patient-centred, integrated system. That is what this government has embarked on, and this is what we will achieve at the end of our mandate.

1700

Mrs Elizabeth Witmer (Kitchener-Waterloo): I'm very pleased to join the debate on the motion put forward by my colleague Mr Runciman that the Legislative Assembly call upon the government to guarantee that no nurses will be laid off and no hospital beds will be closed over the course of the mandate of the McGuinty government.

This is a motion that I hope each and every member of this House will support, because this government pledged, when they were running for election, that they were going to increase the number of nurses within the hospital health care sector by 8,000, that they were going

to add beds to the system, and that they were going to provide stable, multi-year funding.

Part of the problem we have today is that this government is demanding that our hospitals balance their budgets without giving the hospitals the information they need as to what level of funding they can expect in the next two to three years. You can't do long-term planning, you can't balance your budget, if you don't have that type of information.

I heard the member from Sarnia-Lambton talk about the fact that they were trying to transform the system. Well, guess what? That's exactly what we did, beginning in 1995. We did a restructuring of the health system. We discovered that there were a lot of people occupying beds in the acute care hospitals who should more appropriately be in the long-term-care system or should be receiving services at home. So what we did is consolidate the number of hospitals in the province of Ontario. We did, instead of creating the additional hospital beds, create 20,000 new long-term-care beds to more appropriately respond to the needs of particularly seniors who simply should not be in an acute-care hospital setting.

We also invested \$1.2 billion. We also had a nursing task force which recommended that we create 12,000 new nursing positions. I'm very glad to say that, despite the misinformation communicated by the government today, we did achieve that objective. We followed through and we invested almost \$400 million in order to respond to the recommendations of the nursing review.

So I can tell you, this government has a long way to go in living up to their obligations. Regrettably, the culture of fear that has been created in this province by the Minister of Health and Long-Term Care is not contributing to allowing us to provide the health care services for the people.

I'm hearing not just from people in the hospitals; I'm hearing from people in communities throughout the province and I'm hearing from people in municipal government. They are very concerned about the cuts to the beds, the cuts to the programs, the cuts to the services, and the cuts to staff. In fact, I heard from one small northern community that tells me that if they are to balance their budget, it's going to mean that there will be staff reductions, and it will cost that community \$2 million. We all know that northern communities today are struggling. The economy is weak. If you remove services and staff from these hospitals, you are destroying those small communities. Furthermore, we hear from mayors such as the mayor in London and in other communities that if they have to cut nurses, they have to cut staff and they have to cut beds, it's going to be difficult to attract new doctors to underserved areas.

What this government is doing is wrong-headed. A year ago, this minister committed to the Ontario Hospital Association that he would work with them in collaboration and co-operation. What did he do shortly thereafter? He introduced Bill 8 without any consultation with our hospitals whatsoever. He shifted the balance of power to the Ministry of Health. He took away power

from the locally appointed, elected hospital boards and began the war—the war.

It is most regrettable. I can tell you that what we have in the province today is not a culture of co-operation, as this minister continues to say day after day; it is a culture of fear.

I heard from somebody today who said, “Elizabeth, I want to tell you this, but please don’t publicly let anybody know what community you heard this from. We don’t want this minister to penalize us; we’re going to get this service or we have this capital project.”

I have never seen this type of intimidation since I came here in 1990. So I hope that the members of the government will listen to what they’ve heard from their hospital boards and the municipal members of their community; I hope they will listen to the people who are going to be impacted by the program and the service cuts, the people who are paying more and getting less; and I hope they will stand up for people in their community, support our motion and guarantee that not one nurse will be laid off and no hospital bed will be closed.

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot): I’m pleased to stand in my place and contribute to this debate.

People often ask, “What’s wrong with Canada’s health care system, Ted, and how should we go about fixing the problems?” I want to suggest right off the bat that we’re not going to do that by micromanaging hospitals and, in the process, perhaps, precluding other necessary changes they may want to make. We’re also not going to get there by defining beds in the system as just hospital beds. I think that’s nonsense. It may be the perspective of some persons, but it’s certainly not my perspective.

Some history is appropriate. Up until 1960, Canadians and Americans had similar systems and similar health. Now Canada spends much less per capita and usually gets much more. Our life expectancy is two and a half years longer, and our infant mortality rate is 34% lower. Medicare is a huge boost in competitive advantage to business.

The historic struggle for medicare is reflected even today in the various views that people have of medicare. I want to outline some of those views—four, to be specific.

The first is what I call the Globe and Mail view of medicare. It goes something like this: “We established medicare when we were young, healthy and altruistic. The economy was growing rapidly, and it worked pretty well. Now we are old and sick, the economy is stagnant and medicare doesn’t work very well. Waiting lists go from the North Pole to the US border, health care costs are going through the roof and the public sector is too inefficient to make it work. So we now have to be cruel to be kind. We should allow some privatization of finance and profitization of delivery to save medicare.”

Then there’s the Toronto Star view of medicare: “At the beginning, the federal government paid half the bills and everything worked pretty well. Then the federal government gave up 50-50 cost-sharing in 1977 and hacked funding until 1997. Medicare was starved. This led to

service erosion, privatization of finance and increased use of for-profit delivery. Now we need much more federal and provincial money and more federal enforcement of the Canada Health Act to save medicare.”

Then there’s the National Post view of medicare: “Medicare was always a bad idea. Health care costs are out of control. But a government-run health system is like the Beverly Hillbillies trying to run IBM. Despite the huge cost, services are terrible. We should do what we should always have done: We should privatize and profitize as much of the system as soon as possible. And, if we’re lucky, maybe some rich American will buy it.”

1710

The simple truth is that while many attribute the quality problems to a lack of money, evidence and analysis have convincingly refuted this claim time and time again. In health care, good quality often costs considerably less than poor quality. The whole debate about vulnerable seniors in hospitals, long-term care and home care is a good example of that.

Where, then, should we be going? I want to suggest that there’s a fourth way, which is the way this government is heading. Medicare was and is the right road to take. The real problem with medicare is that it was designed for another time. Costs, while problematic, are not out of control, but neither is the system drastically underfunded. In fact, as a percentage per capita against the GNP, it has actually gone up. We can, should be and are indeed working at fixing medicare’s problems, but to do so, we have to approach it as a good friend of mine once suggested: We need to change the way we deliver services.

Here’s what he said: “Removing the financial barriers between the provider of health care and the recipient is a minor matter, a matter of law, a matter of taxation. The real problem is, how do we reorganize the health delivery system? We have a health delivery system that is lamentably out of date.”

His name is Tommy Douglas—a good friend of mine. Tommy goes on to say, “I have a good doctor and we’re good friends. And we both laugh when we look at the system. He sends me off to see somebody to get some tests at the other end of town. I go over there and then come back, and they send the reports to him and he looks at them and sends me off some place else for some tests and they come back. Then he says that I had better see a specialist. And before I’m finished I’ve spent, within a month, six days going to six different people and another six days going to have six different kinds of tests, all of which I could have had in a single clinic.”

He then says, quite eloquently, on the private-public issue, “Only through the practice of preventive medicine will we keep the costs from becoming so excessive that the public will decide that medicare is not in the best interests of the people of the country.”

I want to conclude by simply saying, as Tommy would say—and I think that if he were here today, he’d be up on his feet speaking against this resolution and in favour of the creative, innovative strategies of community-based,

comprehensive, multidisciplinary health care. He would say to those present, "Courage, my friends. 'Tis not too late to make a better world."

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): It's certainly a pleasure for me to speak to this motion today from the honourable member from Leeds-Grenville, "that the Legislative Assembly call upon the government to guarantee that no nurses will be laid off and no hospital beds will be closed over the course of the mandate of the McGuinty government." October 4, 2007: That should be the end of that. Of course, I want to speak in favour of this motion.

The government of today—the then opposition leader, McGuinty, traversed the province in the previous election campaign promising to open up new hospital beds across the province and to hire 8,000 nurses. Now we're finding that the Minister of Health, who's on a mission of bullying hospitals across the province, is now forcing them into a situation where they're going to have to make choices that include laying off staff in these hospitals and closing beds.

The government's response to this is always the blame game. We always hear, "Well, we're not doing what your government did," and then they start talking about the New Democratic Party's government from 1990 to 1995. I somehow believe that very soon the Minister of Health is going to find a way to blame Leslie Frost for his problems; I feel that's coming very soon.

There's a pile of federal cash, over \$800 million, that has been injected into the provincial treasury to deal with health care. Close to \$2 billion is going to be collected from the health care tax—an unwanted, unwarranted tax on working families across Ontario. Where is this money being spent? They've got \$2.5 billion to \$3 billion worth of cash. They talk about spending \$700 million more on hospitals. So their game is to spend health care dollars, health tax dollars, on sewer pipe and on Expos on recreation, but where is the money that's going into health care? This government is deceiving the people by collecting that tax and not putting it into health care.

We hear the story now of what's going on in London. That's a travesty. I think we need to see, and the people of London need to see, their member standing up and fighting for the London hospitals. Do you remember that old poem, "Pussycat, pussycat, where have you been"? I think they should be saying, "Minister, minister, with cash from the feds, why, he's off to London to shut down their beds." That's what is going on. The minister is holding hospitals by the throat and he is strangling them. That is simply not acceptable.

Some of the hospitals in my riding don't really want to talk about this too much because they're intimidated by the minister. But in one case, the hospital in Deep River got a funding increase of about 1%, yet in Ottawa, the Montfort Hospital gets 15%. Is that equitable? Is that fair to the people in my riding of Renfrew-Nipissing-Pembroke? I don't think so.

Many of these hospitals have already done their work with regard to looking for savings in administration, yet this minister now wants to hold a gun to their heads and

say, "You've got to balance your budgets and you've got to do it now." This is wrong.

It is clear that this government has no direction but to blame previous government. That's the only thing it hangs its whole defence on. Well, it's time to put your shoulder to the harness and start doing the work.

Ms Laurel C. Broten (Etobicoke-Lakeshore): I want to pick up from my colleague from Ancaster-Dundas-Flamborough-Aldershot, talking about Tommy Douglas. Perhaps some members in this Legislature don't know, but I was born in a small town in Saskatchewan called Weyburn, the home of Tommy Douglas. My grandmother was friends with Tommy Douglas. I want to talk about the perspective of health care and medicare, what that means and what our system of improving health care means to me.

My parents and my grandmother taught me that if you care about something, you look after it and you take care of it. That is what our plan is doing. Better health care, ensuring that we have sustainable health care, means modernizing health care. It means encouraging Ontarians to stay healthy. It means improving the determinants of the health system; for example, looking after our air and our water so that our children don't have asthma and so that people don't die from turning on a tap, as they did in Walkerton. It means we need to shift the focus of health care from illness care to health care. That is what our government means by transforming health care.

We started our transformation in the first year of our mandate by improving the capacity of our community and public health systems. We've been supporting our community health centres across this province. I am blessed to have two fantastic community health centres in Etobicoke-Lakeshore: LAMP and Stonegate. Our record investment in the first year of our mandate, of over \$600 million, is going to take significant pressures off the hospitals by providing patient care closer to home, for people in my community of Etobicoke-Lakeshore and right across this province.

We've also reinvested \$103 million in home care, and that will care for 21,000 new clients this year. When I talk to people in my community about what health care means to them, they tell me that it means being able to go to a clinic and have a doctor, having a community health care centre that looks after care in a holistic fashion or being able to get home care at home.

1720

We also have increased \$406 million in long-term care, and that's \$191 million to enhance the quality of care in long-term-care facilities. Those investments, including a first increase in base funding in community mental health in over 12 years of \$65 million, are the types of investments that will transform our health care system. They will take the pressures off hospitals and bring care back into the community, which all of our residents, all of the people who live in our ridings, want to see.

Maybe we don't have understanding across the House as to what these reinvestments will mean, what it means

to develop a sustainable system and transform a system and reinvest in our communities. Reinvesting in our communities, I want to say, does not mean we are not investing in hospitals. We've had a lot of misinformation during this debate about what our government has done with respect to hospitals and I want to take a minute and set the record straight.

Just because we're focused on community health care, an area that has been desperate to see reinvestment in this province over the last decade, doesn't mean we have forgotten that hospitals are important players in the delivery of health care in the system. We've invested an additional \$469.5 million in new funding for hospitals this year. That's a 4.3% increase. I say to my friends across the House that, in total, that's \$11.3 billion on hospitals this year, and that's \$700 million more than you planned to spend in your Magna budget.

Let's get the facts straight and let's talk about what our government is doing on a holistic front to ensure that health care is sustainable in the years to come.

Every single hospital has received an increase. We are making sure that we work closely with hospitals. It's important that the real facts get out there. I have spent a lot of time working with my local hospital, Trillium Health Centre, at the Queensway site that services Etobicoke, which is a hospital that over the years has lived within its means. The discussions I've had with them are that they are pleased other hospitals in the province are going to be held to account, are not going to be forever bailed out by a government that says, "I'll just give you more money, and I won't spend wisely."

Let's get health care back into our communities. Let's recognize the hospitals that are working hard for something we all care about, our health care system, our medicare system. There is nothing more important to Canadians and Ontarians than being proud and saying, "We have a health care system that you can turn to, whether or not you have a big bank account, whether or not you can give your credit card before you need some help." If we want to look after that and protect it, we need to make sure the system is sustainable.

I think my friends across the House are somewhat shocked and dismayed by our new spirit of collaboration and openness, because, to be frank, they don't understand what collaboration and openness is all about, how you work with people to reinvest in a system, how you form partnerships, how you bring the hospitals together with the community health centres, how you bring home care into the fold, and how you work and recognize what it is.

We're talking about a health care system, and that is it exactly: It is a system. It's not a group of entities across a riding that don't speak to each other. It's a system, and if we want to protect it and make sure it's there for future generations, we had better listen to the lessons my grandmother taught me, my grandmother who knew Tommy Douglas, and we had better take care of something we care about.

Mr Norm Miller (Parry Sound-Muskoka): It's my pleasure to join the debate this afternoon. Before I begin, I would like to note that the provincial Liberal Party is

holding its policy conference this weekend in the beautiful riding of Parry Sound-Muskoka at Deerhurst Resort in Huntsville. I would like to welcome the government members to the riding, although usually when there's a big convention of note like this in the riding, I'm normally invited to go to the opening ceremonies and help welcome people to the area. I haven't received my invitation yet. I hope you enjoy the most beautiful riding in the province and your policy conference this weekend. Hopefully, you'll come up with some good policies as well.

This afternoon we're talking about an opposition day motion:

"That the Legislative Assembly call upon the government,

"To guarantee that no nurses will be laid off and no hospital beds will be closed over the course of the mandate of the McGuinty government."

This should be very easy for the government to support, because when I refer to their election promises, under promise number 133: "We will hire 8,000 more nurses"; promise number 134: "We will help underserved communities attract and retain doctors." They made some very clear promises that over their mandate they were going to hire more nurses and not close beds, but that's not what we see happening.

I've just received information from the Ontario Hospital Association that points out the challenges facing hospitals in the north—80% of the hospitals in the north are predicting a deficit.

I just have a few minutes today, so I'm going to quickly go over a couple of points. In the Sault area—this is from the Sault Star—if the Sault Area Hospital tries to balance its budget as the bully minister is asking it to do, it "will eliminate 75 full-time-equivalent positions, more than half of them in nursing, as part of its requirement to balance next year's budget."

What do we see in the Temiskaming newspaper? "The hospital also proposes to reduce its active in-patient beds from 64 to 58. The proposal will mean the loss of up to 14 full-time and 19 part-time positions across the hospital's operations...."

In the limited time I have, I would like to make the point that in the north, hospitals are smaller, they're more remote and they face more challenges. In my own riding, two of the three hospitals—South Muskoka Memorial Hospital and the Huntsville hospital, Algonquin Health Services—have received only a 1% increase in funding this year. If hospitals across the north do balance their budgets, it will mean cutting core services: unprotected services like emergency rooms, chemotherapy, children's beds and day surgeries.

Today in the Legislature the minister said that the best kind of health care is close to home. Well, as these core services are cut and the small hospitals have to cut back on services, what are they going to do? They're going to refer people further from their local hospitals. This is not what the Minister of Health said today in the Legislature.

I will be interested to see how the government members vote on this motion today. It should be easy for

them. If they are going to keep their promise—and we're trying to assist them in keeping a couple of promises—they should have no problem supporting this resolution so there are no hospital beds closed and no nurses laid off.

Mr Peter Fonseca (Mississauga East): It is my pleasure to speak against this resolution. I have to say to the opposition, you should stand in your place and accept your record of shame: closing 28 hospitals, firing 8,000 nurses at a cost of \$400 million to the taxpayer and hundreds of millions of dollars to try to hire them back.

We have to look back at the legacy of the previous government under Mike Harris, the Grim Reaper who came in and slashed and burned everything. It was a government that cut \$557 million out of our health care system. It was a government that, when we came into government, saddled our hospitals with \$721 million worth of unpaid bills.

I have had the great privilege of being one of the parliamentary assistants to George Smitherman, the Minister of Health and Long-Term Care. It has been a privilege to travel with the minister on many of his site visits. The minister has actually visited over 40 hospitals in our great province.

Two of those hospitals are in Mississauga: Trillium Health Centre and the Credit Valley Hospital. I was on both of those visits, and I can tell you that he visited everybody in the hospitals, not just the executives but everybody, all staff, and made sure he had a good understanding of how that hospital worked, what some of the issues and concerns were for the community and that hospital. He's done this at every visit he has gone on.

This minister has immersed himself in what he would not call a health care system, because what has been left to our government is a patchwork quilt across this province that we are mending together to create a health care system, a sustainable one.

1730

I have to say that the previous government is the worst manager I have ever seen. They have no management skills. All they wanted to do under the leadership of Mike Harris, and then Ernie Eves, was divide and conquer and create more and more silos. Here's the point: When the previous government did not believe in a universal health care system, that ship had nowhere to go. They were allowing that ship to sink, and they wanted a two-tier system.

We have the member from Oak Ridges often talking about two-tier. We have fearmongering going on by the now leader of the opposition, John Tory, who's inflating the numbers in terms of deficits. You know why? The why is because they don't want a universal health care system to survive. They want a two-tier system, or a one-tier system, but that one-tier would be a private system.

Well, we're not going in that direction. We're going in the direction of sustainability, and this minister has taken great strides to transform what has been left behind in terms of the mismanagement from the previous government.

I'm just looking for a quote here from Roy Romanow and what he had to say. Roy Romanow, April 23, 2004: "When I talk about sustainability with Premier McGuinty and Health Minister Smitherman in this province, I hear a strong commitment to the future of publicly supported medicare"—

Mr Jeff Leal (Peterborough): Who said that?

Mr Fonseca: That's Roy Romanow.

Mr Leal: Roy Romanow, former Premier of Saskatchewan.

Mr Fonseca: Correct. Former Premier of Saskatchewan.

—"and a resolve to spending resources designed to leverage the changes necessary, rather than spending on the status quo.

"Ontario's Bill 8 has some very important features that reinforce what we had in mind regarding accountability. It seems to me that Ontario wants to do the 'real work' required to ensure medicare's sustainability." That's how we've rolled up our sleeves to make this happen.

You know what? You'll hear the opposition talking about hospitals, talking about community care access centres, talking about home care, talking about executives. Here's what we're talking about: 12 million Ontarians who are patients and rely on a sustainable health care system, which we are creating. That sustainable health care system will have accountability measures built in.

I'll tell you, when we went on some of those site visits, we visited Trillium hospital. Trillium hospital has always been on budget. What's happened in the past with the previous government is that when somebody's been on budget, they haven't been rewarded for being on budget. They rewarded those who were not on budget. This minister has said that we should reward and celebrate those who are doing a terrific job, learn from them and make sure that those best practices they are bringing into the workplace, into our health care system, are delivered across the province.

I'm very happy the minister is bringing forth the LHINs, the local health integration networks. To build management, those networks will bring everybody to the table—the community care access centre, the district health council, the local hospitals—making sure that they're all talking together and that we can best use those precious health care dollars that we have. We had the previous—

Mr Ted Chudleigh (Halton): Been there, done that.

Mr Fonseca: Well, you might have been there, but you didn't do that, is what I can tell you. Your previous health minister, the member for Kitchener-Waterloo, was talking here. This goes back to the Sun. The Sun asked the previous member, Mrs Witmer from Kitchener-Waterloo, about their health care system, and here's what she had to say: "We didn't have any long-term-care beds in the province. We put in a bunch more for seniors." "It seems like you didn't really take care of the hospitals very well, Ms Witmer." She says, "Well, that's right; we haven't taken care of the hospitals." The previous gov-

ernment really did not take care of a problem that we are now managing, and we are managing it in the correct fashion. We're managing it through best practices. We are allowing hospitals to do what they do best: take care of cardiac care, cancer care, hip and knee replacements, and cataracts.

We want to make sure that those precious health care dollars that we have in this province—we have increased funding by well over a couple of billion dollars into health care. Across the province, for a hospital in Ottawa, North Bay, Mississauga or London, if the best practice is that they are paying 10 cents for a band-aid in Ottawa and someone else is paying 15 cents, we want to make sure that everybody in the province gets the 10-cent price point.

In terms of procurement, what we are doing is making sure that we have a sustainable, integrated health care system that's going to be around for generations to come. We want to make sure that our seniors are taken care of and that our kids and our youth are taken care of. It is a pleasure to be part of a government that has taken a leadership role to make sure—

Mr Leal: Visionary.

Mr Fonseca:—a visionary role to make sure that the cornerstone of our Canadianness, of our Ontarian values, is being upheld.

Mr John O'Toole (Durham): I certainly want to be on the record on the official opposition day on health care and just relate it to my riding of Durham in the very limited time I have.

I have been in touch with the board as well as many staff. I just want to pay them my respects for the hard work they do, but also to respect that they feel somewhat—I won't use the word "intimidated"; I would prefer to say that they feel anxious about the plight of themselves, the patients and in fact the community they work in. But more importantly, the people I work with—like Lorraine Sunstrum-Mann, who's a program leader of the maternal child program at Lakeridge Health; Christena Selby, the site coordinator at Bowmanville; Marion Tink, and a number of others.

Today there was a press release from Lakeridge Health dealing with the obstetrics program at the Port Perry hospital. I have had regular contact with the hospital because the program, with the volume of births across the area, doesn't meet some of the thresholds by the new benchmark accountability mechanisms from Minister Smitherman. What that does to the health care providers in the community is threaten the continuity of programs that are offered in a teaching site like Port Perry, where they do what I'd call rural health programs with the University of Toronto. The obstetrics program is an extremely important part of that and it is also a very important part of the community itself. I just want to be on the record as saying that not just the provision of services but those providing services, for instance, in the kitchen or cafeteria are also very concerned.

I've got a number of people—in fact I've got letters here, but out of respect for my constituents I won't put

their names on the record. They're telling me they're being told that there's really no option, that their future is in jeopardy, which means their home and their family. That decision the minister is making has put our communities at risk of lack of service and lack of professional people, and that's simply not fair. They ran on a program of improved access and shorter waiting times. None of that is happening. What they're doing is threatening the people in my community, and I'm very, very upset by it.

Ms Laurie Scott (Haliburton-Victoria-Brock): I'm pleased to rise in favour of the motion brought before the House by my colleague Bob Runciman. The government members should be supporting this motion because, after all, they did promise to make health care better. But not only have they hit Ontarians with the extra taxes they said they would devote to health care—whether it's a tax or not, depending on who you are talking to and when the statements are made, it's supposed to generate a lot of money for the government—they have said it would be spent on making health care better in Ontario. If the government is responsible for closing beds and laying off nurses, they're certainly not making health care better.

1740

We have heard from many hospitals in the area. Ross Memorial Hospital's press release from last week: "You may recall that our 2004-05 operating budget was prepared and submitted to the Ministry of Health with an initial projected deficit of \$3.3 million. Our" Ministry of Health "funding allocation only allowed us to put \$1.2 million toward our operating shortfall. Therefore, a deficit of \$2.1 million remains...."

"We remain hopeful that, based on the options that the ministry presented last week, we'll decide on a course of action that will allow us to mitigate the impact of our recovery plan on existing services," said hospital administrator Tony Vines. "However, we're aware that should this not be possible, we may well face changes in clinical areas," including the closure of many in-patient care beds. That really means closing beds, more patients on stretchers in the hallways of emergency, patients not getting care, not accessing better medical care.

When you say that nurses are going to be laid off, nurses are on the front line. Nurses have given their lives, they have worked hard. Their conditions are not good. They want more full-time positions, which this government promised, and we're waiting for that to be delivered at the Ross Memorial Hospital and in the Haliburton health services. Nurses are the front line. If you cut nurses, your mortality rate goes up. There are studies upon studies that explain that if nurses are cut, patients die. That is the mortality rate.

Closing beds is not the solution. I think the members opposite should know that. We have tried to work locally with the Ministry of Health on a lot of different options, and we're hoping that the government opposite will see fit not to allow us to close the beds and lay off clinical staff.

I expect all members of the government to vote in favour of the motion presented by the member for Leeds-Grenville. I would like to share my remaining time with colleagues who want to speak to this motion.

Mr Ernie Hardeman (Oxford): I too rise to speak to the resolution put forward by Mr Runciman. It's quite a simple resolution that the House reaffirm what the Minister of Health has been telling us for weeks: that as he's going through the process of asking hospitals to balance their budgets over an 18-month or two-year period, it must be done based on reducing administration. He has said many times in this House that this will not cause the laying off of nurses or the closing of hospitals or beds. He said many times, "No beds have been closed, no nurses are being laid off." This is just a resolution to reaffirm that, and I am quite confident that, having listened to the comments from the government side, we will not have one dissenting vote on this motion today, because everyone has spoken about the good things that the minister is doing—I don't necessarily agree with that—and the fact that that will not require the laying off of nurses or the closing of hospitals.

Having said that, I do have a problem. At the hospital in my riding, the Alexandria hospital, I spoke with the administrator, and in order to meet the requirements that the minister has put to them to balance their budget, they have to close a third of the beds. Remember, in the past many have spoken about the many changes that have taken place in our health care system in rural Ontario. They have already cut all the administrative functions that they could. If they have to find more savings, there is nowhere to find them but in the front-line services, which is beds and nurses.

I'm very happy that he said this won't happen, and that's why I'm very pleased to stand up and hopefully convince all of the members to vote for that.

One other thing I just wanted to put out, and I know it is against the rules of the House, but I wanted to read a little piece of Hansard: "Now let's talk a little bit about health care. We've heard a number of different comments made about increases, of new dollars going into health care." And I want to tell you that some of the new dollars the minister talks about putting in should come to Woodstock to help build my Woodstock general hospital. "I would urge the members and the Minister of Health to have a look at what he is doing to the St Thomas-Elgin General Hospital. He has forced this hospital to make cuts that are going to hurt the community. Because of the chronic underfunding by this government, this hospital is making some drastic, major, radical reductions in out-patient rehabilitation care."

That comment was made by the honourable Minister of Agriculture, who represents the St Thomas hospital. At that time, he stood up for his people. He could have made the same comment today about what the government is doing, but I haven't heard from him. I wonder where all the other people who represent that area are. In fact, I have a little thing here that says they are wanted. They want to speak. They want to be heard from.

The Deputy Speaker: The member for Oxford knows that he can't hold that up.

Mr Hardeman: Thank you very much, Speaker. I will give the rest of my time to my colleague.

Mr Hudak: I'm pleased to join in the debate in support of my colleague the Leader of the Opposition. It's Mr Runciman's motion, supported by our party leader, John Tory.

I want to raise the point of the West Lincoln Memorial Hospital and the tremendous work that's been done in fundraising for this hospital in Grimsby. It serves west Niagara, Grimsby and parts further to the west, and has been waiting for over a year for a single word from the Dalton McGuinty government—despite all kinds of campaign promises, not a single word—about moving ahead with a capital project or how much money they will be receiving.

Sudbury and Thunder Bay, two communities in northern Ontario, receive 80% funding—no doubt good news for the people in those communities. We wonder why in west Niagara we're not receiving a similar commitment of 80% funding. I sincerely hope the Liberal government has not set up two classes of hospitals: those they favour and those they do not.

No doubt those in west Lincoln have a strong reputation for being independent-minded, for speaking their minds. I hope they're not being punished for doing so by the bully minister who will tolerate no dissent from his big plan. It's absolutely abhorrent to contemplate, if the allegation is true, that the minister upon visiting the North Bay board said to them, "If you come out publicly in protest, your project gets moved to the bottom of the line." It's unbelievable, for a minister to say such a thing. I hope the media report is wrong, but I have not heard the record corrected.

I say to my colleagues across the way, I look forward to seeing just one of you have the guts, have the courage to stand up and fight for your local hospital instead of standing up and fighting for Dalton McGuinty. It's time for you to make that choice. I want you to think about this, as you dutifully and obediently read your lines from Jim Warren and Don Guy, praising the government. Think about that. These are the same individuals who are creating that list right now of just which 14 of you they can afford to lose in the next election. Think about it. Do you want to defend those individuals or the taxpayers back home in your own communities? Make the right choice.

The Deputy Speaker: The time for debate has expired.

Mr Runciman has moved opposition day number 2.

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

All those in favour will please say "aye."

All those opposed, please say "nay."

In my opinion, the nays have it.

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

The division bells rang from 1747 to 1757.

The Deputy Speaker: Order. Mr Runciman has moved opposition day number 2.

All those in favour will please stand.

Ayes

Arnott, Ted
Baird, John R.
Barrett, Toby
Chudleigh, Ted
Flaherty, Jim
Hardeman, Ernie
Horwath, Andrea
Hudak, Tim

Jackson, Cameron
Klees, Frank
Kormos, Peter
Martiniuk, Gerry
Miller, Norm
Munro, Julia
O'Toole, John
Prue, Michael

Runciman, Robert W.
Scott, Laurie
Sterling, Norman W.
Tascona, Joseph N.
Witmer, Elizabeth
Yakabuski, John

Brown, Michael A.
Bryant, Michael
Cansfield, Donna H.
Cordiano, Joseph
Delaney, Bob
Dhillon, Vic
Di Cocco, Caroline
Duncan, Dwight
Fonseca, Peter
Jeffrey, Linda
Kennedy, Gerard

Mauro, Bill
McMeekin, Ted
Milloy, John
Mitchell, Carol
Mossop, Jennifer F.
Oraziotti, David
Parsons, Ernie
Peters, Steve
Peterson, Tim
Phillips, Gerry
Pupatello, Sandra

Ruprecht, Tony
Sandals, Liz
Smith, Monique
Sorbara, Greg
Van Bommel, Maria
Wilkinson, John
Wong, Tony C.
Wynne, Kathleen O.
Zimmer, David

The Deputy Speaker: All those opposed will please stand.

Nays

Arthurs, Wayne
Bartolucci, Rick
Berardinetti, Lorenzo
Bountrogianni, Marie
Broten, Laurel C.

Kular, Kuldip
Kwinter, Monte
Leal, Jeff
Levac, Dave
Marsales, Judy

Qaadri, Shafiq
Racco, Mario G.
Ramal, Khalil
Ramsay, David
Rinaldi, Lou

The Clerk of the Assembly (Mr Claude L. DesRosiers): The ayes are 22; the nays are 46.

The Deputy Speaker: I declare the motion lost.

It being 6 of the clock, this House is adjourned until 10 of the clock Thursday morning, November 4.

The House adjourned at 1800.

Continued from overleaf

TABLE DES MATIÈRES

Mercredi 3 novembre 2004

PREMIÈRE LECTURE

Loi de 2004 modifiant des lois en ce qui a trait à l'éducation (aides-enseignants), projet de loi 143, <i>M. Flaherty</i>	
Adoptée.....	3968
Loi de 2004 modifiant des lois concernant les relations de travail, projet de loi 144, <i>M. Bentley</i>	
Adoptée.....	3968
Loi de 2004 modifiant la Loi sur l'aménagement des voies publiques et des transports en commun (route commémorative Hastings and Prince Edward Regiment), projet de loi 145, <i>M. Parsons</i>	
Adoptée.....	3969

DÉCLARATIONS MINISTÉRIELLES ET RÉPONSES

Relations de travail	
M. Bentley.....	3970
M ^{me} Witmer.....	3971
M. Kormos.....	3972

AUTRES TRAVAUX

Jour des gardiens de la paix	
M. Bryant.....	3973
M. Tascona.....	3974
M. Kormos.....	3974

CONTENTS

Wednesday 3 November 2004

MEMBERS' STATEMENTS

Robyn Waite	
Mr Yakabuski	3965
Parks in Markham	
Mr Wong	3965
Greenbelt	
Mr Hudak	3965
Mr Craitor	3967
Floyd Honey	
Mr Prue	3966
Veterans	
Mr Brown	3966
Hospital funding	
Mr Baird	3966
Take Our Kids to Work Day	
Mr Peterson	3966
Contaminated properties	
Mr Levac	3967

FIRST READINGS

Education Statute Law Amendment Act (Teachers' Assistants), 2004, Bill 143, Mr Flaherty	
Agreed to	3968
Mr Flaherty	3968
Labour Relations Statute Law Amendment Act, 2004, Bill 144, Mr Bentley	
Agreed to	3968
Public Transportation and Highway Improvement Amendment Act (Hastings and Prince Edward Regiment Memorial Highway), 2004, Bill 145, Mr Parsons	
Agreed to	3969
Mr Parsons	3969

STATEMENTS BY THE MINISTRY AND RESPONSES

Long-term care	
Mr Smitherman	3969
Mr Jackson	3972
Ms Martel	3972
Labour relations	
Mr Bentley	3970
Mrs Witmer	3971
Mr Kormos	3972

ORAL QUESTIONS

Hospital funding	
Mr Runciman	3974
Mr McGuinty	3975, 3977, 3983
Mr Baird	3975
Mr Smitherman	3976, 3980

Mr Hampton	3976
Ms Matthews	3980
Mr Ramal	3980
Mr Jackson	3982

Fundraising

Ms Churley	3977
Mr McGuinty	3978

York Central Hospital

Mr Klees	3978
Mr Smitherman	3978

Autism services

Ms Martel	3979
Mrs Bountrogianni	3979
Mr Bryant	3979

Cancer treatment

Mr Wilson	3980
Mr Smitherman	3980

Pension plans

Ms Horwath	3981
Mr Sorbara	3981

Child care

Mrs Van Bommel	3982
Mrs Bountrogianni	3982

Tenant protection

Mr Prue	3983
Mr McGuinty	3983

Labour relations

Mr Berardinetti	3984
Mr Bentley	3984

PETITIONS

Heart medication

Mr Hardeman	3984
-------------------	------

GO Transit service

Mr Delaney	3984
------------------	------

Chiropractic services

Mr Arnott	3984
Mr Arthurs	3985
Mrs Van Bommel	3985
Mr Klees	3987

Student safety

Mr Flaherty	3985
-------------------	------

Gasoline prices

Mr Martiniuk	3985
--------------------	------

Optometrists

Mrs Munro	3986
-----------------	------

Leslie M. Frost Centre

Mr Miller	3986
Ms Scott	3986

Volunteer firefighters

Mr Arnott	3986
-----------------	------

Health care services

Ms Churley	3987
------------------	------

Health care

Ms Scott	3987
----------------	------

OPPOSITION DAY

Hospital funding, opposition day number 2, Mr Runciman

Mr Runciman	3987
Ms Martel	3988
Ms Smith	3992
Mr Baird	3993
Ms Horwath	3994
Ms Di Cocco	3996
Mrs Witmer	3997
Mr McMeekin	3998
Mr Yakabuski	3999
Ms Broten	3999
Mr Miller	4000
Mr Fonseca	4001
Mr O'Toole	4002
Ms Scott	4002
Mr Hardeman	4003
Mr Hudak	4003
Negatived	4004

OTHER BUSINESS

Visitors

Mr Hudak	3967
Mr Smitherman	3967
Ms Scott	3967
Mr Wilson	3967
Ms Horwath	3967
Mr Miller	3967
Mrs Mitchell	3968
Mr Prue	3968
Mr Duncan	3968
Mr Chudleigh	3968
The Speaker	3968
Mr Ruprecht	3968

Peacekeepers' Day

Mr Bryant	3973
Mr Tascona	3974
Mr Kormos	3974

Continued overleaf