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**Thursday 31 May 2007**

**Jeudi 31 mai 2007**

Speaker  
Honourable Michael A. Brown

Président  
L'honorable Michael A. Brown

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Thursday 31 May 2007

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Jeudi 31 mai 2007

*The House met at 1000.  
Prayers.*

PRIVATE MEMBERS'  
PUBLIC BUSINESS

VAUGHAN HOSPITAL

**Mr. Mario G. Racco (Thornhill):** I move that, in the opinion of this House, the government of Ontario support the efforts of the city of Vaughan, the Vaughan Health Care Foundation and the Central Local Health Integration Network as they work toward creating a hospital in the city of Vaughan.

**The Acting Speaker (Mr. Ted Arnott):** The member for Thornhill has 10 minutes to make his opening presentation.

**Mr. Racco:** What a pleasure it is for me today to introduce a private member's resolution in regard to the Vaughan hospital.

For a number of years now, the people of Vaughan and the people of the region of York and, I would also suggest, in particular the people of the 905 area have been asking for additional health care facilities in Vaughan and, as I said, the 905 area. The reason is that there seems to be a shortage that is quite visible, and so the community has initiated a process of making sure that we at the province understand the need for such a facility.

Quite frankly, since Mr. Smitherman became Minister of Health, significant progress has made in the region of York. I make reference to the three existing hospitals: All of them got money for expansions. So we have been able to respond quickly to such a need. Of course, the city of Vaughan is one of the major cities not only in Ontario but in Canada that does not have a hospital within its boundaries. Presently, people such as myself, who reside in the city of Vaughan—more specifically, in Thornhill—must use other hospitals. Those would be the North York General Hospital, and prior to that, the Branson hospital, or the York Central Hospital in Richmond Hill, or hospitals in Brampton or Toronto. Basically, we tend to go to four different areas for our needs. So the community has expressed clearly that it's necessary that we do something as quickly as possible.

Recently, the Minister of Health, the Honourable Mr. Smitherman, did make such an announcement. What my resolution today is attempting to do is make sure that all honourable members of this House, whether it be the opposition or the third party, potentially show their sup-

port for such a need and support the resolution, so that it's clear that all of us in this House have one thing in common when it comes to the city of Vaughan hospital and so that any future discussion or planning that needs to be done, in my humble opinion, would be seen by all as having broad support in this House.

I want to send the message clearly that there is so much support for this from the city of Vaughan. I want to recognize that today we have in the gallery some members and a few others who will be joining us shortly. From the Central Local Health Integration Network, we have the CEO, Mr. Ken Morrison, and from the Vaughan Health Care Foundation, the president, Angelo Baldassarra, and the vice-president, Michael DeGasperi. Both of them have been very much involved with this process from the beginning. We also have the secretary of the foundation, Quinto Annibale; the foundation administrator, Anastasia Vogt; and Chris Benedetti, who is assisting this organization in presenting the case to the province and everywhere. Welcome.

I should mention that Councillor Racco, who is also a member and my wife, is also to be here at any moment. I think she's looking for a parking spot somewhere.

**Mr. Frank Klees (Oak Ridges):** Give her yours.

**Mr. Racco:** The subway is coming up, Frank. Until then, we must use the car.

Health care, as you know, is a priority for our government, and we have focused on innovation in public health care by building a system that delivers on three priorities: keeping Ontarians healthy, reducing wait times and providing better access to doctors and nurses. Of course, all of us know that we debated this issue in the House. We have made investments in health care, and some of those are:

We have invested \$5 billion in modernizing and expanding health care facilities by 2010 to meet the needs of the province's growing and aging population.

We have reduced waiting times for five key health care services: hip/knee joint replacements, cataract surgery, MRI exams, cancer surgeries and cardiac procedures.

We have invested \$143 million in emergency department action plans, which contain system-wide solutions to ensure that emergency rooms stay open and increase capacity in the health care system to meet the needs of Ontario patients.

Important steps in the area of health care that we have initiated, particularly in the 905 and GTA areas, are:

—Our government has invested \$285 million in new hospital funding, which is an 18.5% increase.

—We are also developing four new regional cancer centres throughout the GTA and the 905 area, with two new cardiac surgery programs and five new regional dialysis units.

#### 1010

As I said earlier, the community is certainly very much in favour of and wants a hospital to be built very soon. Of course, the first step was taken when the minister recently made the announcement. The foundation hired EKOS polling some time ago to identify the community feeling on the matter, and more residents considered the establishment of a hospital an extremely important issue—the poll indicated that. In fact, 73% of residents believe that building a hospital in Vaughan is very important, with 61% stating that it is extremely, extremely important. Sixty-eight percent of residents believe that a hospital needs to be located in Vaughan rather than in a neighbouring community. The GTA/905 Healthcare Alliance is undertaking a postcard mail-in campaign, approaching all MPPs for the GTA. As of yesterday, my office had already received 32 cards from constituents who are asking that we take notice of the health care situation in the 905 and the GTA, and to bring health care services closer to home.

There are many cases we all know, I'm sure, where people are waiting in emergency for hours. Of course, this problem wasn't caused by us. This is a problem that came over a number of years when a little more should have been done. We here together, hopefully all of us, will be able to agree that more has to be done, and together we will make sure that those emergency waiting times will be reduced significantly—I would love to say “completely,” but I think we all realize that is not always possible. But we should try to do that. I am also pleased that our government has done so, and, with this resolution, I hope to keep the spotlight on this important issue.

According to the Vaughan Health Campus of Care report, Vaughan residents primarily obtain acute in-patient day procedures and emergency services from one of the following four hospitals, only one of which is in York region: the York Central Hospital, which my friend on the opposite side represents, Humber River Regional Hospital, North York General Hospital and the William Osler Health Centre, which is in Brampton. That's where residents in Vaughan go if there is a need. At present, 56% of Vaughan residents seeking in-patient acute care services travel to Toronto to access essential health care services, combined with 36% of the broader York region.

Quite frankly, when people from my riding go to Toronto, that means we're putting more pressure on hospitals in Toronto, and that's not necessarily proper. There is pressure in Toronto and in the 905, and so we need more facilities to be able to respond within a reasonable time. Over three quarters of residents seeking day procedures and over half seeking emergency procedures have sought them in Toronto.

Is that my time?

**The Acting Speaker:** Thank you very much. Further debate?

**Mr. Klees:** I am pleased to rise, I will say at the very outset, in support of the resolution that the member for Thornhill has brought forward. As someone who has represented York region since 1995, no one in this House is more familiar, perhaps, than I with the pressures on our health care services—in fact, on all of our social services—given the population growth we're facing and the challenges we have. I want, as well, to express my appreciation, on behalf of our caucus and John Tory, for the good work of the members of our community who have in fact shown leadership on this issue, and we wish them well as they continue to dedicate themselves, along with the LHIN, the staff and those showing leadership through that organization, as well as the municipality of Vaughan, which also has been very supportive of this initiative.

The reality is that governments can make many announcements, and I know they will take this one very seriously. I would ask the member to consider that, as we support this second reading of the bill and refer it to committee, he would agree that we incorporate into this—although it is merely a resolution; I understand that. So the committee process will not be entertained. But I would ask that he on his own, perhaps, agree with us that what we should do is ask that his resolution, in the final analysis, be expanded—and he can perhaps do this in a direct way with the Minister of Health—to include something that I feel is missing in the resolution which I wish the member would have included from the very outset: some very specific timelines relating to the decisions that are going to be made, because I do have a concern, and I'm looking at the news release from the Minister of Health. What concerns me here is that nowhere in this press release, which is the official communiqué of the Ministry of Health, does it speak to either specific timelines or to specific commitments in terms of this actually being a hospital. What I would like to see is, frankly, a free-standing hospital facility in Vaughan.

I've been there. Knowing how very carefully these communiqués are crafted, the wording is very important. Nowhere in this release does it refer to a hospital in Vaughan. It refers to supporting planning for new hospital services. That's important, I say to my colleague opposite. I would suggest we work very closely together to ensure that there is no misunderstanding about what the intent of the government is here and that members of the community don't spend unnecessary time thinking they're going in one direction and then, at the end of the day, the announcement is, “Well, thank you very much for all of your good work. We will provide new hospital services in some sort of alternative facility that may or may not be independent, that may or may not be managed from some other place,” that may or may not achieve what in fact my good friend is telling us and what the newspaper reports are reporting. And there is a difference between the ministry's announcement and the interpretation of the media. The media, interestingly enough, refers consistently to a new hospital, that in fact this will be the first new greenfield hospital in more than a quarter of a century.

I am one who believes that we do need additional facilities in York region. As someone who worked very diligently—and if someone asks me what I take pride in most in the course of having been elected, I point to the Southlake Regional Health Centre and the work I was able to do, as the MPP at that time, for the riding of York–Mackenzie, working with Dan Carriere, the CEO of that hospital, in bringing a cardiac care centre that is now world class into that hospital. I raise a caution here. I mention that particular example for a reason: That particular facility in Southlake was delivered and established there against the lobbying of the other two hospitals in York region, against a lot of the recommendations that were made even by the Ministry of Health. But the reason we didn't give up that fight is that we believe fundamentally that it's important that we have health services closest to the residents who need them.

**1020**

The other two hospitals were arguing that that cardiac care centre should be established at Sunnybrook. I met an individual just two weeks ago who said to me, "Southlake saved my life." He's a very good friend. I didn't even know he had a problem. He had a heart attack, and the doctors told him that, had he not had service within moments of when he did, he would not have survived. That's why I am a strong proponent of ensuring we have the appropriate hospital facility in York region, and Vaughan, a very fast-growing community. I will support it. My colleagues, I'm sure, will support it. We've had the discussion, and I've had the opportunity to share with them the important needs.

Let me say that if there is anything any government could ever do for health care in this province, it would be to take politics out of health care. Far too many times, whether it's the announcement of a new hospital or a new clinic or the announcement of this, that or the other thing, it has been used primarily as the staging of a political event and then, by the time the election is over, we somehow forget about it.

I would love nothing better than to be part of a Legislative Assembly that has as its footnote that this group of men and women, as legislators, were able to take politics out of health care policy and do what is right because it's the right thing to do. In this particular case I believe we have it right, I hope the government gets it right, and forgive me if I say that it would give me no greater pleasure than to be part of the government, following October 10, that will have the responsibility to implement this.

**Ms. Cheri DiNovo (Parkdale–High Park):** I say at the outset that the New Democratic Party is always in favour of publicly funded hospitals. I find it strange in the extreme that the member from Thornhill has to even, for example, raise this resolution. This is a majority government. Presumably with a majority government there is the will to do what this member wants. One suspects that perhaps there's a little infighting going on on the benches across the way and that this poor member from Thornhill has to introduce a private motion, and what a private

motion. Let me just read it: "That, in the opinion of this House, the government of Ontario support the efforts of the city of Vaughan"—"support"; operative word—"... towards creating a hospital"—not that they have a hospital, just that they support the efforts that go towards creating a possible whatever. Is it a publicly or privately financed hospital? It doesn't say. Is it a public hospital? It doesn't say.

So what this resolution says is not much. What it says to the poor members in the gallery is that this is a government that does not support whatever it is they're looking for—I assume, and I hope, that it's a publicly funded hospital—that this is a government that just allows them to blow off a little steam, that their member will get up and say a few nice-sounding words because this government will not act on its own when it can. It's got a majority; it could bring in its own bill tomorrow and pass it. It has with many others. In fact, we've witnessed this government in eight days giving itself a 31% raise. So this government can act. It can act quickly and it can act with certainty, but in this case, in your case, it's not going to act at all, and that's what we're hearing.

What's happening, I suspect, is that it's probably polling pretty well in the member for Thornhill's riding, so they have to do something. That's my suspicion. My suspicion is that they have to do something, so they're going to introduce a hot-air resolution that doesn't say much, just to please you, they hope, so that they might get re-elected. I really do hope that the folk in Vaughan are a little wiser than that.

It does, of course, give us in the New Democratic Party a chance to talk about what should be happening in health care in this province. Of course we should be putting money into health care in this province, and of course we should be putting money into health care in the area of Vaughan. There's no question. The question is, what kind of health care and who's going to be putting in the money for it? Is this government going to ante up the money or, as we've seen in Brampton, will this be one of those privately-publicly funded so-called P3 hospitals?

Let's talk about what's happening in Brampton. In Brampton, the cost of that hospital has gone from \$350 million to \$550 million. "At almost double the cost, the new hospital will open with 350 instead of ... 608 beds." If we want to look at what happens with privatized health care, we don't have to look far: just south of the border. We can see that privatized health care is way more expensive, way less efficient. This, by the way, is from the Ontario Health Coalition, who got over 80,000 Ontarians to vote to stop P3 hospitals in Sault Ste. Marie and Sarnia.

I'd like to take a few minutes just to run through some of the stakeholders, the health care professionals themselves, and what they have to say about this government's sorry track record on health care in this province.

First of all, private clinics, right across Canada but certainly in this province, are proliferating to the extent that we don't even know how many there are. I quote here from a Globe and Mail article. This is a couple of

months back. This is Jason Wright, who operates a website that lists 250 private clinics operating across the country, who says, "I can't help but be interested. I'm probably, as far as I can tell, the only guy out there with this type of directory," who knows what's going on. "Private clinics, where patients pay an annual membership to buy additional services even when receiving publicly funded treatments, usually open quietly, hoping to avoid the scrutiny or even government intervention." That's one of the things that's happening here.

When Tommy Douglas fought that brave fight to establish medicare for the first time in this country, he did not do so without opposition. In fact, he received an incredible amount of opposition. It's interesting that now we hear everybody in the House supporting medicare. Of course, they support it in word only and not necessarily in deed, as we've seen from our friends across the aisle. Because certainly with 250 clinics and more opening across the country, with an untold number opening in Ontario that are privately funded, that is the erosion of health care. That is a move towards a two-tier system.

Many of us know that federally the New Democratic Party is trying to organize a pharmacare program, trying to get that into place, because even if you can overcome the waiting lists and get to the hospital of your choice now, there is the drug issue: Can you afford the drugs that are then prescribed to you? Many of us, many of those in Ontario, cannot afford that. We not only need medicare, we need pharmacare as well. Of course, with this government, we're no closer to getting that either. There have been numerous articles written in numerous papers since this government was in place, chastising it, criticizing it for the rush towards privatization—too many really to quote, but hey, you know, I'll try.

For one thing, the nurses' association—we just came through Nursing Week and I had the pleasure of touring through my own hospitals, as I know many members did, and hearing the plight of our nurses: the fact that our hospitals are understaffed, need to attract and retain nurses. This is from Linda Haslam-Stroud, president of the Ontario Nurses' Association. It says that, "... next year, 15,000 to 30,000 registered nurses—that's one third of those practising in Ontario—are eligible to leave the system." They will be retiring and we do not have the nurses to replace them. We simply don't. We're scrambling. We don't have doctors. We all know about that. We know what the wait list is like to find a doctor, yet we have internationally trained doctors and surgeons in our midst. We have one in our own riding who is now working in a bake shop. He's going to have to go back to Iran because he can't afford the 10 years it's going to take for him to actually get his medical licence here. So we have internationally trained medical professionals who can't get work. It costs them too much and it takes too long so they return to their countries. We have a system where nurses are retiring. We all know, if we've had a wait in a waiting room, how long that takes. This is about staffing and it's about funding. At the end of the day, it's about funding. If you do not fully fund the

public health care system, you will not have a public health care system, because those with the means, those who can, will always seek out privatized help somewhere else. They'll even leave the country, as we've seen instances of, of course, to get the care they need, to get the drugs they need, that they can't get here.

#### 1030

So this is the situation to which this member from Thornhill introduces a private member's resolution as a member of a majority government that can, quite frankly, do anything it wants, any time it wants, just to encourage a discussion—I mean, you've got to love the rhetoric: to encourage the possible creation of a maybe something somewhat hospital some day. I mean, folks, and those listening and watching at home, please, these are the dying days of a dying regime across the way. We've got maybe four days left in this House. This member knows it as well as everyone else here. He knows nothing's going to happen from this. What he's hoping to do, though, like all members here, to be frank, is to get re-elected. That's what this is about: This is about getting re-elected and siphoning off some of what I can possibly imagine is real anger and real will to actually have a real hospital built some day in Vaughan.

I think I'll conclude. I'll leave my benchmate here some time. But certainly this is not the way to go about it. What I would suggest, just like the member from Oak Ridges suggested, is that you vote for someone else next time.

**The Acting Speaker:** Further debate?

**Mr. Khalil Ramal (London-Fanshawe):** I'm honoured and privileged to stand up and speak in support of the resolution brought by my colleague, my friend the member from Thornhill.

Before I start, I want to welcome again the people from the LHIN and also from the health care foundation in the region, and also Councillor Sandra Racco. I hope you found a parking spot, because I know it's jammed. Hopefully due to Mario's advocacy and support of the subway to Vaughan, it will see the light and then you won't have to use cars anymore, as he mentioned, and in all of Vaughan you will be able to use and commute by subway to Toronto.

I listened to my colleague from Thornhill and I listened to the members from the opposition party and the third party. I see the importance of creating a hospital in the most growing area in the province of Ontario, especially in the Toronto region and especially in the 905 region. It's very important, as my colleague said, to serve the people in their location, especially when they have some kind of disease or some kind of health care problem that happens suddenly. In order to serve them, you have to have a facility in the region.

I was listening also to the member from the third party when she was talking about health care and many different issues. It gives me great pleasure to talk about our record in health care, our investment in health care, our support of public health care, for it to be accessible to all. We in this government invested more than any other

government in the history of the province in health care to maintain it in the public domain, to maintain it as accessible for all people seeking health care services.

I want to tell you something about my riding, London–Fanshawe, and London in general. I know how much we invest in the province of Ontario for health care. Of our budget this year, almost \$39 billion goes to health care to support the people of the great province of Ontario. Vaughan is one of the fastest-growing cities, one of the most important locations in this region, with very hard-working people, good taxpayers. I think they deserve some kind of service. They deserve some money back to their community to support the vulnerable people among them. That's why I'm standing up to support my colleague.

It's a great motion, a growth resolution. I wish the member from the third party could understand the politics inside any government and the politics in this place. In order to achieve something, it doesn't matter if you are within the government or outside the government; you have to be an advocate on behalf of your people. You have to bring those issues forward and talk about them—talk to the Minister of Health, talk to the Premier, talk to other ministers in order to bring goods for your riding. This is the way. It's part of the game we play in this place.

This member is a great advocate in his community. I had the chance, the privilege and the honour to be in his riding last Sunday. I saw the people from his riding coming to support him because he knows the importance of the hospitals and services in his riding. They also know how hard he is working on a daily basis to ensure he is able to deliver the goods for them, because it goes both ways: They support him, he supports them. I think that's why he got elected to represent them, to be their voice in this place.

The member from the third party said that you can do it fast and quick. That's not the way it works. We decided to invest more than \$5 billion to modernize the health care system in the province of Ontario. We didn't say Vaughan or London or Windsor or Toronto or Ottawa or Thunder Bay; we said we're going to invest an extra \$5 billion to help many health care services across the province. Therefore, all members of this House want to go forward to the Minister of Health and ask him for some of this money to come to their region, to come to their riding. That's what I do. I want to go to him and ask him to reinvest and invest more in my riding of London–Fanshawe. All the members, I guess, are open to that suggestion and are open also to go to him, knock on his door or walk across the aisle to him and ask him. That's the way it works. That's how democracy works.

That's why the honourable member brings this issue forward, seeking support from the whole House, to create awareness among not just the members of the House but among all the people of Ontario of how important for us public health care is, how important it is for us as a government to continue to open more services, more hospitals, more places to serve the people of Ontario.

I know she thinks that in four days a government cannot make a difference. Yes, it can make a lot of difference. We're committed to public health care. We're committed to public health care not just in Toronto, not just in the 905 area, not just in the province of Ontario; we're committed to service, to change the way we deliver health care. We decided to go far and wide to expand our service, because so many people don't have to be in acute health care service. They need and seek service in their homes because due to circumstances they have to be able to receive that service. That's why the great Minister of Health in Ontario was able to create another way to deliver health care to the people of Ontario.

But now we're talking about the resolution brought by my colleague the member from Thornhill to create a hospital in his riding. The numbers are growing on a yearly basis; now almost 240,000, and by 2010 it will be about 330,000, almost the size of the city of London. I think the people of Thornhill are working very hard. They—

**Interjection:** They deserve it.

**Mr. Ramal:** They deserve it. That's why I see my colleague in the caucus every Tuesday stand up and tell the Premier and all the caucus members about how important his riding is and how much his riding needs health care service. I know we have hospitals in nearby ridings, but it's very important to also expand health service. We have to expand; therefore, we are not closing hospitals. We are not neglecting the service of hospitals. We have a plan to expand service, with a strategy, with a way that we're able to fund it in Ontario, with a way that we're able to utilize every penny we spend, because it's very important for us and very important for the taxpayers.

Therefore, I stand in my place to support my colleague, and hopefully all the members in the House will support him.

**Mr. Ernie Hardeman (Oxford):** I am pleased to rise today and speak to the resolution brought forward by the member from Thornhill. I understand how important a new hospital can be to a community and why the member from Thornhill would bring this resolution forward. But I think this resolution is a symptom of something that is wrong with our health care system and the present government.

It seems our health care system is so unresponsive to the needs of the community that this is the third member to bring forward a resolution like this in the last six weeks. The member from Burlington brought forward a resolution asking the McGuinty government to put the Burlington project on the Ministry of Health capital projects priority list and then release the \$40 million needed for the Joseph Brant hospital renewal project.

I understand from the member that there is a great staff at Joseph Brant Memorial but their ability to deliver health care is hampered by the fact that they are waiting for a much-needed addition. The hospital addition will let them properly serve the 13,800 people admitted to Joseph Brant every year. Currently at Joseph Brant hospital, an

average of 20 admitted patients are sleeping in hallways because there aren't any available beds.

#### 1040

The member for Simcoe–Grey brought forward a resolution asking the minister to provide \$1.4 million a year to reopen the birthing unit at Stevenson Memorial Hospital. Since December last year, expectant mothers in his area are forced to drive at least 45 minutes to reach another hospital in Orangeville, Barrie or Newmarket.

The Liberal members opposite used their majority to vote down both of these resolutions. In fact, the Minister of Health even came into the House to vote against the resolutions.

Members have a responsibility to bring forward the concerns of their constituents. However, it seems that with this government there is a constant need for members to not just tell the minister and the ministry but to bring forward resolutions and read petitions over and over again because their needs are being ignored. To me, that signals that there is a problem with the Ministry of Health or that the Minister of Health just isn't listening. The fact that someone from the minister's own party is now bringing forward a resolution asking the government to support their local need for a hospital indicates that the minister isn't even listening to his own colleagues.

I know the frustration from experience. In December 2000, our then Minister of Health, Elizabeth Witmer, and the Progressive Conservative government announced a new hospital in Woodstock, and I was pleased to be a part of that announcement. I was also pleased to be able to follow it up with an announcement of \$12 million for a design study to start the process going. Since that time, the hospital foundation and many volunteers have been working hard to raise our community portion of the capital funding. I'm proud to say that they have done an incredible job and they are ready. I want to commend them for all their hard work. The volunteers have spent many hours organizing fundraising events. Our local schools have had fundraising campaigns. Members of our community and local businesses have made generous donations. It really has been a community effort.

The community is ready, but it seems that since 2003 the new government was dragging its feet on building the new hospital. I asked the minister questions in the Legislature, we talked to the minister's office and the Ministry of Health, but that wasn't enough. Like the member from Thornhill, the member from Burlington and the member from Simcoe–Grey, we couldn't get any action to address the community needs.

In December 2005, we had two busloads—80 people and two cows—come to the Legislature to ensure that our hospital was not forgotten. They brought with them 20,000 postcards signed by residents of Oxford asking the government to get moving.

Finally, in April 2006, we had the announcement that the hospital would be moving forward. Several ministers came to Woodstock and did a ceremonial groundbreaking, but so far that's the only shovel that's gone into the ground.

I understand that to get this hospital built we're going to have to get money through alternative financing and procurement, so the money will come from the private sector and be repaid by the government in the future. What I'm having trouble understanding is that if we don't need government money, why can't we get the hospital started? Things are moving, and we're going to continue to watch closely to make sure that the hospital stays on track, and keep pushing to get those shovels into the ground.

Given what we are going through in our own community, I am pleased to be able to support this resolution this morning. I understand that Vaughan is the largest urban centre in the nation without a hospital. I know that building a hospital is not an easy process, and I want to wish them luck with their efforts.

**Mr. Michael Prue (Beaches–East York):** It's a privilege and an honour to stand here and debate this resolution. When I read the resolution last night and wondered what I might be saying here today, I was in awe of the simplicity of this resolution. I was in awe of what the member for Thornhill is asking, because of all the resolutions that I've had the honour or the privilege or even, I guess, the obligation to debate in this House, this one seems to me to be one of the strangest. It seems to me to be one of the strangest because it asks for us to do almost nothing except support three hard-working groups in their efforts. Of course we support the three hard-working groups in their efforts. Who would not support these three hard-working groups as they struggle to get something for their community which is probably very much needed?

I say "probably" because I know from my own experience. In my own office, my executive assistant lives in Vaughan and has had problems over the years trying to get adequate health care for herself and her family. I remember one occasion when her daughter, who was in a minor traffic accident, was taken by ambulance all the way to Uxbridge because there was nothing closer by. I remember that, and the struggle for a local hospital is, of course, important.

Having said that, I'm going vote for this, and I'm all but sure this House will, but at the same time, I wonder why this government and this member have not given this kind of support to other groups who are fighting for equally good things, and seem to have been neglected by this government.

You know, just as he is supporting the three groups in Vaughan, I wonder why he and his government are not supporting agencies who have advocated non-stop for three years, who are fighting for the poor; why he has not supported a minimum wage of \$10 an hour, which has been called for; why he and his government have not supported decent and liveable ODSP rates for people who are disabled and who cannot work. Those disability rates have been increased at such a terrible rate—3% in the first year of the government, zero in the second, 2% for half a year in the third, 2% for half a year in the fourth—so that a person on ODSP in this province is



actually worse off today, under this government, than they were in the deepest, darkest days of Mike Harris.

I haven't heard him saying we need to support these agencies for the poor and the work that they're trying to do. I haven't heard him say, when they're talking about ending the clawback, that we need to support these agencies. In fact, all he and his government do is ignore those ones.

The same is true of the legal clinics. We just got a recent e-mail from a legal clinic dealing with South Asians in Ontario and they are being forced to shut down—that same legal clinic that is fighting for new housing, that same legal clinic that is fighting for the rights of recent immigrants, the rights of people to have their credentials recognized, the rights of people who find themselves in trouble with the law. They're advocating, and I don't see this government passing a motion, or this member passing a motion, to support them.

I see the daycare advocates. I see them here all the time when they come here, and they are fighting for really good things—that this government honour its commitment to spend \$300 million for daycare, which they promised four years ago and haven't spent a nickel on yet. The daycare advocates come here and want decent-quality daycare, and we've seen, in the *Toronto Star* for the last few days, the failure of this government to do that. They come here and they ask a simple question: Where are the federal dollars that were given? It seems to me that the government has pocketed those. I haven't seen this member or this government stand up with a motion, saying, "We support their efforts too."

What we have is the member standing up, because it's his responsibility as the member from Thornhill, to recognize the efforts in his own community. Of course, we recognize them too, and I support them, but I also support, and our caucus also supports, the efforts of other agencies, other legal clinics, other daycare advocates, other advocates who are doing an equally good job. They need to be recognized, and their causes need to be recognized as well.

Now, the member from Oxford briefly touched on a couple of things about the other private members' bills that have been here, and I would be remiss if I did not state that the member from Burlington made a very passionate case, only to have the government turn it down—government backbenchers and people present. The member from Simcoe–Grey made a very passionate and well-balanced argument about the birthing centre in his community, only to have the government shut it right down.

What we're going to see today, of course, is, because of the massive government majority, everyone is going to vote for this one, because this one has to do with a government member's riding, not an opposition member's riding. I think that's a real shame, and if the government members had been a little smarter on the last couple of votes, they might have done what was right.

Having said that, here we have a resolution, and, in the end, a hospital needs to be built there. There's no deny-

ing there is a need and there is absolutely no denying that we need to support hospitals in each and every community in this province.

**1050**

**Mrs. Linda Jeffrey (Brampton Centre):** Thank you for allowing me to speak today on this very important issue. I'm pleased to support the member from Thornhill. He has been a long-time passionate member on this subject. I know that at every meeting I have ever had with him, he's always mentioned the word "hospital," so this is a continuation of the long work in advocacy I have seen him do.

Hospitals, as most people know, are very near and dear to my heart. Since I was elected for Brampton Centre back in 2003, I've championed additional investments in both the health care and the facilities in Brampton. Shortly after arriving at Queen's Park, I spoke with the Minister of Health and the Premier about my community's desperate need for a new hospital. They listened and promised to deliver for my community, and in October 2004, the construction crews and cranes arrived at the Bovaird Drive and Bramalea Road site.

Investing in Ontario's health care is essential, and the government of Ontario has made many improvements to hospitals and the health care system. Our government's investment of \$285 million in new hospital funding in the 905 GTA—an 18.5% increase after the Tories cut \$79 million—is the reason the new Brampton Civic Hospital is being built and is scheduled to open on schedule this fall.

Since taking office, there has been a 19.7% increase in the funding of 905 hospitals. These funds went to ensure that the region has improved health care services for our residents. Despite the increase of funds in the 905 region, the city of Vaughan still doesn't have a hospital. I believe residents should have the right to access the same health care services within their own city, without travelling great distances for health care emergencies. I say that because I have the luxury of having a hospital in my community. It's an older one right now until the new one is built, but I had the luxury of having all three of my children born in my local hospital. In 1984, 1986 and 1988, I had my three sons born in my community hospital. That's something that isn't an emergency, but it's something that helps you feel that community spirit in your own community. It's something that I believe everyone is entitled to: to have that important, life-changing event happen close to home.

In reading the background notes, I couldn't help but look back at what my community was going through at the time I was elected, and I can see so many parallels with my community and the current situation that the community of Vaughan is facing. Much like Brampton, the city of Vaughan has seen a tremendous growth in population for the last two decades and has consistently been one of the fastest-growing municipalities in Canada.

Vaughan has experienced a 60% growth rate in population and has expanded beyond its own infrastructure resources. In 1981, the population was 29,600; in 2005, it

was 240,000. The estimated population by 2021 will be over 300,000 people. According to the Vaughan Health Campus of Care report, Vaughan residents primarily obtain acute in-patient, day procedure and emergency room services from one of the four following hospitals, only one of which is in York region: York Central Hospital, Humber River Regional Hospital, North York General Hospital and, of course, my hospital, William Osler.

Like Vaughan, Brampton residents were faced with long wait times and inadequate services. Many times, they would have to leave Brampton and travel to Mississauga or Georgetown to obtain essential services that they should have had access to in their own city, and in October, we'll have access to those services. This trend is never good for neighbouring communities, as it stretches the resources of surrounding hospitals to properly service their own communities.

Local residents in Brampton were also eager to support the building of Brampton Civic Hospital, and they understand that Brampton Civic will provide the quality health care we deserve. The new Brampton Civic Hospital site represents an important extension of health care services to our fast-growing community. Like Brampton, significant community partnerships have been formed between the Vaughan Health Care Foundation, the city of Vaughan and the Central Local Health Integration Network in support of a hospital in Vaughan. Much like in my community, the enthusiasm and the willingness of the public to support fundraising events held on behalf of the health care facility is the grassroots foundation that's needed to be successful. In Brampton, we have a campaign called "Here for You ... Caring for You." It has been tremendously successful. We have raised over \$87 million to date, and we have some very fine people working in the foundation to achieve that.

I know that the most recent fundraiser that was held in Vaughan was the city of Vaughan mayor's gala back in May, and they raised more than three quarters of a million dollars. That's quite a substantial fundraising effort for a hospital in Vaughan.

The government of Ontario has achieved much on the health care file. We have reduced wait times for five key health care services, namely hip/knee joint replacement, cataract surgeries, MRI exams, cancer surgeries and cardiac procedures. We continue to make improvements in our health care system and we're making excellent progress. These improvements are vital. Developing a hospital in the city of Vaughan can only benefit Ontario's reputation as a positive example of an efficient health care system.

I believe the member from Thornhill's resolution is in line with our government's plan for innovation in public health care and building a system that delivers on our three priorities: keeping Ontarians healthy, reducing wait times and providing better access to doctors and nurses. I think the member from Thornhill has been passionate on this issue and he has been consistent. I admire his tenacity, and I support this resolution wholeheartedly.

**Mrs. Elizabeth Witmer (Kitchener–Waterloo):** I guess I question why this motion is here—because

whether or not you build a hospital is not a political decision; it's really based on the population and the need for the services. That's one of the things our government had the courage to do: a review of hospital services in the province of Ontario, recognize that many hospitals were sitting with wings totally unoccupied, yet we were heating the space and paying the rent. It was our government that made decisions to build new hospitals, such as the one in Thunder Bay, a new hospital in Peterborough and a new hospital in Woodstock, the William Osler hospital. It was unfortunately this government, when they were elected, that delayed the construction of these hospitals. They did nothing for 18 months. In fact, today, Woodstock still sits with no activity. Cambridge hospital, which was promised a renewal, has absolutely no progress going on.

It was our government that recognized the need of the growing areas and communities around the GTA: Oshawa, and my colleague has referred to Southlake, which got cardiac care. We were the ones who expanded and brought services closer to home such as cardiac services, cancer services, dialysis and 20,000 long-term-care beds—there had been none built for over 10 years. For us, any movement towards the recognition of the need for a new hospital in Vaughan makes absolute sense. When the population's there and there is a need, let's go out and support it.

**The Acting Speaker:** Further debate?

I'll return to the member for Thornhill, who has two minutes to respond.

**Mr. Racco:** Let me say thank you to all the people who spoke on this resolution: my friend the member from Oak Ridges, the member from Parkdale–High Park, the member from London–Fanshawe, the member from Oxford, the member from Beaches–East York, the member from Brampton Centre and the member from Kitchener–Waterloo. I thank you all because you all said that you're going to support this resolution. Certainly that was the objective: to make sure that everyone in this House, or certainly the majority, does support the resolution so that the foundation, which is in attendance here today, will continue to do what has been said, and that is to raise money in addition to what the province will be able to provide.

There is strong leadership in the community that is present here today, not only from the foundation but also from the city of Vaughan, and of course from the LHIN. They do see merit in the construction of this hospital as soon as possible. This resolution, once we vote on it today at 12—and it's clear it's going to pass—will give them more momentum to go out there and raise even more money so that the community will be a shareholder more than ever by assisting, if they choose to—they don't have to; but if they want to—so that this hospital will be able to provide some new leadership in health care by looking at new initiatives that probably are not available today.

The people are there, the business community has been there, the community at large has been there and

will continue to be there. There are enough leaders within the community who have made a moral commitment to make sure that the people of Vaughan get the best possible hospital that we can not only afford but that the community wants, by their extra input into this construction.

We need to start the process. The minister made that direction, and now it's up to the people of Vaughan to make it happen.

1100

BONE MARROW AWARENESS  
MONTH ACT, 2007

LOI DE 2007 SUR LE MOIS  
DE LA SENSIBILISATION  
AU DON DE MOELLE OSSEUSE

Mr. Crozier moved second reading of the following bill:

Bill 225, An Act to make the month of November Bone Marrow Awareness Month / Projet de loi 225, Loi visant à désigner le mois de novembre Mois de la sensibilisation au don de moelle osseuse.

**The Acting Speaker (Mr. Ted Arnott):** The member for Essex has 10 minutes for his leadoff speech.

**Mr. Bruce Crozier (Essex):** I'm both pleased and honoured to rise this morning to speak to Bill 225, which I introduced a short time ago. The introduction of the Bone Marrow Awareness Month Act is inspired by the story of little Katelyn Bedard, who lost her battle with leukemia at the age of three because she was unable to find a match for a lifesaving bone marrow donation. This bill aims to encourage people to register to become bone marrow donors.

I'm honoured this morning that we have with us, in the members' east gallery, Joanne and Bryan Bedard, parents of Katelyn.

A bone marrow transplant is a procedure that is required when a patient's own bone marrow is destroyed using high doses of chemotherapy and radiation. For many people who are suffering from diseases such as leukemia, a bone marrow transplant is the only hope for long-term survival. A transplant requires matching tissue types between patient and donor. These tissue types are inherited, but 70% of patients do not have a matched donor in their family. These people rely on the kindness of strangers who have volunteered to donate their bone marrow through the national bone marrow registry. But sadly, the demand for lifesaving bone marrow transplants far outweighs the matches found within the registry.

If passed, my private member's bill would name November of each year Bone Marrow Awareness Month and would help raise awareness about the need for donors in Ontario. It is my hope that this will result in an increase in the number of people registered, and in turn, save the lives of those needing this precious bone marrow.

Each year, as I have suggested, hundreds of Canadians need bone marrow transplants to treat potentially life-

threatening illnesses, and yet, as I said, fewer than 30% of these patients will find a family member who can donate compatible stem cells found in bone marrow. For the majority of patients, an unrelated donor is the only available source of bone marrow. In order to help these patients, and others around the world, find compatible, committed and healthy unrelated donors, the Unrelated Bone Marrow Donor Registry was established in 1989 by the Canadian Red Cross Society and was assumed by Canadian Blood Services in 1998.

The success of the registry, however, depends on people who are willing to sign up to provide the gift of life to someone who is not related to them. While many patients have received a lifesaving bone marrow transplant from a donor found through the registry, many others continue to search for their miracle match. For this reason, the Katelyn Bedard Bone Marrow Association was founded in 2005 to promote awareness about worldwide bone marrow registries, to educate on bone marrow donation, to bring attention to the pressing need for bone marrow donors and to encourage all adults to consider joining the registry.

I should mention that Katelyn's parents, Joanne and Bryan, are close to my riding. They're from the city of Windsor.

The Katelyn Bedard Bone Marrow Association has a mission statement. The mission of the Katelyn Bedard Bone Marrow Association is to promote awareness, as I've said, about worldwide bone marrow registries, to educate about bone marrow donation and to encourage all adults to consider joining the registry.

The Katelyn Bedard Bone Marrow Association was founded in July 2005 by Bryan and Joanne. Bryan and Joanne were inspired to start the association after losing their daughter Katelyn to leukemia at the age of three, when she was not able to find a bone marrow donor. The [givemarrow.net](http://givemarrow.net) website is an information centre assisting people in learning about bone marrow donation and making it easier for them to find out how to join the bone marrow registry in their country.

What is bone marrow? It's something that I think much of the population is not aware of. We constantly talk about tissue and organ donation, but I think that too often bone marrow donation is either not thought of in that context or not thought of at all. Bone marrow is the tissue found in the soft centre of the bones. It manufactures blood cells, including red blood cells, which carry oxygen; white blood cells, which fight infection; and platelets, which help to stop bleeding. Not surprisingly, when marrow stops working as it should, the consequences can be life-threatening.

What is a bone marrow transplant? In a bone marrow transplant, a patient's diseased marrow is replaced with healthy marrow from a volunteer donor. To prepare for transplant, the recipient is usually given high doses of radiation and/or chemotherapy to destroy the diseased marrow. At this point, stripped of the ability to manufacture life-giving blood cells, the recipient is extremely vulnerable. He or she will not survive unless the donor

proceeds with the donation. Once the healthy bone marrow is collected from the donor, it's given intravenously to the recipient as soon as possible.

Which diseases, you might ask, are treated with bone marrow transplants? Well, there are a wide variety of diseases and disorders that are treated with bone marrow transplants, including blood-related diseases such as leukemia and aplastic anemia, as well as inherited immune system and metabolic disorders.

We also might ask, what can a designated month during the year do to help this cause? Well, it raises awareness. The fact that we're even discussing the issue here in the Legislature today and, of course, what will result from it if this bill is passed—and I certainly seek your support in that respect—the public will become more aware of what is needed when it comes to bone marrow transplants.

There's so much we do today to help each other in society. As we discuss in this House, we provide medical care and education, and there are any number of agencies out there that help those who are in need. Is there anybody in more need than someone whose life is threatened by disease? That's why we need to continue to encourage those who might consider, as I mentioned earlier, tissue or organ donation or, in this case, bone marrow donation?

I seek your support today. In my view, this is truly a private members' issue that we can deal with in this place, that we can seek the support of all members on, and that we can seek unanimous support on.

Simply, what I'm asking today is that you support Joanne and Bryan in their effort to raise awareness of the need for donors and that we all consider, in fact, being a donor if that's at all possible.

1110

**The Acting Speaker:** Further debate?

**Mrs. Elizabeth Witmer (Kitchener–Waterloo):** I'm very pleased to support the motion that has been put before us by the member for Essex, Mr. Crozier: Bill 225, An Act to make the month of November Bone Marrow Awareness Month. I certainly would like to welcome, on behalf of our caucus, the parents, Bryan and Joanne, here today. I do appreciate your efforts to ensure that we have the opportunity to raise awareness of this very significant issue.

I think most of us think about donating organs, but I don't think that in the past there has been much thought given to promoting bone marrow. It's something that people just don't think about. But if we can get passage of this bill today, and if it would help to promote awareness about what we can do here in Ontario by ensuring that each year the month of November would be Bone Marrow Awareness Month, I think in future we would see far more people prepared to donate bone marrow. I think the reason most people don't is that it's like organ transplants: People don't really give thought, oftentimes, to how they can help other individuals. So I think passage of this bill today would provide us with the opportunity to raise public awareness.

In reading the background information here that has been provided to us by the member, it was interesting to learn more about the Katelyn Bedard Bone Marrow Association and what they're trying to do, not just here in this province but worldwide, and also their attempts to bring attention to the very pressing need we have throughout the world for bone marrow donors and to encourage adults to consider joining the registry. As well, the association does support the families that have a family member in need of a bone marrow or stem cell transplant. The Katelyn Bedard Bone Marrow Association is one that I think is doing a lot for people in Ontario. I am pleased that Bryan and Joanne are here with us today.

We take a look here at the Canadian Blood Services registry and we find out the connection that they have with bone marrow donations. It also mentions in here that fewer than 30% of the people who need a bone marrow transplant are going to be able to find a family member with compatible bone marrow to donate. For the rest of the people, it's that unrelated donor who is going to be so absolutely essential to find, and of course the Unrelated Bone Marrow Donor Registry does locate these compatible, committed, healthy, unrelated donors for Canadian bone marrow patients and for patients all around the world. So that is a very important service that is provided.

If we can take one month a year each year to ensure that people know about the fact that they can do this, that they can, obviously, save the life of another person somewhere, this is, I think, something most people would take a look at and consider doing. If you can find a match, it is certainly going to give more of an advantage to the individuals in their quest to find somebody who is compatible. So we need to increase the size of the volunteer donor pool in order to better the chances of finding a matching bone marrow donor for every patient who is in need of a transplant. Really, that's the purpose of this bill: expanding that pool and making sure that everyone who needs a transplant has access to someone who would be compatible. Obviously, the more people you have in the pool, the more of a chance you have that there will be someone who is compatible. So I do compliment the member from Essex for bringing this forward.

Again I express my appreciation to Bryan and Joanne, who started the association after the loss of their daughter to leukemia at the age of three as a result of not being able to find a bone marrow donor. I am confident that this House will support this resolution and that we can quickly pass it.

**Mr. Michael Prue (Beaches–East York):** I too rise to support this motion. In so doing I hope that the member, when he is asked whether he wants to send this to committee, simply asks that it go for second and third reading. It does not seem to me that this is a bill that necessarily should be held back. It is not a bill that needs any study. It's not a bill that requires input from outside sources. The request is a minor but important one: that the month of November be bone marrow donation month.

So I preface my remarks by suggesting that certainly there would be unanimity on this—from this caucus and I'm sure from all members present in the House—if such a motion were made.

Having said that, I support this motion because we have an obligation in this society and as human beings to help those who are vulnerable when we can do so. There is no doubt that the number of people who are requiring bone marrow transplants is increasing as the technology increases, as we better understand the benefits of the bone marrow transplant and those diseases that can be eradicated by its use. This is a relatively new technology in terms of humankind. Oftentimes when people had diseases and there was no known cure, people quite simply died. Today we know how to effect the kind of change, that a bone marrow transplant will take place.

Quite regularly, although not as regularly as I wish, I have been a donor through Canadian Blood Services and through the Red Cross before that. What I have given, of course, is not bone marrow but blood. That service does a remarkable job in terms of saving and protecting people's lives.

What I am hoping as well that the member will consider and that the government may consider is that we need not only to have an awareness month but to beef up the services that are provided by Canadian Blood Services when it comes to the collection of blood and to the collection of bone marrow. We need the registry to be expanded. We need the registry to contain many more names. In order for them to do that, they will require the monies to advertise, to advocate and to teach. Quite frankly, that's where the real impetus may have to come. I agree that we should have a month in November. But in the final analysis, having done our part here, it is incumbent upon this Legislature, should there be financial wherewithal—which I agree is not part of the motion. But there should be the financial wherewithal for Canadian Blood Services to expand their mandate to expand the list of people who will come forward to make the donation.

The numbers who have required transplants, as I said, have grown and continue to grow, and the numbers that are required will, at the same time, have to expand as well.

**1120**

I remember only too well, although I was not in this Legislature, the very sad case of Premier Bob Rae's brother. Some of you may remember that Bob Rae tried to assist his brother through a bone marrow transplant that, unfortunately, did not work. His brother eventually died. But it was a very sad and well-publicized case of one man's efforts to assist another human being in his family. If you talk to Bob Rae even to this day, he will tell you about his efforts and how he felt compelled to do what was right and what was just. I'm sure he only wishes it had been successful.

Having said that, we all have that obligation. We all have the obligation to do what we can. I think, as part of the motion here today, we should support it, and I ask the

member who puts it forward at the conclusion to seek the unanimous consent of this House for second and third readings.

**The Acting Speaker:** Further debate?

**Ms. Deborah Matthews (London North Centre):** I want to start by thanking my colleague Bruce Crozier for raising this issue and making all of us aware of this. I have to confess that although I actually was registered with a bone marrow transplant many years ago, I had forgotten about that. I think what the member has done has made us all just stop and think about it and refresh our memories. It gave me an opportunity to learn more about it, and I want to tell the House about some of the things I learned.

I spoke to a doctor from London at London Health Sciences Centre, Dr. Anargyros Xenocostas. He works with Dr. Kang Howson-Jan at LHSC, which is one of four locations in Ontario that do stem cell mobilization or bone marrow transplants. He welcomes this initiative and asked me to pass on to the Bedard family his appreciation for you turning your personal tragedy into what will be a very powerful force.

He told me a very interesting story that I think should give all of us hope. He told me a story about a Taiwanese monk, a woman who was a monk. I didn't know monks could be women, but he assured me that this was a Taiwanese female monk who took it as her personal mission to get Taiwanese people registered. The results of that one woman are that between one million and two million Taiwanese people are registered, the largest proportion of people anywhere. I think we can move on that and take some heart that if people are asked, they will do it. It's not a difficult thing to register, and when the call comes, if in fact you are selected, then the sacrifice you're asked to make is tiny relative to the benefits you're giving someone.

Dr. Xenocostas also talked about the very strong need to get donors from a more diverse ethnic mix. In Canada, about 83% of the donors who are registered are Caucasian, but there are some groups that are very much under-represented on the registry, so that when people who need a transplant from those different ethnic groups come up, it's much more difficult to get a match. The importance of all of us registering is great, but also encouraging registration from the full diversity of our province of Ontario. He said that the greatest need is for donors of African descent, followed by native North Americans and, thirdly, Asians. So it's particularly important that we get more people registered from those particular groups.

There is an international bone marrow registry—fascinating to me—and Canadian Blood Services is part of that international registration. Worldwide, there are over 11 million people registered. That has grown from just 155,000 close to 20 years ago. So the number of registrants is growing by leaps and bounds, and having the international network really does speak to some of the issues around diversity.

I guess what I would really like to do is again thank the Bedard family and thank the member. Let's all of us

just undertake to get ourselves registered if we are eligible, and spread the word in our communities that this is a small service to ask. The more people who register, the more likely it is that someone like Katelyn would have found her match and would be with us today.

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** I am pleased to rise this morning and join in the debate on Bill 225, the Bone Marrow Awareness Month Act brought forward by the member from Essex. I'm used to seeing him on Thursday morning sitting as the Speaker of the Legislature so it's a little unusual for me to be looking across. But I thank him for bringing forward this very important private member's bill.

I appreciate the intent. I'm sure some of us have been directly or indirectly involved in a situation with someone who has fought cancer, leukemia or a related illness where the treatment may require a bone marrow transplant. I was a nurse before I was elected to the Legislature from the riding of Haliburton–Victoria–Brock. When I worked in Florida with a fellow Canadian nurse, she ended up having leukemia and flew back—she was originally from Newfoundland—and was able to receive a bone marrow transplant here in Toronto. It was very successful. She's back in Newfoundland resuming what nursing duties she is allowed to do because, of course, with a transplant you can't be directly involved with a lot of infected patients.

When I worked in the ICU, I was involved with transplant recipients. The work done by the doctors and nurses there is phenomenal. It was mentioned that Nursing Week happened a couple of weeks ago and the opportunity that we had to go into our hospitals and speak with our registered nurses, our doctors and the health care professionals. Being a nurse before I came here, I can tell you the words that you don't want to hear are, "There is nothing more than can be done." It's hard on all of us, including the families, but it's hard on us working. Our goal is to make people better. When you hear those words, you feel absolutely powerless.

When we have the opportunity to make more people aware of how they can save lives and how strangers can save lives—I don't think many people know about that, and that is the important part of bringing this bill forward today, to make people more aware of the bone marrow registry and how they can sign up. They don't need to know anybody. They might not have a connection. The member who just spoke spoke about the ethnic connections with bone marrow. The fact that Canadian Blood Services is doing that list is very important.

I had a group in my riding that received a Trillium grant last week, Hospice Kawartha Lakes. It's a tremendous organization of staff and volunteers who work there to provide care for bereavement and to patients during illnesses. I'm very proud to have such an organization in my riding.

For so many, a bone marrow transplant is the only thing that can be done to save a life in the brave fight against leukemia. Those folks who are willing and perfectly able to, do want to donate.

The declaration of Bone Marrow Awareness Month, as I said, brings more people on board. The member from Parry Sound–Muskoka's daughter, who is finishing her master's at the University of Toronto and is working at Sick Kids, has signed up already in the bone marrow registry. It's wonderful that Abigale does that, but a lot of us don't know about it. That is what the intent of this bill is.

My colleague from Oak Ridges brought forward legislation regarding organ and tissue donation, Bill 67, the Organ and Tissue Donation Mandatory Declaration Act. Both of these bills—Bill 225 today and Bill 67 that my colleague from Oak Ridges brought forward—are not forcing anyone to make a decision to be a bone marrow donor or an organ and tissue donor. What these pieces of legislation are intended to do is help people to confront these very important issues periodically in the course of their lives and encourage consideration of this life-giving issue.

I want to thank the member from Essex and the member from Oak Ridges for bringing forward this type of legislation, which I think holds the answers to saving a lot of people's lives. I appreciate the short opportunity that I've had to speak to that, I commend the member for bringing this forward and hope it receives all-party support.

**1130**

**Ms. Cheri DiNovo (Parkdale–High Park):** It's a pleasure and a privilege to speak, of course, in support of this bill. This is going to have all-party support. Certainly we in the New Democratic Party would like to see this become law while this government still sits in this session, and that next November be the first November to be designated Bone Marrow Awareness Month, so we don't have to wait for another year for this.

I also want to commend Joanne and Bryan. I know, or think I might know, how difficult this must be for you to be sitting there today and to be reminded of why you're here. But I also want to commend you on behalf of all Ontarians and certainly our caucus and our party for your incredible bravery and courage. You've taken a tragedy and turned it into a triumph with your website, which I did spend quite a bit of time last night going through and thought was quite wonderful. Certainly I will pledge in my riding of Parkdale–High Park to put the word out about the registry.

I remember many years back, the best man at our wedding played in a band called Downchild Blues. A wonderful and very talented young woman, Jane Vasey, who played in Downchild and who is a Toronto legend, if not a Canadian legend—Downchild still exists—had leukemia. They lost her before the age of 30. She was a friend of mine. That was the first experience I had of someone who died from leukemia and died for want of a bone marrow transplant. So it affected our family very quickly, very early on, and again, a great loss to the city. I know that in that instance her family set up a scholarship fund at York University for young musicians—again, people of courage and bravery who took a tragedy

and turned it into a triumph for someone else. So thank you for what you've done.

This being a private member's bill, I would urge those across the aisle, because they have the power to do so with a majority government, to not wait, to move this forward quickly. We have all-party support here. There's nothing stopping our House leaders from bringing it forward and making it law. So we need to do that. We need not to wait.

Thank you for what you've done. Actually, on your website, under the information section, I found a very interesting other issue about cord-blood stem cells saving lives. The question at the head of this article is, "Why Aren't They Readily Available to Canadians?" I quote from that article:

"Canada does not have any large public-access, taxpayer-supported cord-blood banks. Instead, policy-makers have stood by while the collection and 'banking' of this valuable resource has been commercialized, with parents who can afford it paying around \$1,000 plus a yearly fee of over \$100 to store their child's cord blood," in case one day they need it. I thought, not only is this brave family standing up for all of those who we know are in need of a bone marrow transplant but also for other families and also, and in the context of that article, for those who perhaps can't afford to fund it themselves. I know that many folk, when faced with a calamity in their own family, who have the resources search all over the world for such a donor, whereas those who live in poverty don't have those resources and can't do that.

We in our caucus would like to see not only Bone Marrow Awareness Month but also money put behind the registry, money put behind an awareness campaign, money put behind a registration system of some sort. We would like to see not only this bill pass but perhaps a challenge to our friends opposite that they could bring in something with some teeth and some dollars behind it so that we could get this moving for everyone.

It reminds me, and it must remind everyone in this House, of the case of organ donation, a very corollary kind of topic that has been discussed here at length. Our own member from Niagara has brought in a bill about presumed consent in that case.

I'm quoting from an article from April which says: "More than 1,700 Ontarians are waiting for organs, mostly kidneys and livers ... one person dies every three days." Again, this is a huge issue, where people are dying for want of action—and a challenge to the government across the way. With a few days left, we have some time, we have private members' bills before this House that deal with that and should be passed, should be moved into law, so that those people stop dying and families stop losing their loved ones for want of a registry.

I don't think Ontarians are hard of heart. I think, as many members have mentioned already, that people just don't have the awareness. People don't think about it. We're busy, we go about our lives, and until it touches us personally, we just don't know, and we don't know how to go about it. That's the other aspect. That's what your

website does so forcibly—but I think you would be the first to agree that it needs some money behind it so that the word can get out on a broader scale.

What might money do to back up this bill? Money might sponsor an ad campaign. Money might sponsor a beefed-up blood registry, as you heard the member from Beaches—East York speaking about. These are dollar-inspired initiatives.

I would challenge the government across the way, which has been free with dollars in other directions which some of us might not think are quite so worthy, to put some dollars towards this because—and I'm sure the member from Essex would agree—this would only add to the strength of this bill.

I also wanted to mention, just because I have a few minutes left, that one of the other groups of folks seeking redress for their children who have come before us many times are those parents of autistic children—and we're sadly lacking in this Legislature. We have challenged those opposite to do something other than taking the parents of autistic children to court—which is what they're doing now—and suing our member for trying to find out how much they've spent doing that; to actually step up to the plate and do something for the parents of autistic children. In light of that, there is a walk this Sunday—and I wanted to just put a plug in for that—starting from city hall, for those who have been touched by autism, a phenomenally costly disease to be touched by in a family.

I'll wrap up. Suffice to say, thank you for coming today, thank you for inspiring this. Thank you to the member from Essex for putting it forward.

Let's not wait. Let's not tarry. Let's push this through to law. If we can't do it around an awareness month, my goodness, what does this say to the public out there about the state of this government? If we can't move in a few days, when we have all-party support in a House, to make November awareness month, so it can happen next November and not the November after that or the November after that, then we should go home even sooner than I hear we will, which is next week.

Please—this is a question that I think we might even use the word "beg" about—we beg the Speaker and the government to speak within their own caucus to make sure that this happens this session, and that means either today or next week. We hope that that happens, we beg that that happens and we pray that that happens.

We thank you again for what you do. Our hearts and prayers go out to you.

**Mr. Tony Ruprecht (Davenport):** First, I'd like to thank the member from Essex for introducing his private member's bill, the Bone Marrow Awareness Month Act, 2007, and most importantly, to thank Joanne and Bryan Bedard for their inspiration to all of us and for their very informative website.

I would like to take a broader approach to this very special month. This discussion provides us with the opportunity to think of healthy living. First, we should appreciate the miracle of our own body, and second, we

should find ways to protect this miracle and to maintain and develop ways to create healthy and well-adjusted bodies. But as you know, this Legislature, this place, does not lend itself very much to appreciating our health. We just simply take it for granted, because there are so many meetings around here, so many things to do. While I'm fairly aware of what it takes to maintain my body in perfect health, I'm also aware, because of our situation here, that many times there are too many meetings. Many times, of course, I find myself in a position of wolfing down a sandwich laden with hydrogenated fats and other terrible things that are destructive to the cells in my body.

**1140**

In fact we are surrounded here, as was said at one time, by lots of negativism—called “nabobs of negativism.” I know that does not lend itself to great development of healthy cells. In fact, even this morning I got some knives in my front and I got some knives in my back. In fact, my colleague will help me take them out of the back, right? As you know, Joanne and Bryan, this whole lifestyle here really doesn't lend itself to very healthy living. So it's important to know that there are also positive sides to being here.

I'm fortunate to sit next to the member from Ottawa Centre, who frequently discusses with me ways we can guard against the destruction of healthy cells. Did you know, for instance, that every 35 to 38 days you grow a new layer of skin? Every two to three years your body creates a new liver—all new cells. Every 10 to 15 years, depending on your DNA, you regenerate a whole new body, except for some of the cells found in the bones. Wow, to me that is mind-blowing when I think about it.

**Mr. Crozier:** We need a new body.

**Mr. Ruprecht:** My colleague says that yes, we do need new bodies—healthy cells up there; that's right.

In fact, since our body is a protein-producing mechanism and cells are constantly dying and new cells are born, it would make sense to determine the most effective way to strengthen our immune system. To have good health, we can look at certain things. We can look to Canada's Food Guide for a proper diet: Go easy on fats and sugars and watch for spoiled food. Increase the amounts of fruits, vegetables and grains. The sandwich I wolfed down yesterday didn't have any grains, didn't have any positive aspects to it, or vegetables and fruit. It was just wolfing down something because there is no time. Vitamins and minerals are important. Foods may be lacking in them.

Physical exercise is a must. Aerobics, walking, cycling, even dancing, and getting enough sleep are all very important to the healthy, cell-producing mechanisms. In fact, I introduced a private member's bill just last week outlawing adjusting mufflers so that cars and motorcycles can't wake up a whole neighbourhood by increasing the decibel levels.

There is, of course, another aspect and dimension to becoming a healthy person. This new aspect talks about our emotions that are influencing our health. For instance, meditation, faith in God, laughter, imagery, auto-

suggestion and biofeedback are all important. If you're still not convinced of the powerful influence on your body of one simple thought, think of the last time you blushed. Imagine this: Within a split second, your whole body is subject to a chemical shower and your face turns hot and red.

*Interjection.*

**Mr. Ruprecht:** Maybe not you, but this is true.

Just imagine what we can do, then, in terms of some positive actions. Some simple positive thought in your body can create a chemical shower of a positive nature.

To make a long story short—and my time is running out very quickly here—I just want to leave you with this one thought: We want to thank you for attending today's session, and especially the member from Essex. All of us will support this bill because you have inspired us, and we will do whatever we can to ensure its quick passage.

**The Acting Speaker:** I recognize the member for Burlington.

**Mrs. Joyce Savoline (Burlington):** I am really pleased to stand up and take part in the debate on Bill 225, the bone marrow donation month act. This is an age of miracles in science. We used to think of and pray for miracles, but now science actually provides us with miracles. Bone marrow transplants are just one such scientific miracle.

Creating awareness in the general population is so extremely important because it's human nature, as we're busy in our own lives and dashing about, going to work and looking after our families, that we have to learn about issues through general public information. We don't often go and seek out information about issues like this unless we're confronted directly in our own families or our own friends' lives. So unless it touches us, it sometimes goes neglected. I really appreciate that the member from Essex has taken the time to provide us with such thorough information that's so easily understood, that has captured all our interests and that I certainly feel is an important issue to raise with the general public.

It's also important to understand that ethnicity plays a large part in transplant success. That's something I personally did not know about until I read the information. I thought a marrow transplant was a marrow transplant, but in fact it is not. To reach out to as many ethnic groups as possible to make it understood that the success of such transplants is sometimes dependent on their ethnicity is a very important part of this information.

It's incumbent on us as community leaders. People look to us for advice, for information, and we should make all aspects of this issue fully known and, most importantly, easy to understand for the general public. In a decent society, what we do is help our fellow man. This is certainly one of those ways. It's no different, in my opinion, than creating awareness about organ donation, cancer, heart and stroke, or any of the awareness we create in the public to allow people to live a fuller, healthier life, with nothing more than just information, and that's what this is.



The information that's being presented has the potential to alter lives, both for the donor and for the recipient. I think that's a really important aspect to remember. You know—but for the grace of God go I—we never know when adversity will touch us, our family, our friends. This could be one of those instances, when somebody close to us needs a bone marrow transplant. Having the awareness out in the public, creating the website and making the month of November Bone Marrow Awareness Month provides the kind of awareness to the public that we know people will take up in our generous society of Canadians.

I want to thank the member from Essex once again for bringing forward this information and for presenting it in such a thorough way, for creating a positive out of a negative. I too am in support of expediting this into law.

**Mr. Jeff Leal (Peterborough):** It is indeed a privilege to have the opportunity to give a few remarks this morning on Bill 225, An Act to make the month of November Bone Marrow Awareness Month here in Ontario. In life's journey, there's nothing more devastating than the loss of a child. We salute the amazing courage of Bryan and Joanne Bedard to be with us in the members' gallery today to talk about the issue of creating a month in Ontario to recognize bone marrow awareness.

When you look at the Canadian Blood Services registry today, we have more than 215,000 Canadians who have taken advantage of registering with the Canadian Blood Services to provide that opportunity, to provide the miracle of life, to others within our society. But when you think of that 215,000 for a moment, there should be many more Ontarians and Canadians who take the time to register with the Canadian Blood Services. When you think of a population across Canada of some 33 million people and here in Ontario between 12 million and 13 million people, there should be many more who would take the opportunity to look at the significant contribution that they could make to medical science by taking the time to register with the Canadian Blood Services.

**1150**

In this era of medical advances, bone marrow is something that can be donated to others to sustain life and to provide a positive outlook of sustaining one's life over a very long period of time. When you think of the opportunity we have here today, and I'm sure people are watching across Ontario—we have an opportunity this morning to do something that I think is very unique and will transcend when all of us have left this place: the opportunity to create the awareness of the need to register for bone marrow transplants. When you look through it, it's a fairly easy process. One would register one's name, go in and do some preliminary testing, and then, after that, would provide a donation and information to make sure that that information is readily available through the blood services when needed to provide that life-giving bone marrow.

And indeed, there's a need in Ontario and Canada today as we have this great ethnic diversity, the thing that makes Ontario and Canada such a rich nation as it is.

There is a real need to have many more from the various ethnic groups across the province of Ontario, indeed throughout Canada, take the time to register. When you think of some of our communities today, for example, Markham, Ontario, for 60% of the people who live in Markham today, English is not their first language. So it reflects the diversity of our community and the diversity of Ontario, and it reflects the need, that we have to have many more citizens of this province come forward and register so that they can give bone marrow when it is needed, when the situation occurs.

The tragic loss of a child sometimes provides the opportunity for something great and positive to happen. That's why I want to salute Bryan and Joanne Bedard this morning for taking the very tragic and incomprehensible situation of the death of a child to launch something here today so that we could heighten awareness of the need to register for bone marrow. I salute my colleague the member for Essex who has taken the time to bring this bill forward this morning. We can do something very great by passing this bill as quickly as possible to make this November the first month for bone marrow awareness in the province of Ontario.

**The Acting Speaker:** Further debate?

**Mr. Norm Miller (Parry Sound–Muskoka):** It's my pleasure to stand up in the remaining 37 seconds that are left in private members' time to let the member for Essex know that I completely support his private member's bill to make November Bone Marrow Awareness Month. I think raising awareness with the goal of getting more people to participate in the registry is a good thing that will help save lives. I completely support the member with this private member's bill, and I hope he can get unanimous consent with all three parties to see this bill passed, because I think it could do some good.

**The Acting Speaker:** I believe that concludes the time for private members' business on this ballot item.

*Interjection.*

**The Acting Speaker:** I apologize. The member for Essex has two minutes to reply.

**Mr. Crozier:** Thank you very much, Speaker. I want to thank you personally for standing in for me this morning, and doing such a great job, to allow me to debate this private member's bill.

I want to thank the members from Kitchener–Waterloo, Beaches–East York, London North Centre, Haliburton–Victoria–Brock, Parkdale–High Park, Davenport, Burlington, Peterborough, Parry Sound–Muskoka and others who have indicated their support for this bill.

I especially want to say a very warm thank you to Joanne and Bryan for coming this morning so that they can see how sincerely we can feel about a subject and a debate in this House. I told them earlier today, when we had a bit of a tour, that it's a privilege to work in this place, an absolute privilege—and any time that anybody thinks it's a right, it's time for them to get out—that we can work together on issues and that when we aren't unanimous or when we aren't all in agreement, there are always, in my view, good reasons for that.

With that, I thank you for your support this morning. I look forward to your support when it comes to the vote and I will—once the vote is taken, and if successful—attempt to move this along quickly, as each of you has asked that I do. Thank you very much for your support this morning.

**The Acting Speaker:** That concludes all the time available for private members' public business.

#### VAUGHAN HOSPITAL

**The Acting Speaker (Mr. Ted Arnott):** Mr. Racco has moved private member's resolution number 10, private members' notice of motion number 63. Is it the pleasure of the House that the motion carry? Carried.

#### BONE MARROW AWARENESS MONTH ACT, 2007

#### LOI DE 2007 SUR LE MOIS DE LA SENSIBILISATION AU DON DE MOELLE OSSEUSE

**The Acting Speaker (Mr. Ted Arnott):** Mr. Crozier has moved second reading of Bill 225, An Act to make the month of November Bone Marrow Awareness Month. Is it the pleasure of the House that the motion carry? Carried.

**Mr. Bruce Crozier (Essex):** I would seek unanimous consent that the bill be ordered for third reading.

**The Acting Speaker:** The member for Essex is seeking the unanimous consent of the House that the bill be ordered for third reading. Is there such consent? Agreed.

All matters relating to private members' public business having now been completed, I do now leave the chair. The House will resume at 1:30 p.m.

*The House recessed from 1158 to 1330.*

### MEMBERS' STATEMENTS

#### ONTARIO DRUG BENEFIT PROGRAM

**Mrs. Elizabeth Witmer (Kitchener–Waterloo):** On April 13, 2006, the Minister of Health announced that his government would expedite patient access to drugs through rapid reviews of breakthrough therapies. This announcement prompted Nick and Sonia Lanese of Fonthill to seek the government's help for their son Andrew. Although Andrew is but 10 years old, he has endured a life afflicted by a rare genetic disorder called MPS II, otherwise known as Hunter's syndrome. The disorder left Andrew in a very uncomfortable state, as it has dramatically impacted his mental capacity.

However, there is treatment, namely Elaprase, an enzyme-replacement therapy that may be able to lessen some of the symptoms of this disorder. Andrew's parents asked the government for funding for this drug. On May

9, they disappointingly received a letter informing them that their son Andrew had been denied funding by the government.

In an article in the Welland Tribune, Mr. Lanese says that the review "never gave Andrew a chance." I ask the Minister of Health today to give 10-year-old Andrew a chance and to provide funding for this enzyme-replacement therapy to relieve his debilitating symptoms.

I ask the minister today to commit to provide bridge funding for this therapy until a national drug policy is put in place.

#### STREETSVILLE BREAD AND HONEY FESTIVAL

**Mr. Bob Delaney (Mississauga West):** This is the weekend of the Streetsville Bread and Honey Festival. The Streetsville Bread and Honey Festival features activities for everyone, including baking contests, a huge parade on Saturday morning, children's crafts, a fishing derby and, of course, my personal favourite, the Sunday morning pancake breakfast, in which my constituents can have me clean up their tables for them.

Every year, I look forward to participating in the entire Streetsville Bread and Honey Festival, from Saturday morning to Sunday evening, and not just dropping by for a quick appearance.

The bread and honey festival plays a large role in supporting our local community in north Mississauga. All proceeds from the weekend are directed back into the community by the Rotary Club, which does an absolutely fabulous job and supports such projects as Easter Seals, the Vic Johnston Community Centre, Cheshire Homes and the Credit Valley Hospital, among many others.

The bread and honey festival has been held annually on the first weekend of June since 1973. The festival originated in 1973 through the promotion committee of the town of Streetsville. Each year at the festival, everybody enjoys bread baked specially by local milling companies and generously coated with lots and lots of local honey, hence the name.

I look forward to the festival to taste the bread and honey and, more importantly, to spend two full days with as many of my constituents as choose to come by my booth in the arena and say hello to me.

#### KIDS' FISHING DAY

**Mr. Jerry J. Ouellette (Oshawa):** I'd like to extend my sincere gratitude and appreciation to all groups and volunteers who worked so hard for the seventh annual Kids' Fishing Day at Heber Down Conservation Area this last Saturday.

What a wonderful, rewarding day it was for both children and adults alike. A crowd about 10% larger than last year came out to enjoy the sun and the great outdoors. Children were able to take part, at no charge, in a day filled with many events, including conservation and

wetland displays, lure making, face painting, a casting competition, fishing and, of course, fish identification.

Ducks Unlimited; MPP John O'Toole; Central Lake Ontario Conservation Authority; Kids, Cops and Canadian Tire; Muskies Canada; Ministry of Natural Resources, Aurora district; Ontario Sporting Dog Association; Ontario Federation of Anglers and Hunters, Zone E; Oshawa Community Health Centre; Oshawa Teen Council; Oshawa YWCA; Durham regional police; Pickering Rod and Gun Club; the Christ Centre; Hawgtown Bassmasters; Eastview Boys and Girls Club; Simcoe Hall Settlement House; South Central Ontario Big Game Association; the Westmount Kiwanis Club; and Orono Fish and Hunt Club all contributed time and effort to the great success of the event.

I'd like to extend my special thanks to our leader, John Tory, and his wife, Barbara, who took in the event and met with the young anglers and volunteers; and also the Toronto Sportsmen's Show, which, year after year, shows its dedication to Kids' Fishing Day. Most importantly, I'd like to thank all the parents and kids who participated.

It was a great opportunity for children who don't usually have the chance to learn about fishing and nature and have fun discovering the outdoors at the same time. Hundreds of rainbow trout were caught by the young anglers, but there are more still waiting.

Once again, I'd like to offer my sincere thanks to the many people who made this unforgettable day possible for the children of our community.

#### TENANT PROTECTION

**Ms. Andrea Horwath (Hamilton East):** Hard-working families who rent in Ontario are fed up with a McGuinty government that is out of touch with their real issues and needs.

In Hamilton right now, two disabled tenants have been without electricity for 24 days. They paid for utilities as part of their monthly rent, but when the landlord failed to pass through those payments to the utility companies, they were out of luck. Similarly, two years ago, in the dead of winter, an entire building of tenants in my community had their gas services cut.

On February 21, 2005, I introduced a private member's bill that would prevent tenants who pay for rent and utilities together from being victimized by the disconnection of vital services like hydro, water and gas.

I sought the support of the Minister of Municipal Affairs and Housing for this. He offered platitudes and made promises to include my provisions as part of his new Tenant Protection Act. But, lo and behold—and no surprise—another McGuinty Liberal broken promise. When the government's legislation came forward, there was no trace of vital services language at all—notwithstanding that this one measure would really count for something with tenants, not only in the community of Hamilton but all across this province. Instead, the McGuinty government was happy to download respon-

sibilities for landlord and tenant issues on to overloaded, financially strapped municipalities. As a result, Ontario tenants still risk losing their vital services through no fault of their own.

A few cities like Hamilton have bylaws, but enforcing them is time-consuming and difficult without the teeth that my bill would have guaranteed them. Ontario legal aid clinics would have guaranteed them. Too bad the minister doesn't.

1340

#### ENERGY CONSERVATION

**Mr. Jim Brownell (Stormont–Dundas–Charlottenburgh):** I am proud to announce that last week in my riding of Stormont–Dundas–Charlottenburgh plans were unveiled for the construction of Place Dominion Place, the region's first green, sustainable building.

This state-of-the-art facility will be located in downtown Cornwall, at the corner of Pitt and Second Streets, probably the most visible intersection in the city. It will serve as an example that you can make the commitment of being environmentally friendly while providing high-quality services and displaying acute business sense.

This four-storey structure will be built in accordance with the Leadership in Energy and Environmental Design program, with the goal of achieving the highest-possible rating under the green building rating system. This structure will be certified to meet high targets for green buildings in this province. It will house retail and professional space while providing a classic, yet modern, look to our downtown core. It is a testament to the renaissance taking place throughout my riding.

I am proud that citizens of my community have taken a leadership role in the preservation of our environment. This is proof of the hope, vision and foresight of my constituents and their interest in a prosperous and healthy future for their families and community for generations to come.

My congratulations go out to local entrepreneur Ron Chenier and his development partners, Dick and Chris Markell of Bourgon and Associates, who are moving this dream to reality. These gentlemen have established a benchmark for all future construction in the region in the hopes that developers will realize that an environmentally sustainable community is important for our well-being, for our economy and for the future of the province.

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** Yesterday, Dalton McGuinty joined Governor Schwarzenegger to pump up Ontario. He posed for so many photo ops, you'd think he was on the red carpet at the Oscars. We know that back in 2003, Dalton McGuinty was quite pumped up from waving around his big red book of broken promises. The minute he became Premier, he began turning his back on the environment. It's nearly four years later and he still has not presented a plan for climate change, and the coal plants are still spewing out the same emissions he promised to end.

Yesterday morning, while the Premier was in front of the cameras at Queen's Park, pretending to care about

climate change and reducing emissions, away from the cameras, there was an entourage of no less than 10 vehicles, most of them SUVs, idling the entire time— idling and ready for a quick getaway to MaRS—not the Mars from the famous blockbuster movie *Total Recall*, but the MaRS Discovery District research centre, which is only a few blocks away. I'm actually surprised the Premier didn't want to have taxpayers' money pay for the short flight there. Evidently, MaRS has no landing ramp.

What's even worse, these vehicles were outside of Queen's Park, idling and spewing emissions on the very same day the Premier's Minister of the Environment issued a smog warning in Toronto and throughout the province.

It's clear that in Dalton McGuinty's world, he's got his act well rehearsed and has memorized his lines, "Do as I say, not as I do." John Tory is a true leader, who has presented a plan on climate change with real targets and a real plan to deliver on those targets. What has Dalton McGuinty presented? We're quite certain that, with all his broken promises, Dalton McGuinty won't hesitate to join Arnold Schwarzenegger for the filming of the movie *True Lies*, part two.

#### ONTARIO ASSOCIATION OF CERTIFIED ENGINEERING TECHNICIANS AND TECHNOLOGISTS

**Mr. Phil McNeely (Ottawa–Orléans):** The Ontario Association of Certified Engineering Technicians and Technologists will mark its 50th anniversary this June. As a former consulting engineer and full member of the professional engineering organization, it is my pleasure to tell the House about OACETT. It is a non-profit, self-governing organization with more than 20,000 members across Ontario.

This association promotes the interests of engineering and applied science technicians and technologists in industry, educational institutions, the public and government. For 50 years, it has upheld a tradition of protecting public safety by certifying its members, many of whom are graduates from the provincial college system. In its first 40 years, the association processed more than 53,000 applications for certification.

All of the certified technicians and technologists in our province, who cover a wide range of engineering disciplines, have contributed greatly to the economic growth of Ontario. What's also noteworthy is that this organization has, from its beginning, measured and recognized the credentials of internationally trained professionals arriving in Ontario, helping them and helping our economy. This has made a difference for many of these new Canadians. From 2000 to 2004, 6,836 self-identified engineering technicians and technologists emigrated to Ontario.

One of the many ways the OACETT has helped foreign-trained professionals has been through the bridge training programs, language training, referrals, employment workshops, career mapping and many other ser-

vices. With this proud history, it is my pleasure to congratulate the OACETT for reaching its 50th anniversary and for the exceptional work it has done for the past 50 years.

#### CATTLE FARMERS

**Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot):** Where's the beef? On Tuesday, we welcomed the Ontario Cattlemen's Association to Queen's Park. I had the pleasure of meeting with Dan Darling and Jamie Boles for an update on the state of the industry.

The association has received positive response from members related to funding provided for regional marketing and our government efforts to encourage Ontarians to buy locally. Other initiatives have included delivering as much as \$410 million of federal-provincial funding for farmers and monies to an industry affected by BSE, some \$138 million coming directly from Ontario. We've also worked tirelessly to fully restore an open border with the US.

Investing \$7 million to expand our domestic slaughter capacity and the development of the new Elora beef barn in support of research projects have also helped our beef industry.

The cattlemen's recent report indicated that an overwhelming majority of Ontarians want to protect family farms and see us continue to support initiatives aimed at doubling beef production using existing infrastructure.

The beef sector makes an important contribution to our Ontario economy. Tremendous potential exists for continued economic growth and job creation, and our government is committed to continuing to work with the beef sector on long-term strategies to expand the industry so that its important potential can be realized.

#### CONSERVATION

**Mrs. Carol Mitchell (Huron–Bruce):** I rise in the House today to talk about some comments that the leader of the third party made yesterday in regard to our conservation initiatives. The member for Kenora–Rainy River called our government's conservation ads "superficial photo ops."

I would like to point out that Mr. David Suzuki, one of the world's leading authorities on climate change, is in those advertisements helping to promote energy conservation. My question to the leader of the third party is: Does he think that one of the leading authorities on climate change is superficial? I also want to know if the member from Toronto–Danforth feels the same way as his leader.

While the NDP may like to promote itself as an environmental party, environmental groups are less than impressed with their showing, like their flip-flop on the coal issue and the leader of the third party's avoiding the species-at-risk vote.

In contrast, the McGuinty Liberals have been moving forward with real results. Today, Ontario's over 400

megawatts of wind energy make us a leader in wind power in Canada. We have an innovative Endangered Species Act that makes us a North American leader in species at risk and recovery. We are also protecting 1.8 million acres of green space through our greenbelt initiative.

Instead of playing politics with the issue, we are committed to tackling climate change and will continue to move forward with real progress, together with Ontarians.

#### VISITOR

**Ms. Judy Marsales (Hamilton West):** On a point of order, Mr. Speaker: I am delighted to introduce to the assembly this afternoon Anne Marie Leonard, who is visiting for the first time. Anne Marie is one of the most accomplished musicians I know, a choral director and choral leader, and a wonderful person on top of that. Welcome, Anne Marie.

#### DARRELL PRIEDE

**Mrs. Joyce Savoline (Burlington):** On a point of order, Mr. Speaker: I rise in the House to sadly inform you that the 56th Canadian soldier to die in Kandahar was from Burlington. Master Corporal Darrell Priede was a brave soldier who was a professional and who made the ultimate sacrifice.

We all live in a time of peace here in Canada, where we don't know what war is. I think it is commendable that our young men and women understand the responsibility of freedom and have gone off to corners of the world in order to help preserve our freedom.

My condolences to the family and friends of Master Corporal Priede, and thank you for this opportunity.

#### VISITORS

**Mr. Lou Rinaldi (Northumberland):** On a point of order, Mr. Speaker: I want to take the opportunity to welcome Maureen Kelly and son Liam, and Brian and Gail Todd from my riding of Northumberland. They're here today visiting to see democracy at work in this great province of Ontario. Welcome.

**Hon. Marie Bountrogianni (Minister of Intergovernmental Affairs, minister responsible for democratic renewal):** On a point of order, Mr. Speaker: I'd like to welcome to the assembly one of my favourite teachers from the mountain, Mary LaChapelle, who is also an executive at OECTA in Hamilton. Welcome.

**Mrs. Carol Mitchell (Huron-Bruce):** On a point of order, Mr. Speaker: I want to introduce Richard Elliott, and I will be presenting petitions later on, on behalf of his son. Thank you for coming, Richard.

**Mr. Shafiq Qaadri (Etobicoke North):** On a point of order, Mr. Speaker: I would like, with your permission, to recognize in the visitors' gallery representatives of CANES Home Support Services from the great riding of Etobicoke North and environs.

1350

#### BIRTH OF MEMBER'S GRANDCHILD

**Mr. Norman W. Sterling (Lanark-Carleton):** On a point of order, Mr. Speaker: As a proud grandfather, only a month ago I announced a new tiny Tory to Kingston, Ontario. That was Jordan Stearns.

I want to say to all members of the Legislature that my wife, Joan, and I have another tiny Tory, this time Jonas Fraser Stearns. I want to indicate that his mom, Dawn, and his dad, John, who is 42 years of age and this is his first child, are extremely proud and doing well.

Rest easy, McGuinty government. Unfortunately, this grandson lives in Edmonton, Alberta.

#### VISITOR

**Mr. Peter Tabuns (Toronto-Danforth):** I wish to recognize Mary Watts from the Toronto-Danforth riding, who this morning won the Senior Stars competition in Toronto.

#### WATER QUALITY

**The Speaker (Hon. Michael A. Brown):** I beg to inform the House that, further to my communication to occupants of the legislative precinct yesterday, I have now received the results of secondary testing on the assembly's potable water supply. Members may know that secondary testing is done to verify the integrity of preliminary readings.

I am pleased to report to the House that these secondary readings are well within the acceptable levels, to allay all concerns raised by the earlier testing. Notwithstanding the updated results, I have ordered the precautionary measures implemented yesterday to remain in force.

#### INTRODUCTION OF BILLS

##### ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS AMENDMENT ACT, 2007

##### LOI DE 2007 MODIFIANT LA LOI SUR LA SOCIÉTÉ DE PROTECTION DES ANIMAUX DE L'ONTARIO

Mr. Runciman moved first reading of the following bill:

Bill 232, An Act to amend the Ontario Society for the Prevention of Cruelty to Animals Act / Projet de loi 232, Loi modifiant la Loi sur la Société de protection des animaux de l'Ontario.

**The Speaker (Hon. Michael A. Brown):** Is it the pleasure of the House that the motion carry? Carried.

The member may wish to make a brief statement.

**Mr. Robert W. Runciman (Leeds–Grenville):** These are probably modest amendments to the act but, I think, significant. They deal only with pet ownership of cats and dogs, prompted by horrific stories that we have all read in the media recently: cutting off a dog's ears to make it appear scary—those kinds of situations. What the amendments will do is allow for charges under the Provincial Offences Act of up to two years less a day, fines up to \$60,000 a year, and bans up to lifetime bans on pet ownership.

LABOUR RELATIONS  
AMENDMENT ACT  
(CERTIFIED TRADES), 2007  
LOI DE 2007 MODIFIANT  
LA LOI SUR LES RELATIONS  
DE TRAVAIL (MÉTIERS AGRÉÉS)

Mr. Kormos moved first reading of the following bill:  
Bill 233, An Act to amend the Labour Relations Act, 1995 with respect to bargaining units in certified trades /  
Projet de loi 233, Loi modifiant la Loi de 1995 sur les relations de travail relativement aux unités de négociation représentant des métiers agréés.

**The Speaker (Hon. Michael A. Brown):** Is it the pleasure of the House that the motion carry? Carried.

The member may wish to make a brief statement.

**Mr. Peter Kormos (Niagara Centre):** I especially want to thank Jimmy Moffat from the sheet metal workers for his leadership. This bill amends the Labour Relations Act, 1995, to restrict who may take part in a representation vote where the bargaining unit consists of employees who work in a certified trade; specifically, that if a bargaining unit consists of employees who work in a certified trade under the Trades Qualification and Apprenticeship Act, an employee who is not the holder of a subsisting certificate of qualification for the trade or apprenticeship in the trade shall not take part in the representation vote.

MOTIONS

CHIEF MEDICAL OFFICER OF HEALTH

**Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader):** I move that an humble address be presented to the Lieutenant Governor in Council as follows—

**The Speaker (Hon. Michael A. Brown):** First we'd need to agree to unanimous consent to present the motion.

**Hon. Mr. Caplan:** I don't believe so.

*Interjection.*

**Hon. Mr. Caplan:** Well, then, I seek unanimous consent to move a motion.

**The Speaker:** Mr. Caplan has asked for unanimous consent. Agreed? Agreed.

**Hon. Mr. Caplan:** The motion reads as follows:

“To the Lieutenant Governor in Council:

“We, Her Majesty's most dutiful and loyal subjects, the Legislative Assembly of the province of Ontario, request the appointment of a person to be named by agreement of the panel of members of this assembly currently struck for that purpose, chaired by the Honourable Michael Brown and composed of Mr. Patten, Mrs. Witmer and Ms. Martel, as the chief medical officer of health for the province of Ontario as provided in section 81(1) of the Health Protection and Promotion Act, RSO 1990, chapter H.7 to hold office under the terms and conditions of the said act commencing on the date to be determined by the aforementioned panel,” and that the address be engrossed and presented to the Lieutenant Governor in Council by the Speaker.

**The Speaker:** Is it the pleasure of the House that the motion carry? Carried.

ACTING CHIEF  
MEDICAL OFFICER OF HEALTH

**Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader):** I request unanimous consent to move a motion regarding the acting chief medical officer of health, an extension of the appointment.

**The Speaker (Hon. Michael A. Brown):** Mr. Caplan asks for unanimous consent to present a motion regarding the acting chief medical officer of health. Agreed? Agreed.

**Hon. Mr. Caplan:** I move that an humble address be presented to the Lieutenant Governor in Council as follows:

“To the Lieutenant Governor in Council:

“We, Her Majesty's most dutiful and loyal subjects, the Legislative Assembly of the province of Ontario, now assembled, request the extension of the appointment of Dr. George Pasut as the acting chief medical officer of health for the province of Ontario as provided in section 81(1) of the Health Protection and Promotion Act, RSO 1990, chapter H.7 and section 28(L) of the Interpretation Act, RSO 1990, chapter I.11, to hold office until December 31, 2007 or until the Legislative Assembly appoints a permanent chief medical officer of health, whichever is earlier, having all the same powers and duties of the chief medical officer of health under the Health Protection and Promotion Act,” and that the address be engrossed and presented to the Lieutenant Governor in Council by the Speaker.

**The Speaker:** Is it the pleasure of the House that the motion carry? Carried.

1400

INTEGRITY COMMISSIONER

**Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader):**

Mr. Speaker, I seek unanimous consent to move a motion regarding the Integrity Commissioner.

**The Speaker (Hon. Michael A. Brown):** Agreed? Agreed.

**Hon. Mr. Caplan:** I move that an humble address be presented to the Lieutenant Governor in Council as follows:

“To the Lieutenant Governor in Council:

“We, Her Majesty’s most dutiful and loyal subjects, the Legislative Assembly of the province of Ontario, request the appointment of a person, to be named by agreement of the panel of members of this assembly currently struck for that purpose, chaired by the Honourable Michael Brown and composed of Ms. Smith, Mr. Sterling and Mr. Prue, as the Integrity Commissioner for the province of Ontario, as provided in section 23 of the Members’ Integrity Act, 1994, S.O. 1994, chapter 38, to hold office under the terms and conditions of the said act commencing on the date to be determined by the aforementioned panel,” and that the address be engrossed and presented to the Lieutenant Governor in Council by the Speaker.

**The Speaker:** Is it the pleasure of the House that the motion carry? Carried.

## STATEMENTS BY THE MINISTRY AND RESPONSES

### IPPERWASH PROVINCIAL PARK

### PARC PROVINCIAL IPPERWASH

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** It will be 12 years this summer since the events at Ipperwash park; 12 years since the George family lost their son and brother, Dudley; 12 years since the Kettle and Stoney Point First Nations lost a member of their community and a friend; 12 years since a dark shadow was cast over the relationship between aboriginal people and the government of Ontario.

Today, thanks to the work of Justice Sidney Linden at the Ipperwash public inquiry, new light has been shed on those events. In the days and weeks to come, I am certain that many people will pore over the contents of Justice Linden’s report—scrutinizing it, studying it, commenting on it. That is not my intention today. I do not rise in the House to speak about what the report says but rather to speak about what the report means. This report speaks to something profound, even historic.

Il parle d’un désir commun, parmi nous tous, de guérison, de réconciliation et d’un nouveau début.

It speaks to a shared desire among us all for healing, for reconciliation and for a new beginning.

Nothing can fully heal the pain that Dudley George’s family and friends have felt for more than a decade now. Nothing can change the events that took place 12 sum-

mers ago or fully erase the scar this has left on the history of aboriginal relationships for all who live here.

Earlier today I spoke with Sam George, Dudley George’s brother, and I want to now say publicly what I said to him privately: On behalf of the people of Ontario, we apologize for the events that led to the loss of life. We deeply regret the death of Dudley George. This report and the implementation of its recommendations will serve as a testament to his memory. We will honour his life as we move forward with Ontario’s aboriginal community.

I believe that we have within our grasp today the power to change our future, to create deep and lasting change, because this report is more than a record of the events that occurred; it is a source of wise counsel for the future. That future is ours to build, starting today. It begins with an understanding that if we want a lasting partnership built on respect, a future where all our children can enjoy the full benefits of life here in Ontario, the greatest province in the most blessed country in the world, then we must together embrace the same fundamental goal. That goal is opportunity: the opportunity for all of us to succeed in life, to achieve our potential, to flourish, to be happy. We must embrace a fundamental truth, one so vitally important to our success as a diverse society. That truth is this: When it comes to people, what matters most is not the colour of our skin; it’s not the language we speak; it’s not the culture we embrace; it’s not the traditions we cherish; it’s not the faith that we practise; it’s not the power we wield or the wealth that we accumulate. What matters most is our common humanity, that sense that we’re all in this together and that real progress means we must all move forward together. That sentiment, that value, is the foundation of a strong partnership.

Guidé par le rapport du juge Linden, notre gouvernement va continuer de travailler en partenariat avec les leaders autochtones pour établir de nouvelles relations et collaborations constructives.

Guided by Justice Linden’s report, our government will continue to work in partnership with the aboriginal leadership to chart a new course for a constructive and co-operative relationship. That relationship will be based on respect and responsibility. I believe this is key to building a better future for all aboriginal people, and indeed all Ontarians, as is open, two-way communication. Our government is committed to meaningful discussions with aboriginal leaders, because we believe it is vital for both sides to have a forum to discuss opportunities and overcome challenges together. Our government will work closely with the aboriginal leadership and the federal government to review the Ipperwash Inquiry Report and develop an action plan for carrying out the report’s recommendations.

I am proud that one of our government’s first actions was to appoint an independent inquiry into the sad events of September 6, 1995, and I am grateful it has resulted in the release of this report today. I’m proud, too, that in three and a half years in government, we have charted a new course for a constructive, co-operative relationship

with the aboriginal peoples of Ontario, a relationship that is sustained by mutual respect and a sincere effort to better understand one another.

Ensemble, réaffirmons notre engagement et notre détermination à renforcer cette nouvelle relation de telle sorte qu'ensemble, nous pourrions profiter des bienfaits de ce partenariat durable.

Together, let us affirm our commitment and determination to strengthen this new relationship so that together we can reap the rewards of this lasting partnership.

Speaker, it was the Shawnee Chief Tecumseh, a hero to all Canadians—a man who, by the way, played a decisive role in the War of 1812—who once said, “A single twig breaks, but the bundle of twigs is strong.” This day, let us resolve to be strong by moving forward together. Let us heal the wounds of the past and build a brighter future. Together, let us build a stronger, more unified Ontario for all Ontarians.

1410

**Mrs. Christine Elliott (Whitby–Ajax):** I wish to respond by reading the following statement from our leader, John Tory, with respect to Commissioner Linden’s report on the Ipperwash inquiry:

“I would like to thank Commissioner Linden for his work in putting together this thoughtful, detailed report. The death of Dudley George was a tragic event, and we must do everything possible to prevent an incident like this in the future.

“It is clear that all governments and everyone involved in land claim discussions and aboriginal issues must do a better job. I strongly believe we must do better, and we will continue pushing for both improved relations with our aboriginal community and an improved approach to dealing with situations that arise from land claims.

“This report puts forth many thoughtful recommendations, and we are going to give it the careful consideration and thoughtful review it deserves. The goal for all political and aboriginal leaders coming out of this report must be to turn the corner on aboriginal relations in a productive and compassionate manner.

“We need the tools to work towards reconciliation. We need the tools to ensure justice and fairness to aboriginal peoples and to make the changes to existing discriminatory policies and systems that impede us. We need the tools to say to aboriginal people [that] the place to work out our issues is at the negotiating table. We need the tools to develop reconciliation and understanding between aboriginal peoples and other citizens of Ontario and all of Canada.

“We support the Premier’s apology on behalf of the government and people of Ontario. I hope that both the apology and the release of this report will bring a measure of closure” and peace to the George family.

**Mr. Howard Hampton (Kenora–Rainy River):** On behalf of New Democrats, I want to thank Judge Linden for his very thoughtful and exhaustive report. We also want to express our condolences to the George family, especially to Sam George, because of his courage and his

persistence, and to express to them that the job has just begun.

The report of Judge Linden contains many useful and helpful recommendations. I had hoped that we would hear from the Premier today a commitment on the part of the McGuinty government to begin implementing those recommendations, because most of the recommendations are directly within the ambit and responsibility of the provincial government and are recommendations that do not need a great deal of study. For example:

“The provincial government should establish a permanent, independent and impartial agency to facilitate and oversee the settling of land and treaty claims in Ontario. The agency should be called the Treaty Commission of Ontario....

“The Ministry of Natural Resources should establish a public complaints process,” because, in fact, the Ministry of Natural Resources has the closest ongoing relationship with aboriginal people in the province.

“The Ministry of Education should establish formal working relationships with aboriginal organizations to promote more aboriginal perspectives and content in the elementary and secondary school curricula....

“The provincial government should create a ministry of aboriginal affairs. This ministry should have a dedicated minister and its own deputy minister.”

These are all recommendations directly to the government. I would suggest that, given the events of the last 12 years, they do not require study. What they require is an action plan, here and now.

In fact, the situation with Ontario First Nations is not getting better. Judge Linden refers to this in his report where he says: “Disputes over natural resource development between aboriginal peoples, governments and third parties have led to many aboriginal occupations and protests. The recent incident involving Kitchenuhmaykoosib First Nation at Big Trout Lake in northern Ontario is an example of the growing tension over natural resources in that region.”

If I may, that is something where this government has failed to act. In fact, if you quote from the judge who heard the recent court decision, he makes the point that a very poor First Nation, a First Nation where 85% of the people are unemployed, had to go to court to fight a \$10-billion lawsuit from a mining exploration company because this government had given the mining company a mining exploration permit without properly consulting the First Nation, as is required by the constitutional law of Canada. Now that First Nation has a \$650,000 legal bill. Why? Because they were forced to do what this government should have done: ensure, under the decisions of the Supreme Court of Canada, that the First Nation was properly consulted and accommodated before any mining exploration licence or permit dealing with their territorial lands was given to a company.

So I say to the Premier: We thank Judge Linden for his report, we congratulate Sam George for his courage and his tenacity, but much needs to be done now, Premier. The conflicts continue. In fact, some of the activities of the McGuinty government have furthered and



caused those conflicts, and so the action plan needs to be here and now and it needs to be acted on here and now. Otherwise, we will continue to see, this summer and into the following year, more conflicts and more potential for conflicts, which I think none of us in Ontario want to see, which says, again, the time to act is now. The time to study is over. Where's the action plan?

### DEFERRED VOTES

#### STRENGTHENING BUSINESS THROUGH A SIMPLER TAX SYSTEM ACT, 2007

#### LOI DE 2007 VISANT À RENFORCER LES ENTREPRISES GRÂCE À UN RÉGIME FISCAL PLUS SIMPLE

Deferred vote on the motion for third reading of Bill 174, An Act to enact the Taxation Act, 2007 and make complementary and other amendments to other Acts / Projet de loi 174, Loi édictant la Loi de 2007 sur les impôts et apportant des modifications complémentaires et autres à diverses lois.

**The Speaker (Hon. Michael A. Brown):** Call in the members. This will be a five-minute bell.

*The division bells rang from 1417 to 1422.*

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

#### Ayes

Arnott, Ted	Hardeman, Ernie	Racco, Mario G.
Arthurs, Wayne	Jeffrey, Linda	Ramal, Khalil
Balkissoon, Bas	Klees, Frank	Ramsay, David
Bartolucci, Rick	Kular, Kuldip	Rinaldi, Lou
Berardinetti, Lorenzo	Kwinter, Monte	Runciman, Robert W.
Bountrogianni, Marie	Lalonde, Jean-Marc	Ruprecht, Tony
Broten, Laurel C.	Leal, Jeff	Sandals, Liz
Brownell, Jim	Levac, Dave	Savoline, Joyce
Bryant, Michael	Marsales, Judy	Scott, Laurie
Cansfield, Donna H.	Matthews, Deborah	Sergio, Mario
Caplan, David	McGuinty, Dalton	Smith, Monique
Chambers, Mary Anne V.	McMeekin, Ted	Smitherman, George
Chan, Michael	McNeely, Phil	Sorbara, Gregory S.
Colle, Mike	Meilleur, Madeleine	Takhar, Harinder S.
Delaney, Bob	Miller, Norm	Tascona, Joseph N.
Di Cocco, Caroline	Mitchell, Carol	Watson, Jim
Dombrowsky, Leona	Munro, Julia	Wilkinson, John
Duguid, Brad	Ouellette, Jerry J.	Wilson, Jim
Duncan, Dwight	Peters, Steve	Witmer, Elizabeth
Elliott, Christine	Phillips, Gerry	Wynne, Kathleen O.
Fonseca, Peter	Pupatello, Sandra	Zimmer, David
Gerretsen, John	Qaadri, Shafiq	

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

#### Nays

DiNovo, Cheri	Kormos, Peter	Prue, Michael
Hampton, Howard	Marchese, Rosario	
Horwath, Andrea	Martel, Shelley	

**The Clerk of the Assembly (Ms. Deborah Deller):** The ayes are 65; the nays are 7.

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

Be it resolved that the bill do now pass and be entitled as in the motion.

#### SAFEGUARDING AND SUSTAINING ONTARIO'S WATER ACT, 2007

#### LOI DE 2007 SUR LA SAUVEGARDE ET LA DURABILITÉ DES EAUX DE L'ONTARIO

Deferred vote on the motion for third reading of Bill 198, An Act to amend the Ontario Water Resources Act to safeguard and sustain Ontario's water, to make related amendments to the Safe Drinking Water Act, 2002 and to repeal the Water Transfer Control Act / Projet de loi 198, Loi visant à modifier la Loi sur les ressources en eau de l'Ontario afin d'assurer la sauvegarde et la durabilité des eaux de l'Ontario, à apporter des modifications connexes à la Loi de 2002 sur la salubrité de l'eau potable et à abroger la Loi sur le contrôle des transferts d'eau.

**The Speaker (Hon. Michael A. Brown):** Call in the members. This will be a five-minute bell.

*The division bells rang from 1426 to 1431.*

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

#### Ayes

Arnott, Ted	Horwath, Andrea	Qaadri, Shafiq
Arthurs, Wayne	Jeffrey, Linda	Racco, Mario G.
Balkissoon, Bas	Klees, Frank	Ramal, Khalil
Bartolucci, Rick	Kormos, Peter	Ramsay, David
Berardinetti, Lorenzo	Kular, Kuldip	Rinaldi, Lou
Bountrogianni, Marie	Kwinter, Monte	Runciman, Robert W.
Broten, Laurel C.	Lalonde, Jean-Marc	Ruprecht, Tony
Brownell, Jim	Leal, Jeff	Sandals, Liz
Bryant, Michael	Levac, Dave	Savoline, Joyce
Cansfield, Donna H.	Marchese, Rosario	Scott, Laurie
Caplan, David	Marsales, Judy	Sergio, Mario
Chambers, Mary Anne V.	Martel, Shelley	Smith, Monique
Chan, Michael	Matthews, Deborah	Smitherman, George
Colle, Mike	McGuinty, Dalton	Sorbara, Gregory S.
Delaney, Bob	McMeekin, Ted	Tabuns, Peter
Di Cocco, Caroline	McNeely, Phil	Takhar, Harinder S.
DiNovo, Cheri	Meilleur, Madeleine	Tascona, Joseph N.
Dombrowsky, Leona	Miller, Norm	Watson, Jim
Duguid, Brad	Mitchell, Carol	Wilkinson, John
Duncan, Dwight	Munro, Julia	Wilson, Jim
Elliott, Christine	Peters, Steve	Witmer, Elizabeth
Fonseca, Peter	Phillips, Gerry	Wynne, Kathleen O.
Gerretsen, John	Prue, Michael	Zimmer, David
Hardeman, Ernie	Pupatello, Sandra	

**The Clerk of the Assembly (Ms. Deborah Deller):** The ayes are 71; the nays are 0.

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

Be it resolved that the bill do now pass and be entitled as in the motion.

### ORAL QUESTIONS

#### YOUTH SERVICES

**Mrs. Christine Elliott (Whitby-Ajax):** My question is for the Premier. Yesterday Laureen Small called on the McGuinty government to make sure that her son Jordan

Manners did not die in vain. The family is calling for an inquest to find out what happened at the school on the day that Jordan Manners was killed. The Attorney General said yesterday that it was up to the coroner to decide whether or not to hold an inquest, yet the Coroner's Act clearly states that the minister can direct that an inquest be held. The Attorney General has also said that he fully supports everything that the family is calling for.

My question for the Premier is this: Will he heed the call of Laureen Small and ask the Minister of Community Safety and Correctional Services to call an inquest into Jordan Manners's death?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I'm pleased to take the question and to say, first of all, because I have not had the opportunity to do so in this Legislature, that I want to offer my sympathy to Jordan's mother, to his family, to his school community and to all those who have been affected and touched by this tragedy.

I can also say that my office has had communication with representatives of Ms. Small. I can say that it's my intention to speak personally with her later today to hear from her directly with respect to her wishes in this regard. But I must say that I have a real interest, not so much in the notion of a coroner's inquest, but rather perhaps in some broader look at what we might do together, all levels of government and the community as well, to ensure that we can prevent this kind of tragedy from happening again.

**Mrs. Elliott:** The family of Jordan Manners has called for an inquest, and I hope that you will certainly take that into consideration in your deliberations. The family is also calling for the appointment of a youth commissioner. Our leader, John Tory, has said many times that we need better coordination in delivering services for youth and families. A youth commissioner is someone who could take on this critically important task. My question again is, does the Premier have any plans to appoint a youth commissioner who can look at the broader issues affecting our youth and children to bring some resolution to this present situation?

**Hon. Mr. McGuinty:** You know, that might be something that is worth pursuing. I'm not convinced of that just yet though. I know that the member understands that we have, for the first time ever in Ontario, a minister and a ministry devoted to the needs, concerns and aspirations of young people, and we're proud of putting that in place.

We have, I would argue, done many things to increase opportunities for young people to grow up safe and secure. But obviously, given the fact that these incidents do occur from time to time, there is more work to be done, which is, frankly, why I have an interest in this proposal. I think it's still kind of in a preliminary stage and we would have to work together to lend some shape to it. What is it that we might do by taking kind of a macro look at conditions which lead to this violence and what further responsibility ought we to assume—all of us, federal, provincial, municipal governments, community organizations and our police—to stem this tide?

**Mrs. Elliott:** Yesterday, the Governor of California talked about the importance of parties working together to produce solutions on important issues such as environmental issues, so I'm certainly very pleased to hear the Premier say that he is interested in working together with all parties to provide a meaningful solution to youth violence.

In December 2005, our leader, John Tory, produced Time for Action, which is a fulsome report concerning youth violence and some solutions that could be considered with respect to this matter. He has offered several times to work with the Premier but so far hasn't been taken up on his offer. I would ask the Premier, are you prepared to consider working with all of the members of this House to provide meaningful solutions to this very serious issue of youth violence?

**Hon. Mr. McGuinty:** We are always open to good advice, good counsel with respect to how we can manage these kinds of challenges. But I say to my colleague opposite that I think she would see that much of Mr. Tory's advice has, in fact, been incorporated in many of the things that we've done, whether it's the strengthening of our safe schools legislation, the investments in our new guns and gangs strategy or the considerable investment made in education. We have 1,900 more teachers working in our high schools. We have student success teachers who are devoted to seeking out young people who are at risk of dropping out and seeking out those who have already dropped out, our new learning-to-18 program, our youth challenge fund and our investment in faith groups as well.

I think we have in place a pretty comprehensive approach, working with so many of our community partners, but there is always more to do. I acknowledge that.

1440

#### WATER QUALITY

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** My question is to the Premier. People have been saying for years that there must be something in the water at Queen's Park, and yesterday we found out there were concerns that might be true. Over a month ago, the London Free Press reported test results that showed elevated levels of lead in the water. The government said they didn't believe it. When it was reconfirmed, they said it was restricted to London. When it was reported in Hamilton, they said that maybe communities should test the water, but it was up to them. They said they didn't have the power to compel mandatory testing, but then, some weeks later, they found the power and issued a directive for woefully inadequate testing in 36 communities across the province. It's as if the Keystone Cops are running the Ministry of the Environment.

My question for the Premier is, why did it take so long for this government to recognize there was a problem, and why, even when they did do something, was it so inadequate?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** To the Minister of the Environment.

**Hon. Laurel C. Broten (Minister of the Environment):** Let me assure this House that I am not going to take any advice, when it comes to ensuring that we have safe, clean water in this province, from the party that left a legacy of issues with respect to water in this province. Let me assure the members that the Ministry of the Environment has been working very closely with communities since this very important issue arose in the community of London.

On April 20, immediately upon learning about the situation, the chief drinking water inspector, our primary adviser on water matters in the province, became involved. We provided drinking water inspectors to the community of London. On April 26, we engaged and put forward a new document from the federal government with respect to how we might be better able to improve our standards right across this country. And every single day we have been working to resolve this issue.

**Ms. Scott:** I wonder, when the minister answers like that, why she hasn't brought in the regulations for Bill 175 that would get the municipalities to take inventory and stock of the infrastructure that delivers the water to these houses. Here's what the testing order from the government states: Select 20 single-family homes. "The samples must be taken after a timed five-minute period of moderate flushing." Now here's what the proposed guidelines from Health Canada say. It's not just me; Health Canada says the initial sample should be "taken at the consumer's cold drinking water tap after the water has been stagnant for at least six hours"—no flushing. The initial sample should be taken at 100 monitoring sites.

The proposed guidelines have been posted by the McGuinty government on the Environmental Bill of Rights registry for consultation. The chief drinking water inspector even referred to them in his letter of April 27, 2007, to the municipalities. My question for the minister is this: It's a serious issue. Why wouldn't the government follow the stricter guidelines so that we can get a more accurate picture of what's going on with the water in the province? It's a simple question.

**Hon. Ms. Broten:** My primary responsibility is to protect the health and safety of Ontarians. That's exactly what we're doing. We're undertaking, in accordance with the order of the chief drinking water inspector, a test case around the province to determine the extent of the problem and identify solutions. We are working with experts that we have retained, North-America-wide experts who are giving us advice, and we are out there looking to determine what communities have lead issues, what communities have corrosive water, what communities have high pH levels. That's the type of information that the experts we've retained to assist us to get to the bottom of this issue tell us they need. That's the information we will have available to us by June 6. Let me tell you, we will get to the bottom of this issue by seeking advice from experts around the world.

**Ms. Scott:** The substance of the issue here before us is serious concerns about the quality of tap water in communities across the province. The tests, once they were ordered, don't even meet the new guidelines that are up for consultation. They don't meet the standards used in the United States. We now know that we're affected here, but the order from this government only requires testing in private dwellings. What about our schools, our hospitals and our other public institutions?

Will the minister take this seriously, order testing of the water in line with the proposed Health Canada guidelines, and will she do the same thing for our schools and hospitals?

**Hon. Ms. Broten:** I can tell you once again that we are taking advice from the most renowned experts in North America, who are helping us understand the circumstances that we have found in the community of London. We are working to collect results that will help them give us the best advice possible. I can tell you that the steps we are taking are being recognized as the prudent and responsible steps to take.

Let me give you a quote from another water expert, Anastasia Lintner of Sierra Legal Defence Fund: "We commend chief water inspector Jim Smith for responding to the potential threat to drinking water by issuing a mandatory order for lead testing in a range of communities. Such action is important to ensure transparency and accountability to the public in respect of drinking water concerns."

I will work with those water experts across the province and continue to take their advice, and we will get to the bottom of the issue that we have found in London.

#### IPPERWASH PROVINCIAL PARK

**Mr. Howard Hampton (Kenora–Rainy River):** My question is for the Premier. Premier, as you know, the inquiry into the death of Dudley George released its report today. The report details the failures of provincial and federal governments and the Ontario Provincial Police. But the report provides a number of very helpful recommendations, and the majority of those recommendations are directed at the provincial government, the McGuinty government. Many of those recommendations can be quickly and easily implemented. My question is this: Will the McGuinty government commit to enacting these recommendations immediately so that we can finally do justice to the George family?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I thank the leader of the NDP for his question. First, I want to thank Mr. Justice Sidney Linden for his exhaustive report. There are four volumes. The executive summary alone exceeds 100 pages. It is nothing if not thorough.

What we want to do—and I appreciate the advice being offered by the leader of the NDP—is to take at least a few days to go through this in some detail. As well, in terms of setting out on a path, we choose to do that in concert with the aboriginal leadership. We want to

reflect on this report with the aboriginal community, get their best sense and, as much as we possibly can, work in concert with them as we chart a course that will take us into the future.

**Mr. Hampton:** Even Judge Linden in his report refers to the urgency of this, because he points out that over the last four years, there have been a number of circumstances where under the McGuinty government there have been conflicts and the potential for conflict.

I want to talk about one of them: the occupation by Kitchenuhmaykoosib First Nation members to protest mining development on their territorial lands. The judge who heard the court case there said:

“The Ontario government”—meaning the McGuinty government—“was not present ... the evidentiary record indicates that it has been almost entirely absent from the consultation process with” the First Nation.

“The crown (Ontario) ... [has] chosen to ignore ... the concerns and ignore the perspective of the First Nations band in question.”

It is very clear, in fact, when you read the judge’s decision that the McGuinty government has not been consulting with First Nations in order to find consensus and avoid conflict.

My question is this: The community now has a \$650,000 legal bill. Will you pay that bill, since it’s your—

**The Speaker (Hon. Michael A. Brown):** The question has been asked. Premier?

**Hon. Mr. McGuinty:** To the minister responsible for aboriginal affairs.

**Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs):** I answered this question directly to the member in the House earlier this week. I’d say to the member that, as with his first question, this government is not going to act arbitrarily without working in partnership with First Nations peoples and aboriginals in this province.

1450

I was asked this question this morning in regard to the Ipperwash inquiry, and we think there are a number of highly informative, constructive and positive recommendations there that would really go well with improving the relationship that government has with aboriginal peoples in this country. We welcome those recommendations, but we’re going to do that in partnership with aboriginal peoples and work with them through this.

**Mr. Hampton:** I asked this of the Premier, because it seems to me that if we’re going to take any real meaning from the Dudley George inquiry, it is that ways have to be mended. The judge said this: “Despite repeated judicial messages delivered over the course of 16 years, the evidentiary record available in this case sadly reveals that the provincial crown”—the McGuinty government—“has not heard or comprehended this message and has failed in fulfilling” its obligations. When the McGuinty government brought forward Bill 210, child protection and child welfare amendments, First Nations had to come and protest here, in front of Queen’s Park, because you

refused to consult with them. When the government brought forward Bill 36, local health integration, one First Nation organization threatened to take the government to court because you refused to consult with them.

My question again to the Premier is this: This First Nation will have to cut its health budgets, education budgets and housing budgets. Why? Because they were forced to go to court because of your government’s failure to consult, your failure to meet your constitutional obligations. You should cover their legal—

**The Speaker:** The question has been asked. The minister responsible for aboriginal affairs.

**Hon. Mr. Ramsay:** The leader of the third party couldn’t have it so wrong. It was a year ago that I was up in that very community he talks about, KI, at Big Trout Lake in northern Ontario, and offered to the Chiefs of Ontario, at their annual meeting, the Ontario government document of our obligation to consult and accommodate. I said that we wanted to engage in that discussion with them over the next year and that we were prepared to give them the capacity for those discussions.

But you have to remember, and I know the member knows this well, there are 134 First Nation communities in this province, and they don’t have a consensus view as to how they want to engage this government on the consultation discussion. We have been prepared since last June to do that and we’ve also equipped the First Nations with the capacity to do that. We’re awaiting word from them of how we’re going to work together to make that discussion go. In the meantime, all my colleagues are consulting on a daily basis with First Nations right across this province.

#### NORTHERN ECONOMY

**Mr. Howard Hampton (Kenora–Rainy River):** To the Premier: Yes, the McGuinty government is consulting after the fact, after the judge condemned you for your failure to observe your constitutional obligations.

My question of the Premier is this: The riding of Thunder Bay–Superior North has been hard hit by the closure of paper mills, pulp mills, sawmills and now a plywood mill. In this constituency, Great West Timber sawmill is closed—100 jobs; Cascades Fine Papers, closed—550 jobs; Smurfit-Stone container board mill, closed—110 jobs; Red Rock’s Norampac container mill, closed—400 jobs; Dorion Sturgeon Timber, closed—100 jobs; and now the news that the Multiply mill in Nipigon will not reopen—another 150 jobs.

Premier, this is a result of your government’s failed forest policies and hydroelectricity policies. Can you tell the people, the honest, hardworking people, of Thunder Bay and north of Superior what they are supposed to do when most of their employment has now been shut down or lost under the McGuinty government?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I always appreciate the questions.

I had the opportunity last week to visit Thunder Bay. The leader of the NDP insists that he is determined to

make changes that would improve job opportunities and strengthen the economy of the great northwest part of our province. When I was in Thunder Bay, I had a tour of the Bombardier plant. The work they are doing to produce train cars is absolutely cutting-edge.

One of the things they are very concerned about is the continuing insistence on the part of the NDP that we not extend the subway line to York. That would result in the loss of hundreds of jobs at that factory. If the leader of the NDP is truly committed to economic prosperity and maintaining and, indeed, creating new jobs in northwestern Ontario, why will he not support the investment in that new infrastructure that's good for transit, that's good for the environment and good for northwestern Ontario?

**Mr. Hampton:** The only thing that's happened at the Bombardier plant is that the McGuinty government did away with the requirement that they be the sole source for transit vehicles for cities in Ontario.

I again want to ask the Premier: the paper mills, pulp mills, sawmills and plywood mills that are the heart and soul of these communities—every time you lose a job in one of these mills, you lose four derivative jobs in the community. It is now approaching 11,000 direct and indirect jobs in the Thunder Bay region.

Premier, you can go to Thunder Bay, you can do a tour and you can do a photo op, but when is the McGuinty government actually going to do something to sustain, retrain and retain the thousands of forest sector jobs that are being lost, especially in the Thunder Bay region?

**Hon. Mr. McGuinty:** To the Minister of Northern Development and Mines.

**Hon. Rick Bartolucci (Minister of Northern Development and Mines):** Thank you very much for the opportunity to answer the question. Let me first of all talk about the Nipigon situation, because it is a very, very serious situation and we're very concerned. That's why the Minister of Natural Resources last evening, as I did this morning, contacted the mayor and said that we're here for them. We put a substantial financial package together, and that financial package is still on the table. Sadly, they were proceeding, but a fire destroyed the mill. The owners decided not to rebuild. We will work with the town in every way we can to ensure longevity and viability for Nipigon.

But I do want to compare, hopefully in the next answer, the records of what the McGuinty government has done in comparison to what they did when they were in power.

**Mr. Hampton:** The McGuinty government refers to the fact that the mill burned down. That is not the issue now. The issue is that the owners take a look at McGuinty hydro policies and forest policies and say, "We're not going to make the investment to rebuild the mill," just as Abitibi is saying that they're not going to reopen their mill in Thunder Bay; just as Norampac is saying that under McGuinty government policies, they're not going to open the Norampac mill; Smurfit-Stone isn't

going to reopen their mill; and Cascades isn't going to reopen their mill.

Minister, you talk about aid. You put out these announcements talking about your \$500-million forest prosperity fund. In fact, we know that 87% of that \$500 million is still sitting in a government bank account, because they look at your forest policies, they look at your electricity policy and they say, "No thanks, we're not interested."

My question: When is the McGuinty government finally going to take meaningful action to help to restore some of the economic—

**The Speaker:** The question's been asked. Minister?

**Hon. Mr. Bartolucci:** The McGuinty government has taken very effective action in the past and will continue to take very effective action in the future, because we want to avoid an average of 1,000 people a week joining the ranks of the unemployed. We want to avoid what happened under the NDP, when natural resource jobs in northwestern Ontario decreased from 11,700 to 6,000. That's why, unlike Ms. Martel, when she was the Minister of Northern Development and Mines and slashed the ministry budget by \$141.5 million, we've continually increased the Ministry of Northern Development's budget: 2003-04, \$408 million; 2004-05, \$565 million; 2005-06, \$632 million; 2006-07, \$680 million—

**The Speaker:** Thank you. New question?

1500

#### NURSE PRACTITIONERS

**Mrs. Elizabeth Witmer (Kitchener-Waterloo):** My question is for the Minister of Health. Nurse practitioners who work in community health centres in this province are telling us they're demoralized, they are discouraged and they are frustrated. In fact, the headline in the Guelph paper says, "Nurse Practitioners Want Raise: Many have not had salaries increased for four years; Ontario falling behind, association says." In the Kitchener-Waterloo Record, "Recruiting Troubles: Search for More Nurse Practitioners Complicated by Lagging Salaries." I would say to you, Minister, that these individuals also state in here, "'Ontario was a leader when it came to nurse practitioners,' said Jane Sanders." Of course, we introduced them in 1998, "'But now we've fallen behind (other provinces). And we're getting angry about the salary inequities.'"

I say to you, Minister, you have the Hay report on your desk. You have another report that deals with the role of nurse practitioners and their scope of practice. Are you prepared to respond today to the recommendations—

**The Speaker (Hon. Michael A. Brown):** The question has been asked. Minister?

**Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care):** I want to say firstly to the honourable member that there are two things that are a little bit challenging with respect to you standing up and asking a question. The first is your party's commitment to take \$2.5 billion out of health

care. The second is the fact that you talk about these operating in the context of community health centres, when for eight and a half years you froze their budgets.

Contrast that to our record. Since we came to office, we have increased funding for community health centres by 60% and we've advanced the number of nurse practitioners by 21%.

I want to let the honourable member know, because I know the issue at hand is an important one, that I'll be making further announcements on that subject at my upcoming visit to the annual meeting of the Ontario Association of Community Health Centres.

**Mrs. Witmer:** Mr. Speaker, through you, the minister knows full well that he is misleading—

**The Speaker:** You'll need to withdraw that comment.

**Mrs. Witmer:** Oh, I'll withdraw if he'll withdraw. John Tory is not—

**The Speaker:** No, no. It's not conditional. You either withdraw or you don't.

**Mrs. Witmer:** I'll mislead—I'll withdraw.

*Interjections.*

**Mrs. Witmer:** I would say, Mr. Speaker, I stand here—

*Interjections.*

**The Speaker:** Order. The member deserves to be heard.

*Interjection.*

**The Speaker:** Order, Minister of Municipal Affairs. Member for Kitchener–Waterloo.

**Mrs. Witmer:** I stand here today because I have been asked to raise this issue in the House by the community health centres and nurse practitioners who, as I would emphasize, indicated that things were very good initially. However, it now appears that the government is not treating them fairly.

As you know, other members of the community health teams did get an increase, a salary adjustment. I say to you today, Minister, are you prepared to deal with their frustration and their discouragement—those are their words—and give them a salary increase?

**Hon. Mr. Smitherman:** On that subject, I have already indicated that I will be very pleased to address it at the Ontario Association of Community Health Centres. But on the point at hand with respect to who believes John Tory's promise not to cut health care by \$2.5 billion, he didn't fool the Cornwall newspaper. He didn't fool the Globe and Mail. He didn't fool the Toronto Star. He's not fooling us, and he sure as heck didn't fool the president of the Ontario Nurses' Association, who wrote a scorching letter this week reminding everyone who might have forgotten about it just what a terrible government you were for nurses and for health care.

#### WATER QUALITY

**Mr. Peter Tabuns (Toronto–Danforth):** My question is for the Premier. Provincial mandatory testing of tap water, something that's been in place in the US for over a decade, would give families in this province assurance that they are protected from lead. Today, the

Speaker assured people in this House that the water is safe in this Legislature. Other Ontarians deserve that sort of testing and that sort of assurance, and when the assurance isn't there, they need action.

Premier, will you tell your Minister of the Environment to bring in mandatory testing of our water for lead, from source to tap?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** To the Minister of the Environment.

**Hon. Laurel C. Broten (Minister of the Environment):** As I have said in this House before, my primary responsibility is to protect the health and safety of all Ontarians. Since learning about the unfortunate situation in London, we have worked closely with experts in the field to take immediate action. Our chief drinking water inspector has engaged with the community of London. We have retained world-renowned experts to work with them to understand the corrosive nature of their water, to understand the water chemistry, to understand why long-standing test results with good, clean water have now changed and why the circumstances that we've always believed in this country—that flushing your pipes for five minutes would ensure that you do not have lead in your water—are now different. It is something we need to get to the bottom of and something we will continue to work on to assure that the community is safe.

**Mr. Tabuns:** The problems in London are an example of how this government has ignored what came out of Walkerton. Justice O'Connor said in 2002 that we have to take action on lead service pipes. We know that people on fixed incomes, people of modest means, people who are worried about their children are not getting the full story, as they are in the United States. I don't see why we can't at least follow the example of the Environmental Protection Agency which, since 1991, has been mandating testing at the tap. We, in Ontario—our children, our families—deserve at least the same level of protection that is given in the United States. So I come back again: When will you mandate testing of water from source to tap, so that people can have confidence in their tap water?

**Hon. Ms. Broten:** I am very proud to be part of a government that has done more than any government in Ontario history to assure that we have clean, safe water from source to tap. I can tell you that we are not waiting. The chief drinking water inspector has required, by order, 36 communities to test their water at the tap, and to provide that information to us by June 6, so that we can move quickly and promptly with accurate information to assure that Ontarians can be confident of the safety of their drinking water. That is our pre-eminent concern. We will continue to make sure that clean, safe drinking water is an absolute reality in the province of Ontario, in every single home, in every single community.

#### STUDENT ACHIEVEMENT

**Mr. Brad Duguid (Scarborough Centre):** My question is to the Minister of Education. Over the last

three and a half years, we've built a strong publicly funded education system that's supporting student success and raising student achievement. From lowering class sizes in the primary grades straight through to helping our students graduate, we're making student achievement a priority.

*Interjections*

**Mr. Duguid:** My colleagues to the right may laugh, but my goodness, when they were in power they did nothing for education compared to what we've done. Yesterday saw the Canadian Council on Learning release its 2007 composite learning index. The data covers everything from dropout rates to the distances students travel to school. The composite learning index is an objective, statistical measure of how well our schools are doing.

My question to the minister is: Can the minister inform the House how this report validates the fact that our investments under the Liberal funding formula have resulted in real, measurable results for our students?

**Hon. Kathleen O. Wynne (Minister of Education):** I want to thank the member for his question and to confirm what he said: This report demonstrates that after eight years of really struggling under the previous government, we are on the right track. The education system in this province is recovering from those years. The results are clear. The composite learning index, which is the tool that is used by the Canadian Council on Learning, demonstrates that Ontario scores an 80 and the national average is 76. In fact, we're the third-highest in the country overall. We don't have to take my word for it. Annie Kidder, the executive director of People for Education, says, "This information shows that Ontario has much to be proud of. It's important that we remember that overall Ontario does an excellent job educating its students.... It is vital that we frame our calls for improvement in an understanding that the system itself is essentially healthy and worthy of our support."

1510

**Mr. Duguid:** I think my constituents will be pleased to know that thousands more students are achieving their full potential today because we partnered with our stakeholders and all Ontarians to improve the publicly funded education system. We promised Ontario students in 2003 that we would rebuild our education system, and that's exactly what we've done. The result is that more students are now graduating from high school, gaining a solid foundation in reading, writing and math and getting more of the individual attention they need to succeed. While the Tories measured failure, we're measuring success.

Can the minister advise my constituents, and this House, specifically what the report acknowledged as real results for Ontario's students?

**Hon. Ms. Wynne:** Here are some of the things that the Canadian Council on Learning report said: Ontario has the third-lowest dropout rate in Canada, Ontario's 15-year-olds have the third-highest reading scores in the country on international PISA tests, Ontario has the

second-highest proportion of 20- to 24-year-olds enrolled in post-secondary education and Ontario has the highest proportion of 25- to 64-year-olds who have completed a university education. So we are absolutely on the right track.

I want to acknowledge my colleague the Minister of Training, Colleges and Universities because we're working in tandem to make sure that our students get to high school, graduate from high school and then are ready to go on to post-secondary endeavours.

## EDUCATION FUNDING

**Mr. Frank Klees (Oak Ridges):** I find it passing strange—

*Interjections.*

**The Speaker (Hon. Michael A. Brown):** Order. The member for Oak Ridges.

**Mr. Klees:** I find it passing strange that the government wouldn't raise the report that was published today: Ontario's tool for measurement of student success. I will.

The EQAO shows that for the first time since 2002 marks have not increased. It also shows that those students who are having the worst time are ESL students. The response that the minister gave was, "The province needs to examine why the test results haven't risen.... We need to see what's going on there."

Well, we know what's going on there. I want to remind the minister that in 2005 the Auditor General did an extensive investigation of what's happening in ESL. He made some very specific recommendations. I want to know, on behalf of ESL students whom this minister has let down, why she didn't follow up on the Auditor General's recommendations.

**Hon. Kathleen O. Wynne (Minister of Education):** If the member opposite read through the clippings to the end, he would understand that we're introducing a new policy on English as a second language in response to the Auditor General's report and also in response to the reality that we want to make sure that English-as-a-second language dollars that go into the system are spent on English as a second language. That policy is coming out.

On the grade 10 test, 25,000 more students succeeded this year than five years ago. That is huge progress. We are at a high-water mark in terms of the students in this province, with 84% of students passing the test.

The reality is that there are areas we need to focus on; there are areas we need to target. The whole point of a test is to have it as a diagnostic, so we can identify where the kids are, where the schools are that need some support. That's actually something the previous government did not understand. They thought that tests were for ranking kids and ranking schools. We know they are for diagnostic purposes to help kids.

**Mr. Klees:** I did read through to the end of the clippings, and I also read all the report. Here is what the same organization the minister quoted from in the

previous question said: "Despite repeated recommendations from the Provincial Auditor, community organizations and parent groups, the province has not changed its ESL funding practices to ensure the funding reaches the ESL students who need it." What is it that the minister hasn't read, and why is it that after the Auditor General's specific recommendations to put accountability measures in, after her own ministry admitted that they know the grants for ESL are often reallocated in school boards to other programs, she sat on this report since 2005 and did nothing? She owes an apology to the ESL students she and her government have let down. What we would like is a commitment to implement the Auditor General's recommendations.

**Hon. Ms. Wynne:** As I said before, the policy on English-as-a-second-language funding accountability is drafted. It's going to be released very shortly and will be in place for September.

On the issue of the tests and the achievement of our students, 1,000 more ESL learners have been successful this year than in 2002, and 4,500 more special-needs students have been successful than in 2002. We've got 95% of students in the academic English stream who are successful. Almost 14,000 more students have passed than in 2002, and 11,000 more students in the applied English stream have been successful than in 2002.

We know there's more to be done. We are an activist government and we are on the track to improving kids' education across this province. As I said, on the issue of English as a second language, the policy will be introduced very shortly.

#### ONTARIO DRUG BENEFIT PROGRAM

**Mr. Peter Kormos (Niagara Centre):** I have a question to the Minister of Health. The minister knows about Andrew Lanese. He's the 10-year-old boy down in Fonthill who suffers from Hunter's syndrome, for which there was no cure, no treatment, until the US Food and Drug Administration approved a therapeutic drug called Elaprase in 2006. Health Canada has authorized Andrew to be treated with Elaprase here in Canada. The problem is that OHIP won't fund it. Minister, would you please review and reconsider that decision not to fund Elaprase for young Andrew Lanese?

**Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care):** The honourable member will know from his involvement on this that the ministry has been working both with the family and the manufacturer. I can't say all that I'd like to say publicly about the situation, of course, given the fact that it relates to one particular individual, but I will tell the honourable member that, as in past circumstances, we are working vigorously to try and find the appropriate conditions for providing the treatment. As always, a really important part of that will be the clinical advice that is on offer. It isn't always possible to achieve a clinical consensus on these matters, but we are very happy to

re-examine the matter as the honourable member has questioned.

**Mr. Kormos:** The family is counting upon you to give Andrew that last fighting chance. It knows that not all doctors in this province currently approve of Elaprase as a treatment, but there are doctors who do. Will you please ensure that the folks of this young boy, Nick and Sonia Lanese, have an opportunity to meet with senior staff in your ministry so they can fully make their case?

**Hon. Mr. Smitherman:** As members may know, since the alterations that the Legislature approved to the Ontario drug system, we now have a chief executive officer of that system. I believe that staff from that area have been in touch with the manufacturer and the family, as I said in my earlier response, but, yes, I most certainly indicate to the honourable member and to these individuals that we'll continue to work through this matter and re-examine it as we seek to find the appropriate clinical advice that would be of benefit to the individual in question. So I thank the honourable member for his interest.

#### DIABETES

**Mr. Jeff Leal (Peterborough):** My question is to the Minister of Health and Long-Term Care. There has been a lot of discussion in health circles and the media these days about chronic diseases, and the latest Ontario Health Quality Council report raised chronic disease management as a serious issue that needs to be addressed.

The Peterborough Regional Health Centre is the regional dialysis centre for the Central East LHIN. This hospital offers dialysis treatment to chronic disease sufferers in my riding and the surrounding community. The demand for dialysis services is growing and the Peterborough Regional Health Centre program is at capacity. A request has been submitted to you to expand dialysis services at Ross Memorial Hospital to help alleviate the burden on the Peterborough Regional Health Centre. My question to the minister is this: Are you going to approve this very important request?

**Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care):** Ross Memorial has been providing, on a temporary basis, dialysis for a number of individuals, but there is a pressing need in this local health integration network area to enhance the capacity for dialysis services. Obviously, it's one of those things that, if it's not provided quite close to home, it provides a tremendous strain and very dramatic challenges for individuals and for their families.

1520

Accordingly, I'm very pleased to inform the honourable member that we're going to build off the program at Peterborough Regional centre with a 15-bed permanent program at Ross Memorial. We'll undertake this knowing that the hospital and the community that supports it has very strong capacity to do so. Accordingly, we want to thank all of those providers who are working to provide the best possible care to Ontarians as close to home as possible.



**Mr. Leal:** That is indeed excellent news for our region. There is no doubt that the residents of Lindsay will benefit from satellite dialysis that will take some of the pressure off Peterborough Regional, but where is the larger plan? I know there are some interim measures in place in the southeast LHIN that include more capacity in Northumberland Hills Hospital and six temporary dialysis stations in Ross Memorial Hospital. You've just now committed to moving forward with 15 permanent stations at Ross Memorial, but the issue is bigger than the southeast LHIN. Will the minister tell us what his provincial plan is to deal with chronic disease management?

**Hon. Mr. Smitherman:** Firstly, through the leadership of the Premier, the Ministry of Health Promotion was created, which has a mandate to help prevent chronic disease in the first place—people have seen programs related to that. We have tremendous strides to make to enhance the capability of having a good chronic disease management system, but for individuals with diabetes, as an example, you can see tremendous emergence of more comprehensive services. Investment in kidney dialysis means that 9,000 more Ontarians are able to receive those treatments; we have 146 new diabetes treatment teams that work at the community level; we've brought new diabetes drugs onto our formulary; and we've introduced insulin pumps for kids. These are all initiatives which create a more comprehensive range of services closer to people's homes for people with diabetes in the province of Ontario, as precursors to province-wide chronic disease management strategies related to things like diabetes.

#### HIGHWAY 26

**Mr. Jim Wilson (Simcoe–Grey):** My question is for the Minister of Transportation. I told your government when you took the bulldozers off the redevelopment of Highway 26 in the summer of 2004 that if there was a death on this highway, it's on your heads. Last week, a very popular former teacher was killed and his wife seriously injured on this very stretch of Highway 26. Why, over the last three and a half years, have you failed to take my advice, the advice of Collingwood, Wasaga Beach and Clearview councils and the advice of our communities to complete this highway to improve road safety?

**Hon. Donna H. Cansfield (Minister of Transportation):** I'm pleased to respond to the question and first and foremost offer my sympathies to the family.

We know that this is a huge challenge within this area. As a matter of fact, I have met with the member on this particular highway. I've travelled the highway myself. We've actually put that highway into our budget this year because we recognize the significant challenges that are being faced in that area. The challenge I have right now is I put it in because I know how important it is, but that party voted against our budget.

**Mr. Wilson:** You mentioned the highway in the budget speech, but you don't have it in any tables

showing the \$34 million or whatever money you want to put into it. We would have been driving on this highway now if you hadn't taken the bulldozers off in 2004.

Let me quote from last week's Collingwood Enterprise-Bulletin. "Lots of lip service has been paid to the subject by the McGuinty Liberal government but it's now time for them to stop kissing up to us with empty promises and put the shovels in the ground. Public safety demands nothing less.

"Their track record on the subject has been abysmal. The Liberal government has stalled, delayed, obfuscated and backtracked to the point of absurdity. Enough is enough....

"Under the grim circumstances, Cansfield had better show up with bags of cash and an ironclad promise to begin the work now. Otherwise she may not be welcome."

Minister, why don't you stop the carnage and finish this highway this summer?

**Hon. Mrs. Cansfield:** Again, I'm more than pleased to respond. In fact, the engineering is under way. We all know in this House that in order to do the completion of any highway, we have to undergo the engineering, the EA, we have to do the work. That work is well under way. I did go up; I sat down with all of the communities—with Intrust-Blue Mountain and with the city of Collingwood itself—to say, "How do we work together to find a solution to an extraordinarily challenging issue up there?" and that is that highway.

I'm sorry but I have taken the initiative, I have been up there. I've talked to the people, they've been down to speak to me, the engineering's under way and we hope to have it completed by 2008. We know that it will be done because we walk our talk on this side of the House.

#### EDUCATION FUNDING

**Mr. Rosario Marchese (Trinity–Spadina):** My question is to the Minister of Education. Minister, the Thames Valley District School Board announced plans to make the deepest cuts since 1996: 65 positions are on the chopping block. Half are cuts to aides who help kids at risk. Even your child literacy program, about which you boast so much, is facing the guillotine. I, quite frankly, am tired of the minister telling us how well she is funding our schools and that the school boards are mismanaging her largesse. The net result: 65 positions are on the chopping block in London alone. Is the minister going to take responsibility for these problems or is she going to ask parents in London to do her job and ask families to donate \$250 each to save their children's programs?

**Hon. Kathleen O. Wynne (Minister of Education):** I have absolutely no intention of denigrating the school boards. I never do that; I never will do that. That was what the previous government did: vilify everyone in the education sector. That's not what I do.

What we're doing is putting money into a system that is actually losing students because the enrolment growth is declining. What we have done in the face of that

decline is put \$3.5 billion into the system. In Thames Valley, there have actually been 325 new teachers since we came into office. Seventy-seven per cent of the JK to grade 3 classes are capped, which is up from 33% under the Conservatives, so those are classes that are at 20 students or fewer. Ninety-seven per cent of those classes are at 23 students or fewer.

There are more teachers and there's more money in the system. I know the boards are balancing their budgets now, and I know that in the face of declining enrolment they have challenges—

**The Speaker (Hon. Michael A. Brown):** Thank you. Supplementary. The member for Parkdale–High Park.

**Ms. Cheri DiNovo (Parkdale–High Park):** Today I'm joined by members of my community who were part of a very large and very angry meeting last night. They are outraged that Keele Street community pool is going to be closed, one of six slated to close in the city. When she was a trustee in 2002, the Minister of Education demanded that the province fund community and school pools and keep them open. Now that you're education minister, we need action. The city doesn't have the money; we all know that. Will you commit to these people today to keep our community pools open?

**Hon. Ms. Wynne:** From the top, let me say that there is nothing this member can tell me about swimming pools in the city of Toronto. I have been consistent in my position that these pools are a community asset. They are an asset that is shared by the municipality and by the school board. That was my position when I was on the school board and it's my position now.

Neither the Thames Valley board nor the Toronto District School Board has passed its budget. They are in the process of finalizing their budgets. The fearmongering that is going on on the other side of the House, both by this member and the member for Trinity–Spadina, is actually inexcusable, because the school boards have to finalize their budgets, and that's not done yet.

The capital plans that the Toronto District School Board put in place will have an impact on whether they can fund the school pools or not. The relationship they have with the city will have an impact on whether they can keep those school pools open. Those pools are community assets and should be treated as such.

#### ARTS AND CULTURAL FUNDING

**Mr. Dave Levac (Brant):** My question is for the Minister of Culture, and I'm sure the Minister of Culture would be interested in this question because I'm very proud, here in Ontario, that we celebrate our very valuable heritage and our rich history by designating May as Museum Month.

I was pleased to have hosted the minister in my riding on International Museum Day on May 18 to announce over \$14,000 to the Brant Museums and Galleries Association from the Ontario Trillium Foundation, not to mention a previous grant that did a feasibility study for the creation of Museum Alley.

Minister, we all enjoyed a great celebration in Brantford when you were there, but would you please share with the members of this House how the rest of the province celebrated May as Museum Month and give us some detail upon which all of our communities, we know, celebrate museums and the heritage they have in each and every one of the communities in Ontario?

1530

**Hon. Caroline Di Cocco (Minister of Culture):** I'm certainly happy to respond to the member for Brant. I had a really enjoyable time in Brantford, and I have to say that the member from Brant is well respected for the work that he does in his heritage community.

Museums are treasures. They tell our stories; they showcase our stories in every city, town and village in Ontario. It was wonderful to raise awareness of the importance of museums in the month of May. It was a time of celebration, with over 600 museums, historic sites and art galleries in every part of this province, and individuals were treated to hands-on activities, to exhibits, to lectures, to concerts and, in some cases, free admission to these sites.

Local history adds depth and resonance to everything around us, so this month has been a pleasure.

**Mr. Levac:** I thank the enthusiastic way in which the communities have embraced—across the province, including my riding—May as Museum Month. But I also want to thank the minister for enthusiastically taking this portfolio and bringing it to new heights. I thank you for your passion.

We also have to say a great deal about the value of museums that are in our lives, the wonderful staff that the centres are run by, and the countless number of volunteers who dedicate their lives to celebrating the regions in our history. I believe it's very important to make investments of this kind that you've made in my riding and that I know you have made in several other ridings.

Minister, unfortunately, some people claim that there has been a decrease. I'd like to know, what is our government doing to ensure that Ontario's museums remain strong and preserve our heritage and our history for generations to come, and could you please explain to us the monies that are going to be available to our museums to ensure their livelihood?

**Hon. Ms. Di Cocco:** Ontario has come a long way from the days when arts, culture and heritage were considered frills and unnecessary by the previous government.

In our recent budget, we increased the community museum operating grant by 85%, a move that will strengthen over 180 museums in this province. The Ontario Trillium Foundation, which supports museums through grants, will have its operating funding increased by 20% to \$120 million over three years.

I was perplexed to hear a member of the opposition state recently that funding to the Trillium Foundation was cut under our watch. This is absolutely incorrect. We've increased funding by \$20 million, and this increased funding will also benefit museums.

We're very pleased to provide overall an increased support both to museums and to the Ontario Trillium Foundation.

#### ELECTRICITY SUPPLY

**Mr. Frank Klees (Oak Ridges):** My question is to the Minister of Energy, and it relates to a letter that was addressed to the minister on May 16 of this year from the coalition of York region chambers, including Aurora, Newmarket, Richmond Hill, Markham and others. They speak specifically about two recommendations made by the Ontario Power Authority in September 2005. The first is to construct a transformer station in the vicinity of Holland Junction. The second is the construction of a gas-fired peaker plant for local generation.

Nothing has happened on these issues. The chambers are very concerned about the possibility of brownouts, even blackouts, if nothing is done.

My question to the minister is this: Will the minister ensure that, first of all, the construction for the transformer station will begin, and that there is no further delay in issuing an RFP at least for the peaking station?

**Hon. Dwight Duncan (Minister of Energy):** When we came to office, the situation in York region had been let go for eight years, and it really was in a crisis situation. With rapid growth, there wasn't adequate generation, adequate wiring. We did direct the OPA to begin work on that.

I can inform the member of a number of steps we've taken. Work is now under way on short-term recommendations to ensure that we keep the lights on in the next few years. Hydro One has commenced its development work, including consulting with the public on the transformer station in King township. The Ontario Energy Board is monitoring the key milestones on this project. The OPA has selected Rodan Energy and Metering Solutions as the successful proponent in York region demand response. Demand response is something your government cut, sir. That is where we would turn power down. So we've taken some intermediate steps. I'd also assure the member that we've met with—

**The Speaker (Hon. Michael A. Brown):** Thank you. Supplementary?

**Mr. Klees:** I'm well familiar with the consultations; I participated in them. I also know—perhaps the minister doesn't—that specific recommendations have already been made and that what we are awaiting is the issuance of an RFP for local generation.

It has come to my attention that the minister, when asked why the RFP is not being issued—the OPA is awaiting direction from the minister to have that done. I'm also advised that the minister has made the statement that he will not do so before the provincial election. I would ask that the minister put the interests of our communities ahead of whatever political or partisan reasons he may have for delaying the issuance of this RFP, that he get on with it so that we can be assured of stability of power supply in York region.

**Hon. Mr. Duncan:** Our government has taken a number of steps to ensure that the power needs of the region are in fact met this summer and next summer. What's interesting is that various members of your caucus from the region have differing points of view on where the generation should go. Which township do you want it to be in? The member talks about what one says, but when one municipality says, "We don't want power generation," the other one says, "We don't want power generation." Other municipalities have said they don't want wires. If the member has a better process, I invite him to bring it forward.

The fact is, after eight years of neglect, the people of York region can be assured that the power will stay on this summer and next summer. There are long-term solutions that need to be addressed. I look forward to the member's support for siting a new power generation plant in his riding, and I look forward to his support in terms of bringing the wires through his riding that are going to be needed as well. I'm delighted—

**The Speaker:** Thank you.

#### PETITIONS

##### GASOLINE PRICES

**Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford):** I have a petition to present to the Legislative Assembly of Ontario, which reads as follows:

"Whereas Ontarians are sick of paying high prices at the province's gas pumps and deserve additional protection from sudden increases in price; and

"Whereas it is important for consumers to be aware of upcoming increases and the reasons behind the price increases; and

"Whereas Joe Tascona, MPP for Barrie–Simcoe–Bradford, introduced private member's Bill 228, entitled the Gas Prices Notice Act, 2007, which passed first reading of the Legislature on May 17, 2007; and

"Whereas Bill 228 would provide consumers with 72 hours' advance notice of any gas price increases and an explanation for the price increases; and

"Whereas retailers would face stiff fines if they do not comply with the 72-hour notification period;

"We, the undersigned, petition the provincial government to give consideration to provincial Bill 228 to require 72 hours' advance notice of any gas price increase, and an explanation for the price increase."

I support the petition and affix my signature.

##### ANTI-IDLING BYLAWS

**Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot):** I continue to get petitions from young people in my riding, from a group known as SAVE, Students Against Violating the Environment, and another petition has come in today. It reads:

"To the Parliament of Ontario:

“Whereas the fact that idling of cars is a major contributor to climate change, poor air quality and a waste of valuable resources—action should be taken by the Parliament of Ontario against it;

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

“Be it resolved that the provincial government, through the Ministry of the Environment, immediately initiate discussion with its municipal partners, ideally through the Association of Municipalities of Ontario, so as to move beyond the patchwork quilt of existing and important municipal anti-idling bylaws to a provincially generic piece of legislation with enforcement mechanisms that can be universally applied across the entire province.”

I am pleased to affix my signature to this.

1540

#### POPE JOHN PAUL II

**Mr. Frank Klees (Oak Ridges):** I have petitions here, signed by the Most Reverend John Pazak, Bishop of the Slovak Greek Catholic Eparchy of Saints Cyril and Methodius, his clergy and parishioners throughout York region, some 500 from the parishes of St. Maria Goretti in Scarborough and Sacred Heart in Rockwood, and 600 parishioners of St. Benedict’s parish in Etobicoke. The petitions read as follows:

“Whereas the legacy of Pope John Paul II reflects his lifelong commitment to international understanding, peace and the defence of equality and human rights;

“Whereas his legacy has an all-embracing meaning that is particularly relevant to Canada’s multi-faith and multicultural traditions;

“Whereas, as one of the great spiritual leaders of contemporary times, Pope John Paul II visited Ontario during his pontificate of more than 25 years and, on his visits, was enthusiastically greeted by Ontario’s diverse religious and cultural communities;

“Therefore we, the undersigned, petition the Parliament of Ontario to grant speedy passage into law of the private member’s bill by Oak Ridges MPP Frank Klees entitled An Act to proclaim Pope John Paul II Day.”

I’m pleased to affix my signature to these petitions as the proud proponent of this private member’s bill.

#### LONG-TERM CARE

**Mr. Peter Fonseca (Mississauga East):** “To the Legislative Assembly of Ontario:

“Whereas the McGuinty government’s transformation agenda targets health improvement, illness prevention and improved quality of life for all Ontarians, and current literature and research indicates that sound nutrition directly impacts healthy outcomes;

“Whereas current literature and research indicates that the acuity and nutritional needs of residents of long-term-care homes is rising and there is an increasing frail

resident population in long-term-care homes, with 25% to 60% at moderate to high nutritional risk, and that healthier long-term-care residents would decrease unnecessary hospitalizations, clogging of emergency wards and the use of acute beds in hospital environments;

“Whereas the raw food cost funding, which was \$4.26 ... in 1993 and is now \$5.46 per day per resident, has not kept pace with inflation and has presented a barrier to providing nutritionally balanced meals and providing for the increasing specialized dietary needs, and following an extensive study, an immediate increase in raw food cost funding from \$5.46 ... to \$7 per resident per day has been recommended by the Dietitians of Canada (Raw Food Cost in Ontario Long-Term Care Homes—Funding Review and Priority Recommendations dated November 2006) to provide for the nutritional needs of this population, and these recommendations are viewed as a best practice and are recognized by professional stakeholders;

“Whereas, although the McGuinty government has made significant investments in many areas of long-term care, most of these investments are not visible to family members, and there is a growing concern among family members that inadequate raw food cost funding is a barrier to planning quality menus and providing nutritionally balanced meals and beverages, and family members must speak for long-term-care residents who are unable to speak for themselves;

“Whereas the increasing multicultural nature of our aging society requires the introduction of more diverse food choices and ethnic, cultural and religious requirements which lead to the increased food costs;

“We, the undersigned, petition the Legislative Assembly of Ontario to adopt the Dietitians of Canada ... report and recommendations (Raw Food Cost in Ontario Long-Term Care Homes—Funding Review and Priority Recommendations dated November 2006) and immediately increase the raw food costs in long-term care from \$5.46 per day ... to \$7 per day per resident in order to meet the nutritional needs of this population.”

I agree and I will sign this petition.

#### HIGHWAY 26

**Mr. Jim Wilson (Simcoe–Grey):** “To the Legislative Assembly of Ontario:

“Whereas the redevelopment of Highway 26 was approved by MPP Jim Wilson and the previous PC government in 2000; and

“Whereas a number of horrific fatalities and accidents have occurred on the old stretch of Highway 26; and

“Whereas the redevelopment of Highway 26 is critical to economic development and job creation in Simcoe–Grey;

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

“That the Liberal government stop the delay of the Highway 26 redevelopment and act immediately to ensure that the project is finished on schedule, to improve

safety for area residents and provide economic development opportunities and job creation in Simcoe–Grey.”

I agree with that petition and I have signed it.

#### COURT SUPPORT STAFF

**Ms. Andrea Horwath (Hamilton East):** I'm pleased to present a petition provided to me by Lynn Thompson on behalf of court support staff in Hamilton which reads as follows:

“Whereas 1,400 members of the Attorney General's court support staff who are working under the flexible, part-time (FPT) model, otherwise referred to as appendix 32 under a collective agreement between Management Board of Cabinet, the Ministry of the Attorney General and the Ontario Public Service Employees Union negotiated in the spring of 2005, are working hundreds of hours per week in the service of the Attorney General for which they are not getting paid; and

“Whereas under the FPT agreement many court support staff are working as many as 20 hours or more per week for which payment is being withheld and will not be paid until months later, and when the makeup pay does eventually get paid, up to 50% may be lost to taxes because of the taxation year into which the payment may fall; and

“Whereas many of the Attorney General's court support staff who are being forced to work under these conditions are single mothers with fixed living expenses who incur employment-related expenses such as child care and travel costs for those hours that they are required to work but for which they are not getting paid; and in many cases these expenses are impossible to pay without the offsetting income which is being withheld by the Attorney General under the FPT agreement; and

“Whereas many of the Attorney General's court support staff have been left no other choice but to resign from these impossible working conditions and, in many cases, are being forced onto the welfare rolls by the very government for which they are providing hundreds of hours of work for which they are not being paid in a timely manner; and

“Whereas the FPT agreement which is causing such hardship for employees of the Attorney General was negotiated by and entered into between the Ministry of the Attorney General, Management Board of Cabinet and the Ontario Public Service Employees Union; and the employees to whom this agreement applies insist that the terms of the agreement and their practical implications were not fully disclosed to them at the time the agreement was proposed for ratification; and

“Whereas the employees affected by this agreement have repeatedly appealed to OPSEU, the Attorney General and the Premier to point out the unfairness of being forced to work hundreds of hours without being paid for that work and the hardship this practice is causing in the lives of many employees, but these repeated appeals to the Attorney General and to the Premier that they step in to ensure fair treatment of Attorney General employees are being ignored;

“We, the undersigned, petition the Legislative Assembly of Ontario to call upon the Premier, the Attorney General and the Chair of Management Board of Cabinet to take whatever steps are necessary to change the offensive provisions of the FPT agreement as set out in appendix 32 and ensure that the Attorney General's court support staff receive fair treatment as employees of the government and that among other unfair provisions of the agreement, the practice of withholding pay for hours worked cease immediately.”

I send this to the table by way of page Elizabeth.

#### PARENTING EDUCATION

**Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale):** This petition is to the Legislative Assembly of Ontario.

“Whereas effective parenting practices do not come instinctively and parenting is our most crucial social role, parenting and human development courses need to be taught to all secondary school students. Parenting education will: reduce teen pregnancies; reduce the rate of costly fetal alcohol spectrum disorders and increase the number of healthy pregnancies; reduce the number of costly social problems related to ineffective parenting practices; and improve the ‘social fabric’ of Ontario to create a more civil society. Parenting education for students is considered to be socially valuable by a majority of adults of voting age and should be included as a mandatory credit course within the Ontario curriculum;

“We, the undersigned, petition the Legislative Assembly of Ontario to amend the requirements for the Ontario secondary school diploma to include one senior level ... course ... as a compulsory credit” course.

I agree with the petition and I put my signature on it.

#### DOCTOR SHORTAGE

**Mr. Norm Miller (Parry Sound–Muskoka):** I have a petition to do with doctor shortages signed by a lot of people from the Gravenhurst area which reads:

“To the Legislative Assembly of Ontario:

“Whereas we, the undersigned, are very concerned about the doctor shortage in Muskoka;

“Whereas, without increased funding for the Muskoka Algonquin Healthcare Centre, the administration will not be able to keep it as a full-service hospital;

“Whereas, without a full-service hospital in our area, we will be unable to attract doctors; and

“Whereas Muskoka has a higher-than-average percentage of ‘senior’ citizens; it is of great concern that we attract more doctors.”

I support this petition.

#### MINIMUM WAGE

**Mr. Tony Ruprecht (Davenport):** I have a short petition here which reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas the general minimum wage is \$8 per hour, but students under 18 years old are receiving \$7.50 an hour, that is 50 cents less for the same work;

“Whereas this represents an outright age discrimination against younger students;

“Whereas the same work performed by younger students seems of lesser value, therefore making younger students feel less appreciated;

“Whereas this wage discrimination is basically unfair to students under 18 years of age;

“Therefore we, the undersigned citizens of Ontario, Canada, strongly recommend that this wage gap be eliminated and that equal work for equal value be recognized.”

This was presented to me by Corinne Shelton in the riding of Davenport.

1550

#### LONG-TERM CARE

**Mr. Ernie Hardeman (Oxford):** I have a petition signed by hundreds of my constituents. It’s to the Legislative Assembly of Ontario.

“Whereas concerned residents and community members in southwestern Ontario are aware the federal funds that are being allocated towards meals in our prisons are substantially more than the provincial funds that are being allocated towards the cost of meals in our long-term care facilities in the province of Ontario;

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

“Recommend that more funds be allocated towards the cost of meals for our citizens living in long-term care facilities in the province of Ontario.”

I affix my signature. I believe they deserve nothing less.

#### CHOLESTEROL THERAPY

**Mrs. Carol Mitchell (Huron–Bruce):** Mr. Speaker, I want to recognize that Richard Elliott is in the audience today. He has collected 4,635 signatures on this petition, and this is on behalf of his son, Bill.

“To the Legislative Assembly:

“Whereas patients in Alberta and Quebec receive a standard therapy to control very high levels of cholesterol that cannot be treated with medication alone, patients in Ontario receive an inferior therapy unlike LDL therapy that only removes bad cholesterol. Plasma exchange removes both bad and good cholesterol. Consequently, this inferior therapy results in increased risk of cardiovascular disease and premature death of children and young adults. The option of Ontario patients going to Quebec to receive this treatment is not realistic, cost efficient or appropriate;

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

“To urgently fund an LDL apheresis program in Ontario, with sites in Ottawa, Toronto and London. Such

a program should be a new program with separate funding, as the current budgetary restrictions would not permit the development of such a program in Ontario.”

Please excuse me, I won’t say this right.

“Familial homozygous hypercholesterolemia is a rare genetic disorder that occurs in approximately one in one million persons worldwide, and we are talking about a very small number of individuals, but the benefit would be significant to them, their families and communities. The cost of this treatment is approximately \$300 to \$500 more than plasma exchange per treatment once to twice per month. This is a relatively inexpensive treatment to the Ontario Ministry of Health, considering that only nine patients have been identified in Ontario in 2006.”

I affix my signature to this petition in support.

#### BUSINESS OF THE HOUSE

**Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader):** On a point of order, Mr. Speaker: It’s that time again. I’m rising pursuant—

*Interjection.*

**The Acting Speaker (Mr. Joseph N. Tascona):** We’re doing the next week’s business, please.

**Hon. Mr. Caplan:** I’m rising pursuant to standing order 55 to give the Legislature the business of the House for next week.

On the afternoon of Monday, June 4, 2007, third reading of Bill 212, the Education Amendment Act.

I’ll be brief, because the rest of the week is to be confirmed. So there we go. I know they wanted more.

#### ORDERS OF THE DAY

##### HEALTH SYSTEM IMPROVEMENTS ACT, 2007

##### LOI DE 2007 SUR L’AMÉLIORATION DU SYSTÈME DE SANTÉ

Resuming the debate adjourned on May 28, 2007, on the motion for third reading of Bill 171, An Act to improve health systems by amending or repealing various enactments and enacting certain Acts / Projet de loi 171, Loi visant à améliorer les systèmes de santé en modifiant ou en abrogeant divers textes de loi et en édictant certaines lois.

**The Acting Speaker (Mr. Joseph N. Tascona):** Further debate? The Chair recognizes the distinguished member from Nickel Belt.

**Ms. Shelley Martel (Nickel Belt):** Thank you very much, Mr. Chair. The cheque’s in the mail.

Let me say that I only had a wee bit of a chance to start my leadoff debate the last time we dealt with this bill, which was earlier this week. I said to people then, and I’ll repeat it at the start today, that I do intend to try and do the full 50 minutes that are remaining to me and

go through those concerns that we continue to have with respect to Bill 171.

I want to go back very briefly to the comments that I ended with when last we were dealing with the bill, and that had to do with schedule B of the bill: the amendments concerning the health professions. I raised my concern at that time—and I should raise it again—that we had during the course of Bill 171 a very important opportunity to make changes to a number of health care professions. In fact, we did make changes to a number of health care professions through schedule B.

I regret that the government was not willing to accept the amendments I put forward around the Nursing Act, 1991, amendments that have been put to the government for almost a year now by the College of Nurses of Ontario, amendments which would truly allow nurse practitioners, in particular, to practise to their full scope of practice, be that in a community setting or be that in an acute care setting. Very clearly, what the College of Nurses of Ontario wanted was a pattern of open prescribing for registered nurses in the extended class, nurse practitioners—a scenario that is available already in Saskatchewan, Manitoba and British Columbia, as well as in 25 states in the US as of 2000.

The College of Nurses of Ontario also had asked for some more controlled acts to be extended to nurse practitioners: setting or casting a fracture of a bone or a dislocation of a joint; applying a form of energy prescribed by the regulations under the act, that is, the RHPA; and finally, dispensing a drug as defined in section 117, and that was the section with respect to more open prescribing.

I should point out that not only was the College of Nurses of Ontario wanting to see these changes—and they have put these changes to the government for almost a year now—but the Registered Nurses' Association of Ontario, when they came before the public hearings and made their presentation, made these specific points as well. I moved those amendments during the course of the public hearings. I could not get them accepted, and I regret that we have missed what I think was a tremendous opportunity to really enhance the responsibilities and the mandate of registered nurses in the province, particularly nurse practitioners, to allow them to provide timely care, high-quality care and to do that both in a community practice and in an acute care practice. I don't know when this bill is going to be open again, and I think we should have done it at the time that the bill was open.

I want to move on now to my second concern, which has to do with schedule K. Schedule K allows for the creation of the new Agency for Health Protection and Promotion. The governance structure is that the new agency is going to be a crown agency. The mandate, as it appears in the bill, is as follows: "To provide scientific and technical advice and support to those working ... to protect and improve the health of Ontarians." Further, their additional responsibilities include: "To carry out and support activities such as ... public health research, surveillance, epidemiology, planning and evaluation."

I raised concerns during the debate on second reading, and I want to raise these concerns again. These concerns relate to something that the late Chief Justice Archie Campbell had to say about the governance structure of the new agency in his final report on SARS. It is important to note that his recommendations in his final report, which were tabled in December 2006, provide for a much different structure for the new agency than the structure that is going to be set up under Bill 171.

I think it's important to put on the table again my concern that the government has gone with the structure that, it is true, was recommended to them by an implementation task force, which was asked by the government to look at the new agency, its governance, its structure, its mandate, its responsibilities etc., but the government has done that knowing full well that Justice Campbell had had a chance to review that structure in the final months that he wrote his report and was very critical of that very structure that the government has selected—very critical, indeed, in his final report. I want to look at what he had to say in his final report. This was in volume 3 of the final report of the SARS commission, on page 161. This is what the late Chief Justice Archie Campbell had to say about the structure of the agency that the government is now implementing through Bill 171. It is the following:

**1600**

"Although there is much wisdom in the proposal for an Ontario Agency for Health Protection and Promotion, the recommended structure fails to take into account the major SARS problem of divided authority and accountability.

"As the commission noted in its second interim report:

"The SARS response was also hamstrung by an unwieldy emergency leadership structure with no one clearly in charge. A de facto arrangement whereby the chief medical officer of health of the day shared authority with the commissioner of public safety and security resulted in a lack of clarity as to their respective roles which contributed to hindering the SARS response."

"An important lesson from SARS is that the last thing Ontario needs, in planning for the next outbreak and to deal with it when it happens, is another major independent player on the block.

"The first report of the agency implementation task force said:

"A body at arm's length from the government was recommended in the Walker, Campbell and Naylor reports, was a commitment in Operation Health Protection and aligns with the successful experience of the INSPQ (l'Institut national de santé publique du Québec)."

"The commission"—and this is Justice Campbell—"in fact recommended a much different arrangement in its first interim report"—so he contradicted what the agency task force had to say—"and warned against creating another 'silo,' another autonomous body, when SARS demonstrated the dangers of such uncoordinated entities:

"First, the structure of the new agency or centre, which will combine advisory and operational functions,

must reflect the appropriate balance between independence and accountability whether it is established as a crown corporation or some other form of agency insulated from direct ministerial control.

“Second, it should be an adjunct to the work of the chief medical officer of health and the local medical officers of health, not a competing body. SARS showed that there are already enough autonomous players on the block who can get in each other’s way if not properly coordinated. There is always a danger in introducing a semi-autonomous body into a system like public health that is accountable to the public through the government. The risk is that such a body can take on a life of its own and an ivory tower agenda of its own that does not necessarily serve the public interest it was designed to support.”

“Consequently, the commission”—that is, Justice Campbell’s commission—“recommended that the chief medical officer of health have a hands-on role at the agency, including a seat on the board.”

In the proposed legislation, the chief medical officer of health does not sit as a full member of the board and sits at the meetings when the board, and for how long the board, says that is appropriate. This is quite contrary to what Justice Campbell recommended, and very little changed in that regard during the course of the public hearings. The chief medical officer of health certainly does not have a seat on the board of the new agency, as Justice Campbell had recommended.

Secondly, “The agency implementation task force took a completely opposite approach, recommending against giving the chief medical officer of health a seat as a voting member of the board, and recommending a very autonomous role for the agency.

“This proposed arrangement ignores important lessons from SARS.

“The commission,” Justice Campbell’s commission, “far from recommending a completely arm’s-length organization, pointed out the need for the chief medical officer of health to be in charge with the assistance of the agency, which should, albeit with a measure of policy independence, be operationally accountable to the chief medical officer of health.”

So the governance structure that the government has adopted through Bill 171 is quite contrary to the recommendation that was made by Justice Archie Campbell in his final report on SARS. Given the tremendous amount of work that the Chief Justice did on SARS, given that the point of the exercise was to learn from our mistakes and never have a repeat of SARS, I find it very difficult to accept that the government would move forward with a governance structure for the new public health agency that is completely contrary to the one that was recommended by Chief Justice Archie Campbell. I do not understand the rationale for that. If we took his work seriously, and I hope we all did; if we believe that he had important lessons to share with us, and I think that we all did; if we are interested in implementing what he recommended, and I thought we were, I don’t understand why

the government is going with a governance structure of the new agency that is quite contrary to what he recommended, a structure, from his perspective, that will leave another autonomous player on the block and lead to difficulties in determining who is in charge when the next SARS outbreak or other major outbreak occurs.

It’s for that reason that OPSEU, both just after the legislation was introduced and then during the course of the public hearings, came and made representation about this matter. I want to read first from a letter dated December 12, 2006, from the former president, Leah Casselman, who wrote to Minister Smitherman about the new agency and said the following:

“OPSEU endorses key recommendations of both the Campbell and Walker reports that the government:

“—strengthen the authority and operational independence of the chief medical officer of health ... while ensuring his/her continued accountability to the Minister of Health and Long-Term Care;

“—substantially increase the funding and resources available to the Ontario public health laboratories to ensure they have the medical and technical expertise and operational capacity to respond to future public health crises; and

“—strengthen the links and improve coordination between the public health labs and both the ministry’s public health branch and broader public health and health care systems.

“We therefore support the call by both the Campbell commission and the Walker panel:

“—to create a new Ontario Agency for Health Protection and Promotion as an agency of the Ministry of Health and Long-Term Care, under the operational authority of the” chief medical officer of health “and the direction of a competent board appointed by the Minister of Health; and

“—to transfer the Ontario public health laboratories to the new agency.

“However, there is no evidence that the government’s proposal to establish the new agency outside the Ontario public service will help address any of the serious issues identified in the Campbell and Walker reports.

“On the contrary, such a move would undercut Justice Campbell’s call to balance the need for independence of the” chief medical officer of health “and the new agency against the need to ensure their direct accountability to the minister and the public. It would reduce direct ministerial accountability for the new agency’s operations. It would reduce the transparency of the agency’s operations while making it much more difficult to improve coordination between the public health labs, the ministry’s public health branch and the rest of the health care system. It would do nothing to ensure that the new agency is adequately funded. Finally, it would create additional uncertainty and dislocation for the almost 600 OPSEU members who work in the public health labs—and increase the risk of service disruptions and other problems during this important transition.



“In contrast, establishing the new agency within the” Ontario public service “would allow the government to ensure the necessary independence and expertise of the new agency’s board and senior management while preserving direct accountability to the minister and the public for its operations. We therefore urge the government to create the new agency within the Ontario public service—and to work with OPSEU members to strengthen the province’s system of public health surveillance while ensuring stability for the hundreds of skilled workers whose skills and expertise will be central to the new agency’s success.”

I can tell you that that concern was reiterated by OPSEU when they appeared before the public hearings. It was reiterated very clearly by representatives, particularly by the new president, Smokey Thomas.

It is for that reason that during the course of clause-by-clause of Bill 171, I moved an amendment that would have given effect to the recommendation that Justice Campbell had made to this government about the governance structure for the new public health agency. I moved as follows:

“that section 3 of schedule K to the bill be amended by adding the following subsection:

““Part of public service

“(2) The corporation shall be part of the public service of Ontario, and shall be under the authority of the chief medical officer of health, in his or her capacity as an assistant deputy minister within the Ministry of Health and Long-Term Care.”

**1610**

I think that that would have given life to the recommendations that were clearly made by Justice Campbell in his final report; again, a report that took a look at the governance structure that had been recommended by the implementation task force and refuted that structure—“condemned” would be too strong a word—but it certainly raised very serious and significant concerns about that structure, and it is, regrettably, the structure that the government decided to move forward with.

The government didn’t even go as far as Justice Campbell had encouraged in his report, which was to ensure that the chief medical officer of health at least had a seat on the agency board. Rather, the government, during the course of clause-by-clause, provided this amendment:

“Attendance of CMOH

“(4) The chief medical officer of health, or his or her designate, is entitled to attend and to participate in any meeting of the board of directors.”

I tell you, that is a far, far cry from the recommendation that Justice Campbell made in his final report about the chief medical officer of health. She or he had to have full participation on the board. Not only that, the agency should come under the control of the chief medical officer of health, especially in his or her capacity as the assistant deputy minister of health, which is the current structure in the province now, in terms of that line of responsibility.

So the government certainly didn’t support my amendment to bring the public health agency under the public service. The government did not meet the recommendation that had been put forward by Justice Campbell to ensure that the chief medical officer of health had a seat on the board.

I remain very concerned that all of those very negative consequences which Justice Campbell already identified as lessons we should have learned from SARS are lessons that we have not learned, when we move forward with a structure that is contrary to the one that he recommended in his very voluminous report.

Also, this doesn’t resolve the problems that OPSEU still continues to have, because the agency, as under the bill, is going to be outside the public service. So there are a number of other issues that still impact OPSEU members in particular that this government has to deal with.

OPSEU said in its letter and again during the course of the public hearings that if the government was going to keep the agency outside as an arm’s-length agency of the government and not have it under the OPS, then a couple of things had to be dealt with:

“—Bill 158, which will restore successor rights to crown employees, will be passed and proclaimed as soon as possible, and before the transfer of any OPS employee to the new agency;

“—successor rights will apply to all OPSEU members affected by the transfer to the new agency;

“—no OPSEU member will be surplus as a result of the transfer, either by the government or the new employer;

“—affected OPSEU members’ entitlements and participation in the OPSEU pension plan will be grandfathered, in accordance with the outstanding amendment 12 to the OPSEU pension plan text.”

I’m not sure what kind of conversations this government has started to have with OPSEU in this regard—because the structure that they have chosen to go with in the bill is very clear.

So these very serious and significant concerns remain and need to be dealt with, because after all, the people we are talking about who will go to the agency are very skilled, qualified, talented people who now work in the OPS, whose skills and talents and capabilities we need at the new agency.

As the government moves with a structure that is different than the one recommended by Justice Campbell, I certainly hope that the government is going to get on top of the immediate need to deal with OPSEU, to deal with these four outstanding items that will really determine whether or not the agency is going to function in a credible fashion or not.

I want to deal with two other issues with respect to the agency.

The first has to do with the funding of the new agency. I want to go back to David Walker and his report, the first report of the expert panel on SARS, in which he said the following about funding for a new public health

agency: Any new agency would need an operating budget of \$45 million. That is in addition to the existing base budget associated with the current laboratory operations; secondly, a capital budget that would need to be in the order of \$3.5 million in design and development costs and an additional \$35-million allocation to put it all together.

The bill and this particular schedule K speaks only to the governance structure and the creation of the agency, its mandate etc. There is nothing said in the bill and nothing during the course of the public hearings about the funding that is going to be provided to establish the agency.

I say very strongly to the government, David Naylor also did some very important work on SARS with his expert panel. He has made very specific recommendations about what is necessary in terms of operating and capital funding to ensure that the agency can be established in a concrete way that will work for the public health needs of those in Ontario.

So it is incumbent upon the government to respond positively to the recommendations that were made by Dr. Walker around funding levels. We cannot establish a new agency with a new mandate, give people a sense that so much more important work is going to be done, and then turn around and underfund it both with respect to the operating funds that will be provided or with the capital funds that will be required for the new public health unit itself. So the funding of this new agency is critical, and the government to date has been silent on that very important issue.

The other issue that needs to be dealt with now that the government has made a decision about the structure of the agency has to do with the recommendation that was made by the implementation task force with respect to the transfer of the public laboratories to the new agency. There are a number of public health laboratories that are already in existence in the province. They are under the public service, and it is recommended that they be transferred to the new agency. The implementation task force made the following point: that we need to reshape, retool and refocus the Ontario public health labs so individuals in the system have the tools, the processes and the supports necessary to cope with the challenges and excel; that we need to deepen and strengthen the emphasis on, and the opportunity for, research and academic partnerships; that the Ontario public health laboratories remain intact and are transferred intact to the new agencies; and, finally, that there be an immediate establishment of a laboratory transition team to aid in the planning.

The task force was very clear that there is much expertise, much talent within the public laboratories now with members of the OPS, that that talent needs to remain intact. It needs to be fostered, it needs to be enhanced and encouraged, and transfer needs to take place with great care and with obviously all of the negotiation that must go on with respect to successor rights etc. So I would encourage the government, once the bill is passed, to

immediately move on this recommendation that was made by the task force to establish a laboratory transition team as soon as possible to aid in the planning that must be done so that we can move toward a new public health agency that is going to benefit all Ontarians.

I hope the government will send a very clear signal to OPSEU members and OPSEU leadership as soon as possible that they very much intend to deal with the four outstanding concerns articulated in OPSEU's letter dated December 12 that revolve around successor rights, surplussing and pensions, and that they will also work to create a committee with OPSEU that will look at that very important transition and transfer of the public laboratories to the new public health agency.

I want to deal next with schedule P. In the original bill, schedule P created a new college to regulate both naturopathy and homeopathy. As a result of the public hearings, it became very clear that both groups of health care professionals really prefer to have their own colleges. So as a result of the public hearings, both I, on behalf of New Democrats, and the government moved forward with amendments that would indeed create two new colleges, one for each of those particular professions. The amendments, I think it's safe to say, were similar regarding the governance structure, bylaws, the roles and responsibilities, the committees that would be created etc. But there were three areas where our NDP amendments and the government amendments were different, and I want to outline those on the public record.

#### 1620

First of all, I want to make it clear that the amendments that we put forward were put to us by the Ontario Association of Naturopathic Doctors, which we worked with during the course of the public hearings. So our amendments are a reflection of what they wanted to see in this new schedule P in terms of the new college that they were going to be establishing.

The first difference had to do with the appropriate name of the college. The government amendment puts forward the "College of Naturopaths of Ontario." Of course, that was accepted. Our amendment that I put forward would have named the college the "College of Naturopathic Doctors of Ontario." The reason that we did this is that very clearly amongst those who provide naturopathic medicine there is a concern about title and how they are spoken about, what their title is and how people see them. I think the best reflection of that had to do with a letter that was sent to all of us from their association outlining their concerns with the bill before the public hearings started. I just want to read from this letter with respect to this particular concern:

"Outlining a format for title protection that will result in Ontario's naturopaths being forced to use the title 'doctor of naturopathy' that has never been used before in Ontario: This title is currently only used by poorly trained and unregulated practitioners in other jurisdictions who do not qualify to be naturopaths and would therefore reduce the confidence of the public in Ontario that they are" really "seeing a regulated health provider.

Bill 171 should continue to use the titles already established in Ontario: 'naturopathic doctor' and 'doctor of naturopathic medicine.'"

Throughout the course of the amendments with respect to the new schedule P, those are the amendments that we put forward, so that those titles that are already in use in the province would continue to be in use and that there would be no sense from the public that somehow the changing of the title—a title change that in other jurisdictions is reflective of those who are unregulated—would be carried into Ontario and give people the sense that they were not being seen by a highly qualified, regulated health professional. So I wish the government would have gone with the titles that naturopathic doctors have used for a long, long time now and one that certainly is their preference in relation to what they know happens in other jurisdictions when there are different titles.

Secondly, we had a difference of opinion with respect to the scope of practice. Our amendment read as follows with respect to schedule P: "The practice of naturopathic medicine is the assessment of an individual, and the diagnosis and treatment of diseases, disorders and dysfunctions through the integrated use of naturopathic techniques to promote, maintain or restore health." If I look at the government's scope of practice, it was a little bit different. It did not talk about naturopathic medicine. It said: "The practice of naturopathy is the assessment of diseases, disorders and dysfunctions and the naturopathic diagnosis and treatment of diseases, disorders and dysfunctions using naturopathic techniques to promote, maintain or restore health." The difference really came around "naturopathic medicine," which was the preference of the association, which was in our amendment, and the government's use of "naturopathy" as a stand-alone.

Again, it seems to me that naturopaths have been working for some long time in the province of Ontario—for many years, actually—under the Drugless Practitioners Act. They have titles that have been already established. They have practices that have already been established. I think it just would have made some common sense to put into place a scope of practice that the association that's been representing doctors of naturopathy for many years felt was the more appropriate one. But that did not happen.

The other difference in terms of the amendments that were put forward by New Democrats and the government with respect to the new college had to do with the controlled acts. We did put forward an amendment that would have added an additional controlled act to naturopaths, and in particular is the following: "Prescribing, dispensing, selling or compounding prescribed substances that are consistent with the practice of naturopathic medicine." The government did not accept that amendment for that controlled act to be applied to naturopathic doctors in the province of Ontario.

The reason that we moved that amendment goes back to the letter that we received from the association before

the public hearings started. It said as follows: "Taking away the ability of naturopaths to prescribe, dispense, sell and compound many natural health products that are currently available to patients, and that naturopaths are highly trained to use safely and effectively. HPRAC recommends that naturopaths be granted this controlled act. Without this controlled act, naturopaths would only be able to use natural health products intended for over-the-counter sale to consumers to treat patients, meaning we could no longer offer the optimal care that results when naturopaths can customize a treatment plan based on the full range of natural medicines that are currently available. Naturopaths have been prescribing, dispensing, selling and compounding natural medicines as part of their current scope of care in a safe and effective manner."

I said earlier that naturopaths have been regulated under the Drugless Practitioners Act for many, many years now, I think well over 70, and this is the kind of practice that they have already undertaken on behalf of their patients. So it seemed a little silly to me that we wouldn't recognize what has become common practice among these health care professionals and enshrine that in the act in terms of an additional controlled act. It also seemed silly to me that we wouldn't do that when HPRAC, in its report *New Directions*, also recommended that this scope of practice be provided to doctors of naturopathic medicine. So I think the government here had an opportunity to (a) do what HPRAC had already recommended the government do, and (b) legitimize or put in legislation that which doctors of naturopathic medicine have already done for many, many years now. The government missed that opportunity by not agreeing to those changes in our amendments.

So I was pleased that we both—that is, the government and the New Democrats—put forward a specific college for naturopathic doctors, but I regret that the government wouldn't go that additional step further to actually put in place practices that have been undertaken by doctors of naturopathic medicine for years and years now, especially with respect to the controlled act of dispensing, selling and prescribing, that the government just wouldn't do it, because HPRAC had already recommended it. That part made no sense to me. Again, while it's great that we're going to have a new college, I think we missed an opportunity to make sure that it was going to get off to the best start it possibly could.

The government and New Democrats also created a new schedule to establish a new college for those who practise homeopathy. Originally, under Bill 171, the college would have included both health care professionals. But again, there were amendments in this section as a result of what we heard during the public hearings that clearly recognized that these health care professionals do very different things and wanted to have their own separate colleges, and both New Democrats and the government felt that at the end of the day they could work each under their own college and set in place what was necessary to have proper regulation and proper

protection of the public, which is what regulation really is all about.

So both ourselves and the government put forward numerous amendments with respect to the creation of the new college. They are similar in terms of other amendments that have been put forward for the creation of other colleges. The difference between the NDP amendments and the government amendments, again, had to do with the scope of practice and controlled acts.

The government defined the scope of practice for the new college as the following: "The practice of homeopathy is the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain or restore health."

Our scope of practice was fuller than that and reflected recommendations that had been made to us by the Ontario Homeopathic Association, as follows: "The practice of homeopathy is the assessment of an individual's state of health based on homeopathic techniques and principles, and the identification and provision of appropriate homeopathic treatment using homeopathic medicines, techniques and natural substances to restore, maintain and promote physical, mental and emotional health."

Clearly, the government amendment was the one that was carried. The government did not put forward any controlled acts that homeopaths could provide, and we did, again based on recommendations that we received from the Ontario Homeopathic Association. The amendments we made with respect to controlled acts are as follows:

"(2) Subject to the regulations, a member may,

"(a) administer, by injection or inhalation, a prescribed homeopathic substance;

"(b) communicate a homeopathic diagnosis that may be identified through an assessment that uses homeopathic techniques and that includes assessing the individual's physical, mental and emotional conditions and symptoms, and used to prescribe the appropriate homeopathic remedy or therapy; and

"(c) prescribe, dispense, sell or compound a homeopathic medicine which is defined as a drug in the Drug and Pharmacies Regulation Act."

Again, the government would not accept those three controlled acts that the NDP had put forward as amendments that the homeopaths would be allowed to participate in or carry out under regulation.

**1630**

I'm pleased that there are going to be two colleges. That's what we heard during the course of the public hearings, the need for that, but I think we could have gone further and really responded to the concerns and the wishes that had been put forward to us, particularly by the homeopathic association, by using the scope of practice they had put forward and by providing them with three controlled acts that they had asked for. That is not going to be the case. Perhaps at some point in time, after the college is established and has a good look at what happens, the association will come back and the college

will come back to the government and say, "These things are really necessary in order for homeopaths to very clearly and fully undertake their scope of practice and skill and profession," and at some point in time, we may have some change. But given how long it takes to open up these kinds of acts, I think we should have done it in the first place.

I want to also outline some concerns we had with respect to schedule Q. This was the development of the Psychotherapy Act. There has been much said about the problem of the original wording of schedule Q, which left social workers entirely out of the list of those health care professionals who could provide psychotherapy services. I don't know who was responsible for that oversight. I don't know what happened when the government drafters were putting this into place, but clearly, even before we started the public hearings, even before we started the debate on second reading, there was going to have to be a major change in this section to ensure that social workers, who have provided psychotherapy skills and services for many, many years now, were included somehow in the legislation to ensure that they could continue to be able to provide that skill and that practice for the people that they do. Frankly, that was very important in my part of the world as well, where there aren't many of these health care professionals to provide these kinds of services.

Each party during the course of clause-by-clause brought forward amendments that were designed to ensure that social workers would be included in the bill and could continue to practise and provide important health care services to Ontarians. At the end of the day, we went with the amendment that had been put forward by the government. The government had been working with the association of social workers and had agreed upon an amendment with them that they, as an association, believed would respond to the concerns of being left out in the first place—so as a result of a letter from May 7 from Dan Andreae that was read into the record by Mr. Fonseca during the clause-by-clause, which said: "I wish to commend the Minister of Health and Long-Term Care for his exemplary work in preparing and introducing a key and necessary amendment to Bill 171 that authorizes social work to perform the controlled act of psychotherapy." It was based on the confirmation from Dan Andreae and the association that they felt their problem was being fixed that both Mrs. Witmer and I withdrew our amendments around this issue and worked with the government on its amendments.

We are now in a position where social workers can continue to do their important work in the province of Ontario. I will never understand how they got left out in the first place, how that oversight occurred, but certainly it did cause a storm of immediate reaction. I know many members in this House were lobbied by social workers in their own ridings to get them included. This has now been done as a result of the amendments that were put forward.

There is another amendment that I put that wasn't accepted by the government. I just want to spend a bit of

time speaking about it. We heard during the course of the submissions at the public hearings a presentation by the Ontario Coalition of Mental Health Professionals, which represents probably 13 different groups of mental health professionals who provide a broad range of mental health services to Ontarians. As a result of their intervention, we were, through an amendment put forward by the NDP, able to change the title in this particular section to include both psychotherapy and registered mental health therapist as protected titles. But we had an amendment that went a little bit further than that. The amendment would have done the following on behalf of this organization: Section 95(1)(e) states that the council—that is, the council of the new college—may make regulations “defining specialties in the profession, providing for certificates relating to those specialties, the qualifications for and suspension and revocation of those certificates and governing the use of prescribed terms, titles or designations by members indicating a specialization in the profession.”

The key word there is “may,” that the college has that opportunity and can exercise it, but is not obligated or mandated to. Our amendment would have made it very clear that the new college is mandated and has an obligation to establish subspecialties in this profession. We did that because the coalition made it very clear that this issue of specialty subtitles was a very big issue for a number of their coalition partners, particularly for marriage and family therapists, who are regulated all over the US and in Quebec as a distinct profession. Right now, those titles don't appear in the bill. We have a title of psychotherapist, we have a title of registered mental health therapist; we do not have specialty subtitles under that category of mental health specialist, and we really need to.

There were a number of concerns that were raised at the public hearings about this and I know that members were lobbied about this by the coalition. I thought it would have made very good sense to make sure that the college does respond in a positive way in this regard and does not just walk away and decide that there are only going to be two titles that will be protected. It's important that we recognize that there are a number of subspecialties under mental health counsellors and registered mental health counsellors, and those titles have to be protected under the legislation. The college, when it is established, would need to do that.

So the language, regrettably, remains permissive; it is not mandatory. I hope that someone from the Ontario Coalition of Mental Health Professionals will be able to get a seat on the transition board for the new college and will be able to forcefully make the arguments that have to be made to ensure that the new college will have specialty subtitles in a way that the bill does not have right now. That really needs to be done to respond to the concerns that were raised by many in the coalition.

The other issue that came about under this particular section with respect to psychotherapy was the use of the doctor title. We heard from social workers and from

other organizations concerned that social workers in particular, and others, are not going to be able to use the doctor title, even though they are perfectly qualified in order to do so. It was interesting because HPRAC did make a recommendation in this regard, on the use of the doctor title. If I go back to their New Directions document that came out last July, HPRAC said a couple of things with respect to the doctor title:

“Other than convention, there does not seem to have been an underlying principle regarding the restriction on the use of the doctor title in the legislation. Arguments have been presented from time to time that allowing other regulated health professionals to use the title might lead to public confusion. There have also been concerns expressed that a person who had earned a degree in an unrelated field (such as Doctor of Engineering or Doctor of Musicology) might use the title ‘doctor’ while providing health care.

“The RHPA provisions continued the previous tradition of the Health Disciplines Act that prohibited anyone other than a dentist, physician or optometrist from using the title ‘doctor’ and added two new professions (psychology and chiropractic) entitled to use the designation, apparently based on what had become common usage in society....

“However, restrictions on the use of the title in Ontario are inconsistent. They permit the use of the doctor title for one group of professionals holding doctoral-level academic distinctions while denying all other professionals with comparable doctoral level achievements a similar privilege. For example, audiologists, speech-language pathologists, nurses or pharmacists who hold doctoral degrees in those professions may not use the doctor title while providing health services.

“The restriction on the use of the title ‘doctor’ applies only when the professional offers or provides health care to individuals. It does not stop a person who is engaged in academic research or administrative work from using the title. Thus, an audiologist with doctoral-level training could be called ‘Doctor’ while teaching advanced audiologic programs or conducting research on the subject, but could not use the title when treating or advising a patient 15 minutes later.

“Many individuals and organizations urged HPRAC to review the issue of protected titles in the RHPA with a view to achieving consistency and fairness.” HPRAC went on to say the following:

“HPRAC has concluded that this question is a social issue and not a health-related matter. International practice, emerging professions and practices that combine clinical and academic activities with research make the rigid title distinctions of the RHPA unworkable. Current provisions appear to be a vehicle for maintenance of status rather than of public protection.

“Therefore, the advisory council favours allowing registered professionals with an earned academic doctoral degree to use the title ‘doctor’ in the course of providing health care....” It lists the conditions under which they can do that.

1640

I moved an amendment on behalf of the NDP which used essentially the language that HPRAC had used in its New Directions document that was released last year. The government was not prepared to accept that recommendation. Ms. Witmer moved a recommendation that was similar. The government was not prepared to move on this issue of the doctor title at this time. I don't understand why the government wasn't prepared to do that. HPRAC spent a great deal of time on a specific chapter dealing with the use of the doctor title, made some specific recommendations about the conditions under which one could use the doctor title and made it very clear that the distinction now was more a social one than a matter of ensuring regulation and public safety with respect to the provision of healthcare services.

The government merely said that it will be dealt with at some time. I know how long it takes to open acts like this and I suspect it will be a long, long time before this issue is ever revisited. I really wish the government would accept either Ms. Witmer's amendments or my amendments in this regard which finally would have provided some clarification with respect to who can use the doctor title, under which circumstances and when. I think that would have been very appropriate. We heard that during the course of the public hearings, and I really don't understand the rationale for not doing it at this time.

I've got some other concerns under other schedules. I'll just go through them quickly. This has to do with the precautionary principle. The late Justice Archie Campbell made recommendations in his final report about the need to adopt the precautionary principle in a number of pieces of health legislation and labour legislation as well. We heard from both the Registered Nurses Association of Ontario and the Ontario Nurses' Association that in both schedule F and schedule K there should be a precautionary principle that specifically was put into the legislation in those particular schedules.

So I moved an amendment in schedule F that would have said the following:

"Precautionary principle

"(2) A board of health shall not await scientific certainty before acting."

That recommendation came to us by RNAO and ONA. It was defeated by the government. The second time I did that was in schedule K, where I moved the following amendment:

"Precautionary principle

"(2) This act shall be interpreted in light of the principle that public health action should not wait for scientific certainty."

Again, that amendment came to us by the Registered Nurses Association of Ontario and ONA in light of the work they were involved in with Justice Campbell, because they were involved in many consultations with him during the course of the development of his report. I do not understand why we could not have incorporated that precautionary principle into these two schedules, as

was recommended by Justice Campbell in his recommendations. He did tremendous work with respect to SARS, what happened and what we needed to do to make sure it didn't happen again. He was very clear that we should adopt this precautionary principle, that we should not wait until absolute scientific certainty in order to protect workers, especially workers who dealt with issues and circumstances like SARS. I regret that the government didn't want to move that principle, as per his request, in those two schedules.

Finally, with respect to schedule E of the Immunization of School Pupils Act, we had a very interesting presentation by Dr. Rosana Pellizzari, who is the chief medical officer of health for the Perth district health unit. She made it very clear that the province should amend section 10 of the Immunization of School Pupils Act to improve the protection of children from vaccine-preventable diseases, reduce the potential for suspension or exclusion of students from schools and improve the effectiveness and efficiency of data collection for immunization by medical officers of health. This could easily be accomplished by amending section 10 of this act so that any professional administering a vaccine for protection against a designated disease would be required to seek consent for the reporting of that immunization and, with such consent, be required to report that immunization to the chief medical officer of health.

She went on to say that in January in Perth county, the health unit had to send out letters to 343 students and their families, warning that they were going to be suspended from schools because of deficiencies in their immunization. Those letters were followed up by second letters, and it finally came down to the fact that 75% of those children had their immunizations up to date, but that information hadn't been made available to the public health unit.

So our amendment was very clear and said the following:

"(2) The physician or member shall, with the consent of the parent, forward a copy of the statement to the medical officer of health for the health district in which a child resides."

That would have made sure that up-to-date immunizations were promptly provided to the health unit so we didn't continue to have problems like we had in Perth county and problems that are happening right across the province.

Let me just conclude on that note by saying that I appreciated the work that went on between all three parties. I appreciated the work by the ministerial staff to accommodate our requests, by the political staff to see what amendments we could agree to and which parties could move some different amendments, and I think the process worked very well and we have a better bill as a result.

**The Acting Speaker:** Time for questions and comments.

**Mr. Dave Levac (Brant):** As always, here we go again. We're talking about the thorough, complete,

passionate and very insistent analysis of the member for Nickel Belt. I want to springboard from that comment to tell her that we'll miss her. I did say a little about that before, but I'm going to take a bit of my time to simply say thank you for your work. Thank you for your dedication to the job. Thank you for what you've done for us. No one can deny the passion that you bring to the job. No one can deny and indicate that you have not made every attempt that you have in order to better the people of Ontario. As we slowly wind down and depart—and I know the member doesn't like this kind of thing. That's a testimony again to what kind of character she is. But in front of that, I want to talk about her as a person, as a mom, as a wife and as a daughter.

Sometimes we forget to take a step back and say kind things to each other from day to day, and I'm not going to stand here and say anything but. I want the member to know that for the public service you've given, but more importantly for the person you have been to your family, to your friends and to your party, we have to say for the moment that we appreciate those efforts. We have to say—in some cases, my friend, grudgingly—tough work, tough challenges, but done in the spirit I know, over the years I've been here, with the intent to improve the life of people and, in a lot of cases, of those less fortunate and those who can't speak for themselves. There have been times where maybe we on this side, either government during those long years, have said, "My gosh, what's she doing again?" But they've rolled up their sleeves and tried to find solutions for you. So I want to say thank you for your contribution. I know this is your last speech, so God bless.

**Mr. Norm Miller (Parry Sound–Muskoka):** It's my pleasure to follow up on the comments of the member for Brant. I know the member from Nickel Belt, Shelley Martel, has indicated that she's not running in the next election. I don't know whether this is definitely her last speech or not, but I just wanted to thank her for all the hard work she has put into this place over about 20 years. We know she has a long family history in this place as well. Her father, Elie Martel, represented the Sudbury area here at the Legislature when my father was here. Of course, her husband is the leader of the third party as well. But she also has a young family. I would think that part of her decision is that she hopes to have some more time and maybe a bit more of a normal life to spend some time with that growing family. I can only say that they grow up quickly, and all the time spent with them is time well spent that pays huge dividends down the road.

I just want to really thank you for all the hard work you've put into this place. I know you've been a passionate advocate for women's issues, for health issues, for family issues, fighting hard for autism funding, for example. No one would question the hard work and dedication you've put into this place over the past 20 years, so thank you very much for all that you've done, not only for the riding of Nickel Belt but for the province. I personally wish you well as you leave this place. I hope you get lots of quality time with those growing children

of yours and get somewhat more of a normal life than you've had in this place.

**1650**

**Ms. Andrea Horwath (Hamilton East):** I have to say that I agree with all of the remarks of all the previous speakers in regard to the inspiration and role model that the member for Nickel Belt, Shelley Martel, has been to me personally.

I think that it's very appropriate that we take the opportunity to recognize and acknowledge that not only has Shelley been meticulous in her research and totally engaged in all of her responsibilities as a critic and, I know, in previous times with more important roles, maybe we would say, though I do think critic roles are extremely important in the way that this particular place works.

I have known her to be an extremely effective member of this Legislature in my very short time here. I know that the other members who have spoken have spent more time here with her than I have, but it has certainly been my pleasure and my honour to be sitting in the same party, in the same caucus and in the same Legislature as Shelley Martel.

We have so much to learn, and I think other members have a lot to learn, from the kind of vigour that Shelley has brought to the position as a member for provincial Parliament for every single one of the 20 years that she has spent here. She is a study in what it takes to be an effective member of this Legislature. She's a study in what it takes to be an amazing colleague and a study in what it takes to be a dedicated member of a political party who has been elected to represent the people of her riding, and she has done so extremely effectively, whether it is in regard to getting better health resources for the people of her community, whether it's being a passionate constituency worker with her and her staff, providing services to the people she represents or whether it is being, as I said earlier, an effective critic and someone who has done her homework every single time, as the government whip has said. It has certainly been my pleasure to work with her. The only regret that I have personally is that I know that although she has taught me very, very much, she has so much more to teach me, and I have so much more to learn.

**Ms. Monique M. Smith (Nipissing):** I feel that it's only fitting that the next generation all gets up and speaks—

*Interjection.*

**Ms. Smith:** Exactly—following on the member from Parry Sound–Muskoka, whose dad was here when my dad was here and whose dad was here when Shelley's dad was here. I think it's important that we go full circle. I know that the member for Don Valley West wanted to get up and speak and so many others on our side of the House did want to get up and pay tribute to you, Shelley, but I feel privileged to have the opportunity.

I've known—okay, now I'm going to get emotional; don't you. I've known Shelley for years. We were at St. Mike's together 20-some years ago. We won't go into the

details. We knew each other because we had a common childhood, because our fathers had served together on different sides of the House, but were certainly colleagues, northern colleagues, and had a strong respect for each other. So when I was at St. Mike's, I sought out Shelley and we became friends, given our common past. We certainly had some good years together at St. Mike's. I remember vividly, in 1987, going to see Shelley in Sudbury when she told me she was going to run, and I remember oh, so vividly saying, "Are you crazy?" Now here we both are.

For the years that you've given and for the service that you've given to your community for so many years representing Nickel Belt with that strong voice and that determination and that commitment to your folks back home and for the service that you've given to us here—I know that among my colleagues, the comments that have been made are about the "heavy lifter," the one who has carried the load, the one who has really had all the heavy files since I've been here—and for the work that you've done with me on long-term care, I say thank you. Thank you for showing us how an effective critic can work. Thank you for driving us crazy at times, but for always staying focused on what is important. The quiz for the pages is now going to be that much tougher to figure out who the former pages were now that you are leaving our little group, but I wish you well. I know that you'll appreciate the time with your family. It's so well deserved.

**The Acting Speaker:** The Chair recognizes the member for reply.

**Ms. Martel:** I guess I won't talk about the bill in my two minutes. I am a little taken aback, so let me just do the best I can.

I want to thank everybody for their generous comments. I didn't expect the day to end like this. I want to thank all of those who spoke personally, whom I have known for a number of years, and thank you for the work you've done with me over those years.

I can tell everybody that this was not an easy decision to make. It's very difficult to go, in fact, when my husband stays and is still the leader, and when I have colleagues whom I care very much about and whom I'd like to be able to continue to work with, and when we have staff in our caucus who have been very loyal and very dedicated over the years whom I'd like to continue to be able to work with and support.

Having said that, it will be 20 years—September 10, 1987—and over 12 years of that has been as a mom with two young kids. In those days when I had the two of them, going through the airport between Toronto and Sudbury, when I had Sarah in this hand and Jonathan in a carrier in this hand and a diaper bag over one side and a briefcase over the other, I thought that nothing could be worse than those days and those trips. But in fact, as they grow older now, we have different challenges. They are 12 and 9, and they are very active in many things. They have concerns about school and about friends and about all of these things that really need to become a priority.

They are very good—because this is the only life they have ever known. So I think they are very well adapted. Maybe someday one or both of them will go into politics. I can't speak for that. That would be a fourth generation, if that actually happened. I did recognize, and I think Howie did too, that I really need to bow out and have them become a priority in a way that they really haven't been for a long, long time.

So that really is what's driving it. This has nothing to do with the leadership of my husband. I was asked that question—as if I would tell the media that anyway.

It was a very personal decision that was very difficult to make, because my dad was there for 20 years and I was there for 20, so it is an end of an era, in some ways, at home.

I recognize that from time to time in those 20 years I have been very partisan. I would not be my father's daughter, I suspect, if I were not partisan. But I hope people recognize that it was done in a spirit of trying to represent the issues that came to me from my constituents, both in Sudbury East and then in Nickel Belt, and that also came to me from those many groups that I've had the privilege of working with over the last number of years, and specifically in the last number of years, with parents who have children with autism.

I do want to say that it has been a privilege to serve. I've been lucky enough to win five elections. I appreciate the generosity and the goodwill of those people, first in Sudbury East and then in Nickel Belt, who voted for me. I recognize that they did not all vote for me, but I certainly hope that at the end of the day they recognized that I tried to raise their issues at Queen's Park and that we worked very, very hard in our constituency office to try to deal with the concerns of people who came through the door. That is the work that I am most proud of. That is what has always been, for me, the most important thing about this job. Even though I was in cabinet—and I appreciated that experience as well—the real meaning of all of this for me has been the people who came through the door: support recipients whom we get a cheque for, injured workers for whom we got compensation, disabled people for whom we got disability benefits, people for whom we got birth certificates, travel grants, all of those things that all of us try to do. For that I am very grateful, because I have tremendously loyal, very competent, capable staff who did 90% of the work while I did 10%, who were very good to help people.

I want to thank all of the people who allow this place to run, who have been here for many years as well. I've had the privilege of working with those in the committees branch, either legislative research or committee Chairs or Hansard; the table officers, some of whose faces have changed over the years since I've been here; the various Speakers; all of the people in the assembly; security; and everyone else I'm missing—and I'm sorry about that—who make the place operate. Sometimes it doesn't operate that well, but it's a heck of a lot better system than we see in some other countries, and we certainly need to support it as much as we can.



So I say to all of you, I'm not going to be going that far. I really won't be able to, given who my husband is and my link to this place, for a long, long time. I will be stopping by. I will find some other forums to continue to raise those issues that I care a lot about, because I'm not going to step away from them even though I leave active political life.

It has been a privilege to serve. It has been an enormous and incredible opportunity to be both in government and in opposition. I hope we have worked as hard as we could on behalf of the constituents who were good enough to send me here. I really want to thank all members who are here today for your very generous and gracious comments that I was not expecting.

It isn't an easy business. It wasn't easy for me; it's not easy for any of you. I understand exactly what it's like to be a part of public office. I know there's an election coming, and who knows what the changes will be? So I just say to everyone that I wish you well in whatever happens next.

I was asked at TFO last night what I would do next. I said I have no clue, and that is true. I just want to spend some time with my kids. It's a little bit nerve-racking to leave, because essentially this is the only job I've ever known—I worked for the Workers' Compensation Board for six months before I came here after university. So I haven't known much else and don't know what's out

there and what I can do, but I guess I'll figure that out at some point. The most important thing is to get through the next election, and I'm telling all of you that I'm working as hard as I can to elect another New Democrat in Nickel Belt—but get through that and then be back and spend a lot of time with my kids and see what the future holds from there.

Thank you, all of you, very much for being so generous.

*Applause.*

**The Acting Speaker:** Any further debate? Seeing none, Mr. Smitherman has moved third reading of Bill 171, An Act to improve health systems by amending or repealing various enactments and enacting certain Acts. Is it the pleasure of the House that the motion carry? Carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

**Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader):** I move adjournment of the House.

**The Acting Speaker:** The deputy government House leader has moved adjournment of the House. Is it the pleasure of the House that the motion carry? Carried.

This House stands adjourned until Monday, June 4, at 1:30 of the clock.

*The House adjourned at 1702.*

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Ernie Parsons, Khalil Ramal  
Clerk / Greffier: Trevor Day

Continued from overleaf

### THIRD READINGS

<b>Strengthening Business through a Simpler Tax System Act, 2007,</b> Bill 174, <i>Mr. Sorbara</i> Agreed to .....	9159
<b>Safeguarding and Sustaining Ontario's Water Act, 2007,</b> Bill 198, <i>Ms. Broten</i> Agreed to .....	9159
<b>Health System Improvements Act, 2007,</b> Bill 171, <i>Mr. Smitherman</i> Ms. Martel .....	9172, 9182
Mr. Levac.....	9181
Mr. Miller .....	9181
Ms. Horwath .....	9181
Ms. Smith.....	9181
Agreed to .....	9183

### OTHER BUSINESS

<b>Visitors</b> Ms. Marsales.....	9155
Mr. Rinaldi.....	9155
Mrs. Bountrogianni.....	9155
Mrs. Mitchell .....	9155
Mr. Qaadri .....	9155
Mr. Tabuns.....	9155
<b>Darrell Priede</b> Mrs. Savoline.....	9155
<b>Birth of member's grandchild</b> Mr. Sterling.....	9155
<b>Water quality</b> The Speaker .....	9155
<b>Business of the House</b> Mr. Caplan .....	9172

## TABLE DES MATIÈRES

**Jeudi 31 mai 2007**

### AFFAIRES D'INTÉRÊT PUBLIC ÉMANANT DES DÉPUTÉS

<b>Loi de 2007 sur le Mois de la sensibilisation au don de moelle osseuse,</b> projet de loi 225, <i>M. Crozier</i> Adoptée.....	9152
--	------

### PREMIÈRE LECTURE

<b>Loi de 2007 modifiant la Loi sur la Société de protection des animaux de l'Ontario,</b> projet de loi 232, <i>M. Runciman</i> Adoptée.....	9155
<b>Loi de 2007 modifiant la Loi sur les relations de travail (métiers agréés),</b> projet de loi 233, <i>M. Kormos</i> Adoptée.....	9156

### DÉCLARATIONS MINISTÉRIELLES ET RÉPONSES

<b>Parc provincial Ipperwash</b> M. McGuinty .....	9157
M <sup>me</sup> Elliott .....	9158
M. Hampton .....	9158

### TROISIÈME LECTURE

<b>Loi de 2007 visant à renforcer les entreprises grâce à un régime fiscal plus simple,</b> projet de loi 174, <i>M. Sorbara</i> Adoptée .....	9159
<b>Loi de 2007 sur la sauvegarde et la durabilité des eaux de l'Ontario,</b> projet de loi 198, <i>M<sup>me</sup> Broten</i> Adoptée .....	9159
<b>Loi de 2007 sur l'amélioration du système de santé,</b> projet de loi 171, <i>M. Smitherman</i> Adoptée .....	9183

# CONTENTS

Thursday 31 May 2007

## PRIVATE MEMBERS' PUBLIC BUSINESS

<b>Vaughan hospital</b> , private member's notice of motion number 63	
Mr. Racco .....	9137, 9144
Mr. Klees .....	9138
Ms. DiNovo .....	9139
Mr. Ramal .....	9140
Mr. Hardeman .....	9141
Mr. Prue .....	9142
Mrs. Jeffrey .....	9143
Mrs. Witmer .....	9144
Agreed to .....	9152

<b>Bone Marrow Awareness Month Act, 2007</b> , Bill 225, <i>Mr. Crozier</i>	
Mr. Crozier .....	9145, 9151
Mrs. Witmer .....	9146
Mr. Prue .....	9146
Ms. Matthews .....	9147
Ms. Scott .....	9148
Ms. DiNovo .....	9148
Mr. Ruprecht .....	9149
Mrs. Savoline .....	9150
Mr. Leal .....	9151
Mr. Miller .....	9151
Agreed to .....	9152

## MEMBERS' STATEMENTS

<b>Ontario drug benefit program</b>	
Mrs. Witmer .....	9152
<b>Streetsville Bread and Honey Festival</b>	
Mr. Delaney .....	9152
<b>Kids' Fishing Day</b>	
Mr. Ouellette .....	9152
<b>Tenant protection</b>	
Ms. Horwath .....	9153
<b>Energy conservation</b>	
Mr. Brownell .....	9153
Ms. Scott .....	9153
<b>Ontario Association of Certified Engineering Technicians and Technologists</b>	
Mr. McNeely .....	9154
<b>Cattle farmers</b>	
Mr. McMeekin .....	9154
<b>Conservation</b>	
Mrs. Mitchell .....	9154

## FIRST READINGS

<b>Ontario Society for the Prevention of Cruelty to Animals Amendment Act, 2007</b> , Bill 232, <i>Mr. Runciman</i>	
Agreed to .....	9155
Mr. Runciman .....	9156
<b>Labour Relations Amendment Act (Certified Trades), 2007</b> , Bill 233, <i>Mr. Kormos</i>	
Agreed to .....	9156
Mr. Kormos .....	9156

## MOTIONS

<b>Chief medical officer of health</b>	
Mr. Caplan .....	9156
Agreed to .....	9156
<b>Acting chief medical officer of health</b>	
Mr. Caplan .....	9156
Agreed to .....	9156
<b>Integrity Commissioner</b>	
Mr. Caplan .....	9156
Agreed to .....	9157

## STATEMENTS BY THE MINISTRY AND RESPONSES

<b>Ipperwash Provincial Park</b>	
Mr. McGuinty .....	9157
Mrs. Elliott .....	9158
Mr. Hampton .....	9158

## ORAL QUESTIONS

<b>Youth services</b>	
Mrs. Elliott .....	9159
Mr. McGuinty .....	9160
<b>Water quality</b>	
Ms. Scott .....	9160
Ms. Broten .....	9161, 9164
Mr. Tabuns .....	9164
<b>Ipperwash Provincial Park</b>	
Mr. Hampton .....	9161
Mr. McGuinty .....	9161
Mr. Ramsay .....	9162
<b>Northern economy</b>	
Mr. Hampton .....	9162
Mr. McGuinty .....	9162
Mr. Bartolucci .....	9163

## Nurse practitioners

Mrs. Witmer .....	9163
Mr. Smitherman .....	9163

## Student achievement

Mr. Duguid .....	9164
Ms. Wynne .....	9165

## Education funding

Mr. Klees .....	9165
Ms. Wynne .....	9165, 9167
Mr. Marchese .....	9167
Ms. DiNovo .....	9168

## Ontario drug benefit program

Mr. Kormos .....	9166
Mr. Smitherman .....	9166

## Diabetes

Mr. Leal .....	9166
Mr. Smitherman .....	9166

## Highway 26

Mr. Wilson .....	9167
Mrs. Cansfield .....	9167

## Arts and cultural funding

Mr. Levac .....	9168
Ms. Di Cocco .....	9168

## Electricity supply

Mr. Klees .....	9169
Mr. Duncan .....	9169

## PETITIONS

### Gasoline prices

Mr. Tascona .....	9169
-------------------	------

### Anti-idling bylaws

Mr. McMeekin .....	9169
--------------------	------

### Pope John Paul II

Mr. Klees .....	9170
-----------------	------

### Long-term care

Mr. Fonseca .....	9170
Mr. Hardeman .....	9172

### Highway 26

Mr. Wilson .....	9170
------------------	------

### Court support staff

Ms. Horwath .....	9171
-------------------	------

### Parenting education

Mr. Kular .....	9171
-----------------	------

### Doctor shortage

Mr. Miller .....	9171
------------------	------

### Minimum wage

Mr. Ruprecht .....	9171
--------------------	------

### Cholesterol therapy

Mrs. Mitchell .....	9172
---------------------	------

Continued overleaf