



Legislative Assembly
of Ontario

First Session, 39th Parliament

Assemblée législative
de l'Ontario

Première session, 39^e législature

**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Wednesday 29 April 2009

Mercredi 29 avril 2009

Speaker
Honourable Steve Peters

Président
L'honorable Steve Peters

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Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



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Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 29 April 2009

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 29 avril 2009

The House met at 0900.

The Speaker (Hon. Steve Peters): Good morning. Please remain standing for the Lord's Prayer, followed by a moment of silence for inner thought and personal reflection.

Prayers.

ORDERS OF THE DAY

TOXICS REDUCTION ACT, 2009 LOI DE 2009 SUR LA RÉDUCTION DES TOXIQUES

Resuming the debate adjourned on April 28, 2009, on the motion for second reading of Bill 167, An Act to promote reductions in the use and creation of toxic substances and to amend other Acts / Projet de loi 167, Loi visant à promouvoir une réduction de l'utilisation et de la création de substances toxiques et à modifier d'autres lois.

The Speaker (Hon. Steve Peters): Further debate?

Mr. Khalil Ramal: It is indeed a good morning; the weather is beautiful. I'm pleased to stand in my place this morning to speak in support of Bill 167 for many different reasons. This bill, the Ontario toxics reduction strategy, is an important bill for the province of Ontario.

As you know, many people these days are concerned about their health. In North America, and especially in Canada, the Industrial Revolution created many different jobs and many different factories and companies in many different spots and locations in the province of Ontario. As a result of this revolution, those companies started using different chemicals to produce many different products for the people of Ontario. For some reason, those products contained some toxic elements, and as a result of this Industrial Revolution, we created a lot of toxic waste, whether we knew that or not. But the most important thing is that those toxic wastes have never been dealt with in the province of Ontario.

I want to tell you something about my riding of London-Fanshawe. My riding is home to many different factories and companies, opened after the Second World War, like Westinghouse, GM, 3M and many other prominent companies. Those companies dealt with toxic waste and chemicals, and back then in the 1970s and 1960s nobody knew that those chemicals would harm people. I'll give you an example. Right now Westinghouse has the biggest warehouse for PCB toxic waste in the whole

province of Ontario. So back then, many workers, many employees, used to work in that factory, work in this company, and they told me they used to wash their hands in those PCBs because they thought it was a good substance to clean their hands. But they never knew those substances were toxic and not good for their health. Many years later, as more research was done in Ontario and worldwide, they determined that those substances were very toxic for human beings. Therefore they are banned from being used in many different companies and different factories across the province, maybe across North America. Back then, the government of the day collected all the toxic waste at the site on Clarke Road and Huron Street in London, which has the biggest containers and the most toxic waste in the whole province of Ontario.

Our government, in the last budget—not this budget, but the budget before—determined that we have to clean up those sites. We invested more than \$64 million, hired many different companies and specialists and experts in that field to clean it in a fashion to protect the population. I want to thank the minister and his staff for taking the lead in this matter.

So this is one component of the toxic waste stored in the province of Ontario. I learned while I was reading this bill that we have the most toxic waste in the whole country, as a matter of fact in the whole of North America. It's a bad image for Ontarians, especially at this time, when technology has improved a lot, when science and research and innovation have improved a lot. That's why this bill came: in order to reduce the toxic waste in this province and make it the cleanest province ever in the whole globe.

How can we do this? As you know, a couple of years ago our Premier stood in his place and said, "We want to introduce a bill to clean up toxic waste in this province. We want to introduce a progressive bill to be able to deal with this issue in a professional manner, without affecting the companies and in a way that we can protect the people of Ontario." That's why this bill is being introduced now. It has been in debate for many days and many hours; many people spoke on this bill. I heard my colleagues, the opposition party and the third party speak in different ways with different input on this bill. This is a very important bill. After I read all the elements and listened to many people, I think it's important to support it and important to go forward in order to start cleaning up our province to make it the cleanest one in North America.

We invested more than \$41 million to support companies, factories and industries that want to change their

ways, go to a greener way in order to reduce toxic waste. Also, this bill requires all companies to notify people about the toxic waste in their products, and to list it, in order to prevent any problems from happening. Also, it's important to notify the public about the content, the substances in the products they use on a daily basis, because some people have allergies; they can't accept certain toxic waste substances. Also, it's important to notify Ontarians about the warehouses where we house toxic waste in Ontario because we, the citizens of this province, have a right to know exactly where toxic waste is being stored and how we can deal with it on a regular basis.

So we put in a target. That target is a very progressive target. I listened to the member from Toronto–Danforth speaking yesterday morning on this bill, and he said it's not a progressive bill and that this bill doesn't fulfill our commitment toward toxic waste. But he forgot that this bill is very progressive. There's financial support tied to this bill to support factories, companies, to implement their strategies. There is a money component to many different factories and companies if they want to switch their ways from using toxic chemicals or components or substances in their products to greener, safe and environmentally good products.

As you know, our Minister of the Environment has introduced so many different steps over the last two years to reduce toxic waste in Ontario, starting from banning cosmetic pesticides on the lawns in Ontario, unifying the whole system in this province. Also, dealing with tires: As you know, tires have a substance, some kinds of chemicals. All these elements should be dealt with, and that's what we've done in Ontario.

0910

It's also important to note at this time that it's our obligation and duty as a government to protect the people of Ontario. It is our duty and obligation to notify people who want to live in certain spots about the toxic chemicals being stored in those locations. So we set a target to deal with more than 45 substances—this is our priority in this first phase—and also to deal with almost 2,000 companies across the province of Ontario that have 10 people or more to fill out applications and notify the government about how they deal with their chemical waste and what to do with it. Also, an element of this bill forces the company to notify people about the toxic elements and substances in their products. These steps would be implemented by the first and second phases, starting in 2009, if this bill passes, and would be finished by 2014. We are going to deal with 2,000 companies, and the first phase will be almost 1,200 companies across Ontario.

Many people, many stakeholders, came and commended the government on this approach. Many stakeholders in Ontario, from the Cancer Society to the doctors, the physicians, and many activists in this regard came, gave their proposals and raised their concerns about this bill. I know some companies—and the member from the opposition party spoke about this element—thought that if we introduce this bill, we'll be creating some kinds of barriers, we'll be creating obstacles for many different

companies to compete nationally and internationally. But in the end, our health and our future are determined by how we can clean up this province and make sure that people live healthy in the province.

I heard the member from Toronto–Danforth speaking yesterday about the side effects of chemicals being stored near subdivisions, where people were exposed to those chemicals, and how it can affect births, their health and their attitude. So it's very important for all of us to make sure that our environment is safe.

It's important to note, too, that of the people in Ontario, almost 90% support the reduction of toxic waste. It's actually more popular than pollution in the water and talking about and dealing with climate change. This is a very important, fundamental base to start with. When you build your house, when you want go to a park, when you want to go to the sea, to a lake or to a river, you want to know for sure that those areas which are supposed to be public places, supposed to be attracting people—kids, young adults and seniors—to enjoy their day are free of chemicals and free of toxic waste.

This is what happened in my riding, London–Fanshawe. Pottersburg Creek was a place to release all the toxic chemicals for many years. That's why people complained about this, and that's why the government, back then, collected and cleaned up the creek in order to make it clean for people to enjoy again, because this creek starts in the north end of my riding and runs all the way to the south end, and goes through a lot of parks and a lot of subdivisions. Many kids used to play in those creeks and many people built their homes and built parks around the creeks, because it was a good environment, a good location and a good place. That's why we want to make sure those places are clean and free from any toxic chemicals, products and substances, to make sure all the people who want to enjoy their days out can feel free, play and enjoy without concerns about their health or any problem they might face in the future. So I think it's important to start work on this bill. I'm looking forward to seeing all the members from both sides of the House supporting this bill.

I know we heard the member from Toronto–Danforth also say that this bill can create some duplications, because so many different bylaws in the province of Ontario are already implemented, have already been passed and are already being used, so why do we want to introduce this bill? Also, the opposition party said the federal government has some kind of jurisdiction. They've already passed law. They already have a guideline. Why do we want to interfere between the bylaws of the municipalities and also the federal laws?

I want to say we're not going to go duplicating the laws in the province of Ontario. We're not going to step on the jurisdictions of the municipalities or the federal government. We want to work together to create a safe environment. I think it's important for all of us, as a government in this province, to continue to work with municipalities, to continue working with the federal government to create a safe and clean environment to protect

our future and to make sure our population lives in a safe place.

Thank you for allowing me to speak. I'm looking forward to seeing all the members of this House supporting this bill.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments.

Mr. John O'Toole: It's important to listen to the member from London–Fanshawe. He represents his riding and, I guess, the views of this bill. We've said consistently on this side that what the government has to do here first of all is to try to be consistent instead of just saying things that sound good and look good. Most of the things you hear are what the public is thinking. It's been road-tested. They probably polled it to see that this toxic waste strategy sounds good. But when you look deep below it, it really is a non-compliance piece of legislation. I'm suspicious at some of the wording with respect to the recourse of how enforcement officers can, without warrant, get on to property.

When I say “consistency,” they've got to look at what is happening in other jurisdictions and specifically in Canadian jurisdictions. There should be a federal standard for toxic materials that could be imported or exported inter-provincially, either in vehicles moving from jurisdictions—so it's important to have a national standard. In fact the federal government, I think under Minister Tony Clement and previously under John Baird, spoke about it before. The Minister of Health and Minister of the Environment at the time were leading the way in Canada and maybe even in North America to come up with a solution and a strategy on toxic waste management.

Ontario—it's sort of like the Pesticides Act. Cosmetic pesticide now is having some problems because it's inconsistent with federal standards. I'm surprised, sometimes, when I hear the government saying all the things that sound good on the front page of the Toronto Star, but when you drill down or turn to page 9 or 10, into the detail, there's really nothing there.

I'm not at this point supportive of—

The Deputy Speaker (Mr. Bruce Crozier): Thank you.

Mr. Paul Miller: I too share my colleague's concern, working in an industry which created a lot of chemical by-products. This bill falls real short of what's really needed in this country. There are literally thousands of chemicals in Lake Ontario alone of which they don't even know the effect on humans in combination with other chemicals.

I remember years ago, when I was fighting a landfill in the city of Stoney Creek, there were a lot of toxins in there. They even accepted toxins from Michigan which the state of Michigan wouldn't even accept. They had lots of piles and piles of stuff that they couldn't get at because they were put in there and there were investigations.

First of all, what's needed: They don't have enough inspectors; they don't inspect the sites. There are chemicals they don't even know what the effects of are. We

need a federal and provincial body to oversee chemicals and the reactions on humans in this province.

This bill is just what I like to call another public publicity fluff bill. We've already got WHMIS. We've already got health inspectors. We've already got scientists and chemical engineers looking at these things. I don't see any of that in here. This is simply another thing to please the public, with no substance. Frankly, this bill is really below par, to say the least.

0920

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Mr. Jeff Leal: I always enjoy the comments of my colleague from London–Fanshawe, representing London, which is noted as the city of trees. I think it's appropriate that a member from London would talk about Bill 167, the Toxics Reduction Act.

The member from London–Fanshawe is truly the Ontario Canadian success story. The family came from Lebanon many years ago and settled in London, Ontario. I know the member from London–Fanshawe, a successful business person, decided to take that expertise to come into public life, and it's evident when he talks about his passion for a bill to reduce toxins and their use in the province of Ontario.

Just last Saturday I had the opportunity to attend the Green Expo in Peterborough. Wendy Mesley was the guest speaker—we all know her from CBC news. One of the things that was interesting about that is that there were a lot of people at this trade show who were providing products one can use in everyday living to reduce the toxins from many products we normally would pick off the shelf and use in our homes on a day-to-day basis, or in manufacturing or other business settings. I just want to compliment Swish Chemical, headquartered in Peterborough. The Ambler family started many years ago in a basement in downtown Peterborough and now is one of the leading manufacturers of non-toxic cleaning products throughout Ontario; indeed, they have operations in the United States.

When you look at this bill, the government of Ontario will be providing some \$24 million to help Ontario's industries comply with the new rules, transform their processes, find green chemistry alternatives and reduce the use of toxins in their operations. What an economic opportunity to transform some of these existing manufacturers in Ontario, move them into the new green era and provide new job opportunities for people in Ontario.

The Deputy Speaker (Mr. Bruce Crozier): The member from Haldimand–Norfolk.

Mr. Toby Barrett: To follow up on the presentation by the member from London–Fanshawe, we do support industry publishing these plans; we support industry putting together these plans in the first place to report on what substances they are using. This is not voluntary; this is a mandatory requirement. This was the model that was put forward 20 years ago by the Massachusetts legislation, which we put forward five months before you guys did.

What we are concerned about is that we do know that the publishing of these plans and creating the plans is part of the program, but there is no mention of assistance to industry—manufacturing, forestry, mining—and particularly small business to implement some of the remedial measures that would obviously be identified in these plans; no mention of tax breaks, interest-free loans, grants or things like this. We know that the implementation of these plans is voluntary—this is what we're told by the minister—but there's no incentive for industry to go forward on that.

The other thing we question: This legislation has gotten out of date rapidly, not only because of the changing economy, but also because of the tremendous work the federal has been doing in pulling together their lists identifying the high-priority, high-risk toxics that are the real danger. Sure, we can deal with all 23,000 identified substances within our industrial processes, but at some point we have to focus on the dangerous ones.

The Deputy Speaker (Mr. Bruce Crozier): Member for London—Fanshawe, you have two minutes to respond.

Mr. Khalil Ramal: I thank all the members who spoke for or against my comments. I want to tell the member from Durham that I agree with him: The federal government should come to the table. We have the Port Stanley site, and many people complain about it. We submitted a lot of applications operated by the federal government, and the federal government so far didn't respond. This place would affect our water supply in the whole region.

Also, to the member from Hamilton East—Stoney Creek, we've started; we're not just waiting till this bill is fully passed in order to start to clean up the province of Ontario. I want to thank the Minister of the Environment for investing more than \$64 million in my riding, London—Fanshawe, to decommission and clean up the Westinghouse site of PCBs. I think we are investing money and trying our best to clean up, and not just waiting for this bill to pass.

I want to thank the member from Peterborough for his comments and also for his commitment to a cleaner Ontario and to cleaning this beautiful province to make it fit for all people, especially future generations.

To the member for Haldimand—Norfolk: I agree with you. There has been continuous effort by many different governments in the past. We're not saying we are the best; we're not saying we are the only government of this province to embark on this project. But we said loudly and clearly that it's our obligation and duty. Because this province has the highest levels of toxic waste in Canada and North America, it is our obligation and duty to start doing something to clean it up; to create some standards and targets; to notify the companies, factories and industries that want to operate in this province that they must comply with our conditions, label all their products, clean up their act and deal with it in a professional manner.

The Deputy Speaker (Mr. Bruce Crozier): Further debate.

Mrs. Joyce Savoline: I rise in the House today to share my constituents' concerns and opinions regarding Bill 167, the Toxics Reduction Act, 2009.

Our caucus is aware, and very supportive, of the need for a concerted effort that will reduce the impact of toxins on our citizens and also on our environment. We look forward to working, through this proposed legislation, toward an effective plan that will see the government and business work together to reduce toxins in our province.

It is important that we are mindful and diligent, wherever possible, to replace and eliminate the use of toxic substances and their related health and environmental hazards.

As in the case of the pesticide ban, we are seeing government decisions, legislation and regulations based on emotions and concern, as opposed to fact and science.

This legislation creates unnecessary duplication. The federal government has already developed what many consider to be a world-class chemical management plan or CMP. The CMP is governed by the Canadian Environmental Protection Act, the CEPA, and has a well-known approach to deciding which chemicals need to be assessed and a rapid and aggressive timetable for doing those assessments and developing regulations as required.

Adhering to the federal CMP would ensure that the identification of toxics for potential reduction is based on sound science and risk-based process, while avoiding regulatory duplication and minimizing additional costs—money we don't have anyway.

In the process of following this provincial direction, we are duplicating work, and we're duplicating costs that would be more effectively utilized in other areas to deliver our toxic reduction goals.

Bill 167 should not be about growing the bureaucracy or creating additional unnecessary regulatory burdens on business. If this is just another form that leads to nowhere, Minister, let me tell you, our businesses are full up.

This bill fails to define what "toxic" means. Instead, it leaves that definition up to regulation. The public doesn't even know what you're talking about when you say "toxic."

The devil is always in the details. When the meat of the bill is determined in the regulatory phase, the resulting legislation becomes undemocratic. It's undemocratic because the substance of the bill will not be passed through the debate process, in front of the public, in the Legislature; and the government has a blank paper from which to draft rules and regulations that nobody has a chance to comment on or influence or change.

Finally, there is some debate today about the success of the Massachusetts TURA. Some attribute reduction in toxin use to businesses actually leaving the state as a direct result of the extra regulatory burden associated with that act.

We should also be mindful of the impact that the proposed inclusion of mining under this legislation will have on the mining sector as a whole.

While the results of the Massachusetts legislation model, upon which this bill is based, are well-known and

tangible, the impact on mining is largely unknown, given the lack of mining opportunity in Massachusetts.

0930

The McGuinty toxics legislation borrows heavily from our April 27 PC pre-election announcement, and it was called the “Made-in-Ontario plan to reduce toxins.” We believe in a toxics reduction plan that uses both carrots and sticks to reduce and eliminate contaminants by:

- working in harmony with the federal government to utilize the federal list of toxic substances—the work has been done, Minister;

- requiring Ontario businesses that use a restricted chemical on the federal list to disclose the use of that chemical to the public;

- requiring businesses to prepare a plan evaluating all of their options for reducing or eliminating the use of these toxins;

- providing incentives for those to adopt their plans and reduce the use of these chemicals by establishing a toxin reduction fund, and through measures such as targeted tax measures;

- sharing best practices to help small businesses learn from others; and

- finally, while we agree on many of the goals of the plan, the timing of the introduction is questionable, given the current economic conditions in which business and industry find themselves.

The increased cost of doing business that this legislation will engender creates an even greater burden on reeling industry already being forced to cut their workforce or pull up stakes for more business-friendly environments like the western provinces.

I felt it was important to take this opportunity to speak to Bill 167 as a result of the Liberal government’s perpetual disregard for stakeholders and the opinions of those who elected them in the first place. My constituents have given very well-thought-out positions on Bill 167. It may take some time, but I wish to read their entire correspondence into the record, as they deserve to be heard. One very concerned constituent writes:

“I am pleased the government is taking the first step towards reducing toxic chemicals in Ontario. As your constituent, I am concerned about toxic chemicals being used and released where I live, work and play. However, there are gaps that need to be filled in order to ensure the Toxics Reduction Act protects the health of Ontarians while moving towards a green economy.

“To ensure this legislation will integrate the best in health protection with a concern for a sustainable economy, a clean environment and good jobs, the following five recommendations need to be included in Bill 167,” my constituent suggests to the minister.

“Reduce the release of toxic chemicals in places where people live, work and play by 50% within five years in Ontario to protect the public health. Bill 167 does not include numerical goals or targets for reducing toxic chemicals in Ontario.

“Replace toxic chemicals where safer alternatives exist. Bill 167 should make substitution a requirement where safer alternatives exist.” It’s silent on these things.

“Restrict the use of toxic chemicals that are still in use through guidance from the Ontario Toxic Use Reduction Institute,” an institute that “was an important component to the success of Massachusetts’s TUR legislation and is currently not part of the proposed legislation.

“Report annually”—this is a no-brainer—“on progress and monitor emissions, holding industry accountable to reduce their use of toxic substances through the development and enforcement of new regulations; setting targets and the development of an institute will help hold industry accountable by the government and” also by “the public.” Let’s not forget: We’re doing this for the public.

“Reveal to all Ontarians the toxic chemicals in their workplace, communities and homes through an identifiable product label or symbol and access to a public database;

“Bill 167 should include a component for product labelling.

“I believe there should be a strong focus on community right to know because with more information about the toxic substances we are being exposed to, Ontarians can make better decisions about their health and the health of their families.

“The above recommendations are also supported by the Canadian Cancer Society, Canadian Environmental Law Association, Ontario Public Health Association, United Steelworkers, Toronto Cancer Prevention Coalition, Canadian Association of Physicians for the Environment, Ontario College of Family Physicians, Registered Nurses’ Association of Ontario, Ontario Lung Association, Prevent Cancer Now and Women’s Healthy Environments Network.” These are substantial organizations.

“How can you help ensure this legislation protects Ontarians?” says my constituent. “Also, as there are multiple amendments that need to be made to Bill 167 we recommend the Toxics Reduction Act be referred to a standing committee for further debate.”

I hope the minister is listening carefully. The citizens of the province of Ontario are well up on this issue, and they are demanding the right to participate in a democratic process and share their recommendations and concerns with our Legislature on Bill 167. The meat of this bill is yet again in regulation, where it can be easily changed outside the scrutiny of this Legislature and outside the scrutiny of the public.

Again we see this government giving public and private citizens the powers of police. This bill not only provides for more provincial officers, but it gives them the authority to enter a premises without a warrant, the right to use force and the powers of police. What are we doing? Is this not the third time an act is proposing something like this just in the short time this Legislature has been sitting? This Liberal government is taking liberties with our liberties, and it is unacceptable. My caucus colleagues and I will not sit quietly as this Liberal government continues to infringe on private rights.

I look forward to the opportunity to refer my constituents to the Clerk’s office in order that they can have their democratic right and be able to speak to Bill 167.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Mrs. Carol Mitchell: I'm very pleased to enter the debate on Bill 167. I did want to make comments on the member from Burlington. I've got to say—I probably shouldn't say it, but I just have to say it—when I hear comments like “Working in harmony with the federal government,” I think about some of the things that we have done with the federal government and how much we are working hand in hand, understanding the economy, with stimulus and the harmonization of taxation—and I might add that that side of the House is repeatedly opposed to everything that is coming from the federal government as well as from our government. I did have to enter that into the record.

But more specifically, we understand that there has to be public input into it, and our track record speaks to that. Unlike the members from across the way, who did not support the committee system and going out and hearing from the people, that's something that this side of the House strongly supports. We have repeatedly gone out and brought our proposed legislation under public scrutiny time and time again and have made adjustments, and certainly the people can look to amendments that are made. By listening to the people, it's a stronger piece of legislation.

But let's talk about specifically the toxic reduction and what that means for our business community. The business community understands about mitigating risks and what they can do within their own business plans, and how going forward is so important. They know that by doing that we talk about reduction in insurance costs; we talk about reduction in man-hours dedicated to that.

Mr. Speaker, I will have another opportunity to speak to this, and I thank you.

0940

The Deputy Speaker (Mr. Bruce Crozier): questions and comments?

Mr. Toby Barrett: I appreciated the presentation by the member from Burlington. She commenced her presentation talking about the importance, the necessity of having an effective plan, not only a plan from this government—and we know they're asking industry to provide plans, and we agree with that. But it has to be based on sound science and it has to be risk-based.

The member from Burlington highlighted again the concerns that we have with the unnecessary duplication with the federal government, the unnecessary duplication with respect to the work that the federal government is doing, especially in more recent years, and the unnecessary duplication of the taxpayer cost with respect to what the federal government is already doing with respect to toxics. The member for Burlington reiterated how important it is to work with the federal government and work with that federal toxics list that has been developed.

I know a member opposite indicated how this McGuinty government is working in harmony with the federal government and made mention of the harmonization of sales taxes, PST and GST. I don't know whether she

talks about that very much in her home riding or whether she is doing much to publicize the 13% BST, the McGuinty combined sales and federal tax that people will be required to pay. We'll hear more about that in the next budget because, like a lot of things, it doesn't come along until the next budget.

The member from Burlington makes very clear the messages from her constituents. Many people don't understand what's being discussed here. Toxics aren't defined.

Mr. Paul Miller: I find the comments from the member from Huron—Bruce very interesting. I recall in the 1990s that I was fighting a landfill in the city of Stoney Creek. We had a citizen liaison committee that was supposed to get input from the community to the company, to the ministry. Well, isn't this interesting? The company decided they were getting too much pressure. We also found that they were bringing toxins in from Michigan. There were all kinds of violations going on and not enough inspections. We kept after the ministry; it fell on deaf ears. Then the company decided to dispose of the citizen liaison committee and appoint their own puppet committee, which they did. We protested to the ministry; it fell on deaf ears and it continues to fall on deaf ears. It's still in the legal situation being addressed about reissuing the original CLC, which I was a member of, sitting for the city of Stoney Creek.

This ministry and the past ministries do not listen to the people. There are hundreds of reports in there that have not been addressed, handled poorly. They used to get a thousand trucks a week in there, and there would be one inspector for one or two trucks a week on a thousand. There is still stuff in that landfill above a city of hundreds of thousands of people. There have been leaks, there are things going on there that—they were supposed to put in a pumping station; they were supposed to put in an on-site treatment plant. They didn't do it. It was all show, all talk, and the ministry did absolutely nothing.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Hon. John Gerretsen: Let me first of all say I understand, having sat on the other side of the House, that when you're in opposition, you always have to, to some extent, criticize and try to make better a law that's being presented. So we look forward to working with the members of the opposition to actually strengthen this law.

But there have been a number of comments made, particularly by the critic for the official opposition, which I think need to be addressed at this point in time. He made the comment yesterday that he spoke to the Massachusetts Chemistry and Technology Alliance, which is a lobby group for the chemical industry in Massachusetts which basically said that nothing had changed at all. Well, I invite him to take a look at the actual report that was issued by the toxics use reduction committee in Massachusetts. In their covering letter, which is dated May 25 of last year, to Governor Patrick of Massachusetts, in which the program and the body that has been set up under the act clearly states—and I'll just read this to you, the following:

“As a result” of the act having been passed some 20 years ago, “Massachusetts businesses now are using less toxic materials, employing more efficient production processes and conserving energy, water and other resources as never before.” It goes on to say that “the program has helped the state’s largest toxics users reduce use by 40%, waste by 71% and on-site releases of toxic chemicals by 91%.” That has been the experience in Massachusetts. That’s the kind of experience we want to bring here.

On the one hand, they’re saying, “We would have passed a bill if we’d been in government.” We are passing that bill right now. We are going to place our emphasis on the 45 most toxic materials and the 20 most carcinogenic materials that are around right now. Yes, they’re being reported on federally, but there has been no planning requirement. That’s what this act is intended to do, and Ontario will be the better for it.

The Deputy Speaker (Mr. Bruce Crozier): Member for Burlington, you have two minutes to respond.

Mrs. Joyce Savoline: I would like to thank the members from Huron–Bruce, Haldimand–Norfolk, Hamilton East–Stoney Creek and the minister himself.

Who would oppose an act creating a safer environment and encouraging chemical producers to act in a way that safeguards the public, which I think they do to a great extent today? First, I think what has to happen when you create an act about toxics is, you have to define what toxics are. What are we talking about? That isn’t going to happen until after it comes out of public scrutiny and debate in this House. I don’t think that’s fair to the public.

Riding on the coattails of the feds isn’t a bad idea either because there have been some very good ideas that have come from the feds. But what this government seems to be doing is not building on that strong foundation but duplicating what has happened in the federal government. That’s going to add costs, and my concern is, it’s going to add confusion for the public about who’s in charge of what.

I think that what we must focus on here is the science and the actual facts, and I don’t see that happening in what we have read in Bill 167. Again, to leave any of that to regulation takes it away from the democratic debate in the House, and it sure takes it away from the people who voted for us to be here. They want to have their say, Minister, and they’re not going to be able to because they don’t have the information to base that on. I am really concerned that we are moving away from a democratic process. I encourage the minister to make this a democratic process and let the public have their say, with all the information they need to do so.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Paul Miller: I must admit that I’m a little frustrated with the comments that have been going on here. I have carried the ball for the environment for a long time with other citizens in Stoney Creek, and I’ll tell you, it has fallen short many times, dealing with the ministry and the companies.

Setting that aside, I’ll get into the body of my notes. I’m pleased to rise today to talk about an issue which is fundamental to the health and well-being of Ontarians. The issue of toxics and the need for a tough toxic reduction strategy cannot be emphasized strongly enough. But is it enforced? Do they follow through, or is it just talk?

Across Canada, over 23,000 chemicals and substances are used in manufacturing the products we use every single day of our lives. These toxics, when combined with other chemicals—there are hundreds in our Great Lakes and other hazardous landfills—they have no idea what impact they have on the water tables and human population—and animals, for that matter. It’s remarkable, the level of cancer in our province. In products such as building materials, toys, cars, food, medicine and entertainment products, we encounter chemical compounds used in the production industry every day of our lives. Although these chemical substances proliferate, we know relatively little about them and their effect on human beings. Little data exists regarding their impact on human or environmental health. However, increasingly emerging research is starting to paint a concerning picture of the relationship between these toxins and the health outcomes of populations and the environment.

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A 2006 study examined human tissue samples in a number of Ontarian families. The results found 46 industrial chemicals in the bodies of these people, chemicals like heavy metals, pesticides, PCBs and Teflon-related products. We also know that cancer, asthma, infertility, learning problems and birth defects are all being increasingly linked to our exposure to toxic chemicals. In the Hamilton area, where I’m from, we had what they call cancer clusters. They showed up in industrial areas and around landfill sites—higher percentages in residential areas. That’s got to tell you something.

Especially when it comes to health of our children, there is increased evidence for the need to take action. What I mean by action is not just to talk about it; it’s to put inspectors in the field and remove toxins and protect the environment and the people. I can’t see that happening overnight, and it sure isn’t happening fast enough.

The Registered Nurses’ Association of Ontario, in their 2007 submission to the Standing Committee on the Legislative Assembly regarding the Community Right to Know Act, stated: “Large margins of safety must be built in to accommodate for the much greater vulnerability of children to toxins, as they: are exposed to more toxins per body weight, absorb ingested substances differently, have developed fewer protections against toxins, face additional risks while undergoing development, face higher exposures due to activity and behaviour and have much longer to develop disease from toxins. In the case of toxins, a precautionary approach is appropriate.”

As we are debating this bill, as we are evaluating whether it will fulfill its set purpose of improving the health of Ontarians and the environment, in this high standard, it is the health of our children which should be our greatest concern.

I spent over 30 years in a steel mill. I've been exposed to every toxin known to man. We used to knock asbestos off pipes like it was confetti, not knowing the effect of asbestosis. We were exposed to light oil products and by-products. As tradesmen, we used to wash our tools in benzene, which we now know causes several cancer diseases, especially leukemia. We had WHMIS programs at that time that didn't go far enough, and rarely saw a government inspector unless we phoned in a complaint. When they did come in, in most cases they ruled on the side of the company.

I really have grave concerns about the enforcement of this bill—boy. We know that every day, the research making the connection between toxic chemicals and health outcomes just grows and grows. As we learn more about the complex interaction of lifetime exposure to chemical compounds and our biology, the interplay of genes and the environment, it is the precautionary principle that must take precedence.

Prior to this election, the Premier was quoted on Toxic Nation, an Environmental Defence website, commenting on the need for this kind of legislation: a welcome comment, but how fast have they moved, how fast are they going to move, and will they enforce it? Mr. McGuinty comments on the need for “a tough new toxic reduction law and a carcinogen reduction strategy.” He calls for a plan that puts Ontario at the forefront in North America on tackling these issues. I agree with him. Will it happen soon enough? Should it have happened 35 years ago? I think so. Did it? I don't think so. Yet today, Bill 167 does not deliver on his promise. Sadly, the bill before us today fails to live up to the recommendations of the minister's Toxic Reduction Scientific Expert Panel—the people who know—and the expert opinion of groups like the Canadian Environmental Law Association. Over the years, I've had many discussions with scientists at Mac, especially Dr. Sorger, and if the general public really knew the height of things going on in our water systems and our ground systems, it would be extremely alarming.

Current toxic situations in Ontario: In North America, Ontario is second only to Texas, one of the biggest oil-producing states in America, in the tonnes of toxic chemicals being released into the air, water and going into landfill sites. You can bury it, but it won't go away. It gets into your water tables, if the so-called liners in the landfill break. They told me when the Taro landfill was built that those liners would last for 300 years. I had specialists—a package showed up at my desk from environmentalists in New Jersey, with no return address. I brought it in front of council at the time, I brought it in front of the liaison committee, and everything they had guaranteed was about one tenth of what really would happen. Even this plastic liner they were putting in the landfill was supposed to last 300 years—not. Even animals and growth could break through this liner. The “expert” that they brought in from Calgary and the States had to admit it to them, because I confronted him at council and said, “Can these things happen? Yes or no?” He looked at the company, he looked at me, he looked at

the mayor and said—remember, this is in front of the public—“The councillor is right, it can happen.” Whoops. There go all the safeguards again.

This bill fails to live up to the expectations of environmentalists and the 90% of Ontarians who are concerned about this issue. The current toxics situation in Ontario—this is a shocking fact, and one that should underscore the need for a strong toxics reduction plan for this province—is not only that our level of emissions is high, it is also the kinds of toxins being released that are of great concern. Ontario's use of cancer-causing reproductive toxins is higher than in jurisdictions with similar emission levels. In 2004, Ontario released three million kilograms of known or suspected carcinogens into the province's air, including trichloroethylene, ethylbenzene, styrene and formaldehyde—nasty stuff, all cancer-causing. This leaves Ontario as the fourth-highest emitter of carcinogenic chemicals in North America.

When it comes to reproductive toxins, Ontario ranks even worse. We are the second-highest emitter of reproductive toxins, second only to the state of Tennessee—and believe me, they don't have a lot of protection laws in Tennessee—releasing more than four million kilograms into the air in 2004. Ontario's industries account for 36% of total Canadian discharges of reportable chemicals into the air and 50% of the discharges into our water.

Is it good that today we have an opportunity to take a step forward? We have an opportunity to protect the health of future generations, a chance to lower what is constantly rising: our cancer rate. But the question remains, will the opportunity before us today be fully realized? The reality is, as the bill is currently written, it is filled with holes and inadequacies. Bill 167 lacks the teeth necessary and fails to even define some of the most central objectives it purports to accomplish.

New Democrats strongly support government action when it comes to protecting the health of our environment and the health of Ontarians. We need a toxics reduction bill that has the strength needed to protect Ontarians. We are very concerned that this bill represents a wholly inadequate response to one of the most pressing and serious issues facing our generation and future generations. I'm sure we all want our grandkids to be safe.

I want to take some time outlining the failings of Bill 167 and contrasting the gaps to the suggestions offered by groups such as the Canadian Environmental Law Association, the Registered Nurses' Association and the minister's Toxic Reduction Scientific Expert Panel. I want to provide some context about the successes of other jurisdictions with similar bills and how Ontario's version is currently falling short.

New Democrats are enormously concerned about the bare bones nature of this bill. This bill provides a skeletal framework and fails to define the central aspects of the bill, including which facilities and toxic substances are to be regulated and the time period of implementation. These aspects are left to regulation to be defined at a later date. At a later date: We've been saying that for 45 years. These are not minor details. They are not issues which

require more research. The ministry has been researching the issue for a year and has received exact and expert advice from leaders in their fields. So why has the government chosen to leave so much off the table?

Given the fact that there is so much absent in this bill, it makes it awfully hard to offer solid critique on the specific oversights and to suggest changes. The fact that the government has chosen to leave so much undefined is very concerning. The fact that the government has chosen to leave so much undefined is very concerning. The fact that they are playing politics rather than dedicating their energy to creating the toughest legislation possible is a great disappointment to Ontarians.

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We are looking forward from the assumption that many of the regulations will follow the content procedure is worked out in the MOE's 2008 discussion paper. We would, of course, like to be basing our analysis on the content of the bill, but this government has made that impossible. However, we have much to say when it comes to what is concretely stated in the bill as well.

Starting from the very beginning of the bill, New Democrats are concerned with its stated purpose. Bill 167 reads, "The purposes of the bill are to prevent pollution and protect human health and the environment by reducing the use and creation of toxic substances, and to inform Ontarians about toxic substances."

The Canadian Environmental Law Association, a public interest group whose purpose is to use and improve laws to protect the public health and the environment, provided the Ministry of the Environment with a model bill during the MOE's consultation period on this issue. The model bill that CELA drafted provides stark contrast to what we're seeing today.

In this model bill, a multi-pronged and significantly expanded purpose section can be found. This purpose of the bill reads:

"(1) Protect human health and the environment by reducing the use of toxic substances;

"(2) Promote the use of safer alternatives to such substances;

"(3) Recognize the public's right to know the identity and amounts of toxic substances in their community from various facilities; and

"(4) Apply the precautionary principle and principles of sustainable development to these issues."

Of these four principles, only the first one is included in Bill 167. The failures for Bill 167 start at the very beginning and unfortunately characterize what we find throughout this entire bill.

Targets: Bill 167 set no targets for toxic reductions and benchmarks regarding the success of this initiative. In the ministry-created minister's Toxic Reduction Scientific Expert Panel, the recommendation for targets is made twice. On July 23, 2008, in a memorandum to the environment minister, the expert panel states, "Ontario's pollution prevention legislation should ... include clear, viable and progressive goals (i.e. a percentage reduction in toxics use and release in the province within a speci-

fied period of time); the statute should include renewable toxics reduction targets, and a mechanism for monitoring and public reporting on achievement of these targets. The panel notes that goals are not set in the current discussion paper and program."

Ontario's failure to create a set of targets for toxics reduction contravenes the most successful of toxic reductions legislation, like that in Massachusetts. By failing to create targets, Bill 167 is also ignoring the advice of CELA which recommended a 50% reduction of releases and a 20% reduction in use within five years of the first mandated reporting period. It's not there.

Sectors affected by the bill: No particular sectors are defined in Bill 167. If we are to assume that the MOE's 2008 discussion paper will form the basis for content, this is quite concerning. The MOE's discussion paper identified two sectors to be affected by a toxin reduction bill: manufacturing and mineral processing. Wow; that's interesting. Where's the chemical business here? I don't see it. That is all. Absent are waste water treatment plants and energy generating plants, some of the highest emitters of toxic substances. There's some terrible reasoning in restricting two sectors rather than aiming a toxin reduction strategy at any—I repeat, any—facility that is endangering the health of Ontarians through the release of reportable substances. Other jurisdictions have done better and so should Ontario.

The fact of the matter is that with only two sectors likely to be included in this bill, Ontarians could continue to face many risks from hazardous substances. Bill 167 should be amended to include at minimum all sectors that report to the federal National Pollutant Release Inventory: manufacturing; mining; forestry; electrical utilities; hazardous waste treatment plants; landfills; insolvent recovery facilities; chemical wholesalers; petroleum bulk terminals; as well as the oil and gas sectors; sewage treatment plants; and incinerators. Boy, that's a long list of things that were left off. Legislating mandatory reporting when it comes to these sectors would stand a chance of making a significant and helpful impact on toxin reductions in Ontario. Again, if we are to assume that the substances to be regulated will follow the MOE's discussion paper, New Democrats have their concerns. I'm glad to see that the minister is trying to listen, but he's being distracted.

In this discussion paper there are four categories of toxins divided into four schedules. Currently, the federal National Pollutant Release Inventory requires reporting on the pollutant releases, disposals and transfers of 320 substances of concern. The first schedule contains 45 National Pollutant Release Inventory chemicals that have been identified as priority toxins. This first schedule is set to become the first phase-in of Bill 167, with requirements for materials accounting, toxin reduction planning and reporting by 2010 or 2012.

The first phase would include schedule 3. However, schedule 3 would only be subject to reporting and not include a mandate for a toxin reduction planning strategy, a big omission. Included in schedule 3 are 20 priority

non-NPRI toxins; however, the action on these so-called priority toxins is weak at best.

The second schedule contains an additional 275 substances, and this would maybe be phased in by 2014—maybe phased in by 2014—or 2016. These 270 substances make up the rest of the chemicals that must be reported by the NPRI.

I can't emphasize enough how many toxins are in our Great Lakes, and it's not just the toxins that are put in singularly, it's when they combine with other toxins and the effect that has on people. Our scientists have only just touched on it. There are thousands of combinations of chemicals where they don't even know what effect they has on humans.

Looks like I'm running down on time. All I can say is, I could go on for quite a long time.

I must say that I think the government genuinely wants to try, but I genuinely believe they're falling short. I don't believe they can enforce it. I don't think they've put down enough fines on companies that dump in our province. I think that they don't listen to the public, and I can verify that with my experiences with the CLC committee in the city of Stoney Creek. Who in their right mind would have put a landfill above a city of 500,000 people on fractured bedrock? I'm sorry, beep beep runs downhill. So why they would do that—and they have these so-called liners and so-called precautionary things. They didn't even follow through on a plant that was supposed to treat the stuff right on there before it got down to the Woodward plant, which is 45 years old and can't treat it anyways—and then dump it into the lake so we can all drink it.

I'm telling you right now: They've got a long way to go and this bill doesn't cut it.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Ms. Sophia Aggelonitis: I'm very pleased to rise and make a few comments this morning about Bill 167, the Toxics Reduction Act.

Firstly, I would like to applaud the Minister of the Environment. He is bringing forward a bill that is bold and it is necessary, and I appreciate that very much.

This government is moving ahead to bring in tough new toxics reduction legislation to make sure that we are reducing toxic emissions. If I could, Mr. Speaker, just to indulge me for a second: In Hamilton we have a lot of environmentalists, and one of the events that they put on this past weekend was called the ECO Film and Arts Festival. I had the opportunity to get up and speak about the ban on pesticides, and after that we watched a brilliant film called *Silent Spring*, from Rachel Carson. I just want to congratulate both Francesca Trifone and Leisha Dawson for their great organization of that event.

I also wanted to say, in regard to my colleague from Hamilton–Stoney Creek, that we are colleagues from the same place and most of the time I agree with him, but today I don't because he said a lot of things that I don't agree with. He talks about a party that cares about the environment. If this party cares about the environment,

Mr. Speaker, I ask you a couple of questions: First, why did they vote against the Clean Water Act? Why did they cancel energy conservation programs and vote against them? Why did they vote against the cosmetic pesticides? Why did they cut the budget of the Ministry of the Environment? Why did they pledge zero emissions for toxic chemicals, but they never did it?

This is a good bill. I completely agree with it—

The Deputy Speaker (Mr. Bruce Crozier): Thank you. Questions and comments?

Mr. John O'Toole: I did listen the member from Hamilton East–Stoney Creek because he does bring a great deal of industrial experience to it, both working for the side of safety in the workplace, as well as practical experience in an industrial setting. I think that's important—some of the points he brings up. It's important, if the government's intention is to make Ontario safer, greener and cleaner, that they should actually have some kind of leverage in the legislation now.

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There are a couple of provisions, as I said before, that we're suspicious of, and one is that warrantless entry provision that's in the bill. If I look at the sections of bill that deal with that—section 42, and it's going on to 44, 45. There are some sections—for instance, if you look at the section on fines, if there's non-compliance, there are significant fines in this thing. A first conviction is \$25,000 per day. Fines for what? If these are in compliance with reporting—if it is about completing the paperwork, that is inappropriate. I think it should be working with industry to bring them into the new standards. I don't see that vision. If you want to have paperwork and documents, what you should be doing is looking to the federal government and saying, "Okay, let's have one form for this kind of offence"—a violation, an investigation.

Let's have consistency in it. Let's not invent a whole bunch of new red tape and paperwork that really pollutes the environment in a totally different way.

I think that the government has a good idea, and I don't think that they're executing it very well. That is really the way I've drawn the line here. I've looked at it. I consulted this morning with a couple of industries in my riding that deal with this on an ongoing basis. They want consistency. They want standards that are enforceable and consistent, especially when you look at inter-jurisdictional issues and the trucking of this kind of waste.

It's a good idea poorly executed. That's the final mark.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Hon. John Gerretsen: Let me first of all comment on the statements by the member from Hamilton East. I'm sure that he's very concerned about the environment, and he has probably lived all of the environmental degradation that has been happening over the last 35 years, particularly in a place like Hamilton, where we know they've got some very serious issues. I commend him for his attitude, as I commend the member from Hamilton Mountain, who feels just as passionate about the environ-

mental issues not only in Hamilton but throughout the province of Ontario.

What this bill is really all about—it's not about duplication. A lot of these substances are already reported on federally. We want the companies to go one step further. We don't just want them to report the different substances that they're using. We want them to develop plans so that over time they can, in a voluntary fashion, reduce the amount of toxic materials that they're using. That has been the experience, as I indicated earlier, in Massachusetts.

Now, the NDP will say, "Well, make it mandatory." The problem is, if you tell companies to implement their plans in a mandatory fashion, what is that going to do to their plans? I can tell you right now that it's going to reduce their plans significantly. We would much prefer that companies come up with the most aggressive plans of reduction and then implement them on a voluntary basis, rather than make them do it when their plans, in effect, will be a lot weaker. That has been the experience in Massachusetts.

We took the advice, by the way, of Dr. Ken Geiser, who was a member of our expert panel, who was one of the authors of the Massachusetts toxics reduction act. He makes the comment that we should have started 35 years ago.

There is no question about it: This is a significant step in the right direction to take more toxic materials out of our environment, which is to the good of everyone.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Mrs. Julia Munro: I just want to comment on the speech given to us by the member for Hamilton East–Stoney Creek. Recognition of the importance of this initiative is something we all agree with. I think that the problems we have are in the implementation.

The minister and others, as well as the member, have made comments with regard to the role of the federal government. I think that it's very clear that the federal government has provided us with leadership on this. My concern with this bill is that the introduction of a great deal of red tape and a great deal of duplication of the general direction taken by the federal government is going to make further complications for people within the province because of the fact that, as the member from Durham mentioned, much of this commerce that comes from this is interjurisdictional. So I think that that also has to be considered when you're looking at a bill such as this. On the question of expert advice, obviously the government, in its pesticide bill, ignored its own experts. So naturally, amongst those in opposition there's a bit of concern on the track record of the government in introducing bills such as this. It would appear to be one of those things that looks good on paper and not so good in implementation.

The Deputy Speaker (Mr. Bruce Crozier): The member for Hamilton East–Stoney Creek, you have two minutes to respond.

Mr. Paul Miller: I'd like to thank my colleagues for their input—the member from Hamilton Mountain, the

minister and the member from Durham. Obviously, from an ideological position, we are totally on separate ground. I appreciate the Liberal minister's comments on my 35 years in the steel industry. It did definitely open my eyes, and hopefully one of those toxins doesn't do me in in the next 10 years. There is a 25-year latency period, so I'm hoping one of them doesn't get me, but it may.

They believe that they're doing the right thing and I believe it is a start, but it doesn't go far enough. We've had many years of experience, through union safety and health organizations and many other scientists and other organizations, that have made it quite clear we've got to go a lot further. This bill falls short of those targets. Yes, I agree with the minister: It is a start. It's probably one of the jurisdictions that is taking a healthy look at it—no pun intended—but I really believe that it should've had more input from opposition parties and people I know in the industry who could have brought a lot to the table. Once again, a bill is being rammed through without enough public consultation. You can go to the experts, and some of the experts may be even working for the companies they're representing, which is a little disconcerting, to say the least. I can say that in my case, in the Taro landfill, the company brought in experts who actually were working for the company. So I'm not quite sure you get both sides of the fence on that one. It remains to be seen where this is going to go.

Second reading debate deemed adjourned.

The Deputy Speaker (Mr. Bruce Crozier): Pursuant to standing order 8, this House is recessed until 10:30 of the clock.

The House recessed from 1018 to 1030.

INTRODUCTION OF VISITORS

Ms. Helena Jaczek: I'd like to introduce three distinguished gentlemen in the west members' gallery to this House: Dr. Owen Slingerland, the former medical officer of health for York region and my predecessor in that role; Alan Wells, former chief administrative officer for York region and current chair of the Rouge Park Alliance, who had the difficult task of being my boss for 10 years; and Hershel Weinberg, the former commissioner of planning for York region and my husband.

Hon. Rick Bartolucci: I am pleased to welcome to the House, in the members' gallery, Paul Ankrett. He's going to view proceedings today. He will be job shadowing Amy Swanson in my office for today. We look forward and welcome him to Community Safety and Correctional Services.

Mr. Kim Craiton: I'm quite honoured to introduce some special guests here at Queen's Park today. First, I'd like to introduce the mayor of Fort Erie, Doug Martin—I thank Doug for coming up here. As well, the former mayor of Fort Erie, John Teal, is with us today. Finally, the mayor of Port Colborne, Vance Badawey, is here as well.

I thank them for coming up with many of their people from their riding regarding their health care concerns.

Mr. Norm Miller: I'm pleased to welcome Dick Smith, the mayor of Magnetawan, who is at Queen's Park today in the west members' gallery. He is down here concerned about the possible closure of the Burk's Falls health centre, along with a busload that will be arriving shortly.

Mr. Paul Miller: I'd like to welcome several young women from Glendale Secondary School, Green Acres elementary school and Delta Secondary School in my riding, who are at the Legislative Assembly to participate in the Equal Voice project.

Hon. Monique M. Smith: I'd like to welcome—I think he's making his way to the gallery—Jason Corbett, my former assistant in my constituency office who now works at One Kids Place, our fabulous children's treatment centre in North Bay.

Hon. Gerry Phillips: I want to introduce seven students from a school—Mary Ward—in my constituency. They too are participating in the Equal Voice experience. This is a non-partisan organization that's dedicated to getting more women elected to office in this country, and I hope they have a positive experience here today.

Hon. Peter Fonseca: I'd like to welcome Colonel Ribeiro da Silva and his spouse, as well as Mr. Henrique Santos and Dr. Manuel Tomas Ferreira, who are here joining us in the Legislature.

Mr. John O'Toole: I'm very pleased to introduce a constituent of mine who's a hard-working, professional person: Randy Arsenault, from the riding of Durham. Welcome, Randy.

Mr. Peter Tabuns: I'd like to introduce David Ungar and Sara Hall from Parry Sound—Muskoka, who are here about the arts in Ontario.

Ms. Sophia Aggelonitis: I'd like to welcome in the gallery my friend Bob Redford.

Hon. Ted McMeekin: I'd like to welcome the teachers and students from Westdale high school in my riding, who are here as part of the Equal Voice project today as well.

The Speaker (Hon. Steve Peters): On behalf of the member for Bramalea—Gore—Malton and page Zachary Crichton, I'd like to welcome his mother, Theresa, his dad, Bill, and his sister Mackenzie sitting in the members' gallery today.

On behalf of the member for Parkdale—High Park and page Lara Watson, I'd like to welcome her mother Natalie, her father Randy, her sister Leah and her grandmother Catherine Pilcow, sitting in the west members' gallery.

There being no further introductions, it is now time for oral questions.

ORAL QUESTIONS

INFECTIOUS DISEASE CONTROL

Mr. Robert W. Runciman: My question is to the Premier. There's a saying that goes something like, "In

order to react best, you need to be prepared for the worst." Dr. Donald Low is a highly respected infectious disease specialist at Mount Sinai. He's quoted today regarding swine flu, saying that it's "too late to contain the disease, and efforts have turned to mitigating the damage."

There is a protest taking place at the Legislature today with people from communities across Ontario who are concerned about cuts to local health services and staff, and the fact that facilities are at unmanageable capacity, facilities that now may be faced with the impacts of swine flu. Premier, what are you doing to ensure that you are prepared to meet the challenges that Dr. Low says are inevitable?

Hon. Dalton McGuinty: One of the things that we continue to do, I say to my honourable colleague, is that we continue to increase our levels of funding for health care in Ontario. Notwithstanding the fact that inflation went up by about 11% since we first formed the government, we've increased funding for health care by about 45%. In this particular budget, notwithstanding the fact that we anticipate that the economy will shrink by 2.5%, we are increasing funding for health care by 4.7%.

It has been said that a budget is more than just a financial statement; it is a statement of our values. I think we are clearly demonstrating, through our budget, that we highly value health care for our families in Ontario.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Robert W. Runciman: I remind the Premier that the former Conservative government increased health care spending by 60%, and he was highly critical.

The public accounts committee, in its February report on outbreak preparedness, asked the Minister of Health to report back on the number of public health units that have completed plans for establishing temporary influenza assessment treatment and referral centres. These flu centres are to be used by Ontarians when they think they may have flu symptoms and either they don't have a family doctor or their doctors' offices are overwhelmed. Premier, can you provide an update how many of the province's 36 local health units have currently developed plans for establishing flu centres?

Hon. Dalton McGuinty: I know that all of our public health units have plans in place to deal with these kinds of issues. I know as well that we have increased funding for public health care since 2003. We nearly tripled it; it has gone from \$233 million in 2003-04 to \$680 million in 2008-09.

I think that we were all jolted into taking some really important steps forward because of the SARS experience. We have learned much from that. We have invested heavily in new resources, we have more expertise and we have a solid plan in place, and I want to commend all of our health care personnel, led by our public health officials, for the way that they're reacting calmly and efficiently to the swine flu.

The Speaker (Hon. Steve Peters): Final supplementary.

Mr. Robert W. Runciman: I asked a specific question about flu centres, and if the Premier can't answer it,

he should refer it to the minister instead of more political rhetoric.

We're hearing this week that we're going to see the first surge of migrant workers coming into Ontario—15,000 of them arriving to work on farms and in other sectors. Many of them will be in smaller and rural communities such as Leamington.

The president of the Ontario Nurses' Association has said that residents of Leamington and the surrounding area will suffer from cuts to nursing: "Any ideas that management may have of simply shipping patients to Windsor for care simply won't work—Windsor hospitals are already at capacity, with backlogs in ER, and they simply can't safely cope with more patients."

Premier, most communities, especially those in rural Ontario, have hospitals and emergency facilities that are at capacity today. What are you doing right now to ensure that you will be able to meet the surge capacity related to the potential outfall of swine flu?

1040

Hon. Dalton McGuinty: Again, there's a very comprehensive plan that is in place. There's one at the provincial level, and there are individual plans at the public health unit level.

My colleague makes a good point about people who are coming in as migrant workers to help our economy, help our employers here and, frankly, help our communities in Ontario. We're going to continue to work with the federal government to ensure that those individuals are properly screened before they get on an airplane coming into Ontario. We will also ensure that our public health units have all the resources they need to do the job as they're called upon to do it.

We are going to continue to work well and hard with all of our colleagues as we deal with swine flu. Again, I want to commend Ontarians as well for the role that they have taken on understanding the importance of washing their hands and, if they're sick, staying home.

HEALTH CARE

Mrs. Elizabeth Witmer: To the Premier: There's a tremendous amount of concern in this province about the lack of a plan when it comes to health care. In fact, we've got about 40 buses here today, with somewhere, it's anticipated, in the neighbourhood of 3,000 people coming. We now have the possibility of a swine flu outbreak. We have Dr. Tom Closson indicating that our health system is tight and our hospitals are running at 100% capacity. It's going to be difficult to deal with any outbreak that may happen. At the same time, we've got health cuts. That's why people are here today. They're losing their emergency departments. They're losing their hospitals. They're losing their outpatient services. Your policies are contributing to cuts in beds and cuts in nurses.

I ask you today: We have an opposition day motion; will you allow your backbenchers to support it?

Hon. Dalton McGuinty: To the Minister of Health.

Hon. David Caplan: Quite frankly, members will decide how they wish to vote on opposition day motions.

But in relation to a lot of the rhetoric and a lot of the comments by the member in the preamble to her question, they're simply off base. The fact of the matter is that there really is only one party that has cut health care in the province of Ontario: the member opposite's party when she sat on this side of the House—a 5.5% cut immediately to health care. It was, in fact, members on this side of the House who have seen, so far, about a 45% increase to the health care budgets in the province of Ontario. In fact, in our most recent budget, the finance minister has increased health care 4.7%.

I would urge the member, if she truly does wish to support health care, to support the budgetary policies of this government and the actions that this government is taking in order to improve care throughout the province of Ontario. I did—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mrs. Elizabeth Witmer: I'm going to go to the Premier again, because I am tired of hearing the blame messages from the governing party. I would say to the Minister of Health, who seems to confuse the facts on a regular basis, we increased hospital funding by 41%. We increased health care funding by 60%. It's time that you stop it.

So I say to you today, we have a serious pandemic possibly facing us. We don't have the—

Interjections.

The Speaker (Hon. Steve Peters): Stop the clock. I just ask the honourable members to come to order, please.

Please continue.

Mrs. Elizabeth Witmer: Premier, it's time for your government to be on the side of the people. We've had the nurses protesting. We've had protests outside of hospitals. Today, there are 3,000 people protesting. When are you going to stand up and stop cutting health services?

Hon. David Caplan: In fact, we've increased spending in hospitals. The member is simply wrong in her assertion. That member, as a part of the government, closed 28 hospitals in the province of Ontario. That member, as a part of the government, closed thousands of beds in this province. That member, as a part of the government, fired over 6,000 nurses in this province. The reality over the past five years has been quite a bit different.

Swine flu, and the potential that it has for our communities, is a very serious problem and a very serious challenge. That is why I'm very heartened when you have experts like Donald Low who say there has been a big shift and we really have come a long way. We had no way to respond to this six years ago. We didn't have the infrastructure; we didn't have the expertise; we didn't have the communication. Those are all there now—

The Speaker (Hon. Steve Peters): Thank you, Minister. Final supplementary.

Mrs. Elizabeth Witmer: Well, it's probably time to give this Premier and this minister another lesson in fact.

We opened five new cardiac centres, we opened the cancer treatment centres, we increased MRIs from 12 to 52 and we approved the replacement of 20 hospitals.

I would ask you today: Don't insult the people who are gathering on the front lawn. They're here for one reason and one reason only: You are cutting health services. They are concerned. They're losing beds; they're losing nurses; they're losing outpatient services and emergency rooms.

I ask you today: Are you suggesting that all these people out on that lawn are wrong for suggesting that your policies are responsible for these cuts?

Hon. David Caplan: I welcome anyone to Queen's Park. Unions and their supporters have a particular perspective. I don't share their perspective. We are on the side of patients in the province of Ontario.

The member provides factually incorrect information to this House, and I regret that she has done so. She was responsible, as a member of a government, for significant cuts to health care: the closure of 28 hospitals, the elimination of thousands of hospital beds, the firing of over 6,000 nurses. That's a sorry record of health care in the province of Ontario.

It has been because of this Premier and members on this side of the House that we have seen an increase of over 45% in health care spending in this province. We have seen an improvement in health care services. We have seen a lowering of wait times.

I'm very proud of the investments in public health, in community care, in long-term care and in our hospitals—

The Speaker (Hon. Steve Peters): Thank you.

INFECTIOUS DISEASE CONTROL

M^{me} France G  linas: Ma question est pour le premier ministre. Four Ontarians are now confirmed to have the swine flu. The acting chief medical officer of health said yesterday: "I know we're going to see a lot more cases. It's only a matter of time."

My question is this: As Ontarians brace for more confirmed cases, is our health care system prepared to handle a possible huge surge in patient volumes?

Hon. Dalton McGuinty: I can say that we have drawn many lessons from a painful experience that happened to all of us in 2003. I have tremendous confidence in our public health officials. I have tremendous confidence in our doctors and nurses, and I have tremendous confidence in Ontarians themselves to remain calm and to do our part, to help us manage our way through these circumstances.

We need to be honest as well: We are not immune to these new strains of flu as they develop in some part of the world. We'll continue to do everything we can, working with our provincial and federal counterparts at the same time. We will do everything that we can, and everything that we should, to protect Ontarians. I have confidence in our team of experts right across the province as they work away at this very moment.

The Speaker (Hon. Steve Peters): Supplementary?

M^{me} France G  linas: Well, we didn't talk about a surge in volumes, did we?

Yesterday, the Ottawa Citizen reported on hospital capacity in the Ottawa area. They talked about it. A local health care official said this in response to whether there will be enough nurses, doctors and hospitals to treat an influenza surge: "It's the million-dollar question because hospitals are at the edge in terms of their capacity already."

Already, Ontario hospitals are often over 100% capacity, often at 100%, which experts say compromises patient safety and quality of care. How will these capacity issues be resolved in the case of a swine flu outbreak?

1050

Hon. Dalton McGuinty: Capacity always remains an issue, and we will do everything that we can and must in order to manage that.

One of the things I want to draw to my colleague's attention, and I think it's worth noting, is that we appear to be experiencing only a milder variation of the swine flu, in terms of its impact on people, here in Ontario. That's not to say that we might not experience another form, but I can say, again, that as a result of our new investments, we are much better prepared than we have been in the past. We have now, for example, five rapid response teams which are available to be deployed anywhere in Ontario in the event of a serious outbreak in one particular community. We have developed 14 regional infection control networks to better integrate infection prevention and control activities across the health care system. And we have now hired 166 hospital infection control practitioners, one for every 100 hospital beds. That's the best ratio in North America.

The Speaker (Hon. Steve Peters): Final supplementary.

M^{me} France G  linas: New Democrats have long called for an adequate staffing of our hospitals, our public health units, our long-term-care facilities and our home care system, but this government's failure to properly staff and resource public health units means that Ontarians are at risk during an outbreak or a pandemic. Its failure to invest in long-term care and a functional home care system means our hospitals are overcrowded because of the ALC clients. Can the government assure Ontarians that our overburdened hospitals will be able to handle a pandemic if and when it happens?

Hon. Dalton McGuinty: Again, I can say that I have confidence in the people working in our hospitals and our broader public health sector and all our doctors and all our nurses. Again, I want to remind my honourable colleague that we have made considerable new investments in health care, a 45% overall increase in health care funding, notwithstanding the fact that inflation only went up by 11%. When it comes to public health alone, we have nearly tripled funding levels, from \$233 million to \$680 million.

There's always more to be done, but we've got to live in the real world. The real world calls for us to demon-

strate our continuing commitment to health care, and I think we've done that in a very measurable and demonstrable way.

HOSPITAL FUNDING

M^{me} France Gélinas: Ma question est pour le premier ministre. Today, people from rural and small-town Ontario are demonstrating on the front lawn of Queen's Park because of what's happening to their local hospitals. My question is simple: Can the Premier tell me why Ontario has small and rural hospitals?

Hon. Dalton McGuinty: To the Minister of Health.

Hon. David Caplan: As I said, I welcome Ontarians to come. I understand that unions and their supporters will be here today, and I welcome them. I welcome all to this Legislature who wish to engage in these very important dialogues.

Change always brings anxiety. Any changes being made or proposed by hospitals or local health integration networks are focused on patient care. Sometimes that means shifting resources for the best benefit of patients. Every community is unique in terms of its location, its transportation infrastructure, its population or its access to care. We have launched a rural and northern health care review which brings experts together to advise the government on plans to further improve access to care in less populated areas.

Members on this side of the House value the care that is provided in rural and northern communities, and we'll continue to support them.

The Speaker (Hon. Steve Peters): Supplementary?

M^{me} France Gélinas: Well, I wouldn't say that it would fit as a thesis on rural and small hospitals, but I get from this that at least you are open and positive toward rural and small hospitals.

Yesterday in the Chatham Daily News, the Minister of Health said he will "establish the Northern and Rural Health Care Advisory Panel" to look into this matter. Rural and northern hospitals have been studied to death, I will say. They've been studied quite a bit. I can hold three reports from the last two years alone, the last one being on December 4, The Core Service Role of Small Hospitals in Ontario, Phase Three: The Future, prepared by JPPC. These reports were prepared for the Ministry of Health. Has the minister seen or read these reports, and if so, why is this government about to spend more time and money on a new advisory panel?

Hon. David Caplan: We want to ensure that we're supporting communities large and small across the province of Ontario. I am surprised that the member opposite doesn't share the commitment that members on this side do have.

In fact, the member leaves out quite conveniently, when she talks about Chatham, the Chatham-Kent Health Alliance and an investment of more than \$10.8 million in base funding at the Public General Hospital Society, a 26% increase, I would hasten to add, opposed by members opposite; more than \$3.2 million in base funding at

St. Joseph's Health Services Association, a 13% increase opposed by members opposite; more than \$2.7 million in base funding at the Sydenham District Hospital, a 17% increase opposed by members opposite.

We are going to continue to invest in small and rural—in fact, all hospitals in—

The Speaker (Hon. Steve Peters): Thank you. Final supplementary.

M^{me} France Gélinas: I didn't get an answer to my question as to why he is establishing a northern and rural health care advisory panel, but I guess I'll keep on.

Mr. Paul Miller: Keep going.

M^{me} France Gélinas: This is question period, not answer period, I realize.

From Wallaceburg to Fort Erie, the McGuinty government wants to close small and rural hospitals and emergency departments. Hospitals across the north are being forced to cut care and services in order to balance their books. Why doesn't this minister listen to the people outside on the front lawn and at least place a moratorium on the cutbacks and closures of small and rural hospitals?

Hon. David Caplan: I know the member is familiar with the fact that in October 2007 we spoke to Ontarians about the kind of plans that all of us had for the provision of health care in Ontario. One of the very clear commitments that Liberal Party members made was to have a review of rural and northern hospitals in the province of Ontario. This is another example of a promise made and a promise kept by this government.

The member opposite presents information which is factually incorrect. There are no closures of rural hospitals; in fact, there have only been enhanced resources and supports for them. I welcome any individuals who wish to come to Queen's Park today. I know that unions and their supporters are here, and I welcome them to this debate and to any other. They have an important perspective. It is not one that I share. I share a view where the patient comes first, and we are bound and determined and members—

The Speaker (Hon. Steve Peters): Thank you.

LOCAL HEALTH INTEGRATION NETWORKS

Mr. Robert Bailey: My question is to the Minister of Health. A few months ago, a longtime resident of Sarnia-Lambton, Allister McCabe, needed an ultrasound-guided needle biopsy in order to confirm whether or not he had cancer. He was told that the procedure could be done immediately at St. Joseph's Health Care in London, but the hospital refused to see him and told him he needed to seek treatment at a hospital in his own area; in other words, his own local health integration network. Sarnia and London, for the minister's information, are not in the same LHIN, and the procedure needed was not quickly available in his home LHIN. We all know that with cancer, earlier detection means a better chance of survival. Unfortunately, Mr. McCabe has since passed away.

Minister, is it now government policy that patients can only receive treatment at hospitals within the boundaries of the LHIN in which they reside?

Hon. David Caplan: I want to thank the member for the question. I certainly can't speak to the specifics of the case, but I can tell you that local health integration networks are part of our government's plan to transform the health care system to make it more patient-centred, efficient and accountable. They serve all Ontarians. Our health care system has no borders and no boundaries. For example, a woman from Sudbury or from Sarnia should be able to get care in Ottawa or in London, and a man in Ottawa should be able to get care in Sarnia or Sudbury.

The goal of local health integration networks is community-based care, reflecting the needs of the community, planned, coordinated and funded, but in an integrated manner, building a health care system around the needs of patients and communities. But ultimately, they serve all Ontarians.

I've answered the member's question directly. There are no borders and no boundaries when it comes to patient care in the province of Ontario—

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Robert Bailey: Minister, St. Joseph's Health Care in London has admitted in writing to the McCabe family that patients are to seek treatment in the LHIN in which they reside. Repatriation does, in fact, exist. In some cases, those treatments or procedures are not available closer to home, leaving these patients with little choice. This case falls on the heels of London Health Sciences refusing to take patients from Sarnia altogether unless they are near death.

Minister, you should admit the LHINs are a disaster. Hospitals clearly think geographic boundaries do exist when it comes to health care delivery. Instead of coordinating services, the LHINs are causing confusion, which is resulting in fatal consequences for patients. Will you act to fix the problems with the LHINs that do exist?

1100

Hon. David Caplan: As I said, there are no borders and there are no boundaries. We have a permeable system across the province where people can experience the kind of care and the kind of support they need.

I want to quote Gary Switzer, the CEO of the Erie St. Clair Local Health Integration Network. He says, "What we really want is the best access for ... care in a timely fashion. If a procedure is available somewhere else, we need to get that point across to the referring physicians." Ralph Ganter of the Erie St. Clair LHIN said that there are no policies that would have caused the hospital to refuse care to someone from outside the LHIN. He says, "We're supposed to be a seamless, borderless health care system. We're not trying to put fences up around care"—and in fact, we don't.

We encourage quick, seamless and the efficient delivery of care for anyone, anywhere in the province. That's what LHINs are doing, that's what—

The Speaker (Hon. Steve Peters): Thank you.

HOSPITAL SERVICES

Mr. Peter Kormos: This question's to the Premier. Why is this Liberal government shutting down the emergency rooms in the hospitals in Port Colborne and Fort Erie?

Hon. Dalton McGuinty: My honourable colleague will know that that is not in fact what we are doing. We have been motivated at all times when it comes to health care to bring about ever-improving quality of care.

There have been considerable increases in funding levels—I think it's 38% for the Niagara Health System—and we will continue to find more ways to provide more funding. I want to assure the people living in those communities that any changes that are being made are not driven by the dollars; they're driven by our desire, working with the local community, to improve the quality of care that is available to all those families.

Mr. Peter Kormos: Give your head a shake. How does locking the doors to an emergency room in Port Colborne or in Fort Erie improve the quality of health care for the folks who live in those communities?

This Premier hides behind a LHIN that is unelected, unaccountable, largely anonymous, arrogant and unresponsive to the communities it supposes to represent. Why won't this Premier explain to the people of Port Colborne and Fort Erie—and there are thousands of them out there right now—why he's shutting down their emergency rooms?

Hon. Dalton McGuinty: A few things: First of all, I think it's important for us to work with the LHINs. They are the people who we recognize in the communities who are to provide leadership, and LHINs shape the local decision-making. We think it's important to work with those people.

As well, I think it's important to understand that when it comes to the two hospitals in question, at present, if you were suffering from severe trauma or a heart attack or a stroke and found yourself in an ambulance, the ambulances would drive by those two hospitals to larger centres. In fact, they're driving to larger centres because the larger centres have more equipment and they have a specialist on site.

This is all about ensuring that we're bringing home to people, in the closest possible way, the best quality of care. That's what's motivating this decision-making. I understand it's controversial, I understand it's very emotional for the folks there, but I want them to understand it's about improving quality of care.

RESEARCH AND INNOVATION

Mr. Jeff Leal: My question is to the Minister of Research and Innovation. Minister, in last month's Toronto Star, we read about a \$4.7-million investment through the Minister of Research and Innovation's Ontario Research Fund to a Toronto lab run by Dr. Aled Edwards. Open Access Science is an approach to research and commercialization used by Dr. Edwards in the Structural

Genomics Consortium, which is based in the University of Toronto and is dedicated to advancing global biomedical research.

The Structural Genomics Consortium is a not-for-profit organization that aims to determine the three-dimensional structures of proteins of medical relevance and place them in the public domain without restriction. It operates in the Universities of Oxford and Toronto, and the Karolinska Institutet in Stockholm. As a top researcher and thought-leader, Dr. Edwards continues to attract brilliant young researchers from around the world. That means a competitive Ontario, a more vibrant research community and the development of new jobs and industries.

What is the Minister of Research and Innovation doing—

The Speaker (Hon. Steve Peters): Thank you. Minister?

Hon. John Wilkinson: I want to thank my friend for the question. I think it's something that all of us in this House can be proud of. The Ontario Research Fund, funded through the Ministry of Research and Innovation, just made an investment of some \$4.7 million, but that is in addition to the investments that have been made by our government and previous governments in the globally significant research that's being led by Dr. Aled Edwards at the University of Toronto. He is working with top researchers at Oxford University in England and the Karolinska Institutet in Stockholm, Sweden, unlocking not the genome but the body's ability to take the information that's contained in our genome and create proteins, and actually to have three-dimensional pictures of those proteins. If we can do that, if we can unlock that, it means that when it comes to medicines, we're going to be able to tailor-make the types of medicines we need in our communities to alleviate human suffering.

It's something we're very proud of. This open-access concept that Dr. Aled Edwards has is globally significant, and we're proud of his—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Jeff Leal: Trent University, located in the great riding of Peterborough, has established a reputation on the international stage for its groundbreaking research. Trent has six strategic research clusters: biological and forensic sciences; Canadian and indigenous studies; cultural studies and the humanities; education, health and sustainability; environmental science, material science and quantitative modelling; and, finally, understanding people, communities and institutions.

The quality of the research can be seen in the number of research chairs who call Trent their home. These research chairs aim to strengthen research excellence in Canada, improve the training of the highly qualified personnel through research, and improve universities' capacity to generate and apply new knowledge.

What is the Ministry of Research and Innovation doing to ensure research chairs such as these continue to conduct research at Trent and across the province of Ontario?

Hon. John Wilkinson: I want to thank the MPP for Trent University for the question. We've made an investment of some \$8 million into a number of cutting-edge labs in Trent, but I want to talk about our \$2-million investment in the International Consortium on Anti-Virals.

The world today is trying to get ahead of Mother Nature. Mother Nature has introduced a new virus into this world and it's our researchers who are working in the field of anti-virals who will come up with vaccines and a solution to that challenge that Mother Nature is presenting us.

Now, more than ever, it is important for our scientists to be able to do this type of work. It is something that we're all expecting our scientists to do, and we're particularly proud that at Trent University, this International Consortium on Anti-Virals is leading the world in our response to this new threat provided by Mother Nature. That's why that type of research, which is going on in your home community, is so important—

The Speaker (Hon. Steve Peters): Thank you.

HOSPITAL FUNDING

Mr. Norm Miller: I have a question for the Minister of Health. A busload of Almaguin residents are here at Queen's Park today, gravely concerned that you're going to shut down the Burk's Falls health centre. We have leaders in the community here. We have the mayor of Magnetawan here, Dick Smith; the reeve of Burk's Falls, Cathy Still; the reeve of Ryerson township, Glen Miller; and Bruce Campbell, councillor for Burk's Falls.

Can you assure the residents and the community leaders that you will not be reducing health services in the Almaguin area and that the Burk's Falls health centre will be kept open?

Hon. David Caplan: I can assure the members opposite and the people who are visiting here today that we're going to continue what we're doing, which is expanding the amount of resources available to hospitals in the province of Ontario. In fact, this is what we have seen in this province since the year 2003.

I note, for the member opposite, that he supports a leadership candidate, I understand, who is a frontrunner for their party who supports cutting and reopening the deal on physicians' salaries and nurses' salaries and has further proposed the elimination of the Ontario health premium, which would amount to a \$3-billion cut to health care.

This member can speak and articulate now that he does not support those kinds of measures because of the damage that that would do to our health care system. Members on this side of the House will stand up for health care, will stand up for those communities—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Norm Miller: I asked a very straightforward question and you decided to give me a partisan answer, which is not very much appreciated.

In the Almaguin Highlands-Burk's Falls area, we have an aging population. We have a population that swells greatly in the summer months, beyond the health care centre's capacity in the summer months. In addition, other hospitals in the area are often at or over capacity, and they're full of individuals who could be better cared for in other parts of the health care system; those are the ALC patients. This signals a larger crisis in our health care system which this minister fails to address.

Muskoka Algonquin Healthcare has been asking for funding for years. Not only does the Burk's Falls health centre need to stay open, it needs funds to successfully meet the needs of the community. Will you give your word to the concerned Almaguin residents that the funding they've been pushing for, and that I've been presenting petitions daily on, will be coming forward to help sustain the Burk's—

The Speaker (Hon. Steve Peters): Thank you. Minister?

1110

Hon. David Caplan: The member opposite wants to cut health care spending, yet asks, "Will you continue to spend more?" The member's got to figure out whose side he is on here.

The member mentions ALC. Alternative level of care is a tremendous challenge in the province of Ontario; I acknowledge that. We are working on developing strategies like our aging-at-home strategy—\$1.1 billion over four years—to be able to build the kind of community capacity and to be able to support communities. On top of that, so far, we have invested an additional \$1 billion in long-term care, fully a 50% increase.

I do say to the member: He will have some explaining to do. He supports a leader for their party who wishes to cut \$3 billion in health care. He supports a leader for his party who wants to reopen the agreements for our nurses and doctors—

The Speaker (Hon. Steve Peters): Thank you.

CANCER TREATMENT

M^{me} France Gélinas: Ma question est pour le ministre de la Santé et des Soins de longue durée. The new report by the Cancer Quality Council of Ontario and Cancer Care Ontario says that wait times for chemotherapy in Ontario are growing longer. Last year, the wait times for 90% of the patients averaged 73 days. Cancer Care Ontario recommends waiting no longer than 28 days before you start your treatment. Why are Ontarians with cancer being forced to wait nearly three times longer than they should for life-saving treatment?

Hon. David Caplan: I want to thank the member for the question, and I want to thank Cancer Care Ontario for the report.

Dr. Terry Sullivan, the president and CEO of Cancer Care Ontario, said, "We're a victim of our own success with chemotherapy ... we have more people living longer and being re-treated ... which means busier and more

crowded (chemotherapy) suites in hospital cancer centres."

Overall, cancer surgery wait times are down by 30%. We've invested \$600 million annually to Cancer Care Ontario, the ministry's primary adviser on adult cancer services. We are working closely with Cancer Care Ontario to develop a regional systemic treatment plan to improve quality chemotherapy services for people as close to home as possible.

I think I've answered that question. Dr. Sullivan says we've been tremendously successful, and we are victims of it. The members opposite may not like—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

M^{me} France Gélinas: So we are to get from this that we wait longer because we live longer. If nobody knew that people in Ontario were living longer—I think everybody knew that, and I sure hope our Minister of Health would know that also.

The cancer treatment report also found that in some areas, people had to wait for 117 days. That's four times the recommended wait time. Those are long days when you are worried about dying of cancer and you cannot get access to treatment that may save your life.

The McGuinty government has reportedly boasted about reducing wait times, but cancer treatment wait times are increasing. What will the government do to reverse this trend?

Hon. David Caplan: In fact, the member is incorrect: Cancer wait times are down 30%. In fact, the government is working with Cancer Care Ontario and putting the resources that we have, so that we expect to see further advances.

For example, we launched Canada's first province-wide colorectal cancer screening program: some 34,000 more colonoscopies in Ontario and funding approximately 130,000 more over five years. We introduced free vaccines to protect young women against the human papilloma virus. That means 40,000 girls in grade 8 will have protection against the two most high-risk types of cancer. We've extended the breast cancer screening program by adding 100,000 more scans per year and 34 new breast cancer screening sites in Ontario. We've expanded access to cancer testing by funding the PSA test for the first time in the province of Ontario. And since 2006, we've added 21—

The Speaker (Hon. Steve Peters): Thank you.

VOLUNTEERS

Mrs. Liz Sandals: My question is for the Minister of Citizenship and Immigration. Minister, as many in this Legislature are aware, last week was an important week in Ontario and indeed in Canada: National Volunteer Week.

I, like many members in this Legislature, am keenly aware of the impact that volunteers have in our community. In fact, Minister, we were pleased to welcome you to

Kitchener for the Wellington-Waterloo awards, as well as your parliamentary assistant on one of the other evenings.

One of the groups that we honoured there were students from my hometown, from the University of Guelph, who have a food program that has been recognized provincially. One of their signature events is Halloween evening, when they borrow grocery carts from the local grocery store and collect food for a local food bank.

Minister, can you please tell the Legislature about some of the other activities that took place during National Volunteer Week?

Hon. Michael Chan: I want to thank the honourable member for her question. She is correct: Volunteers do build communities. During National Volunteer Week, the government of Ontario is pleased to recognize the contributions of volunteers from all over the province.

On April 20, I had the pleasure of joining the Lieutenant Governor for the presentation of the Ontario Medal for Young Volunteers. Eight outstanding Ontario youths, including Miles Hoffman, from Pickle Lake, in northwestern Ontario, were recognized for their exceptional contributions to the province of Ontario. Miles was recognized for being the go-to person for just about any and every volunteer task you can imagine, all the while being the only volunteer on the Pickle Lake recreation committee.

Volunteerism is working wonderfully in Ontario.

The Speaker (Hon. Steve Peters): Supplementary?

Mrs. Liz Sandals: One statistic that never ceases to amaze me is the youth volunteerism rate here in Ontario. The volunteerism rate for youth in Ontario between the ages of 15 and 24 is 63%, the highest level in Canada. In fact, Ontario youth have the highest-percentage volunteerism rate of any group in Canada, and contribute, on average, 138 volunteer hours per year.

Minister, the ChangeTheWorld Ontario Youth Volunteer Challenge is in its second year. On Saturday, I was pleased to visit the Guelph program, where the student volunteers were just returning from experiences like the humane society and children's camps and tree nurseries, and had a great day.

Minister, can you please share some information with the Legislature about the government's efforts to support youth volunteerism in Ontario?

Hon. Michael Chan: Again, I want to thank the honourable member for her question.

This year, interest in the ChangeTheWorld Ontario Youth Volunteer Challenge has been higher than ever. My ministry, working with volunteer centres in 19 communities around Ontario, challenged 10,000 Ontario youths to donate five hours of their time during National Volunteer Week. I'm pleased to say that, from the preliminary data, Ontario's youth have responded.

After a very successful launch event in the member's home municipality, interest in the youth challenge has exploded. Hundreds of youths have joined the ChangeTheWorld Facebook group, and well over 10,000 unique hits have been counted on my ministry's website.

Together, we have reached thousands of youths through the ChangeTheWorld Ontario Youth Volunteer Challenge.

HOSPITAL INFRASTRUCTURE

Mrs. Joyce Savoline: My question is to the Minister of Health. Minister, you have done nothing to ensure that the physical structures of most aging hospitals are ready for a pandemic.

The Sault Ste. Marie hospital's coroner's report on the C. difficile outbreak sat on the health minister's desk for over a year. This report clearly identified aging infrastructure as one of the key contributors to the severity of the outbreak.

Joseph Brant Memorial Hospital in Burlington has outdated infrastructure, Minister, a point you are clearly aware of. This may have contributed to the severity of the C. diff outbreak in Burlington.

Minister, how can you reassure the residents of Burlington, and all Ontarians in communities with aging hospitals, that you are ready for a pandemic, when you have done nothing to address this critical underlying issue?

1120

Hon. David Caplan: I've got to tell you, the member asks a rather odd question, given the fact that Ontario has undertaken over 100 health care capital projects in communities right across this province.

I do acknowledge that there is more to do, and Joseph Brant Memorial Hospital is one that is very much on our radar. But I think the member's rhetoric that nothing has happened is not in keeping with the facts as we are seeing them across the province of Ontario. I know the member would want to acknowledge the work that my colleague and Infrastructure Ontario have done on generic output specs, for the very first time, where we have identified infectious disease control as a part of hospital design. It did not exist previously.

The member should get her facts right, because she clearly does not know what she's talking about. She should go to the two dozen different—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mrs. Joyce Savoline: I do have my facts right. The people of Burlington have sent over \$600 million to this province and they have received \$17 million back. You do the math. Our aging infrastructure is not fixed.

I walked past tourists today on the sidewalk of this Legislature. They were taking photos and had their masks on. People are doing what is within their control to avoid getting sick.

Minister, this is not just about a pandemic plan. You have the responsibility, the authority and the control to ensure that our aging hospitals are ready to deal with any pandemic. If you are to continue to claim that your ministry and our hospitals are fully ready to deal with a pandemic, then will you commit to making the necessary investments in our aging physical infrastructure in com-

munities across Ontario to enable them to fight this with effective tools? Will you allocate staff and resources to the aging, at-risk hospitals?

Hon. David Caplan: The member and her party have consistently opposed all of the actions that we have taken to modernize and invest in the infrastructure of the province of Ontario. We have projects right across this province, over 100 in size and scope, to be able to address precisely these issues.

There is nothing less than an infrastructure renaissance that is taking place in this province when it comes to the health care infrastructure that we have. This member is out to lunch. She just does not get it. She does not get the extraordinary steps that this government has taken when it comes to making these kinds of investments.

I do acknowledge that there is more to be done. That is why I am working with my colleague the Minister of Energy and Infrastructure on developing the plans for additional—

The Speaker (Hon. Steve Peters): Thank you.

TUITION

Mr. Rosario Marchese: To the Minister of Training: This week, the University of Toronto's business board approved a plan to charge students in the arts and sciences tuition fees for five courses even when they take three or four. The hundreds of students I spoke to on Monday oppose it, New Democrats oppose it, and the public believes it's unfair. Why is the minister allowing a flat fee?

Hon. John Milloy: I'm of course aware that the University of Toronto is looking into the possibility of a flat fee. I understand that no decision has been made.

But I should remind the member that universities have been able to charge tuition fees for students on a program or flat-fee basis for many years. In fact, I understand the University of Toronto has some courses where that already exists. The policy has been in place for decades. Carleton University, my alma mater, has been charging flat fees for the past 25 years.

What is important is that any change of this nature, which may ultimately come from the University of Toronto, corresponds with the province's tuition fee framework, which not only limits tuition fees but also mandates universities to provide students with assistance to make sure that finances are never an obstacle.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Rosario Marchese: If the source of the students' grief at the University of Toronto is this government's tuition fee framework, then it's time to change the framework.

It's 2009, and this government's lack of leadership and vision has left students burdened with debt and without job prospects. Today, the students are carrying the burden of the economy on their shoulders. Today, they tell you that they can't pay for five courses when they take three.

Will this government bring fairness to post-secondary education or will it continue to allow a flat fee that leaves students flat on their backs?

Hon. John Milloy: It's a little bit rich, coming from the New Democratic Party. How dare he stand up and say we don't have a vision when it comes to student assistance in this province. Since we took office, we have more than doubled the rate of student assistance for students in the province of Ontario. Ontario students currently receive the highest level of non-repayable assistance ever. OSAP loan default rates are the lowest they've ever been since measurement began: 8.4% this year.

Let me share more statistics. We've tripled the number of grants available to students. In fact, one in four students—approximately 120,000 Ontario students—receive non-repayable grants. Does the member remember non-repayable, upfront grants? His government cancelled them.

DRINKING AND DRIVING

Mr. Khalil Ramal: My question is for the Minister of Transportation.

Interjections.

Mr. Khalil Ramal: I have a good question here; you have to listen.

Minister, road safety is important—

Interjections.

The Speaker (Hon. Steve Peters): I would appreciate some quiet all around. It would be most beneficial, especially for our guests here, who like to hear these very important questions that are being asked.

Mr. Khalil Ramal: Road safety in this province is very important for all of us, especially for people like us who drive on a regular basis from our constituency to this place. Helping to keep Ontario roads safe is every Ontarian's responsibility. Minister, it's so frustrating when you read the newspaper and watch the news and you see a lot of accidents because people choose to drink and drive, which causes a lot of injuries and also costs the taxpayers a lot of money—close to billions of dollars on a regular basis.

Minister, I understand that there are measures being implemented shortly to help—

The Speaker (Hon. Steve Peters): Thank you. Minister?

Hon. James J. Bradley: Good question. The member is correct: Not only is the financial cost to Ontario estimated at \$3 billion annually; drunk driving still accounts for 25% of all fatalities on Ontario roads. We would all agree that that's completely unacceptable. These are just some of the reasons that we have moved forward with new measures for those who are caught driving in the "warn" range, meaning a blood-alcohol concentration between 0.05 and 0.08.

Effective May 1, 2009, the current 12-hour licence suspensions for drivers who blow in the "warn" range will increase to three days for a first occurrence; seven days plus enrolment in a remedial alcohol education pro-

gram for a second occurrence; and for a third occurrence, 30 days, a remedial alcohol treatment program and an ignition interlock condition on the driver's licence for a minimum of six months.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Khalil Ramal: Thank you, Minister, for this important news. I'm going to share this information with my constituents. Minister, I believe our partners will also be happy, especially the police, who work very hard and closely with your ministry to implement those measures in order to create safety for the people of this province.

But, Minister, I'm a little bit confused about the escalation sanctions which you're implementing. What's the difference between the sanctions already in place and the ones you will implement May 1? Can you tell this House and tell me in detail what that is going to mean to the people of Ontario?

Hon. James J. Bradley: We heard from our police and road safety partners that more needed to be done. That's why we passed Bill 203, the Safer Roads for a Safer Ontario Act, and are putting in place escalating sanctions for those caught driving in the "warn" range. Almost 17% of drinking drivers killed in Ontario had a blood-alcohol concentration of less than 0.08, the legal limit. Those driving in the "warn" range are seven times more likely to be involved in a fatal collision.

At 12 hours, Ontario currently has the shortest initial suspension period of any province. By increasing this penalty to escalating sanctions, we'll make a difference. If a licence is suspended under this program, once the suspension period is up, the driver will have to pay a \$150 reinstatement fee at any driver's licensing office to be fully reinstated.

This is something that is accepted by all political parties and has been a cause of all governments and parties over the years, and we're—

The Speaker (Hon. Steve Peters): Thank you.

1130

HOSPITAL FUNDING

Mr. John O'Toole: My question is to the Minister of Health. We have thousands of people at the front door demonstrating in support of their small rural hospitals in Ontario. These citizens are among thousands of Ontarians who are concerned about the closure and elimination of services in their community hospitals. The official opposition, as you know, has filed a notice of motion to debate today why the McGuinty government has no plan to deal with hospital deficits and protect patient services.

On March 31, Minister, I did ask a question about the Lakeridge Health Bowmanville hospital in my riding. They are worried and have concerns about the loss of services at their hospital.

Minister, what is your response to people like Jeff Wesley or Conrad Noel from Save Our Sydenham, or Dr. Tony Stone or John Reid about the services that are provided at the Bowmanville hospital? What is your answer to these people?

Hon. David Caplan: I thank the member for the question, because our government is committed to providing quality care for all Ontarians, regardless of where they live in this province. We recognize the challenges that rural and northern communities do face, and our government is committed to examining these issues and providing a provincial framework to support northern and rural communities, as we had committed to during the election campaign of 2007. To that end, we're creating a northern and rural health care panel to provide recommendations to identify the unique needs of health care in those communities.

But I would add for the member's sake that hospital funding in Ontario has increased from \$11 billion to \$15.5 billion in 2009-10. That's a 37% increase in funding. That includes meeting an expected 2.1% base funding increase, but on top of that, health care funding is increasing 4.7%—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. John O'Toole: Minister, it's clear today from all of the questions that you really want to blame others while, in fact, you're doing nothing. Our critic, Ms. Witmer, has made it clear to you that we committed in government to improve services. What are you going to do? How are you going to answer the people who are here today demonstrating to you that they are concerned about their hospitals in all small towns in the province of Ontario?

Minister, you want to talk about the numbers. Talk about the people. Talk about the families who have been denied services in this province under your watch. What is your plan? Rather than blaming the LHINs or the hospital boards, what are you saying to the people of Ontario to ensure that their services in their local hospitals aren't cut? What's the answer today?

Hon. David Caplan: I say to the member opposite that your record when you were in government was that you closed 28 hospitals. Your record when you were in government was that you closed thousands of hospital beds. Your record, sir, when you were in government, I say through the Speaker, was to fire thousands of nurses. It has been the reverse under members on this side of the House under the leadership of Premier McGuinty.

This member and his party have an avowed promise to eliminate the Ontario health premium. That would amount to a \$3-billion cut to health care. I reject that kind of approach. I reject an approach which in fact sees small and rural communities under attack. I choose an approach which invests in those communities, which supports them, which has a view not only in the hospital, but in the community through an aging-at-home strategy and through investments in long-term care.

This member really should learn the facts and really understand what's going—

The Speaker (Hon. Steve Peters): Thank you. The member from—

Interjection.

The Speaker (Hon. Steve Peters): Stop the clock. You can file it at the appropriate time.

Start the clock. The member from Timmins-James Bay.

ONTARIO NORTHLAND TRANSPORTATION COMMISSION

Mr. Gilles Bisson: My question is to the Minister of Northern Development and Mines. Minister, you'll know that people in the city of Timmins have been organizing a petition now for a couple of months and have signed up about 5,000 people on that petition to bring the Ontario Northland train back into Porcupine in order to be able to service the people of the city of Timmins.

My question to you on behalf of those people simply is this: Are you prepared to entertain such a plan?

Hon. Michael Gravelle: I appreciate the question from the member. Obviously, we are very supportive of the Ontario Northland and the ONTC in general. Our commitment has been very, very clear. I have not had the opportunity to see that petition, but I will look forward to getting more details on it from the member.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Gilles Bisson: People in the city of Timmins wonder why it is that the largest city in northeastern Ontario that is serviced by the Ontario Northland, other than North Bay, doesn't have a train coming to it since 1989.

The question is very simply this: People in the city of Timmins are prepared to work with this government in order to be able to bring services back into the city of Timmins. The rail line is there; we're already servicing Xstrata. The train is already going into Connaught. All that is needed is a platform and some co-operation from Ontario Northland to bring the train back. The question again: Are you prepared to do it?

Hon. Michael Gravelle: I appreciate the question from the member, and indeed we are very pleased with the support that our government has provided to the ONTC. We certainly are pleased about the new Northlander train schedule that went in not long ago, resulting in a 20% increase in passengers. We are proud of the work that has been done to replace approximately 168,000 railway ties on the 700 miles of rail network. We're very pleased about the \$81-million contract to refurbish 121 GO Transit commuter rail cars in a retooling-refurbishing job.

So, as always, I'm glad to hear from the member about any suggestions, and I'll certainly be pleased to talk to the mayor of Timmins, whom I happened to see this morning. In fact, I say to the member, that issue did not come up as an issue that he was bringing forward. But as always, I'm glad to hear from the member.

NOTICE OF DISSATISFACTION

The Speaker (Hon. Steve Peters): Pursuant to standing order 38(a), the member for Burlington has given notice of her dissatisfaction with the answer to her question given by the Minister of Health concerning the Joseph Brant Memorial Hospital. This matter will be debated today at 6 p.m.

Pursuant to standing order 38(a), the member for Kitchener–Waterloo has given notice of her dissatis-

faction with the answer to her question given by the Minister of Health concerning the government's health policies. This matter will be debated at 6 p.m. today.

Pursuant to standing order 38(a), the member for Sarnia–Lambton has given notice of his dissatisfaction with the answer to his question given by the Minister of Health concerning geographic barriers to health services provision. This matter will be debated at 6 p.m. today.

There being no deferred votes, this House stands recessed until 3 p.m.

The House recessed from 1137 to 1500.

INTRODUCTION OF VISITORS

Mr. Shafiq Qadri: I'm privileged today, on behalf of all members of the Legislature, to welcome three very important guests from the riding of Etobicoke North: Dr. Patricia Keith and Michelle and Margaret Kolodziejczyk. They are members of the Break Free Family Centre and do extraordinary work for youth engagement and community building in my riding. We're pleased to have all of you here.

Mrs. Julia Munro: I'd like to introduce my husband, John Munro, who's in the gallery today.

The Speaker (Hon. Steve Peters): On behalf of the member from Bramalea–Gore–Malton and page Zachary Crichton, we'd like to welcome his mother, Theresa Crichton, and his sister Mackenzie, sitting in the members' gallery. Welcome to Queen's Park.

MEMBERS' STATEMENTS

NAIL AND SAIL

Mr. Bill Murdoch: Today I would like to tell you about an exciting fundraiser and awareness event happening in Toronto this summer. It is called the Nail and Sail, in support of the Canadian international humanitarian organization Right to Play, taking place at Ashbridge's Bay on the Lake Ontario waterfront on Thursday, June 25.

Nail and Sail will see teams of 10 people building boats from supplied materials and then racing their crafts across a 500-metre course on Lake Ontario. The more money you raise, the more materials you get to build a better boat and win the race.

For those unfamiliar with Right to Play, this is one of Ontario's and Canada's greatest success stories. Right to Play's mission is to improve the lives of children in some of the most disadvantaged areas of the world by using the power of sport and play for development, health and peace. With international headquarters right here in Toronto, Right to Play works in 23 countries in the developing world and is currently reaching more than 600,000 children each week with their programs.

Right to Play is supported by more than 300 amateur and professional athletes in Canada—people like Wayne

Gretzky, Hayley Wickenheiser, Silken Laumann, Clara Hughes, Beckie Scott and many, many more.

Earlier this morning, Right to Play athlete ambassadors Marnie McBean and Jennifer Botterill helped launch Nail and Sail at the media event in Toronto. I plan to be volunteering at Nail and Sail on June 25 and ask others to also get involved in support of this fantastic cause.

Please visit www.nailandsail.com. This is an organization all Ontarians should be proud of.

TOURISM

Mr. Pat Hoy: The Ontario government recognizes the important role that festivals and events play in enhancing local economies and increasing tourism province-wide. Celebrate Ontario is a program that supports new and existing tourism festivals and events by enhancing programs, activities and services that lead to long-term improvements, attract more tourists and increase tourism spending.

I'm pleased to announce that this year's Celebrate Ontario is investing \$135,619 in four organizations in Chatham-Kent. Congratulations to the historic Downtown Chatham BIA, who will be holding the 2009 RetroFest from May 22 to 24; Park Street Centre for the Gregor's Crossing Medieval Faire from May 28 to 31; the Tilbury BIA and Chamber of Commerce for Tilbury Fun Fest from June 26 to 28; and the Rotary Club of Chatham Sunrise for the Rotary Ribfest from July 3 to 5. I encourage everyone to attend these exciting events and discover Chatham-Kent.

Tourism is an important job creator, an economic driver for communities all across the province. Thank you to the many dedicated volunteer organizers for their contribution to Ontario's economy. Chatham-Kent looks forward to welcoming the many visitors who will be attending.

RENEWABLE ENERGY

Mr. Ernie Hardeman: This afternoon, the Standing Committee on General Government will be meeting to make amendments to Bill 150, the so-called Green Energy Act. As our caucus has pointed out in this Legislature over the past two months, there are many, many parts of this bill that need to be corrected.

We all know that it's going to result in huge cost increases to the people and businesses across Ontario.

We support green energy and environmentally responsible solutions, but we need to be smart about how we do it. For instance, we need to ensure that we are not sacrificing the future of our agriculture industry by covering prime agricultural land with energy projects that could go to other locations.

We are not alone in this belief. In recent commentary, the president of the Ontario Federation of Agriculture said, "OFA does not support solar farms that would take agricultural land out of food production." In a presentation to the standing committee, the Association of Mu-

nicipalities of Ontario said that "ground-mount solar projects should not be permitted on class 1, 2 or 3 agricultural lands."

We believe in the importance and the future of our agriculture industry. That's why the PC caucus tabled an amendment to Bill 150 in committee today that restricts the installation of solar farms on prime agricultural land. If the government supports agriculture, this is the time to prove it. Vote to support our amendment and to protect agriculture by ensuring that solar farms cannot be located on prime agricultural lands in the province of Ontario.

RENEWABLE ENERGY

Ms. Helena Jaczek: My constituency of Oak Ridges–Markham is home to a remarkable initiative in solar and wind energy. With the help of family, friends and neighbours, my constituent Bob James has installed both a wind turbine and solar panels at his farm residence in Whitchurch-Stouffville. The wind turbine generates alternating current, and the six-panel solar system tracks the sun and comes equipped with an inverter which converts the energy into AC power. Battery backups provide optimal storage of generated energy.

The James family decided to spend approximately \$40,000 on having these technologies purchased, installed and functioning. They were able to claim approximately \$8,000 in rebates under the Ontario PowerHouse program, which is funded by the Ministry of Energy. The power generated supplies 35% of the James's family's annual energy needs, saving them \$900 annually.

Minister George Smitherman joined me last week at the James residence to view the installation. We were able to see first-hand how green energy projects help better protect our environment, combat climate change and create a healthier future for our children.

I applaud our government for introducing the Green Energy and Green Economy Act. We are fostering a culture of conservation and encouraging the use of renewables.

Congratulations to the James family in being pioneers in the use of green energy.

ANTI-BULLYING INITIATIVES

Mrs. Julia Munro: As many in this House may know, I was a high school teacher for 28 years. One of the things I learned was that when a large number of students stand up for the rights of a fellow student, it's time for those in authority to start listening.

We have all read in the paper that a 15-year-old Keswick student faces charges for defending himself against a bully. According to the reports, the student is a black belt in martial arts, and when he was assaulted by another student, he responded by punching his attacker and breaking his nose.

I would never tell the police or the courts how to resolve a case; an MPP should not interfere. But I just have to ask: Are the anti-bullying policies that this gov-

ernment trumpets actually working, or do we have a system that treats bullies and victims who defend themselves the same?

No one approves of violence, but a student who defends himself from violence is not equivalent to an attacker. One of the oldest concepts in our common law is the right to self-defence. Anti-bullying policies should never require a victim to simply turn the other cheek, and this government should make that clear.

VAISAKHI

Mr. Vic Dhillon: I rise today to acknowledge the Ontario Sikh and Gurdwara Council's annual Khalsa/Vaisakhi parade, which was held last Sunday at Toronto city hall. Vaisakhi is an important holiday for Sikhs across the world. Vaisakhi is a Sikh new year festival that celebrates the annual harvest. This holiday also commemorates the year 1699, the year Sikhism was born as a collective faith.

In Ontario, we recognize, respect and celebrate all faiths and religions. We, as a society, are open and welcoming toward other people's faiths and beliefs. We live in a province where you can experience different cultures and diversities on a daily basis. This is what makes Ontario so special.

1510

I would like to recognize my colleagues from this side of the House who made the effort of joining all the participants at this year's parade. The master of ceremonies especially noted and recognized the large attendance by the Liberal caucus. It would have been nice to see a few more faces from across the aisle at this parade to celebrate this province's greatest diversity and the more important role that the Sikh community plays.

Nonetheless, all participants had a great time, and I personally look forward to attending next year's parade.

HOSPITAL FUNDING

M^{me} France Gélinas: Today at Queen's Park, people from smaller communities came to express their concerns about the cuts to their community hospitals. These small and rural community hospitals often serve as an entrance point to the health care system. When the McGuinty government decides to close these hospital emergency departments, people's needs don't go away; people's needs don't change. What will change is that all the people from rural Ontario will have to travel longer to regional hospitals, but regional hospitals usually cost more—not a wise move, but this government seems bent on cutting services at small, rural community hospitals throughout our province.

I also want to talk about bigger tertiary-care hospitals: the one in my region, the Sudbury Regional Hospital. The good people at Sudbury Regional Hospital are looking in every nook and cranny to find \$12 million worth of savings, because they have a \$12-million deficit. I have no doubt that if they have to balance their books in this

fiscal year, the hospital will make cuts to care, to service, to programs, to procedures and to staff. But there are better solutions out there that are available with the right political will.

First, recognize Sudbury Regional Hospital's role as a teaching hospital. Second, acknowledge that the ALC crisis is not of their doing.

SIR WINSTON CHURCHILL COLLEGIATE AND VOCATIONAL INSTITUTE

Mr. Bill Mauro: Students of my Thunder Bay alma mater, Sir Winston Churchill Collegiate and Vocational Institute Trojans cheerleading squad recently placed first in the level-four senior school division. This was the highest level of difficulty at the CheerExpo national cheerleading competition in Halifax. The group of 33 students from grades 9 to 12 competed with flawless performances. The team also held the honour of maintaining a team average of 80% throughout their season from October to April. The athletes, coaches and parents all worked together to raise funds for their trip to Halifax, including hosting two junior cheerleading competitions and a spaghetti dinner.

I would like to salute the talented cheerleading squad and their wonderful coaching and mentoring staff. These coaches, staff advisers and coach assistants include Heather Campbell, Krista Beange, Kiirsti Rathje, Torie Forsythe, Robyn Hamlyn and Paige Fenelon. I want to thank them for their dedication in bringing out the best in their students, which led to this outstanding athletic achievement.

I would also like to salute the Churchill Programmers, who took first and third prizes in the Lakehead University software competition recently. Tim Schoenberger took first prize and a \$500 award for his video game, *The Adventures of Mr. Hat*. Craig Macsemchuk and Andrea Warywoda won third prize and a \$300 cash award for their JNet Filter project. Congratulations also to Casey Howard and Cody Zellweger for a strong project.

SHINHAN BANK

Mr. David Zimmer: I want to welcome Shinhan Bank of Korea president and CEO Mr. Baek Soon Lee to Ontario. Mr. Lee attended last night's grand opening of Shinhan Bank's first branch in Canada, located in my riding of Willowdale.

Shinhan Bank is Korea's first bank. It was established under the name Hanseong Bank in 1897. Reorganized in 1982, Shinhan Bank is a subsidiary of the Shinhan Financial Group, South Korea's second-largest financial holding company. Today, the bank has 42 units in 12 countries and 22,000 employees.

On a recent trip to South Korea, Minister Pupatello met with representatives of Shinhan Bank, and learned more about the company's business expansion plans for

Ontario and discussed government plans to help the bank proceed with their expansion.

In October 2008, the bank opened its Canadian head office here in Toronto, and in March 2009, their first branch office. Both are located in Willowdale.

Shinhan Bank recognizes the great value of banking opportunities here in Ontario. The province of Ontario is proud to welcome Shinhan Bank to Toronto. I would like to wish it much success as it grows and prospers here in the great province of Ontario.

NOTICE OF DISSATISFACTION

The Speaker (Hon. Steve Peters): Pursuant to standing order 38(a), the member for Durham has given notice of his dissatisfaction with the answer to his question by the Minister of Health concerning cuts to services and closings at the Bowmanville and Uxbridge hospitals. This matter will be debated next Tuesday at 6 p.m.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Mr. Joe Dickson: I beg leave to present a report from the Standing Committee on the Legislative Assembly and move its adoption.

The Clerk-at-the-Table (Ms. Tonia Grannum): Your committee begs to report the following bill without amendment:

Bill 154, An Act to amend the Employment Standards Act, 2000 in respect of organ donor leave / Projet de loi 154, Loi modifiant la Loi de 2000 sur les normes d'emploi en ce qui concerne le congé pour don d'organe.

The Speaker (Hon. Steve Peters): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

The Speaker (Hon. Steve Peters): The bill is therefore ordered for third reading.

INTRODUCTION OF BILLS

TICKET SPECULATION AMENDMENT ACT, 2009

LOI DE 2009 MODIFIANT LA LOI SUR LE TRAFIC DES BILLETS DE SPECTACLE

Mr. Bentley moved first reading of the following bill:

Bill 172, An Act to amend the Ticket Speculation Act / Projet de loi 172, Loi modifiant la Loi sur le trafic des billets de spectacle.

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

First reading agreed to.

The Speaker (Hon. Steve Peters): The minister for a short statement?

Hon. Christopher Bentley: During ministerial statements.

STATEMENTS BY THE MINISTRY AND RESPONSES

CONSUMER PROTECTION

PROTECTION DU CONSOMMATEUR

Hon. Christopher Bentley: I'm pleased to rise in the House today on behalf of the McGuinty government to introduce legislation that would, if passed, help to ensure fair access to entertainment tickets.

I would like to thank Minister Takhar of small business and consumer services for his close co-operation and support throughout the development of these proposed amendments.

Ontarians work hard. They work to support their families and support our economy. As we all work our way through these lean economic times, we must be able to count on principles that have carried us through challenging times in the past, and one of those principles is the importance of fair business practices.

Recently, Ontario consumers have joined the chorus of voices expressing concern and frustration over unfair ticket resale practices in Ontario. Their frustration stems from the concern that companies may make tickets available for sale to popular Ontario events on the primary market, and then, on the secondary market at much higher prices.

The McGuinty government wants to do something about this, and so today we're moving forward on our commitment to protect Ontario consumers.

Cette loi, si elle est adoptée, permettra d'assurer un accès juste aux billets de spectacles en interdisant à des vendeurs principaux et secondaires liés, dont des agents et des courtiers, de mettre en vente des billets d'entrée pour les mêmes événements.

This legislation would, if passed, help to ensure fair access to entertainment tickets by prohibiting related primary and secondary ticket sellers, including agents and brokers, from selling tickets to the same events.

Going a step further, an individual fine of up to \$5,000 and a corporate fine of up to \$50,000 would be created in order to deal with any violations of the new rule.

There are a number of different arrangements by which tickets are sold in Ontario, but our objective in all of this is simple: to ensure fairness for Ontarians.

We're all acutely aware that these are challenging economic times, and during these times, when every dollar counts and everyone is working to ensure they get the best value for their dollar, it is vital that we take the

necessary steps to safeguard consumer protection and ensure that fairness continues to be a cornerstone of business practices in Ontario.

As we move forward in our efforts, we'll continue to watch out for the best interests of Ontarians and ensure that, at a minimum, they receive the same protections as consumers in other jurisdictions.

I know that there are many members in this House, some of whom are sitting across from me now, who have been anticipating the introduction of this legislation because they believe, as I do, that Ontario consumers deserve protection, they deserve fairness and they deserve to know that when they raise their voices in protest, their government will listen.

So today I call on the members of this House to support these proposed amendments. This is about fairness. We are determined to ensure that Ontarians have fair access to entertainment tickets for events taking place in the province.

1520

ENVIRONMENT INDUSTRY

Hon. John Gerretsen: Today is the ninth annual Environment Industry Day here at Queen's Park. It's sponsored by the Ontario Environment Industry Association.

Since its founding in 1991, ONEIA has been an effective advocate for an industry that is a driving force in protecting the environment and building a strong, sustainable economy in this province.

Ontario's environment companies make a huge contribution to our quality of life. They are playing a key role in shaping how our province transforms itself into a strong, sustainable and prosperous economy.

These are companies that have shown us that a strong economy and a healthy environment are not mutually exclusive goals. They help create the new world we live in today, a world where economic growth and prosperity must go hand in hand with sound environmental stewardship.

It's now my pleasure to recognize a number of members from ONEIA who were in the gallery earlier today: Alex Gill, who has been ONEIA's executive director; Mark Vanderheyden, the chair of ONEIA; Skip Willis, the chair of Environment Industry Day; and the members of the Ontario Environment Industry Association.

I would just remind all the members that there will be a reception tonight in the Legislative dining room from 5 to 7 o'clock, and of course everybody is invited to that.

I really hope that everyone gets a chance to speak today with our friends from the Ontario Environment Industry Association. They will be happy to tell you about their progress in bringing leading-edge solutions to Ontario and the rest of the world. It's a job that they're doing extremely well.

There are more than 2,600 companies in Ontario's environment industry. The mostly small or medium-sized

enterprises are vitally important to our economy in this province. These companies generate over \$8 billion in annual revenues and employ more than 60,000 people.

It is a fast-paced sector. It continues to grow, but it also faces challenges. The environment industry is affected by the same kinds of factors that affect most other businesses in the province today. As one example, the worldwide economic crisis is slowing down activity in many of the sectors that invest heavily in environmental products, technologies and services.

Some people would have us believe that a slower economy should cause us to scale back on environmental protections, but our government believes that the opposite is true. Now is exactly the time for strong environmental measures and for the economy to retool itself into a greener economy. As a society, we are beginning to understand that investments in protecting our environment are investments in our future.

Our government believes that the environment industry is an integral part in making the transition to a green and sustainable economy. We are working to ensure that Ontario companies are able to create highly skilled and well-paying jobs in clean and renewable energy sources: energy and water conservation, waste management and the creation of products in ways that don't harm our water, air or land.

That is why our ministry is a strong supporter of Ontario's environment industry. We work with ONEIA in a variety of ways, from co-sponsoring seminars and workshops to providing promotional materials for the industry and working together, particularly on a day like today, which is Environment Industry Day.

We are committed to making Ontario a world leader in the green industry, and we are working to support the environment industry with a broad range of initiatives. These include: our Open for Business strategy, helping to reduce the regulatory burden on Ontario's businesses; our proposed toxics reduction strategy, which would, if passed, allow the investment of some \$24 million over the next three years to support smaller businesses in reducing the toxics that they use in their day-to-day work; and our emerging technologies fund, which recently was announced in our budget and will invest \$250 million over five years to drive startup investment in green technology companies and other high-tech businesses.

The Ontario environment industry has a tremendous long-term potential, and our government is taking action through a wide range of initiatives and ministries to ensure that our environment industry can capitalize on the growing world demand for its products, its services and its expertise.

I want to thank ONEIA and their members for their efforts and all they do to improve the quality of life that we enjoy in Ontario.

The Speaker (Hon. Steve Peters): Responses?

CONSUMER PROTECTION

Mr. Garfield Dunlop: I'm pleased to respond today to the introduction of the Ticket Speculation Act by the

minister. I can say right upfront that, although we've just seen this legislation, and I think it's only a page long, obviously we look forward to any legislation that will protect consumers, especially at a time when the economy is so difficult in our province and when, if there is gouging of tickets taking place, it does have an impact on people coming into the area and spending money in other areas such as restaurants and hotels and that sort of thing. So that is important.

I do want to say that the one thing about this bill is that when it is a short bill we shouldn't be spending an awful lot of time on clause-by-clause. It's only got about three sections to it. Now, I'm already getting the finger put up to me. Mr. Kormos probably wants to spend a day or two on clause-by-clause on it.

I think all of us have been involved in shows and concerts and stuff. I myself have paid scalper prices for different things. I've never been involved in TicketsNow. That's a fact of life. That happens in the province. If you go outside of a ballgame or a hockey game, you can always find the scalpers there; and now these companies are actually professional scalpers, taking much more. We need to deal with that.

What's really amazing with this whole legislation is that it was actually brought to our attention by an American, Bruce Springsteen. With his concert taking place on Thursday night next week, he realized that Canadians and fans of his were being taken advantage of and wanted to draw attention to it. I'm really pleased that the minister has got out in front on this. When Mr. Springsteen is interviewed next week by the media, he'll be able to say that yes, in Ontario the government's taking action against professional scalping companies.

We look forward to the debate on this. I can't say 100% that we want to support the bill in its entirety right now. I do want to have committee hearings and I want to have our stakeholders come forward and bring positive comments back on the bill. I look forward to those committee hearings and to the clause-by-clause as well.

ENVIRONMENT INDUSTRY

Mr. Toby Barrett: I appreciate the opportunity to recognize the Ontario Environment Industry Association, to recognize the vital work that these companies do. We know the government likes to talk about cleaning up the environment and living up to essential environmental standards, but it's the men and women who work within these companies who actually do the heavy lifting. There are about 60,000 of them. They are represented through 2,700 firms across the province.

Given the economic freefall that government inaction has now dragged us into, it's well past time that Ontario recognized the potential of our environmental industries—and when I say “recognize,” I do say through actions, not just through some empty words. I know that estimates they put the growing world environmental market at almost \$700 billion annually.

Now, we've heard that ONEIA hired Deloitte Consulting to do a study on potential opportunities within this

industry and also to identify some of the hurdles in this province that prevent these companies from reaching that potential.

1530

Last year, when I responded to a similar statement from the minister, I indicated a need for a real partnership with the Ontario government to cut through the unnecessary regulatory red tape and to unplug that log jam for project approvals, which prevent many of these companies from moving forward on the kind of work that they wish to accomplish. One year later, the Deloitte study suggests that not much has changed.

The report goes on to highlight continued concerns that Ontario will not be able to capitalize unless business and government work together, and that that also requires the appropriate incentives, and it requires focused public policy and focused regulation. These companies are often at a competitive disadvantage with respect to the regulations that are put upon them. They indicate that in Ontario, it takes one-and-a-half times as long—even longer—to get approvals to proceed forward with project development compared to other jurisdictions.

CONSUMER PROTECTION

Mr. Peter Kormos: Look, I don't dislike the Attorney General, but this bill today is bullocks—pure, unadulterated bullocks. The Attorney General doesn't understand the problem, and he certainly doesn't understand the solution. We've got a Ticket Speculation Act in this province that's been in existence for decades and generations; it's a simple matter of enforcing it. Good Lord Jesus, Speaker.

The legislation that exists makes it illegal to resell a ticket for more than the original purchase price, for more than the face value. It's perfectly legal to sell a ticket for less than face value, which is why I can't even understand why my Conservative colleague wouldn't wait until the first inning has started before he buys his ticket. He can get good seats at half the price. I rely upon those scalpers outside of SkyDome to get \$80 seats for \$25. The legislation presented today doesn't even forbid selling tickets for below the face value. This is not going to end the gouging and the rip-offs. It's not going to protect consumers from exorbitant markups by scalpers. What we need is to ensure the enforcement of the Ticket Speculation Act.

Look, most consumers want to have a service that will purchase tickets for them and provide them to them. Most consumers don't want to line up at midnight and wait until the box office opens the next morning at 10. Most consumers are more than prepared to pay a reasonable commission, a reasonable fee, for a reseller to obtain that ticket for them.

What this legislation should be is a range or a set of commission caps. I'd suggest that a cap of 5% to 6% of the face value of a ticket should be allowed. That would be a reasonable markup for the reseller and it would protect the consumer. But if the cops in Ontario aren't going

to protect people against scalpers hanging out outside Air Canada Centres and SkyDomes and Lord knows how many rock-and-roll venues, why would they bother concerning themselves with the amendments to this legislation?

The Attorney General has missed the mark. As I say, from a person for whom I have affection, I find that horribly, horribly disappointing. I, for the life of me, can't believe that it wasn't Harinder Takhar who wrote this bill and who made the Attorney General present it for first reading.

The Speaker (Hon. Steve Peters): Remember, we don't refer to members' names.

ENVIRONMENT INDUSTRY

Mr. Peter Tabuns: It's never an easy act to follow.

Along with my colleagues, I welcome the Ontario Environment Industry Association to Queen's Park today.

I listened to the comments of the Minister of the Environment talking about the need for job creation, talking about the time for strong environmental measures to make sure there's the market there for green products. So I would urge the minister to take the opportunity to act to make the Green Energy Act a much stronger piece of legislation than it is.

Right now, the Ontario Power Authority is not planning to take advantage of all the cost-effective efficiency and conservation opportunities that are out there in the wider world. The Minister of the Environment could be pressing his colleagues to make sure that those opportunities are taken advantage of, so that people get put to work.

This government could have levelled the playing field between those who work in the nuclear industry, providing power from generating stations that have historically gone way over budget—he could have levelled the playing field or his government could have levelled the playing field to make sure that nuclear power does not have the benefit of being able to overrun without penalty, while renewable power has to operate within fixed prices.

His government could have indicated that they would be doing everything possible to eliminate the market for nuclear power by ramping up and accelerating the development of renewable power in this province. Interestingly, the Ontario Power Authority just came forward with a study finding that wind, sun, biomass and water power could provide up to half of the province's electricity supply over the next few years. Deal with the other half through efficiency and conservation, and there's no need for us to stay stuck in the nuclear age; we can go past it.

This minister is in a position, with the Toxics Reduction Act, to put in place tough measures to actually create the market for green chemicals, for green chemical products, by accelerating the moving away from toxic chemicals. He's got an opportunity to do that as we go through debate on this bill, through clause-by-clause.

If in fact this minister wants to help the Ontario Environmental Industry Association, he can bring in much tougher environmental regulations.

PETITIONS

HOSPITAL FUNDING

Mr. Gerry Martiniuk: I have petitions signed by thousands of Cambridge residents supporting their hospital, and many of those persons were on the front lawn of the Legislature today. The petition reads:

"Whereas Cambridge Memorial Hospital and other hospitals in the Waterloo region are experiencing substantial increased demands due to population growth; and

"Whereas the McGuinty government's freeze on new long-term-care facilities has resulted in additional long-term-care patients in our hospitals; and

"Whereas the McGuinty government's cuts to hospital funding have resulted in a dangerous environment for patients and staff in Cambridge and across Ontario; and

"Whereas the approved new expansion of the hospital has been delayed by the McGuinty government and this has contributed to the funding shortfall;

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

"(1) That the McGuinty government meet its obligations to introduce a population-needs-based funding formula for hospitals as has been done in other Canadian provinces;

"(2) That the McGuinty government proceed immediately with the approved new expansion of Cambridge Memorial Hospital."

As I support this petition, I affix my name thereto and give it to Cameron.

HOSPITAL SERVICES

Mr. Kim Craitor: I am pleased to introduce this petition on behalf of the good people of my riding from Fort Erie, who also were up here today at Queen's Park expressing their concerns about health care. The petition reads as follows:

"To the Legislative Assembly of Ontario from the residents of the town of Fort Erie:

"Whereas the Niagara Health System (NHS) under the direction of the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) has been instructed to implement the hospital improvement plan (HIP); and further,

"Whereas the HIP will seriously reduce and eliminate much-needed services to our small rural hospital; and, further,

"Whereas the LHIN is accountable to the provincial government for funding and legislative functions; and, further,

“Whereas the NHS is accountable to the LHINs through accountability agreements;

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

“We object to the recommendations in the HIP that will reduce services to the Douglas Memorial Hospital and demand that the NHS, through direction from the LHINs, continue to provide the current level of services at the Douglas Memorial Hospital to the residents of Fort Erie.”

There are 14,000 signatures, and I'm pleased to sign this petition.

MULTIPLE MYELOMA

Mr. Robert Bailey: I have a petition here signed by hundreds and hundreds of people in my riding and beyond.

“To the Legislative Assembly of Ontario:

“Whereas Health Canada has approved the use of Revlimid for patients with multiple myeloma, an incurable form of cancer; and

“Whereas Revlimid is a vital new treatment that must be accessible to all patients in Ontario for this life-threatening cancer of the blood cells; and

“Whereas multiple myeloma is treatable with the proper therapies, thereby giving hope to the 2,000 Canadians diagnosed annually;

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

“Immediately provide Revlimid as a choice to patients with multiple myeloma and their health care providers in Ontario through public funding.”

I agree with this petition, affix my signature and send it down with Cameron.

1540

CEMETERIES

Mr. Jeff Leal: I have a petition today from citizens in the riding of Peterborough supporting Bill 149.

“To the Legislative Assembly of Ontario:

“Whereas protecting and preserving the remains of our ancestors undisturbed in their final resting places is a sacred trust and a foundation stone of civilized society; and

“Whereas failure to safeguard one of our last remaining authentic original heritage resources, Ontario's inactive cemeteries, would be disastrous for the continuity of the historical record and our collective culture in this province;

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

“The government must pass Bill 149, the Inactive Cemeteries Protection Act, 2009, to prohibit the relocation of inactive cemeteries in the province of Ontario.”

I support this petition and will affix my signature to it and give it to page Kenzie.

HOSPITAL FUNDING

Mr. Norm Miller: I have petitions to do with the Burk's Falls health centre. We had a busload of people down from Burk's Falls today, including community leaders. It reads: “To the Legislative Assembly of Ontario:

“Whereas the Burk's Falls ... health centre provides vital health services for residents of Burk's Falls and the Almaguin Highlands of all ages, as well as seasonal residents and tourists; and

“Whereas the health centre helps to reduce demand on the Huntsville hospital emergency room; and

“Whereas the operating budget for Muskoka Algonquin Healthcare is insufficient to meet the growing demand for service in the communities of Muskoka–East Parry Sound; and

“Whereas budget pressures could jeopardize continued operation of the Burk's Falls health centre;

“Now therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the McGuinty government and Minister of Health provide adequate increases in the operating budget of Muskoka Algonquin Healthcare to maintain current health services, including those provided by the Burk's Falls health centre.”

I support this petition.

HOSPITAL SERVICES

Mr. Kim Craitor: I'm pleased to introduce this petition from the good people from Niagara Falls. I want to thank Councillor Carolyn Ioannoni, Jock Ainsley, Joe Longo and many others for gathering 9,000 signatures on these petitions. The petition reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas, on July 16, 2008, the Niagara Health System (NHS), which oversees governance and management of all acute care hospitals in the Niagara region, released its hospital improvement plan (the plan); and

“Whereas the plan was ordered by the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) because of the inability of the NHS to balance its budget; and

“Whereas the plan purports to consolidate services into centres of excellence, but by doing so eliminates essential services that residents expect at their various local hospitals throughout the region; and

“Whereas the centres-of-excellence concept fails to recognize the lack of regional transportation, leaving the disadvantaged with an inability to get the essential services they may desperately need; and

“Whereas, although the centres-of-excellence concept may consolidate NHS services, it will create the need for increased transportation infrastructure that will inevitably need to be funded by the taxpayers; and

“Whereas, under the plan, many essential services will be concentrated at the proposed new hospital in the west end of St. Catharines. The proposed new complex was

specifically chosen as a site for the new St. Catharines-Thorold hospital, not for a regional hospital. Despite the fact that many essential services will be located at the new complex, it is not centrally located to service the needs of the residents of the Niagara region;

“We, the undersigned, hereby petition the Legislative Assembly of Ontario to personally review the hospital improvement plan of the Niagara health system; order the NHS to halt any action on the new hospital complex in St. Catharines, the implementation of the hospital improvement plan, and hold appropriate public consultations; ensure the maintenance of essential services, such as maternity wards and 24-hour emergency rooms, at local hospitals; and

“Ensure that if there is a centralization of services, the new hospital that will house the centre of excellence will be located in a more centralized location in the Niagara region.”

HOSPITAL FUNDING

Mrs. Elizabeth Witmer: I have a petition here signed by several hundred people, and more are coming in daily.

“Whereas St. Mary’s hospital, Grand River hospital and Cambridge Memorial Hospital in the Waterloo region are experiencing a substantial increase in demand due to population growth; and

“Whereas hospitals in the Waterloo region receive \$279 less per resident compared to other Ontarians; and

“Whereas the McGuinty government’s policies have contributed to nursing cuts and to other staff cuts, bed closures and the closure of outpatient clinics, all of which reduce the quality of care; and

“Whereas the provincial government has secured significant additional health care funding from the federal government;

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

“That the McGuinty government provide our hospitals with their fair share of provincial funding and introduce a funding formula based on demographics and the health needs of the population.”

I’m very pleased to affix my signature to this petition.

AIR QUALITY

Mr. Charles Sousa: I have a petition that reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas the Ministry of the Environment conducted 22 months of ambient air monitoring and determined that the Clarkson, Mississauga, airshed study area was taxed for ... particulate matter (PM_{2.5}); and ...

“Whereas the study found that emissions of acrolein and acrylonitrile exceeded provincial limits; and ...

“Whereas the MOE stated that industrial emissions may contribute as much as 25% of” particulate matter “PM_{2.5} concentrations in the Clarkson airshed ... area; and ...

“Whereas the Ontario Power Authority is accepting proposals from companies for the operation of a gas-fired power plant in the Clarkson airshed study area that would see a new, very significant source of additional pollution into an airshed already determined as stressed by the MOE;

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

“That no contract be awarded by the Ontario Power Authority for the operation of any gas-fired power plant that would impact the Clarkson airshed study area.”

I’ll sign the petition and provide it to Lindsay.

ONTARIO BUDGET

Mr. Norm Miller: I have more petitions to do with the new McGuinty sales tax. It reads:

“Harmonizing PST and GST

“To the Legislative Assembly of Ontario:

“Whereas the McGuinty government is planning to merge the 8% provincial sales tax and the 5% federal sales tax; and

“Whereas the new 13% harmonized sales tax will be applied to products not previously subject to provincial sales tax such as gasoline, home heating fuels, home renovations, haircuts, hamburgers, television service, Internet service, telephone and cell services, taxi fees, bus, train and airplane tickets, and dry cleaning services; and

“Whereas rural and northern Ontarians will be particularly hard hit by the harmonized sales tax, as will seniors and families;

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

“That the McGuinty government should remove this harmonized sales tax from its 2009-10 budget.”

SCHOOL FUNDING

Mr. Phil McNeely: A petition to the Legislative Assembly of Ontario:

“Whereas St. Matthew Catholic High School is currently operating at 137% capacity and has been overcrowded for many years; and

“Whereas the Ottawa Catholic School Board’s capital plan identifies building an addition to St. Matthew Catholic High School as necessary (contingent on provincial grants) and planned for 2008; and

“Whereas the province of Ontario does not currently have a model to fund capital additions for school boards which are not in debt, where these schools are in established communities and not part of the board’s education development charges bylaw;

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

“To immediately transfer to the Ottawa Catholic School Board the necessary funds to design and build the planned addition to St. Matthew Catholic High School in Orléans.”

I agree with this petition, will sign my name thereto and send it down with Alexis.

LONG-TERM CARE

Mrs. Elizabeth Witmer: I have a petition signed by many hundreds of people.

“Whereas Ontarians who now live in long-term-care homes are increasingly older, frailer and have greater complex care needs;

“Whereas our elder parents, family and friends deserve to live with dignity and respect;

“Whereas the McGuinty ... government failed to revolutionize long-term care and broke its promise to seniors to provide \$6,000 in personal care, per resident;

“Whereas five years of Liberal inaction has restricted Ontario’s ability to meet the demands of our aging population;

“Whereas more than 24,000 Ontarians are currently waiting for a LTC bed;

“Whereas Ontario funds significantly less resident care than Alberta, British Columbia, Manitoba and New Brunswick;

“Whereas dedicated long-term-care homes are short-staffed and have not been given resources to hire enough front-line workers to provide the level of care residents require;

“Whereas devoted long-term-care staff are burdened by cumbersome government regulations;

“Whereas some 35,000 seniors are living in LTC beds which do not meet more home-like design standards introduced in 1998 by the former PC government;

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

“That the McGuinty government must enhance long-term care by:

“—initiating a sector-wide staffing increase of 4,500 full-time positions within a year;

“—expediting the redevelopment of Ontario’s 35,000 oldest long-term-care beds by providing adequate support and funding;

“—achieving an average of three worked hours of personal care, per day, within a year;

“—simplifying the regulations which govern nursing homes;

“—producing a comprehensive plan with benchmarks to reduce LTC wait lists of more than 24,000 people; and

“—addressing inflationary pressures by adequately funding the increased operating costs of LTC homes.”

I’m very pleased to affix my signature.

1550

PROTECTION FOR WORKERS

Mr. Mike Colle: I’ve got thousands of people here in support of our caregivers. This is from Faye Arellano at the community hub at Assumption Church in Toronto, and Father Ben and Sister Haydee.

“Whereas a number of foreign worker and caregiver recruitment agencies have exploited vulnerable foreign workers” and caregivers; and

“Whereas foreign workers” and caregivers “are subject to illegal fees and abuse at the hands of some of these unscrupulous recruiters; and

“Whereas the federal government in Ottawa has failed to protect foreign workers from these abuses; and

“Whereas” the Ontario government of Mike Harris “deregulated and eliminated protection for” caregivers; and

“Whereas a great number of foreign workers and caregivers perform outstanding and difficult tasks on a daily basis in their work, with limited protection;

“We, the undersigned, support ... the Caregiver and Foreign Worker Recruitment and Protection Act, 2009, and urge its speedy passage into law” in the province of Ontario.

I support the caregivers, Sister Haydee and the people at Assumption Church, and I affix my name to the petition.

OPPOSITION DAY

HOSPITAL SERVICES

Mrs. Elizabeth Witmer: I move the following motion:

Whereas the McGuinty government has no plan to address hospital deficits and protect patient services; and

Whereas the health policies of the McGuinty government are responsible for the elimination of outpatient services, bed closures, the layoff of hospital staff such as nurses and the potential loss of hospital services and emergency rooms in communities such as Ottawa, Cornwall, Belleville, Kingston, Kitchener, Cambridge, Guelph, Hamilton, Burlington, Fort Erie, Welland, Port Colborne, St. Catharines, Simcoe, Alliston, Strathroy, Petrolia, Wallaceburg, Chatham, Sudbury, Burk’s Falls, Pickering, Ajax, Oshawa and Toronto; and

Whereas these decisions are being made unilaterally by local health integration networks (LHINs) without full consultation and consideration of the concerns of the residents in these affected communities;

The Legislative Assembly calls on the McGuinty government to acknowledge the needs of Ontario’s growing communities and our aging population and develop a plan to address growing hospital volumes, protect patient services, prevent nurses from being fired and address growing hospital deficits.

The Deputy Speaker (Mr. Bruce Crozier): Mrs. Witmer has moved opposition day number 3. Mrs. Witmer?

Mrs. Elizabeth Witmer: Today is the second time in the past two months that we’ve had a demonstration on the front lawn of Queen’s Park. On March 5, we had nurses here from throughout the province of Ontario who

came because they were very concerned that the policies of the McGuinty Liberal government were resulting in the disappearance of nursing jobs and the firing of nurses from workplaces throughout the province of Ontario, including and particularly, our hospitals. They were concerned that as nurses were disappearing and other nurses were being forced to assume the extra workload, the quality of health care being provided to patients was obviously compromised. They were also very concerned that we were putting the health and safety of patients at risk.

That demonstration, which was based on the fact that this government's policies were reducing their number and leading to the firing of nurses, was followed up today. Today, outside on the lawn, we had several thousand people who had gathered here from communities throughout the province of Ontario—I named many of the communities that were gathered here today in our opposition day motion. They came from all parts of this province. They had hired buses, and they were prepared to personally tell this government to stop the cuts to the hospitals. In fact, they were also here to tell this government to stop the closure of our emergency rooms; to stop, in some instances, the fact that you're closing our hospitals altogether. This is a serious issue.

In 2003 Premier McGuinty promised that he was going to unplug the emergency rooms, that there would be a revolution in long-term care and that we'd see the building of more beds for our seniors. He also at that time indicated that he was going to protect patient services and improve access to care. Well, since 2003 we have seen exactly the opposite. The long-term-care beds for the more than 25,000 people who need them have not been built. Instead, those people wait on waiting lists. Some of them languish in hospitals; in fact, 20% of the beds in hospitals today are occupied by what we call alternative-level-of-care patients.

The other thing that the Premier and this government did was they set up what are called local health integration networks, LHINs. I can tell you that people in this province are very concerned about the unilateral actions that are being taken by LHINs throughout this province. There are 14 of them. The people on the LHIN boards have been appointed by the government, and they are now 14 more bureaucracies, dictating what health services are going to be available to people in local communities. However, the decisions that they are making come as a shock to the people in that community, who have not been consulted.

Nobody knows the criteria under which they make these decisions, because this government, since 2003, although they promised a plan, although they promised a strategy—in fact the past minister, Mr. Smitherman, in 2006 and 2007 promised a plan. We have never seen a plan. So it leads one to wonder: Is the plan to cut services? Is the plan to close hospitals? Is the plan to cut emergency rooms? We know there is a plan, but the plan has never been publicized. Instead the LHINs, at the beck and call, obviously, of the government, are making

decisions that are having a very detrimental impact on the lives of people in the province of Ontario.

This is what's happened in communities throughout this province; St. Mary's General Hospital, for example, in my community: They've closed beds, they've closed outpatient clinics—osteoporosis, a medical day clinic for rheumatoid arthritis patients and a physiotherapy program—and they've eliminated 17 full-time jobs to balance the books. In Norfolk, they've cut staff. They've ended the outpatient nutritional counselling service and the cardiac club. At Headwaters they've closed the outpatient physiotherapy program, outpatient heart function clinic and the Shelburne outpatient physician clinic. At Guelph, they've eliminated the asthma education clinic and they're operating with only one mammography machine instead of two. Thunder Bay announced that it's closing its after-hours diagnostic imaging services and saying to people, "Go to the for-profit company instead." In Ottawa, we've seen cuts of staff in significant ways, and cuts in diagnostic and clinical areas as well.

The list goes on and on. In ridings and hospitals throughout Ontario, this government is putting the health and safety of people in our communities at risk. The LHINs are making decisions based on absolutely no criteria that have been made public. They're doing it in a stealthful manner—and we had people here today from Port Colborne and Fort Erie who are learning that their hospitals are closing. They're going to have to drive to St. Catharines or to Niagara Falls. We had the Wallaceburg people here today; they are hearing that their hospital's closing. The list goes on and on. Every day, every week, every month, we hear about more hospitals that are going to be forced to fire staff, including nurses, to reduce services and to close wings of their hospitals.

1600

This Premier and this minister today refused to acknowledge the concerns of the several thousand people who gathered out here on the lawn of Queen's Park. They deserve to be heard, and the Liberal MPPs are not responding. Many of them have been faced by demonstrations in their own communities in front of their own riding offices. Today, these people were here because for six years, this government has not listened. They are saying to you, "We call upon you to acknowledge the needs of our communities, the fact that our population is aging, and we ask you to develop a plan and make the plan public, not do it stealthily through the LHINs, to address the growing hospital volumes, to protect patient services, to prevent our nurses from being fired and to address our growing hospital deficits."

I wonder if the MPPs on the government benches are prepared to stand up today and support our opposition day motion. They should if they're going to be responsive to their constituents, because their constituents were here today. I can tell you that we're already hearing from the newspapers and media in those communities, wondering whether or not their local MPP is going to be responsive to the needs of the local community. I urge them to stand up and be counted today.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

M^{me} France Gélinas: It is my pleasure to be talking today about the PC motion that has already been read in this House this afternoon. New Democrats have many, many concerns about Ontario's health care system, and a lot of them have been included in this motion. Some of these concerns were brought to the steps of Queen's Park today from communities across the province. The individuals and the communities they represent are worried about the fate of their hospitals, they're worried about access to their hospital services and they're worried about the fate of their small communities if those services are no longer available in their communities.

Today, we had people coming on the front lawn of the Legislative Assembly from Fort Erie, Port Colborne, Petrolia, Tillsonburg, Hamilton, Welland, Sarnia, Belleville, Picton, Trenton, Cambridge, Leamington, Wallaceburg, Sudbury, Toronto, Windsor—and the list goes on. They came today because the hospital in their community is facing service reduction, staff cuts and loss of care.

They also came because they live in a city that is destined to receive these newly orphaned patients and can now expect even more taxed emergency departments in their own regional hospital. Or they came because they wanted to fight to make sure that our publicly funded medicare system remains stable and responsive to the needs of Ontario communities.

The fear and concern out there in this province is widespread. Ontarians, particularly those of us who live in rural, smaller or northern communities, have had a lot of bad news recently. We have been hearing about a lot of potential service reductions, about cuts to staffing and ultimately cuts to the care that is available to us. We fear for the quality of care and the ability of our health care facilities to do the job they were intended to carry out for us. In places like Fort Erie, Burk's Falls, Wallaceburg, St. Joseph Island—and there are quite a few more to this list—they've lost access to birthing services, to mental health services, to acute care beds and even to emergency rooms. That could all be a thing of the past for the people who access the services in those little communities. In communities like Fort Erie, they fear that their emergency room will be closed, leaving residents to scramble to another city for care—basically, when they need it the most. The fact of the matter is, this government has shown zero leadership when it comes to the issues affecting small, rural and northern hospitals.

This morning in question period, I asked the Minister of Health and Long-Term Care to explain the role of small and rural hospitals to me—a simple, direct question. He was not able to give me an answer. That left me really concerned. Instead, rather than explaining the role of small and rural hospitals, he went on and dismissed the thousands of people who were protesting here today, saying, "Oh, it was just the unions and their supporters." Well, the last time I checked, people have the right to organize and the right to remain residents of Ontario. They are still people of Ontario, but even this

put aside, those people came all the way to Toronto to express their fear for their community, their fear for the care of their families. If the minister had gone outside to actually talk to the people who came, to the people who wanted to be heard, he would have seen that those on the lawn today were not just unions and their supporters. Actually, they were individuals from small, rural, northern communities who decided to get together so that their voices could be heard.

I went around and talked to as many people as I could. A lot of the participants told me they had never taken part in a protest before, but they felt that they could not be heard in their own community. But they still had something to say and they wanted the Minister of Health to hear them. The minister really should be ashamed for his dismissive and inappropriate comments toward the good people of smaller rural and northern communities, who, frankly, deserve to be heard. They have something to say.

We know that hospitals in smaller rural and northern communities experience totally different challenges in terms of funding, in terms of recruitment and retention of staff, than do hospitals and other service agencies in large urban centres. But this government has repeatedly ignored these differences; they have ignored the concerns of the residents of these communities.

Just yesterday, the Minister of Health and Long-Term Care finally announced some action on rural and small hospitals. In the Chatham Daily News yesterday there was an article about this. It reads:

"Health Minister David Caplan responded that the government is committed to examine the issues and providing a framework to support rural communities.

"The first step he said is establishing the northern and rural health care advisory panel."

The article goes on to say that the honourable MPP Pat Hoy said, "I'm hearing from my constituents that a number of hospitals across the province are facing budgetary pressures this year"—read deficit. "This is a significant concern to my community which relies on our hospitals to provide quality care and services."

I would say that it is no surprise to anyone in this House that the issue of hospital pressure and looming cuts is affecting all of our constituencies, but why has it taken this government so long to come up with any kind of a response is a question that, I guess, begs to be answered.

What is most shocking is the reality that the McGuinty government was involved in an extensive study that focused on small rural hospitals. There were actually three studies, all done by the multi-site/small hospitals advisory group of the JPPC of the Ontario Ministry of Health and Long-Term Care.

The first one of those reports came out on June 1, 2006: *The Core Service Role of Small Hospitals in Ontario—Phase One: An Exploration of the Current Services*. This report has 73 pages, and it's basically the mapping of what is going on in small rural hospitals in Ontario.

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It was followed on October 18 by a 22-page report by the same group called *The Core Service Role of Small Hospitals in Ontario—Phase Two: Recommended Core Services*, which basically describes what mandated services should be for all of the small and rural hospitals in Ontario.

But that's not all. This was a group of busy beavers, and they worked really hard. They came out with a third and last report, called *The Core Service Role of Small Hospitals in Ontario—Phase Three: The Future*, in which they make recommendations as to the future of smaller rural hospitals in Ontario.

Although those reports were prepared for the Ontario Ministry of Health and Long-Term Care, I'm kind of wondering if anything has been done with them, to the point where I'm wondering if anybody has read them. Why would we be back at the drawing board again? Was the time that those good people took to write those reports wasted?

But if we must study again—it is their decision; I guess I haven't got much of a say in this—at least put a moratorium on service reductions and the closure of small rural hospitals. They said that the committee would report this fall. It is not a long time. Put a moratorium on that. If you want one more study, go ahead with your one more study. But if small and rural hospitals let go of their staff, if they cut services, if they continue to live with this uncertainty about their future, we will have set them up to fail. They will be in a position where they won't be able to recruit and retain a stable workforce. As staff leave them and they are not able to recruit, they won't be able to continue with the services they are presently offering.

Let the ministry be clear: If you really want a solution for the small and rural hospitals, if you really want to study them again, do it in a fair way. Don't set the hospitals up to fail, and then come up with one more report which will join the other three that I've already talked about and collect dust someplace.

New Democrats are increasingly concerned about the health and hospital services available to Ontarians in small and rural and northern communities. The opposition day statement makes reference to a large number of issues, issues that impact across the entire health care system. The motion talks about the elimination of outpatient services. This is of great concern to me and to every New Democrat. We have been watching our public medicare services get delisted or removed from the public sector institutions in which they were previously housed. Not only were physiotherapy, chiropractic services and optometry services delisted, but we have also seen what I would call an epidemic of closures of outpatient physio services in hospitals.

As hospitals struggle to balance their budgets, to present a balanced budget without a deficit, they often have to make tough decisions, and one of the decisions that they make is to cut outpatient physiotherapy services, on the premise that community-based physiotherapy services are available.

There are many problems with that, the first being that because physiotherapy is delisted, those physiotherapy clinics are private, for-profit and they're not covered by medicare, which means that people who do need physiotherapy services, if the hospitals no longer offer outpatient physio, are stuck having to pay for those services themselves. The sheer price of it makes it out of reach for a high proportion of Ontarians who do not have insurance and certainly do not have the means to pay for those types of services themselves.

Don't kid yourself, Mr. Speaker. It's not because a service is no longer available that the need for that service goes away. People usually turn towards physiotherapy or chiropractic services because they are in pain. The pain and the suffering will still be there. What won't be there any more is the ability to have somebody help you. Those people will be left to themselves, to be in pain and to suffer. Is this really what we want to do?

The McGuinty government has also stood by as medicare has been blatantly violated by private providers. A report by the Ontario Health Coalition released last October documented a disturbing rise in the number of private clinics operating across Canada, but really the great majority of them are operating right here in Ontario—a lot of them in Toronto and our other large urban centres.

The Ontario Health Coalition report found that these clinics charge steep enrolment and annual fees for medically necessary services. That flies completely in the face of medicare and the Canada Health Act. They are only accessible to a very small number of rich Ontarians, and those private clinics are also double- and triple-billing. They will bill OHIP, they will bill the private insurance, they will bill WSIB and they will bill the user. This is clearly a case of care that is motivated by greed, not by needs.

But the damage does not stop there. This report also found that these private clinics hurt our not-for-profit health care system by poaching the public system of its physicians, nurses, technicians and other health professionals, and leaving the vast majority of Ontarians to face longer wait lists and reduced access to necessary medical procedures, as our health care providers cannot recruit and retain their workforce. Privatization is already wreaking havoc on our health care system.

New Democrats agree with the PC motion that the McGuinty government must acknowledge the needs of Ontario's growing communities and our aging population. We agree that a real plan needs to be put into place to address hospital capacity issues, to preserve patient services and to protect the jobs of our frontline health care workers.

But as we look closely at each these issues, we see the complexity and the interaction between them and between the different players in the health care system. Hospitals, I would say, are a little bit like the canary in the coal mine. That is, they tend to act as the ultimate social safety net. Whenever there is a crack in a part of the health care system, it will be either the hospital emerg or a hospital department that will end up picking up this patient. They are our ultimate safety nets.

When Ontarians have been unable to access the health care services they require, they end up in hospitals, so we must also look at the McGuinty government's failure to provide adequate long-term-care services; to provide support in a comprehensive and robust home care system; and to invest in health promotion, disease prevention and public health. These are just some of the factors which are increasing the burden on our hospitals and making it harder for them to balance their budgets.

New Democrats are truly concerned about the alternate-level-of-care crisis occurring in our hospitals. The reality is that as our population ages, this issue will only get worse. Alternate-level-of-care patients make up about 20% of hospital beds. That is 20% of acute hospital beds that should be available to people who need surgery, hospitalization, medical, etc., are being used to care for people on alternate level of care. The worst thing about this is that those people in the alternate-level-of-care beds are not receiving the care they need. A lot of them could go on to be at home if we had better home care services—and I'll talk a little bit more about this soon.

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The solution to the alternate-level-of-care crisis is complex, but New Democrats think that if we would commit to the following, the situation would drastically change. First, we have to commit to home care services that help keep people independent longer. Home care is an economical way of keeping our seniors healthier and reducing the need for more expensive care services. At the end of the day, most people would prefer to stay in their own homes with the support they need.

In spite of the benefits that home care brings to our health care system, the McGuinty government has consistently and repeatedly undermined it. The competitive bidding model in home care has decimated our home care system. It has placed profit ahead of people's needs. So we are left with a home care system that is unable to provide the care that Ontarians require. The home care system is increasingly facing an inability to recruit staff or maintain good relationships with their staff because of chronic underfunding and under-resourcing on the part of the McGuinty government. The home care system needs to be funded in a way that will enable them to recruit and retain a stable workforce, because stability is one of the key pillars of quality care in home care. To have different workers come into your home every day to provide your care does not work; it does not provide quality care. If the agencies providing home care don't have the means and the resources to recruit and retain a stable workforce, then we are forever dealing with a broken system, a system through which lots of people fall through the cracks and end up in our hospitals and often end up filling up those 20% of hospital beds in Ontario that are now holding alternate-level-of-care patients. The long wait list and cancelled visits mean that the home care system is basically performing below what is needed.

Looking at the long-term-care system, we see the same theme. There is no question that we need more spaces in long-term care, but this is only a fraction of the

picture. We must also deal with the quality of care that is provided to each and every one of those 75,000 people in a long-term-care bed. We have been waiting an awfully long time for a minimum standard of care to be legislated in these facilities. A minimum standard of care would ensure that residents receive 3.5 hours of daily hands-on care, and it would set up other standards ensuring quality of life for these residents. Think about it. For somebody who is bedridden, who needs help to get up in the morning, get dressed, get washed, go the bathroom, be fed breakfast, be brought around, fed lunch and the same thing with supper, and then you do it all in reverse at night—shower, change and transfer back to your bed etc., think of doing all of this in 3.5 hours and you will see that you quickly run out of time. A lot of long-term-care facilities only offer 2.2 hours or 2.5 hours. The people working in long-term care are running off their feet. They know that the residents deserve better, but there are simply not enough of them to care for everybody.

We must also address the staffing crisis in those facilities. There is no way around it. In the 2008-09 budget, long-term-care facilities were promised an extra 2,500 personal support workers and an extra 2,000 nurses. Good news was on its way. The government had realized that we needed more staff and more hands-on care for the people in long-term-care facilities, and they were going to get extra staff. However, that was one of the many broken promises. This promise of increased staff have not materialized, and it is the people in long-term-care facilities who suffer.

Finally, many alternate-level-of-care patients are ending up in retirement homes. Retirement homes are not like long-term-care homes. Long-term-care homes are regulated and retirement homes are not. They are not health care facilities. I think the only thing that governs them, actually, is the Landlord and Tenant Act, which falls really, really short on quality of health care. Actually, it does not address it at all. So retirement homes are not obligated to provide health services, and they are not regulated.

New Democrats have been asking for a regulatory framework for these facilities to ensure that residents' needs are met and their safety is protected. New Democrats support strategies that can impact the crisis in alternate-level-of-care patients that are presently in our hospitals, but we believe in innovative and comprehensive reform. We believe that all Ontarians are entitled to live in a setting which provides the care and support they need, rather than simply warehousing people in the institution where they end up being because there is no other option. This is no way to treat people. If we can address the issue of alternate-level-of-care patients, the underlying issue of long-term care, of home care, of retirement homes, we may have an entirely different picture of our hospitals, because although it looks like it is a hospital problem, the solutions to those problems lie outside of the hospital boundaries into the community, the long-term-care field, home care, etc..

Now I want to talk about another point that my colleague had talked about, and this is the LHINs, the local

health integration networks. When the local health integration networks were first put into place, I was ready to give them the benefit of the doubt. I was ready to allow the government some time to work on the kinks in the system and create a real regionalized health care system, a system that would be responsive to the needs of the people who lived within their geographical area. Who best to know the needs of the people but the people who live there and provide the care and receive the care, etc.? In theory, it seems like a good idea.

We wanted a system that was responsive, a system that was transparent, a system that was accountable to the people that it intended to serve, but here we are, three years later, and most of the LHINs have failed to become the responsive, community-based health care body they were intended to be. Instead, we have watched as the McGuinty government has used the LHINs as a smoke-screen through which it can evade responsibility and deflect criticism.

Every time we hear of a possible emergency department closure, every time we have news of a service cut, the McGuinty government points to the LHINs and throws their hands up in the air—"It's the decision of the LHINs." But when there are funding announcements and new programs that are decided by the LHINs, then all the MPPs come out, get their picture taken, and it is because of their good work that the LHINs have put those new programs and services into place. Well, you cannot have it both ways. Either the LHINs make independent decisions, good or bad, and become transparent and accountable, or we see them for what they are: a smokescreen and an opportunity for the government to take the glory when a new service gets expanded or announced, and to hide behind the LHINs when there is a cut or a decrease in services.

When residents have concerns about the absence of public consultation that the LHINs are supposed to carry out, a process that is mandated in LHIN legislation, again the government is complacent, although consultation is at the core of what makes a regional authority work, what would make the local health integration network work.

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This government has been allowing for an unaccountable, undemocratic body to carry out the dirty work that they do not want to do. The people on the LHIN boards are not elected; they are appointed by the government. They are handpicked and put there to make sure that when the government gives direction, nobody says no. New Democrats demand an end to this kind of governance. We want a democratic election of the LHIN board members so that people of the community they serve get to elect who will represent them at the LHIN board, who will make the tough decisions and who will make sure that they are heard. The government must no longer hide behind the flawed LHIN system, as it stands now, that they have created.

In the few minutes that I have left, I want to talk about the swine flu and its relationship to hospitals in a framework of pandemic. With now seven confirmed cases of

the swine flu in Ontario and, I take it, close to 20 in Canada, we are all thinking at the back of our minds that this flu may turn into an outbreak, an epidemic or a pandemic. New Democrats are incredibly concerned about the capacity of our hospitals and the possibility for them to have the front-line staffing that they need. We know that many hospitals in Ontario are running close to capacity. We also know that a lot of them are running over capacity. That means that not only are each and every one of the beds in those hospitals filled, but they also have people on stretchers, people waiting in emerg and basically people everywhere outside of hospital rooms because they don't know where to put them.

In an article in yesterday's Ottawa Citizen, the chair of the emergency planning committee for Ottawa was quoted as saying, "It's the million-dollar question because hospitals are at the edge in terms of their capacity already." I am extremely concerned about the capacity issue in our hospitals. Experts usually agree that hospitals should stay at about 75% capacity, even as high as 85% capacity, and still be able to provide quality care. Actually, you'll know, Mr. Speaker, that many jurisdictions around the world have this legally enshrined. This allows hospital capacity to deal with a sudden surge and increase in patient load. And for good reason: There could be unexpected illnesses that could happen, an epidemic, a pandemic. Our hospitals should be prepared with extra beds and have sufficient staff on hand to be dealing with those spikes in demand.

In light of the fears brought by the swine flu, you would think that this government would be especially mindful of the need to maintain our small, rural and northern hospitals. If you look at every health unit plan for pandemic planning, you will see that every single hospital in Ontario has a role to play toward pandemic preparation and is part of the plan. What will happen if those hospitals no longer exist? What will happen if the uncertainty that we have created around small and rural hospitals is such that if they lose their staff, they don't have the manpower to come and provide those services if and when a pandemic happens? Not a pretty picture. We need these facilities to care for us, not only in times of great illness but also on a daily basis, places where we can go and get care quickly after something happens to your kids, a place to stabilize patients, maybe in the midst of a heart attack, or before you can send them on to a tertiary care hospital.

New Democrats agree with a lot of the sentiment of this opposition day motion. We agree with the PC caucus that this government needs a plan for small, rural and northern hospitals, a plan that is better than just shutting them down, decreasing their services and letting go of their staff. So New Democrats also call on the McGuinty government to ensure that the local health integration networks fulfill their commitment to a full consultation process, a process that would be transparent and accountable to the people of the region they serve, which is not the case right now. We urge the McGuinty government to address the underlying issues that impact hospital

capacity and patient care. Our communities have waited long enough.

So for the people of the communities of Fort Erie, Port Colborne, Petrolia, Tillsonburg, Hamilton, Welland, Sarnia, Belleville, Picton, Trenton, Cambridge, Leamington, Wallaceburg, Burlington, Ottawa, Ajax, Pickering, Burk's Falls, Sudbury, Windsor and all others, this is an issue that cannot wait. Those people came here today. They had something to say. They know that the services in their rural and northern hospitals are being decimated. They know that it won't be long before we hit the point of no return, the point where it doesn't matter if you close them, because you have dismantled them enough that they cannot be viable anymore. People in rural Ontario need access to care, and that often means having a small community hospital that you can go to. The people who came to the Legislature today understood this. They wanted to be heard and they also want the government to understand that what they had to say will not go unheard. We need action today to protect our hospitals and protect patient care in this province.

Ça me fait plaisir de présenter quelques idées du Nouveau Parti démocratique face aux coupures de services et à la diminution des programmes et des soins qui sont offerts dans les petits hôpitaux ruraux et du nord.

Aujourd'hui à Queen's Park, sur le gazon en face de la porte principale, il y avait des milliers de personnes qui se sont rassemblées, des personnes qui venaient d'une multitude de petites villes rurales de l'Ontario. Ils sont venus ici soit parce que leur hôpital communautaire va être fermé, leur service d'urgence va être fermé, ou d'autres programmes et services essentiels à leur communauté vont être coupés.

Pour eux et pour les néo-démocrates, ceci n'est pas acceptable. Ils ont essayé d'être entendus au travers de leur réseau local d'intégration des services de santé, leur RLISS, mais souvent les consultations qui ont été faites par leur RLISS ne leur ont pas donné la possibilité d'être entendus, ou, s'ils ont eu la possibilité de parler, ils n'ont certainement pas été compris.

Il y en a suffisamment—des milliers d'entre eux—qui sont frustrés de ne pas pouvoir être entendus et qui ont décidé de se joindre ensemble et de venir ici à Queen's Park. Le ministre de la Santé avait la chance d'aller les rencontrer, mais il a décidé de ne pas le faire. Pourtant, ces gens-là, tout ce qu'ils veulent c'est d'être entendus. Ils veulent que le gouvernement comprenne que si tu es un Ontarien ou une Ontarienne qui vit dans une petite communauté, tu es quand même un Ontarien ou une Ontarienne et tu as le droit à l'accès aux services de santé comme tous les autres.

Ils se rendent compte qu'ils n'auront jamais de soins tertiaires dans leur petite communauté. Ce n'est pas ce qu'ils demandent. Ce qu'ils demandent, c'est de l'accès aux soins, c'est un hôpital communautaire qui pourra leur prodiguer les soins de base. Si on doit être transféré dans un hôpital de soins tertiaires, ils sont prêts à accepter ça. Mais de ne rien avoir ? Cela ne les empêchera pas d'être malades, ce qui va faire que ces gens-là devront voyager plus longtemps, et ça, ce n'est pas acceptable.

The Deputy Speaker (Mr. Bruce Crozier): Further debate? The Minister of the Environment.

Hon. John Gerretsen: Thank you very much.

Interjection.

The Deputy Speaker (Mr. Bruce Crozier): Excuse me? Yes? What?

Interjection.

The Deputy Speaker (Mr. Bruce Crozier): We go in rotation. Minister of the Environment.

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Hon. John Gerretsen: Thank you very much. I'm very pleased to speak to today's motion.

I go on the assumption that every member here wants to get the best possible health care for the people in their own community; to me, it's almost a given. But the one thing over the last 14 years—having been here now for 14 years, as have some of the members sitting across from us who were elected as well in 1995—the one thing that I've always been puzzled by is that you can't have it both ways in politics. You cannot say, on the one hand, "We need tax cuts and we're not going to collect the health premium anymore," the \$3 billion to \$4 billion that we collected from the people of Ontario and that caused us some consternation three or four years ago—let's be honest—and also say, "People, we can give you every possible health care you could possibly need on a given day."

That has always bothered me about the Tory position. They have always basically said that we can have it both ways, that we can have the tax cuts that Mike Harris was famous for and that we can also have better services. We live in a real world. If we want good-quality services, whether we're talking about health care or in education, we have to pay for it in one way or another. So I find it somewhat ironic that the Tories would be bringing forward a motion that basically says, "Spend more on health care," at the same time saying to the people of Ontario, "If you had elected us, we wouldn't have implemented the \$3-billion to \$4-billion health premium." I'll just leave it at that. We can make up our own minds. But you cannot have it both ways.

Let's take a look at the record. Since 2003, the hospital funding in this province has increased by 37%. We have gone from something like a \$10.9-billion hospital budget that existed in 2003-04 to \$15.4 billion, a 37% increase.

We've started 40 different hospital capital projects in the province of Ontario since that period of time.

Interjection.

Hon. John Gerretsen: There's more to be done. I agree, there's more to be done.

Compared to the way it was five years ago, 630,000 more Ontarians have a family doctor now. To a large extent, this is as a result of the family health teams that are out there, where you bring health care professionals together from a number of different areas and have them work as a team with the doctors, the nurses, the physiotherapists, with all of the other various health care individuals. It works better.

We've hired 10,000 more nurses since that time, rather than the 5,000 or 6,000 nurses that were laid off during the Harris years. I know what happened; I was here. The Tory members were here as well during that period of time, and I can't remember them saying anything about it at that point in time.

The amount of money that we're putting into the aging at home strategy is \$1.1 billion more than was the case five years ago.

Those are just some of the facts that I think we should be dealing with here today.

There are 31,000 more people working in hospitals now than there were five years ago. Where do I get that statistic? It is right from Statistics Canada's labour force survey: 31,000 more health care professionals and support people are working in hospitals today, compared to five years ago. Those are federal statistics, not propaganda from the government, as it were.

When I look at my own situation in the Kingston area, we are very fortunate to be designated as one of the five health sciences centres in the province of Ontario. We're very proud about that. But I can remember that the previous government was going to close the Hotel Dieu Hospital in Kingston, a facility that had existed there and provided services to the community for something like 150 years. That government was going to close it down, and they ordered it closed down. Well, thank goodness Mr. McGuinty was elected as Premier of the province in 2003 and we were able to reverse that. That hospital facility right now is primarily a day hospital, but it services something like 300,000 to 400,000 people per year that otherwise, presumably, would have been left without any service at all, or it would have put an even greater stress on the Kingston General Hospital. Right now at the Kingston General Hospital, their base funding went up by \$70 million—from \$175 million back in 2003 to well over \$260 million today—in a matter of five years, an increase of something like 40%.

Now, I hear some ridicule from the opposite side, but I'm dealing with facts here. Should we be investing more? We probably should. We live in an aging society and we should be doing a lot more, but the reality is that right now, of all the money that we spend in the province of Ontario through our provincial government, almost 50% of that money is going to health care already, so I don't know where this is going to end in the long run, but we are making our priorities very clear. That is, rather than having the irresponsible tax cuts that we had during the Harris years, we're going to invest in the people of Ontario through better education and better health care, and that's the reality of the situation.

I would like somebody from the Tory party to get up and really address the one issue that I'm interested in, and that is, how do they intend to provide all the extra services that they're talking about and, at the same time, eliminate the health care premium in the province of Ontario at a cost of some \$4 billion to the coffers of the Ontario government?

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Gerry Martiniuk: This government is privatizing and dismantling our health care system by attacking hospitals all over Ontario. Thousands of citizens were here today from many communities across our province to oppose Dalton McGuinty's closing by stealth.

Cambridge's expansion of its hospital was ordered in 1998 by the Health Services Restructuring Commission. Cambridge, North Dumfries and all of Waterloo region raised the local share of expansion money, as determined by Dalton McGuinty. Notwithstanding this, in 2005, Dalton McGuinty said he would ignore the commission's order and cancel the expansion of Cambridge Memorial Hospital. The citizens of Cambridge and North Dumfries, together with business leaders and elected representatives, came together and organized a campaign for Cambridge Memorial Hospital. In December 2005, I presented a petition with over 20,000 signatures demanding that Cambridge Memorial Hospital receive funding for remedial work and the long-awaited expansion. Shortly after that time, both the Minister of Health and Dalton McGuinty relented and both announced the project would proceed.

In June 2007, Minister Milloy visited Cambridge Memorial Hospital to announce that "The McGuinty government is pleased to support the Cambridge Memorial Hospital as it moves forward." Two years later, that promise has again been broken, and once again, the people of Cambridge are fighting back. However, this time around the situation is much worse. Not only are we battling for expansion money; we are also seeking the level of operating funding that is required to meet the needs of a growing community in parity with other communities.

Recently, citizens packed the Cambridge Newfoundland Club, where a rally was held in support of the hospital. The message from the people who attended this rally was loud and clear: Give our hospital the funding it needs to serve the 135,000 men, women and children of Cambridge and North Dumfries. I am proud to live in a community where the citizens feel such immense passion for their hospital.

Dalton McGuinty is cutting nurses and services at our hospital and has not given one cent for fast growth. The population of Cambridge has increased by approximately 30,000 people since the Health Services Restructuring Commission ordered an expansion of the Cambridge Memorial Hospital. This hospital is bursting at its seams, and yet this government chooses to ignore the financial needs of this hospital and, for that matter, 80% of the hospitals in Ontario that are facing deficits.

Cambridge needs its hospital. How can Premier McGuinty deny the people of my riding the same level of health services as other communities? Dalton McGuinty, please quit playing politics with the health care of my constituents. Quit firing much-needed nurses, quit privatizing hospital services, and at long last, honour your promise to let our hospital expansion go ahead.

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I take an opportunity to recognize—there are so many volunteers who have worked over the last two months

and, in particular, John van der Heyden and Joe Dwyer, who worked with so many volunteers to organize the protests in Cambridge and here at Queen's Park today. It's my pleasure and my honour to be able to represent constituents who care so much about their community and their hospital.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mrs. Liz Sandals: I'm pleased to respond to the comments from the critic for health for the opposition party because, quite frankly, when it comes to Guelph, she's got her information all wrong.

One of the things that she cited was that there is a mammography machine at Guelph General closing down. That's actually correct, but as with so many opposition criticisms, she didn't tell us the whole story. I'd actually like you to hear what Mike Sharma, who's the director of imaging at Guelph General Hospital, had to say about this. He explained that there were two machines there. One was a loaner from a company. They borrowed a machine when they were making a transition from an old film-based mammography machine to a digital imaging machine; a company had provided them with a loaner. They don't need the loaner any more, so they're sending it back. It's as simple as that. In fact, the director of imaging says that the mammography machine at Guelph General Hospital has doubled the capacity of the current test that it's doing. So this is a total non-issue, and it's just typical of the sort of misinformation that the opposition has been spreading about health care in Guelph.

I would like to sort out some of the correct information. For example, Guelph General Hospital just had a wonderful event last week, when we opened for the first time ever in Guelph a psychiatric emergency ward at Guelph General Hospital. When I first came into office, what I found was that if you had a psychiatric crisis in Guelph, you were taken to the emergency ward at Guelph General, which had no psychiatric staff, and patients were ending up handcuffed to stretchers under police guard because nobody had any capacity to change that. We worked together as a community. We got funding from the Ministry of Health: \$2.1 million for the capital expense of renovating the area at Guelph General Hospital and a guarantee of another \$1 million annually to operate.

We just celebrated this week a brand new renovated space that is providing a totally secure emergency ward for psychiatric patients: four secure examination rooms, two secure meeting rooms, a secure shower, a secure washroom, a secure waiting area, a secure nurses' station—state of the art; a wonderful space. You know what the bonus of this is? That as part of this renovation, we're actually going back and renovating the main part of emerg so that we're getting five extra examination spaces in the main part of the Guelph emergency room, which will help to expedite the service that's happening there.

Do you know what else we've gotten at Guelph General Hospital? For the first time ever we have an MRI

machine in Guelph so people in Guelph can actually get an MRI test in Guelph. We've got a brand new state-of-the-art CT scanner; again, the capacity to move people through CT exams at Guelph General Hospital is way up because we've got up-to-date equipment. More surgeries in a whole bunch of areas, including being designated as the bariatric surgery centre for the whole LHIN—great things are going on.

Now the opposition wants to talk about 30 layoffs at Guelph General Hospital. But do you know what's really going on here? What I would consider a weird collective agreement. If this was the school board sector and you had too many people at one school and you needed them teaching at another school, it's just a transfer; no big deal. It just happens that the collective agreement at Guelph General Hospital says if you're going to move nurses from one department to another, you have to lay them off and then rehire them in the next department. What the opposition wants to tell you is, "We had 30 layoffs at Guelph General Hospital." Technically, that's true. But what they totally neglect to tell you is that 29 of those people got hired back five minutes later, getting transferred to different jobs in the same hospital. So I totally reject this nonsense that they keep spreading about Guelph General Hospital.

We have a great hospital. In fact, what we've been able to do is get additional beds at the complex and continuing care hospital, we have alternate-level-of-care beds that have opened up, and, in Guelph and area, we're getting 288 new long-term-care beds. I tell you, we have made huge investments in Guelph and area in health care.

The Deputy Speaker (Mr. Bruce Crozier): Further debate? The member for Sarnia.

Mr. Robert Bailey: It is a pleasure for me to be able to rise—

The Deputy Speaker (Mr. Bruce Crozier): Sarnia—Lambton, that is. I'm sorry; I didn't want to short you.

Mr. Robert Bailey: That's okay. We know where we're from. Thank you, Mr. Speaker.

It's a pleasure for me to be able to rise in my place today to speak in favour of the motion put forward by the House leader from my party, the member for Kitchener—Waterloo.

What this government is trying to do to rural health care is a travesty. They think they are fooling everyone by having the local health integration networks make the cuts so that the minister doesn't have to, but they are fooling no one.

I have stood in this House many times since January and asked about the small-hospital emergency room study that was done in our Erie St. Clair LHIN. The study was conducted by the famous Hay Group and it caused quite an uproar in my community. What the Hay Group recommended was that the emergency room at the Charlotte Eleanor Englehart Hospital in Petrolia be downgraded to an urgent-care ward only. Ambulances therefore would not be able to stop there. They made the same recommendation for the Sydenham hospital in Wallaceburg.

As the MPP for Sarnia–Lambton and as someone who has had a lifelong affiliation with CEE hospital—I was born there, in fact; it goes back that far—I was concerned that if this recommendation were adopted by the Erie St. Clair LHIN, it would have devastating consequences for health care services in central Lambton county. Thankfully, I wasn't alone in this concern. Community leaders from all over Sarnia–Lambton immediately went to work on convincing the LHIN to throw out the Hay Group report. The doctors who practise emergency medicine in Petrolia all threatened en masse to resign and leave the community if the LHIN didn't back down.

As MPPs, we have the unique opportunity to present petitions in this House every day. I was honoured that over 16,000 of my constituents in Sarnia–Lambton signed petitions and volunteered to go collect those petitions at arenas, malls, door to door, any public event—even going so far, like I say, as going door to door to collect those petitions. I was overwhelmed by the support of the community for our local hospital.

Now, we were lucky in some ways. We got a reprieve. In the end, the LHIN decided to put off for a time the decision on downgrading our emergency room, for a period of five years. The deal isn't signed yet, but the doctors were pleased and withdrew their resignations, so now at least we have that reprieve.

I wish the same could be said for other rural hospitals around Ontario. I know that in the riding next door to me, the Sydenham hospital in Wallaceburg was not granted that same reprieve, and that is why so many people were here today at this rally at Queen's Park from the Chatham–Kent area and also from Sarnia–Lambton and other ridings across the province. They were here today to make sure that their voices were heard, that the government did hear from them that there were concerns about health care in rural Ontario as well as all of urban Ontario.

On our side of the House, we recognize that the LHIN system needs to be fixed. We've raised those issues numerous times in the House through petitions and questions to the minister and the Premier. Just today, I raised the case of a family in my riding who were told in writing by a hospital in London that they were to seek treatment in their own LHIN. The minister says the system is supposed to be seamless, but I have a letter from that hospital that says quite the opposite.

The LHINs are unelected and unaccountable boards with tremendous power over how health care is delivered. They are all a blend of rural and urban. You can see in all of them that they are trying to centralize health care services in the urban centres at the expense of the rural centres. This is wrong.

1700

Through the CEE emergency room debacle, what I think people were angriest about was that no one had ever voted in the LHIN, yet it was the LHIN that was getting to decide the fate of the CEE emergency room. When a government member was asked about this, the answer was always the same: "We'd love to help, but

that's a decision the LHIN has to make." The buck was passed from elected officials to unelected officials, and it frustrated and angered many of my constituents.

As I said earlier today, the LHINs are a disaster, and I think any government member, in a moment of frankness, would admit the same. Instead of coordinating health care services, they are creating confusion amongst hospitals, with fatal consequence to patients. This government either needs to fix the LHINs or scrap them altogether.

With Ontario's population aging, our hospitals are going to become even more important than they are today. Instead of trying to hollow out rural hospitals, they should be investing in them so that doctors are encouraged to go and practise rural medicine.

This government has no plan what it comes to rural health care. Yesterday, it quickly announced a haphazard review of rural health care needs. Why the government didn't do that before it told the LHINs to make cuts is beyond me, but I hope that the government will now put a moratorium on making any changes at rural hospitals, at least until it reviews its own report.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Pat Hoy: I'm pleased to be able to make a few comments on this opposition day motion. The Chatham–Kent Health Alliance is within my riding, and it also has a hospital in the member from Lambton–Kent–Middlesex's riding. I want the House to know that last October the Chatham–Kent Health Alliance was picked as one of Canada's top 100 employers. In all of Canada, that alliance was picked as one of Canada's top 100 employers. In order to make the grade, so to speak, I would think that you'd have to have a top-notch hospital facility, one that would have the equipment that's needed, great morale, lots of doctors, lots of nurses and a fine administrative staff as well. I think that's proof right there that things are going quite well within the Chatham–Kent Health Alliance.

Some years ago the Conservative government had a group going around the province, the Health Services Restructuring Commission, and they came to Chatham and put two hospitals together. There was some concern over that at the time, but I do give them a little bit of credit. They put a room into the hospital with nothing in it. But we put something there just recently: It's an MRI. It's one of the finest diagnostic machines that one could have in a hospital.

So we have, from our government, provided an MRI to that hospital—some \$800,000 a year of funding. Not only will this provide the patients who require MRI testing something close to home, which is what people want, but it will alleviate the wait times for MRI patients going to either London or Windsor. Not only was it a win for the local community; it was a win for those in Windsor and London that we don't have people from the Chatham–Kent area going to their hospital and taking up space and room.

We've had great success in Chatham–Kent–Essex with our family health teams. We have them in Tilbury,

Chatham and Leamington, and down the road in Harrow there's another one. The point about the family health teams that I want to make, in particular, is regarding the Tilbury one. The Tilbury family health team worked for 12 years to get this facility—12 years. They're a great volunteer group, they stayed together, they knew what they wanted, they knew it was a pioneering effort way back some many, many years ago; but it was our government that funded a wonderful family health team. They're attracting doctors there, and we're getting more doctors into the region because we have an MRI. Doctors want to work with the best of equipment, and the family health team concept is working well.

Other members have given out statistics on what has occurred provincially in terms of health care dollars spent, but, of course, locally we've had a 40% base increase to the funding at the Chatham-Kent Health Alliance, a 40% increase to their base funding—plus an extra \$18.5 million in one-time annual funding from 2003 to 2009; a 17.6% increase to Sydenham District Hospital, which is located in Wallaceburg but is part of the new alliance. So we continue to make those funding arrangements, not only for the province but locally as well. Indeed, the Leamington District Memorial Hospital in Essex has received a 20% increase and something over \$3 million in extra funding—I'm rounding the figures; actually, I'm rounding them on the low side rather than the high side.

The Chatham-Kent Health Alliance has had increases, and their total base funding now exceeds \$78 million. The Leamington District Hospital, as I said, had an increase of \$675,000, and now has funding at \$25,927,000. The Sydenham hospital in Wallaceburg has base funding of \$18,107,000 and has also had increases. I'll just take one second or so to mention that the aging-at-home strategy we have announced as a province has been very well accepted in my community. We want to keep those who want to be at home in their homes longer and provide the means so they can do that.

So things are working very well, and people are very appreciative of the efforts of our government in Chatham-Kent and Essex.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Norm Miller: I'm pleased to have a few minutes today to speak to the opposition day motion to do with health care. It's certainly a very appropriate day to be speaking to this motion, as there were thousands of people on the lawn at Queen's Park today, including a busload of citizens and also municipal representatives from the village of Burk's Falls.

I won't have time in the few minutes I have to say all I'd like to, but I'm going to start by focusing on one part of this opposition day motion, and that's the section that says, "Whereas these decisions are being made unilaterally by local health integration networks (LHINs) without full consultation and consideration of the concerns of the residents in these affected communities."

LHINs are a creation of this McGuinty government. They're basically another level of bureaucracy. They

now have offices in the 14 LHINs across the province; they have high-priced staff. The question I would ask the government and the people of Ontario is, where would you like to see our limited tax dollars going in terms of health care? Would you want to see them going to this new bureaucracy, or would you rather see them going to the nurses, doctors and health services we so desperately need?

It just so happens, with the Simcoe Muskoka LHIN, that at the time Muskoka Algonquin Healthcare—that's all the health care on the east side of my riding—was facing a \$1.6-million deficit; guess what the Simcoe Muskoka LHIN was spending on office renovations and furniture? \$1.6 million. If you asked anybody on the street in Parry Sound–Muskoka if they'd rather see the money go to the hospital so it didn't have a deficit and could keep things like the Burk's Falls health centre open, I'm sure they would unanimously say that is where they'd like to see the money going, and not to a new bureaucracy that is not necessarily going to add any value to the system or provide the health care that people want to see.

The Minister of the Environment was talking proudly about the 31,000 new people working in the health system. I suspect most of them must be working for the LHINs, because we still seem to have a lot of problems in our health care, which is why the village of Burk's Falls, in the Almaguin Highlands, had a busload of people coming down today, including significant municipal representation. We had the reeve of Burk's Falls, Cathy Still, who is a paramedic here, along with Bruce Campbell, a councillor from Burk's Falls; Dick Smith, the mayor of Magnetawan, was down today, and Kris Nicholls, a councillor from Magnetawan; Jeff Johnston, mayor of Kearney, was here; Glenn Miller, reeve of Ryerson township, was here. They're all concerned about what is going to happen at the Burk's Falls health centre.

Burk's Falls is governed by Muskoka Algonquin Healthcare, which runs the hospitals in Huntsville and Bracebridge. They're facing a \$2.3-million deficit, and they have a \$7-million accumulated debt. They've been working at this over a number of years. They've reduced their costs by \$4 million, but things are still getting worse, not better.

1710

Part of the problem, as I addressed in my private member's resolution a few weeks ago, is that 47% of the beds occupied in the hospitals in Parry Sound–Muskoka are alternative-level-of-care patients, people who would better be served in a long-term-care home or with services at home. We've heard members talking about the special services at home; I believe it's called aging at home. Well, you be may be spending the money, but so far it's not having an effect, because the problem of ALC patients is getting worse, not better.

The day I visited Donald Sanderson, CEO of the West Parry Sound Health Centre, in February, the hospital was at 104% and 40% of the beds were ALC patients. How do you run a hospital like that? The percentage of occu-

pancy you should be aiming for is 85%. That allows you to plan for surgery. It allows you to handle the emergencies that come into the emergency department, and it allows you to be able to have a chance at balancing your budget as well.

Now we have a situation in Ontario and the world with the Mexican swine influenza. How do you deal with something like that if your hospitals are full and the government has failed to address this ALC situation? They need to do things, as I suggested in my private member's resolution, like building more long-term-care beds, to have more living-at-home services for our seniors so they can stay in their own home, more assisted-living beds for Ontarians with disabilities so they aren't in long-term-care homes, and more hospice and palliative care beds.

So far, the government has failed to address this, and we have ongoing problems, particularly in the Burk's Falls and Muskoka-East Parry Sound area. That's why we had a busload of concerned citizens down here at Queen's Park. I thank them for coming down and making the government aware of their situation. I hope the government's listening. Many of the people are not your normal protesters. They're seniors, councillors. They're saying, "Is this really going to make a difference?" I simply said to them, "If you don't speak up, you won't be heard at all." Hopefully, this government's going to listen to the people of Muskoka-East Parry Sound.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Khalil Ramal: I have the privilege and honour to stand up and speak against the motion brought by the opposition party, for many different reasons.

As you know, when we were elected in 2003, health care was in bad shape. Many hospitals were closed, many nurses were being fired, and people were not finding doctors. After many years, I believe we've put health care back on track. I had the chance and privilege to serve on a committee that travelled the province of Ontario to study the establishment of the LHINs. We listened to many different stakeholders, and we listened to many experts in that field. They found that it's important for our government and the province of Ontario not to centralize everything; the decision was for many different locations and different areas.

This was the idea behind LHINs, because it is most important to ask for local input on how they want their health care to look, how we can implement the health care strategy, and how we can work between the hospitals, community care access centres and the patients. Let me tell you, Mr. Speaker, we had the privilege—I think you were present a couple of days ago when the South West LHIN came to us here at Queen's Park and listened to our concerns and dialogued with all the members and took their input. I think they're doing an excellent job in terms of facilitating the job, allocating the money, and also making sure all the hospital beds are being utilized well and serving the people of Ontario.

It's important to continue our mission to reform health care and transform health care. There's no doubt about it,

we haven't fixed it yet. We still have a lot ahead of us, and I think it's important to continue work in this regard.

I had the chance to sit on different committees and listen to many people who are experts in this field. I see the Minister of Health's work to reform health care in terms of e-records and many different initiatives coming, hopefully, in the future to reform and transform health care to make sure all the people of Ontario have access to health care.

Also, the investment in health care is tremendous. When we listened to the LHIN three or four days ago when they came to Queen's Park, they told us that many different hospitals—basically all the hospitals in our region balanced their books, except a few were short by \$1 million or less than \$1 million. But he said some of them also have a surplus. I think the LHIN is working on a strategy to have some kind of flexibility in order to allow the hospitals that have a surplus to share their wealth with other hospitals to make sure all the hospitals function very well and are serving the people in the region.

I think it's important to continue to work with our partners in health care in this province because we have limited dollars, we have limited resources. We want to utilize every penny we have. We want to leverage our tax dollars in order to serve bigger numbers of Ontarians. As you know, as everybody knows in this province, many people are getting old and our population is aging. We want to benefit from every penny we spend in health care.

I want to commend the Minister of Health, I want to commend our government for investing in health care, for continuing to reform health care to utilize every penny we have.

I want to tell you a story from my riding of London-Fanshawe. The LHIN did an excellent job by creating transition beds for the long-term-care patients and the seniors before they go to a long-term-care facility or a long-term-care home. What did they do? They created a transitional bed to free the acute bed service for the people who need it badly. I think it's an important step. I think it plays a pivotal role for that transition time for the people who want to move from their home to a long-term-care facility without raising obstacles or using the acute bed, which is already being set up for people with bigger needs than those people.

I'm going to vote against this motion, and I want to congratulate our government and our minister for the great job they do on behalf of all of us in this province in order to make sure our health care is public and accessible for all.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Toby Barrett: I appreciate the opportunity to speak to this opposition day motion with respect to health care, with respect to my riding and, more specifically, with respect to hospitals. It's really unfortunate—it's disturbing, really—that opposition members and people right across Ontario were forced to rally out in front of

Queen's Park this afternoon. There were several thousand people out there doing their best to hold this government's hand to the fire and to ensure that residents, not only those out front but other residents across the province, are able to access the health care that they pay for.

I saw so many signs out there this afternoon. I don't know whether any of the government members did come out to speak to the people who were assembled; I didn't see any government members out there. One sign that I saw read—

Interjection.

Mr. Toby Barrett: —I'll direct this to the member from Brant—"Hands off our hospital." Another sign read, "Give us back our health care." There were many, many signs. I took a picture of these signs. There was one sign titled, "Premier McGuinty, your health cuts threaten our health." That's just a smattering of what I read out there in front this afternoon.

Of course, we know the history of Mr. McGuinty promising not to bring in any new taxes and then turning around and implementing the largest tax increase in the history of Ontario. We all know that as the so-called health tax. But the 2,000 people who were out front this afternoon, wanting to talk to cabinet and government members, have pretty well figured out how that's working out for them. Given the fact that government is sticking its hand in their pockets at this time of year, every year, under the auspices of paying for health services, those people outside wanted to know where those services were and why those same services were either under threats of closure or, in some cases, had actually been shut down.

I think of my own riding, for example. In February of this year, Norfolk county learned that beginning April 1 Norfolk General Hospital would have to implement a number of strategies to eliminate an operating deficit of \$1.2-million. That was 2.8% of that hospital's \$42.6-million budget. Regrettably, our local hospital had to look at bed closures, service cuts, including the discontinuation of an outpatient nutritional counselling program, as well as a very popular and long-term program known as the cardiac club, where people would get exercise sometimes in the area high school but primarily down at the fairgrounds in one of the very large buildings. We've also seen staffing reductions at NGH in not only the administrative and support services but also in clinical areas.

1720

I mentioned the cardiac club. Specifically, I wish to read an article from the local paper, the Simcoe Reformer:

"After 24 years of helping area people stay out of hospital—and in some cases stay alive—the Norfolk cardiac club is done, at least for now.

"It is the victim of the economic downturn and government cutbacks....

"If the group can't revive itself, area heart patients will be worse off, research suggests. A recent Toronto study shows that those who have had a major heart attack and

attend" these kinds of cardiac rehabilitation programs "cut their risk of dying from another heart attack by one half."

There was another study done down in Norfolk eight years ago that found "that members of the local club were two and a half times less likely to end up in hospital again with heart problems compared to sufferers who didn't attend" a program like this.

I can tell you that no one's feeling good about the service cuts, the bed cuts and the staff cuts under this McGuinty government watch. People in Norfolk county have long depended on Norfolk General for the world-class health services that they continue to work to provide. But under government and LHIN direction—we've heard a lot about LHINs this afternoon—this has led to bed closures, service cuts and staffing reductions. That's the concern.

As well, over in Haldimand county the concern grows as the rumour mill escalates every day about the potential of the emergency department closure at West Haldimand General Hospital. This comes as a result of a LHIN clinical services review process that has just been initiated. They'll be wrapping up in November. When I think of some of the area hospitals, we're not really too hopeful.

I wrote to the Minister of Health about this on April 9: "Whatever changes or investments are called for in this review process, Haldimand area residents wish to participate in that process. However, they want assurances that the emergency services they, their family and their neighbours depend on will not be going away under LHIN/provincial direction." Of course, the ultimate direction comes from the elected members opposite.

At the moment, the possible ER closure is a rumour. I'm waiting for a response from the Minister of Health. I wrote the letter and faxed the letter that same day. We do need these assurances before we go into this citizen participation process, this consultation process.

People do bear in mind the experience of their Niagara neighbours to the east. In Niagara, which belongs to the same LHIN as Haldimand, two hospitals have some serious problems. Port Colborne and Fort Erie residents were all out front this afternoon. I chatted with these people. They will no longer have the kinds of hospital services that they and their families have paid for and rely on. They were out front at Queen's Park today, and they had signs like "Fort Erie Says 'No.'" Another sign: "Port Colborne Wants Our Hospitals Back." That's a clear message to members opposite. "Don't Feel Left Out; You're Next." That was another sign.

I was at a town hall meeting in Hagersville on April 8 and I can tell you that people down in Hagersville will not be content to work through this LHIN process and play by the LHIN rules, as they did in Niagara, only to face the same inevitable closures in the end.

The minister may try to redirect this anger away from him. People are learning from this Niagara experience. They understand that in a democracy it's elected officials who make the ultimate decisions. The minister has the

final say. We're all waiting for a reply to that letter that I've written. We need the assurance that emergency services will not be impacted at West Haldimand General Hospital.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Ms. Sophia Aggelonitis: I'm very pleased to speak on this motion today, especially because it mentions the great city of Hamilton.

First, let me say that in Hamilton we are very fortunate to have some of the best hospitals and the best health care professionals in the world. I have seen it first-hand, and they are wonderful. Through their good work, our city has become an important hub of innovative medical research and a leader in patient service. As a result, Hamilton has been able to attract some of the most prominent health care professionals throughout the world, and that's something we don't often talk about in this House.

Take, for example, the famous Dr. Salim Yusuf. Dr. Yusuf is one of the world's foremost researchers in cardiovascular diseases and their prevention. He is one of the most cited clinical researchers in the world, and the most cited in Canada. Dr. Yusuf is vice-president of research and chief scientific officer at Hamilton Health Sciences, as well as the director of the Population Health Research Institute and a professor of medicine at McMaster. He could practise anywhere, but he chose Hamilton.

Another great example is Dr. Mark Levine. Dr. Levine is a world leader in breast cancer and blood clot research. His studies and findings have impacted the lives of hundreds of thousands, if not millions, throughout the world. Dr. Levine is the chair and a professor in the department of oncology at McMaster, and the head of cancer research at Hamilton Health Sciences. Like Dr. Yusuf, he is in demand throughout the world, and he also chose Hamilton. Thousands of others have done the same, and I sincerely thank them.

More than 10,000 people work in Hamilton's health care sector. It is the city's largest employer. In fact, it's not only the largest employer, but it has also been recognized as one of the best. Hamilton Health Sciences has been accredited as being one of Canada's top 100 employers for three consecutive years.

As a government, we are responsible for ensuring that Ontario and Hamilton remain competitive jurisdictions in attracting the best health care professionals. If the above examples are any indication of our successes, Hamiltonians and Ontarians should be very proud of what they have accomplished.

However, these successes do not come without hard work and dedication to our health care system. This dedication can be measured in part by the investments we have made in our hospitals. In 2008-09 alone, this government has provided Hamilton hospitals with base funding of over \$1 billion. Put another way, since 2003 this government has increased base funding to Hamilton hospitals by 25.4%.

There are also many examples of other investments in health care in Hamilton, especially on Hamilton Moun-

tain. If you are driving down Upper Sherman and you turn left on Concession Street, you will see two cranes in the air. They're building an additional 400,000 square feet of new construction and 25,000 square feet of renovated space at the Henderson hospital. It was a privilege to be a part of the topping-off event that took place on April 16. I can tell you that construction is on time and on budget.

Another investment in Hamilton is through the nursing graduate guarantee program. Alone, Hamilton hospitals have hired almost 300 nurses. We've also got 700 more long-term-care beds in Hamilton. You can take a look at the Dr. Bob Kemp Hospice as another investment. You will see the real progress we have been making.

It is a pleasure to talk about the investments made in my community of Hamilton, and I will not be supporting this opposition motion.

1730

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mrs. Joyce Savoline: It's my pleasure to rise in the House today in support of the PC caucus opposition day motion, which is about the state of our health care in the province of Ontario, to talk about the sorry record of this government in health care. The minister referred to an infrastructure renaissance that is occurring in Ontario. Well, I see bogeys, not Botticellis. The government created the mess we are in right now. In fact, we have heard from members from the government side—we have heard from Kingston, from Guelph, from Chatham-Kent-Essex and from Hamilton Mountain—about the billions of dollars that the government is spending in their community hospitals. Isn't it peculiar that we have nobody over here to boast about money that's being spent in our ridings? If you'd address the shortfalls in your long-term-care program, we would not have patients that rightfully belong in a long-term-care facility—

Interjections.

The Deputy Speaker (Mr. Bruce Crozier): Order. Let the member have the floor and have your attention, or take your conversations outside, please. Member for Burlington.

Mrs. Joyce Savoline: Our elderly citizens deserve specialized care, and our hospitals need a fluid inventory in order to do what they are expected to do for Ontario taxpayers. Fortunately for you, Minister, the LHINs you created shield you from criticism for the most part, but your armour is chipping. The Hamilton Niagara Haldimand Brant LHIN decision-making process is currently being reviewed by the Ombudsman of Ontario. The process is not transparent and it is not inclusive of the community. The reason for this review is because their decision-making process is suspected to be flawed. As soon as the Ombudsman went public with his decision to investigate, shovels started flying on the hospital projects in Liberal ridings. Why? Because it will be discovered, perhaps after it's too late to stop, that the restructuring is wrong-headed. The new approach is not about patients first; it seems to be about turning well-used community

ERs into Band-Aid dispensaries or closing some hospitals altogether. It's about telling pregnant women in rural Ontario that they won't be able to give birth in their local hospitals anymore. Well, I sure hope that the CAA technicians get certified in labour and delivery, because we're about to have a lot of highway births.

The people who travelled from across Ontario today to protest on the front lawn of this Legislature were here precisely because of this Liberal government's wrong-headed approach to health care. Yet during question period today, Minister Caplan clearly stated that he did not agree with these Ontarians. Well, did he meet with any of them? Did he ask them what their vision was for service and delivery of health care in their communities? No, I didn't see him out there. After all, that's why the LHINs were created. They were created to bring the local perspective to the minister's decisions, but the minister doesn't get involved. If your process is working so well, you would not have had the protests on the front lawn today. The Ombudsman would not be breathing down the minister's neck with the LHINs. So bravo on a job well done.

In Burlington, which is part of the Hamilton Niagara Haldimand Brant LHIN, whose name, Burlington, has been conveniently not been included or identified, our hospital needs upgrades. In fact, the minister himself admits to it. There is an aging hospital infrastructure across Ontario that needs attention now more than ever. We need to ensure that our hospitals have the tools and the capabilities to handle whatever infectious diseases come our way. As our world continues to shrink in terms of global travel and the spread of unknown viruses and diseases, we need to be ready for whatever comes our way.

During the C. diff outbreak at Joseph Brant Memorial Hospital, the ministry did less than nothing to help the Burlington community hospital deal with this situation. Perhaps it's because the minister still hadn't read the report from the coroner in Sault Ste. Marie that talked about the contributing factors to that outbreak. If the minister had done his job, perhaps we could have avoided the JBMH outbreak and we could have perhaps helped a hospital with aging infrastructure.

When the C. diff outbreak occurred, it was the Liberal government that was first in the lifeboats. It has not gone unnoticed in Burlington. It has not gone unnoticed in Ontario. I don't plan to stand idly by while you turn our ERs into your stitch-em-up and drive-through service. I want to ensure that our seniors who fought for and paid for this health care system have the right to be treated with dignity inside its doors. We are putting our new mothers and babies at risk when they are forced to give birth on their way to a hospital in another community. Joseph Brant Memorial Hospital deserves to have the necessary infectious disease control measures at their disposal to take care of a community—a community that has given over \$600 million in the health tax that this government imposed almost six years ago.

Finally, I invite the minister with me on a tour of Joseph Brant Memorial Hospital. I will be there on May

14. I would love for him to be a guest to see first-hand what our hospital is challenged with.

The Deputy Speaker (Mr. Bruce Crozier): Further debate? The member for Ottawa Centre.

Mr. Yasir Naqvi: Thank you very much, Mr. Speaker, for giving me the opportunity to speak against this motion.

One of the great privileges we have in this Legislature is to serve our constituents and particularly to provide them with quality public health care. And since 2003, this government has done exactly so, reversing the cuts of millions and millions of dollars which the previous government brought to the health care system in this province.

Let me just give you a snapshot of what's going on in Ottawa today. I'll give you numbers. From 2003 to 2009, up to today, the funding for the Children's Hospital of Eastern Ontario has gone up by over \$20 million; that's 21.6%. The funding for the University of Ottawa Heart Institute, in my riding of Ottawa Centre, has gone up by over \$36 million, an increase of 50.7% since 2003. Hôpital Montfort, in that great city of ours, which the Conservatives almost closed, the only French teaching hospital—funding has gone up by over \$38 million. Bruyère Continuing Care, another great hospital in my riding of Ottawa Centre—funding has gone up by \$15 million. Queensway Carleton Hospital—funding has gone up by over \$38 million. Royal Ottawa Hospital, a great hospital in my riding of Ottawa Centre—funding has gone up by over \$20 million, by 64.9%. And the Ottawa hospital, the largest hospital in eastern Ontario—funding has gone up by \$172 million—36.4%.

This is in contrast to cuts which the previous government made. In fact, they closed two hospitals in Ottawa, the Grace Hospital, which was a fine hospital in my community of Ottawa Centre, and the Riverside Hospital.

There are 160 new full-time nurses in Ottawa. Talk about community health centres—which have been very important to me, as I sat on the board of the Centretown Community Health Centre. In Ottawa the funding for community health centres has gone up by \$4.3 million since 2003. The Centretown Community Health Centre and the Somerset West Community Health Centre in Ottawa Centre—their base funding has increased by over \$1.5 million since 2003.

I wish I had more time to talk about it because the achievements in Ottawa alone are tremendous. Most recently, I had an opportunity to meet with Dr. Rob Cushman, the CEO of the Champlain LHIN, and Dr. Jack Kitts, who is the CEO of the Ottawa Hospital, and they both assured me we should be very proud of the kinds of great quality care we have brought to Ottawa because of the investments this McGuinty government has been making in Ottawa since 2003. Therefore, I will be voting against this motion. Thank you very much.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

1740

Mr. Bill Mauro: I've had an opportunity to read this motion today, and I do understand that what we're

dealing with today is a very serious issue, but I have to tell you that when I read the motion, it did make me smile a little bit, even though it is a very, very serious issue.

When I read it, it reminded me of an old friend I had in high school—and we all had a person like this, I think. His name was John Holbik, and John was that person we all had in high school who made everybody laugh all the time. Johnny lived about 60 miles west of Thunder Bay. We called him “the Kashabowie Kid”—he was from a little town named Kashabowie. He’d come in from the rural community and he’d billet in Thunder Bay all week and then he’d go home on the weekends. He could make you laugh from sunup to sundown. One of John’s favourite colloquialisms was that he used to say, “Billy, he’s got more nerve than a bad tooth.” When I read this motion here today, I have to wonder who wrote this and how they had the nerve to put it forward.

I don’t have a lot of time. They’re not giving me a lot of time, but I do want to talk to a couple of pieces here, especially this part on local health integration networks. I want to speak to that. They’re saying here that they can’t believe that these decisions have been made unilaterally by the LHINs “without full consultation and consideration of the concerns of the residents” of the “affected communities.” Do you know what they’re implying? They’re implying that before the LHINs, when the base of power was with the Ministry of Health in downtown Toronto, they had the concerns and the considerations of the people of communities like Thunder Bay and Kashabowie and Kenora at heart. That’s what they’re suggesting here when they talk about the LHINs not going forward with full consultation.

I see this piece about “prevent nurses from being fired.” Are they serious that they’re actually going to put that in their opposition day motion? This is the party that fired 6,000 nurses. I don’t know how much money it cost when you went to hire them back. You spent money to fire them and then you spent money to hire them back. It is unbelievable, also coming from a party that’s prepared to cancel the premium and take \$3 billion out of health care, that this is what they bring forward as an opposition day motion; quite incredible.

I could speak for quite a while today listing the improvements that have occurred in health care in my riding of Thunder Bay–Atikokan and go on for quite some time, but I do know that my good friend here from Peterborough has some thoughts that he’d like to add to this as well, so I will yield the floor to the member from Peterborough.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Jeff Leal: I only have 30 seconds, but I want to tell a story. I remember when the Sinclair commission came through Peterborough. If you want to talk about a transparent, accountable institution, I’ll tell you about the Sinclair commission. We had two great hospitals in Peterborough: St. Joseph’s Hospital, where I was born, operated by the Sisters of St. Joseph, and Peterborough

Civic Hospital. They came through and closed St. Joseph’s Hospital in a nanosecond. In a nanosecond, they closed it down. I remember the Mother Superior in tears when that happened in Peterborough. It was a very, very sad day. Then we had this dance for eight years with the Conservatives: Will Peterborough get a new hospital, or Peterborough won’t get a new hospital?

But when we came to power, the Premier, Dalton McGuinty, and the Minister of Health and Long-Term Care, George Smitherman, delivered a \$200-million hospital to Peterborough, which we opened last May 9. You couldn’t find a Tory in Peterborough on that great day to be there at the opening, but we were there, along with our community citizens, to operate our brand new hospital. What a great day for the community.

I will be voting against this resolution.

The Deputy Speaker (Mr. Bruce Crozier): Further debate? The minister of innovation and several other things.

Hon. John Wilkinson: Thank you, Mr. Speaker. You know, it’s pretty apparent that our friends across the way at the moment are without a permanent leader. Why? Because their position keeps changing day to day. It’s very simple. If you’re going to vote for this opposition day motion, I say to our friends in the opposition who put this forward, what you are telling the good people in rural Ontario is that you think every decision about health care should be made where? Right here in Toronto. I don’t know about you, but I’m a rural member, and I would never go back into my riding and say, “All of our health care decisions should be made by a bunch of people in Toronto.” Now, I love Toronto, and I say to my good seatmate from Scarborough and the GTA and our friend from Eglinton–Lawrence that they have much wisdom, but don’t tell me about what we need in health care in my riding.

The reason we have a brand new redevelopment at Stratford General Hospital—a \$65-million reinvestment; the reason that we have a new development in Listowel hospital that’s open—some \$20 million; and the reason there’s a new dialysis unit in Palmerston hospital is because the decisions were made where?

Interjection: Not here.

Hon. John Wilkinson: They were made back home, because people listened and they understood what the needs were.

Again, our opposition think that somehow all of this can be saved if they go back to the old ways. I’ll tell you about the old ways. When you say to the hospital sector, “You don’t have to balance your budget,” and you have to come up with the money, do you know what you do? You close hospitals. That’s what you did.

Interjections.

Hon. John Wilkinson: When you say to those hospitals, “No, no, no. You don’t have to balance your budget,” do you know what you end up doing? Exactly what you did: You fire 6,000 nurses. That’s what happens when you don’t show any fiscal restraint. That’s what happens when you decide to send a signal that it

doesn't matter what the community says, because you've got to come up with the money here.

We've gone to the local community and we've said, "It's so important that you are part of this." There are very difficult, tough decisions that have to be made day in and day out in health care, and the best decisions are those made closest to home. The people who care about health care are the people who are closest to home.

I say to the members opposite who wish that they had maybe more resources, I wonder where they were and where their party was for those communities, because I hear the member from Peterborough, and what happened in Peterborough is exactly what happened in Listowel; it's exactly what happened in Brantford; it's exactly what happened in Stratford. We had a brand new hospital half empty for 18 years waiting for other governments to get their act in gear. Now we have a brand new redevelopment that has sent a signal, putting people to work in my community at a time when those jobs are so desperately needed, because we showed that vision.

I would say to all the members, you remember that today the Conservative Party came into this House and they said, "We think all the decisions on health care should be made"—where? Right here in Toronto. I don't know if the rural members over there understand the impact of that, but I'll be glad to remind each and every one of you that when it came right down to it, you thought the old system, that status quo that we got rid of, was the way to protect your community. I would say, with all due respect, that that's not how you protect your community. You empower your community. The best care is the care closest to home, and the best people to make that decision are people who live there, not someplace else.

That you would come in here and conveniently forget your record I find exceedingly rich—and, my God, we need that today. I'm sure that when you finally get around to having a leader that you all support, something that we haven't seen in this place for quite some time, perhaps he or she will have the wisdom to get you on the straight and narrow.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

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

All those in favour, say "aye."

All those opposed, say "nay."

In my opinion, the nays have it.

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

The division bells rang from 1748 to 1758.

The Deputy Speaker (Mr. Bruce Crozier): All those in favour, please stand one at a time and be recognized by the Clerk.

Ayes

Bailey, Robert
Barrett, Toby
Gélinas, France
Hardeman, Ernie
Marchese, Rosario

Martiniuk, Gerry
Miller, Norm
Munro, Julia
Murdoch, Bill
Runciman, Robert W.

Savoline, Joyce
Witmer, Elizabeth
Yakabuski, John

The Deputy Speaker (Mr. Bruce Crozier): All those opposed will please stand one at a time and be recognized by the Clerk.

Nays

Aggelonitis, Sophia
Albanese, Laura
Balkissoon, Bas
Brotten, Laurel C.
Brown, Michael A.
Colle, Mike
Delaney, Bob
Dickson, Joe
Dombrowsky, Leona
Duguid, Brad
Gerretsen, John
Gravelle, Michael
Hoy, Pat

Jaczek, Helena
Jeffrey, Linda
Johnson, Rick
Lalonde, Jean-Marc
Leal, Jeff
Levac, Dave
Mauro, Bill
McNeely, Phil
Meilleur, Madeleine
Milloy, John
Mitchell, Carol
Moridi, Reza
Naqvi, Yasir

Oraziotti, David
Pendergast, Leeanna
Qaadri, Shafiq
Ramal, Khalil
Ruprecht, Tony
Sandals, Liz
Smith, Monique
Smitherman, George
Sousa, Charles
Wilkinson, John
Zimmer, David

The Clerk of the Assembly (Ms. Deborah Deller): The ayes are 13; the nays are 37.

The Deputy Speaker (Mr. Bruce Crozier): I declare the motion lost.

Motion negatived.

The Deputy Speaker (Mr. Bruce Crozier): Pursuant to standing order 38, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

HOSPITAL INFRASTRUCTURE

The Deputy Speaker (Mr. Bruce Crozier): The member for Burlington has given notice of dissatisfaction with the answer to a question given today by the Minister of Health. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

Mrs. Joyce Savoline: My question was to the Minister of Health, and it was, "Minister, how can you reassure the residents of Burlington, and all Ontarians in communities with aging hospitals, that you are ready for a pandemic, when you have done nothing to address this critical underlying issue?"

The answer from the minister was patently unacceptable.

The Deputy Speaker (Mr. Bruce Crozier): Could the members move quietly, please. Thank you.

Member for Burlington.

Mrs. Joyce Savoline: I didn't ask the minister if he put in infectious disease control regulations for new hospital builds. What I asked was, what are you doing in the hospitals where outdated facilities have been linked to the severity of an outbreak? Where was the post-outbreak analysis from C. difficile? I know that you and your government tried very hard to pretend that it did not exist; however, it did, and it was far more devastating and stole far more lives than SARS did. Yet you swept the issue right under the carpet.

In answer to the minister's inappropriate accusation that I have my facts wrong, I would like to set him straight. The fact is that the residents of Burlington have contributed over \$600 million in his Liberal government's health tax since it began. The fact is, the Liberal government, in its largesse, has returned \$17 million in additional services to our community. That is a funding shortfall of \$583 million. The fact is that the citizens of Burlington have been placed at risk by the Liberal government's refusal to reinvest some of that \$583 million into upgrades required by our community hospital.

The Ministry of Health has been saying that they are ready to deal with infectious disease in the province of Ontario. These are just press releases and photo ops. And yet, when questioned here in the House on whether or not our older hospitals are ready and able to deal effectively with a pandemic, the minister prefers to launch a personal attack.

Well, Minister, in that question I wanted to know if you have developed plans for the hospitals that have not made the cut on your infrastructure list. The truth is that the minister's infrastructure renaissance is barely a starving-artist exhibit. The truth is that there are only a handful of projects that are underway, and even those have just barely turned over the sod. How are these facilities that have not yet been built going to have a positive impact on health care now, when we need them for emerging infectious diseases? I want to know what plans are in place to support these older hospitals when—not if, but when—they deal with a virulent infectious disease.

I would like to remind the minister of something he said in May 1997, before he became part of the government side. "It's easy to get caught up in programs and policies," he said, "and we talk in terms of billions of dollars. But fundamentally what governments do has an impact on people at a very basic level."

Clearly, what's good for the goose doesn't seem to be good for the minister. Now, as Minister of Health, he prefers to focus on the billions of dollars instead of impacting people on a very basic level. Well, his words ring very hollow to someone who loses their loved one to the next infectious disease because we all know—and he knows himself—that you have not done enough to stop it.

The Deputy Speaker (Mr. Bruce Crozier): The parliamentary assistant to the Minister of Health, the member for Scarborough–Rouge River.

Mr. Bas Balkissoon: I'd like to thank the member for the question.

We will continue to invest more in our hospitals and in the health care sector overall, just as we have every single year that we've been in office. Hospital funding in Ontario has increased from \$10.9 billion in 2003-04 to \$15.4 billion in 2009, an overall 37% increase. Hospitals across the province will receive \$617 million this year. That's a 4.7% increase over last year. Our partners in this sector requested a 2.1% increase in overall base funding for 2009; our budget in 2009 delivered on that commitment.

The hospital sector in Ontario is growing. In fact, employment in Ontario hospitals has increased by approximately 17% since 2003. That's 31,000 new jobs in Ontario.

We have made significant investments at Joseph Brant hospital, as we have in all hospitals. We recognize the aging infrastructure of our health care facilities. That is why we embarked on an ambitious \$30-billion, five-year capital plan, which has seen 100 major capital projects under way—100 new projects since 2003.

Our shared goal is to deliver high-quality health care services and to always improve our ability to prevent the spread of infectious diseases. That's why we developed leading-edge guidelines for new hospital construction. Generic output specifications are one of the many tools developed to address infection prevention and control. These new provincial guidelines will build on the design standards already being implemented in hospital projects.

Since 2003, we have increased health care spending by 37%. We've made the right investments in our hospitals in this province. Our investments at Joseph Brant Memorial Hospital include a more than \$18-million increase in base funding since 2003-04, which is more than a 22% increase, and \$113,000 for 102 general surgeries. This is in addition to the over \$13 million in total funding that this hospital has received since 2004 to reduce wait times. That's 15,816 more procedures for residents in this particular area.

As part of the May 2008 emergency room announcement, the Hamilton Niagara Haldimand Brant LIHN received \$2.3 million to provide community alternatives to hospital care, with \$178,500 to the LIHN for new nurse-led long-term-care outreach teams.

New long-term-care beds in operation or announced since 2003 include 304 new beds in Burlington and 3,298 new beds in the Hamilton Niagara Haldimand Brant LHIN area.

This government has made major investments in health care in Ontario, and we will continue to do more.

LOCAL HEALTH INTEGRATION NETWORKS

The Deputy Speaker (Mr. Bruce Crozier): The member for Sarnia–Lambton has given notice of dissatisfaction with the answer to a question given today by the Minister of Health. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

Mr. Robert Bailey: I was appalled by the answer given by the minister today about the case I raised about Allister McCabe, now deceased, a long-time resident of Sarnia–Lambton. Mr. McCabe was the former chief of police in the village of Point Edward. In October 2008, Allister was suspected of having Hodgkin's lymphoma and needed an ultrasound-guided needle biopsy in order to be properly diagnosed. The doctor providing his personal care in Petrolia told him it could be done

immediately in London, at St. Joe's hospital. The only hitch was that the hospital refused to do the procedure because he was "from out of town." What the hospital was saying to Allister and his family was, "You need to seek treatment in your LHIN, and since Sarnia and London are not in the same LHIN, we won't treat you"—quite as simple as that.

1810

Unfortunately, the treatment and wait time is longer in the Erie St. Clair LHIN, and, as members of this House know, early detection is the key to beating cancer. Unfortunately, Allister passed away on November 8, 2008.

The minister said today, in reply to a question that I asked him, that the health care system is seamless. That seems to be contradicted in a letter from St. Joe's health centre in London. This letter was sent to the McCabe family after they wrote a letter of complaint to St. Joe's hospital on the denial of treatment for their late family member. The letter reads:

"St. Joseph's Health Care has a repatriation policy. This means that patients are to receive care within their own geographic territory. You reside in LHIN 1 and if the care required can be provided within your LHIN that is where it should be provided."

Who is right? The minister says the health care system is seamless and this sort of repatriation policy doesn't exist, but the hospital that is delivering the service is denying patients access based on where they live. The hospital has even confirmed this in writing to the family, and I have a copy of that letter for any member who would like to see it.

When you live in Sarnia-Lambton and you need advanced medical care that can't be provided in Lambton county, it's traditionally been provided in London. You don't stop and think, "Is London in our LHIN or is it someone else's LHIN?" Patients don't travel from Sarnia to Windsor for health care. Traditionally, they've travelled to London.

Recently, it was reported in the London Free Press that London Health Sciences Centre was turning Sarnia residents away unless they were near death. Shameful. Again, it was unacceptable that this minister took two weeks or more to even respond to a letter from the mayor of Sarnia, who made inquiries about this. As the mayor of Sarnia, Mike Bradley, said, this policy was like playing Russian roulette with the lives of people in southwestern Ontario.

It seems to me that it is one thing for the minister to say we have a seamless system, but when the rubber hits the road, the minister should act to fix it. This minister and his ministry seem content to bury their heads in the sand.

The Deputy Speaker (Mr. Bruce Crozier): The parliamentary assistant to the Minister of Health, the member for Scarborough-Rouge River.

Mr. Bas Balkissoon: I'd like to take this opportunity to thank the member from Sarnia-Lambton for his question.

I can't speak to the specific case the member outlined, but I can tell you that LHINs are part of this government's plan to transform the health system in order to make it more patient-centred, efficient and accountable. They serve all Ontarians. Our health system has no borders or boundaries. A woman from Sudbury should be able to get care in Ottawa and a man in Ottawa should be able to get care in Sudbury. The goal of our LHINs is community-based care, reflecting the needs of that community—planned, coordinated and funded in an integrated manner, building a health care system around the needs of our patients and communities. But ultimately, they are to serve all Ontarians.

Hospitals in the South West LHIN have received a base funding crease of \$313 million, or 29.1%, since 2003.

LHINs are not another layer of bureaucracy. They are not intended to be divisive. They're about giving people a say in their local health care decisions; developing and implementing new, innovative health care programs; and, through community engagement, determining local health care priorities in the areas that these LHINs serve.

The LHINs spent more than 18 months engaging over 40,000 people in their communities to learn and help shape local health care priorities—new and innovative programs such as a \$1.1-billion aging-at-home strategy to help more seniors live healthy, independent lives in the comfort and dignity of their homes.

In the London case—I just want to give you a certain quote from Gary Switzer, the CEO of the local health integration network. He said, "That is the hospital's decision. It has nothing to do with the LHINs. No one here is forcing anyone to do anything."

"What we really want is the best access for the best care in a timely fashion. If a procedure is available somewhere else, we need to get that point across to the referring physicians."

There is no policy through us or the LHINs to set boundaries, and hospitals do not reject patients based on where they live. I believe there might be a miscommunication, and if there is a miscommunication from the hospital, I'd encourage the member from Sarnia-Lambton to at least speak to the CEO of the hospital.

The Deputy Speaker (Mr. Bruce Crozier): There being no further matter to debate, I deem the motion to adjourn to be carried. This House is adjourned until 9 of the clock Thursday, April 30, 2009.

The House adjourned at 1815.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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Aggelonitis, Sophia (LIB)	Hamilton Mountain	
Albanese, Laura (LIB)	York South–Weston / York-Sud–Weston	
Arnott, Ted (PC)	Wellington–Halton Hills	First Deputy Chair of the Committee of the Whole House / Premier vice-président du comité plénier de l'Assemblée
Arthurs, Wayne (LIB)	Pickering–Scarborough East / Pickering–Scarborough-Est	
Bailey, Robert (PC)	Sarnia–Lambton	
Balkissoon, Bas (LIB)	Scarborough–Rouge River	
Barrett, Toby (PC)	Haldimand–Norfolk	
Bartolucci, Hon. / L'hon. Rick (LIB)	Sudbury	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels
Bentley, Hon. / L'hon. Christopher (LIB)	London West / London-Ouest	Attorney General / Procureur général
Berardinetti, Lorenzo (LIB)	Scarborough Southwest / Scarborough-Sud-Ouest	
Best, Hon. / L'hon. Margaret R. (LIB)	Scarborough–Guildwood	Minister of Health Promotion / Ministre de la Promotion de la santé
Bisson, Gilles (NDP)	Timmins–James Bay / Timmins–Baie James	
Bradley, Hon. / L'hon. James J. (LIB)	St. Catharines	Minister of Transportation / Ministre des Transports
Broten, Laurel C. (LIB)	Etobicoke–Lakeshore	
Brown, Michael A. (LIB)	Algoma–Manitoulin	
Brownell, Jim (LIB)	Stormont–Dundas–South Glengarry	
Bryant, Hon. / L'hon. Michael (LIB)	St. Paul's	Minister of Economic Development / Ministre du Développement économique
Cansfield, Hon. / L'hon. Donna H. (LIB)	Etobicoke Centre / Etobicoke-Centre	Minister of Natural Resources / Ministre des Richesses naturelles
Caplan, Hon. / L'hon. David (LIB)	Don Valley East / Don Valley-Est	Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
Carroll, Hon. / L'hon. M. Aileen (LIB)	Barrie	Minister of Culture / Ministre de la Culture
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Chan, Hon. / L'hon. Michael (LIB)	Markham–Unionville	Minister of Citizenship and Immigration / Ministre des Affaires civiques et de l'Immigration
Chudleigh, Ted (PC)	Halton	
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Craitor, Kim (LIB)	Niagara Falls	
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		Deputy Speaker / Vice-président
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Dhillon, Vic (LIB)	Brampton West / Brampton-Ouest	
Dickson, Joe (LIB)	Ajax–Pickering	
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Duncan, Hon. / L'hon. Dwight (LIB)	Windsor–Tecumseh	Chair of the Management Board of Cabinet / Président du Conseil de gestion du gouvernement
		Minister of Finance / Ministre des Finances
		Minister of Revenue / Ministre du Revenu
Dunlop, Garfield (PC)	Simcoe North / Simcoe-Nord	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Elliott, Christine (PC)	Whitby–Oshawa	
Flynn, Kevin Daniel (LIB)	Oakville	
Fonseca, Hon. / L'hon. Peter (LIB)	Mississauga East–Cooksville / Mississauga-Est–Cooksville	Minister of Labour / Ministre du Travail
Gélinas, France (NDP)	Nickel Belt	
Gerretsen, Hon. / L'hon. John (LIB)	Kingston and the Islands / Kingston et les Îles	Minister of the Environment / Ministre de l'Environnement
Gravelle, Hon. / L'hon. Michael (LIB)	Thunder Bay–Superior North / Thunder Bay–Superior-Nord	Minister of Northern Development and Mines / Ministre du Développement du Nord et des Mines
Hampton, Howard (NDP)	Kenora–Rainy River	
Hardeman, Ernie (PC)	Oxford	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Hillier, Randy (PC)	Lanark–Frontenac–Lennox and Addington	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Recognized Party / Chef de parti reconnu Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Hoy, Pat (LIB)	Chatham–Kent–Essex	
Hudak, Tim (PC)	Niagara West–Glanbrook / Niagara- Ouest–Glanbrook	
Jaczek, Helena (LIB)	Oak Ridges–Markham	
Jeffrey, Linda (LIB)	Brampton–Springdale	
Johnson, Rick (LIB)	Haliburton–Kawartha Lakes–Brock	
Jones, Sylvia (PC)	Dufferin–Caledon	
Klees, Frank (PC)	Newmarket–Aurora	
Kormos, Peter (NDP)	Welland	Third Party House Leader / Leader parlementaire de parti reconnu
Kular, Kuldip (LIB)	Bramalea–Gore–Malton	
Kwinter, Monte (LIB)	York Centre / York-Centre	
Lalonde, Jean-Marc (LIB)	Glengarry–Prescott–Russell	
Leal, Jeff (LIB)	Peterborough	
Levac, Dave (LIB)	Brant	
MacLeod, Lisa (PC)	Nepean–Carleton	
Mangat, Amrit (LIB)	Mississauga–Brampton South / Mississauga–Brampton-Sud	
Marchese, Rosario (NDP)	Trinity–Spadina	
Martiniuk, Gerry (PC)	Cambridge	
Matthews, Hon. / L'hon. Deborah (LIB)	London North Centre / London- Centre-Nord	Minister of Children and Youth Services / Ministre des Services à l'enfance et à la jeunesse Minister Responsible for Women's Issues / Ministre déléguée à la Condition féminine
Mauro, Bill (LIB)	Thunder Bay–Atikokan	
McGuinty, Hon. / L'hon. Dalton (LIB)	Ottawa South / Ottawa-Sud	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
McMeekin, Hon. / L'hon. Ted (LIB)	Ancaster–Dundas–Flamborough– Westdale	Minister of Government Services / Ministre des Services gouvernementaux
McNeely, Phil (LIB)	Ottawa–Orléans	
Meilleur, Hon. / L'hon. Madeleine (LIB)	Ottawa–Vanier	Minister of Community and Social Services / Ministre des Services sociaux et communautaires Minister Responsible for Francophone Affairs / Ministre déléguée aux Affaires francophones
Miller, Norm (PC)	Parry Sound–Muskoka	
Miller, Paul (NDP)	Hamilton East–Stoney Creek / Hamilton-Est–Stoney Creek	
Milloy, Hon. / L'hon. John (LIB)	Kitchener Centre / Kitchener-Centre	Minister of Training, Colleges and Universities / Ministre de la Formation et des Collèges et Universités
Mitchell, Carol (LIB)	Huron–Bruce	
Moridi, Reza (LIB)	Richmond Hill	
Munro, Julia (PC)	York–Simcoe	
Murdoch, Bill (PC)	Bruce–Grey–Owen Sound	
Naqvi, Yasir (LIB)	Ottawa Centre / Ottawa-Centre	
O'Toole, John (PC)	Durham	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Oraziotti, David (LIB)	Sault Ste. Marie	
Ouellette, Jerry J. (PC)	Oshawa	
Pendergast, Leeanna (LIB)	Kitchener–Conestoga	
Peters, Hon. / L'hon. Steve (LIB)	Elgin–Middlesex–London	Speaker / Président de l'Assemblée législative
Phillips, Hon. / L'hon. Gerry (LIB)	Scarborough–Agincourt	Chair of Cabinet / Président du Conseil des ministres Minister Without Portfolio / Ministre sans portefeuille
Prue, Michael (NDP)	Beaches–East York	
Pupatello, Hon. / L'hon. Sandra (LIB)	Windsor West / Windsor-Ouest	Minister of International Trade and Investment / Ministre du Commerce international et de l'Investissement
Qaadri, Shafiq (LIB)	Etobicoke North / Etobicoke-Nord	
Ramal, Khalil (LIB)	London–Fanshawe	
Ramsay, David (LIB)	Timiskaming–Cochrane	
Rinaldi, Lou (LIB)	Northumberland–Quinte West	
Runciman, Robert W. (PC)	Leeds–Grenville	Leader, Official Opposition / Chef de l'opposition officielle
Ruprecht, Tony (LIB)	Davenport	
Sandals, Liz (LIB)	Guelph	
Savoline, Joyce (PC)	Burlington	
Sergio, Mario (LIB)	York West / York-Ouest	
Shurman, Peter (PC)	Thornhill	
Smith, Hon. / L'hon. Monique M. (LIB)	Nipissing	Minister of Tourism / Ministre du Tourisme Government House Leader / Leader parlementaire du gouvernement
Smitherman, Hon. / L'hon. George (LIB)	Toronto Centre / Toronto-Centre	Deputy Premier / Vice-premier ministre Minister of Energy and Infrastructure / Ministre de l'Énergie et de l'Infrastructure
Sorbara, Greg (LIB)	Vaughan	
Sousa, Charles (LIB)	Mississauga South / Mississauga-Sud	
Sterling, Norman W. (PC)	Carleton–Mississippi Mills	
Tabuns, Peter (NDP)	Toronto–Danforth	Deputy Third Party House Leader / Leader parlementaire adjoint de parti reconnu
Takhar, Hon. / L'hon. Harinder S. (LIB)	Mississauga–Erindale	Minister of Small Business and Consumer Services / Ministre des Petites Entreprises et des Services aux consommateurs
Van Bommel, Maria (LIB)	Lambton–Kent–Middlesex	
Watson, Hon. / L'hon. Jim (LIB)	Ottawa West–Nepean / Ottawa-Ouest–Nepean	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Wilkinson, Hon. / L'hon. John (LIB)	Perth–Wellington	Minister of Research and Innovation / Ministre de la Recherche et de l'Innovation
Wilson, Jim (PC)	Simcoe–Grey	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du Comité plénier de l'Assemblée législative
Witmer, Elizabeth (PC)	Kitchener–Waterloo	Opposition House Leader / Leader parlementaire de l'opposition officielle Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Wynne, Hon. / L'hon. Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	Minister of Education / Ministre de l'Éducation
Yakabuski, John (PC)	Renfrew–Nipissing–Pembroke	
Zimmer, David (LIB)	Willowdale	

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Tim Hudak
Vice-Chair / Vice-président: Garfield Dunlop
Gilles Bisson, Bob Delaney
Garfield Dunlop, Kevin Daniel Flynn
Tim Hudak, Amrit Mangat
Phil McNeely, Yasir Naqvi
John O'Toole
Committee Clerk / Greffière: Sylwia Przewdziecki

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

Chair / Président: Pat Hoy
Vice-Chair / Vice-président: Jean-Marc Lalonde
Sophia Aggelonitis, Ted Arnott
Wayne Arthurs, Toby Barrett
Pat Hoy, Jean-Marc Lalonde
Leeanna Pendergast, Michael Prue
Charles Sousa
Committee Clerk / Greffier: William Short

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Président: David Oraziotti
Vice-Chair / Vice-président: Jim Brownell
Robert Bailey, Jim Brownell
Linda Jeffrey, Kuldip Kular
Rosario Marchese, Bill Mauro
Carol Mitchell, David Oraziotti
Joyce Savoline
Committee Clerk / Greffier: Trevor Day

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

Chair / Présidente: Julia Munro
Vice-Chair / Vice-présidente: Lisa MacLeod
Michael A. Brown, Howard Hampton
Rick Johnson, Lisa MacLeod
Gerry Martiniuk, Julia Munro
David Ramsay, Lou Rinaldi
Liz Sandals
Committee Clerk / Greffier: Douglas Arnott

**Standing Committee on Justice Policy / Comité permanent de
la justice**

Chair / Président: Lorenzo Berardinetti
Vice-Chair / Vice-président: Jeff Leal
Lorenzo Berardinetti, Christine Elliott
Peter Kormos, Jeff Leal
Dave Levac, Reza Moridi
Lou Rinaldi, John Yakabuski
David Zimmer
Committee Clerk / Greffière: Susan Sourial

**Standing Committee on the Legislative Assembly / Comité
permanent de l'Assemblée législative**

Chair / Président: Bas Balkissoon
Vice-Chair / Vice-président: Kevin Daniel Flynn
Laura Albanese, Bas Balkissoon
Bob Delaney, Joe Dickson
Kevin Daniel Flynn, Sylvia Jones
Norm Miller, Mario Sergio
Peter Tabuns
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Président: Norman W. Sterling
Vice-Chair / Vice-président: Jerry J. Ouellette
Laura Albanese, France Gélinas
Ernie Hardeman, Phil McNeely
Jerry J. Ouellette, Liz Sandals
Norman W. Sterling, Maria Van Bommel
David Zimmer
Committee Clerk / Greffier: Katch Koch

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Michael Prue
Vice-Chair / Vice-président: Paul Miller
Bas Balkissoon, Mike Colle
Rick Johnson, Gerry Martiniuk
Paul Miller, Bill Murdoch
Yasir Naqvi, Michael Prue
Tony Ruprecht, Mario Sergio
Committee Clerk / Greffière: Sylwia Przewdziecki

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Président: Shafiq Qaadri
Vice-Chair / Vice-président: Vic Dhillon
Laurel C. Broten, Kim Craitor
Vic Dhillon, Cheri DiNovo
Helena Jaczek, Shafiq Qaadri
Khalil Ramal, Peter Shurman
Elizabeth Witmer
Committee Clerk / Greffier: Katch Koch

Select Committee on Elections / Comité spécial des élections

Chair / Président: Greg Sorbara
Howard Hampton, Greg Sorbara
Norman W. Sterling, David Zimmer
Committee Clerk / Greffier: Trevor Day

**Select Committee on Mental Health and Addictions / Comité
spécial de la santé mentale et des dépendances**

Chair / Président: Kevin Daniel Flynn
Vice-Chair / Vice-présidente: Christine Elliott
Bas Balkissoon, Christine Elliott
Kevin Daniel Flynn, France Gélinas
Helena Jaczek, Sylvia Jones
Jeff Leal, Liz Sandals
Maria Van Bommel
Committee Clerk / Greffière: Susan Sourial

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