



**Legislative Assembly
of Ontario**

Fourth Session, 37th Parliament

**Assemblée législative
de l'Ontario**

Quatrième session, 37^e législature

**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 3 June 2003

Mardi 3 juin 2003

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Copies of Hansard

Information regarding purchase of copies of Hansard may be obtained from Publications Ontario, Management Board Secretariat, 50 Grosvenor Street, Toronto, Ontario, M7A 1N8. Phone 416-326-5310, 326-5311 or toll-free 1-800-668-9938.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Exemplaires du Journal

Pour des exemplaires, veuillez prendre contact avec Publications Ontario, Secrétariat du Conseil de gestion, 50 rue Grosvenor, Toronto (Ontario) M7A 1N8. Par téléphone : 416-326-5310, 326-5311, ou sans frais : 1-800-668-9938.



LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 3 June 2003

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 3 juin 2003

*The House met at 1330.
Prayers.*

REQUEST FOR OPINION

The Deputy Speaker (Mr Bert Johnson): I beg to inform the House that pursuant to section 30 of the Members' Integrity Act, 1994, I have today laid upon the table a request from the member for Scarborough Centre to the Honourable Coulter Osborne, Integrity Commissioner, for an opinion on whether the member for Brant has contravened the act or Ontario parliamentary convention.

MEMBERS' STATEMENTS

VEHICLE INSURANCE

Mr Dave Levac (Brant): There are currently 100 independent professional pilot car operators in Ontario, four of which are in my riding of Brant. These pilot car operators escort wide loads on our highways. Since September 11, 2001, there has been an increasing problem in the pilot car industry in Ontario to obtain either automobile or business insurance. Rates prior to 9/11 were \$3,000 to \$5,000 annually. Now they are \$9,000 to \$15,000 annually, if an insurance company even accepts an application.

In the past two months, Ray Hauley, owner-operator of Rig Guard Oversize Load Specialists in Brantford and president of the association, has approached three different insurance brokers who have contacted 21 independent insurance companies. Although there has never been any charge of any violation by the 200 pilot car operators surveyed in Canada, all have refused to issue Mr Hauley insurance without reason.

Professional pilot car operators are being unjustly treated by the insurance industry and by the government of Ontario, which regulates that insurance industry. Unless the Ernie Eves government does something soon, 100 self-employed individuals will lose their jobs, resulting in a grave effect on even larger industries that cannot transport their wide loads on our highways within Ontario. I am urging the Ontario government to take immediate action to assist this highly skilled, extremely safe and important profession. Premier, do it now for the sake of those industries in my riding and ridings across Ontario. Please act as soon as you possibly can to get

them insurance that keeps big business moving on our highways.

PARAMEDIC PROGRAM

Mr AL McDonald (Nipissing): Today I rise before the House to speak about the launch of a new primary care paramedic program through CTS Canadian Career College in my riding of Nipissing.

Canadian Career College is the first private career college in Ontario able to address the acute need for paramedics in the province, particularly in northern Ontario. After two years in development, the intensive 52-week paramedic program is now available in both Sudbury and North Bay. The launch of this new paramedic program by CTS is an example of the unique contribution Ontario's private career colleges make and are making in communities across the province and northern Ontario.

North Bay General Hospital and the base hospital are very pleased that CTS has launched this program this year. The Nipissing district is underserved in the area of certified paramedics entering the workforce. This program will assist the hospital in the recruitment of locally trained paramedics who have the knowledge of local roads and waterways, which will be vital to providing emergency services to our citizens.

It's absolutely vital that we attract people with health care skills to the north, and this program certainly goes a long way to accomplishing that goal. I'd like to congratulate Carlos Carvalho, president of CTS Canadian Career College, and his team for taking this initiative in addressing the need for paramedics in northern Ontario. Mr Carvalho is a business leader, a community leader and a big booster of northern Ontario.

MUNICIPAL TAXATION

Mr David Caplan (Don Valley East): David Crombie says, "It's not a credible policy." Hazel McCallion called it "ridiculous and irresponsible." Hamilton Mayor Bob Wade agreed: "It doesn't make any sense."

What are these municipal leaders talking about? Of course it's the Ernie Eves plan to punish our cities and towns. Rejected by mayors, reeves and councils, this proposal from the Tory re-election platform is a perfect illustration of just how out of touch the Eves government is with the challenges facing our municipal leaders, despite the fact that the provincial government can continue

their downloading on municipalities without regard for their ability to pay. Whether it is for welfare, public health, policing or infrastructure, this government has the gall to insist that tying the hands of municipalities while piling on additional costs is a fair proposal.

I'm heartened to see our municipal leaders disagree with you, Mr Eves. Ken Boshcoff, mayor of Thunder Bay and president of AMO, was clear. He said, "It's a very bad idea. We've been approaching the province to help us with the tax situation and instead we're being made to look like the scapegoat. This idea has never been discussed with anyone in municipal government, ever"—so much for your ballyhooed memo of understanding with local government partners. Even Bill Murdoch and AL McDonald are running away from their platform. Over 50 councils have passed resolutions asking you to do just that, and many more will do so at their June council meetings.

I want to reassure our municipal partners in Ontario that a Dalton McGuinty government will strike a real new deal with you, sharing our tax room and not tying your hands. You deserve better than what Ernie Eves wants to give you.

LITERACY TESTS

Mr Ted Chudleigh (Halton): I'd like to draw the attention and—

Interjections.

The Deputy Speaker (Mr Bert Johnson): Order. I'd like to hear the member who has the floor. Usually one member has the floor. That means the rest of you shut up.

The Chair recognizes the member for Halton.

Mr Chudleigh: Mr Speaker, I wonder if I could have my minute and a half back on the clock.

The Deputy Speaker: I'll give you all the time you need.

1340

Mr Chudleigh: Thank you, Mr Speaker. There seems to be a certain amount of frivolity in the House this afternoon.

I'd like to draw the attention of the Legislature to the success of the grade 10 students attending the Halton Catholic high school board. These students managed a 78% pass rate on the provincial literacy test—a mark well above the provincial average, and in fact it's in the very top percentile of the provincial average. This is well above the provincial average, and the students and teachers in the Halton Catholic system certainly deserve a round of applause for that tremendous success.

This of course begs the question, why is there a discrepancy between the Halton Catholic system and the rest of Ontario? There are several reasons these tests were instituted. The first step was in making sure high school students who graduate can read and write and to establish a standard. That standard is successful completion of the test. Then we wanted to give students time to increase their level of literacy if they were struggling, and that's why the test is given in grade 10.

The tests also provide a snapshot into the success of various boards of education. While the results are by no means definitive, especially on a single-year basis, over time the results do paint a picture of the levels of success of various boards and the ability of students within those boards.

It is well known that students in some boards face significant issues such as wide income disparities and large numbers of non-native-English speakers through immigration and other issues. However, what is not as well known is how these issues affect literacy results and, more importantly, how teachers and boards can most effectively pull up the scores of their students.

I commend the Ministry of Education for instituting these tests. I implore the boards of education throughout Ontario to make use of the results, and I congratulate the students and teachers in Halton for their excellent showing.

HEALTH CARE

Mr Ernie Parsons (Prince Edward-Hastings): My statement is to the Minister of Health. In the throne speech there is a sentence which says, "To increase the number of nurses practising in Ontario, your government will launch an aggressive nurse recruitment and retention program." That's a nice little philosophical statement. Let's look at reality. The reality out of last Friday's Belleville Intelligencer details the plans for Quinte Health Care: day surgery, eliminate one shift; emergency department, reduce registered nurse hours; operating room, eliminate one evening shift; post-anaesthetic care unit, eliminate evening shift; emergency department, reduce RN hours; combined medical, reduce RPN and ward clerk hours; special care unit, reduce RN hours. The reality is far, far different from that statement.

Your government spends \$75,000 every minute of every day on consultants. That's seven days a week, 365 days a year that your government spends \$75,000 per minute on consultants. My community says, "Give us 59 minutes of that consultant time." That will balance the \$4.4 million in painful cuts that my hospital corporation has had to do. All we ask is for 59 minutes of time from your friends to be directed toward health care. Minister, stand up for health care. Do something for health care for the people in all of Ontario.

SUDBURY SOILS STUDY

Ms Shelley Martel (Nickel Belt): On September 12, 2001, the Ministry of the Environment announced that it and the Sudbury and district medical officer of health were requiring Inco and Falconbridge to conduct a human health risk assessment in the greater Sudbury area. The mining companies would use the results of new MOE soil samples—samples which have traditionally shown elevated levels of arsenic, nickel, copper and cobalt in our area.

The study is being managed by a technical committee of six partners, including Inco and Falconbridge. This is a clear conflict of interest. The study will determine if 125 years of mining has negatively affected the health of local residents. It will recommend what remedial action should be taken. How likely is it that Inco and Falconbridge will want evidence of significant problems made public? How likely is it they'll come forward with plans for remedial work if this is going to be costly?

A look at Inco's performance in Port Colborne is proof enough of why neither company should be on Sudbury's technical committee. Last week Inco finally released indoor air testing results from 31 Port Colborne homes, even though they'd been done since January. They were only released because an affected homeowner had serious respiratory problems and his doctor needed the information. The results showed that the air in the home contained enough nickel contamination to present a cancer risk 15 to 290 times greater than the MOE's tolerable risk level.

Inco is now pushing to have a study done by two researchers in North Carolina used to calculate cancer risks in Port Colborne. It's worth noting that one of the two authors of the North Carolina study is an employee of the Nickel Producers Environmental Research Association, which is partially funded by INCO.

The Minister of the Environment should take INCO and Falconbridge off the technical committee of the Sudbury soils study. The work is too important to be affected by any real or perceived conflicts of interest.

TRILLIUM HEALTH CENTRE

Mrs Margaret Marland (Mississauga South): For those of us who have been able to carry on with our normal daily lives during the SARS outbreak, it is hard to comprehend the severe stress that front-line health care workers have endured over the past three months.

On May 29, I had the opportunity to meet with and thank the staff at the Trillium Health Centre in Mississauga, which held a SARS "Maskerade" party in appreciation of the team's remarkable efforts during the SARS era.

What can we say about the amazing women and men who have helped us contain this new disease while putting their own health and personal lives at risk? Some of the words that come to my mind are courage, caring, compassion, endurance, commitment to their profession and work ethic.

Imagine having to wear a mask continuously for days at a time, or the fear of making even one mistake in infection control. Imagine the complexity of the screening operations and the strain of taking the overflow from other hospitals that had to close. Imagine surviving on little sleep and not being able to see one's family.

Whether they are hospital staff, public health professionals, paramedics, security guards or scientists, these workers have endured some of the most difficult months of their lives. There are simply no adequate words to

commend their efforts, but there is one word that describes them all: heroes.

To all the players on our health care team at the Trillium Health Centre: we are extremely grateful, we salute your efforts and we are in awe of you, our real-life heroes. Thank you from the bottom of our hearts.

IMMIGRANTS

Mrs Marie Bountrogianni (Hamilton Mountain): Just when I thought that this divisive government had run out of scapegoats, including welfare recipients, teachers and civil servants, a new political low was struck. They picked a new group of victims: immigrants. The Tories announced with grand fanfare that illegal immigrants will be ineligible for OHIP and welfare recipients will be prevented from sponsoring immigrants. Mr Speaker, welfare recipients are not allowed to sponsor immigrants now, and illegal immigrants are already prohibited from using OHIP. We on this side of the House do not believe that the government should be deliberately creating scapegoats out of new immigrants in the minds of Ontarians to try to win an election. Indeed, most Ontarians are either immigrants or descendants of immigrants.

The real bottom line is this: our economy will not grow if our labour market does not grow. We, the Ontario Liberals, appropriately address immigration under our economy platform, while the Tories shamelessly place immigration in their crime policy.

Immigrants in this province, including my late father, understood what this government suddenly, and for political purposes, ignores: as immigrants, along with former refugees, we always knew it was a privilege to live in this country, an enormous privilege, but we also understood the enormous contributions we made that made Canada the country it is and the envy of the world.

Shame on this Premier. Scapegoating should be beneath the Premier of the land. He should apologize to all Ontarians, because this is an insult to all Ontarians.

NEUSTADT CRAB STEAK LOBSTERFEST

Mr Bill Murdoch (Bruce-Grey-Owen Sound): I am proud to let everyone in this House know about an event I recently attended in my riding called the Neustadt Crab Steak Lobsterfest. It included the efforts and hard work from the Neustadt and District Lions Club, who dedicated hours of their time to bring this annual affair to the local community and area.

The Neustadt and District Lions Club has been serving the crab and lobster dinners for over 20 years, and this year added the steak dinner to their menu, which was held at the Neustadt Arena. With the crabs imported from Alaska and a jam-packed hall, there were almost 900 meals served.

The evening also included live entertainment by The Westernaires. I would like to praise the band for their dedication. They played continuously for three hours. I

would also like to recognize the presence of the Neustadt volunteer firefighters, who were raffling tickets, and the agricultural society for the many volunteers they provided.

The success of this event is due to the hard work of all the Neustadt and District Lions Club members, their spouses, friends and volunteers from the Neustadt-Normanby-Carrick Agricultural Society. Thank you to all the people who came to enjoy the tasty food, listen to some good old country music and partake in a memorable day. It was truly a community event. I congratulate those involved and wish them all the best in organizing Crab Steak Lobsterfest 2004.

1350

VISITOR

Mr Dominic Agostino (Hamilton East): On a point of order, Speaker: I'm sure you, with the rest of the House, want to join me in welcoming in the members' gallery west the longest-serving mayor in the history of the city of Hamilton, former Hamilton Mayor Bob Morrow.

The Deputy Speaker (Mr Bert Johnson): Welcome.

INTRODUCTION OF BILLS

HEALTH INSURANCE AMENDMENT ACT (INSULIN PUMPS FOR DIABETICS), 2003

LOI DE 2003 MODIFIANT LA LOI SUR L'ASSURANCE-SANTÉ (POMPES À INSULINE POUR DIABÉTIQUES)

Mr Duncan moved first reading of the following bill:

Bill 76, An Act to amend the Health Insurance Act / *Projet de loi 76, Loi modifiant la Loi sur l'assurance-santé.*

The Deputy Speaker (Mr Bert Johnson): Is it the pleasure of the House that the motion carry? It is carried.

Would the member care to make a brief statement?

Mr Dwight Duncan (Windsor-St Clair): The bill amends the Health Insurance Act by making the provision of insulin pumps and supplies for them an insured service under the act.

Diabetes is a leading cause of blindness, amputation, kidney failure and heart disease in Ontario. Type 1, or juvenile, diabetes is a life-altering condition. While people with diabetes only make up 6% of Ontario's population, they account for 32% of heart attacks, 43% of failure cases, 30% of strokes, 51% of new dialysis patients and 70% of amputations.

An insulin pump not only prevents complications for young people but in many cases reverses them by putting a regular amount of insulin into the body that closely

matches what the body normally does. The cost of the pump prevents most Ontarians from having the use of it.

IRISH HERITAGE DAY ACT, 2003

LOI DE 2003 SUR LE JOUR DU PATRIMOINE IRLANDAIS

Bill 77, An Act proclaiming Irish Heritage Day / *Projet de loi 77, Loi proclamant le Jour du patrimoine irlandais.*

The Deputy Speaker (Mr Bert Johnson): Is it the pleasure of the House that the motion carry? It is carried.

Would the member care to make a brief statement?

Mr John O'Toole (Durham): It is my pleasure to support, as I encourage all members to support, their own personal heritage by bringing forward legislation that would help to celebrate our heritage, whatever that might be.

On the many occasions I've had the chance to visit Ireland, and particularly county Wicklow, it reinforced and reaffirmed for me how important my own particular culture and heritage is. So I would like to see March 17 celebrated unanimously as Irish Heritage Day.

CONDOMINIUM AMENDMENT ACT (TRANSIENT TENANCIES), 2003

LOI DE 2003 MODIFIANT LA LOI SUR LES CONDOMINIUMS (LOCATIONS TEMPORAIRES)

Mr Smitherman moved first reading of the following bill:

Bill 78, An Act to amend the Condominium Act, 1998 to limit the use of condominiums by transient tenants / *Projet de loi 78, Loi modifiant la Loi de 1998 sur les condominiums afin de limiter l'usage des condominiums par des locataires de passage.*

The Deputy Speaker (Mr Bert Johnson): Is it the pleasure of the House that the motion carry? It is carried.

Would the member care to make a short statement?

Mr George Smitherman (Toronto Centre-Rosedale): This is a consumer protection bill. It amends the Condominium Act, 1998, to prevent owners of condominium units from leasing them or otherwise letting them for transient use unless the condominium declaration provides express authority for transient use.

ORAL QUESTIONS

SARS

Ms Sandra Pupatello (Windsor West): My question is for the Minister of Health. Joining us in the gallery today are nurses from North York General Hospital. We're very pleased to welcome them here today. We are pleased to have them joining us here in the gallery

because I would like you to address them directly. They have very serious concerns about how the SARS outbreak has been handled, and we need answers. These are the people who are on the front lines. These are the people who put their lives at risk every day on the job. What they have to say is scary. For example, your SARS notice dated May 28 says that masks should be fitted properly. Can you imagine? These nurses say that's simply not happening. There are front-line health workers walking around with gaping masks.

This is just one of the issues that needs to be looked at. We believe the only way that you will find the real answers behind what went wrong is through a full public inquiry. Will you stand, address our nurses from North York and tell them you will call—

The Deputy Speaker (Mr Bert Johnson): Thank you, Minister.

Hon Tony Clement (Minister of Health and Long-Term Care): I believe I can speak for every member of this House when I say to them and the people they represent that we are constantly impressed, and indeed awed, by our health workers' steadfastness, the amount of work they're doing and for putting themselves in harm's way to protect all of us in Ontario from the effects of this devastating disease. The term "hero" is sometimes overused in this day and age, but those in the audience today and the people they represent truly are heroes in the battle against SARS.

I would say to them that there are many questions that need to be answered and things that need to be investigated; as Minister of Health, I want those answers too. How did this happen? How did this happen a second time? Are there things we can learn? Are there ways in which we can improve for the future? Certainly our Premier and our government are absolutely committed to a full, fair, open and transparent process by which we can get to those very answers.

Ms Pupatello: The only way you will have a full, fair and open process is if you call a public inquiry. All those kind words that you and your colleagues on that side of the House continue to use, where nurses are concerned, will just be words if you don't back them up with action. For several weeks we have called for a full public inquiry. There are serious concerns: did government policy contribute to the spread; did government policy contribute to the second outbreak; did the individual lying unprotected in an ER hallway contribute to the spread; does the nursing casualization contribute to the spread? These are significant, tough questions for your government to have to answer. The only way that we will get to this is through a public inquiry. Will you stand in the House today and agree to a full public inquiry on SARS?

The Deputy Speaker: We expected these health care professionals to practise their profession at the very top elevation of the high respect you've given them, and I think I would ask that you practise yours the way you should too.

The Chair recognizes the Minister of Health.

1400

Hon Mr Clement: I can only say that of course we want to learn as much as we can about the impact of this devastating disease and how best to transform our hospital system and our health care system so we can learn from the situation. But I will tell you that when we met with the RNAO, the Ontario Nurses' Association, the College of Nurses of Ontario, the CPSO, the OMA and the OHA, they were, to a person, absolutely convinced that the wrong way to go about this would be an exercise in finger pointing similar to the one the honourable member is suggesting. The best way to go about this is to find the answers to the very questions we are asking and to ensure that our health care system performs in a way that Ontarians expect it to perform. Quite frankly, we are focused on that goal.

Ms Pupatello: Let me say that when Ontario lost seven people in Walkerton, we called for a public inquiry, which you granted. It resulted in a report that was lauded all around as the way to go to protect water and the residents.

We've lost over 30 people because of SARS, and you can't stand in the House today and say that it won't happen again, that we'll have government policy to protect the people of Ontario and protect these front-line workers when they have serious questions about the handling. They raised alarm bells days ago and they were ignored. They were told by superiors that they were being paranoid.

Minister, seven people died in Walkerton. We were prepared for an inquiry, which resulted in a report. You didn't call that finger pointing. Over 30 people have died. It is incumbent on you as the Minister of Health to protect us today and in the future. We call on you again today, in the name of these people in the House, to please call a public inquiry.

Hon Mr Clement: In the name of the people in the House and in the name of the people of Ontario, I can assure you that we will have a full, independent, open and transparent process by which we get to the answers that all of us want to get to. The way to do that, however, is to ensure that we have the ability to get to the answers without the finger pointing that every single constituency we have talked to wants to avoid. Maybe the honourable member delights in finger pointing, but I can tell you that the health workers in the system want to get to the answers and want to ensure that they can continue to work in a health care system that is defined by collaboration, co-operation and integration, and thereby success.

CONFLICT OF INTEREST

Ms Sandra Pupatello (Windsor West): We'd like to return to the issue of Donorgate with the Chair of the Management Board, and my question is addressed to him. Yesterday we revealed that your biggest fundraiser lent your biggest donor taxpayer-guaranteed pension funds. Experts who operate other pension funds have said that is very unusual.

Claude Lamoureux, head of the Ontario teachers' plan, said this is not something most pension plans do, as they lack the tools to administer them properly. That teachers' pension plan is six times larger than the pension plan we're talking about. Given Lamoureux's comments, do you still expect us to believe that the deal cooked up between your top fundraiser and your top donor was truly in the public interest?

Hon David H. Tsubouchi (Chair of the Management Board of Cabinet, Minister of Culture): The first thing I'll do is give the honourable member an opportunity to correct the inaccuracies in her statement yesterday.

Ms Pupatello: I think it's important to note for this House that the details released in this Legislature yesterday were from items that are tabled in the Legislature. Those are data that are a record in the Legislature.

Minister, yesterday we revealed that your biggest fundraiser lent taxpayer-guaranteed pension money to your biggest donor. Today we learned that the biggest fundraiser only lent pension money to your biggest donor. This is from the Toronto Star: "Mark Fuller, executive vice-president and general counsel for the board, said in an interview the MCN group is the only developer that has received financing during the last 18 months when the pension fund started considering such deals." So the only developer your biggest fundraiser chose to invest in happened to be the PC Party's biggest donor. Just Mario Cortellucci got the deal, and he just happens to have donated more than \$1 million to the Tories.

Hon Mr Tsubouchi: Let's return for a second here. I'm not arguing at all in terms of the accuracy of the documents tendered. What I am actually speaking about is the member's interpretation of the documents.

Let's look at the true facts here, if we can. First of all, the member yesterday indicated in the House that the fund lent Mr Cortellucci \$150 million. The fact is the actual loan is for \$36.3 million. However, in terms of accuracy—

Interjections.

The Deputy Speaker (Mr Bert Johnson): Ready? The Chair recognizes the Chair of Management Board and Minister of Culture.

Hon Mr Tsubouchi: Unfortunately, what I hear from across the Liberal benches is that the facts are not necessary or relevant. They are, so let's look at the facts. The actual loan was \$36.3 million. It's fully secured, and it's not only secured by a fixed rate of return, but it also has an additional return based on a participation amount in the profits, so between 27% and 45%. So what has happened is the mortgages that are registered on title secure the entire amounts of not only the fixed rate of return but also the amounts that would be secured by the participation in the profits. The mortgages are also—

Interjections.

Hon Mr Tsubouchi: I'm trying to explain it to you folks.

The mortgages are also cross-collateralized, which means that all the properties are fully secured against

each other. So obviously, if you add up all the registered numbers it's a big number, but in fact the real loan is \$36.3 million, but secured by a far greater amount to ensure that security for the members of the pension plan.

Ms Pupatello: Minister, you're clearly missing the point of the question. Let me tell you what Mr Fuller at the Ontario Pension Board admitted yesterday. Mr Fuller said, "The MCN group is the only developer that has received financing during the last 18 months when the pension fund started to consider such deals." The board was not interested in these high-risks deals before these changes were made.

You have said repeatedly that the rules that govern the Ontario Pension Board have not changed since 1990. You said that yesterday. You're wrong; the policy did change. The executive vice-president confirmed that the policy changed after Mr Weiss arrived as chair, to allow loans to developers. Before Mr Weiss arrived, the OPB was only investing in low-risk real estate, like shopping malls. After your biggest fundraiser became the chair, he changed the policy and lent taxpayer-guaranteed pension funds to your biggest donor.

1410

Minister, will you now admit your top fundraiser changed the policies of the Ontario Pension Board to allow this deal with the top donor—

The Deputy Speaker: Thank you.

Hon Mr Tsubouchi: Let's put some real context again in terms of facts. First of all, the total assets of the fund are \$11.5 billion, of which the mortgage investments represent 0.3%.

According to Benefits Canada's annual review of the top 100 pension funds, the average is 1.7% investment in mortgages. Having said that, the actual document in terms of the policy reads, "To reduce risk and enhance expected returns, equity and fixed income investments may be allocated among the following different asset classes." In that class list is mortgages. This is the policy that was brought in by the board effective November 6, 1991. I will correct my record yesterday. I said 1990. That's the date on which they had the authority to bring in the policy. However, the policy was brought in on November 6, 1991, and it has not changed since in terms of mortgage investments.

SARS

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Health. Minister, nurses who have been dealing with the SARS crisis want a public inquiry which provides whistle-blower protection so that they can disclose to the public their concerns and their facts regarding why SARS has struck not once, but twice in Ontario. You and your Premier seem to want a backdoor review that will not have whistle-blower protection, that will not provide nurses with the guarantee they will not face discipline or some kind of re-priming when they come forward and tell their facts.

Thirty-two people have died. Hundreds have become ill. Thousands have been quarantined. Why are you so opposed to a public inquiry which provides nurses with whistle-blower protection so that they can tell the public of Ontario the real facts about what's happening?

Hon Tony Clement (Minister of Health and Long-Term Care): I'm afraid the premise of the question is a bit incorrect. We on this side of the House do want a full, independent, open and transparent investigation of the facts to ensure we get information on the table. We believe in a publicly funded health care system that is accountable to the public. We think that's got to be one of the roots of the health care system, that makes it an accountable health care system.

When it comes to whistle-blower protection, I would say to any health worker, nurse or otherwise, that if there is evidence there is an employer who is intimidating or threatening a health worker, let us know because we will stop it right away. We will stop it. That is not to be allowed in our system. We will not allow it. Every health worker who is operating in the public interest should know that she or he has the protection of the government of Ontario when she or he is doing their job.

Mr Hampton: Nurses have raised the issue that we do not have adequate infection control in our hospitals. Nurses have raised the issue that you've been forced to recognize that because of cuts to the health care system, too many nurses are forced to work part-time jobs at two or three different hospitals. Hospitals, in trying to deal with SARS, have had to go out and hire temporary nurses at \$100 an hour. The medical officer of health for Toronto has said, "Because of the cuts, both on the public health side and the hospital side, we do not have any surge capacity." In other words, when something like SARS comes at us unexpectedly, there isn't the reserve in the system to deal with the crisis.

I repeat, 32 people have died. Hundreds are sick. Thousands have been quarantined. Minister, why won't you provide nurses with whistle-blower protection? Why will you not agree to a public process so they can tell people what's really happening in the health care system?

Hon Mr Clement: The answer to the question is that we are and we are. We are seeking to protect our nurses and other medical practitioners when it comes to whistle-blower protection. We are creating a public system of investigation and review of the situation to ensure that we get to the very answers that the honourable member is speaking of. I, as health minister, want answers to these questions as well.

We, as the public, deserve answers to these questions, and there should be a means by which we get to those answers. As the Minister of Health and Long-Term Care, I will tell you that is the government's intention. I know the honourable member doesn't want to take yes for an answer, but yes is the answer to his question.

Mr Hampton: Minister, what you're proposing and what you don't want to be honest about with the public is really a backroom review. It is not something that would

be recorded in public. It would not provide whistle-blower protection for—

Hon David H. Tsubouchi (Chair of the Management Board of Cabinet, Minister of Culture): On a point of order, Mr Speaker: The honourable member made mention of honesty with respect to the minister. I don't think that's appropriate, Speaker.

The Deputy Speaker (Mr Bert Johnson): I'm sorry. If there was, I didn't pick it up. If the member has something he would like to retract or apologize for, that's fine.

Mr Hampton: If the member over there has a problem, the issue is this: nurses want a public process that is on the record. We already know what happens in your government when a health care worker at the Sunnybrook cancer treatment centre goes public and mentions that there are some problems there. She's fired. And you did nothing.

We already saw what you tried to do around Walkerton. Your first proposal around Walkerton was to be not a public inquiry but a closed-door process there as well.

Minister, 32 people have died. Hundreds are ill. Thousands are in quarantine. Why will you and the Premier not agree to a public inquiry process that provides whistle-blower—

The Deputy Speaker: Thank you.

Hon Mr Clement: I don't know half of what the honourable member is talking about, but I do know this: the Premier and I met with representatives of physicians and hospitals and nurses yesterday. We agreed that we needed accountability in our health care system. We agreed that it should not be a finger-pointing exercise. There was unanimity amongst all of the nurses who were represented there, all of the physicians, all of the hospitals represented there. We did not want a finger-pointing exercise. We wanted to get to the facts. We wanted to get to the truth. We wanted to ensure that mistakes that occurred do not happen again. That is our commitment as the Premier and the leader, as the Minister of Health and as the government of Ontario. That is our commitment. That is what we're working toward so that we do learn, we do understand and we make our health care system the very best that it can be.

ELECTRICITY SUPPLY

Mr Howard Hampton (Kenora-Rainy River): To the Minister of Energy: for eight and a half years your government has been telling the people of Ontario that the Enrons and the Brascans, your private sector corporate friends, will supply us with sufficient electricity for our needs. Eight and a half years later, here we are: hydro bills have skyrocketed. Industries and businesses are laying off workers and curtailing production because they can't afford electricity. We face the prospect of electricity shortages in southern Ontario this summer. And what is your answer? Your answer is to spend \$100 million for temporary electricity generation. Minister, that amounts to a quarter of a million dollars

per megawatt for this summer. Is this your idea of a good private sector hydro deal for consumers, a million and a half dollars a megawatt?

The Deputy Speaker (Mr Bert Johnson): The Chair recognizes the Minister of Energy and chief government whip.

Hon John R. Baird (Minister of Energy, Minister responsible for francophone affairs): Thank you very much, Mr Speaker. No, I'm no longer that last one.

I think what the people of the province of Ontario would like us to do would be to take reasonable precautions with respect to the adequate supply of electricity in the province of Ontario. What we came forward with is an insurance policy—and I think it's a prudent initiative—to ensure that we have enough supply in the event of harsh weather, which from time to time we have in Ontario. The plan, the proposal we put forward today could reach as much as 1% of the cost of electricity in the province of Ontario. But it also has the opportunity to save money with respect to the high cost of importing electricity in Ontario.

1420

Mr Hampton: A quarter of a million dollars per megawatt is just for the capital costs. That doesn't include paying for the natural gas and then putting it into production. Even the Minister of Finance said today that \$100 million is a lot of money. Even the Premier said he was surprised.

Do you know what, Minister? I looked at the fine print. The real problem we face is in the greater Toronto area this summer. There's not enough generation for the five million people in the greater Toronto area, and there's not enough transmission to get the generation in. What you announced today still doesn't answer that problem. This is your first touch on the panic button. I believe you're probably still going to have to put dirty diesel on line in the greater Toronto area.

The Deputy Speaker: Question?

Mr Hampton: Minister, when will you admit that your whole scheme of hydro privatization and deregulation that you and the Liberals welcomed so warmly is a disaster for Ontario, environmentally—

The Deputy Speaker: Thank you. The Chair recognizes the Minister of Energy and deputy House leader.

Hon Mr Baird: Just because the leader of the third party stands in his place and says something doesn't mean it's true. If you look at what he's said day after day, he gets up on his feet and fearmongers and spreads fear across Ontario. He said just last week that these would be dirty diesel generators. That didn't happen. We're moving forward with a responsible, prudent initiative to ensure adequacy of supply in Ontario. I think the people of Ontario, whether they are residential customers, industrial customers or commercial customers, would expect the government to take reasonable precautions to ensure that we have adequacy of supply. But when this member sat in government, his response to backup generation was to bring in dirty diesel generation—500 megawatts of dirty diesel generation that he and his

cabinet colleagues approved in residential neighbourhoods.

The Deputy Speaker: Answer?

Hon Mr Baird: Would he stand up and apologize to the people of Ontario for that?

CONFLICT OF INTEREST

Ms Sandra Pupatello (Windsor West): I return my questioning to the Chair of the Management Board. The relationship of Chair of the Ontario Pension Board, Mr Weiss, with Mario Cortellucci goes back more than a decade. They worked together on fundraisers for the PC Party. So close were they that Mr Weiss was able to get more than half a million dollars to the party. I'm sure the two of them would consider themselves friends.

I have here a copy of the conflict-of-interest guidelines from your own ministry. These are the guidelines that apply to Mr Weiss in his role with the Ontario Pension Board—I don't know if you've read them since yesterday. They state: "A public servant shall not grant preferential treatment in relation to any official matter to any person, organization, family member or friend."

Mario Cortellucci was the only developer in the province to receive funds from the pension board. That's clearly preferential treatment. Can you tell me if Mr Weiss absented himself from any involvement in this deal?

Interjections.

The Deputy Speaker (Mr Bert Johnson): I just want to remind you that after "Deferred Votes" it says "Oral Questions." It does not say "Conversation Period." We have a question, in case we forgot, from the member for Windsor West to the Chair of Management Board. For about a minute, we'd like to have an answer, if the rest of you can just put off those conversations until later on tonight.

The Chair recognizes the Chair of Management Board.

Hon David H. Tsubouchi (Chair of the Management Board of Cabinet, Minister of Culture): Thank you, Speaker. I guess the key in all this is the fact that Mr Weiss used to be the executive director of the PC fund; I think that's key. "Ex"—he's no longer there; he has no conflict.

I will remind the member again that Mr Weiss appeared twice—not once, but twice—in front of the standing committee on government agencies which, I'll remind the member again, is an all-party committee chaired by the official opposition.

When Mr Weiss appeared before the committee, the finance critic for the Liberal Party, the member for Scarborough-Agincourt, said to him, "I have no doubts about your professional credentials." That's in Hansard, March 27, 2000. In fact, before going into the public service—

Interjections.

The Deputy Speaker: No, no. That's exactly the way it should be done. You just keep on. That's not what I

want to interrupt. It's the ones who are yelling back and forth that I'm trying to stop.

Is everybody ready?

Hon Mr Tsubouchi: I will remind the opposition that this policy is administered by a board. Also sitting on that board was a fellow by the name of William Fisher, who was appointed by the Peterson government. He just recently retired. However, he was there for three of the seven investments in question. Also on the board is Hugh Mackenzie, who was the active member of the United Steelworkers' union and former aide to former Premier Bob Rae, has been a member of the board since 1995 and continues to be there. So this is the board that administers it. If you want to make those allegations, step outside. I'm sure they'll be pleased to respond to those.

Ms Pupatello: Minister, the conflict-of-interest guidelines that apply to Don Weiss are quite clear. Let me read more.

"Public servants cannot fulfill this obligation simply by acting within the law," as suggested by the Minister of Finance yesterday. "The public servant must avoid being obligated or seeming to be obligated to any person or organization that might profit from special consideration."

Mr Weiss ran the PC Ontario fund while Mr Cortellucci was giving your party hundreds of thousands of dollars. Mr Weiss would certainly seem to carry an obligation to Mario Cortellucci, who made Weiss a hero to the cabinet that appointed him to the pension board. Mario Cortellucci, as the only developer to get money from Mr Weiss, has certainly profited from special consideration.

Minister, your biggest fundraiser lent pension money to only one man, your largest donor. Why don't you admit that this special deal between your largest fundraiser and your largest donor is a blatant violation of the conflict-of-interest guidelines?

Hon Mr Tsubouchi: I will do no such thing. The heart of the matter here is not who was involved with the process but whether or not due process and due diligence were followed, and I'm assured that they were. That's the end of the story.

TRANSPORTATION PLANNING

Mr Ted Chudleigh (Halton): My question is to the Minister of Transportation. There's a great deal of concern amongst my constituents in the riding of Halton about the mid-peninsula expressway. There's a concerned citizens group that suggests that Bill 25 will lessen the requirement for a full environmental assessment on the four proposed routes crossing the escarpment area, and further, that the only time an environmental assessment would happen was during the actual construction phase. Minister, could you please respond to the concerns of many of my constituents?

Hon Frank Klees (Minister of Transportation): I am pleased to respond, and I did so yesterday as well with regard to Bill 25. I'm pleased to reassert this again. In fact, whether Bill 25 passes or does not will not in any

way change the environmental assessment process for the mid-peninsula corridor. In fact, if Bill 25 does pass, it will actually allow for more discussion of environmental issues than we have today. It does this by allowing the government to identify specific transportation corridors that would potentially be used, and these corridors can be miles in width. But what it allows the government to do is identify the potential transportation or transit corridors that could come under consideration. I made it very clear yesterday that in no way are environmental assessment processes compromised, and I want to say that I have instructed my staff to prepare an amendment that will make it very clear that this is in fact the case, so that even people like the member from across the way will be able to understand clearly and will not be able to mislead the people—

The Deputy Speaker (Mr Bert Johnson): I would rather you didn't use that word.

Mr Klees: I will withdraw that.

The Deputy Speaker: Thank you. I recognize the member for Halton.

1430

Mr Chudleigh: Thank you, Minister. The people of Halton will look forward to that.

The Niagara Escarpment is an important piece of Halton. It's a pristine piece of nature that runs through much of my riding. There is concern that Bill 25 will allow the mid-peninsula expressway to push through that Niagara Escarpment as opposed to going around it. Minister, could you comment as to whether there is any accuracy in these allegations?

Hon Mr Klees: Absolutely not one bit of accuracy in those statements whatsoever. In fact, my staff met with Mayor MacIsaac of Burlington earlier today, and he posed that question. We were able to clarify for the mayor that Bill 25 in no way affects the EA process that will be under consideration for the mid-peninsula corridor. We are, in fact, committed to the mid-pen—I want to reassert that—but I can also tell the member that any specific routing for that will be subject to a full environmental assessment process. The EA will be respected just as if Bill 25 had not been passed.

I want to say that we've arranged for a briefing for members of the opposition tomorrow morning.

Interjection.

Hon Mr Klees: I hope the member from Don Valley East is going to be in attendance, because he obviously does not understand this. So I trust that at tomorrow morning's briefing—about 10 o'clock—you'll be in attendance, along with any other member of the opposition who wants to learn the facts about the proposed Bill 25.

ELECTRICITY SUPPLY

Mr Michael Bryant (St Paul's): My question is to the Minister of Energy. "What's \$100 million?" says the Premier of Ontario. This Premier's arrogance and incomprehension as to the value of a dollar is matched only by his government's incompetence when it comes to

running the electricity system. You know that it is going to cost hundreds of millions of dollars to set up, sustain, dismantle and run these temporary generators during peak times at peak prices. You've had eight long years to manage the electricity supply crisis, and what do you have to show for it? An inquiry into your botch-up in the failed refurbishment of Pickering and a gaggle of temporary generators that will do nothing to deal with the long-term energy crisis in the province of Ontario.

I say to the minister: don't you think it's time to apologize to the people of Ontario for the crummy job you've done on electricity?

Hon John R. Baird (Minister of Energy, Minister responsible for francophone affairs): I'm often asked by constituents, "Do you get advance notice of questions during question period?" I say, generally speaking, we don't get advance notice, but with the member opposite, I can see his lips moving during the previous question, so I know to anticipate a question.

The member opposite's attribution of comments to the Premier is not the case. He said no such thing. The member opposite talked about our installation of generators on a temporary basis. I think it's a reasonable precaution—an insurance policy, if you will, on behalf of enterprise, of hospitals, of residential customers in the province of Ontario.

The member opposite asked about the long-term issue. I did notice the Conference Board of Canada put forward a report today where it said, "The evidence demonstrates that overall net benefits are achieved in the long term." That's indeed what we're working on with respect to energy policy for the people of Ontario.

Mr Bryant: The minister says this is a prudent move. If this is so prudent, why wasn't this done last summer? You had the same forecast last summer. If this is so prudent, why didn't you do it last winter? We all know why in this House: because you have a political re-election campaign going on. It is bad enough that the people of Ontario have to pay for the government's incompetence with respect to managing the electricity system, but it is downright offensive that we have to spend hundreds of millions of dollars in brownout insurance to make sure that Ernie Eves and the PC Party don't have a political blackout this summer.

I say to the Minister: you seem to be indignant about the question, but, seriously, if this is so prudent, and this insurance is so necessary, why didn't you do it last summer? The difference is that your political keister is on the line now and the taxpayers are stuck with the cost of this extraordinarily offensive political blackout insurance.

Hon Mr Baird: We're taking some reasonable precautions to ensure the adequacy of supply. We're pleased with the fact that there are 1,300 new megawatts that weren't available last summer that are already on-line today, all with no or low emission. That's good, clean energy for the people of the province of Ontario. We're pleased that in the coming weeks we'll see an additional 750, going to 1,500, megawatts of new, clean, non-

emission electricity in the province of Ontario. That'll be good for prices and supply.

The member opposite talks about eight and a half years of energy policy. I was pleased that his party was able to support in principle our Bill 35, reorganizing the electricity system. I was pleased again that the Liberal Party was able to support Bill 210 last fall, endorsing the two major pieces of legislation of the energy policy of this government.

LONG-TERM CARE

Mr Garfield Dunlop (Simcoe North): My question today is for the Associate Minister of Health and Long-Term Care. Every member of this House knows how important it is to meet the long-term-care needs of Ontario's growing and aging population. It's the Ernie Eves government, more than any other caucus on the floor of this House, that is truly committed to improving the quality of life for seniors across Ontario.

Just last week, Premier Eves reaffirmed our government's commitment in the 2003 budget speech to increase annual funding for long-term care in Ontario by \$100 million. I understand that \$100 million doesn't include one penny of federal Liberal money. I would appreciate it if you could inform my constituents in Simcoe North and Simcoe county and people across the province of Ontario about how this funding will mean even better care for Ontario seniors and others who require long-term care in our province.

Hon Dan Newman (Associate Minister of Health and Long-Term Care): I want to thank the honourable member for Simcoe North for his question. The Ernie Eves government has made unprecedented investments for long-term care in Ontario. This includes \$100 million in new annual funding for long-term care that was announced in this year's budget and reaffirmed by the Premier last Thursday.

I want to add that this funding is in addition to last year's \$100-million investment in even better nursing and personal care. It means that we have delivered \$200 million in new funding for long-term care in less than one year. These are real dollars that will make a real difference for residents in Ontario's long-term-care facilities.

Total funding for long-term care in Ontario for the year 2003-04 will be a staggering \$2.1 billion. This is a level of funding for long-term care that has never, ever, been seen in our province's history—certainly not under any Liberal government and certainly not under any NDP government. The Ernie Eves government takes our responsibility for Ontario's seniors seriously, and that's why we provide the resources to provide the care that our seniors deserve.

Mr Dunlop: I'd like to thank the associate minister for that response. I'm very pleased to hear that our government, unlike previous governments, has continued to invest in long-term care and to maintain a strong sense

of commitment to seniors and others to meet long-term-care needs.

At this time I'd also like to thank the previous Ministers of Health for their commitments to long-term-care facilities. Right in the county of Simcoe we've got new facilities in Midland, Orillia, Barrie, Bradford, Alliston and Collingwood. We're very pleased at how those facilities have turned out to meet the needs of our seniors.

I'd like to ask the associate minister what the response of long-term-care stakeholders has been to date about the \$100 million announcement in this year's budget. Long-term care matters to the people of Simcoe North. I know that my constituents would like to know what others are saying about this very significant investment.

Hon Mr Newman: I again want to thank the honourable member of Simcoe North for his question. I'm proud to say that our stakeholders have been very pleased with last week's \$100-million announcement. In fact, the Ontario Long Term Care Association called the funding increase "an important step toward enhancing the quality of life for long-term-care residents," and that "homes will be better able to meet increasing resident dietary, care and programming needs."

Karen Sullivan, the executive director of the Ontario Long Term Care Association, said the \$100 million in new funding means that the sector and the Ernie Eves government "can now continue to build on the momentum established in the past two years."

I say today that this is a momentum that was non-existent under the Liberal and NDP governments.

The Ontario Association for Non-Profit Homes and Services for Seniors also expressed their support for the \$100 million in new annual funding. Donna Rubin, the association's chief executive officer, said that OANHSS is "encouraged that the government is taking steps to address our funding issues, and we look forward to continuing to work with them to benefit residents."

The Ernie Eves government also—

The Deputy Speaker (Mr Bert Johnson): Thank you.

1440

ONTARIO NORTHLAND RAILWAY

Mr Gilles Bisson (Timmins-James Bay): My question is for the Minister of Northern Development and Mines. Minister, we learned with interest just yesterday that the Canadian National Railway has now announced that it will not be moving forward with its intended purchase of the Ontario Northland Railway. Quite frankly, that's good news for northern Ontario. We believe, as New Democrats, that Ontario Northland should stay in public hands in order to serve the people of the north. Now that CN has backed out of the negotiations with Ontario Northland, would you categorically say in this House today that your government is retreating on its planned privatization of the ONR?

Hon Jim Wilson (Minister of Northern Development and Mines): I think the news that this government fully lived up to the commitment that Premier Eves made in April 2002 and that my colleague AL McDonald made on behalf of the people of northeastern Ontario, that this government would fully protect the jobs of the workers at the ONR, was well received right across the north yesterday. In fact, there was a headline in the North Bay Nugget that the government kept its word. Phil Koning, president of the ONR General Chairpersons Association, said, "AL has kept his word, that preserving jobs was the number one issue."

We're very proud of how we negotiated on behalf of the people of northeastern Ontario and those jobs. It's a shame that CN, such a large multinational, couldn't find work in other parts of Canada or the United States and move that work to North Bay to keep those jobs and fulfill the government's commitment. This is a very valuable piece of real estate, and that multinational should have given us a better deal on behalf of the workers in northeastern Ontario.

Mr Bisson: Minister, we should call you the minister of confusion, because the people of northeastern Ontario are still where they were two years ago. We have no idea what your plans are for the ONR. I asked you a simple question: will your government retreat on the planned sale of the Ontario Northland Railway to whatever private sector entity? The question to you is very simple: will the government back down on its planned privatization of the ONR? Yes or no?

Hon Mr Wilson: I know the honourable member and the Liberals will be interested that North Bay councillor George Maroosis said the following about the news yesterday: "It's tremendous news ... they"—the provincial government—"did the right thing." Again, I quoted Phil Koning. Also, the North Bay Nugget reported yesterday that, "Councillors commended the province, particularly Nipissing MPP AL McDonald, for not wavering from the service improvement plan's six objectives, including protecting employment, fostering jobs growth and enhancing service levels."

The money that Ontario taxpayers put into this railway every year in terms of subsidy—and, by the way, I can't name a railway in North America that doesn't receive some degree of subsidy from the taxpayers—is worth every penny, northerners are worth every penny, and if the honourable member has a problem with that, I'll see you on the campaign trail, because we're standing by the workers of northeastern Ontario.

Mr Bisson: Mr Speaker, on a point of order: I want to file a notice of dissatisfaction on—

The Deputy Speaker (Mr Bert Johnson): If you're going to do that, do it in the right way.

ADAMS MINE

Mr David Ramsay (Timiskaming-Cochrane): I have a question for the Deputy Premier. It was 27 days ago that I asked you a question about the dirty land deal

that your government struck with Mario Cortellucci to buy the crown lands surrounding the Adams mine. You were prepared to sell the land to Mr Cortellucci, the biggest contributor to the PC Party, for just about \$22 an acre, without any tender or public notice.

Minister, 27 days ago you said there was a review of the deal underway and that the details of that review would be made public, in your words, in the very near future. This was about a public secret deal that benefited the biggest donor to your party. It has been a month and the review has not been released by anybody in your government. Why did you break your word, and why do you continue to cover up the details of this sleazy land deal?

Hon Elizabeth Witmer (Deputy Premier, Minister of Education): I would refer the question to Minister Ouellette, who has always been prepared to share the information.

Hon Jerry J. Ouellette (Minister of Natural Resources): Quite clearly we receive requests for crown land annually, in the number of thousands. Each decision is made at a district level, where the decision is made upon the individual merits of each unique case. The MNR staff look at the social, environmental and economic factors in each of these decisions. This was done in 1998. There has been no backroom deal or anything. Everything was very clear at that specific time and well above board.

Mr Ramsay: In 1998, when the EA review was going on, the Adams mine was half the amount of land that you're discussing now.

The Premier wrote to one of my constituents on April 22 that he had passed on to you her letter to him to report back to her as to the status of the review. You still haven't done it, and it's a month and a half later.

Minister, you knew full well that this review was going to take some time since at least last April. It's at least two months now that you've been looking at this deal and still have not released the details. The fact is that you wanted to keep this deal secret and you still do. You didn't want the public to know that your government is making a secret land deal, another one, with your top donor, Mario Cortellucci. Like the other one, this deal stinks. Rather than looking out for Ontario taxpayers, you're looking out for yourselves and your friends, and your top donor, again, is getting a dirty-little-secret land deal.

Will you agree today to release the details of this deal so that we can see who you've been talking to, who you've been consulting with and whether you're going to go forward on this or not?

Hon Mr Ouellette: Very clearly, even in the member's own question, he mentioned the fact that the EA process took place in 1998. This is far above board. It's well within all the processes and guidelines, and the ministry is ensuring that it is in full compliance with all those specific details. This is clearly a standard process, and what the member is asking us to do is to not look at

the individual cases but to start to make political decisions, which we will not do on this side of the House.

The Deputy Speaker (Mr Bert Johnson): I have four people standing between me and the person who wanted to get my attention. We seem to be easy today, so we'll just wait until they get out of my way and then I'll recognize the member for Scarborough Centre

CONSUMER PROTECTION

Ms Marilyn Mushinski (Scarborough Centre): My question is for the Minister of Consumer and Business Services. When our province was facing serious economic impact from the SARS outbreak, the Ernie Eves government took very strong action. The Premier developed an aggressive plan to tackle the impact of SARS on our economy, a plan that included a \$118-million tourism recovery plan to rebuild confidence in Toronto and Ontario as world-class destinations—I know that certain members across the way will appreciate that, especially in terms of certain parades—\$10 million for an international investment in a business confidence recovery strategy and a provincial tax exemption for all admissions and accommodations taxes throughout the province from May 1 to September 30, 2003.

Interjections.

Ms Mushinski: Mr Speaker, I do recognize that obviously the Liberals are not interested in economic recovery, but I know that we on this side of the House are.

Interjections.

The Deputy Speaker (Mr Bert Johnson): The member from Don Valley East, come to order.

Ms Mushinski: Unfortunately, while the government was working very hard to develop a strong plan to deal with the effects of SARS, shady characters were thinking up ways to take advantage of people's fears. Minister, can you please tell this House what the government has done—I know the Liberals aren't interested.

Interjections.

The Deputy Speaker: Order. The Chair recognizes the member from Scarborough Centre.

Ms Mushinski: Minister, can you please tell me what this government has done to protect Ontarians from these types of scams?

1450

Hon Tim Hudak (Minister of Consumer and Business Services): I can assure the member and the House that the Ernie Eves government does not tolerate scam artists capitalizing on the public's fear about SARS. In fact, under provincial law it is illegal for companies to pitch miracle cures that they know are untrue. In these circumstances, to best enforce our laws, particularly when scam artists are using the Internet, we team up with other jurisdictions across North America that have similarly strong consumer protection laws.

During the first week of May, we partnered with the US Federal Trade Commission and the US Food and Drug Administration in a surf-and-sweep exercise and

picked up 44 different Web sites that were making false and misleading claims. In fact, one Web site said that not only did it have a cure for SARS but it could also help to fight terrorism. Together with these other jurisdictions, we're shutting these scams down.

Ms Mushinski: I appreciate that response. I think it's particularly reassuring to see that we're taking a very thorough approach, in partnership with US authorities, to tackle the SARS outbreak we're facing. Clearly this is what you can expect from a government with the type of experienced leadership that Ernie Eves offers.

Minister, partnering in an international surf-and-sweep sounds like a very innovative way to crack down on these shady actors. There's no question we're seeing more and more on-line scam artists migrate to the Internet, because it's so easy to hide on the information highway. That must make it even tougher for law enforcement to put an end to these scams. I'm wondering if you can tell us what you are doing to shut down these scammers.

Hon Mr Hudak: Again, I appreciate the member's concern to help shut down these reprehensible tactics. As I mentioned, either through surf-and-sweep initiatives or being alerted by vigilant consumers, we contact these sites and tell them to stop. If they continue to mislead customers, they may be forced to shut down and could face serious fines and even jail time under provincial legislation. In fact, I'm pleased to say that the one Ontario site we found is no longer a problem.

Last September, we conducted a similar surf-and-sweep on credit repair and loan scams. We followed up investigations that resulted in two charges being laid under Ontario law. The Speaker probably knows that presently a company that engages in this type of misleading activity can be fined up to \$100,000. Individuals can also receive up to one year in jail. Our new consumer protection legislation will more than double the fines to \$250,000 and maximum jail sentences to two years less a day. To answer the question directly, we're shutting these scam artists down.

LAND DEVELOPMENT

Mr Mike Colle (Eglinton-Lawrence): My question is to the Deputy Premier. Your government is currently negotiating the largest land swap in Ontario history with developers who were speculating on land in the Oak Ridges moraine. One of these speculators, your top donor, Mario Cortellucci, made a surprise purchase of a huge swath of land on the moraine in Uxbridge in 2001. It was a surprise because the property he bought was mired in OMB hearings and had been unanimously rejected for development by Uxbridge council. Durham regional council says you can't develop it, and this land was also in a development freeze by your provincial government, yet Mr Cortellucci still bought the land.

Guess what? Do you know what's happening now? Mr Cortellucci, your biggest donor, is going to get thousands of acres of provincially owned land in Seaton for buying

land that couldn't be developed in Uxbridge. How can you justify this, Minister?

Hon Elizabeth Witmer (Deputy Premier, Minister of Education): I'm going to refer the question to the Minister of Municipal Affairs.

Hon David Young (Minister of Municipal Affairs and Housing): I thank the member for the question. I must say I am puzzled and disappointed by the premise. The Oak Ridges Moraine Conservation Act, which received support from members on all sides of the assembly, quite frankly, will protect some of the most sensitive pieces of land in this province. It is true that what has occurred is really precedent-setting. Never before has anything even close to this happened in this province.

What's happened is that we have reached a meeting of the minds between environmentalists, between land developers, between municipal officials. There is an exchange of some of the most environmentally important and sensitive land in the province. The owners have agreed to that. It is being overseen by individuals, including, I should say, Mr Crombie, who viewed this, and a commissioner of fairness is looking at it. This is what the agreement specifies. This is what is going to happen.

Mr Colle: This is incredible. Your biggest campaign donor gives you guys a million bucks. All of a sudden the land is frozen, can't be developed at Uxbridge. He buys this land, and people said, "You're crazy, Mr Cortellucci. Why would you buy this land? It's frozen. You can't do anything with it. It's useless." Yet I guess Mr Cortellucci knew something, because after he buys the land, lo and behold, guess what happens? He's told he's going to get thousands of acres of public provincial land in Seaton given to him for buying land that was worthless. How is this fair to the taxpayers of Ontario? Justify that.

Hon Mr Young: The question would actually have more merit if it wasn't predicated upon fantasy.

Interjections.

The Deputy Speaker (Mr Bert Johnson): Order.

Hon Mr Young: The question would actually be more interesting and worthy of more comment if it wasn't predicated on what one might describe as fanciful allegations. The lands that he refers to as being worthless are anything but. They were lands that were the subject of review by individuals—impartial individuals, independent individuals. What was decided is that there would be an exchange of those environmentally sensitive lands.

In order to ensure that the Oak Ridges moraine deal—a deal that, quite frankly, everyone in this Legislative Assembly approved of—was done and done properly, we went so far recently as to pass a ministerial zoning order. I signed the order to make sure the land in Pickering that was agricultural land remained agricultural land. I note that the Liberal candidate in that very area suggests that we should not have done that, that that land should have been developed.

Interjections.

Hon Chris Stockwell (Minister of the Environment, Government House Leader): On a point of order, Mr

Speaker: I seek unanimous consent to limit the division bells to five minutes in the case of any division relating to government notice of motion number 28 and that the time for debate be apportioned as follows: 40 minutes for the government, 60 minutes each for the official opposition and the third party.

The Deputy Speaker: Is there consent? Agreed? It is agreed.

1500

PETITIONS

NEWBORN SCREENING

Mr Dwight Duncan (Windsor-St Clair): “Whereas many infants and young children unknowingly suffer from medium chain ACYL-COA dehydrogenase deficiency MCAD, which may be the cause of one out of 100 infant deaths thought to be SIDS or Reye’s;

“Whereas families in Ontario are aware of the importance of expanding their newborn screening of fatty oxidation disorders (FOD) and other metabolic disorders that can be detected through tandem mass spectrometry which is currently conducted in three other provinces in Canada;

“Whereas the sample taken at birth for PKU testing is the same sample that can be used for FOD and other disorders;

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

“To mandate supplemental newborn screening in the province of Ontario.”

I am pleased to affix my signature along with those of 2,000 of my constituents who have signed this petition.

HIGHWAY 407

The Deputy Speaker (Mr Bert Johnson): The Chair recognizes the member for Durham.

Mr John O’Toole (Durham): Thank you, Speaker. It’s a pleasure to see you in the House today and in the chair as well.

On behalf of my constituents in the riding of Durham, I’m pleased to support a petition as follows:

“To the Legislative Assembly of Ontario:

“Whereas the timely and efficient movement of people and products is crucial to the success of the Ontario economy;

“Whereas the province of Ontario is meeting the challenge of traffic congestion in the greater Toronto area by improvements to our highway networks and by improved public transportation;

“Whereas the further construction of Highway 407 eastward into the Durham region would improve the flow of traffic in Durham region and throughout the GTA;

“Whereas the citizens and municipalities of Durham region have faced uncertainty over the final alignment of

the proposed 407 highway for many years and are entitled to a timely resolution to this matter;

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

“That the Parliament of Ontario take” the necessary “steps to fast-track the extension of Highway 407 eastward, into the regional municipality of Durham, while ensuring that all the necessary environmental assessments and public” consultation processes are followed to the letter.

I’m pleased to endorse and support this petition.

HYDRO RATES

Mr Michael A. Brown (Algoma-Manitoulin): “To the Legislative Assembly of Ontario:

“Whereas the Harris-Eves government has mis-managed the electricity policy of the province of Ontario;

“Whereas last fall the McGuinty Liberal call for rebates, although fiercely rejected by the government, gained huge public support. With no options open, the government introduced and passed a plan to rebate \$75 to customers and place a cap on electricity commodity prices at .043 per kilowatt hour;

“Whereas Mike Brown, MPP, has been fighting for rural rate assistance;

“Whereas the Ernie Eves government forces Great Lakes Power customers to pay into a fund for rural rate assistance; and

“Whereas rural rate assistance would reduce the distribution bills for customers by hundreds of dollars each year;

“Therefore we, the undersigned, support the efforts of Mike Brown, MPP, to have rural rate assistance extended into the GLP service area immediately.”

This particular group of petitions is signed by many people from Dubreuilville and Wawa.

POST-SECONDARY EDUCATION FUNDING

Mr Michael Gravelle (Thunder Bay-Superior North): I have a petition.

“To: The Legislative Assembly of Ontario.

“From: Lakehead University Student Union, Local 32, Canadian Federation of Students.

“Whereas average tuition fees in Ontario are the second-highest in Canada; and

“Whereas average undergraduate tuition fees in Ontario have more than doubled in the past 10 years; and

“Whereas tuition fees for deregulated programs have, in certain cases, doubled and tripled; and

“Whereas Statistics Canada has documented a link between increasing tuition fees and diminishing access to post-secondary education; and

“Whereas four other provincial governments have taken a leadership role by freezing and reducing tuition fees;

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

"Freeze tuition fees for all programs at their current levels, and

"Take steps to reduce the tuition fees of all graduate programs, post-diploma programs and professional programs for which tuition fees have been deregulated since 1998."

I support this entirely and am very happy to add my name to the petition.

OAK RIDGES MORAINÉ

The Deputy Speaker (Mr Bert Johnson): Further petitions? The Chair recognizes the member for Durham.

Mr John O'Toole (Durham): Thank you, Mr Speaker. You weren't looking at me, so I wasn't aware. I wasn't paying attention, I suppose.

It's my pleasure to present a petition on behalf of my constituents in the riding of Durham as follows:

"To the Legislative Assembly of Ontario:

"Whereas the Oak Ridges moraine is an ecological treasure that warrants protection and careful stewardship now and into future generations; and

"Whereas the province of Ontario has recognized the importance of the moraine with the passage of the Oak Ridges Moraine Conservation Act, 2001, to protect natural and water resources, preserve agricultural land and provide clarity on where development can and cannot occur; and

"Whereas the act has resulted in certain limitations on citizens' use of their own property within the moraine;

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

"That the Parliament of Ontario take action to ensure there are no undue restrictions on Oak Ridges moraine residents making minor improvements to their homes and property; and

"That the province of Ontario work" co-operatively "with municipalities and landowners to ensure the interpretation and enforcement of the act continues to fully protect the moraine while also giving residents the right to fair and reasonable enjoyment of their" personal "property."

I'm pleased to support it by signing this petition.

SCHOOL BUS SAFETY

Mr Pat Hoy (Chatham-Kent Essex): "To the Legislative Assembly of Ontario:

"Whereas some motorists are recklessly endangering the lives of children by not obeying the highway traffic law requiring them to stop for school buses with their warning lights activated;

"Whereas the current law has no teeth to protect the children who ride the school buses of Ontario, and who are at risk and their safety is in jeopardy;

"Whereas the current school bus law is difficult to enforce, since not only is the licence plate number re-

quired but positive identification of the driver and vehicle as well, which makes it extremely difficult to obtain a conviction;

"Therefore, be it resolved that we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the measures contained in private member's bill An Act to amend the Highway Traffic Act to protect children while on school buses, presented by Pat Hoy, MPP, Chatham-Kent Essex, be immediately enacted....

"The bill would impose liability on the owner of a vehicle that fails to stop for a school bus that has its overhead red signal lights flashing....

"We ask for the support of all members of the Legislature."

I have signed this petitions, as have other persons from the region of Ottawa.

MINIMUM WAGE

Mr Mario Sergio (York West): I have a further petition addressed to the Legislative Assembly of Ontario with respect to minimum wages, which I'd like to read.

"To the Ontario provincial Legislature:

"Because the minimum wage has been frozen at \$6.85 since 1995 despite increases in the cost of living; and

"Because a full-time worker earning the current minimum wage ... is \$5,904 below the poverty line, and to reach the poverty line would need an hourly wage of at least \$10 an hour;

"Because the minimum wage should provide people" with their right to shelter and good food;

"Because typical minimum wage earners are women, students and people of colour, groups who are already being impoverished in our economic system;

"We demand that the Ontario government immediately increase the minimum wage to at least the poverty line." That means \$10 per hour.

It's signed by a number of petitioners, and I will affix my signature to it.

HOME CARE

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): "To the Legislative Assembly of Ontario:

"Whereas well-managed and adequately funded home health care is a growing need in our community; and

"Whereas the provincial government has frozen community care access centre budgets, which has meant dramatic cuts to service agency funding and services to vulnerable citizens as well as shortened visits by front-line workers; and

"Whereas these dramatic cuts, combined with the increased complexity of care for those who do qualify for home care, has led to an impossible cost burden to home care agencies; and

"Whereas the wages and benefits received by home care workers employed by home care agencies are well

below the wages and benefits of workers doing comparable jobs in institutional settings; and

“Whereas front-line staff are also required to subsidize the home care program in our community by being responsible for paying for their own gas and for vehicle maintenance; and

“Whereas other CCACs and CCAC-funded agencies across the province compensate their staff between 29 cents and 42.7 cents per kilometre; and

“Whereas CCAC-funded agency staff in our own community are paid 26 cents per kilometre, with driving time considered ‘hours worked’;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows: to act now to increase funding to the CCAC of Kingston, Frontenac, Lennox and Addington in order for it to adequately fund service agencies so they can fairly compensate front-line workers.”

I will affix my signature to this petition as I am in full agreement.

1510

SOCIAL ASSISTANCE

The Deputy Speaker (Mr Bert Johnson): Further petitions? The Chair recognizes the member for Timmins-James Bay.

Mr Gilles Bisson (Timmins-James Bay): Thank you very much, Mr Speaker. Congratulations on your opportunity to preside over our question period today.

I have a petition here circulated again by Shirley Crispin, who has been all over our community with petitions on a number of issues. She’s asked me to present this particular petition, which reads:

“To the Ontario provincial Legislature:

“Because social assistance rates were slashed by 21.6% in 1995 and, with the increases to the cost of living, that cut is worth about 34.4% today; and

“Because current social assistance rates do not allow recipients to meet their cost of living; and

“Because the people of Ontario deserve an adequate standard of living and are guaranteed such by the International Covenant on Economic, Social and Cultural Rights; and

“Because the jury at the inquest into the death of Kimberly Rogers recommended that social assistance rates be reviewed so that they reflect actual costs of living;

“We demand that the Ontario government immediately increase the shelter portion of Ontario Works and Ontario disability support program benefits to the average Canada Mortgage and Housing Corp rent levels and index social assistance to the cost of living.”

I’ve signed that petition.

HEALTH CARE FUNDING

Mr James J. Bradley (St Catharines): I have a petition to the Legislative Assembly of Ontario.

“Whereas Health Canada approved Visudyne on June 1, 2000, as a therapy for the treatment of wet form age-related macular degeneration; and

“Whereas clinical trials have demonstrated that this treatment safely and effectively stabilizes vision loss in 67% of patients and improves visual acuity in 13% of patients; and

“Whereas patients requiring therapy using Visudyne face a cost of \$1,750 for the drug and \$750 for the clinician procedural fees each time therapy is administered, and to complete a full therapy cycle, a patient would be required to pay \$15,000 to preserve his or her sight; and

“Whereas the Ontario Ministry of Health in May of 2002 announced a Visudyne funding criteria that is not retroactive to June 1, 2000, and effectively excludes 80% to 90% of all eligible patients who suffer from macular degeneration;

“Be it resolved that the Ontario Ministry of Health immediately change its unfair restrictions on macular degeneration patients and reimburse those patients who have used their own financial resources to receive this vital treatment.”

I affix my signature. I am in complete agreement.

POST-SECONDARY EDUCATION FUNDING

Mr Mario Sergio (York West): I have a further petition from the Ontario College of Arts and Design Student Union, Local 25 of the Canadian Federation of Students. It’s addressed to the Legislative Assembly of Ontario. The petition is with respect to “Freeze Tuition Fees.

“Whereas average tuition fees in Ontario are the second-highest in Canada; and

“Whereas average undergraduate tuition fees in Ontario have more than doubled in the past 10 years; and

“Whereas tuition fees for deregulated programs have, in certain cases, doubled and tripled; and

“Whereas Statistics Canada has documented a link between increasing tuition fees and diminishing access to post-secondary education; and

“Whereas four other provincial governments have taken a leadership role by freezing and reducing tuition fees;

“Therefore, we, the undersigned, petition the Legislative Assembly of Ontario to:

“Freeze tuition fees for all programs at their current levels, and

“Take steps to reduce the tuition fees of all graduate programs, post-diploma programs and professional programs for which tuition fees have been deregulated since 1998.”

I affix my signature to it.

NIAGARA HOSPITALS

Mr James J. Bradley (St Catharines): This petition is to the Legislative Assembly of Ontario.

“Whereas the board of trustees for the Niagara Health System and the Hotel Dieu Hospital have unanimously endorsed a plan to construct a new general hospital and regional cancer centre and new Hotel Dieu Hospital on existing Hotel Dieu property in St Catharines; and

“Whereas the proposed new hospitals would replace currently insufficient facilities and improve the quality of health care in St Catharines and throughout the region of Niagara; and

“Whereas the proposal will streamline operations and save an estimated \$10 million annually; and

“Whereas health care professionals in Niagara support the proposal of the Niagara Health System; and

“Whereas the construction of two new hospitals would attract new health care professionals to Niagara to help alleviate the shortage of medical professionals the Niagara region is currently experiencing;

“We, the undersigned, call upon the Ontario Minister of Health and Long-Term Care to immediately support the proposal of the Niagara Health System for the construction of two new hospitals in St Catharines on the existing Hotel Dieu property and provide the appropriate funding to make this project a reality.”

I affix my signature; I'm in agreement.

ORDERS OF THE DAY

SARS

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): I move government notice of motion 28:

To recognize that Ontario's front-line health care workers, including nurses, doctors, public health officials, paramedics, lab technicians and scientists, have made heroic efforts to combat SARS;

To recognize that Ontario has suffered tremendous economic consequences of the SARS outbreak;

To recognize that the federal government has not yet provided much-needed financial assistance to front-line health care workers who have worked so tirelessly to contain the outbreak and treat its victims;

The Legislative Assembly of the province of Ontario, on behalf of the people of Ontario:

Calls on the federal government to provide immediate financial assistance to cover exceptional health care costs borne by health care facilities in fighting SARS;

Calls on the federal government to commit immediately to ongoing funding to improve measures to track infectious diseases, to provide a rapid response team for future outbreaks and to increase community awareness programs on infectious diseases; and

Calls on the federal government to live up to its responsibilities, like the Ontario government has, and

provide, without delay, financial assistance to those so keenly affected by SARS in Ontario.

I'll be splitting my time with the Minister of Health, the Minister of Municipal Affairs and Housing and the Minister of Tourism and Recreation.

The Deputy Speaker (Mr Bert Johnson): Let the debate begin.

1520

Hon Mr Eves: Over the past weeks, the battle against SARS has had a profound and unprecedented impact on our province. Our prayers are with the families of those who have lost their lives to this deadly disease. Our support goes out to those who have become ill, and we fervently hope that they make a rapid recovery.

The struggle against SARS has many heroes. Our front-line health care workers have laboured tirelessly with enormous skill and dedication to contain the outbreak. Our hospitals and other health facilities have done whatever necessary to treat and prevent the spread of this dangerous disease.

We continue to place our faith in the remarkable courage and professionalism of Ontario's nurses, doctors, paramedics, public health experts, lab technicians, scientists and other health care workers. To them, I have a very simple message from the hearts of all Ontarians: thank you.

To acknowledge and support these heroes, I call upon all members of the Legislative Assembly to endorse the resolution I tabled last week.

Without a doubt, we all agree that Ontario today faces no greater challenge than defeating SARS and overcoming its extensive impact. In late April, I announced a comprehensive SARS assistance and recovery strategy. I said we would do whatever it takes to help the people of Toronto and Ontario to overcome this adversity.

To support this strategy, this House unanimously passed Bill 1, the SARS Assistance and Recovery Strategy Act. The bill protects the jobs of people affected by SARS-related personal illness, quarantine or isolation. People should not lose their livelihood for doing the right thing. The legislation also strengthens current powers to curb the spread of SARS and other infectious diseases. The changes help to ensure that health officials and front-line health care workers have the tools necessary to meet their evolving needs during the SARS outbreak and beyond.

As part of our plan, our government is providing emergency funding to help hospitals move forward with priority treatments and reduce wait times due to SARS precautions.

We have launched a two-year tourism recovery strategy to rebuild global confidence in Toronto and Ontario as world-class travel destinations. Projected costs total more than \$128 million, including participation by the three levels of government. We also pledged \$10 million for a complementary strategy to revive international investment and business confidence.

Bill 1 gave the hard-hit tourism sector a boost by exempting accommodations and admissions to places of

amusement across the province from retail sales tax from May 1 to September 30 this year.

Last week the government took the next steps in delivering on our commitment to do whatever it takes, through a \$720-million SARS assistance package for health care workers, facilities and municipal emergency services. Of this amount, up to \$190 million will be used to reimburse eligible health care employees and physicians for income lost due to SARS. This financial assistance will remain available until June 30 this year and will be extended if need be. This financial help expresses our deep appreciation to those who have made, and in some cases continue to make, extraordinary personal sacrifices for the benefit of our community.

We are also making good on the costs hospitals and other health care facilities have borne in fighting this unprecedented battle, such as for supplies, equipment and extra personnel. Approximately \$400 million has been allotted to date for this purpose.

We are, as well, investing \$120 million to strengthen the public health system to deal with the “new normal” environment we find ourselves in. These measures include strengthening infectious disease tracking systems and reinforcing public health; rapid response teams for future outbreaks; a community awareness program on infectious disease; a modern information system linking all 37 public health units in the province; a volunteer registry of staff willing to assist in disease outbreaks; and funding for SARS-related research.

In addition, the government will cover up to 100% of the extraordinary costs, estimated at more than \$10 million, incurred by greater Toronto area municipalities and Simcoe county as a direct result of SARS. An immediate payment of \$2 million is being made to the city of Toronto. The government is also covering extraordinary costs incurred by volunteer organizations such as the Red Cross, St John’s Ambulance and the Salvation Army in helping people with SARS.

Let me say once again that our government is determined to do whatever it takes to move Toronto and Ontario along the road to recovery.

As part of our recovery plan, I met with representatives from the nurses’ associations—the RNAO, the ONA and the Ontario College of Nurses—yesterday. There were also representatives of the Ontario Medical Association, the College of Physicians and Surgeons of Ontario and the Ontario Hospital Association in attendance. We all agreed that there should be a public process to review the way SARS has been handled. We also agreed that the process cannot interfere with the fight health care professionals are waging right now.

Today, I call on this House to confirm, on behalf of the people of Ontario, that it shares this commitment unequivocally. I urge all members to dedicate the necessary resources of this province to fight the spread of the SARS virus. I call on the House to commit to compensation for people who have lost wages because they were asked to go into isolation to protect the health of others. I ask the members to join in our pledge to fund all extra-

ordinary expenses incurred by hospitals and health care facilities relating to SARS.

I call on the House to support the effort to rebuild global confidence in Toronto by aggressively promoting the city of Toronto and the province of Ontario as safe, vibrant, exciting places to work, live, invest and visit.

We are doing what we can to help, but we need the support and resources of the federal government as well. Last week I wrote to the Prime Minister of Canada to remind him that the federal government also has a responsibility to lend a hand in this hour of need. It is vital that Ontario speak with one voice in pressing Ottawa to provide the assistance our province is entitled to and urgently needs. It is necessary for the federal government not only to act but to act quickly.

I therefore urge all members of the House to join me in calling on the government of Canada to treat the outbreak of SARS on the same basis as a natural disaster and to provide funding in accordance with the federal disaster financial assistance arrangements program.

Now is the time for unity for the people of Ontario: to grieve together for this tragic loss of life; to salute the heroic efforts of our front-line public health and hospital workers; and to respond to the enormous economic impact of this outbreak.

Ontarians are pulling together as never before, and I am confident that our province will recover from this challenge and emerge stronger and better than ever.

In the spirit of non-partisanship, I urge all members of the House to unite in an all-out effort to contain and defeat this disease and to rebound from its consequences. The people of Ontario deserve nothing less.

The Deputy Speaker: Further debate?

1530

Hon Tony Clement (Minister of Health and Long-Term Care): I want to speak today about how our province has come together. Our government, medical professionals and individuals living across this great province of ours have come together in a united fight against SARS.

When we, as a province, were introduced to the potentially devastating impact of SARS, we didn’t have a lot of time to work out the overarching strategy; we had to act. We had to protect each individual, each Ontarian, from a previously unknown but deadly disease. I’m proud to say that our government and our province’s 37 public health units, working in collaboration with our EMS workers, public health officials, doctors, nurses, other medical practitioners, hospital long-term-care and community care workers, did precisely that.

It was just over 11 weeks ago that we notified the public of the outbreak of a potentially communicable disease. I remember the day so well. It will be etched in my memory forever. We hadn’t heard of the word SARS at that point. At the time, we called it cases of atypical pneumonia. But SARS is the word that we know so well now, much to our grief.

At the time, there was no road map to follow, no precedent in place to provide the guidelines on exactly

the next steps to take. We had to rely on the details that emerged every day about SARS: about its potential origin, about how it was being transmitted, and about the precautions that could potentially save people's lives. And we learned; we were educated. Essentially, we were learning as we were experiencing, and as our province's public health units learned more about SARS, we communicated this knowledge to the public as quickly as possible, and indeed in real time.

I asked my staff today to count the number of SARS briefings and public conferences that occurred. To date, there have been over 35. So we were there to equip Ontarians with the knowledge they needed to make educated decisions and to learn exactly what was happening in our communities. As we discovered the nature of the symptoms, the period of incubation and the possible origins of transmission, we shared that information directly with health care professionals across this province, with people from around the world, and of course in every household in Ontario. As we move forward, we continue to provide that information to Ontarians: the means to learn about the new threats and the measures that could be used to contain SARS, to essentially help us help Ontarians save lives.

We're confident that we have found the way to defeat this terrible illness. We know that it involves infection control. We know that it involves the right kind of epidemiological spadework to establish the epidemiological link. We know that in some cases it involves quarantine. We know that we have the best and the brightest health care professionals: our wonderful doctors, nurses, medical practitioners, researchers, epidemiologists and EMS workers working together in our publicly funded health care system, communicating with one another in real time and with experts from around the world. That is how we are sharing new information and getting the best techniques employed to defeat this disease.

As a government, we moved quickly as well. At the onset, by regulation, we made SARS a reportable virulent and communicable disease, a regulation that gives public health officials the power they needed to assist in the stopping of SARS.

Then we went further. When Premier Eves declared a state of emergency back on March 26, we gave ourselves the power to protect the health, safety and welfare of Ontario residents. We activated the provincial operations centre for the first time. We monitored SARS-related activity 24 hours a day, seven days a week. We followed up with a broad sweep of people who had come in contact with SARS cases to assess their health and determine if they were showing any symptoms. We developed a plan to increase Ontario's isolation bed capacity, potentially using new, unopened facilities as a way to isolate patients with symptoms, and we continued to impose restrictions on certain health care settings.

Those methods proved to be extremely successful. There were no shortcuts. I wished we had a magic wand some days just to wave the problem away, but it took good, old-fashioned hard work, a lot of detective sleuth-

ing when it came to establishing the epidemiological links, and, unfortunately, a great degree of discomfort for our health care workers who endured it, endured it, endured it, hour in, hour out, day in, day out, to allow us the opportunity to protect the public, to make sure that some very sick patients got better and to ensure that we did not have community spread.

As the Premier has indicated, we did not stop there. We knew the impact that this was having on our health care system. The \$720-million assistance package for health care workers, facilities and municipal emergency services that the Premier announced last week is part of our leadership as well.

We continue to lead, but leadership is also about collaboration. Leadership is understanding the role that we can play, but also understanding the broader role that can be played by other players in the field. That is why we expect and demand leadership from our federal government. There is not only a Ministry of Health and Long-Term Care for Ontario, there is Health Canada. SARS and all of its impacts, its economic impacts, its health care impacts, is not just an impact for Toronto public health or York public health or for the government of Ontario; it impacts the citizens of Canada as well as the citizens of Ontario.

I just finished reading the latest Time magazine. Dr John Hoey, who is editor of the Canadian Medical Association Journal, says:

"It is perhaps too easy to mock politicians when they try to allay fears by eating at Chinese restaurants in Toronto or steakhouses in Alberta. But after dining, they must get on with the job of repairing public health in Canada. Already there are promises, at least in Ontario, of new money and resources for public health. They come not a moment too soon."

We are here to help, but we need leadership from the federal level of government as well. Some signs are auspicious. On May 29, Prime Minister Chrétien was quoted as saying, when referencing Premier Eves, "He knows, I've talked with him that we will do whatever is needed, but we're not in the field as such; the operation of the hospitals are under provincial authority." I think that's a positive comment. He is quoted from St Petersburg as saying, "We want to collaborate. We're aware that it is causing some burden on the Ontario government as it is causing a burden to us too." I take those as positive comments from the Prime Minister. The Prime Minister, who is wont to have said on another occasion that "the proof is the proof"—we on this side of the House take him at his word that he wants to collaborate with us, work with us and help us, but we also need the tangible evidence that will assist us in ensuring that our hospital system, our health care system, our public health system, our health workers have the ability to deal with the job.

I just came from St Michael's Hospital earlier this morning. St Michael's is the leading tertiary care centre in the new, interim four-hospital alliance. Based on suggestions of health care workers—we were listening to

them—they suggested this approach for round two of SARS, and we're doing it. St Michael's very beginnings, its very history, was about controlling infectious disease in an urban setting. They are taking on this burden again, on an interim basis of course, while we wrestle round two of SARS to the ground. They are there creating the infrastructure, doing the work.

1540

Jeff Lozon, the CEO, told me that they can calculate—this is just one hospital—that the additional cost associated with SARS in their one hospital is \$80,000 a day. We are in week 11 of SARS in our midst—\$80,000 a day. I recollect that Mount Sinai Hospital has indicated to us on previous occasions that the number of masks they have used is in the millions. Gowns—once, twice, three times a day being changed, because we have learned that a physician or a nurse cannot use a gown in one area and then walk to another area of the hospital with the same gown on. We have to change the gowns every step of the way through the hospital. Masks and gowns—millions of them have been used over the last 10 weeks alone.

Then there are the quarantine efforts, there are the infection control efforts, which we need to continue in our hospitals, under the new normal, forever. The impacts on health workers who had to stay home, the impacts on our hospital system to reschedule the other 99% of what our health care system is all about—there are costs associated with this. There are costs associated with this that will protect Ontarians and Canadians and that need to be accounted for—costs associated with the heroic efforts at Toronto public health, York public health, Simcoe public health and Parry Sound-Muskoka public health now, where there are 1,000 people under quarantine.

The bills add up. When the Prime Minister of the country asks what he can do for Toronto and Ontario, there are many things that he can do and should do, but one of them should be to be part of the fiscal, financial solution that ensures the integrity of our health care system and, even more to the point, ensures that our wonderful, heroic health workers have the degree of support and effort that will ensure that they can do their jobs. There is no greater challenge than what they do day in and day out. We know the challenges, and through the leadership of our government we have faced those challenges head-on to ensure that we are part of the solution, not part of the problem. It's a simple word and a simple deed that we expect out of our federal friends. The word is yes, and the deed is, "We, too, wish to be part of the solution, not part of the problem."

Hon David Young (Minister of Municipal Affairs and Housing): I certainly appreciate having an opportunity this afternoon to speak about this most important issue. I want to pick up where the Premier and the Minister of Health left off. I want to talk about, first and foremost, the sacrifices that have been made by so many around us, by our neighbours, by our friends, by public health officials, by doctors, by nurses.

I want to talk about the magnitude of the sacrifice that has been made by men and women across this country, individuals that, until about five or six weeks ago, we thought of as just regular hard-working professional people and who we now realize are heroes in the truest sense of the word, for they have reacted in a most heroic fashion to what is an enormous challenge, a challenge that, quite frankly, none of us completely understands, a challenge that not only threatens them but threatens their families, their friends and their neighbours.

Earlier today, I had an opportunity to speak with a number of nurses from the North York General Hospital, which is situated in my riding. I spoke to them, but perhaps more accurately, I listened to them and I heard them say in rather poignant, moving and unforgettable terms that they are committed to containing this awful and deadly disease.

They also talked, though, about the sacrifices they are making—each and every one of them. They talked about the challenges and the stress that come with the commitment they have made to the people of this province. They go home each and every day wondering whether or not they carry with them this deadly disease. They hug their children in a way that's a little different than they once did. And of course they hear from their friends and family what is a very natural question, and that is, "Why are you continuing to do this? Leave. Come home. Don't jeopardize your safety, Mom, Dad. Don't jeopardize our safety." But these men and women go back each and every day. They wake up in the morning, they get out of bed and they go, knowing that not only are they jeopardizing their own safety but they are jeopardizing potentially the safety of those around them.

I say to you that we, as a government, have done everything we can do and we commit to do everything possible in the future to support these individuals, to make sure they have the equipment, the resources, the support that is necessary.

That support comes in various forms. It comes with words—we're engaging in that to some degree today—and it comes in terms of actions. We've seen the Premier stand up for those individuals and for people across this province, make a series of announcements, attend at hospitals and show his support. It comes by understanding the magnitude and the scope of their problem. It also comes, quite frankly, by committing to be with them, not just today but tomorrow and for months and years to come as we face this very uncertain and horrifying disease.

On May 28, the Premier announced the \$720-million SARS assistance package for health care professionals, facilities and emergency services. At the same time, the Premier made very clear that we would be there to support municipalities—Toronto, the greater Toronto area and Barrie—municipalities that have incurred some very significant costs over the last little while in relation to extra services that were required to combat this deadly disease.

I think it is essential that all of us in this chamber park our partisan politics at the door. I think it is essential that every politician in this country put their partisan politics aside so that we can collectively fight this disease.

That is why I wrote to the federal Minister of National Defence, who is the individual in Ottawa designated to look after matters of this sort. He is in charge of the disaster financial assistance arrangement program that the federal government has had in place for a number of years. I wrote to Minister McCallum on April 11 last, and I indicated at that time that we in this province were incurring great challenges, including financial challenges, and I asked him to join with us to help us, help municipalities, help public health officials, help health care workers to combat this disease. I was a little disappointed that there was no immediate response—quite frankly, no response over the course of a number of weeks.

1550

I did write to him again. I corresponded with him again on May 23 last. Once again I repeated just how urgent and important this situation is. Fortunately, I have heard back from him, and I am pleased to say that we will be meeting this Friday. I'm hopeful at that time we will obtain a commitment from the federal government. Minister Clement has talked about the words that have been used by the Prime Minister and others in Ottawa, and I thank them for those words, but now is the time for action. Now is the time for something far more than words. I'm hopeful that at the meeting on Friday, the minister from the federal government will come forward with something very substantial.

Of course, there is precedent for this level of financial assistance to individuals across this country when they face great challenges like this. We've seen it on a number of occasions, and it is of the utmost importance that that be conveyed and the money come forthwith, because while the Premier has indicated that we in the provincial government will continue to stand with those officials and health care workers on the front line and we will be there to support them with or without federal financial assistance, it is clearly posing a great challenge to this province to continue to go it alone. So it is essential that we obtain that financial assistance, deeds and actions from the federal government, and it is my sincere hope that by this time next week we will have an agreement in place with our colleagues in Ottawa, an agreement that will allow us to do even more for the men and women across this country who have sacrificed so much.

Hon Brian Coburn (Minister of Tourism and Recreation): I too would like to begin by thanking Ontario's health care professionals, the doctors, nurses, technicians, researchers and all those medical service providers who once again are working extremely hard to help us contain SARS. We do owe them a tremendous debt of gratitude for their heroic efforts to contain this outbreak and to ensure that Toronto and Ontario are safe places to visit, to live and to work.

I'd also like to acknowledge certainly Premier Eves and Minister Clement, who have provided very strong leadership in this very difficult time. We've never had a health situation of this nature and scope before, and it's fortunate that we have the kind of leadership that can successfully rise to the challenge of a difficult situation.

Two months ago, on April 1, I held my first meeting with a group of tourism leaders from across the province to listen to their advice, so that we could develop a strategy on how to reactivate and attract tourists and tourism back into Toronto and Ontario, so that we could meet some of these challenges to make very decisive actions and move forward quickly.

On April 24, the Premier announced that the province would contribute \$10 million to the first phase of an aggressive marketing campaign to promote Toronto and Ontario. Then, on April 29, the Premier announced an additional \$118 million for a two-year tourism and investment recovery plan, with the aim of rebuilding global confidence in Toronto and Ontario as world-class travel destinations. The first phase of this campaign was rolled out some three weeks ago, with an intense marketing campaign to ensure Ontario residents and visitors that Toronto and Ontario are safe, exciting and vibrant destinations.

Our next step is a Toronto event to showcase this city and our province. We have an aggressive recovery campaign underway. Last week I announced the Concert for Toronto, a six-hour concert featuring a roster of Canada's internationally famous musicians. Tickets to this music event of a lifetime were purchased by music fans from the Yukon to Florida, from British Columbia to Newfoundland. For six hours on June 21, Toronto's SkyDome and Air Canada Centre will indeed rock'n'roll.

Interjection: A little poppin'.

Hon Mr Coburn: And a little poppin' too.

We are moving fast on a recovery campaign designed to rebuild Toronto's tourism industry and Ontario's image as a primary destination for visitors from around the world, as a choice destination for events, conventions and leisure travel. We are working to lure tourists back by targeting Ontario residents, Canadians residents, the US border states and the overseas market. We have television and newspaper ads ready to run in the border states, in the international market, once this latest outbreak of SARS is contained.

Our government has provided funding to high-value entertainment packages at never-before-seen prices, such as "It's time for a little T.O.," which was a package put together by Mirvish Productions, hotels, restaurants and the Blue Jays, and the other package, "It's time for a little more T.O.," from Second City Productions. Both of these packages, combining deep-discount shows, dinners, hotel stays and ballgames, sold like hotcakes.

There are many tourism associations that should be recognized for their efforts. In addition to many others, Tourism Toronto and the Ontario Restaurant, Hotel and Motel Association have played key roles. More partnerships to rebuild tourism in Toronto and Ontario are

appearing on a daily basis. The Toronto Tourism Industry Community Coalition, for instance, has brought government, labour and business together to effectively address Toronto's tourism crisis. We are working aggressively to get our residents in the hospitality and tourism-related sector back to full employment.

In addition, we are supporting festivals and celebrations that are recognized around the world as value attractions to bring tourists and visitors here to Toronto and Ontario, events such as Caribana and the Molson Indy: week-long celebrations that have worldwide recognition.

Over the next few weeks, we will be announcing the specifics of some of the other initiatives under our tourism recovery plan. These are the event marketing and development fund, destination marketing partnership fund, and arts and cultural packaging program. These are some of the programs in which we will work aggressively with our partners to stimulate tourism and attract tourists back to Toronto and Ontario.

For the past few months, my parliamentary assistant, Wayne Wettlaufer, Deputy Minister Bill Allen and myself have been criss-crossing the province to meet with industry leaders, stakeholders, and provincial and federal counterparts. We have convened tourism advisory group meetings in Toronto, and stakeholder roundtables in locations from Kingston to Thunder Bay. I'd also like to thank my colleague the Honourable Jim Flaherty, who has joined me and my parliamentary assistant in several meetings here in Toronto. My deputy minister was recently in Japan to meet with industry representative to encourage travel to Ontario. We've met with federal, provincial and territorial tourism partners as well, and are heartened by the understanding of other provinces about the situation in Ontario and their support for our tourism recovery plans.

You know, there's one missing link in all of this. We have solid support from all the players except one: the federal government. Certainly, Toronto is the destination of choice for visitors to Canada and this province. This city accounts for about one sixth of the total visitors to Ontario. Canada and Ontario need the city back in full operation. We need it hitting on all cylinders. It is this country's gateway and one of its important cultural and visitor destinations for visitors from around the world. As the Toronto advertising slogan goes, it is time for a little T.O.

Ontarians are pulling together. They're pulling together to meet this challenge. We've seen this on the public health front; we're seeing it on the tourism front with individuals, associations, businesses, and governments working together to meet our challenges. It is now time for the federal government, with the bit in their teeth, to pick up the slack and help us meet this challenge in a positive way so that we can revitalize the hospitality industry and get our residents back to work in hospitality and tourism.

1600

Mr George Smitherman (Toronto Centre-Rosedale): I'm honoured on behalf of my party to join this debate.

I'll be sharing my time with the members for St Catharines, Prince Edward-Hastings, Hamilton East, Parkdale-High Park, York West and Windsor West.

I want to say first off that I offer these words in the name of those who have been impacted by SARS—those who have become ill, those who have died, those who have courageously served us, those who have experienced economic hardship—and to my city, which has experienced a perceptible decline in economic activity, in our international reputation and in our confidence. Against such a test, the public will judge us, and they will judge our collective capacity to respond.

I say today that I will not be supporting this resolution because it fails that test miserably, because, as is too often the case, they—this government—have chosen the path that puts them in conflict with the federal government. In their 40 minutes of conversation today to this resolution, they have rebuked others for exactly the same set of circumstances that they themselves had contributed to.

Earlier in his remarks, the Premier of Ontario announced that the city of Toronto will be receiving a cheque in the amount of \$2 million to deal with their additional costs. I make two points about this. Firstly, the city's costs are estimated at \$10.5 million. Already, services have been redeployed from the fight against AIDS and tuberculosis to other issues. That fact is, the Minister of Health has said, 11 weeks into this, the province of Ontario, for all of their press releases, has not yet sent cheques to hospitals and the city of Toronto, which are dealing with the considerably added costs. I think that makes this point rather well, that months after SARS has become scorched into our minds and the press releases have gone out, the province's cheques are not yet in the mail, but our Premier has the gumption to author this kind of resolution and lay an attack at the feet of the federal government.

It was only a few days ago that our Premier himself announced his expanded package. His first instinct, as it always seems to be, is to seek political comfort by using his majority to pass a resolution that attempts to shame the federal government.

I think Ontarians were comforted some time back with the words that all three levels of government would be contributing, to work together, that they were making a pledge to do so. What, then, does it say about our Premier and about his instinct and about his style of leadership that he'd rather send a letter and lay a resolution like this before the floor of the Ontario Legislature than to pick up the phone and establish a viable, effective working relationship with the Prime Minister of this country?

It's with a great deal of disappointment that I stand and speak to this resolution. I want to improve this resolution, to make it a resolution that better reflects the circumstances. I'd like to move the following resolution.

I move that the resolution be amended by striking out the last sentence and replacing it with the following words:

“Call on all levels of government to live up to their responsibilities by doing more than just announcing funding, but actually sending the financial assistance promised, without delay, to those so keenly affected by SARS in Ontario.”

The Acting Speaker: Mr Smitherman has moved that the resolution be amended by striking out the last sentence and replacing it with:

“Call on all levels of government to live up to their responsibilities by doing more than just announcing funding, but actually sending the financial assistance promised, without delay, to those so keenly affected by SARS in Ontario.”

Mr Smitherman: Earlier today in the gallery we had nurses from North York General Hospital. The Minister of Municipal Affairs and Housing, and I believe an MPP in the area, spoke during his remarks about those nurses. He indicated they'd made many points to him. But they were here today to make a rather emphatic point which that minister didn't deal with in his comments, and the emphatic point that those nurses, the front-line workers, the very people who have become heroes, whose courage has been lauded by all, including in this resolution—those very same nurses came to the Ontario Legislature today to make one very important point: that they believe that this issue requires a full airing and that they require the kind of whistle-blower protection that one finds in the Public Inquiries Act.

But it was interesting, wasn't it, that the Minister of Municipal Affairs, in relating his conversation with those nurses, where he said he listened to them, didn't choose to highlight the same very issue that brought them to this Legislature today. I found that representation to be very disrespectful to those nurses. They have my confidence.

Earlier today I was at my community office at 410 Sherbourne to visit my doctor, who has an office upstairs. For the first time in my life I conducted an exchange with my doctor while we were both wearing masks. For so many people in our society and so many people in Toronto, this has become a normal way of life. These very same front-line workers who have experienced so much hardship and so much challenge and so much risk and so much fear and so much fright are not being given the opportunity they have earned, with their front-line courage, to tell their stories in the first person and with the full protection of the law.

To suggest that a public inquiry is nothing more than an excuse for finger pointing, which is the language the Minister of Health chooses to use, is disrespectful to those very people he calls heroes in this resolution, and I think disrespectful to the intention of public inquiries and certainly disrespectful to the quality of the people in our province whom we've been able to summon to positions of leadership to head those inquiries. There is no good excuse to reject the idea of a public inquiry.

We want to talk about the extent to which we can make improvements. We have a plan to put 8,000 more nurses into Ontario's hospitals to provide those front-line services that we know are essential to restore confidence

in our system of public health care. We know that the surge capacity of the system has been so severely reduced that as the SARS situation struck us in Toronto our capacity to respond was stretched dangerously thin. Everybody knows that now, but we do not know the extent to which we have to act to respond to that and make sure it does not occur again.

As I come to a close, I say that I will not support this resolution, because this resolution does not meet the important public test that my constituents are asking me to live up to, which is that I work with all levels of government and bring the best of all levels of government to bear. This resolution, unfortunately, seeks to point fingers at the very time when the public expects all levels of government to work together and tackle this and ensure it does not ever happen again.

Mr James J. Bradley (St Catharines): To begin, I think all of us, no matter where we sit in this House, are here to offer congratulations to those who have worked so hard and so assiduously in dealing with the problem of SARS. This is particularly true of the front-line workers in the medical field who have had to deal on a daily basis, often very long days, with situations confronting hospitals and other health care institutions and have found it very difficult and very stressful to do so in an adequate fashion. They've worked extremely hard, and I think each one of us in all our communities, particularly those communities directly affected, are congratulating those individuals and are thankful that we have them in our society.

One of the problems we see in the background with this particular resolution—you always say, “Where is the hostage in it?” because the government always brings forward something with a hostage. I'm looking at the resolution and thinking, “That looks pretty supportable.” Then you get to the middle of it, and it's like the government advertising. There's a big pat on the back for the government. Once again it's self-congratulatory. Without that, I think most people in this Legislature, regardless of their political affiliation, would find it a compelling resolution to support. But instead, we engage in finger pointing.

Those of us in the opposition could say, “Well, the Premier was in Arizona at the most difficult time in the middle of Easter weekend.” That's behind us. I'm not going to get into that kind of finger pointing, because I don't think that's helpful at this point in time. I do think it's important that all levels of government work together on this. I think there is a case to be made for the federal government to provide funding—and significant funding.

Hon Robert W. Runciman (Minister of Public Safety and Security): They've got a billion dollars for Russia.

1610

Mr Bradley: I say to my good friend Mr Runciman that the problem is that when the federal government has transferred funds before, those funds ended up in tax cuts. If the government were really serious, if the government really wanted to find the money to carry out

its programs to combat SARS, then of course they would say, "Look, we're going to postpone our tax cuts. We've reached a new situation, a difficult situation. We're going to postpone those tax cuts." What you really want the federal money for is so you can deal with the SARS crisis and give tax cuts. It's really there to fund tax cuts. If you had said, "We're going to forgo those tax cuts," I would understand that.

I would say to my friend Bob Runciman that if you said that, I would be the first person to get up and lead the applause for you and others on the government benches. But you don't want to do that. It's why you always want federal money. You want to pay for your tax cuts because you know, in good conscience, that you cannot give out corporate tax cuts, more gifts to the corporations, and still be able to fund public health in this province.

Indeed, under the Harris-Eves government you cut funding for public health in recent years. According to your own public accounts and estimates, funding for public health units has dropped about 25% in the last four years. Of course we all remember that in 1998 you completely downloaded responsibility for public health to municipalities and then, when the municipalities kicked up a fuss, you decided you were going to pay 50% of it.

No one could see SARS coming—I don't want to pretend you could see SARS coming—but you know that something like SARS can happen. We know that in the world in which we live today we can be confronted with any particular disease, some of which we haven't heard of before, and we have to be ready for what we call the "surge factor." People in public institutions have said, "Look, we don't have that capacity built into our hospitals. We don't have the capacity built into our health care system to deal with what we call the surge problem, an unexpected problem."

There's another problem out there, and that is that people feel intimidated about speaking out on serious issues related to SARS and other diseases. I well remember when the medical officer of health in Peel or one of the medical officers of health in that office in Peel spoke out about West Nile virus. He was shunted to the sidelines and not allowed to speak at a public meeting—a press conference—because he had said the government didn't want to talk about West Nile virus because perhaps they had not put forward last year the effort they should.

Let's look at another aspect of this. You've heard me talk about government advertising. The government is first in line to accept the credit, last in line to accept the responsibility. I thought the early ads I saw on SARS were quite informative and quite good, because they contained no government propaganda. Now when you turn on the radio or open the newspaper, the first thing in the SARS ads is, "Here's what your government is doing," not what the public should do, not what precautions should be taken—quite frankly, that would be quite legitimate, just as it would be for West Nile. But you people use every opportunity to pat yourselves on the back, to congratulate yourselves. Even when you have a

legitimate reason to advertise or provide information to the public, you have an inability to do it without congratulating yourselves, without using partisan, self-congratulatory advertising, and that's most unfortunate.

I want to say to my friend Bob Runciman that I thought the first ads I saw were excellent and very supportable; I would never be critical of them. But somebody in the Premier's office said, "You know, we can use this situation to pat ourselves on the back, to say we're doing a good job and we're going to do a good job with West Nile." To me, that is a misuse of public funding. If you took the money you're using on self-congratulatory, partisan advertising, if you took the money you were going to give to the corporations in yet another tax holiday, another tax break, if you took those kinds of funds and put them into the health care system to build in that surge capacity, then I think we would be in a much better situation.

Thank goodness we've had on the front lines of our health care system dedicated individuals who put their own health and perhaps their own lives on the line to support others in our society and deal with SARS. I congratulate them. I'm just sorry this government has decided to bring forward a resolution this afternoon that points fingers in one direction and pats backs in another.

Mr Ernie Parsons (Prince Edward-Hastings): One thing I've developed a strong sense of over the years is that politics doesn't mix very well with anything else. Politics is a fine craft on its own, but I have seen examples of where politics attempts to micromanage or to get involved and make the decisions.

When I first graduated from university and took a job with the wonderful old Department of Highways, one of my first duties was to go and see the local member of provincial Parliament and get a list of people I was to hire my staff from for the particular project. I watched over the years as politicians would help me design a bridge or a road, and it was my conviction that it wasn't always to the betterment of the highway or the road.

I've watched with dismay over the last eight years as politicians decided they knew everything about schools and were going to make political changes to schools rather than allowing professionals and listening to educators make their decisions.

I'm more impressed every day that not all of the knowledge in the world rests within this chamber. In fact, we probably need more questions than we ask in this House.

I know as an engineer that when we design a bridge or a building, we incorporate what's called a factor of safety, so if there are more cars or heavier trucks on the bridge than we had intended there to be, it's not going to fall down. There is some margin of error. Well, within the last eight years in health care, I have seen that margin of error disappear. We have seen that from 1995 on, in spite of their election promises, they made deep cuts in health care in their first years in office. Between 1996-97 and 1997-98, they cut \$700 million from hospital operating budgets. I believe all but two hospitals in

Ontario are presently operating in deficit. I believe in 1995, two hospitals were operating in deficit; the rest were in surplus. There is no margin of error within the hospitals to accommodate a major accident, let alone something as serious as the SARS issue. We have seen 5,700 acute care beds cut from hospitals—8,000 beds in total when you consider chronic care and rehab. So the hospitals don't have much margin of error.

There's a wonderful old expression that says, "If you want to truly understand something, try to change it." This government has done the changes and, in doing so, I think is learning what's happening. It has politicized the health care process. This very resolution we're debating this afternoon is a political statement. It's not something intended to deal with the SARS crisis. The Premier could have picked up the phone and called the Prime Minister. I know the call would have been returned. We have seen letters going from minister to minister when phone calls would have sufficed.

This is an issue for the health care professionals. The first words we heard out of the politicians, and I'm not—no, I won't say that, but the first attack or approach out of the politicians was, "We've got to get business back on a normal footing." So the initial initiatives went to telling everybody, "We're open for business. Everything's fine. SARS will be gone tomorrow. SARS will be gone in a day or two," when the initiative should have been to the health care professionals, to say, "What do you need? What can we do to help you? We will stay out of your way, but tell us what you need." Very clearly, the pressure should not have been, "Let's get business back open," but, "Let's get SARS beaten, and if SARS is beaten, then business will follow."

There's no question that it has hurt business. I don't recall anything in history, certainly in my lifetime, that was of this magnitude. Once we have dealt with it, will there ever be something similar that comes along? I hope not, but I'm suspicious and would caution that we at least need to be prepared.

We need to keep business healthy. I represent a rural riding that's two hours from here, but I know that if Toronto is not doing well, the rest of Ontario is not doing well. It truly is an economic engine for this province and this country. But the challenge was to solve the SARS crisis, and the rest would follow.

1620

There has been an awful price paid for this approach that we've taken. Thirty individuals have died; others are infected. I am trying to think of the people who go to work every day in a hospital that has had SARS present in it. Certainly we can't say enough good about doctors, registered nurses, registered professional nurses, but we need to acknowledge people like technicians, maintenance people, kitchen staff, security, orderlies—everyone that, day after day, went into the hospital knowing the risk that was involved in their jobs. There are literally thousands of unsung heroes that need recognition and support. They really don't need a photo op in many ways;

they need a cheque. That has not flowed from this province yet.

But certainly it has highlighted things that have given us an opportunity to learn something from it. We've learned—or maybe some of us already knew, but we got better publicity over the fact—that our health care professionals are terribly overworked. Our doctors, our nurses are terribly overworked—long shifts, working overtime. We've learned that many of them are part-time, working irregular hours with no benefits and yet doing a hero's job in the hospitals. We've learned that, for many of them, a job really consists of three or four part-time jobs and being forced to travel from one hospital to another. We've learned that already, and we learned it very quickly.

If we learned that, what else can we learn about our health care system? What's the best way to learn about it? I believe fervently that the best way to learn about it is a full public inquiry. Walkerton was catastrophic. It merited—although the government didn't agree to it initially; in fact, I believe the government opposed the concept of a full public inquiry. But out of that public inquiry came information and recommendations that will be helpful for every water system and every resident of Ontario.

At this stage, SARS is present in the Toronto area. Hospitals all over the province are taking precautions. Will it ever get to Belleville or Brockville or Thunder Bay or wherever? We want to make sure that doesn't happen. We will make the best assurance that it doesn't happen by knowing what is going on with SARS.

This government should have nothing to lose by calling a full public inquiry. There has to be a wonderful opportunity to get good answers out of it. Why possibly not hold a full public inquiry? It can't be cost. The material that has gone into the ads in the media to pat themselves on the back—that money would have gone a long way to fund a public inquiry—\$400 million into partisan ads. Surely some of it could be directed to something that is having such a crippling effect on our health care system, on our businesses and on individuals.

I know in my community and in other parts of Ontario there are individuals who have passed away by themselves—no access to family or visitors for weeks at a time prior to their death—because of the need for the hospital to take precautions. Why is the hospital doing such severe restrictions? Because we don't know enough about SARS yet. They're erring on the side of caution. They have no choice. I compliment them on that. They're erring on the side of caution. But we need to know what is going on.

If nothing else comes out of today, the government has an opportunity to stand up and say, "We're going to hold an inquiry." I have no choice to vote against this resolution, but I call upon the government: call a full public inquiry.

Mr Dominic Agostino (Hamilton East): I'm pleased to join my colleagues in this debate today. I want to start, as other members have, by praising the real heroes in this

battle, the real heroes in this tragedy: the front-line health care workers across Ontario. These are women and men who, every day, go into the workplace at tremendous risk to themselves and do their jobs professionally, do their jobs with dedication, carry out their duties with the greatest commitment to their patients, but also live in constant fear of going home at the end of that day and hugging their kids, because they're just not sure; going home and having dinner with their family, because they're just not sure; going out to the malls with their kids, because they're just not sure. Despite all the precautions they're taking, these individuals put a great deal on the line every day in their workplace, and they truly should be honoured by us. The work that they have done should certainly be acknowledged. I compare their work today very much to the type of risks and the work that police officers and firefighters take every day when they go to work in this province. Again, these health care workers have certainly come through, have shone and have been the stars and the heroes of what has been a tragedy for this province and for the city.

I am saddened by the tone of this resolution. Up until now, I think the opposition has taken a positive tone in dealing with this issue. I think the opposition has tried very hard not to point fingers. We have asked some tough questions and asked for some answers. But certainly this resolution is all about pointing fingers and blame rather than pointing the direction. It is disappointing. We should be used to that in this Legislature because the favourite hobby-horse of this government is to attack the federal government. This is not a time to attack another level of government; this is a time to work co-operatively with other levels of government.

We have asked, on this side of the House, for some very constructive solutions to deal with this problem. Nurses have told us and health care workers have come forward and told us some of the concerns that they've had, some of the problems that may have occurred in the system between the first and second outbreak. Some of them have told us that they expressed some concern to their supervisors, to the management, about some of those issues.

We have asked for a public inquiry on this side of the House. Again, Walkerton is the greatest example of how a public inquiry worked in a very positive, beneficial way to put in place the type of recommendations that will ensure another Walkerton tragedy does not occur. We have over 30 deaths in this province as a result of SARS. We believe it's appropriate for this government to call a public inquiry—not to call a public inquiry to see who is to blame, but to see what mistakes have been made, to see what gaps in the system have occurred and, most importantly, to ensure that we come forward with the type of recommendations that will ensure that hopefully we can prevent this type of situation again.

There is no guarantee it will never happen again. There is no guarantee we won't have another outbreak. But to the degree that we have control in the health care system, as government, as politicians, I think we have a

serious responsibility here to ensure that steps are taken through a public inquiry to look at what may have gone wrong and how do we fix that to make sure it doesn't happen again.

I am disappointed with the fact that this government has said no to a public inquiry; they are going to carry out some internal review. That is not good enough. They were dragged kicking and screaming into a Walkerton inquiry. I believe they will be dragged kicking and screaming into an inquiry into this. It took three weeks at that time, I think, for the opposition to convince the government that it was the right thing to do. I don't understand why they would just not agree to a public inquiry. What are they afraid of? What damage can that do to the health care system in Ontario? Absolutely none. It could only help the health care system in Ontario if we had a public inquiry into SARS, the second outbreak particularly, and what could have been done to prevent the second outbreak.

Toronto obviously is by far the most affected and most devastated community, both in where the cases were, the impact on the hospitals, the community, the businesses, hotels, tourism, and the morale of the city. Clearly, no one will doubt that Toronto has been by far the most affected and devastated community.

1630

But as we discuss this as well, let us not forget that the provincial government has announced funding for hospitals and relief for affected people and people who lost wages. I understand that there are also communities outside of Toronto that helped out in this. They did the right thing. There was no question they had to do that; they wanted to do it. And that has to be acknowledged as well. The general hospital in Hamilton, for a period of time, became the trauma centre when Sunnybrook had to be shut down. They picked up the slack and did a great job and did it willingly. Precautions were taken in all Hamilton hospitals. Many of the precautions that were here in Toronto were extended to hospitals beyond the GTA, and rightly so. It was the right thing to do.

I guess what I'm asking today is, when you look at the compensation that is there by the government of Ontario, could that compensation also be extended to communities outside of Toronto where the health care system has picked up extra costs as a result? In my own community of Hamilton, the estimate is about \$6.5 million in additional costs that the health care system has had to pick up. There's only two ways it's going to happen. Either this government is going to have to come up with that money, or they're going to have to cut services, run deficits or cut front-line patient services. That would be unfortunate and disastrous to many of these hospitals in these communities.

I cannot support this resolution. I wish the government had brought something forward that was positive and encouraged people to work together, encouraged governments to work together and encouraged communities to work together. Instead, they brought a resolution forward saying, "We have done a wonderful job. We're great.

Look at us. The bad federal government hasn't done their part, blah, blah, blah." The usual spin comes out of the Premier's office in attacking another level of government. This is not the time or place for politics; this is not the time or place to attack another level of government; this is the time and place to work together at all levels. It's unfortunate that this government doesn't get it.

Mr Mario Sergio (York West): I'm pleased to have a few minutes to join the members in the House on the debate following the introduction of the motion by the Premier on one very important issue, and that is SARS, which is costing all of us, members in the House and every member in our communities, all of us.

Just by reading a couple of lines in the Premier's motion today, I can see that he has a couple of good points, and I'm fine to say that yes, we all recognize the importance to deal with the issue in a very professional manner—the staff outside, those caring for the people out there, and ourselves in here as well. I think the Premier is attaching a lot of emphasis on the economic side, the economic effects subsequent to the SARS outbreak. And who can fault the Premier for saying that indeed the consequences have had a very severe and tremendously negative impact on our economic situation here?

I think we have to take into consideration the existing situation and let alone the past, because the past is past, and from the past the only thing we hope for is to learn from what we have had in the past. We have to deal with the present situation, which is the human factor, the human situation, for those who are affected by SARS, their families and for the people as mentioned in the motion here by the Premier, those who, day in and day out, every hour of the day, have to fight the consequences of SARS. Those are the health care workers, the technicians, the scientists, the public health officials, the paramedics and the nurses—everyone included.

We are forgetting one very important thing here: that all of these people have families as well. Perhaps they feel the pressure of their jobs and families more than anybody else. We forget that they also have lives to live, and they're living in very difficult times and circumstances. They are looking to us to perhaps alleviate the situation they are facing, and we are not going to improve the situation or extend a helping hand to all those workers out there by being inflammatory. If we really want to do our job here—and I'm calling on the Premier and the government members—it is not to point fingers to the city or the federal government, time after time calling on the federal government to provide immediate financial assistance to cover exceptional health costs etc, and to commit immediately.

You're going to have someone who's going to say, "What are you doing, Mr Premier, to alleviate the existing situation? Call again for the federal government to live up to its responsibilities like the government of Ontario has." With all due respect, this is an issue for which we have to put politics on the back burner. We have to look this issue straight in the eyes and say, "Look, this is not a political issue. This is not pointing a

finger at the federal government or otherwise. It is an issue that is affecting everyone, especially our own economic situation." If you were looking for help from the federal government, would you really go out and attack them and say, "Do your part and take your responsibility"? I think there are other ways of approaching a particular situation. I think it was my colleague from Hamilton who said "Get on the phone. If you have to go to Ottawa, well, go to Ottawa. If you have to meet with the mayor of Toronto, sit down with the mayor of Toronto."

So go to Ottawa, speak to our Prime Minister—I don't think he would say no; I don't think he would refuse—and say we have a national situation here. Let's not concentrate it strictly in Alberta or Ontario. This is everybody's issue here, so I think it's important for the Premier to say it's not an issue to point fingers or to score points—"We may have an election coming in the foreseeable future, so I want to look nice." This is not the time. If we're in this particular situation, it's not of their doing. It's the government's doing as well. They did not import SARS, of course. But let me say that we could have done a heck of a better job if we had another 8,000 to 10,000 professional registered nurses assisting those who are stressed to the point—if we had more doctors, for example, it would address the same situation.

As I said, they are humans and they are stressed. I told the Premier what we would have done, what we would do, and what we will do. We have already committed ourselves to immediately hire 8,000 professional registered nurses, because they fired some 10,000. Since 1999, they've said they were going to hire another 10,000. Well, they didn't. As well, we have said that we would not only hire 8,000 new nurses, but we would bring them up to par with the national average, because we are the lowest per capita behind British Columbia. I think if we had the necessary professional help, perhaps some of these cases would not have escaped. I'm not saying that this was done on purpose. It's not an issue where you can say, "Let's blame this hospital. Let's blame this particular department." It happened, and we should be taking care if it; it's going to happen again, and we should be ready. That is why Mr McGuinty said we are going to have 500 new nursing spots, because they are needed, on top of the 8,000 registered nurses.

1640

They call for a public hearing to see if we have gone wrong somewhere, without pointing fingers at doctors, nurses and hospital departments. Let's have a public hearing. I think the Premier should be the one to say, "Let's not fool around with this issue. It's too important to put on the back burner." He should have been the first one to say, "I'd like to know. I think all of us would like to know. I think the public would like to know. Let's have a public hearing and find out how we can improve on some of our mistakes."

Don't forget that the distress and human cost are severe. Almost 50% of our nurses have to hold two and three jobs to make their weekly pay, which means they

are part-time. I don't think it's right, I don't think it's fair and I don't think it helps our present situation and our future situation as well.

It must affect them mentally as well, when they know that a number of our nurses have left the professional field they love and gone to private agencies and are making two and three times the money, and even more, than they were getting paid by the provincial government. Our own St Michael's is having staff from agencies who make between \$70 and \$100 an hour. That has to have an effect on our nurses as well.

We have an amendment to the main motion that we get all three levels of government and all agencies to work together and face the SARS issue. It is an important issue. It is not an issue to play politics with, and I hope the government and the Premier understand that.

Mr Joseph Cordiano (York South-Weston): Of course we won't be supporting this resolution, because it seriously lacks any kind of real integrity with respect to what's required in Ontario at the present time with the crisis we're facing yet again—the SARS crisis, the recent outbreak.

Is it not incumbent upon the government, and was there ever a more important time, to have a commission of public inquiry? This resolution should call for that commission of public inquiry. It should also call for all three levels of government to work together. Failing that, this resolution is simply a political message, and I think people have grown tired of the kind of partisanship we are seeing with this resolution. They are tired of it.

We put forward an opposition day motion back on May 6. We had this debate. At that time I said we needed a commission of inquiry. Why? Because there were many unanswered questions. I said the province was lacking in first-response capability, that because the government had rid itself of all the lab scientists who used to be in its employ, we had virtually no capability to screen for any agents, any kinds of viruses such as SARS, that might enter our jurisdiction. That, I say to the government, has left us vulnerable. It is their responsibility to protect all citizens, and we should have those provincial labs up and running. What did this government do in the past? It cut those labs, seriously cutting back our capability of first response.

I also say to the government that we lack any kind of surge capability in our health care system. A crisis like SARS hits and virtually shuts down the health care system, so that patients are left with nowhere to go. Cancer patients, ongoing treatments in our health care facilities—there's nowhere for these people to turn when we have to shut down acute-care services at various hospitals that are affected by this.

I say to the government that we should have a commission of public inquiry to determine where the weakest link is in the system. It's not a finger pointing exercise. That's not what this is about. It should be an airing of all possible avenues from which to determine where we have faults in the system, where we need to make certain we have additional resources to make the system function

properly. This is, after all, a crisis we've never faced before. It is an extraordinary circumstance that calls for extraordinary measures above and beyond just responding. I say to the government that we have no choice but to respond.

It is front-line workers taking on additional responsibilities who have held up the health care system, working double and triple overtime, working on a constant, round-the-clock basis. We cannot continue in this fashion. Our system is lacking in terms of resources and its ability to cope with the additional surge that has met the health care system in responding to this crisis. So we need the inquiry for that reason.

The focus should be on the health care system and what resources are lacking from the provincial government. I say to you that it's less than becoming of the government to continue to point in other directions. When it comes to health care, you like to point the finger at Ottawa, you like to point the finger somewhere else. Frankly, the time for that is over. It is time for you to roll up your sleeves, to work even with the opposition members of this House, to work with municipal officials, to work with the federal government, to work with other provinces in unison to deal with this problem. It is a problem that encompasses the entire world. It is a problem where we can share experiences and practices. I know the government wants to do that, but we have to go beyond even that.

With this latest outbreak, I don't think we have all the answers we need to deal with this in a satisfactory fashion. We should be dealing with this in an open enough way to allow for constructive criticism to prevail. Front-line workers—nurses, other health care providers—all need to be reassured that if they are going to come forward, they can do so knowing there won't be any kind of retribution directed their way. I think that's very important in order to get at where in the system we have a need for additional resources and to shore up any weaknesses we have in the system. We know they are there. We know there have been gaps in infection control procedures. This is fairly obvious with the latest outbreak. We know we need to reinforce that.

I say to the government, be straightforward and come clean with respect to why we're not having this inquiry, put the partisanship aside. It is time to move on in a unified fashion to get to the bottom of this. I say to the government once again, it is time to call a commission of public inquiry that is beyond reproach and that is beyond question. That should be the first resolution this government puts forward, not this partisan resolution they have on the table today. I will not be supporting it.

1650

Mr Gerard Kennedy (Parkdale-High Park): It is with mixed feelings that I rise in the House today to speak to the government's motion, because it is a dissonant motion. It doesn't fit with the subject matter. It, quite frankly, is not a motion that is credible for this particular Legislature.

When the government is fighting any crisis— infectious disease, any kind of problem that promises to harm people in society—we support the government. We support any government that is fulfilling its duties as the elected people in charge. This particular resolution, however, discredits that authority. It discredits a government who would like it to be assumed that they are capable of rising to that particular challenge.

It becomes very clear in the contrast between two documents, the resolution we have in front of us today and a letter that was written six weeks ago by Dalton McGuinty, the leader of the official opposition. In that letter, Mr McGuinty writes in a timely fashion, very firmly, very directly to the federal government. He says, at this time, six weeks ago, that help is needed, that there needs to be relief from the federal government directed and made available. That's the kind of leadership that is a good reflection on an issue like a brand new disease causing both real harm and fear in our community.

To have this dilatory motion here today doesn't make the same kind of sense, doesn't have any of that dignity. In fact, what we have here instead is a political paeon from the Premier. Sadly, it is not the first such message from the Premier. I would say to you, Mr Speaker, and to the rest of the House that it is beneath the dignity of the Premier to put forward a motion that becomes transparent as not being in favour of the people who deserve our attention.

Yes, there is one line in this that talks about the front-line health care workers. But very tellingly, there is no reference here to the people and the families who suffered from SARS. I'm not saying those people are not in the intentions of the health minister, who has acquitted himself reasonably well on a number of occasions, but it is missing from the spirit of this motion in a very sad way. You would think all of us, out of just fundamental respect for the people who have suffered as a direct consequence of this disease, wouldn't play these kinds of games being foisted on the House today. You would think that out of recognition of, as I understand, 32, potentially 36, deaths, this would make the subject of SARS immune itself to these kind of games, particularly on the part of the highest office-holder in the province of Ontario, save the Lieutenant Governor. But that's not what we find today.

I think we had the right opportunity six weeks ago to engage the federal government, which Mr McGuinty did in a very direct fashion. I will remind you, on April 17, when Mr McGuinty wrote to the federal government to engage them in this particular issue, in that timely fashion, this House wasn't even sitting. SARS was not considered to be sufficiently important to have the resources of the elected officials of this province at the disposal of the health officials and the other people dealing with this.

I think the contrast in approaches is very, very telling of the character of this government, something that I think is fairly elusive when it comes to this government being straightforward. Where do they really stand when it

comes to issues of public purpose? Where is the diplomacy in this statement that we might expect from someone exercising a leadership position on something as vital, as important and as deadly as our handling of SARS? It's absent.

Sadly, it doesn't just present itself today as a weak motion, as a motion lacking in the characteristics of the leadership this province, the victims and the families have a right to expect; it has other characteristics. It would pass blame. It would put the business of this House to no greater purpose than to shame and blame some other level of government on this particular issue. I say, shame to the members of the government opposite. How dare you? This isn't your issue. This issue belongs to none of us. The members opposite have risen in fulsome support of this abuse of the privileges of this House.

When we talk in this province about health care, we talk from the singular perspective of the people who run health care. There is only one level of government that actually manages, coordinates, funds directly, sets standards, and—frankly, as we see, totally absent from this bill—takes responsibility for how well health care works. There's only one level of government that is directly responsible for the clinics, the hospitals, the doctors' offices and the various services, public health and so forth, that have had to be directed at this particular menace, and that's the provincial government.

But that is not the resolution here today. This is not about improving our capacity as a province or even the governing party's capacity to respond to this bill; it isn't. Instead, this has really the sad notoriety of being nothing less than a distress call that the government is sending out, not for and on behalf of the victims of SARS, but for itself. It's a distress call for its financial mismanagement. It's very clear here that the government, even though it is supposed to be the level running health care, shouldering the responsibility for SARS, not letting that go—there have been questions, and I think very credible questions, raised at varying times in the SARS outbreak of who is in charge. Who is doing the interpretation?

In this community of Toronto, for a short time, fear almost got away on itself and caused an overreaction on many people's parts outside of our hospitals, where they're working so hard to deal with the disease. People here and elsewhere got to believe that this had a wider consequence than it did. That was the result of somebody not taking charge and not putting it in perspective.

Again, we may understand that there's a pattern at work here. This government isn't prepared to be seen as the responsible party; it isn't prepared to put itself forward and say, "When it comes to SARS, the buck stops with Ernie Eves." That's not what this resolution says. This is not the Premier or his health minister saying, "We are going to work and make sure that this thing happens regardless of conditions elsewhere." Instead, they seem to be sending out this distress signal about their finances. When the government of Canada offered the government of Ontario \$1 billion for the last fiscal

year, we know where that went. It went to balance the budget. It didn't get spent on new health expenditures; it went to balance the budget because there was no other way that this particular group of poor managers could find a way to deliver a balanced budget at the end of last year.

We know they're capable of redirecting those dollars. But more specific and more important to this particular topic, to what purports to be a resolution about SARS, this government needs to take responsibility for the weakened condition our health care finds itself in. Public health—and other speakers have already mentioned—has been downloaded, then partly uploaded again by the province. Every single signal sent by this government has said that public health, the prevention of disease, the dealing with infectious disease, the control of it, the coordination of it, is a low priority in this province. You can see that when you look at the estimates and see the amount of money that has been cut away from that important service.

Even today, we hear the chief medical officer of health in Toronto saying that she doesn't have the resources. That's a legitimate question, and there may be a very good answer from the other side as to how soon or how quickly we may find those resources so that we don't help people deal with SARS at the expense of the West Nile virus or contagious diseases or sexually transmitted diseases or public health conditions in restaurants or the other important work that they have to do.

What we don't expect is to see this government pass the buck, hand this off, give that responsibility away. I would say that I stand in this House with no particular sanctity around this particular issue. I think that this House demands of us to offer a quiet, respectful support to any useful measures that would help alleviate the problems for victims and to the secondary victims, being the health care workers that find themselves under such stress. The stress is increased by resolutions like this that don't speak to the reality and that don't make sense. I can tell you that it doesn't make sense to Patricia Martin, a person in my riding whose husband died in hospital and she wasn't allowed to visit. He died with a telephone in his hand. We all should be sobered by thoughts like that because they're the ones that we should be directing our time and attention to, not the political fortunes of this government.

1700

Ms Shelley Martel (Nickel Belt): As I begin my remarks today, I think I want to focus on the very last line of the resolution that has been put forward by the government, which says, "Calls on the federal government to live up to its responsibilities, like the Ontario government has and provide, without delay, financial assistance to those so keenly affected by SARS in Ontario."

Well, if the provincial government had lived up to its responsibility, then the provincial government would have, by now, announced what kind of package it was going to put in place in this province for those hotel and restaurant workers who have been severely impacted be-

cause people aren't coming to this city any more because of SARS.

On May 27, my colleague Marilyn Churley, the member from Toronto-Danforth, had a question for Minister Flaherty. It involved the 4,000 hotel workers and the 12,000 restaurant employees who, as of that date—May 27—had been either laid off or had their hours dramatically reduced directly as a consequence of SARS.

These workers, particularly those in the hotel industry, are represented by the Hotel Employees and Restaurant Employees Union. That union, for a number of weeks now, has called on the city government, the provincial government and the federal government to put in place a package to try and support these 16,000 workers in this city who have either lost their job or seen their hours dramatically reduced directly as a result of SARS. Frankly, the only level of government that has responded has been the city government. Kudos to them for recognizing the importance of these employees in this city as well.

Neither this Conservative government nor the federal Liberal government have done anything to respond to a very concrete proposal which has come forward from that union. The proposal is an emergency one which establishes a work-share-while-learning program that would assist impacted workers in Toronto's hotel, restaurant and hospitality industry. The program being advocated would provide full replacement income, with the opportunity to train while maintaining full availability for work. It would build on an existing HRDC work-sharing program, which would then be topped up by the province.

I don't understand why this provincial government nor the federal government have not responded to this proposal from HERE. Kudos again to the city of Toronto which has, and kudos to the city because they've actually written to both the federal and provincial governments encouraging them to support these workers and accept the proposal that has been outlined.

I say to the provincial government, which talks about assuming its responsibilities, where are you when it comes to supporting those workers who have been dramatically affected by SARS in this city too? Yes, we should be compensating those people who were sick and those people who were in quarantine, but there are thousands of other workers who have been adversely affected by SARS and neither this government nor the federal government have done a single thing.

We have also advocated, as a political party, for some other changes that should and could be implemented by both the federal and provincial governments with respect to SARS. For the federal government, for example, we advocated the elimination of the two-week waiting period for EI for all workers impacted by SARS, not just those who contracted SARS. We advocated lowering the number of hours of work needed in the previous 52 weeks so most hotel workers could qualify. We also advocated extending benefit periods so low-wage workers don't run

out of EI in only a few months. Those are some of the things the feds could do, should do and haven't done.

Here are some of the things the province could do if it was really upholding its responsibility: for example, provide emergency funding to protect laid-off workers' medical benefits; training programs like the one advocated by HERE for hospitality workers who have been laid off; emergency protections from evictions for laid-off hospitality workers and other workers impacted by SARS who are unable to pay the rent; and changes to funding to the Ontario disaster relief plan so that smaller businesses that may not be assisted by other plans can receive relief.

If both levels of government were really interested in helping these employees, these are some of the concrete solutions we propose that could be implemented, which would truly make a difference. We call on both the federal and the provincial governments to implement some of those changes to protect these workers who are in our city as well.

If the government of the day, this government in Ontario, also wanted to live up to its responsibilities regarding SARS, then this government would immediately call a public inquiry under the Public Inquiries Act and ensure that there would be a full and fulsome investigation of everything that has happened around this really difficult situation.

I note that it was our leader, Howard Hampton, who on April 15 first wrote to the Premier, to Dr Colin D'Cunha and to Dr James Young and encouraged all three to support and in fact implement a public inquiry in the province of Ontario. I have a copy of the letter that was sent by our leader, Howard Hampton, to Ernie Eves. I also have the copies for Dr James Young and for Dr Colin D'Cunha.

At the outset, we say very quickly, "The last few weeks have been extraordinarily difficult ones for many Ontarians." People have lost loved ones. Thousands of others are under quarantine. They were then; they are again. Thousands of health care workers have worked endless hours to try and contain the outbreak, as they are doing for a second time now.

We have expressed our condolences to these workers and to the families who have lost loved ones, but also say we believe that the people of Ontario are very interested in getting to the bottom of what has happened with respect to SARS and that the people of Ontario are looking to this Premier for assurance that there would be an independent commission of inquiry under the Public Inquiries Act to ensure that we learn from this experience. "We must be assured that if an outbreak like this occurs again, our system will be even better prepared.

"Many questions are being asked by experts and health care providers and by many of our constituents about how prepared Ontario has been and what other jurisdictions may have done differently. I believe the following issues should be included in the commission of inquiry:

"The capacity of our public health units to respond and the effect on their ability to carry out other important prevention programs;

"Ontario's infection control capacity;

"The capacity of our health care system—in particular our hospitals—to cope with the additional burden of SARS;

"The coordination and speed with which directives and alerts were issued by the Ministry of Health.

"Jurisdiction over private clinics (independent health facilities) during this crisis;

"The technical and scientific capacity of the public health branch of the Ministry of Health, particularly the capacity of our public labs;

"The role of the federal government in providing support for public health."

Those were the points that we outlined, very specific points that should be looked at in a public inquiry. There are many others that could be looked at. That was sent on April 15 to the Premier.

I want to go through some of those points to tell you why I think it is critical that we have a public inquiry that allows for people to be subpoenaed and talk about what they knew and when; for information to be subpoenaed so that all the information that is relevant to this dossier is out in the public; for protection for health care workers who want to come forward so that they won't be fired, dismissed or disciplined by their employer if they come forward and have something to say about their involvement or things they knew with respect to SARS.

I think that's the direction we should be going. The Premier, instead, originally talked about only a review. In the last two days, as we have continued to talk about the need for a full public inquiry, he is now talking about a public process. I don't believe for one moment that a public process is good enough, and I'll deal with that near the end of my remarks. But I want to go through some of the points that I think must absolutely be addressed in a public inquiry, concerns that people have about how SARS was dealt with.

I want to say at the top that our concern has nothing to do those health care workers who have, against tremendous odds, provided tremendous service to the people who live in the province of Ontario. Many of those hospital workers have worked hours and hours, week after week, without danger pay, putting themselves in life-threatening positions. They have done a tremendous job.

But frankly, the system failed them. The system failed them in a way that I think relates directly back to cuts that this government has made to hospitals and to public health units. That is why we have focused particularly on the capacity of public health units and hospitals to respond to crises like this.

Let me deal first with the capacity of Ontario's public health units to respond to SARS and carry out other important prevention programs. The fact of the matter is, this government has downloaded enormous public health responsibilities on to public health units and municipi-

palities and has not provided the corresponding funding to do that. That is a fact that cannot be disputed.

Even with those programs that the government claims it funds 100%, the fact of the matter is that it doesn't, and individual public health units and municipalities are subsidizing the cost of what are supposed to be provincially funded and provincially mandated programs—Healthy Babies, for example. In my community, the public health unit subsidizes the cost of the Healthy Babies program because the full cost is not covered by this government. In my community and in many others, public health units and municipalities subsidize the cost of the flu shot, because this government does not provide 100% funding to cover the flu shot program—it just does not. Again this year, our municipality and many others are going to cover 50% of the cost of most of the programs for West Nile, because, again, this government is only providing 50 cents on the dollar to deal with a very serious public health issue that I have no doubt this Legislature is going to be dealing with later on, as we have people who get sick or die from that.

1710

The fact of the matter is, this government has a lot to answer for, because it has downloaded responsibilities on to public health units and has not provided them with the funding they need to do the job they're supposed to do. Even with those programs for which the government claims they are providing 100% of the dollars, they in fact are not, and health unit after health unit is subsidizing what are supposed to be 100% provincially funded programs.

I think Dr Sheela Basrur, who is the Toronto medical officer of health, said it most eloquently. She was interviewed on April 28 on *The National*, and said the following with respect to Toronto having to pull out all the stops in order to deal with SARS. She said very clearly that Toronto had to divert money from programs like STDs and TB to meet the need. "It's like ripping the bandage off of one wound to stop the bleeding of another one."

This is one of the reasons we feel it's imperative that we look at the capacity of our public health units, because I think they're being grossly underfunded by this government. That has been the case for a couple of years now, and it has left them in a position where they have to scramble—and I mean scramble—in order to deal with an outbreak like SARS. I remember being at a briefing at the Ministry of Health and hearing the deputy say very clearly that he was aware that Toronto public health was having to hire from across the country in order to have the staff in place to try to deal with SARS. That clearly to me is an indication that this government is failing abysmally in supporting public health in this province.

We also have said very clearly we want to look at, as a second point, the capacity of Ontario to control infection. I want to read into the record a memo we got from one Dr Ron Gold, who is professor emeritus of pediatrics, faculty of medicine, University of Toronto, and former chief, division of infectious diseases, Hospital for Sick

Children. He sent this memo to us on April 29. This has to do with our concern around our ability to control infection. He said the following:

"What will be done to ensure that there is no other failure by the Ontario Ministry of Health to issue timely warnings to medical facilities throughout Ontario of the risk of importation of a new infection such as SARS?" That's his question. This is someone who knows all about infectious disease.

"News of the outbreak of an unexplained phenomenon in Hong Kong was posted on the Web site of ProMED-mail and distributed via e-mail ... February 12 and 15. ProMED-mail is a program of the International Society for Infectious Diseases which collects reports of outbreaks of human, animal and plant infections around the world. When the first reports of the unexplained 'phenomenon' which became SARS were posted, the health ministry in BC notified all hospitals and health care facilities of the possibility of a traveller from Hong Kong arriving 'with' this new infection. When the first case (and subsequent cases) presented to the emergency department of a Vancouver hospital, the patient was immediately isolated and managed with infection-control procedures appropriate for a respiratory infection.

"No such warning was issued by the Ontario Ministry of Health. Failure to warn Toronto hospitals of the possibility of importation of SARS resulted in the subsequent spread of the epidemic after the first case was hospitalized and not properly isolated on March 7...."

Dr Gold concluded: "Vancouver (and Vietnam) provided good examples of how such imported infections should be handled in order to prevent epidemics; Toronto (and Ontario) provided an excellent example of how not to do it."

I think that is a clear condemnation of the lack of response by the Ministry of Health to warn Ontario hospitals of the possibility of infection, particularly with a traveller from Hong Kong presenting with pneumonia-like symptoms.

Why is it that the BC Ministry of Health was able to get the information from ProMED and make sure their hospitals and facilities were aware, so that appropriate actions were taken, and our Ministry of Health failed so abysmally to respond appropriately? I think that speaks volumes about the ministry's failing in this regard and the ongoing failure of the hospital system to respond to this infectious disease because they weren't warned early enough by the ministry about what to look for and what was happening elsewhere in the world. That's why we want to take a look at Ontario's capacity to control infection. I think it's clear that the Ministry of Health fell flat on its face when it came to ensuring Ontario hospitals were warned about this. They were warned in British Columbia; hospitals were not warned here.

With respect to the points we want looked at in a public inquiry, the next has to do with the capacity of Ontario's health system, hospitals in particular, to cope with the additional burden of SARS. I want to go back to Ron Gold's memo, because he also addresses this. He

asks, "What will be done to ensure that all hospitals in Ontario have adequate funds to hire the recommended number of certified infection control nurse practitioners?"

He says: "Current recommendations call for one infection control practitioner for every 220-250 beds in a hospital. Very few Ontario hospitals meet this goal. Such practitioners are essential for proper surveillance of hospital-acquired infections as well as for proper implementation of infection control policies and procedures and, most importantly, for ongoing training of all hospital workers in infection control practices. Without proper infection control, spread of infections such as SARS is inevitable.

"Continued shortchanging of public health, in particular, and of the health care system in general is a recipe for disaster."

Now, this was written in April, so he may change his view with respect to the next sentence. At that time, April 29, he said: "Fortunately, SARS has proven to be not highly contagious," as we first feared, "and Ontario escaped with only a few hundred cases. Unless the situation improves, we will not be so lucky the next time."

I just want to remind you of Dr Gold's credentials: professor emeritus of pediatrics, faculty of medicine, University of Toronto, and former chief, division of infectious disease, Hospital for Sick Children. I think this is someone who has some authority in this regard, who understands infections and Ontario's public health system, and who clearly has a lot to say that's very negative about how this government handled SARS.

Continuing on the capacity of the hospital system, in particular, to deal with this situation, let me quote a few other people, just to make the point. I quoted Sheela Basrur already, specifically when she talked about cuts to public health and how Toronto public health in particular were scrambling to try to meet the needs. She also said on *The National* on 28 April, with respect to the SARS epidemic here in Toronto, "What it has really shown, though, is that our health is only as good as the weakest link in the system, and unfortunately, it's really revealed the shortcomings in hospital infection control resources. Often they're the first casualty for cost containment when hospital cutbacks or public health cutbacks have to be made, and the weaknesses show up very, very quickly when you have a rapidly transmissible disease like this."

Further, and I'm quoting: "It's called surge capacity, and that is something that has been systematically stripped from the system as we have restructured hospitals, as we have restructured the health care systems that exist. So the ability of public health, of hospitals, of governments in general to respond to an unforeseen crisis of large proportions is dramatically reduced when we have already cut ourselves to the bone." That is the reality of the situation in the province right now.

1720

Let me also quote Dr William Bowie, an infectious disease specialist at the University of British Columbia who came to Toronto during the first weeks of the

outbreak to try to assist here. He said: "Ontario does not seem able to pull together an integrated effort, either for pandemic planning or to deal with bio-terrorism. It's gotten progressively worse. Advice has been ignored for a long time."

That is another reason why we call on this government to have a full public inquiry, so that people like this who have expertise in this field can come forward and tell us what has to be done, finally, to restore the public health system and the hospital system so we are not put in the position we have been with the SARS crisis and so that hospital workers aren't again put in the position they have been, to go to extraordinary effort to provide quality care.

We also feel very strongly that we should be looking at the speed with which directives and alerts were issued to hospitals in Ontario by the Ministry of Health. What is clear is that despite the first case presenting himself at an Ontario hospital on March 7, it wasn't until March 27 that the first directives went out from the Ministry of Health to acute care hospitals telling them what procedures they should put in place to deal with SARS. So we have the first patient who presents at an Ontario hospital on March 7, who ends up sitting out in emergency with other people for well over 24 hours, and it is not until 20 days later that the ministry finally releases to acute care hospitals what they are supposed to do with respect to SARS.

People need to ask questions about why there was a 20-day delay from the first patient presenting himself at a hospital. People should ask why British Columbia hospitals were warned and responded promptly and properly and Ontario hospitals did not. There were also very specific directives that were sent out to the Simcoe county hospital, and those occurred two days after the March 27 directives.

So I think there are some very legitimate concerns people have and some very legitimate questions that have to be raised about what was going on at the Ministry of Health that directives to hospitals were not released until 20 days after the first patient presented at an Ontario hospital with SARS—20 days later. No wonder people got sick. No wonder people died. No wonder thousands of people had to be quarantined. And we're doing it all again. The Ministry of Health has to answer for why there was such an extraordinary delay from the first presentation of a patient to finally, 20 days later, getting some directives to hospitals about what to do, what to look for and how to respond.

We also have concerns, as I said, about private labs and independent health facilities. What kind of directives were they getting? Who was monitoring what was happening there? Who was responsible if there was a problem? They are independent health facilities, so they are private clinics.

We also want to look very specifically at the technical and scientific capacity of Ontario's public labs, particularly the public health branch of Ontario's Ministry of Health. I think that what an individual who worked at the

public lab said about the government on May 3 is very telling—it was reported in the *Globe and Mail*. Dr Neal denHollander is the former head of the province's lab standards and development section. He resigned in 2001, probably about the same time the government was busy getting rid of scientists who were actually working on tests for West Nile. He said: "I saw the public health labs and public health units being underfunded and under-supported and being dismantled from the inside out. I didn't want to be a part of that."

I remind you that this is the former head of the provincial lab standards and development sections, someone who understands a little bit about the provincial lab and the important role of public health in the health care system. He got out. He left the government because he saw what was happening and didn't want to be a part of it.

We should be hearing from Dr denHollander and other people who were forced out of the public labs, including some of those five scientists, about what they saw happening in terms of the continuing cuts to programs that were extremely important, which were occurring at the provincial lab, continuing cuts to programs that were extremely important. So again, we said that should be part of an independent inquiry.

I should just go back to the capacity of hospitals to cope, because there's one other issue that I neglected to mention. That has to do with the ability of nurses to cope with what has gone on with respect to SARS and what may happen in the future if we have other similar outbreaks. It was astonishing to me, just absolutely astonishing, to read in the paper that Tony Clement said that it wasn't until the outbreak of SARS that he finally realized how many nurses were working part-time or casual hours in the province. I was absolutely astounded that he would make such an obscene, asinine comment, because it really was.

Here's what he said: "Two things surprised me from the get-go when SARS became a reality in Ontario: one was the amount of 'casualization' that had occurred for nursing staff." For those on the government side who say he didn't say that, there's the quote out of the newspaper.

Where has he been? Where has the man been? Where has the government been when casualization and part-time work has been underway? You've got just over half of Ontario's estimated 80,000 nurses who work full-time. The rest are part-time or casual positions that offer neither benefits nor stability.

The government has been clearly told. The Registered Nurses Association of Ontario, beginning in 1998, released its first report highlighting this problem, highlighting for the government the problem that too many employers in this province were forcing nurses to work part-time, were only giving them casual hours; that that wasn't good for the health care system; and that if they were given the opportunity and the choice, they would be quite happy to work full-time. But because of this government's cuts to hospitals, because of this government's changes at community care access centres that

now allow for competitive bidding, many of these full-time nurses weren't able to maintain their full-time positions any more and were working in two and three different hospitals just to cobble together a full-time position. So obviously what happened through SARS was, as these nurses who used to work in two and three hospitals went under quarantine, they weren't available to work in two or three hospitals any more, were they?

Then we have the obscene situation where hospitals are bringing in agency nurses at 100 bucks an hour to replace those part-time nurses who perhaps were getting paid \$25 an hour. No kidding. We have huge costs to cover now; I guess so, when we're paying these agency nurses three times more instead of guaranteeing that we have full-time nurses working in the Ontario hospital system.

Where has the government been? Where has Minister Clement been? How could he possibly say anything so stupid in public—that he didn't realize the problem until SARS? He'd better start reading some of those reports and perhaps he'd better get down to the business of doing something about ensuring that nurses who want to work full-time can work full-time in the Ontario health system. What's what we should be doing.

Do you know what else this government should be doing? I note that they're going to cover the hospitals' costs—those hospitals that paid \$100 an hour for those agency nurses. How come all those nurses who are on staff, who worked for 10 weeks straight at their regular pay of \$25, are not getting top-up pay? How come we're not paying them more for the work they did, day in and day out? Instead, they're going to get \$25 and the nurses who came in at 100 bucks an hour a pop are going to get covered for \$100 and the hospitals are going to get covered for that. Where's the justice in that? Where's the fairness in that? What message does that send to full-time nurses? Do you know the message it sends? They should quit their part-time jobs or their full-time jobs. They should go and work for an agency, because they're going to make 100 bucks an hour. If SARS continues, they're going to make huge amounts of money working for an agency at \$100 an hour. That's the message we send: quit your job at the hospital where you've worked for 10 or 12 years; go and work for an agency because you're going to get paid 100 bucks an hour all through this crisis.

The government now should be telling employers in the hospital sector, in community care access centres and in public health it is time that those people who want to work full-time in nursing have a chance to have a full-time job in this province, and that should happen now. They should get benefits and they should get pensions because that's the right thing to do in Ontario.

If the government really wants to assume the responsibility that it talked about in this motion today, then the minister should be on his feet tomorrow making an announcement about what he is going to do to ensure that nurses who want to work full-time in this province can

work full-time and provide a benefit to the population in Ontario.

1730

I just want to make one more point and then my colleague from Timmins-James Bay is going to speak as well. The other point I want to make—because I've gone through specifically those things we think should be raised in a public inquiry—is, it's not good enough, not at all, not whatsoever, for the government to say we will have some kind of review about what happened around SARS or some kind of public process. What we need is a public inquiry, because information can be subpoenaed, people can be subpoenaed to come and talk about what they saw, what they knew, what they did and who didn't do what they were supposed to. People will also be protected with whistle-blower protection so that they won't be fearful about coming forward, fearful that they might be intimidated or lose their job.

We asked yesterday, New Democrats did, and we asked the Minister of Health again today why he won't have whistle-blower protection with respect to a public inquiry so that nurses and other health care workers can come forward and have their say without fear of being intimidated by their employer. The minister said, "Give me one example where a health care worker has been intimidated by their employer, and we'll do something about it."

I'm going to give the minister an example, because he didn't do anything about it when he had every opportunity to. This is an article from the Toronto Star, Friday, March 7. It was written by Theresa Boyle. "Woman Fired After Questioning Surgery Waits.

"An employee from the Toronto-Sunnybrook Regional Cancer Centre has been fired after expressing concerns about long waits for cancer surgery."

This poor woman, Virginia Wooland, was at a press conference that Minister Clement held at Sunnybrook on February 10, when he was there talking about a boost in cancer funding. During a question-and-answer period, Ms Wooland asked the minister about long waits for cancer surgery. After she asked her question to the minister she was subsequently approached by reporters for comments. She said the following, "They [patients] are diagnosed with cancer and that in itself is a lot of stress. Then they have to wait to find out, well, when will my time be to take out the cancer. It's additional stress," she said at the time. She also noted that her own mother has cancer."

Here's what happened: "Garth Matheson, director of regional planning for Cancer Care Ontario," an agency of this government, "tried to stop reporters from interviewing her, saying they should speak only to official centre spokespeople.

"But Donna Kline, vice-president of public affairs for Cancer Care Ontario, intervened, saying Wooland could talk to reporters so long as it was clear she was offering her own personal opinion and not speaking on behalf of the centre.

"Three days later, Wooland was called into the centre's human resources department and given a letter, saying she was fired.

"The letter states Wooland was fired for 'performance reasons.' It cites 'continuing concerns regarding your behaviour, the most recent incident being on February 10, 2003,'" when she had the audacity to ask the minister a question when he was at a press conference at her centre. OK?

The letter also stated she "violated the code of conduct of Cancer Care Ontario," a provincial government agency, "which says that employees can 'not be involved in any behaviour on or off the premises which impact negatively on CCO's public image and trust.'" Can you imagine? This is an agency of this Conservative government.

"Wooland was confounded by the allegations, arguing she had a good track record as an employee.

"I have nothing on my file. I've never been pulled into the HR [human resources] office and been told that there's a problem," said the mother of two."

She is taking legal action against the centre. A surgeon at the centre for whom she worked has retained a lawyer on her behalf. Here's a quote from the surgeon: "I find this very disturbing," said the surgeon, who has asked that his name not be published. He said Wooland's concerns about long waits for cancer surgery are well founded."

What did the Minister of Health do when this matter was brought to his attention, the fact that a woman from this cancer centre who had the audacity—imagine, the audacity—to ask him a question about waiting time for cancer treatment at his press conference and then she got fired? What did he say? His press secretary, Paul Cantin, said the minister could not comment on a personnel issue.

I heard this minister today stand in his place and say, "You give me an example of someone who's been intimidated or disciplined by their employer and we're going to deal with it." Well, where was Tony Clement when just two months ago Virginia Wooland got fired from the regional cancer centre at Sunnybrook because she dared to ask him a question at a press conference? Where was he then? Where is he now? He wants an example; he's got it. And what's he doing about it?

Here's a woman, a mother of two with an excellent track record whose lawsuit is being paid by a surgeon for whom she worked for at the centre. What kind of response did she get from him? Nothing. You wonder why we need whistle-blower protection? Here's a perfect, recent example of why we need whistle-blower protection. Because if this can happen to Virginia Wooland, it can happen to any other nurse or health care professional who would want to say something publicly about SARS.

So I say to the minister, stand in your place tomorrow and tell us what you're doing, now that we've raised the case of Virginia Wooland. Tell us what you're doing to get her job back at Cancer Care Ontario, an agency

funded by your government. And don't tell us that you have no comment because it's a personnel issue.

This is why we need whistle-blower protection. This is why we need a public inquiry that has whistle-blower protection. If we're ever going to get to the bottom of what happened around SARS—and I argue there were many failings in the system—then we have to guarantee health care workers that they're going to be protected when they come forward and tell what they knew, when they knew it, what they tried to do about it and who failed to respond to their concerns.

In conclusion, let me say today that the government comes forward with a resolution talking about how it's assumed its responsibility: you've done nothing for the 16,000 tourism and restaurant workers in this province who have lost their jobs or have suffered reduced hours as a direct impact of SARS. You've done zip, nada, for them. If the government really wants to assume its responsibility with respect to SARS, they will call a public inquiry so that we can get to the bottom of what happened around SARS and we can ensure that something like this never happens again.

Mr Gilles Bisson (Timmins-James Bay): Just to pick up on the point that my colleague Ms Martel made, in the case of Virginia Wooland, it's interesting that the government, in this case the Minister of Health, says after the fact that the woman is fired, that he can't make any comments or intervene because this is a personnel matter. I would imagine he intervened when the woman made the comments and asked him questions at his press conference. He probably said something like, "Have her fired." If it wasn't him, certainly someone on his political staff gave the order. So if it was good enough for the minister or the political staff to have Virginia fired for having had the audacity—imagine—to ask the Minister of Health, a public official, a question at a press conference in a democratic society, I would think it is perfectly in order for the minister to comment after the fact that his office felt it was OK to have that woman fired.

I want to go through the motion quickly, because I think it's a rather interesting one. I'm at the age that I've got to put these glasses on. I'm really getting embarrassed. I've got to point out that there's all kinds of teachers here today. We say "hi" to you. We salute you. They are here because we are about to embark on the vote, a little bit later on, ordering teachers back to work, which we will be voting against. I wish I could speak about that at length, but the rules of the House don't allow me to do that. I have to stay to this debate. Speaker, you know I want to stay within the rules of the House. I do.

The motion says—

Mr Peter Kormos (Niagara Centre): But before you do that, New Democrats have been firmly in solidarity with the teachers.

Mr Bisson: Certainly we've been firm in our support of the teachers on this particular issue. We think ordering teachers back to work, any kind of back-to-work, is kind

of stupid. And for the government to say that they're going to put legislation that says, "We're going to make it illegal for people to have work-to-rule campaigns," how would democracy work in the workplace if you can't have that? That's a whole other debate.

Interjection.

Mr Bisson: Thank you. It was very helpful.

Interjection.

Mr Bisson: Do you want some time on debate? How about I leave you a few minutes after, Mr Kormos, and you can help me out on that point? It's my 20 minutes. We have so much fun in this place sometimes.

This is a serious motion. I just want to get to it very quickly. Mr Eves says: "Be it resolved that:

"To recognize that Ontario's front-line health care workers, including nurses, doctors, public health officials, paramedics, lab technicians and scientists, have made heroic efforts to combat SARS"—it's so interesting to hear the government use that kind of language. Where have you guys been for the last eight years? You're the guys who made the cuts to health care that got us in this mess in the first place.

Interjections.

Mr Bisson: Don't look at me and say, "Ohhhh." That's the reality. You guys did the whole cut in health care. At the beginning in 1995, you did two major things: you cut budgets to hospitals—that's the public fact—and you closed hospital beds across this province. You tried to close the only francophone hospital in Ontario, l'hôpital Montfort. It took the public uprising of people across the province to try to fight back, and we won some battles on that. Nonetheless the public record is that you're the ones who took money out of the health care system in the first place.

1740

On public health, one of the first things this government did, and that we have to recognize, is that first of all they made cuts to public health, so that public health officials had less capacity to respond to public health issues in Ontario, and they downloaded programs on to the municipalities that were mandated by provincial legislation. Where we as a province said to the public health units, "You are mandated to have a flu immunization program," the province said, "We're pretty bright. We're going to make the municipalities pick up a share of that and oblige the public health units to collect the money from the municipalities."

I find it passing strange that Ernie Eves comes to this Legislature today and says, "We love nurses; we love doctors; we love public health care." You guys have a funny way to show it; it's like the way you're showing teachers that you love teachers. You say one thing in this place, but when it comes to actual legislation and practice over the last eight years it's completely opposite to what we're having in the debate today.

It goes on to say, "to recognize that Ontario has suffered tremendous economic consequences of the SARS outbreak"—we agree with you on that—"to recognize that the federal government"—and this is where it really

gets interesting; this is the crux of thing—"has yet to provide much-needed financial assistance to front-line health care workers who have worked so tirelessly to contain the outbreak and treat its victims."

Quit your whining. I remember you guys: Mike Harris and Ernie Eves and all the cabinet ministers who were then third party members from 1990 to 1995, and prior to that between 1987 and 1990. Every time the Peterson government or the Rae government got up and tried to get a better deal from the federal Tories, the Tory party would get up and say, "Quit your whining. It's your problem. You're in charge. Deal with it."

Now you come into this House, because you're on the eve of an election, and say, "Ohh, we're having such a problem in Ontario. Oh my God, the federal government just won't help us, so we can't respond to this SARS outbreak in Ontario in the way we'd like to." So you bring this resolution forward, calling on the federal government to provide immediate financial assistance, except the federal Liberals won't help you. Federally, we have 101 Liberals out of 103 seats. What have they done for Ontario? Get with the program. They've got other fish to fry. They're not interested in Ontario until we have another federal election.

I really get a little offended when I hear you guys whining about the federal government. I remember Ernie Eves. He was the third party House leader when we were in government. Bob Rae would get up and say, "We need to get a better deal from the federal government on health care." They used to give us 50-cent dollars, and they now give us 10-cent dollars on health care—that was created by both the Mulroney Tories and the Chrétien Liberals—

Mr Bart Maves (Niagara Falls): Eighteen cents.

Mr Bisson: Eighteen cents. Anyway, Ernie Eves, when he was the third party House leader, would get up and say to Bob Rae and to our health minister, "Stop your whining. It's your fault. Move on with it. This is the new reality."

Well, what's happened between the third party and going to government? Probably the polls. I think that's what happened. I think at this point the Conservatives are reading the polls rightly. They've looked at the tea leaves, called Environics and Ipsos and the rest of it, and they say Ontarians are not happy with this Conservative government and they want a change. So this government is scrambling, à la whatever—I can't come up with a nice word; it's not my fault—to try to find some way to resonate with voters, as in this SARS resolution saying, "We've got a problem in Ontario." We all agree. I don't think there's one member in Ontario who disagrees with the first part of your resolution that we have a problem and that we have health care workers who are working hard to try to deal with the issue. But somehow or other we need to have the federal government pony up or else we're not going to be able to do anything? I say, quit your whining. But the second point is, the reality is, guys, you've dropped the ball.

Hon Tim Hudak (Minister of Consumer and Business Services): On what?

Mr Bisson: You've dropped the ball. If you guys were a baseball team, you'd never get past first base right now. You just couldn't. You're thinking you're a bunch of shortstops and you're not even good catchers.

Interjection.

Mr Bisson: At least we can muster nine members on our team. We can put up a full field, New Democrats, nine of us strong, the best baseball team going.

Interjection.

Mr Bisson: That's another story, Peter.

I've just got to say—back to the point—that the government read the tea leaves. They looked at Environics and Ipsos-Reid, and they said, "Oh, Ernie, the people don't like us any more." So he came up with a program. He said, "Let's kick the teachers in the teeth, boom." Oh, that was going to be real popular. Just like you misread the last time you had a fight with teachers about, what, two or three years ago? It wasn't a strike. What was it called again?

Mr Kormos: Bill 160.

Mr Bisson: Yes, Bill 160. You misread that completely. People said, "Hey, you know, at the end of the day we don't understand all the details, but we know that teachers who go into the classroom work hard, do a good job of teaching our kids. We're getting tired of watching the government beat up teachers all the time."

As you're going into this particular issue, to the vote we're going to have later on that I can't talk to because we're not in that debate now—and I wish I was and was able to talk to the issue—I just say that you guys are misreading it. The public ain't with you on that. People are saying, "Listen, we don't know all of the details, but we're tired of the fight. We want to see a government come along that is going to try to find practical solutions to being able to deal with the issues of today and, more importantly, accepting responsibility," like this, here, Public Power: Practical Solutions for Ontario.

Mr Kormos:—back into the classroom, like Rozanski said.

Mr Bisson: Yes. Rozanski put the money back in. That's what we say in our platform. But what the people want is for government to take the responsibility. That's what they want. I don't think this motion, quite frankly, speaks to the ability of the Conservative government to accept the responsibility.

I've got to go through a couple of things in regard to this particular thing. My good colleague Ms Martel raises the issue in this debate about the call on the part of nurses and on the part of our leader, Howard Hampton, on the question of calling for a public inquiry about how the Ontario system has responded to the SARS issue. In questions that Mr Hampton has posed to the Minister of Health and the Premier, they're saying, "Oh, Howard, you don't know what you're talking about. We don't need whistle-blower legislation. Everything is fine."

Ms Martel, our health critic, raises issues where there have been cases where people have been fired for having reported things about what's going on within the system. That is why we say there needs to be whistle-blowing

protection legislation. The government says, "Well, you know, if you can show me one case of intimidation, then maybe you would have something."

Ms Martel raises that issue and I just want to add to it by saying this: every MPP in the opposition will know that every time we call a ministry office on an issue, be it Ag and Food, the Ministry of Natural Resources or the Ministry of Health—for a while bureaucrats were afraid to talk to us because they had been given word by the minister's office not to give information to MPPs. Thank God that has turned around, because most bureaucrats thought that was pretty silly and recognize that no matter which side of the House you sit on, MPPs have a duty to deal with issues as they relate to their constituents. But there was certainly a feeling within the civil service—and I've got to say it—about a year ago that they should not be talking to MPPs if they were in opposition. If bureaucrats had that feeling within the Ontario civil service, imagine how people within hospitals or other institutions feel about the whole issue of retaliating, should that person give inform that is contrary or out of step with the provincial government.

As my leader and as nurses have indicated, I think it's important that we have whistle-blower legislation to protect the ability of people to come forward and give information when they think there's a problem. For example, on the issue of SARS, if people felt there was an issue as far as how the public system responded, people within the system should be there feeling comfortable enough to come forward and give information about what they think should have been done. I don't see that as a bad thing; I see that as a way of strengthening our system. I just say to the government, if you want examples, there are all kinds of examples out there.

1750

The other thing I just want to say very quickly: I was having a discussion, I think it was this morning, with my daughter. My daughter is a nurse—three years of college, two years BNSc, and has worked in both public health and a health care system. She works at St Michael's Hospital here in Toronto. In a conversation I had with her this morning, she said, "What's the big issue at Queen's Park these days?" I said the big provincial issue is this legislation that you're about to bring in—we're going to order teachers back to work—and the whole SARS-West Nile issue. She made a comment to me. She said, "You know, Dad, at the end of the day, SARS is going to be around for a long time until they find a cure."

I just think to myself that this is a pretty scary thing, and it tells me that we've got to take this issue probably much more seriously than we are now. She's saying the reality is that once you have that type of infection come into the population, there's no way to really stop it entirely, short of some sort of miracle. It's going to be around for a while.

Certainly, the system has to be able to respond. Our public system has to have the dollars to be able to respond in a positive way to not only contain the outbreaks of SARS, but, quite frankly, to try to work toward

a cure with the international community so that we eliminate the threat altogether. I just thought that was an interesting point.

I just want to make one more point, because I know my good friend Mr Kormos would like a few minutes. I'll leave you more than six minutes. I've got to point out my good friend Mr Marchese, who was actually very ill today, is here today voting with us to support us on our issue in regard to voting with teachers. Unfortunately, Mr Marchese will not be able to speak. Believe it or not, he's got a throat infection.

Interjection: Hear, hear.

Mr Bisson: What do you mean, "Hear, hear"? I am just aghast that you would not want to hear Rosario Marchese, one of the golden orators of this Legislature, speak. I know he'd like to be able to speak today, but he's not feeling well.

I just want to end on this point. We also have another impending threat that's overlooking us this summer in this province, and that's the issue of West Nile. All I know is that if we, as a Legislature, don't find the means to make sure that we have the capacity within our health system to respond, it's not just SARS we're going to have to worry about this summer, it's the whole West Nile issue. Top that off with what's happening with the mad cow scare. This government is the one that got rid of meat inspectors in the province of Ontario and privatized many of the services that used to be done by the Ministry of Ag and Food. I just say to the government across the way, be careful where you're going, because you guys have created much of the mess that we find ourselves in.

I noted that my esteemed colleague Mr Kormos would like to have six minutes to speak, but I'll give him six more at 6:45.

The Acting Speaker: Order. Before the member for Niagara Centre begins his presentation, it is getting a little bit noisy in here. I would like to be able to hear the member for Niagara Centre.

Mr Kormos: You take a look at this resolution and you look at the motivation that's so obvious in the language of the resolution. This is the most insincere crap that this place has seen in a long time. Quite frankly, it's regrettable that the government has forced this type of partisan, politically motivated resolution on the House around so serious an issue as the SARS crisis, the incredible toll that it's taking on so many individuals, families and health professionals in the province of Ontario. I am beyond disappointed—not surprised, but beyond disappointed.

I tell you, New Democrats have no interest in playing the government's political game. We're far more interested in seeing a real, legitimate public inquiry in this province so that nursing professionals and other health care workers who have been out there on the front lines, in the trenches, can help us, as a provincial community, design systems that indeed protect our communities from similar events. It's naive to suspect that we will not be confronted again, as we were confronted now

for a far longer period of time than some spokespeople would have us believe.

There's still contemplation by the federal government of funding a Rolling Stones concert, in response to the real—

Interjection.

Mr Kormos: Well, there's still a contemplation by federal Liberals about funding a Rolling Stones concert. How stupid. How dumb. Ten million dollars. That's a lot of nurses' salaries. That's a lot of public health money and, quite frankly, as I told you before, I've got Walter Ostanek living in St Catharines. He'd do it for a couple of thousand and he's won more Grammys than the Rolling Stones ever have; and I tell you, he would draw a bigger crowd. We don't need bread and circuses to distract us from the crisis that our health care system has been confronted with.

What has been illustrated very clearly is that the health care system has been so grossly underfunded—public health as well as the hospital care system, nursing and other professions—so dramatically underfunded that we are no longer capable of responding to—and I put it to you that this is in many respects a modest crisis. One can contemplate scenarios which are even more demanding on the health care system and the public health system than this SARS crisis has been.

What's regrettable is the denial of the realities around, let's say, 12,000 workers in the hospitality sector here in Toronto who have lost jobs. The Premier's huge announcement, his photo op at the end of the hall the other day, didn't take into consideration those workers in non-health-care vocations who have lost jobs. It didn't take into consideration the couple that runs the mom-and-pop operation, the coffee shop down at the Welland County General Hospital. You see, that coffee shop was privatized; these people run it as a private business. As a result of the quarantine, for four or five weeks they had no business and had to lay off staff. They're now in the red in terms of their annual revenues. So you see, the scope of the impact is far broader than the government wants to acknowledge.

Rather than having a meaningful debate around how we prepare ourselves more adequately as a provincial community to respond to health crises—SARS and others—this government wants to rush and accelerate this debate, so they can move into “beat up on teachers, force them back into the classroom” mode.

Why is it that this government is interested in telling the Catholic board of education here in Toronto to get back to the bargaining table? Because that would have solved the impasse. There was no impasse. There was a refusal on the part of the board to negotiate, because they knew they had this government waiting, ready and prepared to play the political game and manipulate the strings of the marionettes. That's what they are on the board: they're this government's marionettes. I condemn the whole gang of them. We haven't seen one person speak out from that Catholic board. Where are the people

with integrity? Where are the people blowing the whistle on that board's lack of good faith in the course of locking out teachers? We're going to hear, “Oh, I didn't vote for the lockout.” Well, where are you now? A lot of good it's going to do after the fact, trying to recover politically by saying, “Oh, I didn't vote for the lockout of teachers.” Well damn it, somebody did. Clearly a majority did, and others who didn't, didn't have the guts or the gonads to stand up and blow the whistle on the inherent corruption in that board in collaborating with this government in its agenda to deny teachers the right to collectively bargain, the right to negotiate contracts, the right, in the case of these Catholic teachers, to parity with other teachers.

Good grief. Teachers actually went to the board and said, “We'll voluntarily enter into arbitration.” The board, cocky and insincere, they being but Tory hacks, all of them, working to complete this government's agenda, denied—

Mr Maves: Carnevale's a Liberal.

Mr Kormos: Well, exactly. Carnevale's a Liberal, as are the whole gang of them: Liberal and Tory, collaborating with this government to deny teachers here in Toronto and across this province the right to fairly and collectively bargain.

The Acting Speaker: Thank you. This completes the time allocated for debate.

Mr Smitherman has moved that the resolution be amended by striking out the last sentence and replacing it with, “Call on all levels of government to live up to their responsibilities by doing more than just announcing funding, but actually sending the financial assistance promised, without delay, to those so keenly affected by SARS in Ontario.”

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

All in favour will say “aye.”

All opposed will say “nay.”

In my opinion, the nays have it.

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

The division bells rang from 1800 to 1805.

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

Ayes

Agostino, Dominic	Dombrowsky, Leona	McLeod, Lyn
Bartolucci, Rick	Duncan, Dwight	McMeekin, Ted
Bisson, Gilles	Gerretsen, John	Parsons, Ernie
Boyer, Claudette	Gravelle, Michael	Patten, Richard
Bradley, James J.	Hampton, Howard	Peters, Steve
Bryant, Michael	Hoy, Pat	Phillips, Gerry
Caplan, David	Kennedy, Gerard	Prue, Michael
Churley, Marilyn	Kormos, Peter	Pupatello, Sandra
Cleary, John C.	Kwinter, Monte	Ramsay, David
Colle, Mike	Lalonde, Jean-Marc	Sergio, Mario
Cordiano, Joseph	Marchese, Rosario	Smitherman, George
Crozier, Bruce	Martel, Shelley	Sorbara, Greg
Curling, Alvin	Martin, Tony	
Di Cocco, Caroline	McGuinty, Dalton	

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

Nays

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

Ayes

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

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 40; the nays are 54.

The Acting Speaker: I declare the motion lost.

Mr Eves has moved government notice of motion number 28.

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

All in favour will say "aye."

All opposed will say "nay."

In my opinion, the ayes have it.

Same vote reversed? No.

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

The division bells rang from 1810 to 1815.

The Acting Speaker: Will members please take their seats.

Mr Eves has moved government notice of motion number 28.

All those in favour will stand one at a time and be recognized by the Clerk.

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

Nays

Agostino, Dominic	Di Cocco, Caroline	McMeekin, Ted
Bartolucci, Rick	Dombrowsky, Leona	Parsons, Ernie
Boyer, Claudette	Duncan, Dwight	Patten, Richard
Bradley, James J.	Gerretsen, John	Peters, Steve
Bryant, Michael	Gravelle, Michael	Phillips, Gerry
Caplan, David	Hoy, Pat	Pupatello, Sandra
Cleary, John C.	Kennedy, Gerard	Ramsay, David
Colle, Mike	Kwinter, Monte	Sergio, Mario
Cordiano, Joseph	Lalonde, Jean-Marc	Smitherman, George
Crozier, Bruce	McGuinty, Dalton	Sorbara, Greg
Curling, Alvin	McLeod, Lyn	

Clerk of the House: The ayes are 54; the nays are 32.

The Acting Speaker: I declare the motion carried.

Report continues in volume B.

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

Estimates / Budgets des dépenses

Chair / Président: Gerard Kennedy
Vice-Chair / Vice-Président: Alvin Curling
Gilles Bisson, Ted Chudleigh, Alvin Curling,
Gerard Kennedy, Frank Mazzilli, Norm Miller,
John R. O'Toole, Steve Peters
Clerk / Greffier: Trevor Day

**Finance and economic affairs /
Finances et affaires économiques**

Chair / Président: Joseph Spina
Vice-Chair / Vice-Président: Ted Arnott
Ted Arnott, Marcel Beaubien,
David Christopherson, Monte Kwinter,
John O'Toole, Gerry Phillips,
Rob Sampson, Joseph Spina
Clerk / Greffier: Katch Koch

General government / Affaires gouvernementales

Chair / Président: Steve Gilchrist
Vice-Chair / Vice-Président: Norm Miller
Marilyn Churley, Mike Colle,
Garfield Dunlop, Steve Gilchrist, Dave Levac,
Norm Miller, R. Gary Stewart, Wayne Wettlaufer
Clerk / Greffière: Tonia Grannum

Government agencies / Organismes gouvernementaux

Chair / Président: James J. Bradley
Vice-Chair / Vice-Président: Michael Gravelle
James J. Bradley, Leona Dombrowsky, Michael Gravelle,
Bert Johnson, Tony Martin, Frank Mazzilli,
Wayne Wettlaufer, Bob Wood
Clerk / Greffière: Anne Stokes

Justice and Social Policy / Justice et affaires sociales

Chair / Présidente: Toby Barrett
Vice-Chair / Vice-Président: AL McDonald
Toby Barrett, Marcel Beaubien, Michael Bryant,
Garry J. Guzzo, Ernie Hardeman,
Peter Kormos, AL McDonald, Lyn McLeod
Clerk / Greffière: Susan Sourial

Legislative Assembly / Assemblée législative

Chair / Présidente: Margaret Marland
Vice-Chair / Vice-Président: Julia Munro
Caroline Di Cocco, Jean-Marc Lalonde,
Margaret Marland, Bart Maves,
Julia Munro, Marilyn Mushinski,
Michael Prue, Joseph N. Tascona
Clerk / Greffier: Douglas Arnott

Public accounts / Comptes publics

Chair / Président: John Gerretsen
Vice-Chair / Vice-Président: Bruce Crozier
Bruce Crozier, Garfield Dunlop,
John Gerretsen, Raminder Gill,
John Hastings, Shelley Martel,
AL McDonald, Richard Patten,
Clerk / Greffière: Anne Stokes

**Regulations and private bills /
Règlements et projets de loi d'intérêt privé**

Chair / Président: Rosario Marchese
Vice-Chair / Vice-Président: Garfield Dunlop
Gilles Bisson, Claudette Boyer, Garfield Dunlop,
Raminder Gill, Pat Hoy, Morley Kells, Rosario Marchese, Ted
McMeekin, Bill Murdoch, Wayne Wettlaufer
Clerk / Greffier: Trevor Day

CONTENTS

Tuesday 3 June 2003

MEMBERS' STATEMENTS

Vehicle insurance	
Mr Levac.....	819
Paramedic program	
Mr McDonald.....	819
Municipal taxation	
Mr Caplan.....	819
Literacy tests	
Mr Chudleigh.....	820
Health care	
Mr Parsons.....	820
Sudbury soils study	
Ms Martel.....	820
Trillium Health Centre	
Mrs Marland.....	821
Immigrants	
Mrs Bountrogianni.....	821
Neustadt Crab Steak	
Lobsterfest	
Mr Murdoch.....	821

FIRST READINGS

Health Insurance Amendment Act (Insulin Pumps for Diabetics), 2003, Bill 76, Mr Duncan	
Agreed to.....	822
Mr Duncan.....	822
Irish Heritage Day Act, 2003, Bill 77, Mr O'Toole	
Agreed to.....	822
Mr O'Toole.....	822
Condominium Amendment Act (Transient Tenancies), 2003, Bill 78, Mr Smitherman	
Agreed to.....	822
Mr Smitherman.....	822

ORAL QUESTIONS

SARS	
Ms Pupatello.....	822
Mr Clement.....	823, 825
Mr Hampton.....	824
Conflict of interest	
Ms Pupatello.....	823, 826
Mr Tsubouchi.....	824, 826
Electricity supply	
Mr Hampton.....	825
Mr Baird.....	826, 828
Mr Bryant.....	827
Transportation planning	
Mr Chudleigh.....	827
Mr Klees.....	827
Long-term care	
Mr Dunlop.....	828
Mr Newman.....	828

Ontario Northland Railway

Mr Bisson.....	829
Mr Wilson.....	829
Adams mine	
Mr Ramsay.....	829
Mr Ouellette.....	830
Consumer protection	
Ms Mushinski.....	830
Mr Hudak.....	830
Land development	
Mr Colle.....	831
Mr Young.....	831

PETITIONS

Newborn screening	
Mr Duncan.....	832
Highway 407	
Mr O'Toole.....	832
Hydro rates	
Mr Brown.....	832
Post-secondary education funding	
Mr Gravelle.....	832
Mr Sergio.....	834
Oak Ridges moraine	
Mr O'Toole.....	833
School bus safety	
Mr Hoy.....	833
Minimum wage	
Mr Sergio.....	833
Home care	
Mrs Dombrowsky.....	833
Social assistance	
Mr Bisson.....	834
Health care funding	
Mr Bradley.....	834
Niagara hospitals	
Mr Bradley.....	835

GOVERNMENT MOTIONS

SARS, government notice of motion number 28, Mr Eves	
Mr Eves.....	835
Mr Clement.....	836
Mr Young.....	838
Mr Coburn.....	839
Mr Smitherman.....	840
Mr Bradley.....	841
Mr Parsons.....	842
Mr Agostino.....	843
Mr Sergio.....	845
Mr Cordiano.....	846
Mr Kennedy.....	846
Ms Martel.....	848
Mr Bisson.....	854
Mr Kormos.....	856
Agreed to.....	858

OTHER BUSINESS

Request for opinion	
The Deputy Speaker.....	819
Visitor	
Mr Agostino.....	822

TABLE DES MATIÈRES

Mardi 3 juin 2003

PREMIÈRE LECTURE

Loi de 2003 modifiant la Loi sur l'assurance-santé (pompes à insuline pour diabétiques), projet de loi 76, M. Duncan	
Adoptée.....	822
Loi de 2003 sur le Jour du patrimoine irlandais, projet de loi 77, M. O'Toole	
Adoptée.....	822
Loi de 2003 modifiant la Loi sur les condominiums (locations temporaires), projet de loi 78, M. Smitherman	
Adoptée.....	822