



ISSN 1180-2987

**Legislative Assembly
of Ontario**

First Session, 37th Parliament

**Assemblée législative
de l'Ontario**

Première session, 37^e législature

**Official Report
of Debates
(Hansard)**

Tuesday 11 April 2000

**Journal
des débats
(Hansard)**

Mardi 11 avril 2000

Speaker
Honourable Gary Carr

Clerk
Claude L. DesRosiers

Président
L'honorable Gary Carr

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 11 April 2000

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

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*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

SUPPORT FOR AGRICULTURE

Mr Ernie Parsons (Prince Edward-Hastings): My statement today is directed to the Premier and the Minister of Agriculture.

I'm only too aware that the cuts to OMAFRA offices have taken place and are now complete. The second-largest industry in Ontario has been dealt a blow. However, I believe that a responsible government is one that recognizes its mistakes and corrects them. I believe this is just such a situation. I'm aware that literally thousands of individuals have signed petitions and sent them to the Premier and minister, imploring them not to make the cuts. These signatures aren't from people unfamiliar with the situation; these are farmers who know only too personally what these cuts will do to their farms, their families and their communities. I will be sending some of these petitions over to the minister shortly.

It goes without saying that this government listens, and listens well, to suggestions coming from large industry. The attendees at the numerous fundraising functions bear testimony to that. I applaud this listening, but farmers are businesses too and are true experts in their calling. They deserve better treatment and more respect than they are currently receiving.

My perusal of the media every day clearly shows that the Premier thrives on being present at the expansion or opening of a new industry. I challenge the Premier to just once excuse himself from his Bay Street friends for a day and attend the auction sale of a farm going out of business. I think the suggestions and comments he would hear from these farmers would be informative and interesting.

NATIONAL VOLUNTEER WEEK

Mr Ted Arnott (Waterloo-Wellington): As you know, this is National Volunteer Week, and I'm honoured to support the people who enhance our quality of life in their communities as volunteers. I'm equally honoured to speak on behalf of the volunteer action centre which serves the Kitchener-Waterloo area and on behalf of my honourable friend the Minister of Health who was also invited to speak today.

This year's theme is the history of volunteering. In my new riding of Waterloo-Wellington we appreciate the historical role that volunteers have played in forming the social fabric of our towns and cities. I would especially point to the contributions of our service clubs, which have helped make our communities so strong. Men and women serve in clubs such as the Lions, Rotary, Optimist, Kinsmen and Legion, to name a few.

I cherish my own volunteer experience as a Big Brother. I had a Little Brother from 1987 to 1990, when he turned 17 and the program officially ended. Shortly after, I was elected to the Legislative Assembly—that would be in 1990—and I carry with me to this day fond memories of being a friend and mentor to someone who lacked the example of a positive older male role model. I continue to serve the Arthur area of Big Brothers as an honorary member of their board, and I strongly encourage involvement in this very worthwhile cause.

By looking back on how volunteering has formed ourselves and our communities, we can look ahead to even greater contributions by volunteers everywhere.

PROPERTY TAXATION

Mr Mario Sergio (York West): Sooner or later—and I would prefer to see it sooner than later—the Premier and his government will have to deal again with the issue of property tax reform. At the end of this year, the Band-Aid is going to come off, and I want to know, the homeowners in Toronto want to know, the seniors throughout Ontario want to know, the small business community wants to know, what you, Premier, are going to do. Are you going to work with the various groups, organizations and interested parties or are you going to apply another Band-Aid and continue with your patched-up job for another three years? A responsible Premier would bring some stability and fairness to the system now.

Let me tell the Premier that seniors are being pushed to the wall, and they will react. They are facing a possible 61% property tax increase, and they will not put up with it. They will unite, they will organize and they will revolt. They will make their voices heard. It is an issue the government will have to deal with, sooner rather than later.

NATIONAL VOLUNTEER WEEK

Mr Wayne Wettlaufer (Kitchener Centre): Yesterday marked the beginning of National Volunteer Week, a

week set aside to mark the outstanding contributions of volunteers in communities across Canada.

I know that volunteers make an immeasurable difference each day through their generous donations of time and talent, toward the betterment of our communities.

My own riding of Kitchener Centre, indeed all of Waterloo region, is fortunate to have many thousands of dedicated volunteers who donate hundreds of thousands of hours to support community projects, assist the less fortunate and welcome newcomers. Others aid the police, ambulance and fire services. Still others volunteer to coach, officiate or organize the many sports activities available to children and adults throughout the region. The arts community also benefits greatly from the work of volunteers who provide instruction, venues and encouragement to the many amateur theatre groups, choirs and bands in the area.

There are a few individuals among those many thousands whom I want to cite for their long and distinguished volunteer service to the Kitchener-Waterloo community. They are Eli Boich, Al Lucas and Ab Kropf, who have given unstintingly of their time and talent to the volunteer program at Freeport hospital. Frank Voisin, who has given freely of his time and money to our community, particularly in the area of health care, and the late Peter Hallman, who could be found at almost any time and place where he could be of help, are also worthy of note.

Several organizations should also be mentioned. They include the Kitchener-Waterloo Multicultural Centre and the K-W YMCA host program, the German-Canadian Business and Professional Association, and the K-W Oktoberfest Committee.

Mr Speaker, I invite you and all members of this Legislature to join me in saluting all of Kitchener-Waterloo's many volunteers, without whom our community would not have developed into the wonderful, welcoming and caring city that it is.

OFFICE OF THE WORKER ADVISER

Mr Steve Peters (Elgin-Middlesex-London): It was with great interest that I heard the comments made by the Minister of Labour yesterday regarding the Office of the Worker Adviser. The minister took great pains to emphasize that despite the 5% downsizing in all ministries, on top of all previous cuts, the minister is looking at increasing front-line services to the good workers of Ontario. They claim that they are both economizing and creating efficiencies in a program that is seriously deficient. It is clear that the minister is attempting to sugar-coat a program that is underfunded and understaffed.

For the last 13 months our local Office of the Worker Adviser has been short one full-time case worker. They have been informed that this position will not be filled. The backlog is at least six months before they will even open your file. Front-line staff have been told of a pending province-wide reorganization and that they can expect layoffs in the very near future.

My office has found that 90% of the clients forced to seek assistance through these offices are in dire financial straits, and most are ineligible for interim social assistance.

One can't help but think this is another one of the Tories' ill-conceived plans that will negatively affect those the minister claims are such valued and treasured friends of this government.

The Minister of Labour should be forewarned that those on this side of the House will be closely monitoring any changes to the Office of the Worker Adviser, on behalf of all the injured workers in this province.

EDUCATION FUNDING

Mr Rosario Marchese (Trinity-Spadina): Over the weekend I read an interesting article on education. One Scarborough parent, Sylvia Menezes, decided that enough is enough. "Fed up with the need for parent volunteering and fundraising because of funding cuts to education, Menezes would like parents across Ontario to stop all such efforts." I agree with her. It's for that reason my statement is related to this.

What parents are doing across the province through their volunteer efforts and their fundraising is making up for the failure of the funding formula of this province, and if parents don't stop they will continue to absorb and be a foil for the cuts of this government. That's what's happening. They're obviously clueing in that this is the result of the funding cuts, forcing more and more people to fundraise for essential things, and that is fundamentally wrong.

It's for that reason that when you underfund the education system, the Youth News Network, a corporate body, is interested in entering the student market, because they know that if they have a captive audience they can sell not just the news but their commercials to those students. That's why my bill is intended to ban such things. I urge people across the province that if they support such a banning of the Youth News Network, to let me know, but more importantly, to let them know as well.

1340

FRIENDSHIP SERIES HOCKEY

Mr R. Gary Stewart (Peterborough): On the weekend of March 31, some of my colleagues and I travelled to Quebec to play hockey in the friendship series. The teams were made up of representatives from the National Assembly of Quebec and our own Ontario Legislature, including three former MPPs from the previous government.

On behalf of the team, I would like to sincerely thank the Quebec assembly for the hospitality and fellowship we were shown throughout the weekend.

This year, Molson's Cup went to Quebec for their outstanding hockey play. Ontario has been the winner of the cup for the past two series.

During the two-day event, a charity game is also played, and this year the game was played to raise money for the minor hockey association of Loretteville.

On behalf of our team, the Legiskaters, I would like to thank all three private hosts, Molson's Inc, Bell Mobility and Kruger Inc, for their support. Without their support, the series could not happen. I would also like to thank the elected council and the mayor of Loretteville. As well, thanks to MPP Morley Kells and his assistant, Bob McAllister, for their organizational expertise.

The friendship series is a wonderful opportunity to promote diverse cultures and different governments. I am very proud to be part of this interprovincial initiative.

FAMILY RESPONSIBILITY OFFICE

Mrs Marie Bountrogianni (Hamilton Mountain): Citizens of Ontario are voicing their concern with the Family Responsibility Office backlogs across the province. I have cases on a daily basis in Hamilton Mountain which show the FRO's inability to properly address their workload and manage the responsibility placed upon them.

Catherine first came to my office in October 1999 when she did not receive a payment for the month. Catherine was told by the FRO that she would not be getting any further payments until February 2000. Due to the slow response time of the FRO in changing a court order, an overpayment occurred on Catherine's account. Catherine has two children and she was left for six months without support payments because of FRO delays and mismanagement.

Kevin brought his case to me in January 2000. He noticed a discrepancy in his payment that showed a miscalculation of his arrears in the amount of \$1,800. His situation was further complicated by the fact that he had to pay an additional \$600 support payment that he should not have had to pay. He went to court, he couldn't afford a lawyer and, as a result, was forced to pay twice in one month. The paperwork was not immediately registered and the change was not made until four months later.

Caroline came to me in March of this year. Her case is currently \$32,000 in arrears with the FRO, and after intervention from my office, she has only now started to collect \$750 a month.

The lack of speedy action when dealing with case information affects the lives of innocent children. Caroline has two children, one who is disabled. Why are these types of situations still occurring? Why is the government not willing to stand up and take responsibility for ensuring that the FRO is held accountable?

MEMBER FOR OTTAWA CENTRE

Mr Steve Gilchrist (Scarborough East): On the eve of what is certain to be a historic showdown between the Toronto Maple Leafs and the Ottawa Senators, I would like to take this opportunity, in the spirit of non-partisanship and of friendly intercity rivalry, to congratu-

late the member for Ottawa Centre for his recent intervention on behalf of his hometown team.

A piece by Sun media columnist Steve Simmons, poking fun at the Ottawa Senators, was met with a swift, vehement and voluminous response from Ottawa fans, including the member for Ottawa Centre himself. According to Mr Simmons's column today, the member left him a voice mail message in which he said, "I can't believe you'd write this kind of"—expletive deleted. For the sake of parliamentary propriety, let's just call it "horse hockey."

When the member saw that his beloved Sens were under attack, did he heed the time-honoured warning given to all politicians, "Don't argue with people who buy printers' ink by the barrel"? No, he did not. In fact, the member upped the ante considerably by promising to follow up his voice mail with a similar call to Mr Simmons's publisher. The member is truly a credit to a city known more for contract-breaking Russians, dot-com companies and generally low levels of fun than it is for high levels of testosterone.

But where, oh where, is Mr Patten's commander-in-chief? Once again, Dalton McGuinty, himself the MPP for Ottawa South, is not even dressed for the game, much less in the corners. Perhaps he is so much in the thrall of American think-tanks that he has forgotten the importance of what goes on at Canadian rinks.

Mr John Gerretsen (Kingston and the Islands): On a point of order, Mr Speaker: I would ask for unanimous consent to allow the member from Nepean, the honourable Minister of Community and Social Services, an opportunity to respond to that last statement.

The Speaker (Hon Gary Carr): Is there unanimous consent? I'm afraid I heard a no.

Mr Peter Kormos (Niagara Centre): On a point of order, Mr Speaker: I seek unanimous consent for members to wear this pin that says no to American corporate, for-profit private jails here in the province of Ontario.

The Speaker: Is there unanimous consent? I'm afraid I heard some noes.

INTRODUCTION OF BILLS

MINISTRY OF CORRECTIONAL
SERVICES AMENDMENT ACT
(PUBLIC OWNERSHIP AND STAFFING), 2000

LOI DE 2000 MODIFIANT LA LOI
SUR LE MINISTÈRE
DES SERVICES CORRECTIONNELS
(PROPRIÉTÉ PUBLIQUE ET
DOTATION EN PERSONNEL)

Mr Kormos moved first reading of the following bill:

Bill 61, An Act to amend the Ministry of Correctional Services Act to require public ownership and staffing of correctional institutions / Projet de loi 61, Loi modifiant

la Loi sur le ministère des Services correctionnels pour exiger la propriété publique des établissements correctionnels et leur dotation en personnel.

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

The member for a short statement.

Mr Peter Kormos (Niagara Centre): This bill amends the Ministry of Correctional Services Act. It requires every correctional institution to be owned and operated by the crown in right of Ontario. It requires all work done for or on behalf of a correctional institution to be done by civil servants. This bill will ensure the safety of our communities and protect us from American private, corporate for-profit jails.

MOTIONS

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): I believe I have unanimous consent to move a motion without notice regarding the order of precedence for private members' public business.

The Speaker (Hon Gary Carr): Is there unanimous consent? Agreed.

Hon Mr Sterling: I move that notwithstanding standing order 96(d), the following change be made to the ballot list for private members' public business: Mr Gerretsen and Mr Kwinter exchange places in order of precedence such that Mr Gerretsen assumes ballot item number 43 and Mr Kwinter assumes ballot item number 20.

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

ORAL QUESTIONS

WATER EXTRACTION

Mr Dalton McGuinty (Leader of the Opposition): I have a question today for the Chair of Management Board. It was my understanding that he would be here.

The Speaker (Hon Gary Carr): I'm just wondering—I'm looking for the Deputy Premier. Is the Chair of Management Board expected to be here?

Hon Ernie L. Eves (Deputy Premier, Minister of Finance): He is coming.

The Speaker: Maybe the member would like to stand the question down and go into his second question.

Mr McGuinty: Thank you, Speaker. I have a question to the Minister of the Environment.

It may be cold outside today, but I believe that if we don't start doing something about this now, this summer is going to be a disaster for Ontario farmers and tourism

operators. We already have reports that Lake St Clair in Essex county is three feet below normal, and there are fears that this summer is going to produce the lowest level in both Lake Erie and Lake Ontario since the previous record low established in 1935.

On behalf of tourism operators and on behalf of farmers, Minister, I am asking that you agree to immediately re-impose the moratorium on new water-taking permits that you quietly removed shortly after the election.

1350

Hon Dan Newman (Minister of the Environment): I refer the question to the Minister of Natural Resources.

Hon John Snobelen (Minister of Natural Resources): I and my colleague the Minister of the Environment and my colleague the Minister of Agriculture and others who are affected by low water levels have been working on this subject for a great length of time. We are looking at the regulations we have in place and at some of the responses we can make with our partners, the conservation authorities and municipalities across Ontario, and we will be prepared, this year and in future years, to respond to drought conditions.

Mr McGuinty: Minister, you are fiddling while the water is disappearing. What I'm asking on behalf of farmers, and tourism operators in particular, is really something very simple. They have a very straightforward request. They are very concerned, given the natural conditions that have prevailed during the past winter, given the record low levels of water, and are asking that you simply reimpose a moratorium on all water-taking permits. Those are being issued on a regular basis now. We're not charging for the water that's being removed. We'll set aside that issue for another day. But at the present time, why would you not reimpose a moratorium in order to lend some greater sense of security to our farmers, who are very concerned about not having enough water to water their crops this coming summer?

Hon Mr Snobelen: I thank the Leader of the Opposition for the question. He, as always, has done his best to make a very complex issue very simplistic, as opposed to simple. He is suggesting that one very small component of water use in Ontario is the answer to a problem that is much broader than that.

The government of Ontario will be responding very soon with the Ontario Drought Response 2000. It's a comprehensive response. It looks at how we've managed drought in the past and how we should manage it in the future. I can tell you, it's a subject we take much more seriously than the question from the Leader of the Opposition would suggest.

Mr McGuinty: Minister, unlike you, I would rather avoid a crisis than help create it. The Ministry of the Environment is still granting permits for companies to draw water. When this is done, one of the problems is that no one locally is being notified in any real sense about the possibility that a water-taking permit is to be granted to somebody in their community. There is no requirement at the present time that they be notified in any direct sense and allowed an opportunity to provide

real opinions and express real concerns about the potential water loss in their community.

This happened just recently in Hastings county, where you snuck through permits to allow a company to take 1.7 million litres of water a day out of the local supply. Farmers in that community are extremely worried, first of all that they weren't notified about this, and they didn't have an opportunity to offer their input. They're concerned that they're going to run out of water this summer. They're concerned there is not going to be enough water for their crops.

Minister, once more, on behalf of those farmers and farmers throughout the province, will you not reimpose a moratorium on all water-taking permits?

Hon Mr Snobelen: Once again I think the research folks who help the Leader of the Opposition have failed him. They have not provided him with all of the information, because if they had provided him with all of the information, he would know that there are conditions attached to those sorts of permits, there are time limits attached to those sorts of permits, and he would also know that we have been working on a cross-ministry basis, with the Ministry of Agriculture working on behalf of the farmers in this province, with the Ministry of the Environment worrying about water quality certainly and the Ministry of Natural Resources, working together with our municipalities and our conservation authorities for a comprehensive drought plan for this province. That's the responsible way to deal with local planning on an issue that's important to every person in the province of Ontario.

ONTARIO REALTY CORP

The Speaker (Hon Gary Carr): Leader of the official opposition, the Chair of Management Board is now here.

Mr Dalton McGuinty (Leader of the Opposition): Thank you, Speaker. I have a question again to the Chair of Management Board. Minister, on behalf of Ontario taxpayers, we're wondering about the involvement of lobbyists in a sale of Ontario lands to the Ontario Realty Corp. The way I see it, it's kind of like if we want to sell our homes and we hire a real estate agent. We simply want our real estate agent to get the best possible offer. We don't want our agent, the ORC, to be wined and dined. We don't want people to attempt to influence their judgement and their decision-making authority when it comes to the sale of land. We simply want the best possible offer.

We know that so far the ORC, under your management, has lost over 10 million taxpayer dollars. I want you to stand up and tell us why you believe it is in the interests of Ontario taxpayers that lobbyists have a role, of any kind, to play in the sale of government lands.

Hon Chris Hodgson (Chair of the Management Board of Cabinet): We've taken action to make sure that the process around the sale of assets of the Ontario government is more accountable, more open and more

transparent. You can check out those new policies on the Web page. This is what your board of directors at the Ontario Realty Corp has done. They take their role very seriously.

Secondly, you keep referring to your information, that you assert as a fact, that Ontario taxpayers have lost dollars they should have gotten through some of these transactions. What do you base that on?

Mr McGuinty: We went to the Web site and we found, when you look at the lobbyist registration records for the ORC, there are 26 lobbyists registered to influence matters. That's what they do. They're very open about it. They want to influence matters that take place at the ORC. One of those lobbyists is Bill King, former executive assistant to Mike Harris. He very openly says, in his lobbyist registration information, that he has an interest in Ontario Realty Corp's designated surplus properties.

Again, I'm just trying to figure out, if we compare ourselves to homeowners, why do we want our real estate agent, somebody who is supposed to act exclusively in our better interests, to be wined and dined by lobbyists? Don't we simply want the best possible offer? Isn't that what talks loudest and most eloquently, the best possible offer, the highest price? Tell me, why is it in the interests of Ontario taxpayers that lobbyists be allowed to play some kind of role, any kind of role, in the sale of government lands if the overriding objective here is to get the best possible price?

Hon Mr Hodgson: I think the Leader of the Opposition reflected our policy quite accurately. We are interested in getting the top price for our property. That's why the board of directors of the Ontario Realty Corp, which was unanimously approved by this House through its proper process, set up a new process for the dispersal of assets, which requires a more open and transparent way of doing business.

It was our government that brought in the lobbyist registration. We want to conduct our business in a more open and accountable fashion. For you to stand up here and say that somehow that's not right—I understand your government wouldn't bring in the lobbyist registration; our government did, so that that would be out in the open.

Mr McGuinty: Minister, you're continuing to duck a very simple question. I believe that lobbyists should have no place whatsoever when it comes to the sale of Ontario government lands. I think the only issue here is who's going to come up with the best offer. That's what Ontario taxpayers want.

My colleague Dominic Agostino has tabled a bill. Among other things, it would prohibit the involvement of lobbyists when it comes to the sale of Ontario government lands.

Minister, I've got a very simple question for you again. Tell us: Why is it in the interest of Ontario taxpayers that lobbyists be involved in the sale of government lands? It's a simple question, it's a direct question, and so far you have failed to answer it.

Hon Mr Hodgson: We have acted to make this process more accountable and open and fair. All properties that are for sale now are listed on the Internet. We're using professional brokers, through a request for proposals, to qualify them that they are capable of selling this property, and it's done in a more transparent way to try to maximize the value that the taxpayers will receive.

Your "lobbyists"—I don't know how wide you want to spread that. Does that mean that members from your party can't phone the Ontario Realty Corp to ask for information regarding a certain piece of property that's for sale?

1400

NURSING HOMES

Ms Frances Lankin (Beaches-East York): My question is to the Minister of Health. Under the law, you're responsible for ensuring that nursing homes comply with legislated standards in order to have their licences of operation renewed.

Recently I received some information that there are nursing homes in this province that did not see a government inspector for over two years. Nursing homes are required by the Nursing Homes Act to have their licences renewed every 12 months. The ministry in the past has done an annual inspection to make sure they are meeting all the standards contained in the Nursing Homes Act.

In light of the information I have received, I've done a very preliminary search of inspection reports on nursing homes. I want to give you some examples of what I found. Prior to 1996, White Eagle Nursing Home in Toronto, Extencicare in St Catharines, Wellington House Nursing Home in Prescott and Westgate Lodge Nursing Home in Belleville were inspected annually. An inspector was in there once a year at a minimum; often, with referrals and follow-up reports, two or three times a year. Between 1996 and 1999, none of these nursing homes saw a single inspector, Minister. How do you explain this?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): If the member would share the information with me, I would certainly follow up and obtain whatever answers are necessary.

Ms Lankin: I appreciate that and I want to try and explain the situation to you, because I've spoken to sources in your ministry and in the community who tell me this story: that you in fact took the compliance officers, the people who did those annual inspection reports, out of their jobs and reassigned them to work on long-term-care projects that kept being reannounced and reannounced over and over again. Meanwhile, there was no one conducting annual inspections from about the middle of 1996 through 1997 and 1998. The people living there were left completely vulnerable for over two years. For over two years, you neglected your own legal responsibility. For over two years, you neglected your moral responsibility to tens of thousands of frail seniors and their families.

Minister, how do you defend this?

Hon Mrs Witmer: Again, if the member would be prepared to share the information with me, I certainly will follow up with ministry staff and get the answers that are required.

Ms Lankin: Minister, I'll give you the list of homes, the four or five I read out plus a dozen or so that we've looked at, but I suspect, and what I've been told is, that if you look at the reports from right across this province, you will find that this is a consistent story. We have all heard the horror stories from nursing homes. Families count on the fact that each year the licences are renewed, that the nursing homes have to meet certain standards in order to get their licences renewed and that they're inspected to ensure they have met those standards. The law requires that families be able to see those annual inspection reports posted in the homes. However, under your management of long-term care, instead of annual inspection for compliance, your record is an inspection every three years.

I want you to look into this. I want you to come back to us. I want you to admit to your failure in protecting seniors in nursing homes, and I want you to commit that in the future every nursing home will once again be inspected annually before their licence is renewed by the Ministry of Health.

Hon Mrs Witmer: I appreciate the fact that you are going to share the information with us. If you had had the information prior to this, I would have been pleased to follow up, and I certainly will make sure that ministry staff are doing what ministry staff are supposed to do.

CORRECTIONAL FACILITIES

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Correctional Services. It's about your plan to privatize jails and the safety of our communities. We've learned that Corrections Corp of America, a company you are negotiating with to run one of your superjails, has filed for bankruptcy protection in the United States. Communities in the United States have already been dragged through hell and back with riots, murders and escapes in Corrections Corp jails. Now they're wondering, what happens when this company goes bankrupt? What about here in Ontario, Minister? When you contract with a private, for-profit American company to run one of your superjails, what are you going to do when it goes bankrupt?

Hon Rob Sampson (Minister of Correctional Services): The leader will know that the initiatives we've brought forward in corrections reform were primarily a response to the auditor's report in 1993, which focused on the operation of correctional facilities when you were in government.

His comment was that the correctional facilities in this province were the second highest in cost in the entire North American system of correctional facilities and that we were getting poor results. We took up the challenge in 1995 to reform the correctional system in this province so

that we could get better results through the correctional dollars we're spending, get more efficient facilities, safer facilities, more secure facilities that are state-of-the-art as they relate to the protection of the citizens of this province.

That's the focus of this government as we go forward, perhaps partnering with the private sector operator as well: the safety and security of the people who live in those communities and the people who work in those facilities.

Mr Hampton: Minister, the reality is that you're turning jails into American-style dungeons for dollars. Let's look at what's happened in the United States. The reality with Corrections Corp is that you have poorly trained, non-professional staff looking after some of the highest risk offenders. It's been a disaster in the United States, and communities have been left to pick up the pieces.

That's why the gallery is full of people today from Ontario communities who don't want any part of the American private jail strategy. That's why my colleague Peter Kormos has introduced a private member's bill to stop your American privatized jails.

Minister, will you listen to these people who don't want the American experience? Will you assure them that you'll support Mr Kormos's private member's bill so we don't have the American experience of escapes and murders and untrained people looking after an important community security question?

Hon Mr Sampson: I think the people in this province are interested in a correctional facility and a corrections system in this province that gets results. I don't think they're interested in a correctional facility and a corrections system in this province that has an 80% recidivism rate. I don't think they're interested in those types of results when we have the second-highest-cost system in North America.

It's quite clear that the way in which we run correctional facilities in this province has to change. You weren't prepared to do that. You were prepared to accept poor results and high costs when you were the governing party in this province. We are not prepared to accept that. That's why we will be establishing, for the first time, standards that we will challenge all institutions, whether they are publicly run or privately run, to meet or exceed. These are standards that deal with safety, that deal with security, that deal with effectiveness and efficiency. These are standards you turned a blind eye to, and we won't.

VISITOR

The Speaker (Hon Gary Carr): Perhaps we could stop the clock for a quick moment. In the members' gallery west we have a former member, Greg Sorbara, who was the member for York Centre in the 35th, 34th and 33rd parliaments. Welcome to our friend.

1410

HOSPITAL FUNDING

Mrs Lynn McLeod (Thunder Bay-Atikokan): My question is for the Minister of Health. Minister, yesterday you stepped in and took over the Hamilton hospital and you took personal responsibility for making cuts to hospital services in Hamilton. The consultant you sent in to Hamilton said that the hospital board had placed a higher priority on meeting patient needs than on getting rid of their deficit. The consultant said that you should go in and you should take responsibility for making sure they shut down an emergency room, an operating room and 95 more beds.

More than half of the province's hospitals are facing deficits and your ministry has told them that they have to balance their budgets, but they can't cut any programs. You've promised them a new funding formula and you've told them not to expect any more money. That means cuts are going to have to be made somewhere, somehow.

Minister, you've decided to go into Hamilton and take responsibility for making the cuts yourself. Are you now going to go into other hospitals with deficits? Are you going to London and to Ottawa? Are you going to go into Sunnybrook and into Windsor Regional Hospital and make the cuts yourself, just the way you're doing in Hamilton?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): If the member has—and perhaps she has—taken the time to read the report that was prepared by the independent third party, PricewaterhouseCoopers, she will see that the indications were, as a result of the information that had been collected, that there were some serious issues that had been identified by the third party in the consultant's report, which had to do with a matter of public confidence in the hospital and also a lack of confidence in the management and the governance as far as carrying out and implementing any recovery plan.

In fact, let me quote from the review. On page 36 it says: "A common theme has been why things cannot be changed rather than what can be changed. This attitude has created paralysis within the organization." Again, the consultant also said—

The Speaker (Mr Gary Carr): Order. I'm afraid the minister's time is up. Supplementary.

Mrs McLeod: Thank you, Minister, and we could spend time reading the parts of the report that reflect our concern. My concern is that the consultant believes the hospital services board should be more concerned with their responsibility to you, as minister, and your budget cuts than they are to meeting the health care needs of the people in their community. I believe that's wrong. I believe that's the wrong priority for hospital boards.

You want to say that this isn't about money; it is about money. It's about the fact that your government cut \$800 million from hospital budgets and that half the hospitals in this province are facing deficits, not just the

Hamilton health services board. You're going to have more hospitals facing deficits this year because you're not prepared to put any money into covering wage settlements. The only way hospitals in this province can meet your order to balance their budgets is to start to cut programs, to lay off staff, to shut down programs, like the HIV/AIDS clinic at Sunnybrook.

We've now seen what will happen. If a hospital board says they can't make the cuts you want without hurting patient care, you're going to come in and make the cuts for them. Today you have left hospital boards across this province with only two options: They either make the cuts you're forcing on them or they let you come in and make the cuts for them. But I suggest, Minister, you still have another option left. Will you put more money into hospital budgets and stop the cuts that are going to happen in places like Hamilton, London, Ottawa, Toronto, Timmins, Windsor and Cambridge, to name just a few?

Hon Mrs Witmer: Let me be abundantly clear. We have committed more money to health funding in this province than you had ever committed. In fact, we've increased funding from \$17.4 billion to \$20.6 billion this year, and we have an additional 20%—

Interjections.

The Speaker: Minister, take a seat. Order. The member for Windsor West, come to order, please. We can't have question period when people are shouting at the minister. I must say, if I have to stand up here, I'm sure the cabinet ministers will be very happy. They'll be able to shut their binders and they won't be able to answer any questions. I'm sure they'll enjoy that. If that's what the opposition wants, that's what we will do, because I'm prepared to stand here and I think the pages are as well. If you continue to shout at the ministers when they're answering, we won't continue question period.

Minister of Health.

Hon Mrs Witmer: As I've indicated, we've increased funding by \$3 billion and with the promise of 20% more over the next four years; all this at a time when we were asking for their help in getting additional federal funding as a result of the cuts that have been made—\$10 billion to be exact—and your leader refused to sign a letter signed by our Premier and Mr Hampton.

If we want to take a look at hospitals, we have this year increased hospital funding by \$600 million. We have addressed the issue—

Interjection.

The Speaker: Member for Windsor West, come to order. This is her last warning. We cannot continue if you are going to scream across at the minister. The minister's time was up. New question.

TEACHER TESTING

Mr Ted Chudleigh (Halton): My question is to the Minister of Education. I have a letter to the editor from the March 23 edition of the Hamilton Spectator and it's from the president of the Taxpayers Coalition Halton, a marvellous organization. He writes that his group strong-

ly feels that teachers should be tested, and I quote from his letter, "Given that children are our most precious resource, should not the professionals who shape a great part of their minds be periodically tested, as are other professionals?" Minister, how is this government going to ensure that we bring forward an effective teacher testing program?

Hon Janet Ecker (Minister of Education): We know in Ontario that we have many, many excellent teachers, but we also know that the challenges they are facing in today's classrooms are getting to be tougher and tougher. Keeping up to date with the knowledge and the skills and the abilities they need is proving to be an increasing challenge.

We are looking at ways we can ensure that all of our teachers will be as up to date and as good as they can be. We're looking at what we can learn from other professions, for example, the quality assurance procedures that are included in the health professions under the Regulated Health Professions Act. We're looking at the recommendations from the Royal Commission on Learning, which the NDP brought in, which talked about the need for certification and re-certification procedures every three to five years. We're also looking at what other jurisdictions are doing around the world in terms of bringing in a teacher testing and evaluation program that allows us to ensure all our teachers will be as good as they can be. That's one of the ways we can help guarantee quality education in this province.

Mr Chudleigh: Thank you for that answer, and I thank the minister for her commitment to the quality of education here in Ontario. My constituents, and indeed the teachers in my riding, have asked me what this teacher testing program is going to look like. They are also wondering what the government's response will be to the Ontario English Catholic Teachers' Association, which has stated recently that they will not participate in this testing program.

Hon Mrs Ecker: I was quite intrigued by the Ontario English Catholic Teachers' Association position, to refuse to do something when they don't yet know what all the components of it are going to be. It's interesting that the only people who are running around saying that it's going to be some silly little true-and-false multiple choice question process are the unions.

We've been very clear that what we need is a multi-faceted approach that clearly recognizes that not only knowledge needs to be assessed, but also skills and abilities and all of the factors that make up good, competent teaching. Simply measuring knowledge—you can have knowledge but it doesn't mean you can teach it. We quite recognize that. It's the same challenge the health professions are facing. It's the same challenge that many other jurisdictions are looking at. We are developing a program in consultation with the College of Teachers and our other partners that is going to recognize the role of the principal as the head of the school. It's going to recognize the role of boards, parents—

The Speaker (Hon Gary Carr): Order. I'm afraid the minister's time is up.

1420

HOSPITAL FUNDING

Mr Dominic Agostino (Hamilton East): My question is to the Minister of Health. This morning, Urmas Soomet, the chair of the board of the Hamilton Health Sciences Corp, called your conduct towards this action you took "duplicitous." I totally agree with his statements on this. You have not been up front with this House and with the public about the report.

You have in your office a recovery plan that outlines cuts that have been recommended that go deeper, further and faster than even the board. Your proposal call outlined that a recovery plan must be submitted with the report. Yesterday in your release you stated that your hand-picked supervisor would put together this recovery plan. The reality is that you have it. You have it in your office. You have seen it, your staff has seen it. You're hiding it from the public, you're hiding it from the people of Hamilton and you're hiding this plan from the Legislature. The reason you're doing it is because you know you're going to own political damage as a result of that plan. You're afraid to go public today. You're afraid because it's going to hurt you in the by-election. As we said yesterday, this is political.

I want to ask you very clearly, Minister, why have you not released the recovery plan that was submitted to your office at the same time the report was submitted?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): The member is obviously missing the point. If the member had taken a look at the paper today, there is a quote from the president of local 79 of the Ontario Nurses' Association, Hamilton hospital, who indicates, again supporting the fact that this is not an issue of funding or underfunding, that she has experienced all of the report's criticism. She says: "I've seen it get so bad in the last four years since the merger. I've seen the infighting, the cultural differences between the players." She refers to the fact that the action that has been taken is the appropriate action.

Debbie Mattina, chair of the Save the Henderson Committee, also agrees that this is the appropriate course of action to take.

The action we're taking is based on a third party, independent report, and we are going to ensure that the—

The Speaker (Hon Gary Carr): Order. I'm afraid the minister's time is up. Supplementary.

Mr Agostino: Minister, I want to go back to you regarding the recovery plan. Yesterday, you led us and the public to believe that there's no plan in place yet and your supervisor is going to do that.

Let me advise you that on Thursday, March 23, two assistant deputy ministers, as well as senior bureaucrats in the ministry, met with three board members and senior staff from the Hamilton Health Sciences Corp to review the recovery plan that had been submitted to your office

by the consultants. Again, I want to go back to the political games that you're playing here. You have this plan and you know that this plan recommends cuts that go even further and deeper and faster and are more hurtful than the plan that's submitted by the board.

Again, why aren't you being upfront with us? Why are you not releasing this plan? Why are you playing political games and sitting on this plan in your office? If you were sincere about this, Minister, and sincere about the debate, you would immediately release the plan so we could have an open debate of what you're recommending compared to the board, compared to what the people of Hamilton feel we need.

Why will you not today release the recovery plan that you're hiding? You are trying to protect your political butt for the by-election upcoming in Wentworth.

Hon Mrs Witmer: I'm surprised that the member isn't supportive of the Save the Henderson group, that he's not supportive of the workers within the hospitals. The reality is that a supervisor, if appointed, will be the individual who does develop the strong recovery plan. We believe it's very important that any recovery plan that is determined to be appropriate is going to have very strong external and internal stakeholder input, and there has been no opportunity for any strong recovery plan to be provided and to have that type of input from the external and the internal stakeholders.

PEACE BRIDGE

Mr Bart Maves (Niagara Falls): My question is for the Minister of Transportation. Minister, I know you're aware of the vital importance of the—

Interjections.

The Speaker (Hon Gary Carr): Come to order. The member for Hamilton East, come to order, please.

Mr Maves: I'll try again. My question is for the Minister of Transportation. I know you know the vital link the Peace Bridge provides between Canada and the United States and how important it is for trade with Ontario—

Interjection.

The Speaker: Member for Hamilton East, last warning. We can't continue on if you're going to yell across when somebody else is trying to ask a question. One more outburst like that and you'll have to go back to your office and you can yell at the TV all you want all afternoon.

Mr Maves: As I've been trying to say, there's a vital importance to the Peace Bridge.

Interjections.

Mr Maves: I understand that the Liberal opposition doesn't care about Fort Erie or the Peace Bridge and the vital importance that it has to trade in Ontario and Canada, but we on this side of the House do.

Last week, as you're aware, an obstructionist court challenge succeeded in delaying a much-needed increase in lane capacity to the bridge. Can you please confirm the

Ontario government's support for widening the Peace Bridge with a twin span?

Hon David Turnbull (Minister of Transportation):

Yes. First of all, I'd like to thank my colleague the member for Niagara Falls and also the member for Erie-Lincoln, Tim Hudak, for bringing this issue very much to the fore. We're very disappointed with the delay in the project. In 1997, the Peace Bridge carried some 7.7 million vehicles, including 1.4 million trucks. It's the second-busiest crossing in Ontario. A binational engineering team found that a twin span is the fastest and the most cost-effective way of expanding this important connection to the US. We continue to support the twin span and we urge the city of Buffalo to work co-operatively with the Peace Bridge Authority to ensure the situation is resolved as quickly as possible.

Mr Maves: We appreciate your continued support on the project. Ontarians expect the Minister of Transportation to work on our road structure so that we can continue to improve the economic growth of this province and the job creation therein. Can you tell the House, Minister, what the government has done to help ease traffic congestion in our area and what you plan to do in the future?

Interjection.

Hon Mr Turnbull: I hear chirps from across on the Liberal side. Your government did nothing.

Interjections.

Hon Mr Turnbull: The difference is, our government has been working at this. We've recently completed a major expansion of the QEW between Hamilton and St Catharines, some \$206.9 million invested.

The Speaker: Will the minister take his seat. I can't hear. It would be helpful if the comments were not inciteful to the other side as well, Minister.

Hon Mr Turnbull: I withdraw the word "chirping" and suggest the shouting across of the inaccurate information—

Interjections.

Hon Mr Turnbull: Yes, the member for Kingston and the Islands, which is not unusual for him.

Some two weeks ago I announced the Niagara needs assessment study. This will in fact study transportation needs for the entire Niagara Peninsula.

SCARBOROUGH FIRE

Ms Marilyn Churley (Broadview-Greenwood):

Talk about inaccurate information. My question is for the Minister of the Environment.

Minister, yesterday in this House when you were asked about the public's need to know about how dangerous chemicals are used and stored in plants like U.S.E. Hickson, right beside residential communities, you said, and I quote from Hansard, "Any municipality has the ability to ask the government for that information."

Yes, but when my staff called the MOE yesterday, your ministry admitted that they never had a copy of this information until after the fire. So big deal; you can ask, but you can't get the information.

Minister, you led this Legislature to believe that your ministry has such information, when in fact it doesn't. Communities and firefighters need to have this information before a fire like this happens again. I'm going to ask you again today, will you bring in right-to-know legislation so that in case of another disaster like this, communities and firefighters know what's happening in their neighborhood?

Hon Dan Newman (Minister of the Environment): I refer that question to the Minister of Labour.

Hon Chris Stockwell (Minister of Labour): To the member opposite, I guess the problem is your staff phoned the wrong ministry. If they had phoned the Ministry of Labour they would have been informed that yes, all the chemicals are posted at work and provided to all the people who work in that facility.

All that information is on request by the local medical officer of health and, furthermore, the local fire departments are also in receipt of that upon request, and most, if not all, fire departments request that information as well. Further, any person who lives in the community simply can phone the medical officer of health and they will provide that person individually with all the ministry information that you need to know, all the chemicals that are stored on site.

So quite frankly I say to the member opposite, I understand that you didn't get the answer from the MOE, because you should have called the Ministry of Labour. All this information would have been provided to you without any problem, is properly provided every day. In fact, this law was passed back in 1988 under the previous—

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The Speaker (Hon Gary Carr): Order. I'm sorry, the minister's time is up. Supplementary.

Ms Churley: That's nice to know and it's nice for our communities to know that. It certainly didn't help the firefighters who got injured at the Plastimet fire in Hamilton, did it?

This is a serious issue here. The firefighters are calling once again for a public inquiry. The minister—I'm addressing this to the Minister of the Environment again—said yesterday in this House that changes were made to the fire code after the Plastimet fire. The fire marshal said that the changes to the fire code, which clearly does not go far enough, were all in motion before the Plastimet fire happened.

Minister, we asked for an independent inquiry after the Plastimet fire, as did the firefighters and the communities. Your Premier said no. Two major toxic fires have happened after that under your watch. People are worried about it happening again. There have been huge cuts to resources in your ministry.

Minister, I'm going to ask you again: After two new toxic fires, will you call an independent inquiry? We want to know whether it's worth the risk, for instance, to allow the storage and use of dangerous chemicals so close to a residential area; and if so, what kind of infor-

mation needs to be out there in the communities? Minister, will you call that inquiry today?

Hon Mr Stockwell: You know, it's a slightly unfair question you ask. You did not have the proper information. I understand that. Certainly sometimes it can be complicated if you're trying to track down the proper ministry. This information is provided. The firefighters who were working this site and the fire chiefs who were on this site knew full well what chemicals they were dealing with. They knew so because of the good legislation in this province that provided this information. Anyone who lived in that community, if they so needed, could have accessed that information with a simple call to the medical officer of health.

The fact of the matter is that the legislation is clear. The information is provided to municipalities, it's provided to medical officers of health, it's provided to the firefighters. For you to stand up here and fearmonger that this stuff isn't out there just sets into the path the kind of unfair criticisms addressed to this government. The firefighters knew; the fire chief knew; the medical officer of health knew; the municipality knew. Clearly the only one—

The Speaker: Order. New question.

Interjections.

The Speaker: Government members come to order, please.

AIR QUALITY

Mr James J. Bradley (St Catharines): I have a question for the Minister of the Environment, and I don't want him to pass this off to some other minister. In fact, this is a very easy question. You don't have to go into the new style that the whiz kids told you, of looking tough and giving a really strong answer. It's just a plain, easy question, and here it is: If you had the chance to prevent a 400% increase in air pollution and reduce premature deaths from respiratory complications by at least 50 people each year in the greater Toronto area, would you do so? Yes or no?

Hon Dan Newman (Minister of the Environment): In fact, this government has taken proactive steps on cleaning the environment and making the air better. We've led the charge on reducing greenhouse gas emissions in our own government operations. We set a target of 40%. We've hit 32% so far. That's far above what any other government in Canada has done.

Mr Bradley: I've got the solution for you. Minister, the Harris government can indeed prevent a 400% increase in air pollution and can indeed reduce the number of people in the greater Toronto area who could die prematurely from smog by at least 50 by following the advice of Mississauga Mayor Hazel McCallion, the chair of the city of Toronto's environmental task force and the chair of the Ontario Clean Air Alliance.

As Minister of the Environment, as the individual whose responsibility it is to protect the environment, will you give a firm commitment in the Legislature today that

you will refuse to allow the sale of the Lakeview generating station, potentially the largest single source of air pollution in southern Ontario, to any buyer who will not convert this coal-fired plant to much cleaner natural gas? I ask you as Minister of the Environment, the defender of the environment, to answer that question.

Hon Mr Newman: That's under review and no decision has been made. But what I can tell the member opposite are some of the other initiatives of this government with respect to cleaning the environment. We've brought forward the Drive Clean program and that's working well. We have a pilot emissions reduction training program. We have Ontario's anti-smog action plan. I know that the member opposite would be in favour of that. We've brought in landfill management regulations and we've also brought proposed environmental regulations regarding the new competitive electricity market to Ontario.

RURAL HEALTH SERVICES

Mr Doug Galt (Northumberland): My question is directed to the Minister of Health. As you know, the Task Force on Rural Economic Renewal has been consulting with the people across this province. As chair of this task force, I have listened to many differing views on a variety of topics. There has been considerable concern expressed about primary health care. In order to ensure a healthy working environment for rural Ontarians, including those in my riding, we must ensure that the primary health care needs of rural residents are being met.

Minister, can you provide us with assurance that your ministry understands today's primary health care needs in rural Ontario?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): As the member has indicated, we are certainly well aware of the fact that the issue of primary care is of significant importance to the rural community and to other communities in the province. As a result, as you know, we did pass legislation to introduce nurse practitioners. At the present time I'm pleased to say we've gone from supporting zero to 226 nurse practitioners in order that people throughout the province, particularly in the rural areas, have greater access to primary care. We've also had Dr McKendry's report, and that information has been given to the expert panel to ensure that we have the appropriate number and distribution of physicians. That's being headed up by Dr Peter George.

But in the interim I can tell you that Dr McKendry's report did lead to recommendations where we are now investing \$11 million to make sure that we take immediate steps to double the number of foreign graduate students and make them available for primary care across the province.

Mr Galt: Thank you very much, Minister, for that reassurance. I'm certainly very happy to see that our government can confirm its position on this issue and not

flip-flop like the opposition does on the other side of the House.

However, in order to provide primary health care to rural Ontario, we need to ensure that a sufficient number of practitioners are located in rural areas to deliver this service. I want to see the day when there will be adequate numbers of health care practitioners in my jurisdiction. What is your ministry doing to ensure that not only my constituents but all residents of rural Ontario have access to health care practitioners?

Hon Mrs Witmer: I began to indicate that we were responding to Dr McKendry's report and that we have made available \$11 million. In doing so, we have doubled the number of foreign graduates.

I'm also pleased to say that beginning in July of this year we will be providing, as part of that \$11 million, \$800,000 to fund 15 additional post-graduate training positions in Ontario to recruit Canadian medical school graduates who are receiving their post-graduate training in the US. Also, as a result of the initiatives that presently are being undertaken by the expert panel under the leadership of Peter George, we are developing short-, medium- and long-term plans to ensure that we can have the appropriate distribution of physicians across the province as well as the appropriate supply. I am very confident that the work they're doing will, for the first time in the history of this province, give us the data that will allow us to plan for the future.

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CONSTRUCTION INDUSTRY

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): My question is to the Minister of Labour. On November 12 of last year, at a press conference in Ottawa, you announced that you had concluded an agreement on construction labour mobility with your Quebec counterpart, Minister Diane Lemieux. According to your statement, Bill 17, An Act respecting Labour Mobility in the Construction Industry, would be shelved and Ontarians would have better access to Ouatouais-area construction sites as long as they continued paying registration fees. In return, Quebec workers and contractors would have full access anywhere in Ontario without paying any registration.

Construction work is being done on the Champlain Bridge in Ottawa. The work started on the Ontario side over three months ago with workers from Quebec and Ontario. The project has now reached the middle pillar of the bridge. Since the pillar is on the Quebec side, five Ontario crane operators were let go, even though they all had their licences.

My question to you is, have you had any discussions with your Quebec counterpart to ensure that we respect the signature of the agreement and that Ontario construction workers can work in Quebec without harassment?

Hon Chris Stockwell (Minister of Labour): That's a good question. That's accurate too. The situation, as I understand it, is exactly as you described it. The situation

was brought to my attention last week, also by yourself. It was referred to the committee to deal with quickly. I asked them to get a response back to me this week. They will, in my opinion, respond this week. As I said to you last week—I gave you my undertaking—as soon as I hear from them, I will fully brief you and ensure that the situation resolves itself. It's not an acceptable situation. We on this side do not accept it. We gave that message directly to the Quebec government.

Mr Lalonde: Since your government did not enforce section 24 of the bill, which gave you the power to fine workers and contractors anywhere from \$2,000 to \$25,000 a day for having worked in Ontario without having registered with the Ontario job protection office, and you also said the Quebec government would cancel all fines received by Ontario contractors and workers for having worked in Quebec without proper licences, Minister, when can we get confirmation that the fines issued to the Ontario workers and contractors have been cancelled?

Hon Mr Stockwell: We will confirm it as soon as I confirm it with the Quebec government. I gave you that undertaking, and I will live by it. We said that we would go about and ensure that the situation was resolved. In fact, we will do that.

We have taken a very hard line with Quebec; there's no doubt about it. We've taken a very hard line with respect to these negotiations. We've demanded access. They signed an agreement that gives us access, thanks greatly in part to the members represented from that area in this caucus, because we as a caucus took a very hard position.

Let me tell you something. We don't plan on backing up. The bill is in abeyance. If they don't live up to the letter of the law, we're going to put that bill back in place. We've told them that flat out.

One other thing. It took the kind of leadership, the kind of hard work that this government provided, to get us this far. In 25 years, there weren't any Ontarians working in Quebec. There were many administrations and there were many deals signed. I may hear from the member for the NDP. You signed the deal. Nothing was resolved. Thanks to the members in this caucus who stood strong—

Interjections.

The Speaker (Hon Gary Carr): Order. The minister's time is up.

SALE OF ILLEGAL DRUGS

Mrs Brenda Elliott (Guelph-Wellington): My question today is for the Minister of Consumer and Commercial Relations. The parents in my riding who have read frightening newspaper reports of violent situations and dangerous drug use in nightclubs and in after-hours clinics and in raves are concerned about the safety of their teenagers and their youth. They are worried that their kids are going to get mixed up in some of these places and be seriously at risk or hurt.

During the recent provincial election, our government made a commitment in the Blueprint to crack down on illegal drugs by going after places where drug dealing occurs. Minister, could you tell the members of this House what action you're taking to live up to this commitment to the people of Ontario?

Interjections.

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): Again we heard comments from across the floor, and I can assure the members of this House that we will take significant action, unlike former governments.

We made a commitment in the Blueprint document to crack down on the sale of illicit drugs in licensed establishments. The Harris government has a record of keeping its promises and this is one additional promise that we are going to fulfill.

In March of this year the Solicitor General and I co-sponsored a summit which brought together officials from the federal government, the municipal governments, provincial policing authorities and municipal policing authorities to discuss inter-jurisdictional methods—including, I may say, the deputy leader of the Liberal Party, who attended as well—to try to find solutions to deal with this very significant concern of many people across this province. We have pulled together a draft report.

Mrs Elliott: Thank you, Minister. I know my constituents are going to be pleased that our government is taking leadership in looking at this very serious issue. But, with respect, we all go to a lot of meetings and we all go to a lot of conferences. What my constituents want to know is what concrete actions you anticipate are actually going to come out of this so that when their kids go out in the evening they have some reassurance that the places they'll be visiting are indeed safe and that they will come home to their families safe.

Hon Mr Runciman: We're certainly concerned about the safety of all Ontarians, but I think especially young people with respect to after-hours clubs, rave parties and licensed establishments in this province. When we initially designed the concept of a summit, I was approached by Superintendent Ron Taverner of the Toronto police who expressed his police service's concerns about rave parties and the proliferation of so-called designer drugs at many rave parties across the province.

This was certainly an important ingredient of the summit. We talked about ways we can attack that particular problem, but also looking at after-hours clubs, licensed establishments where illicit drugs are proliferating and an interdisciplinary way that we can attack these problems working together at the federal, provincial and municipal levels. We have prepared a draft report summarizing the recommendations, and that report will be finalized and made public sometime in June.

HOSPITAL FUNDING

Mr David Christopherson (Hamilton West): My question is for the Minister of Health. Minister, you will know by now that the chair of the Hamilton Health Sciences Corp has stated at a news conference earlier this morning that your actions, as far as they are concerned, amount to duplicity and, further, that your actions point to the fact, "We have been betrayed as a board and a community."

The reason they feel this way, of course, is because your senior ministry staff have been a part of not just the operational review but also a part of the recovery plan, the very plan that you refused to table and comment on as to whether or not you support those recommendations that include shutting down the emergency ward at Henderson.

The board is on the brink of resigning in disgust over the way that you're trying to backpedal and put distance between you and these reports, and at the very least, you owe them an immediate meeting—which they have probably forwarded to your office by now. Will you agree to meet with the board as soon as possible, and by that I mean within the next couple of days, to deal with your allegations as well as theirs?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): The member may or may not know that I have already personally talked to the chair of the board. I have indicated that the chair and the board have an opportunity to present information to me. That's why I gave—

Mr Christopherson: They want to meet with you immediately.

Hon Mrs Witmer: Yes, and they will be. They already know that that's happening. We've already had the conversation.

Again, I would assure you that what we're dealing with is a third party, independent report that has indicated that there are some very serious issues at the corporation that need to be dealt with and some very serious questions regarding public confidence in the hospital and the lack of ability to recruit and retain physicians. Obviously we are responding today and yesterday to the third party report that indicates that there is a need for action, and we are moving forward to take that action. We're supported by the nurses at the hospital who have agreed that the situation described in the report—

The Speaker (Hon Gary Carr): I'm afraid the minister's time is up.

1450

PETITIONS

DOCTOR SHORTAGE

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

“Whereas patients requiring eye care in Niagara are faced with a shortage of ophthalmologists and as a result, are compelled to wait several weeks to secure an appointment with an ophthalmologist;

“Whereas, while the shortage of ophthalmologists is in existence, the removal of the billing cap on these medical specialists provides a temporary but essential easing of the health care crisis;

“Whereas the solution of the Ontario Ministry of Health removing the exemptions of the billing cap and forcing patients from Niagara to travel along the very busy Queen Elizabeth Highway to receive treatment in Hamilton is unacceptable;

“Be it resolved that the Ontario Ministry of Health remove the cap on billing for ophthalmologists in Niagara until such time as Niagara is no longer an underserved area.”

I affix my signature as I am in complete agreement with the sentiments expressed in this petition.

PROTECTION OF MINORS

Mr Doug Galt (Northumberland): I have a very thick petition here from the Catholic Women’s League of Canada. It’s from a person in Woodstock and it is addressed to the Legislative Assembly of Ontario.

“Whereas children are exposed to pornography in variety stores and video rental outlets; and

“Whereas bylaws vary from city to city and have failed to protect minors from unwanted exposures to pornography;

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

“To enact legislation which will (1) create uniform standards in Ontario to prevent minors from being exposed to pornography in retail establishments, (2) prevent minors from entering establishments which rent or sell pornography, and (3) restrict the location of such establishments to non-residential areas.”

I submit this on behalf of the many signatures here and the Honourable Ernie Hardeman.

HIGHWAY SAFETY

Mr John Gerretsen (Kingston and the Islands): I have a petition here which is addressed to the Legislative Assembly of Ontario and it states:

“Whereas 13 people died during the first seven months of 1999 on Highway 401 between London and Windsor; and

“Whereas traffic levels on all sections of Highway 401 continue to increase; and

“Whereas Canada’s number one trade and travel route was designed in the 1950s for fewer vehicles and lighter trucks; and

“Whereas road funding is almost completely paid for through vehicle permit and driving licence fees; and

“Whereas Ontario road users pay 28 cents per litre of tax on gasoline, adding up to over \$2.7 billion in provincial gas taxes and over \$2.3 billion in federal gas taxes;

“We, the undersigned members of the Canadian Automobile Association and other residents of Ontario, respectfully request the Legislative Assembly of Ontario to immediately upgrade Highway 401 to at least a six-lane highway with paved shoulders and rumble strips; and

“We respectfully request that the Legislative Assembly of Ontario place firm pressure on the federal government to invest its gasoline tax revenue in road safety improvements in Ontario.”

I agree with the petition. I’ve signed it. I’m handing it to Andrew Walker, who is one of our pages from Glenburnie, Kingston.

LORD’S PRAYER

Mr Garfield Dunlop (Simcoe North): “Whereas the prayer, Our Father, also called the Lord’s Prayer, has always been used to open the proceedings of municipal chambers and the Ontario Legislative Assembly since the beginning of Upper Canada under Lieutenant Governor John Graves Simcoe in the 18th century; and

“Whereas such use of the Lord’s Prayer is part of Ontario’s long-standing heritage and a tradition that continues to play a significant role in contemporary Ontario life;

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

“That the Parliament of Ontario maintain the use of the Lord’s Prayer in its proceedings, in accordance with its long-standing established custom.”

I’ll affix my name to that.

INTERNATIONAL ADOPTIONS

Mr Joseph Cordiano (York South-Weston): To the Legislative Assembly of Ontario:

“Whereas the Conservative government has arbitrarily imposed a \$925 head tax on international adoptions; and

“Whereas the cost to the government for processing international adoptions is no greater than that for domestic adoptions, which are not subject to the head tax; and

“Whereas in the United States parents are offered a tax credit of \$5,000 to offset the enormous costs of international adoption; and

“Whereas the cost for an international adoption can range from \$20,000 to \$30,000,

“We, the undersigned, petition the Legislative Assembly of Ontario as follows and demand that this head tax be immediately revoked.”

There are 177 signatures attached to this petition and I also affix my signature to this petition.

PROTECTION OF MINORS

Mr John O'Toole (Durham): I'm pleased to present a petition on behalf of my constituents in the riding of Durham, specifically Maria Speziale, Denis Radcliffe, Randy Foster and a number of other constituents:

"Whereas children are exposed to sexually explicit material in variety stores and video rental outlets;

"Whereas bylaws vary from city to city and have failed to protect minors from unwanted exposure to sexually explicit materials;

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

"First, to enact the following legislation:

"To create uniform standards in Ontario to prevent minors from being exposed to sexually explicit material in retail establishments; and

"Second, make it illegal to sell, rent, or loan sexually explicit materials to minors."

I am pleased to support and sign this petition on behalf of my constituents of Durham.

NORTHERN HEALTH TRAVEL GRANT

Mrs Lyn McLeod (Thunder Bay-Atikokan): "To the Legislative Assembly of Ontario:

"Whereas the northern health travel grant was introduced in 1987 in recognition of the fact that northern Ontario residents are often forced to receive treatment outside their own communities because of the lack of available services; and

"Whereas the Ontario government acknowledged that the costs associated with that travel should not be fully borne by those residents and therefore that financial support should be provided by the Ontario government through the travel grant program; and

"Whereas travel, accommodation and other costs have escalated sharply since the program was first put in place, particularly in the area of air travel; and

"Whereas the Ontario government has provided funds so that southern Ontario patients needing care at the Northwestern Ontario Cancer Centre have all their expenses paid while receiving treatment in the north which creates a double standard for health care delivery in the province; and

"Whereas northern Ontario residents should not receive a different level of health care nor be discriminated against because of their geographical locations;

"Therefore, we, the undersigned citizens of Ontario, petition the Ontario Legislature to acknowledge the unfairness and inadequacy of the northern health travel grant program and commit to a review of the program with a goal of providing 100% funding of the travel costs for residents needing care outside their communities until such time as that care is available in our communities."

It's signed by a number of additional constituents, and I affix my signature in agreement with their concern.

KARLA HOMOLKA

Mr John O'Toole (Durham): I rise to present a petition to the Legislative Assembly of Ontario. Really, if I may make a remark, the member for Scarborough Centre has gone to great lengths to connect this petition.

"To the Legislative Assembly of Ontario:

"Whereas Karla Homolka and Paul Bernardo were responsible for terrorizing entire communities in southern Ontario; and

"Whereas the Ontario government of the day made a deal with the devil with Karla Homolka resulting in a sentence that does not truly make her pay for her crimes; and

"Whereas our communities have not yet fully recovered from the trauma and sadness caused by Karla Homolka; and

"Whereas Karla Homolka believes that she should be entitled to pass to leave prison with an escort;"—if you can imagine it—"and

"Whereas the people of Ontario believe that criminals should be forced to serve sentences that reflect the seriousness of their crimes;

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

"That the government of Ontario will:

"Do everything within its power to ensure that Karla Homolka serves her full sentence;

"Continue to reform parole and make it more difficult for serious offenders to return to our streets;

"Fight the federal government's plan to release up to 1,600 more convicted criminals on to Ontario streets; and

"Ensure that the Ontario government's sex offender registry is functioning as quickly as possible."

I'm pleased to report that the sex offender registry is in process, and I will sign and support this petition.

EDUCATION FUNDING

Mr Michael A. Brown (Algoma-Manitoulin): I have a petition against the education funding formula as applied to the Algoma District School Board.

"To the Legislative Assembly of Ontario:

"Whereas the current education funding formula stipulates that should the student population of a given district divided by the district's area equal less than 1.0, the district is to be funded as a low-density area; and

"Whereas Algoma District School Board has approximately 15,000 students and covers an area of 70,534 square kilometres and as such has a quotient of 0.21;

"We, the undersigned taxpayers, supporters and district school council members of the Algoma District School Board petition the Legislative Assembly of Ontario to instruct the Minister of Education to review the current education funding formula as it applies to the Algoma District School Board of northern Ontario and rightfully designate it as low-density."

I have literally thousands of these petitions and I am in full agreement and have signed it.

1500

ABORTION

Mr John O'Toole (Durham): It is seldom that I get up to speak, but with your permission and indulgence, Mr Speaker, I have another petition. It's surprising how accessible I am to the people of Ontario. This is clearly demonstrating that.

"To the Parliament of Ontario:

"Whereas we have recently learned that our tax money is being used to pay the rent on the Morgentaler abortuary; and

"Whereas by the end of his lease this amount will be \$5 million annually;

"Whereas we strongly object to this use of our tax dollars;

"We, the undersigned, petition the Parliament of Ontario to immediately cease these payments."

I'm pleased to sign my name to this petition.

NORTHERN HEALTH TRAVEL GRANT

Mr Michael Gravelle (Thunder Bay-Superior North): Like all my northern colleagues, we have thousands of names on petitions related to the inadequacy of the northern health travel grant. I will read it.

"To the Legislative Assembly of Ontario:

"Whereas the northern health travel grant was introduced in 1987 in recognition of the fact that northern Ontario residents are often forced to receive treatment outside their own communities because of the lack of available services; and

"Whereas the Ontario government acknowledged that the costs associated with that travel should not be fully borne by those residents and therefore that financial support should be provided by the Ontario government through the travel grant program; and

"Whereas travel, accommodation and other costs have escalated sharply since the program was first put in place, particularly in the area of air travel; and

"Whereas the Ontario government has provided funds so that southern Ontario patients needing care at the Northwestern Ontario Cancer Centre have all their expenses paid while receiving treatment in the north which creates a double standard for health care delivery in the province; and

"Whereas northern Ontario residents should not receive a different level of health care nor be discriminated against because of their geographical locations;

"Therefore, we, the undersigned citizens of Ontario, petition the Ontario Legislature to acknowledge the unfairness and inadequacy of the northern health travel grant program and commit to a review of the program with a goal of providing 100% funding of the travel costs for residents needing care outside their communities until such time as that care is available in our communities."

I have thousands of names here on petitions and I'm very pleased to add my name to this petition.

ABORTION

Mr Joseph Spina (Brampton Centre): My petition is to the Parliament of Ontario from a number of constituents.

"Whereas we have recently learned that our tax money is being used to pay the rent on the Morgentaler abortuary; and

"Whereas by the end of his lease this amount will be \$5 million;

"Whereas we strongly object to this use of our tax dollars;

"We, the undersigned, petition the Parliament of Ontario to immediately cease these payments."

I'll affix my signature to this.

TIMBER CUTTING

Mr Alvin Curling (Scarborough-Rouge River): I have a petition in support of my colleagues Michael Gravelle and Lyn McLeod, who have received these petitions.

"Whereas timber cutters are trespassing on private and crown land, cutting, removing and selling trees, leaving a financial, environmental, aesthetic and emotional devastation in their wake; and

"Whereas the OPP have no authority to stop a cutter from cutting in the event of a boundary dispute, but may only inform the cutter that a complaint has been lodged; and

"Whereas the mills accept all timber from their contractors whether it is stolen or not; and

"Whereas the practice of the crown attorney's office to delegate these obvious theft issues to civil court places an unreasonable and prohibitive financial burden on the landowner-victim; and

"Whereas the offending cutters are protected by their numbered companies, lease their equipment and declare bankruptcy rather than pay fines and restitution, and immediately register a new numbered company, the landowner-victim must then pay:

"(1) All court costs and legal fees incurred by the offender as well as their own legal fees;

"(2) The cost of the survey;

"(3) The cost of hiring and posting bond for a bailiff, an appraiser, a salesman and bond for each piece of property and for equipment seized from the convicted cutter at the rate of at least \$2,000 for each of the above-listed;

"(4) The cost of cleanup and reforestation; and

"Whereas traditionally settlements to landowners-victims have amounted to the price of stumpage fees for the stripped area, while the cutter profits from the full price of the timber from the mill; and

"Whereas, because the offending cutter must work quickly to avoid detection, he/she leaves the land devastated, with little or no thought to environmental areas of concern, eg, wetlands, reforestation;

"Therefore we, the undersigned citizens of Ontario, petition the Ontario Legislature to acknowledge the

unfairness to landowners-victims in the overwhelming support of illegal cutting of private and crown lands.

"We advocate:

"(1) That the cases be tried as grand theft in a criminal court;

"(2) That in the event of a boundary dispute the party who is to benefit financially (ie, the cutter) be responsible for the cost of a survey by a registered surveyor and not a forester;

"(3) Final judgments should not only include fines, all costs incurred for pursuit of justice and stumpage fees, but the full price of the timber, the cost of cleaning up the clear-cut area and the cost of reforestation and maintenance of the cut area, thus making theft of timber from private and crown lands potentially non-profitable;

"(4) Contracts of convicted cutters should be subject to suspension or termination, just as drunk drivers lose licences."

I'll sign this in support of this petition.

ORDERS OF THE DAY

HEALTH CARE FUNDING

Resuming the debate adjourned on April 10, 2000, on the amendment to the amendment to the motion by Mr Harris relating to health care funding.

Mr Michael Gravelle (Thunder Bay-Superior North): I'm pleased to have the opportunity of completing my remarks from last night relating to the Premier's resolution on health care funding and the amendments to that resolution that have been put forward by both the Liberal and the NDP caucuses.

What strikes me most clearly about this debate is that the Premier and this government seem more concerned with attaching political blame related to our health care crisis than they do to working towards a real solution. Both the provincial and the federal governments' decision to spend millions of dollars of taxpayers' money on nasty advertising campaigns, blaming each other for the declining standards of our health care system, deserves, I believe, our condemnation. Surely those millions could be better spent on opening hospital beds, providing speedier access to an MRI or hiring some much-needed nurses.

I believe I speak for the constituents of my Thunder Bay-Superior North riding when I say that the people of this province expect their senior levels of government to work together to repair our seriously damaged health care system, and not to frustrate all of us by playing this mindless and counterproductive blame game.

Having said that, I believe, as do my colleagues on this side of the House, that the government of Canada should immediately restore on a permanent basis the health funding it has cut in the past, and indeed must assume its fair share of increased ongoing funding to

meet the health care needs of our country's aging and growing population.

But it must also be said that while the federal government must be a fair partner in this process, there is much about Mr Harris's resolution that smacks of nothing more than politics at its worst, and that is not what is needed now. After all, it has clearly been decisions made by the Mike Harris government, decisions they have even acknowledged to be wrong, that have left us in the mess we are in today. And let's not forget that these decisions were made to finance a tax cut rather than to deal with a shortage of transfer payments from the federal government.

As you know, Mr Speaker, one of the first decisions made by the Mike Harris government was to cut hospital funding by some \$800 million. I'm glad to see agreement on the other side of the House. This withdrawal of financial support was the key to all that followed: massive cutbacks in hospital beds, the layoff of 10,000 nurses, backed-up emergency rooms and people being removed from hospitals sicker and quicker. Remember, this is also the government that forcibly closed hospitals all across the province, this done by a Premier who said during the 1995 election campaign, "It is not my plan to close hospitals."

All this moved towards something I think we all are very concerned about: a frightening move towards two-tier health care as this system became increasingly privatized and we lurched towards American-style health care.

But what's important to say here is that this was not an accident. It was all part of a deliberate decision by the Mike Harris government to change the way we delivered health care. So when we all hear the Premier telling the federal government or telling anyone that they may be forced to privatize more of our health care system unless more funds are transferred from the federal government, I almost choke on the absurdity of that statement. After all, this is a government whose ideology is grounded on the belief that privatization is the answer to all our problems. Whether it's toll roads or the maintenance of those roads or our jail system or our health care system, they believe privatization is the way to go, even when the evidence is overwhelmingly out there that privatization is certainly going to cost more and is not providing the service to the people that they expect and deserve from their government.

1510

Let's also not forget that this is a government that did not even spend all the health care funds that the federal government sent them last year. Instead, they played a shell game with our health care dollars while people could not get a hospital bed, and vital programs such as the eating disorders program at St Joseph's Care Group in Thunder Bay remained unfunded and unsupported by the province.

If I may speak, in the few remaining moments of time that I have, as a northerner, as a representative of Thunder Bay-Superior North, a vast riding where health care is clearly the number one issue, every day, like all my

colleagues, I hear many horror stories of a health care system that's gone amok. There are so many areas I would like to discuss, but I won't have time. But I think it's important for me to say that there is perhaps no issue which upsets my constituents more than the fact that the northern health travel grant, put in place by a Liberal government in 1987, no longer remotely meets the needs of the people who must travel outside their communities for specialized medical care. While this government refuses to review the adequacy of the travel grant program and in fact is spending \$6 million a year less than they did five years ago on this program—

Mr Alvin Curling (Scarborough-Rouge River): Shame.

Mr Gravelle: It is a shame. People are spending thousands of dollars of their own hard-earned money to seek medical care elsewhere. In the meantime, this government has made a decision to pay the full cost of cancer patients who reside in southern Ontario, because of the mess they made of that system, to receive treatment in northwestern Ontario, at the cancer centre in Thunder Bay. While we feel for these people very strongly, the government is truly being unfair. While northerners are being treated as second-class citizens by the province, people from other parts of the province are having their travel, accommodation and meal costs looked after by the government. This is nothing more than discrimination. It's an issue that all of us in the north find unacceptable and will continue to fight.

I cannot tell you the number of people I've spoken to whose lives have been altered in such a dramatic fashion as a result of the fact that they must seek medical help elsewhere. If the government will acknowledge that indeed there is help that is required, they have to acknowledge that this program no longer meets those needs. It is something we want to continue to fight for.

If I may, in my last moments as well, I'd like to make reference to the eating disorders program at St Joseph's Care Group, an extraordinarily important program funded out of the operating funds of the hospital. They fund eating disorder programs in other parts of the province but will not do it in Thunder Bay, in northwestern Ontario. We think that is just dreadful as well and we will continue to fight to get them to understand that that is needed.

The Speaker (Hon Gary Carr): Further debate?

Mr Ted Chudleigh (Halton): Let me just say how disappointed Ontarians are that the Prime Minister just recently has refused to meet with the premiers of the provinces to discuss what is perhaps the most difficult and impending problem that Canadians face across this entire country—not just in this province but across the entire country. The Prime Minister of this country, the leader of this country, has refused to meet with the premiers to discuss this in very real terms.

Mr Marcel Beaubien (Lambton-Kent-Middlesex): Why is that?

Mr Chudleigh: "Why is that?" asks my friend from Petrolia. He comes from a riding which surrounds Petrolia—it's basically Petrolia, isn't it?

Mr Beaubien: Well, Lambton-Kent-Middlesex.

Mr Chudleigh: He asks, "Why is that?" I suspect it's because they have nothing to bring to the table. They have no ideas. They are devoid of ideas. They have nothing to bring to the table and they are afraid of coming to the table to be embarrassed, so they have refused this meeting.

Ontario, on the other hand, has had a great deal of leadership in the health care area across Canada. In 1995, when we were elected, our health budget, as the opposition has heard, was approximately \$17.4 billion. In the intervening five years or so, that budget has increased to \$20.8 billion, while at the same time Ottawa has withdrawn \$1.7 billion of their share of that funding. So not only did we have to increase the budget to \$20.8 billion, but we had to make up that \$1.7 billion that Ottawa refused to contribute to Ontario's health care system. So, yes, we are looking for help from Ottawa, for their fair share.

Where at one time they funded practically 50% of the health care system in Ontario, today that ratio has dropped to 11%. Out of every dollar that goes into health care in Ontario, rather than Ottawa spending their fair share of 50%, they are instead spending 11 cents, while Ontario is contributing 89 cents of every dollar going into health care, certainly a far cry from what the Canada Health Act envisioned as a sharing of the health care dollars between Ontario and Ottawa. The federal Liberals have clawed back much of that money out of the Canada health and social transfer programs, leaving Ontario in a deficit position as far as that health care budget is concerned.

The Ontario government has been working hard over the past five years on reforms and innovations to the health care system as we implement our vision for health care. We have a health care action plan to allow us to accomplish this. Now the feds are just trying to join the race and they're running hard in order to get to the start of the parade, a parade that already started without them.

Primary care reform is not new to Ontario, and it is important to emphasize this fact in the Legislature today. Ontario is a leader in primary care reform, and we have been working since 1995 in partnership with the Ontario Medical Association on primary care initiatives. The government of Ontario has consistently stated that it is committed to the idea of primary care and will continue to move ahead with its implementation. However, unlike Dalton McGuinty's Liberals over there, we are doing it in partnership with doctors, not at odds with doctors.

Mr Beaubien: We believe in co-operation.

Mr Chudleigh: We believe in co-operation. Absolutely.

The federal government has talked about pharmacare programs and drug programs. They have talked about it; Ontario has done something about it.

The federal Liberal government has often spoken about the need to establish a national pharmacare program; indeed, it was an election commitment by the federal government. Unfortunately, since the election we haven't heard another word about it. In its five years of governance, this government—I can remember many times in this House thinking, as the minister made an announcement during routine proceedings, “There is another promise that we made during the election, another promise kept.” Unfortunately, that doesn't happen when you get just a short distance away from here to Ottawa. There the reverse is true: Election promises are seldom kept.

However, we have not waited for the federal leadership to act. The government of Ontario has been working for a number of years reforming and enhancing Ontario's drug programs. It is important to provide information on the work done on this program to remind both the House and the federal government that this government has an action plan for health care and for implementing this plan today. Costs in this area are rising fast, and with the growing and aging population, this growth and expense will only increase. It is time for the federal government to assume their fair share of these costs.

In Ontario we have three stages of drug programs. Ontario's drug programs include the Ontario drug benefit program, the Trillium drug plan and the special drugs program. The Ontario drug benefit program is the largest plan, and it covers over 3,100 prescription drugs. Since our government took office in 1995, 1,018 products have been added to the ODB, providing new and innovative drugs that will help people live with their diseases or recover from them. The \$1.6-billion program covers about 2.2 million seniors and social assistance recipients in Ontario. There were 44 million prescriptions written under this program in 1998-99.

1520

The Trillium drug program is a very unique program. The Trillium drug program is for those who are not otherwise eligible for the Ontario drug benefit program but who may have very high drug costs. Approximately 100,000 Ontarians who need expensive drugs to treat serious illnesses like cancer, HIV and cystic fibrosis have their drugs paid for through this program. Expenditures for the Trillium drug program for 1998-99 totalled \$45.5 million, up from \$35 million the year before.

The special drugs program covers the full cost of certain expensive outpatient drugs such as special drugs for AIDS, organ transplants, cystic fibrosis, schizophrenia and thalassemia. The program provides funding for over 12,000 beneficiaries, at a cost of approximately \$92 million annually.

Extensive reform and innovation is being demonstrated by the government of Ontario in the area of drug programs. If the federal government has any ideas about health care reform, we look forward with anticipation to hearing about those reforms, but we have heard nothing new to date from the federal Liberal government. The federal Liberal government must immediately restore the

\$4.2 billion in the Canada health and social transfer funding for health care that it slashed so that we can use that funding to support our important health care innovations.

The government of Ontario recognized upon taking office in 1995 that we have a rapidly aging population and that it was important to plan now for that future. If anyone had the opportunity to read the book *Boom, Bust and Echo* by David Foot, it points out very clearly what is going to happen to the Canadian health program if you don't take major steps today to put that program, that whole health care system, into a mode that will support huge numbers of people as that boom, bust and echo begins to happen in Ontario.

The Minister of Health, on behalf of the government of Ontario, provided Allan Rock, the federal Minister of Health, with information last week on what we are doing in the areas of home care and long-term-care needs and asked him for any comments and suggestions about our programs. Again, I'm afraid I have to report that at this point in time we have heard nothing, not one word, from Minister Rock. If the federal government supports home care and long-term care for some of our most vulnerable citizens, it should restore the \$4.2 billion in CHST health funding it cut from the provinces that could be used to support important programs such as these.

Home care: Ontario has one of the most generous home care programs in Canada. The Ministry of Health currently spends about \$1.5 billion annually on home care and community care services. From 1994-95 to 1999-2000, funding for community services increased by 49% and in-home services funding increased by 56%. Ontario provides the most generous levels of home care services in Canada—\$115 per capita. The next closest is Manitoba at \$97 per capita.

Community care access centres: In 1996, this government established 43 community care access centres across the province, offering support to Ontario residents who seek community based long-term health care. This allows services to be delivered closer to home for Ontario citizens. CCACs coordinate access to homemaking, nursing, therapy and other services to people at home, as well as providing long-term-care facility placements and vital information to caregivers about the services and support available to their family and friends.

In April 1998, this government announced the largest-ever expansion in health care services to Ontario. The government will be investing \$1.2 billion to improve long-term-care facilities and community programs. No new long-term-care beds had been built in this province for over a decade, while the senior population had been growing. By adding these new beds, our government will ensure that necessary long-term-care facilities and services will be in place to meet the demands that the future will place on us. This program will create more than 20,000 new long-term-care beds in the province and will add to that number the renovation of a further 13,000 beds.

In the area of mental health, our extensive mental health reforms include leading a consultative review on

mental health reform in Ontario, which was led by Dan Newman, the new Minister of the Environment. He began a mental health law education project to inform Ontarians, especially professionals, about their rights and responsibilities under existing mental health legislation. We developed a provincial forensic policy and opened 446 new forensic beds across the province. We initiated a review of the Mental Health Act and related legislation to ensure that the mental health service delivery system is accessible, accountable, cost-efficient and promotes public safety.

It's a pleasure to stand here and talk about the accomplishments that we have made here in Ontario and how much greater those accomplishments could be if the federal government would re-establish the \$4.2 billion they took out of Ontarians' pockets with their cuts to health care. Perhaps one of the most telling comments that I see in these notes is a quote from Allan Rock in a speech that he made on August 20, 1997:

"I will not stand here and tell you that the cuts in transfer payments we made were insignificant. They were not. And I won't tell you that they have not had an impact. They have."

Mr Rock fixed the problem.

Mr Garfield Dunlop (Simcoe North): It's a pleasure today to speak on the Premier's resolution that "Condemns the government of Canada for cutting, by \$4.2 billion annually, base payments under the federal program that supports health care"—the Canada health and social transfer—"while provincial governments have increased health spending."

Since 1994-95, the federal government has cut \$4.2 billion from health care transfer payments to the provinces, and over the same period Ontario has increased health care spending by over \$3 billion here in Ontario. It is clear that the federal Liberals are responsible for the largest health funding cut in Canadian history. In the last budget, the federal Liberals had a chance to rectify their problems by restoring the funding. They had a surplus, but failed to inject more money into our health care system. In short, the federal government has failed to live up to its commitments to the people of Ontario. Once again, the federal government has failed to recognize the needs of the growing and aging population in Ontario. The \$2.5 billion in one-time funding in the last budget is clearly not enough.

I'd like to take a bit of time from this debate to boast a little bit about the hospitals and the health care services that we have in my riding of Simcoe North. They rank as some of the best in our province.

Yearly, hospitals around the province are evaluated in four general areas, and Soldiers' Memorial Hospital in Orillia is the only hospital in Ontario rated above average two years in a row for the amount of staff time devoted to patients. As well, the hospital is a recipient of the National Quality Institute's Canada Award for Excellence: Quality—Health Care, "for a strong and ongoing commitment to continuously improving the patient experience and responding to the changing needs of the com-

munity." As well, I should point out that currently in our hospital, at the Orillia Soldiers, we're trying to put our final plans together to get approval for a major redevelopment project.

In the western part of my riding, the Penetanguishene General Hospital and the Huronia District Hospital saw the inefficiencies in their two hospitals long before the restructuring commission and decided to form an alliance to eliminate those inefficiencies and reinvest those dollars back into the health care system of the area. This is one of the most important elements of health care system reform, health care providers working together to improve a system. That is what these two hospitals have done in Midland and Penetang, and I commend them and their staff for those efforts.

In February, I had the honour of taking part in the opening of a new kidney dialysis unit at the Penetanguishene General Hospital. This temporary service will give local dialysis patients in the western part of the riding three-times-a-week access to local treatment. These services will ensure that some of north Simcoe's patients do not have to drive to Orillia, which will relieve pressure on the Orillia Regional Dialysis Centre at Soldiers' Memorial Hospital. I'm proud to represent this hard-working, determined team of health care professionals.

According to the Health Services Restructuring Commission, which was created by this government to look at ways of reforming our health care system, a plan was created for the hospitals in our province to become more efficient and more effective. The HSRC also urged the government to approve more long-term-care beds for our seniors.

I'd like to inform this House that construction is taking place in both Orillia and Midland for the creation of more long-term-care beds, as outlined in our government's health action plan. At the new Village of Leacock Point Health Care Centre in Orillia, we are building 68 new long-term-care beds and that construction is just beginning now. At St Andrew's Centennial Manor in Midland, about 100 long-term-care beds are being created for the fine people of Simcoe North. This is a redevelopment project.

1530

Since the Harris government was elected, 533 new long-term-care beds have been allocated to Simcoe county. This fits in quite nicely with the two manors, the Georgian Manor and the Trillium Manor in my riding that are operated by the county of Simcoe.

The provincial government has also committed to update 303 long-term-care beds in Simcoe county alone. Provincially, this government has committed to creating over 20,000 new long-term-care beds, which will improve access to community based services for an additional 100,000 Ontarians. I am proud to be part of a government that understands the long-term-care needs not only of my riding, but of my county and my province.

While hospital reforms creating new long-term-care beds are important, giving Ontarians access to a doctor is one of the foundations of our health care system. That is

why our government introduced primary care networks in 1998. Primary care networks are made up of family doctors joining together in their communities to provide easier access to health services and better coordination of health information through computers. The networks will help reduce waste and duplication in the health care system.

Health service is of higher quality because there is better communication about the patient's health. The family doctor, nurse or health care professional that the patient deals with will keep his family doctor informed about his or her own health care problem.

I would like to encourage the federal government to take a look at how we are providing ambulance services in Simcoe county based on a 50-50 agreement between the province and the county. I guess I should explain, for the benefit of the federal government, the province agrees to pay half of the cost of ambulance services while the county agrees to pay the other half. Wouldn't it be nice if the federal government paid at least a quarter of the health care funding to the province instead of the 11% that we are receiving now?

The federal government likes to make an argument that they did not cut health care funding, but one only has to look at their election platform of 1997 where they admit that they cut health care funding despite this phony tax point argument, an argument, I might add, that has been called meaningless, according to CIBC Wood Gundy economist Jeffrey Rubin. I quote from the Liberal campaign book, "It is a fact that, during our first mandate, this government reduced transfer payments to the provinces." Where do these transfer payments go, you might be asking? Into health care, into the hospitals, nursing homes, health units and the providers of this service in Ontario.

While federal Minister Rock talks about improving access to doctors, Ontario is doing it. Rock talks about expanding home care and community care; Ontario is doing it. Rock talks about health care reform; Ontario is doing it. I would like to thank Mr Rock for admitting the mistakes of the past, but I would encourage them to correct them. The citizens of Canada and the province of Ontario expect and deserve more from their federal government.

Mr Rick Bartolucci (Sudbury): Thank you for allowing me the privilege to offer a few comments with regard to this motion.

Because there is an amendment to the amendment of the main motion, the people of Ontario should know that under the rules we will be able to debate the amendment to the amendment and then the amendment and then finally the motion, so every member in this House will have ample opportunity to put their point of view forward. The only thing that could ever stop that would be of course if the government invoked closure on their own motion. I would hope that the government wouldn't do that, which would allow every member in this House—103 members—to ensure that their points of view are

made clearly, succinctly, and certainly with the best interests of their constituents in mind.

First of all, I'd like to talk a little bit about the Lankin amendment. In general, the Lankin amendment simply states that we have to ensure that we're opposed to privatization in our health care system; that we are opposed to two-tier medicine in this province. Certainly I'll be supporting this type of motion because I see what is happening in Ralph Klein's Alberta. We all know that we don't want that to happen in Ontario, so the safeguard here is if we support the Lankin amendment. It's not very complicated. It casts no blame. It just ensures that two-tier medicine won't come to Ontario.

Our Liberal amendment lays blame in both places, both at the federal government and at the foot of the provincial government. I'm in agreement with that because I've long argued, over the course of the last five years now, that we were making fundamental mistakes in health care in the province of Ontario.

Speaker, you will know that I get up here quite often and rant and rave and sometimes, hopefully, make salient points to ensure the government is held accountable for what I see are weaknesses in their plan to implement restructuring of health care services in Ontario. So I have no problem supporting the amendment by the Liberal Party. It doesn't cast blame; it ensures that both people, both governments, do their job.

I have some concerns with the main motion because the main motion is nothing more than trying to lay blame as opposed to doing something very constructive. I'm reminded of a television show, and I know it's a little bit corny to draw this analogy but the reality is there. There is a very popular television show, probably about six months old now, hosted by Regis Philbin called *Who Wants to be a Millionaire?* Mike Harris has been hosting a show for the last five years as well. The name of his show is *Who Wants to Take the Blame?* When the government created a crisis in education, Mike Harris was the first one to say, "Let's cast blame on the trustees, you know, those overpaid trustees, the ones who do nothing for education." When that didn't work any more, he said, "Let's blame the school boards." When that didn't work any more, he said, "Let's blame the parents." When that didn't fly, he said, "Let's blame the students." That went over like a lead balloon, so he found the group he wanted to blame and said, "Let's blame the teachers." The reality is that in Ontario the way we've avoided a crisis in education is because of the dedication and the support our teachers have given to our students.

Let's move on and talk a little bit about fuel prices. You remember that this past year, the summer in particular, Mike Harris was quick, when the truckers decided it was time they took action, to say, "It's the truckers' fault, they haven't negotiated good contracts," or, "It's the oil companies' fault, they're ripping off the consumers," or, "It's the consumers' fault because they're driving too much." The reality is that constitutionally and legislatively the only one who can accept blame for rising gas prices is the Premier, Mike Harris.

Let's talk a little bit about social services costs for only a second. Who did he blame then? Well, it was the pregnant mothers on welfare. They drank too much beer. That's why social services costs were escalating. Let's lay the blame there because it's a popular thing to do. When it wasn't popular any more, he moved away from it.

Finally we come to health care. Four years ago Mike Harris said: "It's the nurses' fault. It's the doctors' fault. It's the hospital administrator's fault. It's the board's fault." We have a crisis in our health care system. We have to repair this crisis. We need restructuring in the system.

He blamed all the partners in education. He established a commission to go about the province and restructure. That commission has issued its final report. It lists seven recommendations with regard to system building. If time permits in this 20 minutes, I will deal with a few of those; if not, I will deal with them in the next 20 minutes I have; if I can't deal with them then, we'll deal with them in the final 20 minutes I have with regard to the way the amendment to the amendment and the amendment and the main motion are debated.

The people in my community know clearly where I stand. They told me clearly about five months ago: "Rick, we agree that the government moved too quickly. We agree, as the new health minister, Elizabeth Witmer, said, 'We don't have a vision for health care.'"

They agreed with her then and they agree with her now when she has to stand up in the House and say, "There is no plan for health care." They agree with all that, but you know what they don't agree with? They do not agree with the government casting blame on the federal government. They don't agree with everyone around here blaming everybody else for the problems we have. And so, my community said: "It's time we stop fighting over health care. It's time we started fighting for health care."

1540

My community agrees with my leader that it's time we put away the sword. It's time we put away the guns. It's time we put away the rhetoric. It's time that we come together to find the solutions to the problems we have in health care in the province of Ontario, because we, as members of provincial Parliament, are mandated to find those solutions.

Is the federal government a player in all of this? There is no question the federal government is a player. They have a part to play in it. In fact, they have a very important part to play in it. We expect that they will live up to that part, and we want the 103 MPs in the province of Ontario to fight at the federal level to ensure that the commitment, the obligations and the responsibilities of the federal government are lived up to.

The reality is that we can no longer do what we've been doing for too long. We can no longer yell across the way to each other, calling each other names, saying, "You're to blame," "I'm to blame," "He's to blame," "She's to blame." No more. It's not going to fly with the

public any longer. Not only my constituents, but I guarantee every constituent in the province of Ontario has said: "I've had it. I want my elected people to come together to work for a better health care system, to stop fighting over health care and start fighting together for health care to solve the problems we have."

My community is a very progressive community. It's not waiting for governments to come together. It's not waiting for the name-calling to cease. My community has decided, "If there's a job to do, we'll do it." But there are some limitations that my community has to face, and I want to outline a few of those to you and to the House.

To do that, I have to spend a very short time going back in history to the restructuring report and the direction it took. Certainly it wasn't the direction that the community wanted, but we've already had that argument so I'm not going to revisit that argument. But it did leave us with two of our three acute care hospitals closing. It did decrease the number of acute care beds. It did decrease the number of transitional care beds. It did decrease the funding in our main hospital, in the other hospitals that we're going to close. It did mean that nurses were laid off or fired. It did mean that one emergency room was closed and that there were longer waits in the one emergency room we had left. It meant all of those things. But we've already had that argument.

The direction from the Health Services Restructuring Commission was that we were going to enhance the facility we already had and the government would pay its fair share. Well, it took a while for my community to heal, to come to the realization that that's the direction we're going to take, but we did that. When we were fighting the last election, we weren't fighting it over the direction of the Health Services Restructuring Commission so much; we were fighting it over, how are we going to be able to build this direction that the Health Services Restructuring Commission has mandated?

The burden on my community is enormous. Later in this talk I will try to outline some of the problems we have in our community, but for the next few minutes I want to tell you what our community did. Our community said: "All right. It's time that we put the war of words to bed. It's time that we establish an approach we're going to use to ensure that we have world-class health facilities at the end of the process." So a group of very dedicated, hard-working volunteers came together, and they did what the federal government couldn't do, they did what the provincial government couldn't do: They brought every partner to the table and they said: "If we all work together we can resolve the problem. If we all show we have a direction, governments will listen."

Under the very capable leadership of Gerry Lougheed Jr, who has decided to chair this campaign—and the campaign is called the Heart and Soul Campaign, because in essence health care is really the heart and soul of our community, in the present and for the future. So he brought together a wonderful group of individuals dedicated to the community and the region of Sudbury and northeastern Ontario.

I think of Joe Drago, for example, a retired high school teacher and principal, one who devoted his entire life to education and the betterment of students. He came; he decided that it was important that he become involved in it. I think of Jim Corless, a hard-working member of the community. Remember—I'm glad I'm given this particular 20 minutes during National Volunteer Week, because these people are all volunteers. They don't get paid anything for this. They're just sold on our community and they want what's best for our community and they're tired of the in-fighting they see among governments and within government.

I think of Mac Sinclair—Speaker, you know Mac Sinclair well—a hard-working individual who gives of his time at the Centre for Life, our new YMCA, who believes that health care is important in our community. Maureen Lacroix and Jackie Thoms, both hard-working people, both feel they have something to offer and they want to do it, with or without the help of government. They're assisted very capably by staff such as Judy Robertson, Allan Katz, Michelle Liebrock, and certainly hospital administrators or health care administrators such as Sister Bonnie MacLellan, who came down from Thunder Bay and helped at our new St Joseph's health care facility, and Dr Randy Bisset, who is world renowned with regard to the way he administers our regional cancer centre, and certainly very dedicated individuals like Dave McNeil from the Sudbury Regional Hospital, who's trying to put all the numbers together to make the numbers work.

They decided that we have to establish the plan. They went before regional council and they explained their plan and it was a beautiful plan. The place was filled. Regional council chambers were filled with people who were pointed in the right direction: the fruition of the dream, the completion of the plan, always with excellent health care facilities as the final target. Regional council was very supportive, but there was a part they had some trouble with.

They believe, as I believe, that the provincial government has an obligation to fund our health care facilities to a greater extent. They're not blaming the provincial government, nor are they blaming the federal government. They are simply saying: "Let's lay all the cards on the table. Let's look closely. Let's look at our facilities, our hospital." A very high percentage of cases that come to that hospital are not from Sudbury, because we're a northeastern referral centre. A large percentage of our cancer cases are from across northern Ontario, in some instances from across Ontario.

1550

The provincial government is going to be asked to come to the table with some more money. We're not coming down. My community—it's political representatives led by regional chair Frank Mazzuca—but certainly we'll be supported; and I'm sure Sudbury Mayor Jim Gordon will be taking a lead in this because he was very vocal. He was not throwing stones at the government. Nobody around that regional council table was throwing

stones. They wanted, though, a greater commitment on the part of the government of Ontario, Mike Harris's government, to come to the table.

Hopefully before the end of April, this committee of politicians, community volunteers and community leaders will be coming to Toronto and they'll be meeting with the health minister. Councillor Doug Craig will be explaining some of the factors that she may not be aware of with regard to what our catchment area is. Certainly Jim Gordon, the mayor of the city, will be meeting with Jim Wilson. He will be asking that the minister look at the potential for a broadening of our economic base through a donation from the provincial government in that particular area. Austin Davey, I'm sure, will be dealing with Minister of Northern Development and Mines Tim Hudak. At no time will they be throwing stones. At no time will they be casting blame. The only thing they will be asking is that you understand that our community cannot sustain a \$45-million community campaign. It is virtually impossible for us in our community, given the economic factors surrounding a resource-based economy, given our population, given the present employment situation we have in Sudbury and in our region, to sustain a \$45-million community campaign. So our local politicians and our community leaders will be coming to Toronto and all they will be asking for is a fair deal.

I've only got 48 seconds left, but I'd like the House to know that in my next 20 minutes, whenever that may be—and I hope the government doesn't invoke closure—I'll be talking a little bit about some of the horror stories that have evolved through the restructuring process, and how they could have avoided it, and the concerns we have with physician shortages. But finally, as my time winds down, I want to say that I am totally in support of the Heart and Soul Campaign of our community. I'm proud of that team and my community for taking a proactive approach, a very positive approach to solving the problems we have with our health care facilities in the city and region of Sudbury.

Mr David Christopherson (Hamilton West): I appreciate the opportunity to speak to this resolution. Obviously, one of the things that I want to do in the time that is afforded me is to not only discuss the macro issues, as many of my colleagues have, but to also speak to the implications in our communities and the impact on individual citizens and our families in terms of what all these cuts and the squabbling between the different levels of government are causing on the streets of communities in Hamilton.

I find it a bit hypocritical that the Harris government now wants to make health care funding the absolute number one priority. Nothing else matters. This is the top priority, and yet just a couple of months ago the federal government announced they were introducing their budget and the Ontario PCs ran ads effectively lobbying the government, trying to generate public support to put pressure on the federal government to take a certain course of action.

Given what's happening here today with this resolution, listening to the Premier speak, listening to Health Minister Witmer speak, you would think that when you checked back you would find that the ads they had taken out were indeed urging the federal government to make health care funding an absolute priority in terms of where the federal government ought to place the surplus funds they now find themselves in possession of. But, like many things with this government, what you'd expect, what they say and what the reality is are entirely different. They did not run ads urging the federal government to make up the money they've cut in transfer payments for our health care system. No. Their top priority was more tax cuts. That was the priority.

I want to say to the federal Liberals that, much to their everlasting shame, they succumbed to that pressure. I see one of the cabinet ministers across the way giving the thumbs-up. They love these tax cuts. Do you know why? Because they don't need to worry about what happens if we go to a privatized system and you only manage to get what you really need by coughing up the money. Why? Because they've already got lots of money, and with the tax cuts they've given, these folks have got even more money. Unfortunately—and the minister and his colleagues fail to take this into account—the vast, overwhelming majority of Ontarians don't have that kind of money. The only way the majority of Ontarians are going to have the health care system we need is to provide it through a public system.

When the federal government brought down their budget, for every dollar they gave for tax cuts, they put two cents in health care. Talk about putting in your two cents' worth. That's how much of a priority it was for both these governments. Both of them are listening to the cries for tax cuts above and beyond the critical need they now say consumes them in terms of making sure they receive adequate funding from the federal government to provide Ontarians with the health care system they deserve. What hypocrisy, and then to spend these past few months between the federal health minister and the provincial health minister squabbling back and forth.

It's our sense in the NDP caucus that, at the end of the day, what people are looking for is some kind of solution. I know the government will say, "Just support our resolution; there's the solution." At the end of the day, who is not going to be in favour of providing sufficient funds from the feds to the province for health care? But it is so filled with hypocrisy.

When I talk about taking the macro and then talk about what's happening in communities, you know I cannot deal with the issue of health care without talking about what's happening in my own home town of Hamilton. Because of the money that this government has cut from hospitals—yes, the overall health budget is up, but then so is the demand on the health care system, so are the number of people demanding services, the type of services being required as a result of our generation getting older. Of course there is going to be an increase,

but when you look at it on a per capita basis, we're behind, overall, in health care.

In the hospital sector, they cut out \$800 million. In terms of the Hamilton Health Sciences Corp, we're looking at the Henderson site being basically demolished and the cancer care centre moving away from there, at a cost of \$100 million, by the way, a brand new building that was just opened a few years ago at a cost of over \$40 million. We still haven't figured out how that lunacy is supposed to make any sense. Out of the Hamilton Health Sciences Corp budget, they've been facing a total of over \$40 million in operating grants in terms of the funding they get from the provincial government. And what is the deficit that's caused the government to go upside down and twirl all around and now come in and bring in a supervisor? What has caused all of this? A \$40-million deficit. Well, let's see now: \$40 million cut from the budget by the provincial government and a \$40-million deficit. I wonder how that happened. Yet the minister insists on standing up and saying that there have been no cuts. She's actually in Hansard saying there have been no cuts. The fact of the matter is that there have been cuts. That's why I've always maintained that looking at these two numbers is so important. Give or take \$1 million or \$2 million, it's \$40 million on each side of the ledger.

1600

I and my fellow area MPPs meet on a regular basis with the board of the Hamilton Health Sciences Corp. They've been telling us for some time that because of the cuts—and other things, but definitely because of the cuts—they're running deficits. But they said they were going to make sure that the health care needs of our citizens in Hamilton were the first and top priority—not some hypocritical, "This is our priority," like the government saying, "Health care is a top priority," when what they're really pushing is tax cuts. This board said, "Our priority is the health care needs of the community."

What did the PricewaterhouseCoopers report come out with in regard to that? Well, somehow this is meant to be a criticism, but it sure isn't, as someone who represents tens of thousands of Hamiltonians. Listen to this, page 32 of the PricewaterhouseCoopers report: "This is reflected in the board placing a higher priority on meeting the needs of patients who request HHSC's services versus fiscal accountability and solvency of HHSC."

I realize that you cannot say money doesn't matter, but you also can't have it both ways. If your revenue is being cut and you have not only the same service demands on your hospital but increasing demands, you have to make one of two choices. You'll either run a deficit and provide the service and work out with the government and the proper officials later how you manage this fiscal issue, which, by the way, was caused by their cuts in the first place, or you say to Hamiltonians when they bring a sick child to the emergency ward: "Sorry. You're the point where we have to cut off today, because we don't have enough money to pay for servicing your child in terms of their immediate health care needs."

This board—rightfully, in my opinion, and I was proud to stand behind the board up until the recent announcement about what they were going to do with Henderson. I was proud to stand behind them when they said that the health care needs of those Hamiltonians who are at the doorstep of a hospital will be first. That's not a criticism. That's the way it ought to be. In fact, that's what this government says they do. They say that dollars don't matter, it's the health care that matters, that they'll make sure there is enough money to meet the need. That's exactly what this board did, and now they're being criticized for it.

The point was even made twice. On page 42 of the review it says, "Interviews conducted with senior managers reveal the following key issues," and the fourth bullet point is, "Community needs clearly outweigh the responsibility for fiscal accountability when the senior team is making decisions." Well, as long as the senior level of government is cutting funding, this had better be their decision, this had better be their policy, because I can't imagine anybody in this place of any political stripe saying that it's OK not to provide hospital services that are needed because there's not enough money.

The dangerous game that's going on here—and this is where the federal Liberals have got to start paying a lot more attention to the implications of the positioning they're taking vis-à-vis the provincial ministers of health. By ensuring that provincial governments are not receiving their fair share and what they need to provide health care services, you give the Kleins of this country a green light. It also probably feeds the belief of quite a number across the way on the government benches that privatized health care is OK. I would assume that if money is not a problem, maybe it is OK, but it's sure not OK for the average person.

I don't really understand how it's supposed to save us money if the government, through the Minister of Labour, when he says that he cares about workers, making sure they get fair pay for work and fair benefits and a safe workplace—how it makes any sense that privatizing something is going to save us money in the general public. It's another one of those, "You can't have it both ways." If you privatize it and it's going to cost people less, then where are the savings coming from? Nothing magical happens when it goes from public control to private control. There's no magic transformation there.

Thanks to this government, in many cases collective agreements go into the wastebasket. You put that legislation in place so that if something is privatized there's no collective agreement. What does that mean? It means they can pay whatever wages they want. So they're going to pay nurses a lot less, they're going to pay support staff a lot less, they're going to pay the ambulance drivers a whole lot less. That's how they're going to save money. How does that help my community in Hamilton if you take a few thousand people who are earning at least a half-decent wage and cut their incomes by 20%, 30%,

40%, 50%, which means there's that much less money in our local economy? How is that supposed to help us?

The other way you make profit, after you've done your damage to wages and benefits, is that you provide less service. Yes, that will save money, but then we're back to the same old dilemma: You're saving money but at the expense of the health care service.

If we hearken back to the wisdom of John Snobelen, the then Minister of Education, who said to that room full of Ministry of Education bureaucrats, "What we need to do is create a crisis"—I'm paraphrasing—"to justify the action we're going to take," that is what I fear is going on. At the end of the day they'll try to convince Hamiltonians and others across Ontario that because there's this huge problem they need to do something and that something is, "At least let's talk about privatized health care." They create the crisis.

That's what they've done at Henderson. Would we still have fiscal challenges? Yes. Would we still have major staff challenges in terms of doctor shortages? Yes. Would we still have a problem in terms of ensuring that there are alternative levels of care beds, meaning long-term-care beds, to move people out of hospitals into these beds so you can free up those acute care beds for others who need them? Yes, those are still problems. But those problems have to be dealt with by the provincial government. Henderson hospital doesn't decide what the policy is around providing doctors for our communities and they aren't the ones who are designing a long-term-care system, which they're also privatizing. So at every front where we look at why the Henderson crisis is in front of us, it all comes back to this government.

1610

Yet this Minister of Health continues to stand up and say, "No, there have been no cuts, and this is all about bad management." Has the management at Henderson been perfect? No. Has the management anywhere on this planet been perfect? I think not.

Now we've got the sight of the minister, as if she had no involvement in anything to do with Henderson, standing back and saying, "I'm going to send in a supervisor because you folks are all irresponsible and can't be trusted to do the right thing."

The reality is that the entire operational review and the recovery plan, which this government still refuses to table, had as full participants senior ministry officials from the Ministry of Health. In the absence of any kind of guarantee that bringing in a supervisor or an overseer so that Henderson emergency and the cancer care centre next to it will stay open, it's meaningless. It doesn't mean anything, other than one does get to the conclusion that you've obviously gotten into a process to buy some time. What's going to happen during that time? There'll be a by-election. That's what's going on.

The minister, in her own news release, said—and I'm down to my last two minutes—"It is unacceptable that Hamilton Health Science Corp's proposed recovery plan did not take into consideration the needs of the residents on the Hamilton Mountain and surrounding communi-

ties.” The Ministry of Health was a part of putting together that recovery plan. They were involved in every step of the development of that recovery plan and that’s why she won’t table it, because then she has to either lie or fess up that she was a part of it.

Hon David Turnbull (Minister of Transportation): David, can you speak up a bit?

Mr Christopherson: You tell me to speak up. Do you know what? We’re a little tired that no matter what we do, your government won’t listen. So at the very least, you’re going to have to listen.

But the fact of the matter is that this minister and her officials are a part of that plan and that she said it’s unacceptable that there’s not consideration for the community. The only thing we’ve been concerned about at this stage, because it’s the only thing that’s been in the bull’s eye, is Henderson; ergo, the minister ought to announce that Henderson’s going to be saved and that’s why the supervisor’s being brought in. That’s not what’s happening.

The board of the Hamilton Health Sciences Corp, for all the challenges they face, have done the best they can. I think they made an absolutely critical strategic error in saying they’re going to close the Henderson, or do anything else for that matter, in advance of the operational review and the recovery plan being tabled, which would mean that the ministry would have to say whether they’re inside or not. It would be hard to be offside when you were a part of developing it.

But for all of that, they are good people who have done the best they can and they don’t deserve to be treated this way. They’ve been hung out to dry, just like the broader community has been hung out to dry. If we don’t get this funding issue resolved, privatization is what’s coming next. When that happens, just look down the road five, 10, 15 years: The Hendersons of our communities will be privately owned.

Mr R. Gary Stewart (Peterborough): It’s my pleasure to speak to the Premier’s resolution on health care. It’s interesting to note that the number one priority with our government is health care and it’s the only thing that is the same for everybody in this province. I feel very disappointed that the federal government does not believe that health care should be a priority as well.

As I listened to the opposition members in this House, they seemed to be standing in their places and not suggesting that we try to get the fair funding from the federal government that this province deserves, and not only this province but all of them in Canada. I ask the members of the opposition, are they more interested in protecting their Liberal cousins in Ottawa or are they more interested in protecting the people of Ontario and indeed the people they represent?

I could use a whole bunch of clichés here today, like “Talk versus action,” and “Put your money where your mouth is,” and “Facts, not fallacy,” but I won’t use those because I have no intention of blaming anybody. What I am trying to suggest is that there were a great number of dollars, to the tune of \$4.6 billion, taken out of transfers

by the federal government of this country that I believe should be put back into our health care system, and I believe most other Ontarians believe the same thing. For that reason I find it very difficult to listen to the rhetoric, or whatever you wish to call it, from across the House of those who don’t want to protect health care for the people of this province.

Now let’s talk about priorities. Let’s talk about protecting health care for Ontarians. As a government, and I include all sides, we must ensure that all Ontarians can continue to depend on a health care system that is accessible, affordable, accountable and sustainable in the long term, and that seems to be one of our problems. I can’t understand why past governments did not plan in the long term for health care. I don’t know about you folks, but I have got a little bit older. I suggest to you that 10 or 15 years ago, when the opposition was in power, they must have had a moment when they did not think anybody was ever going to get older. We didn’t have to plan for long-term health care.

Our health care system in this province and throughout Canada, you know and I know, faces many challenges. But at the same time we also have many opportunities, and we should not forget that. We should work in co-operation with all levels of government, with all parties, void of political bias, to make sure that health care will be sustainable in this province.

On the medical front, there are several revolutions going on simultaneously: in new technology, new equipment, new treatment and, of course, new drug therapy. This includes everything from multiple organ transplants and new treatments for cancer to less invasive cardiac surgery. In my riding alone, we’ve been very, very fortunate to obtain some of this new technology. For 15 years Peterborough had tried to get a dialysis unit. Within six months of our government getting elected and getting into place, we had a dialysis unit in the city of Peterborough. Our government reacted. Since then we have obtained a cardiac care unit, which will open later on this month. They had been trying for 12 years to get that. Also the MRI, which is also coming to Peterborough, they had been trying for some eight to 10 years to get that particular unit.

If you look at the types of reform and the things that our government has done in the last five years, I think it’s a tremendous record and it’s a tremendous indication of the type of priority that we hold for health care. For example, last year we expanded the number of breast screening sites in Ontario to 48, an increase of 12 sites in just one year. We have invested an additional \$155 million into cancer care since 1995. Unfortunately, in this province we have a very aging population; also, the incidence of cancer continues to grow at about 3% per year. We have done some of these things, albeit we have a long way to go, in spite of the cutbacks of the federal government.

1620

As I mentioned, new technologies and new treatments are very exciting, but when you combine them with the

increasing demands of our growing and aging population, they raise some larger questions of accessibility and affordability. As I mentioned, between 1995 and 1998 the demand for dialysis grew by 30%. There has also been a major increase in the last couple of years in cardiac surgery and cardiac management.

One of the reasons I have mentioned some of these things is that we listen to what's coming out of the federal Minister of Health's mouth, suggesting that the provinces—not only Ontario but the provinces across this great country—have to start looking at reform. Reform has been an ongoing thing, certainly in this province, for the last four years.

As I said, we have major changes. The demographics are changing. We've got to prepare for that type of future, and it appears without a great deal of additional help from the federal government. In 11 years, for instance, the post-war baby boom generation will be reaching the age of 65. Thus, the demand for health services will only continue to increase, and again, it appears without additional help from the federal government.

What will that mean for health care costs? Let me put it in perspective for you. Today we are spending \$20.6 billion. Half of that money is being spent on 12.6% of our population, and that is people over 65 years of age. So I think you can appreciate that our growing and aging population will bring tremendous financial challenges to the health care system in the years to come, not only in our province but every province across this great country.

Again, I have to emphasize that the federal government has got to realize that they have got to be part of the solution in health care funding.

It's interesting to note that the Ontario Hospital Association recently noted in their pre-budget brief, and I quote: "Today the Internet is accelerating the globalization of health care services and exposing the public to new options for diagnostics and patient care. The public will expect to have access to modern medical equipment or treatments that are saving people's lives in other jurisdictions. Customers' needs and expectations will increase."

I hope the federal government realizes that is a thing that is definitely going to happen in the future. We're not asking for more or less than what we deserve; we are asking to get what we need and what is fair to us.

If you notice, it's not only Ontario and Canada that have a health care problem. A number of months ago I had the opportunity, over a couple of weeks of holidays, to read a lot of newspapers. Health care is a problem all over the world and we have to be prepared to solve it. We, at all levels of government, have to be prepared to be part of the solution.

I can assure you that Ontarians are concerned—certainly they are in my riding—about the future of our health care system. They want to know that the system will be there for them and for their families if they need it. They want to be assured they will have access to new treatment, new services and new drugs.

The people of Ontario also know that our health care system is a tremendous asset. It is a competitive advantage that contributes much to the strength of our economy. Ontarians want that asset protected. They want their health system to be sustainable, accessible and affordable in the long term.

The system we inherited in 1995 had for too long seen the hospital bed as the answer to everyone's needs, even though today more than 70% of surgery occurs as day surgery. Unfortunately, community based initiatives such as services and long-term-care beds had not been addressed until our government got into power. Certainly, when we announced 20,000 new long-term-care beds in 1998, there had been no construction of any long-term-care beds in the previous 10 years.

Mr Rock says, "You should start reforming the health care system." Ladies and gentlemen, Mr Rock should listen and see what the people of all provinces have been doing in health care across this great country.

I suggest to you that this government has put those reforms in place. Piece by piece, step by step, we have put in place the necessary elements of a modern health care system in response to the needs of our population, and yes, we've got a way to go, but we'll continue moving forward.

One of the reforms that has happened is we're shifting the focus from sickness to wellness, as we must if we are to sustain our health system. We're promoting injury prevention and health promotion. We're investing in early intervention for children and their families through programs such as our pre-school speech and language programs, our Healthy Babies, Healthy Children program, all of these reforms at major cost, major increase to this province. We are doing it in spite of cutbacks from the federal government. As I mentioned, we want no more, nor do we want any less.

Because we restructured the hospital system, we have been able to make major reinvestments in our hospital facilities and in long-term care. There's presently \$1.2 billion worth of hospital construction underway and we plan to spend another \$2 billion to meet the needs.

That brings me to a health care problem and a hospital problem that we have in the riding of Peterborough. We have a new name for our hospital. It's called the Peterborough Regional Hospital, from the old name of Civic Hospital. We have a new name, but we need a new hospital. Why? Because our hospital has had very little refurbishment since 1947—a little bit in 1962 and a little bit more in 1988. Our inpatient rooms are too small to appropriately accommodate modern medical equipment. We use the old crank beds because the rooms are not big enough for electric beds. We have to use those crank beds getting patients from one floor to the other because the elevators are not big enough to take the new beds. If a person has a cast on one's leg and has to use a wheelchair but also has to use the washroom, they must leave the door open in that washroom. Because of their leg, there's not enough room to go to the bathroom.

That's the type of hospital we have at Peterborough. We need a change. We need a new one. We don't have sufficient space for nurses and doctors in the wards. We have a \$250,000 piece of equipment that sits outside our operating room which gets banged constantly by gurneys and beds because there is no room for it to be put any place. But we cannot get this type of new hospital or improved health care unless we have a commitment from the federal government to put the dollars they've stolen out of this province back into the system.

We have established that it's about a 70-30 split. As you may or may not know, it used to be a 50-50 split between the community and the province. When we got in to form the government it was changed to 70-30. I commend the people of Peterborough and area because they are ready to put up their 30%. The county, the city councils and the community have approved that there will be a levy put on their property tax on a yearly basis for the next 25 years. We're committed, and I suggest to you that the federal government better soon get committed to enhancing health care in this province.

1630

Fortunately for this province, we have a strong and growing economy. We also have a strong Premier. We have a strong and caring health minister. The reason I make the comment about a strong Premier is the fact that Premier Mike Harris has led the charge towards Mr Rock, to somehow convince this individual that the dollars they have taken out have to be put back in.

We have been able to increase our health care spending from \$17.4 billion in 1995 to \$20.8 billion today in spite of the cutbacks of the transfers from the federal government. Why have we been able to do it? Because we have a thriving economy that has seen the creation of 665,000 net new jobs since 1995. The tax cut is working.

However, while we have increased health care funding, as I said, the federal health cuts have cost Ontarians \$2.8 billion since 1993. Our taxpayers have had to make up the difference in order to protect and preserve health care in this province. Moreover, we have committed to spending another 20% over the next four years, to an unprecedented \$22.7 billion.

I want you to think for just a moment about those transfer payment cuts and the impact they have had not only on Ontarians but on all Canadians. In simple terms, since 1993, Ottawa has been forcing Ontarians to pay a major part of their health care bill twice. The people of this province paid their taxes to Ottawa, but unfortunately Ottawa did not return all of the health care money. Then, as a result of those federal cuts to health care, those same Ontario taxpayers have had to pay—

Mr Richard Patten (Ottawa Centre): On a point of order, Mr Speaker: The member across continues to make disparaging comments about my community, Ottawa. It is not Ottawa. I believe he's talking about the federal government—

The Acting Speaker (Mr Michael A. Brown): That's not a point of order. The member for Peterborough.

Mr Stewart: Ottawa did not return all of the health care money and, as I say, Ontario taxpayers have had to pay twice, because they've had to pay again for the needed services that could be provided for people in this province.

I suggest to all members of this House, and indeed the member from Ottawa, that we go out of our way to make sure that Allan Rock, the federal minister, and the federal government put the transfer dollars back into health care as quickly as possible.

Mrs Marie Bountrogianni (Hamilton Mountain): It's a privilege to speak on any debate with respect to health care, particularly since these past two months have been very significant ones for health care in my community in Hamilton. My colleague from Hamilton West talked about the Henderson hospital situation, and I want to give the House some background because you'll be hearing quite a bit about this in the future.

Yesterday, the minister took a very severe step in recommending a supervisor go into the corporation. There's a 14-day waiting period and if this indeed occurs, I believe it's only the third or fourth time in this province's history that this has happened.

One of the promises the minister has made is a promise of consultation with the community and with the various stakeholders, and I do hope that occurs. Indeed, there has been in the last three months an informal consultation process, and I'd like to summarize some of that consultation and have it on the record, both for the minister and for the opposition.

In 1996, the Health Services Restructuring Commission came to Hamilton-Wentworth and recommended that the corporation's three acute care sites remain open. They reviewed the demographics, they reviewed the need, and the commission recommended that the three acute care sites remain open. Indeed, in 1992, a cancer centre was built at a cost of \$41 million beside one of those acute care hospitals, the Henderson, precisely because it was to remain an acute care hospital. This state-of-the-art centre, at \$41 million, needs an acute care hospital and indeed will move if the acute care hospital is downgraded, as was proposed by the corporation. In fact, there was an expansion to occur, and that is on hold until all of this is resolved. This has caused a lot of insecurity among cancer patients and physicians, adding to an already untenable position with respect to attracting physicians to the area. According to the corporation, we are short about 80 physicians in the Hamilton-Wentworth area.

The proposal to downgrade the Henderson from acute care to urgent care is unacceptable for many reasons. One, it is the only acute care hospital on Hamilton Mountain. For those who aren't aware of the geography of the Hamilton region, it truly is an escarpment and it's truly difficult to get down the escarpment when the weather is bad. As well, during certain traffic periods the traffic goes only one way up on some of the major routes.

One of the areas of waste, according to the operational review, is the fact that long-term-care patients take up

acute care beds. That's true. They take up these beds for months and months when really they should be for patients who need them for a few days or weeks. In 1998 we were promised almost 1,300 long-term-care beds or alternative care beds, and we're still waiting for those. The funding has been approved; they still haven't been built.

I understand that these things take time; I was on a hospital board once before. This isn't a criticism, but it is a reality. These beds take time to be built. Therefore, to close down 95 acute care beds, as was proposed by the operational review, before the long-term-care beds are built would be disastrous. We already have long waiting lists for long-term care and home care. We understand that those patients belong in different settings, but until those settings are built, it would make an already bad situation untenable.

I have here a letter dated April 6 from the director of the cancer centre, Dr George Browman, referring to the possible downgrading of the Henderson hospital, to the staff of the corporation. I'll just read a couple of sentences of his letter:

"It is Cancer Care Ontario's position that a cancer centre must be affiliated with and located in close relation to an acute care hospital with a full range of in-patient services. This principle has been applied in all recent decisions around the location and building of cancer centres throughout the province. We have been given a strong direct indication that the Ontario Ministry of Health and Long-Term Care shares this position as a matter of policy."

Therefore, if the acute care centre is downgraded to urgent care, this \$41-million centre will have to move. Not only will that \$41 million be thrown out the window, \$41 million of taxpayers' money, but estimates of moving the centre are anywhere from \$50 million to \$80 million. That's \$130 million. The savings of the downgrading of the ER is \$2 million. It just doesn't make any sense, not from a clinical point of view and not from an economic point of view.

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There are also legal implications to downgrading the only acute care hospital on Hamilton Mountain. I have a letter—again I will only read a couple of sentences from it—from the Canadian Medical Protective Association. It is in response to a letter from the physicians in Hamilton about this very issue, about transporting critically ill patients to a hospital down in the city from the Henderson if the urgent care isn't sufficient. That letter states:

"We have concerns about issues regarding transfer of critically ill patients and the inability to provide ventilatory support. In addition, full cardiac support when necessary, including inotropic support and invasive monitoring, should be potentially available when medically necessary."

This is the critical point here: "There isn't any reliable method that can be used to scientifically, medically screen out patients prior to surgery to put patients into true high-risk and true low-risk groups. That is the prob-

lem with urgent care versus acute care, and the relationship between that and surgery. As such, the idea of splitting patients between sites is unacceptable to us. In addition, we would feel that it is unacceptable to us to consider that our current quality and standards of care could be compromised by the changes proposed." This is from the chief of surgery from McMaster University to the Canadian Medical Protective Association.

The response was: "Patients should be informed, perhaps as part of their pre-operative consent, of the potential risks for being transferred to another hospital in the unusual event that they develop unexpected post-operative complications." In other words, after an operation, you need an emergency room, you need acute care facilities.

The letter finishes from this Canadian Medical Protective Association: "Clearly, an investigation would have to follow any difficulty in accessing critical care beds in a timely fashion in the event of a demand for such services. It may be necessary to even transfer patients to Toronto if closer intensive care unit beds are unavailable."

Is that what we've come to, transferring critically ill patients to Toronto because there aren't enough beds? Yet another reason why we need an acute care centre hospital on the mountain.

With respect to consultation, we've had nothing but consultation in the last two months, albeit informal. We've had over a thousand e-mails. We had a town hall meeting March 9, where 1,200 people were able to stay; hundreds more were turned away because of fire regulations. During that town hall meeting, people made presentations, stakeholder groups made presentations. That document has been given to the Minister of Health. I urge her to read it carefully. There are some very good proposals there to this overwhelming challenge in Hamilton-Wentworth.

We have 75,000 signatures—that must be a record of some sort, 75,000 signatures in less than a month—saying this is not appropriate. Although the majority of the signatures are from Hamilton Mountain, they also extended outwards because the acute care hospital on Hamilton Mountain also services other parts of the region: Glanbrook, Stoney Creek, Ancaster, Dundas.

As part of one of our events at the town hall meeting, physicians gave a proposal. Ambulance care managers said that it was inappropriate to transport patients. Also, it came to light that this would be an extra cost for the region of about \$700,000, the extra ambulance driving and transporting patients from the Henderson to the other sites. From a selfish point of view as a representative of Hamilton Mountain, it didn't make sense to us politically to have three acute care centres in the city and none on the mountain, which is the fastest-growing part of the region. We are expanding the south mountain exponentially. The airport, as you may have heard, will also be expanding, meaning more expansion, more business, but also, unfortunately, more accidents, therefore increasing the need for that acute care centre.

But I want to be clear: I'm not advocating that any of our emergency rooms be closed. I'm just talking from Hamilton Mountain's point of view, or as one of the media in Hamilton likes to say, "If you're from another planet and travelling above Hamilton, does it make sense not to have one on the mountain and to have three downtown?"

Having said that, even with three downtown and one now on the mountain, four, Hamilton hospitals have also been hit by the emergency room crunch gripping Ontario. During the month of December, Hamilton's ERs were on critical care bypass 19% of the time, which means that 19% of the time they had to refuse even the most critical of patients. Although these are the formal statistics, I happen to know that sometimes they take these critical patients even if they are on critical bypass, because they're professional, they're caring, and they know that but by the grace of God go they, and they do take care of these patients but under amazing conditions.

During the first week of January, which of course is heart attack season and accident season, it's not uncommon to have an increase, but it was 49% of the time that Hamilton's ERs were on critical care bypass. An obvious question is, why are we speaking about closing any of our emergency rooms? That is a question that was asked and answered by this government's health care commission, hospital commission, in 1996, and the conclusion was, no, none of the emergency rooms should close.

We have a physician shortage crisis in this country. Hamilton isn't any exception. This whole insecurity is making it even worse. Who in their right mind would want to transfer to hospitals when they're in this crisis? The doctors who are there are committed. They want to stay there. We do need to do something very quickly. It's heartening to hear that there is this task force, but we would like an update very quickly on what is happening, just to give us some hope that progress has been made on recruiting doctors. All levels of government were short-sighted 10 years ago when they reduced the medical spaces in medical schools.

Perhaps some of the short-term solutions that the minister was alluding to might have something to do with opening up, albeit on a short-term, extra spaces so that within three to four years we have more doctors. Maybe she was alluding to a better relationship with the federal government where some of the immigration policies can be looked at, because I'm sure we all know of people who are driving cabs out there, who really should be in operating rooms. I do hope and encourage that this enhancement of the relationship between the provincial and federal government be improved. We need to work together. It's health care we're talking about.

Being the critic for colleges and universities, I can't help but use this as a pitch to re-look at the deregulated tuition fees. It's up to \$12,000 a year now to study medicine. One of the arguments is that they'll make a lot of money when they finish and therefore they'll be able to afford to pay down the loan. That's true for those who can get there. For those who are very smart, in their 90s

but can't get there because of financial difficulties—they can't get the loans; they don't have the kind of family backup where they can even get the loan—that is another barrier. I would hope that both levels of government will look at that.

When I read through the operational review of the Price Waterhouse company, the funding issues were staggering. The challenges are staggering in my community with respect to our hospitals. I do hope, whatever happens, that we work together to solve this problem in a non-partisan way. Whether a supervisor is appointed or not, whether in the next two weeks ultimate solutions are discussed or not, my community will always have my support and my voice on this issue.

I would like to spend the last five minutes of my time to speak about another issue that my colleague from Sarnia-Lambton brought to this House's attention last week. This issue is extremely important to me, not only as a member of provincial Parliament, but as a mother of a girl, as a daughter of an aging mother and as a woman myself. I didn't know—and I have been in the health care and education fields for 17 years—for example, that in Canada there isn't any mandatory accreditation of mammography, of mammograms. In other words, when women go—and it's a very stressful test—to see if potentially they have breast cancer or not, these units may not necessarily be checked by an inspector basically.

I'd like to give a little background, if I may. Breast cancer is the most common form of cancer diagnosed in Canadian women. One out of every nine Canadian women will develop breast cancer during her lifetime. One out of every 25 women will die from this disease. In fact, in Canada, we are second in the world with respect to fatalities to breast cancer in women. It was estimated that in 1996, there were approximately 18,600 new cases and 5,300 deaths attributed to breast cancer.

At present, the only proven strategy to reduce deaths caused by breast cancer is early detection and mammography. Mammography is a very important tool in early detection. Not only is it used to screen women in the absence of disease symptoms, but it is also used to diagnose the disease. In Canada, breast cancer screening occurs in provincial organized breast cancer screening programs, private clinics and hospital-based mammography clinics. Analysis of the health survey results indicates that nearly 60% of women over 35 had a screening mammogram in the last two years. This is equivalent to 1.5 million mammograms annually. However, most of these machines are not accredited, and we don't know when we go which ones are or are not. There isn't even a posting that says, "This machine isn't accredited," or one that says it is.

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This was a problem in the United States seven years ago. They did a survey and they found out that a large percentage of their machines were simply not giving valid tests and therefore could be giving either false negatives or false positives, both very scary. A false positive is also scary. Being told you have cancer when

in fact you don't is actually, in my mind, a crime to that family.

Other provinces have made accreditation mandatory—not as many as should, but Alberta has and so has Quebec; we haven't here in Ontario. Again I encourage both levels of government to get together on this issue. It's one that affects 51% of the population.

I'll give you an example of how staggering the statistics are. Only 35% of mammography facilities in Canada have joined the voluntary accreditation program, and 40% of these units are accredited in Ontario; in other words, 60% in Ontario aren't.

The act in the US seven years ago mandated accreditation of these units. Why did they do that? When they surveyed their facilities, 90% of the images did pass today's image quality criteria but 50% had quality control problems with film processing and handling that could affect diagnoses; in other words, half of them. If we transfer that statistic to here in Canada, we're in trouble. This is something that can be fixed. It's not one of those insurmountable health challenges that we're all faced with.

The Radiation Protection Bureau brought together all the key stakeholders for a consultation on the issue and made recommendations to the Minister of Health at the federal level. I do hope the Minister of Health at the provincial level heeds these recommendations as well. We need public information and education. I, for one, when I go for my next test, will ask, "Is this machine accredited or not?"

Research and professional training: This is a lecture in itself, but most of our doctor training does not include training in cancer. Research should be done within one organization seen as the knowledge centre. A critical mass evolves when you do research in one centre and when the funding is focused in one centre.

We met yesterday, with the health critic and with my colleague from Sarnia-Lambton, Mr Greenaway, the president and CEO of the Breast Cancer Society. This gentleman and his wife lost their daughter to cancer at the age of 38, years ago, and since then have committed their lives to raising funds, millions of dollars, for breast cancer. They are on a mission to have Canadian mammograms accredited across the country. I support them. I ask for this side of the House to support them and to support the minister at both levels.

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I am very pleased to join in the debate on this resolution. I can frankly say that, with respect to health care reform, this government has taken leadership. It's not about dollars and cents. It's about having a plan with respect to reforming health care.

Ontario is a leader in health care. It increased health care funding from \$17.4 billion in 1995-96 to \$20.8 billion in 1999-2000. In contrast, in 1999-2000, Ontario will receive \$1.7 billion less from Ottawa under the CHST than it received in 1994-95. This resolution condemns the government of Canada for cutting by \$4.2

billion the annual base payments under the federal program that supports health care.

At this time I want to talk about our plan for reforming health care. What it has been, as we've established, is that the federal government instead of spending their fair share, which is 50%, is actually spending only 11 cents on the dollar with respect to health care in this province. That's not the fair deal that was set out to provide Canadians and Ontarians with health care that meets their needs. There have been many provincial reform initiatives, and I'll just name a few: primary care reform, pharmacare programs, home care, long-term care, mental health and the restructuring of our hospital system. So when you hear the federal government say, "You're not going to get any money unless you have a plan," it's very difficult to take the federal government seriously and to think that they understand the situation. We do have a plan and we're implementing that plan. We're implementing that plan notwithstanding that the federal government has cut their transfers significantly and at the same time haven't come up with any initiatives of their own.

Interjections .

Mr Tascona: Listening across to the other side, the provincial Liberals have done nothing with respect to this issue, no initiatives, but we have marched on.

As I said, it's not just dollars. Let's just look at my area, Barrie-Simcoe-Bradford, as you appropriately said, Mr Speaker, one of the fastest growing areas in this province. Actually it's made up of the city of Barrie, the town of Innisfil and the town of Bradford-West Gwillimbury. I may add that the city of Barrie is the fastest growing city in this province. We're very privileged to have a brand new hospital as of 1996 and to have the tremendous growth that we're seeing with respect to new people coming into our area and coming from all parts of the province. Because of the economic growth in our area and with the aging of our population, our hospital needs to expand, even though we got a brand new hospital in 1996. What's great about the restructuring that's been happening in this province is that it has resulted in my constituents not having to go to Toronto for services they would normally have to go there for. I'll name just a couple: breast screening for cancer, MRI technology and kidney dialysis—significant reinvestments for my area because my constituents don't have to go down to Toronto to get that treatment.

We're looking also to try to get a regional cancer care clinic, which would allow us to have state-of-the-art service to treat cancer victims and they wouldn't have to go down to Toronto to get the services they need. That's something we're working on. It's a five-year plan and it's something that this government has taken seriously. There have been other communities—for example, Kitchener-Waterloo—that have regional cancer care clinics. Certainly that's very important to them in providing the services they need to provide to cancer care victims in their area.

Also what's important to know is that there's tremendous investment in the health care of our community; for example, the Barrie Community Health Care clinic which has opened up downtown in the city of Barrie. It is a tremendous reinvestment, a much larger facility and more accessible for people. It's a part of our community health initiative in terms of educating the public about the health care services that it can provide and about their health, but also providing much-needed services to the community at large. Also, the community care access centre which started up under this government's initiative is serving our constituents well in terms of their transition into and out of hospital. That's another program we have implemented and it has done very well in Simcoe county.

1700

I'm very pleased to announce that in the next couple of weeks we're going to be seeing a seven-day emergency care clinic that will be set up in the south end of the city of Barrie which is going to service my constituents for emergency care services. It's state of the art and it's going to be, from what I understand, the second of this type of clinic that there is in the province, and it's much needed. It will allow people to go to that clinic rather than have to go to the RVH emergency clinic. It will be staffed by the same doctors and medical staff who treat people at the Royal Victoria Hospital.

That is tremendous news because of the tremendous size of Barrie, but it will also serve people from the town of Innisfil. Speaking of that, we also have, as a part of my riding that serves my constituents in the town of Innisfil and the town of Bradford-West Gwillimbury, a tremendous investment in York County Hospital. The province has committed in excess of \$60 million towards the expansion of York County Hospital, another fast-growing area that needs the services, with investment in their birthing units and in catheterization. It has become the regional centre for the area of York region and Simcoe county. We've been very blessed with respect to the investments that have been made at York County Hospital. It will allow my constituents not to have to go to the city of Toronto to get their medical services in those specialized areas.

The investments that have taken place have been in the millions and millions of dollars in restructuring of services. That's something that is long overdue in terms of moving health care services to the people who need them and to where they live. That is tremendous news.

In our area, as I said, with the tremendous growth, it's certainly going to place even more pressure on the services we need brought here. We have a temporary kidney dialysis clinic. That's going to be made permanent, I understand, this year and provide even more service with respect to kidney dialysis patients. I just want to say this: This government has invested in health care, it's invested in the services that are needed in this province, and that's what health care restructuring is about.

There are some other areas I want to comment on as we deal with this resolution. It's not a situation, as the federal government's finance minister likes to say, of

shovelling money into a bottomless pit. We're talking about health care. Health care is very important to Canadians and it's very important to Ontarians. It's a situation of there being a plan, which is in place, and for the money that is needed—not 11 cents on the dollar, which the federal government provides, but full and equal partnership that has to be played out by the federal government.

With respect to the primary care network, the Ontario government has been working hard for the past five years on reforms and innovations to the health system as we implement our vision for health care. The health action plan has been extended to primary care reform, and we have to recognize that here today. Ontario is a leader in primary care reform. We've been working in partnership with the Ontario Medical Association since 1995 on primary care initiatives. The Ministry of Health and Long-Term Care and the Ontario Medical Association first introduced primary care networks in four Ontario communities—Hamilton, Paris, Chatham and the Kingston area—in May 1998. In September 1999, primary care networks were introduced in three more communities: Ottawa, Parry Sound and Thunder Bay.

What are primary care networks? Primary care networks are made up of family doctors joining together in their communities to provide easier access to health care services and better coordination of health information through computers. The networks will help reduce waste and duplication in the health system. About 200 family doctors will participate in the primary care network pilot projects across seven communities, and nearly 400,000 Ontarians could eventually join or enrol with their family doctors as part of this new service model, which will provide 24-hour, seven-day access to care.

How it works is that patients agree that their family doctor and their doctor's primary care network will look after their primary health needs. Illness prevention, health education, diagnosis and treatment are all part of what family doctors do to provide their patients with health care. Primary care also includes family doctors making referrals to specialists. Referrals can also be made to another of the network's doctors who may have more expertise about the patient's condition. That's a tremendous initiative. It's something that is needed in this province.

I also want to comment on the pharmacare programs. We have not waited for the federal government to act in this area. The government of Ontario has been working for a number of years reforming and enhancing Ontario drug programs. For example, Ontario's drug programs consist of three different plans tailored to different needs of the population: the Ontario drug benefit plan, the Trillium drug plan and the special drugs program.

The Ontario drug benefit plan is the largest, and covers the cost of over 3,100 prescription drugs. Some 1,018 products have been added to the Ontario drug plan since our government took office in 1995. The \$1.6-billion program covers about 2.2 million seniors and social assistance recipients. Forty-four million prescriptions were filled in 1998-99.

The government has a unique program, the Trillium drug program, for those who are not otherwise eligible for the Ontario drug plan and who have high drug costs. Approximately 100,000 Ontarians who need expensive drugs to treat serious illnesses like cancer, HIV and cystic fibrosis have their drugs paid for through this program. Expenditures for the Trillium drug program for 1998-99 totalled \$45.5 million, up from \$35 million the year before.

There is also a special drugs program which covers the full cost of certain expensive outpatient drugs such as specific drugs for AIDS, organ transplants, cystic fibrosis, schizophrenia and thalassemia. The program provides funding to over 12,000 beneficiaries at a cost of approximately \$92 million annually. So that is another one of our initiatives.

We're looking forward to more investment, more expansion of the programs with respect to home care and also with respect to long-term care. That is especially important to my area, the riding of Barrie-Simcoe-Bradford, because of the tremendous growth, the number of seniors who are moving to my area and the fact that there is a shortage in the city of Barrie with respect to long-term-care programs. That initiative, which was announced by the minister, is something we're looking forward to. The number of beds is 544 long-term-care beds. In the first go-round, the city of Barrie was given a little bit more than half of the 150 long-term-care beds. The second phase of it, I understand, will deal with 225 more long-term-care beds. When you're dealing with fast-growing areas and the initiatives that have been taken by this government, they have to be directed toward the services that are in need. As the MPP for the area, I put my focus on services that have to be there, like breast cancer screening for women, MRI technology, state-of-the-art technology that could only be gotten by my constituents in terms of advanced X-rays. The type of technology that is needed to be able to diagnose the most serious of illnesses is at RVH and also at York County Hospital. Kidney dialysis is something that has been wanted by my constituents for many years. Those initiatives are examples.

Cancer care is something we're going to be working hard on. A regional cancer care clinic for RVH is much needed. Certainly, because of the population dynamics of Simcoe county, RVH is ideally suited to be the regional cancer care clinic. With the growing population, I find many of my constituents who unfortunately are stricken with cancer have to go down to Sunnybrook hospital and get treatment, and go back and forth on the highway—a very difficult situation. When it gets fatal and they're in RVH, then the issue becomes whether they should be moving from RVH down to Sunnybrook hospital to get more treatment.

I'm in full endorsement of this resolution that has been put forth by the Premier. I believe in it 100%.

By my account, 12 hours and 45 minutes have now been spent on the debate surrounding this resolution. We have spent five sessional days debating this resolution. In

comparison to debate on many other items, this is a significant amount of time. For example, the budget debate—

Interjections.

The Acting Speaker: Order. I cannot hear the member. Could we be quiet so that I can hear the member for Barrie-Simcoe-Bradford.

Mr Tascona: The members have debated this resolution long enough, and it is time we sent a strong message to the federal government. That is why I move that this question be now put.

The Acting Speaker: Mr Tascona has moved that the question be now put. Is it the pleasure of the House that the motion carry?

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion, the ayes have it.

Call in the members. It will be a 30-minute bell.

The division bells rang from 1714 to 1744.

The Acting Speaker: Order. Will members take their seats, please.

Mr Tascona has moved that the question now be put. All those in favour will stand.

Ayes

Arnott, Ted	Guzzo, Garry J.	Runciman, Robert W.
Baird, John R.	Hardeman, Ernie	Sampson, Rob
Beaubien, Marcel	Harris, Michael D.	Spina, Joseph
Chudleigh, Ted	Johns, Helen	Sterling, Norman W.
Clement, Tony	Kells, Morley	Stewart, R. Gary
Coburn, Brian	Klees, Frank	Stockwell, Chris
Cunningham, Dianne	Maves, Bart	Tascona, Joseph N.
DeFaria, Carl	Mazzilli, Frank	Tilson, David
Dunlop, Garfield	Molinari, Tina R.	Turnbull, David
Ecker, Janet	Munro, Julia	Wettlaufer, Wayne
Elliott, Brenda	Murdoch, Bill	Wilson, Jim
Eves, Ernie L.	Mushinski, Marilyn	Witmer, Elizabeth
Galt, Doug	Newman, Dan	Wood, Bob
Gilchrist, Steve	O'Toole, John	Young, David
Gill, Raminder	Palladini, Al	

The Acting Speaker: All those opposed will stand one at a time.

Nays

Agostino, Dominic	Gerretsen, John	Marchese, Rosario
Bartolucci, Rick	Gravelle, Michael	Martel, Shelley
Bountrogianni, Marie	Hampton, Howard	McLeod, Lyn
Boyer, Claudette	Kennedy, Gerard	Patten, Richard
Bryant, Michael	Kormos, Peter	Peters, Steve
Churley, Marilyn	Kwinter, Monte	Phillips, Gerry
Conway, Sean G.	Lalonde, Jean-Marc	Pupatello, Sandra
Cordiano, Joseph	Lankin, Frances	Ramsay, David
Curling, Alvin	Levac, David	Smitherman, George
Dombrowsky, Leona		

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 44; the nays are 28.

The Acting Speaker: I declare the motion carried.

Mrs Lyn McLeod (Thunder Bay-Atikokan): On a point of order, Mr Speaker: I understand that the government's notice of closure has now cut off debate on the government's motion that was considered their priority before the House. I accept the vote that has just been

taken, but I do ask to understand now what will happen to amendments. I have placed an amendment, as the New Democratic Party has. The amendment is considered to be in order and germane to the motion. In our view it would have made the motion considerably more balanced, because it would have recognized the Harris government's responsibility for the funding of health care. I'm asking whether or not the government's closure motion has now precluded having the government vote in support of their own extension of funding to health care.

The Acting Speaker: I would bring the member's attention to standing order 47, which spells it out quite clearly. I will just read the last sentence: "If a motion for closure is resolved in the affirmative, the original question shall be put forthwith and decided without amendment or debate."

The motion that the question be now put having passed, the next question is therefore on the main motion.

On April 4, Mr Harris moved:

"That the Legislative Assembly of the province of Ontario:

"(a) Condemns the government of Canada for cutting, by \$4.2 billion annually, base payments under the federal program that supports health care, the CHST, while provincial governments have increased health spending;

"(b) Urges the government of Canada to repudiate the statement attributed to a spokesperson for the federal finance minister, the Honourable Paul Martin, that increasing health funding would be 'just shovelling money into a hole that's going to open right back up again';

"(c) Urges the government of Canada immediately to restore permanently the health funding that it has cut, and to assume its fair share of increased, ongoing funding to meet the health needs of our country's aging and growing population; and

"(d) Reminds the federal health minister, the Honourable Allan Rock, that the sincerity of his commitment to medicare and the principles of the Canada Health Act would be best demonstrated not by idle rhetoric and vague words, but by restoring the health funding he has cut."

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

All those opposed will please say "nay."

In my opinion, the ayes have it.

Call in the members.

Pursuant to standing order 28, the government has requested a deferred vote. The vote will take place during deferred votes in routine proceedings.

1750

TECHNICAL STANDARDS
AND SAFETY ACT, 1999

LOI DE 1999 SUR LES NORMES
TECHNIQUES ET LA SÉCURITÉ

Mr O'Toole, on behalf of Mr Runciman, moved second reading of the following bill:

Bill 42, An Act to enhance public safety and to improve competitiveness by ensuring compliance with modernized technical standards in various industries / *Projet de loi 42, Loi visant à accroître la sécurité publique et à améliorer la compétitivité en assurant l'observation de normes techniques modernisées dans plusieurs industries.*

Mr John Gerretsen (Kingston and the Islands): On a point of order, Mr Speaker: It is now five minutes to 6 o'clock. This House normally rises at 6 o'clock, which in effect would give us five minutes to debate this extremely important bill.

I would ask you to use the powers that you have in the chair to rule this debate out of order, so that the government cannot utilize the five minutes that are still left in today's sitting as one day of debate on this motion. I ask you to utilize the powers that you have inherent within yourself to rule this calling of this order totally out of order.

The Acting Speaker (Mr Michael A. Brown): The government House leader.

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): Mr Speaker, our party is always interested in using the Legislative Assembly's time in an efficient and prudent manner. We are supposed to sit until 6 o'clock. That's why we called this bill.

I would say to my colleague across the floor that this does not count as a sessional day. It only counts as a sessional day if we debate the bill during the whole of the two and a half or three hours in the afternoon, so this will not count. We just thought it would be a good idea to start the debate on this bill and use the time of the Legislature in an efficient and prudent manner.

Mr Rosario Marchese (Trinity-Spadina): On a point of order, Mr Speaker.

The Acting Speaker: On the same point of order?

Mr Marchese: No.

The Acting Speaker: I've got to rule on the point of order that's before me.

In order for it to be a sessional day, this had to have been called as the first order of business of the day. It wasn't; therefore, it would not be counted.

Mr Marchese: On a point of order, Mr Speaker: I don't think there's a quorum. Would you please check?

The Acting Speaker: Check to see if there is a quorum.

Clerk Assistant (Ms Deborah Deller): A quorum is present, Speaker.

The Acting Speaker: The member for Durham.

Mr John O'Toole (Durham): I was becoming quite concerned that my views on Bill 42 would not be heard today, and people know that would be a personal offence.

I am pleased to support the Technical Standards and Safety Act and the potential benefits the bill contains for Ontario consumers. Bill 42 will provide better protection for Ontario consumers when riding ski lifts, elevators and escalators, and whenever they fill up their snowmobile gas tanks or propane barbeques this summer. This legislation

unites the province's seven technical standards laws into a consolidated piece of legislation. Clearly, this streamlines and improves customer service, which is the interest of this government, to make Ontario a better place to live, to work, to invest, to raise a family and to grow corn.

Included in the regulations would be the details and technical standards affecting such things as the operation of boilers and pressure vessels that heat and cool Ontario's office buildings, schools, hospitals and factories, to name but three.

The safe use of more than 39,000 elevators, escalators and construction hoists are also in this legislation, and the work of ensuring that stuffed articles, from mattresses to your winter coat, meet Ontario safety standards. As winter has just passed, we don't need the coats any longer, but we still have to check to make sure they're safe, and there are mattresses that have to be checked to see if they're stuffed.

Interjection: Don't pull that tag off.

Mr O'Toole: Don't ever remove that tag, I caution you, because the mattress could deflate immediately.

The safe use and storage of hydrocarbon fuels and the safety of amusement devices are just a few of the many safety aspects that our minister, Mr Runciman, has laboured over in this legislation to ensure the safety of all consumers in Ontario.

Mr Peter Kormos (Niagara Centre): Mr Speaker, on a point of order: I would ask the Speaker to note that it is 6 of the clock according to my watch, and the House should be recessing.

The Acting Speaker: The member for Durham.

Mr O'Toole: These tedious interruptions will be duly noted, I'm sure, by the table.

This legislation is intended to pave the way for businesses in technical industries in this province to continue with the very high standards they have achieved to date.

Ontario is seen as the leader in technical safety across North America, and this government is committed to

building on that reputation by ensuring that Ontario can meet the technical and safety challenges in the new century.

The Minister of Consumer and Commercial Relations has worked together with the Technical Standards and Safety Authority, this province's technical safety watchdog and the not-for-profit organization responsible for administering the statutes, to develop this bill. They reviewed this legislation thoroughly, and we found that a new consolidated legislative framework was necessary to keep Ontario at the forefront of technical safety in this province and indeed in North America.

Amalgamating the seven provincial technical standards acts into one uniform piece of legislation will allow technical industries to make improvements in safety equipment as quickly as new technologies become available. Just think of the efficiency for small business in this proposed piece of legislation. It's common sense. I urge members of the public who may be viewing this to get a copy of this bill and follow through with the important changes that are taking place.

In the area of fuel safety, elevators, pressure vessels and amusement devices, technological advances that could improve safety are being made every day. It is our goal to ensure that those new advances are available to help the people of this province.

I ask for your support of this important legislation. In my riding of Durham, small business and people in the construction industry will be happy that Minister Runciman and this government have moved this important initiative. I urge all members to take a very close look before you criticize an act that helps us to be better and more competitive in the province of Ontario. I have the confidence of this caucus that we—

The Acting Speaker: Thank you. It being 6 of the clock, this House stands adjourned until 1:30 of the clock tomorrow afternoon.

The House adjourned at 1758.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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Speaker / Président: Hon / L'hon Gary Carr
Clerk / Greffier: Claude L. DesRosiers
Clerk Assistant / Greffière adjointe: Deborah Deller
Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman
Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Algoma-Manitoulin	Brown, Michael A. (L)	Hamilton Mountain	Bountrogianni, Marie (L)
Barrie-Simcoe-Bradford	Tascona, Joseph N. (PC)	Hamilton West / -Ouest	Christopherson, David (ND)
Beaches-East York	Lankin, Frances (ND)	Hastings-Frontenac- Lennox and Addington	Dombrowsky, Leona (L)
Bramalea-Gore-Malton- Springdale	Gill, Raminder (PC)	Huron-Bruce	Johns, Hon / L'hon Helen (PC) Minister of Citizenship, Culture and Recreation, minister responsible for seniors and women / ministre des Affaires civiles, de la Culture et des Loisirs, ministre déléguée aux Affaires des personnes âgées et à la Condition féminine
Brampton Centre / -Centre	Spina, Joseph (PC)		
Brampton West-Mississauga / Brampton-Ouest-Mississauga	Clement, Hon / L'hon Tony (PC) Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement		
Brant	Levac, Dave (L)	Kenora-Rainy River	Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Broadview-Greenwood	Churley, Marilyn (ND)		
Bruce-Grey	Murdoch, Bill (PC)	Kingston and the Islands / Kingston et les îles	Gerretsen, John (L)
Burlington	Jackson, Hon / L'hon Cameron (PC) Minister of Tourism / ministre du Tourisme	Kitchener Centre / -Centre	Wettlaufer, Wayne (PC)
Cambridge	Martiniuk, Gerry (PC)	Kitchener-Waterloo	Witmer, Hon / L'hon Elizabeth (PC) Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Carleton-Gloucester	Coburn, Brian (PC)		
Chatham-Kent Essex	Hoy, Pat (L)	Lambton-Kent-Middlesex	Beaubien, Marcel (PC)
Davenport	Ruprecht, Tony (L)	Lanark-Carleton	Sterling, Hon / L'hon Norman W. (PC) Minister of Intergovernmental Affairs, government House leader / ministre des Affaires intergouvernementales, leader parlementaire du gouvernement
Don Valley East / -Est	Caplan, David (L)		
Don Valley West / -Ouest	Turnbull, Hon / L'hon David (PC) Minister of Transportation / ministre des Transports	Leeds-Grenville	Runciman, Hon / L'hon Robert W. (PC) Minister of Consumer and Com- mercial Relations / ministre de la Consommation et du Commerce
Dufferin-Peel- Wellington-Grey	Tilson, David (PC)		
Durham	O'Toole, John R. (PC)	London North Centre / London-Centre-Nord	Cunningham, Hon / L'hon Dianne (PC) Minister of Training, Colleges and Universities / ministre de la Formation et des Collèges et Universités
Eglinton-Lawrence	Colle, Mike (L)	London West / -Ouest	Wood, Bob (PC)
Elgin-Middlesex-London	Peters, Steve (L)	London-Fanshawe	Mazzilli, Frank (PC)
Erie-Lincoln	Hudak, Hon / L'hon Tim (PC) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines	Markham	Tsubouchi, Hon / L'hon David H. (PC) Solicitor General / solliciteur général
Essex	Crozier, Bruce (L)	Mississauga Centre / -Centre	Sampson, Hon / L'hon Rob (PC) Minister of Correctional Services / ministre des Services correctionnels
Etobicoke Centre / -Centre	Stockwell, Hon / L'hon Chris (PC) Minister of Labour / ministre du Travail	Mississauga East / -Est	DeFaria, Carl (PC)
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Etobicoke-Lakeshore	Kells, Morley (PC)		
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)	Mississauga West / -Ouest	Snobelen, Hon / L'hon John (PC) Minister of Natural Resources / ministre des Richesses naturelles
Guelph-Wellington	Elliott, Brenda (PC)		
Haldimand-Norfolk-Brant	Barrett, Toby (PC)		
Haliburton-Victoria-Brock	Hodgson, Hon / L'hon Chris (PC) Chair of the Management Board of Cabinet / président du Conseil de gestion		
Halton	Chudleigh, Ted (PC)		
Hamilton East / -Est	Agostino, Dominic (L)		

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Nepean-Carleton	Baird, Hon / L'hon John R. (PC) Minister of Community and Social Services, minister responsible for francophone affairs / ministre des Services sociaux et communautaires, ministre délégué aux Affaires francophones	Scarborough Southwest / -Sud-Ouest	Newman, Hon / L'hon Dan (PC) Minister of the Environment / ministre de l'Environnement
Niagara Centre / -Centre	Kormos, Peter (ND)	Scarborough-Agincourt	Phillips, Gerry (L)
Niagara Falls	Maves, Bart (PC)	Scarborough-Rouge River	Curling, Alvin (L)
Nickel Belt	Martel, Shelley (ND)	Simcoe North / -Nord	Dunlop, Garfield (PC)
Nipissing	Harris, Hon / L'hon Michael D. (PC) Premier and President of the Executive Council / premier ministre et président du Conseil exécutif	Simcoe-Grey	Wilson, Hon / L'hon Jim (PC) Minister of Energy, Science and Technology / ministre de l'Énergie, des Sciences et de la Technologie
Northumberland	Galt, Doug (PC)	St Catharines	Bradley, James J. (L)
Oak Ridges	Klees, Hon / L'hon Frank (PC) Minister without Portfolio / ministre sans portefeuille	St Paul's	Bryant, Michael (L)
Oakville	Carr, Hon / L'hon Gary (PC) Speaker / Président	Stoney Creek	Clark, Brad (PC)
Oshawa	Ouellette, Jerry J. (PC)	Stormont-Dundas-Charlottenburgh	Cleary, John C. (L)
Ottawa Centre / -Centre	Patten, Richard (L)	Sudbury	Bartolucci, Rick (L)
Ottawa South / -Sud	McGuinty, Dalton (L) Leader of the Opposition / chef de l'opposition	Thornhill	Molinari, Tina R. (PC)
Ottawa West-Nepean / Ottawa-Ouest-Nepean	Guzzo, Garry J. (PC)	Thunder Bay-Atikokan	McLeod, Lyn (L)
Ottawa-Vanier	Boyer, Claudette (L)	Thunder Bay-Superior North / -Nord	Gravelle, Michael (L)
Oxford	Hardeman, Hon / L'hon Ernie (PC) Minister of Agriculture, Food and Rural Affairs / ministre de l'Agriculture, de l'Alimentation et des Affaires rurales	Timiskaming-Cochrane	Ramsay, David (L)
Parkdale-High Park	Kennedy, Gerard (L)	Timmins-James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Parry Sound-Muskoka	Eves, Hon / L'hon Ernie L. (PC) Deputy Premier, Minister of Finance / vice-premier ministre, ministre des Finances	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	Smitherman, George (L)
Perth-Middlesex	Johnson, Bert (PC)	Trinity-Spadina	Marchese, Rosario (ND)
Peterborough	Stewart, R. Gary (PC)	Vaughan-King-Aurora	Palladini, Hon / L'hon Al (PC) Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Pickering-Ajax-Uxbridge	Ecker, Hon / L'hon Janet (PC) Minister of Education / ministre de l'Éducation	Waterloo-Wellington	Arnott, Ted (PC)
Prince Edward-Hastings	Parsons, Ernie (L)	Wentworth-Burlington	Vacant
Renfrew-Nipissing-Pembroke	Conway, Sean G. (L)	Whitby-Ajax	Flaherty, Hon / L'hon Jim (PC) Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones
Sarnia-Lambton	Di Cocco, Caroline (L)	Willowdale	Young, David (PC)
Sault Ste Marie	Martin, Tony (ND)	Windsor West / -Ouest	Pupatello, Sandra (L)
Scarborough Centre / -Centre	Mushinski, Marilyn (PC)	Windsor-St Clair	Duncan, Dwight (L)
Scarborough East / -Est	Gilchrist, Steve (PC)	York Centre / -Centre	Kwinter, Monte (L)
		York North / -Nord	Munro, Julia (PC)
		York South-Weston / York-Sud-Weston	Cordiano, Joseph (L)
		York West / -Ouest	Sergio, Mario (L)

A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

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