



**Legislative Assembly
of Ontario**

First Session, 37th Parliament

**Assemblée législative
de l'Ontario**

Première session, 37^e législature

**Official Report
of Debates
(Hansard)**

Tuesday 4 April 2000

**Journal
des débats
(Hansard)**

Mardi 4 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 4 April 2000

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 4 avril 2000

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

HOSPITAL RESTRUCTURING

Mr Rick Bartolucci (Sudbury): I stand once again to tell Mike Harris that my community is 100% dissatisfied with his inexcusable underfunding of our hospital restructuring project and the associated capital construction and equipment costs. Five years ago, we were told restructuring would generate huge savings. How ironic it is that we are now faced with the largest fundraising event in Sudbury's history, the \$40-million-plus Heart and Soul Campaign.

It is unrealistic and unfair to foist this on Sudburians. In February, campaign organizers went before our regional council, which gave them \$5 million while rejecting the request for an additional \$23 million, saying that the Mike Harris government has to take responsibility for these costs.

Sudburians strongly oppose picking up this multi-million-dollar tab. Even Heart and Soul organizers have labelled this in part as "the campaign nobody wants" and are trying to bring in Jeopardy host and native Sudburian Alex Trebek to serve as its spokesman. I respect Gerry Lougheed Jr, Alan Katz and the rest of the campaign organizers who are looking for solutions to the Harris underfunding problem. However, with all due respect to them and Alex Trebek, our community does not only need Alex Trebek; we need Mike Harris to come to the table and to bring more money. Our local politicians and community leaders will be travelling to Queen's Park to ask for additional monies.

Mike Harris, take responsibility. Give us those additional dollars.

JESSE'S JOURNEY

Mr Bob Wood (London West): I rise today to give the Legislative Assembly a progress report on Jesse's Journey. In 1995, John Davidson pushed his son Jesse Davidson 3,300 kilometres across Ontario in a wheelchair to increase public awareness of Jesse's Duchenne muscular dystrophy and raised \$1.3 million for research into neuromuscular diseases.

In 1998 and 1999, with a large assist from family and volunteer support, John Davidson spent 10 months

walking 8,300 kilometres across Canada to raise more funds toward the creation of a \$10-million foundation for neuromuscular research. To date, Jesse's Journey: A Father's Tribute has progressed to the \$3-million mark.

Already the foundation has provided seed money to help create the Jesse Davidson Neuromuscular Disease Laboratory and the Neurological Research Group in partnership with the Ottawa Hospital Research Institute and the University of Ottawa.

On Friday, April 7, the foundation is promoting a London and Middlesex area casual day to raise funds, with over 800 businesses and both school boards participating.

I know all members will join with me in recognizing the contributions of two great Ontarians and Canadians, Jesse and John Davidson.

HIGHWAY SAFETY

Mr Pat Hoy (Chatham-Kent Essex): I have repeatedly called for photo radar as the safest, most immediate deterrent for Carnage Alley. We also need significant safety upgrades, not minor corrections, on this deadly stretch of the 401.

Thirty-three lives have been lost in 13 months, yet the Harris government refuses to do what is needed. It took six months of lobbying and a public call for Turnbull's resignation by victims before the government coughed up the money they promised. It's in the press. It seems that only the court of public opinion makes the government act. Ministry staff said they wanted to deliver the money sooner because it was a priority. Why didn't you? Who was stopping you? Is that how you treat priorities? It will take another six months before officers can start.

Now the damage control begins: Deflect attention; blame other governments. It's the Harris way. Mr Mazzilli said, "It's an area neglected by several governments." Nonsense. There were four deaths in 1997, two in 1998, but 33 deaths in the last 13 months. Take responsibility for once in your mandate. Five million dollars to upgrade 200 kilometres of substandard road is totally inadequate.

I have 5,000 replies to my questionnaire. They show great public support for photo radar and immediate action for centre median barriers, extra lanes, and paved, level shoulders on both sides. The CAA has also presented 8,000 safety petitions.

What is the cost of human life, Premier? How much public pressure will it take? How many more deaths before you listen?

PENSION FUNDS

Mr Gilles Bisson (Timmins-James Bay): Yet another example where workers end up at the bottom of the list when it comes to questions of bankruptcy and when it comes to questions of pensions.

A number of constituents have come to my office over the last week or so. They have been receiving letters from a company by the name of Morneau Sobeco, which is the actuarial consultant for the Royal Oak pension. As all members in the House would know, the Royal Oak company went under back in 1999 and, as a result, all those workers have lost their jobs.

The tragedy continues. Here we are, less than a year later, and it turns out, as we knew, the former employer and owner of Royal Oak, Peggy Witte, along with Price Waterhouse, which managed that company through the whole bankruptcy procedure, did not make pension contributions to the workers' pension funds, and now we find ourselves in the situation where the workers have a pension fund that's not fully funded. Now we've got the actuarial consultants sending people letters saying, "Hey, surprise, surprise, your pension that you worked all your life for is being reduced by 25%."

I say to the government across the way, it's high time that we do something in order to correct this injustice. Far too often, workers such as we find at Royal Oak are in a situation where employers take contribution holidays or skip out of town and the workers get left holding the bag. I call on this government to work with the New Democratic caucus to introduce pension reform that guarantees the dollars put forward in these pension plans to workers, where those dollars should be.

MICHAEL STARR

Mr Jerry J. Ouellette (Oshawa): I rise today to pay tribute to the passing of a man whose commitment to politics in Oshawa is legendary.

The Honourable Colonel Michael Starr, a Privy Council member, passed away on March 16 at Oshawa General Hospital in his 90th year. This was a man who had dined with the Queen on the royal yacht Britannia, a man who was asked to review his winter works program with John F. Kennedy in the White House. This is the man responsible for developing our current college system; a man whose past included audiences with the Pope, as well as being the former chair of the WCB, citizenship court judge, let alone mention the 16 years as a federal member of Parliament, seven of which were as the Minister of Labour, and five years as an alderman, followed by four years as the mayor of Oshawa. Mr Starr was Canada's first federal cabinet minister of a proud Ukrainian descent.

Politics is an interesting lifestyle, and sometimes achievements are seldom known, but one of the numerous ones Mike shared with me was when, in opposition, he turned to his leader at that time, Robert Stanfield, and declared, "There, I've just made you Prime Minister of

Canada," as Mike led a vote defeating the government of the day by one vote on the third reading of the budget bill.

Mr Starr is survived through daughter Joan and son-in-law Bob Nichol, grandsons Mike and Mark Nichol.

Dearly missed but never forgotten, the Honourable Colonel Michael Starr.

HOSPITAL RESTRUCTURING

Mrs Lyn McLeod (Thunder Bay-Atikokan): One of the commitments of our publicly funded health care system is to provide a high quality of care as close to home as possible. Yet just last week a Brampton woman who was in premature labour had to be flown to Ottawa, 450 kilometres away, to give birth to her twins. There was no place for this woman in any hospital in the country's largest metropolitan area. Emergency rooms are still overcrowded, surgeries are being delayed or cancelled and a woman in premature labour has to go 450 kilometres from home to give birth.

The \$3-million taxpayer-paid government advertising campaign says that there's a plan for health care, but there has been no plan for hospitals—there have just been cuts. In fact, Toronto has fewer beds today than were supposed to be in place after the government finished shutting down its 10 hospitals, and there are more cuts ahead for hospitals across the province. Sunnybrook hospital is planning to close more beds, Timmins hospital is planning to lay off 32 full-time staff and Hamilton Health Sciences Centre is closing the Henderson hospital. Half the province's hospitals have been told to get rid of their deficits, and the ministry staff are telling them, "But you can't cut programs."

For months now, the Minister of Health has said there will be a new funding formula to fix the hospital deficit problems. But no formula will help unless there is new money. This government must stop putting Band-Aids where the bleeding is worst. It is time to reverse the cuts to Ontario's hospitals.

1340

COMMUNITY POLICING

Ms Marilyn Mushinski (Scarborough Centre): Crime and justice are a major concern to my constituents in Scarborough Centre. There are few elements of the justice system that touch the everyday lives of our citizens as policing. That is why I am proud to have been able to present Chief Julian Fantino and the Toronto Police Service with a cheque for \$1,048,000 this morning, as part of the Mike Harris government's community policing partnership program. This money represents the province's portion of the cost of putting an additional 106 front-line police officers on the streets of Toronto. Many of those officers will find their way to my constituency in Scarborough. Some of the new officers will undoubtedly make their way to the new 43 division that Scarborough councillors David Soknacki and Bas Balkissoon have

fought so hard to get established. I'm proud to have been able to lend my voice to that project as well.

Since the program was introduced in 1998, the community policing partnership has contributed to the hiring of 539 front-line police officers to make Ontario's streets safer. Today's investment is just another example of the Mike Harris government's commitment to ensure that all law-abiding Ontarians feel safe on their streets, in their neighbourhoods and in their homes.

CHURCH FIRE

Mr Gerry Phillips (Scarborough-Agincourt): On behalf of the Liberal caucus and I think all members of the Legislature, I want to express our sorrow to the Greek community as a result of the devastating fire yesterday at the Annunciation of the Virgin Mary Greek Orthodox Church.

To His Eminence Metropolitan Archbishop Sotirios, Mr Costas Menegakis, the president of the Greek Community of Metropolitan Toronto, and indeed all the members of Greek community, our deepest sympathy.

As Father Peter, the cathedral priest, said yesterday, "The church is the people, not the building." However, this loss of the building will be deeply felt.

We all know the strength of the Greek Orthodox Church and the Greek community of Toronto, and we know that literally out of these ashes will rise a spiritual centre again for the Greek Orthodox Church.

It was a significant loss yesterday for the Greek community as this magnificent building was virtually destroyed.

We were pleased to hear that tonight there will be a community meeting where the community leaders will come together to begin to plan, as I said earlier, to make certain that out of these ashes arises a spiritual centre once again for the Greek community.

To His Eminence Archbishop Sotirios and to the Greek community, our deepest sympathy. We know that with the strength of the community they will once again have a magnificent structure as a centre for their spiritual needs in the community.

SCHOOL SAFETY

Mr John O'Toole (Durham): Last year in my riding I held a community forum and the topic was rights, responsibility and respect in our community.

This well-attended event featured a number of panellists including, of course, students and parents; students like Greg Koenderman, an OAC student, and parents like Donna Lucas-Astley, who is also on the Ontario Parent Council, as well as Durham Regional Police Inspector Ross Smith.

At this forum I heard a wide range of viewpoints and found there was support provincially for a defined code of conduct in our schools. Since then I have been reading the press and have had a large number of letters in support of a code of conduct.

Just recently, in an issue of Time magazine, I was shocked to learn that a six-year-old boy who shot his classmate a few weeks ago had a knife taken away from him the very morning of the shooting. I share the outrage of the woman who wrote this letter in Time who wondered why this boy had been allowed to stay in school after the knife had been discovered. Being an assistant principal, the author pointed out that her school has a strict discipline policy on possession of weapons that had led to the misadventure in the school.

I am pleased that our Premier and our Minister of Education have taken the important steps of bringing forward a province-wide code of conduct, and I am certain that not just my riding of Durham but the people of Ontario, and more importantly the students and teachers in our schools, will gain from this important initiative by this government to make our communities safer for people.

SPEAKER'S RULING

The Speaker (Hon Gary Carr): On Tuesday, December 21, 1999, the member for Broadview-Greenwood rose on a point of privilege to bring to the attention of the House a letter written by the member for Halton to the three House leaders. The letter sought to rebut comments made by the member for Broadview-Greenwood about the way in which the standing committee on general government had selected a candidate for the position of Environmental Commissioner.

I have reflected on the submissions, together with the written notification, as well as the submissions of the government House leader.

In her submissions, the member for Broadview-Greenwood indicated that the letter attacked her integrity as a member, that it made allegations about her conduct and character, and that it was intimidating and threatening. The member took particular objection to a statement in the letter that expressed the hope that the Legislature and its members could, with the co-operation of the House leaders, find some way to "extract" from her an apology that the standing committee's candidate for that position deserved.

In response, let me say I can appreciate that, to some extent, the word "extract" implies the use of force. However, after reading and rereading the sentence containing that word, as well as the entire letter, I do not believe this letter seeks to intimidate. I say this for several reasons. First, it is important to note that the letter was written and authored by an honourable member of the House, not a non-member. Secondly, the letter does not suggest that the apology should be secured by anything other than legitimate means. Third, the letter does not suggest that some person or institution not associated with this House should seek to secure the apology; on the contrary, it suggests that the Legislature and its members should do that. Fourth, the member for Halton may have been argumentative in his view that the member for Broadview-Greenwood owes an apology to a prospective assembly

officer, but such a view does not in and of itself amount to a matter of privilege. In essence, what we have here is a disagreement between two members.

For these reasons, I find that a prima facie case of privilege has not been made out.

I want to thank the member for Broadview-Greenwood for her point.

Ms Marilyn Churley (Broadview-Greenwood): Mr Speaker, on a point of order—

The Speaker: Just so you know—and the member may have been here yesterday—in the first three months of the opening session we took a great deal of time going back on points of order. I have made my ruling. Can we very quickly get to the point of order, and if it has anything to do with this one, I will very quickly ask her to take her seat.

The member for Broadview-Greenwood.

Ms Churley: Mr Speaker, thank you very much for taking the time to rule on my point of privilege. I just want to make it clear that I'm not easily intimidated and none of the House leaders in this place is my boss. I just wanted to be very clear there.

The Speaker: I appreciate that.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Mr John Gerretsen (Kingston and the Islands): I beg leave to present the 1998 annual report from the standing committee on public accounts and move the adoption of its recommendations.

The Speaker (Hon Gary Carr): Does the member wish to make a brief statement?

Mr Gerretsen: In February 1998 the committee members began the lengthy process of examining the report and held public hearings with the appropriate officials and staff from eight ministries. The report summarizes the committee's findings and also those of the auditor, and includes 19 specific recommendations. Five relate to the Ontario student assistance program, four deal with the Ministry of Health's public health activity, and the Ministry of the Attorney General's courts administration program is the subject of the remaining three. Many of the recommendations ask that the appropriate ministry report back to the committee as and when requested.

I would like to thank the members of the committee and the staff who worked on the production of the document. We also appreciate the work of the Provincial Auditor and his staff. The report, unfortunately, was not filed before the House recessed last spring. Like them, the committee wishes to ensure that the mechanisms are in place to guarantee economy, efficiency and accountability of government operations and the effectiveness of the programs in achieving their objectives.

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

1350

INTRODUCTION OF BILLS

PARENTAL RESPONSIBILITY ACT, 2000

LOI DE 2000 SUR LA RESPONSABILITÉ PARENTALE

Mr Flaherty moved first reading of the following bill:

Bill 55, An Act to make parents responsible for wrongful acts intentionally committed by their children /
Projet de loi 55, Loi visant à rendre les pères et mères responsables des actes fautifs commis intentionnellement par leurs enfants.

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

Just before the Attorney General makes a brief statement, there is a point of order.

Mr Dwight Duncan (Windsor-St Clair): Mr Speaker, on a point of order: We were already asked to carry a motion, and I believe we will get the bill and the compendium right now. Often we get it before we're expected to do that. I would ask the government, and you, Mr Speaker, to ensure that we at least get to look at the bill and the compendium before such time as we have to carry some item.

Hon Norman W. Sterling (Minister of Intergovernmental Affairs, Government House Leader): I believe it's normal practice in the House that once the bill is tabled, which is in effect what you do on first reading, it is given to the opposition with the compendium after that particular part of the procedure.

The Speaker: As the member will know, the standing orders are very clear in saying that the attachments will be tabled at the time the bill is introduced. That is being done now. I would assume the ministry will have the appropriate appendices as well.

The Attorney General for a short statement.

Hon Jim Flaherty (Attorney General, minister responsible for native affairs): Mr Speaker, I'll make a minister's statement in a moment.

ONTARIO REALTY CORPORATION CLEAN UP ACT, 2000

LOI DE 2000 SUR L'ASSAINISSEMENT DE LA SOCIÉTÉ IMMOBILIÈRE DE L'ONTARIO

Mr Agostino moved first reading of the following bill:

Bill 56, An Act to amend the Capital Investment Plan Act, 1993 to ensure that the Ontario Realty Corporation awards contracts in a fair and public way /
Projet de loi 56, Loi modifiant la Loi de 1993 sur le plan d'investissement pour veiller à ce que la Société im-

mobilière de l'Ontario accorde des contrats de façon équitable et transparente.

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

Does the member have a short statement?

Mr Dominic Agostino (Hamilton East): This bill will be debated for second reading in private members' business on April 13. It's a bill to frankly clean up the mess that is occurring at the ORC, and to put guidelines and conditions in that would stop the abuses and the fraud that are happening at the ORC today.

STATEMENTS BY THE MINISTRY AND RESPONSES

PARENTAL RESPONSIBILITY

Hon Jim Flaherty (Attorney General, minister responsible for native affairs): The people of Ontario want safe communities. Our government has already acted, and we're proposing to do more. We're working to help restore the time-honoured values of respect and responsibility.

A child shouldn't arrive at a playground to find broken equipment. Homeowners and tenants shouldn't arrive home to find that their personal possessions have been damaged or stolen. Merchants shouldn't have to start their workday cleaning graffiti off their storefronts and doors.

These are some examples of the almost 20,000 property-crime-related cases in young offenders court in Ontario in 1998.

As part of our commitment to community safety, we promised parental responsibility legislation in our throne speech and in the budget. We are delivering on that promise.

Earlier today I introduced the Parental Responsibility Act. If passed, it would hold parents financially responsible for the damage, loss or destruction of property intentionally caused by their children who are under 18 years of age.

Under the existing law, much of the onus for proving the case is placed on the victim. We think this is unfair.

The Parental Responsibility Act would shift more of the onus to parents and make it easier for victims of intentional property damage to get compensation of up to \$6,000 in Small Claims Court.

Some would suggest that property damage is inconsequential or that it is a victimless crime, but victims tell a different story. They tell you that they feel violated and that their security has been shattered. They are victims of crime and they deserve justice.

This bill responds to the concerns raised by people who took part in 70 public forums held across the province by the Ontario Crime Control Commission. Many people told the commission that parents should take a more active role in shaping the behaviour of their

children. Some concerned citizens representing community and business associations have joined us here today to lend support for this bill. I acknowledge their presence and thank them for taking the time to attend: Fred Chorley, executive director of the Mississauga Crime Prevention Association; Sharon Maloney, general counsel of the Retail Council of Canada; and Stu Auty, executive director of the Canadian Safe School Network.

As mentioned earlier, the people of Ontario and our government firmly believe in the values of respect and responsibility—respect for others, respect for the law and an understanding that actions have consequences. These are values that we must teach our children. We recognize that most parents do their best to raise law-abiding children. The Parental Responsibility Act is aimed at reinforcing the principles of respect and responsibility, values that help to make our communities safer for everyone.

Mr Dave Levac (Brant): On a point of order, Mr Speaker: Recognizing the minister's ability to acknowledge some people in the audience, which I do, I would like to bring attention to the House of Mr Joe Barnes, his board of directors and some of his clients to 2nd Avenue Lodge. They walked the 200 kilometres from Owen Sound to be here today to talk to the Minister of Health, so I thought I'd bring acknowledgement to our guests. Thank you very much for being here.

The Speaker (Hon Gary Carr): I thank the member, who will also know it's not a point of order.

Responses?

Mr Michael Bryant (St Paul's): I listened with interest to the comments of the minister. We will be debating this bill and seeing whether or not it's actually going to be harmful, useful or useless. We look forward to that debate.

I'm about to say something that sounds familiar: Ontarians care about the safety of their streets and personal security in their homes. The government would like to trademark that observation, but they can't.

In talking to Ontarians, they tell me that they care about in-your-face crimes: break and enters, car theft, assaults. These are the in-your-face crimes that Ontarians deal with in their day-to-day lives. Ontarians are also very concerned about a gun epidemic which is sweeping Ontario. One out of three homicides, one out of five suicides and one out of five robberies in this province involve a gun. We're the largest province in a nation in which gun violence costs us, in economic and health care costs, \$6 billion, according to an OMA study. We read every week, sometimes every day, about shootings in our neighbourhoods. So they're very concerned about in-your-face crimes and they're very concerned about the gun epidemic.

Ontario Liberals believe in solid, whole communities. Our focus is on the community, an individual's responsibility to the community and the government's responsibility to ensure that individuals are safe in their community. That's why for us, for the Liberals, crime is a top priority, because we care about the safety of our

communities. So too do we support, respect, laud and wish to push forward family responsibility and parental responsibility. Who wouldn't?

1400

With respect to the gun epidemic, Ontario Liberals have put forward a five-point plan to curb gun violence and recoup its costs. With respect to crime prevention, law enforcement and rehabilitation, it's our position that investments need to be made by government to ensure that all three components of our justice system work. In education, in First Step programs, in investments in the police, in investments in the crown, in stopping the court backlog and in investments in rehabilitation in our correctional facilities, this is our approach to how we're going to curb crime to provide for a safer community.

What has been the position of this government? I regret to report that with respect to guns, mainstream Toronto wants to curb gun violence and recoup its costs. Mainstream Toronto supports responsible gun use and responsible gun storage, as most gun owners do, but they also support reasonable gun control legislation that will avoid the suicides and accidents and guns getting into the wrong hands. That's where Ontario is. Unfortunately, this government is far to the right of the people of Ontario when it comes to the issue of guns. This government, I regret to report, is in the holster of the gun lobby, siding with the gun lobby in the courts and the Legislature, shilling for the gun lobby at fundraisers and in an NRA commercial that airs every week on your local cable station here in this province. We're with mainstream Ontario in trying to do something about guns. This government, for some reason, is in the holster of the gun lobby.

What else is this government doing about crime? I regret to report that after all the talk about crime by this government in the year 2000, it appears that when it comes to crime, this government is all talk and no action.

The squeegee bill somehow was going to send a message, and the squeegeers would drop their squeegees and pick up a briefcase and lead more productive lives. Of course it will not happen; it will not be so.

This act—and I'm shaking it right now. Ordinarily the pen is mightier than the sword, but not when it comes to crime. When it comes to crime, you need to make investments in crime prevention, in law enforcement and in rehabilitation. The concern with this bill is that the victims still have to go to court to recoup these costs. In fact, these are Small Claims Court matters. I don't know why we're limiting it to that, I don't know why we're repeating a Family Law Act provision, and I certainly don't know why we're helping our insurance companies make subrogated claims against parents.

I look forward to seeing whether or not this bill is just more of the same: more talk—

The Speaker: Order. The time is up. Responses?

Mr Peter Kormos (Niagara Centre): This announcement and this bill today expose how fraudulent this Attorney General's party's position on law and order and

on prevention of crime and on protection of victims certainly is.

This bill does nothing more than restate what was already expressed in section 68 of the Family Law Act which, I should tell you, was passed during the period of the NDP—Liberal accord in 1986, which clearly put the onus on parents of children who commit crimes, and not just against property but against the person. The Attorney General omits today any consideration of crimes against persons by young offenders or, for that matter, by any other offender. As well, the Attorney General knows, or he certainly ought to know, that his suggesting that somehow this creates a new presumption with respect to the defendant young offender is totally naive. He suggests that this bill somehow establishes that the conduct was intentional. There wouldn't be a conviction if the conduct wasn't intentional, whether it's in young offender court or in adult court. This Attorney General knows, or ought to know, that the long-standing principle in British common law applicable in our civil courts, in Small Claims Court and in General Division courts, through the maxim of *res ipsa loquitur*, establishes that presumption of intention in any event.

This bill does nothing to add to the current state of the law. This bill does nothing to change the status quo. This bill mocks victims and is part of a litany of that disdain for victims that this government has displayed since 1995. This government wants to talk about victims? Well, let it start talking about its Victims' Bill of Rights that this Attorney General's predecessor passed in this Legislature and which was condemned by the courts of this province as "not establishing any statutory rights for the victims of crime," and I quote Mr Justice Day. Mr Justice Day said, once again, "There are no rights provided for in the Victims' Bill of Rights."

This government's pattern at least has been consistent with respect to victims. This government wants to talk a big game about standing beside victims, yet in fact it has abandoned them over and over again and continues to do so with this bill. This government suggests that somehow it's changing the process. The fact is, victims of crimes could always litigate against the parents of youthful offenders when those parents were displaying negligence during the course of their counsel or supervision of their children.

The fact also remains that there are thousands of families out there who suffer dramatically from a wayward kid, from a child who has gone off the track. These families already are spending thousands and thousands of dollars of their own money; they're mortgaging their homes to set up kids with counsellors and in residential programs. These are the families who are finding themselves abandoned by this government, as more and more mental health programs for young people absolutely disappear from the face of our province, as public health programs and school programs that were designed to intervene in the lives of these very disturbed and troubled young kids are again being written off by this government in exchange for tax breaks for the very rich. This

government denies those families in crisis any support whatsoever and gives false hope to the victims of crime and ignores in this bill the victims of violent crime.

I'm not going to diminish, nor would anybody, the impact of property crime, of a break and enter, on a family or a homeowner or a resident in a home or apartment. But I tell you, Attorney General, for you to post huge blown-up pictures of broken, abandoned factory windows and somehow suggest that that's what people in our communities are afraid of is not only naive, it could be interpreted as less than candid by most of the population of the province of Ontario.

I'll tell you what we're going to do, because we will make suggestions to in fact enhance the rights of victims. We'll tell you, for victims of crime where there have been convictions in either young offender courts or in adult criminal courts, to waive Small Claims Court fees so that they don't have to pay out the \$150 or \$200 up front to proceed in Small Claims Court to collect a judgment that may never be enforceable when you're dealing with an impecunious defendant. We will insist that you enhance the support for our courts, and especially talk to some probation officers, Attorney General, and understand how stressed they are in trying to perform their job. We'll fight for victims, Attorney General. Will you listen?

DEFERRED VOTES

CHRISTOPHER'S LAW (SEX OFFENDER REGISTRY), 1999

LOI CHRISTOPHER DE 1999 SUR LE REGISTRE DES DÉLINQUANTS SEXUELS

Deferred vote on the motion for third reading of Bill 31, An Act, in memory of Christopher Stephenson, to establish and maintain a registry of sex offenders to protect children and communities / Projet de loi 31, Loi à la mémoire de Christopher Stephenson visant à créer et à tenir un registre des délinquants sexuels en vue de protéger les enfants et les collectivités.

The Speaker (Hon Gary Carr): Call in the members; it will be a five-minute bell.

The division bells rang from 1408 to 1413.

The Speaker: Will the members kindly take their seats for the vote.

All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Agostino, Dominic	Ecker, Janet	Maves, Bart
Baird, John R.	Elliott, Brenda	Mazzilli, Frank
Barrett, Toby	Eves, Ernie L.	McGuinty, Dalton
Bartolucci, Rick	Flaherty, Jim	McLeod, Lyn
Beaubien, Marcel	Galt, Doug	Molinari, Tina R.
Bisson, Gilles	Gerretsen, John	Munro, Julia

Bountrogianni, Marie	Gill, Raminder	Mushinski, Marilyn
Boyer, Claudette	Gravelle, Michael	Newman, Dan
Bradley, James J.	Guzzo, Garry J.	O'Toole, John
Brown, Michael A.	Hampton, Howard	Ouellette, Jerry J.
Bryant, Michael	Hardeman, Ernie	Parsons, Ernie
Caplan, David	Harris, Michael D.	Peters, Steve
Christopherson, David	Hastings, John	Phillips, Gerry
Chudleigh, Ted	Hodgson, Chris	Pupatello, Sandra
Churley, Marilyn	Hoy, Pat	Runciman, Robert W.
Clark, Brad	Hudak, Tim	Ruprecht, Tony
Cleary, John C.	Jackson, Cameron	Sampson, Rob
Clement, Tony	Johns, Helen	Sergio, Mario
Coburn, Brian	Kells, Morley	Snobelen, John
Colle, Mike	Klees, Frank	Spina, Joseph
Conway, Sean G.	Kormos, Peter	Sterling, Norman W.
Cordiano, Joseph	Kwinter, Monte	Stewart, R. Gary
Crozier, Bruce	Lalonde, Jean-Marc	Stockwell, Chris
Cunningham, Dianne	Lankin, Frances	Tascona, Joseph N.
Curling, Alvin	Levac, David	Tilson, David
DeFaria, Carl	Marchese, Rosario	Tsubouchi, David H.
Di Cocco, Caroline	Marland, Margaret	Wettlaufer, Wayne
Dombrowsky, Leona	Martel, Shelley	Wilson, Jim
Duncan, Dwight	Martin, Tony	Witmer, Elizabeth
Dunlop, Garfield	Martiniuk, Gerry	Wood, Bob

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 90; the nays are 0.

The Speaker: I declare the motion carried.

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

The member for Broadview-Greenwood on a point of order.

Ms Marilyn Churley (Broadview-Greenwood): Unanimous consent, Mr Speaker. I'm asking all members to join me today in congratulating Premier Harris for putting together a longer streak so far this April than the Leafs, Raptors or Blue Jays, and for equalling his personal best in appearances. Two is nice, but let's—

The Speaker: Unanimous consent? I heard some noes.

ORAL QUESTIONS

ONTARIO REALTY CORP

Mr Dalton McGuinty (Leader of the Opposition): My questions today are for the Chair of Management Board.

I believe people should take responsibility for their actions, and today I want to speak to you about your actions in connection with some land deals in Ontario. In particular, on June 16, 1998, the Ontario government sold a piece of land in Brampton for \$1.27 million. Six days later, that property was flipped for \$3.92 million. That meant the taxpayers lost out on over \$2.5 million in connection with that deal alone. You were the Chair of Management Board at that time. You are responsible for land sales in Ontario. You failed to make sure the interests of taxpayers were protected. Tell us now why.

Hon Chris Hodgson (Chair of the Management Board of Cabinet): As the Leader of the Opposition is fully aware, myself, our ministry, and the board of directors of the Ontario Realty Corp have taken the

proper steps through the proper process. It's a government protocol. The first step they did was that the new team evaluated all the past transactions. They found some irregularities. They called in an audit. That audit had found some irregularities and asked the police to come in and review the files. He's fully aware of that. We've done the proper process. There's an investigation underway, and he knows full well that I can't comment on the specifics of an investigation.

Mr McGuinty: Minister, you approved this deal and other deals I'm going to talk about. I'm only asking questions today that Ontario taxpayers want me to put to you.

1420

Let's go on to the next deal. On March 29, 1999, the Ontario government sold land in Mississauga for \$1.92 million. In November, that parcel was flipped for \$4.39 million. From the speculator's perspective it was a flip, but from the taxpayers' perspective it was a flop. In that particular case, they lost out on \$2.4 million.

Again, you were the Chair of Management Board at the time, Minister, and, as such, you were responsible for land sales in Ontario. Again, you did not protect the interests of taxpayers. Once again I ask you, Minister, why did you not live up to your responsibilities and protect the interests of taxpayers?

Hon Mr Hodgson: I think the Leader of the Opposition is fully aware that I and the Management Board ministry as well as the board of directors of the Ontario Realty Corp are taking all the proper steps, according to government protocol, to get to the bottom of these issues. He also knows that I can't comment on the specifics, but he can rest assured that this organization in all its actions is working hard to make the Ontario Realty Corp act better for the people of Ontario in all its actions.

Mr McGuinty: Minister, if you are genuinely interested in providing some reassurance to the people of this province and Ontario taxpayers, you will tell us why this happened. It happened on your watch.

Here's another deal now. On March 3, 1999, you approved a sale of government property for \$5 million. According to industry standards, that property should have been sold for \$10 million. Here's the order in council approving that sale. It is signed by one Chris Hodgson, Chair of Management Board. It specifically says, "recommended by Chris Hodgson."

Again, Minister, I ask you on behalf of Ontario taxpayers, how could you let them be the butt end of a shortfall of \$10 million? And that's only in connection with three deals that we've uncovered to date. Why did you not stand up and protect the interests of Ontario taxpayers?

Hon Mr Hodgson: The Leader of the Opposition is making very specific allegations. If he's so convinced of that, he can mention those facts outside the House, where he doesn't have the immunity.

I can tell you—

Interjections.

The Speaker (Hon Gary Carr): Order. It's the members' question period. If the time runs down, they're not going to have the questions. I'm prepared to stay here as long as we need to.

The Chair of Management Board.

Hon Mr Hodgson: These are very important questions that the leader has asked. We're trying to get to the bottom of this in the most open and fair manner possible to all parties involved. We've followed the government protocol. When their senior management noticed irregularities of past transactions, the board of directors of the ORC called for an audit. That auditor asked for independent help with people with forensic accounting. When they found out that there were irregularities, they asked the police to review those files.

We're trying to be as open and as fair as we can be, and we have to follow the government protocol. If you have any specific allegations of any other wrongdoing, by all means—

The Speaker: The minister's time is up. New question.

Mr McGuinty: These questions are also for the same Chair of Management Board.

Minister, these are not allegations. They are just facts that I'm putting before you, facts that are well known to the public of Ontario. We're talking about land flips in very short order that have secured incredible profits for speculators. You have not stood up for the interests of Ontario taxpayers. These are not allegations; these are facts. That's what it's all about.

Today the police are looking to see if anyone should be going to jail. When we raised this matter with you in the past in this Legislature, you said everything was OK, that there was nothing wrong. Today we discover that on your watch there are three deals to date which have been brought to the light of day which show that clearly you have not stood up for the interests of Ontario taxpayers.

Again, Minister, I ask you on their behalf, why have you failed to protect their interests?

Hon Mr Hodgson: First of all, an investigation was conducted by the senior management team, which asked for independent auditors to come in. They noticed some irregularities, and they have asked the police to review the files. So on the facts you talk about, there is a review process going on and the proper process is being followed.

When you were talking about statements last fall, that was in regard to specific allegations, and at the time I asked your critic who asked the question, if he had any evidence, to please share it with us; we would like to get to the bottom of it to protect the taxpayers.

Mr McGuinty: What we're talking about here is a huge sum of money. The three deals I have talked about total 10 million lost taxpayer dollars. Do you know what that would have got us? Let's just take a look at health care for a minute. Ten million lost taxpayer dollars would have got us 800 cardiac surgery operations, 10,000 cataract surgeries for our seniors, 50,000 emergency patient

visits in our hospitals. That's what \$10 million is worth to Ontario taxpayers.

I ask you one more time, and I personally can't understand why you are going to allow yourself to be left swinging in the wind over this one: Why did you fail to protect the interests of taxpayers when it came to these land flips?

Hon Mr Hodgson: I don't have the luxury to be able to swing away with all the bombast and rhetoric that an opposition leader can. I have a responsibility to make sure we follow the proper process to get to the truth. The proper process is being followed, and I can repeat that for you. Last fall I was asked about a specific allegation—and you can read the Hansard. I asked you, if there were any specific allegations you knew about, to please share them with us. The opposition didn't come forward with anything. The senior management team conducted a review on past sales, and that has led to a process which is the proper process to get to the bottom of these matters.

I can assure you that the Ontario Realty Corp board of directors is doing a lot of things to change the policies and procedures that, going forward, will make the ORC operate in a way that will achieve better value for the taxpayers of this province.

Mr McGuinty: This really is not a very complicated matter. In the documents establishing the Ontario Realty Corp, it says, "The Ontario Realty Corp disposes of real property as the agent of the Management Board Secretariat." That's you. When it comes to selling these parcels of land, they have to be approved by order in council. You make the recommendation, you sign off on the deals. Ontario taxpayers have lost millions of dollars as a result of your failure to protect their interests.

It seems to me that you have two options today: You can either defend your decision to sell off Ontario land at rock-bottom prices, or you can resign. Those are your only two options. So I ask you now, which option will you avail yourself of today? Will you either defend these decisions, or will you resign?

Hon Mr Hodgson: I have a responsibility to make sure the proper processes are followed and that it's done in an open and accountable manner. If you are trying to prejudge this investigation, I don't have the liberty to do that. We have to follow proper procedure, and the proper procedures are being followed. An audit review process is going on, on all past transactions where there may be irregularities. The police have been called in, where the auditor found some irregularities, to review those files. In the fullness of time, those investigations will be thoroughly reviewed, and we'll get to the bottom of this. In the meantime I can assure you that the senior management team and the board of directors of the ORC have changed policies to try to make the organization more accountable and responsible, to make sure the taxpayers receive better value from this organization.

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Mr Speaker: In the minister's response to the first question of the Leader of the Opposition, he referred

to a protocol of standards that apply in these cases. It is my understanding, according to the standing orders of the Legislature, that those protocols ought to be tabled with the Legislature. I wonder if you would ask—

The Speaker: We've been through this before in the first session. It is when it is being quoted from and being referred to continuously, and it was not in this case. But I will say this—and I will entertain another point of order—I have been very simple on this, very clear on that. So you are not going to be able to get up again on the same point of order. I have been very clear on this. The rules are there, and I will be listening. If, in fact, as occasions happen in this House, they do quote from them and do repeat them, then I will be asking the government to table them. He has not done that, but I assure the member that I am listening very carefully.

1430

Mr Duncan: A point of order on another matter, Mr Speaker: In your response to me last fall, you did not specify how many references would have to be made—

The Speaker: That is the same point of order. Would the member take his seat when I'm standing, please. Would the member please take his seat while I am standing. That is on the same point of order. I am not going to repeat it. We are very clear. What has happened in doing these points of order during question period—

Interjections.

The Speaker: Order. I warn the member, one more outburst and I will have to name him. One more outburst and I will name the member.

Continuing with the member of the third party.

HEALTH CARE

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. Yesterday and today the people of Ontario are watching you and the Liberals play a game of tag with our health care system. You say you'll have to see the Liberal chequebook before you can improve patients' access to doctors, to nurse practitioners and nurses. But before the recent Liberal budget, you were out there everywhere across Ontario not pleading for health care funding; you were pleading for tax cuts. Liberal backbenchers were out there doing the same thing, talking about tax cuts rather than health care.

Premier, the issue is this: Are you going to move now to make sure that family doctors, nurse practitioners and nurses are more available to the patients of Ontario, or are you going to continue to play tag with the Liberals over who should take the lead in health care?

Hon Michael D. Harris (Premier): Let me say that I think it is a good question and it's a timely question. The answer is yes, we are moving ahead with more nurses, with more nurse practitioners, with more doctors, with more specialists, with more equipment, with more home care. We are moving ahead with more primary care reform. We are moving ahead on all of those fronts.

Let me be very clear that I led the charge through two first ministers' conferences in advance of the last federal

budget. In both of them the number one priority we called for was health care: restoration of the \$4.2 billion cut from the health care funding. At the same time, there's no question we also called, because the surplus was so massive at the federal level, for tax cuts. Why? Because in addition to first quality health care, we also wanted jobs for Canadians all across this country.

Mr Hampton: I think out of that, Premier, we're clear on one thing: You and the Liberals, when it comes down to the crunch, favour tax cuts for the well-off over health care funding. That's the bottom line.

In your own government, you said five years ago that you were in favour of primary care reform. Yesterday you said that it costs too much. Premier, maybe you don't understand the concept. It costs more to send a patient to an emergency room than it costs for that patient to have access to a physician or a nurse practitioner. Making optimum use of the skills of nurse practitioners and nurses will save the health care system money. It costs more to treat a person after they've become ill than it costs to prevent them from becoming ill in the first place. That's what primary care reform is all about.

Premier, if you have a study that shows us that primary care reform is more—

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

Hon Mr Harris: Let me first of all correct the record on a couple of statements that were part of the question. First of all, we have put health care funding first and foremost. We made up a \$1.7-billion cut to Ontario and then we added \$3 billion more. That's \$4.7 billion more into health care in our term of office than was being spent before.

Surely you, and whoever is nattering away beside you, appreciate the terrible mess you left us in, in health care, the terrible inaction that you and the Liberals left us with. You would know how difficult it was to make up not only \$3 billion of new money with a \$10-billion deficit, but in fact to make up \$1.7 billion worth of health cuts as well coming from the federal level. With regard to primary care before, I have not seen one study that says it costs less. I have seen—

The Speaker: Order. The Premier's time is up.

Mr Hampton: Premier, I accept that your government spent a lot of money laying off 10,000 nurses and then trying to figure out a way to hire them back, you spent a lot of money closing down hospitals and then deciding that you couldn't close them down, and you spent a lot of money shovelling more dollars into doctors' pockets without getting primary care reform.

I've heard you say you believe in primary care reform but that you want it to be voluntary. I've heard Mr McGuinty and the Liberals say, "We want primary care reform but we want it to be voluntary." You know, I know and the physicians know that it won't happen voluntarily. It's going to take some leadership. You know, I know and everybody else out there knows that primary care reform—making optimum use of the skills of nurse practitioners and nurses, moving doctors off fee-

for-service and on to salary—will save us money. Premier, when are you going to show some leadership on health care and stop passing the ball back and forth from the Liberals, who are in the same game that you're in?

Hon Mr Harris: Let me be very clear. You've defined the Liberals' position. They've had about eight on primary care that I've seen over the last little while. At one point they were in favour. At one point, two or three years ago, I heard Dalton McGuinty say, "We'd just order it." Now we hear him say that it should be voluntary.

Let me say that you at least have been consistent. You would just order it; you would just say to doctors, "We'll order you to do this." But here's the tragedy in that argument: You were in government for five years and you did nothing. You did nothing on nurse practitioners. This government, this Minister of Health, brought in the new legislation.

Interjections.

The Speaker: Order. Premier, take your seat.

I apologize. Is the Premier finished?

Hon Mr Harris: It was this government that brought in the seven pilot projects. It's this government that started teletriage services in northern Ontario and in the pilot projects. This government brought forward legislation on nurse practitioners. This government has now hired 220 nurse practitioners with \$50 million. You talk—

The Speaker: Order. The Premier's time is up. New question.

ONTARIO REALTY CORP

Mr Howard Hampton (Kenora-Rainy River): My next question is for the Chair of Management Board. All of the most controversial land deals at the Ontario Realty Corp, where the taxpayers of Ontario have been swindled out of millions of dollars, have happened while you were the minister in charge: the Joseph Chetti case in Brampton, the Frank Gabriele situation in Mississauga, the 145 Eastern Avenue deal. Minister, section 85 of the Ministry of Government Services Act says: "Any disposal by the minister or the Ontario Realty Corp of real property or an interest therein is subject to the approval of the Lieutenant Governor in Council." Minister, tell us, did you go to cabinet and recommend those deals? Because that's the only way they could get past cabinet. Did you go to cabinet and recommend those deals?

Hon Chris Hodgson (Chair of the Management Board of Cabinet): The member is fully aware, or he ought to be aware, that the proper steps are being taken according to proper processes when allegations that have been made are being reviewed. The senior management team of the ORC discovered some irregularities and they followed the proper process by asking for an audit to be conducted. That auditor needed assistance and asked for a forensic auditing outside team to take a look at it. They saw some irregularities and they've referred the matter to

the police to review. He knows that I can't comment on the specifics on any of these files that may or not be under investigation.

1440

Mr Hampton: Minister, this is a bit unbelievable. You try to say that you're fixing the problem, but the fact of the matter is that the three biggest swindles happened while you have been the minister. You say you've taken action. The only action I can see is that you got your twin, Mr Miele, who was fresh from selling off federal land in another swindle, to come and help you.

It boils down to this: You've presided over this. You've got to go. You can't sit here and claim that you're going to clean it up when you presided over it. As for your refusal to answer the question, it boils down to: Are you corrupt or are you merely incompetent?

The Speaker (Hon Gary Carr): Order. I would ask—

Mr Hampton: I withdraw.

Interjections.

The Speaker: Order. He has withdrawn it. I appreciate it.

Mr Hampton: Are you merely incompetent or do you have another problem?

Hon Mr Hodgson: I think anybody who is objective and has reviewed the facts in this matter would say that this is a government that's being open and accountable. We're the ones who supported the ORC's board of directors to start this review, and that has led to the police being called to review these transactions in the past.

Going forward, this new board, which was unanimously approved by this House and through their committee, appointed a new senior executive team that has brought in new policies and procedures to improve the way the Ontario Realty Corp conducts its business. Those policies will lead to a more open and accountable ORC, which will add to the value that organization brings to the taxpayers of this province.

The Speaker: New question.

Mr Dominic Agostino (Hamilton East): My question is to the same minister. Last fall, on November 4, we asked in the Legislature about allegations not only about the two deals that were in question at that time but specifically about any other allegations. Your answer was, "With respect to your question about any other allegation, the answer is 'no.'" That was on November 4.

Since that time we have seen a number of deals that are questionable, that are scandalous, and frankly they have defrauded the taxpayers of Ontario. You claimed in November and again in December in this Legislature that everything was fine, that everything was under control and that there were no problems with the ORC. Based on that, can you advise the House today on what date you or any of your staff were made aware of any irregularities at the Ontario Realty Corp?

Hon Mr Hodgson: For the record, on November 3 and 4, 1999, the member asked me to call for a police investigation into allegations of bid-rigging and corruption. He asked me if I was aware of those allegations. I told

him I was not aware of any specific allegations, which was true.

In December of last year, the president of the ORC brought to my attention the fact that, through the course of his due diligence and senior management's due diligence, he had discovered some irregularities that he wanted an independent body to review. What I was aware of at the time, in answer to the member's question, is that I had directed the ORC board of directors to put in place a sales process that is accountable, transparent and open to the public. It was through their due diligence that this proper process began. I also asked at the time if this member or anybody in his party had any information of specific allegations, and to this date I've heard none from that party.

Mr Agostino: I'm amazed at the fact that an audit was carried out over the summer and fall which showed irregularities. The minister wants us to believe that as minister in charge of the ORC, he was not made aware of any of these irregularities until December. You're telling us that an audit was carried out in the summer and fall and that you were only advised in December that there were irregularities at the Ontario Realty Corp.

Minister, the audit was in the fall. You claim you were told in December. You called in a forensic audit a day after the story broke in the media. Only at that time did you call the forensic auditors. You rejected our calls at that time for the OPP to come in, and the police were only called in at the end of March. That is a gap of anywhere from four to six months when the irregularities were first discovered. That can only lead one to believe there are two things here: either (a) incompetence at the ORC and incompetence on your part for not having this information, or (b) a political cover-up by the Ontario Realty Corp and by your staff and your office and your government.

Can you explain the gap, why it took so long for the police to—

The Speaker: Order. The member's time is up.

Hon Mr Hodgson: First of all, I disagree with the premise. It was a review by the senior management team and the president that uncovered some irregularities in past transactions that had taken place in the Ontario Realty Corp. That was in late fall. It was in December that they called for the audit, and this spring that auditor asked for assistance, for outside help. Those are the facts as I know them, and the proper process is being followed. We want to get to the bottom of this. If you have any specific allegations, by all means please share them. It would be helpful.

DRIVERS' LICENCES

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): My question is for the Minister of Transportation. Last fall, after your announcement that you were going to be taking immediate action to reduce the backlog and waiting time for road test exams that are required as part of your ministry's graduated licensing

system, you and I visited the John Rhodes examination centre in my riding to see at first hand the difficulties new drivers are having in obtaining their licences. We all know that the economy of Ontario is driven in large part by the automobile, and for many people in this province it's absolutely crucial that they are able to take these road test exams in a timely manner.

Minister, can you update us on what progress the ministry has made in reducing the waiting time for road tests?

Hon David Turnbull (Minister of Transportation): I'm very pleased to announce that province-wide the average wait time has been cut in half. The average wait time for G1 tests is now seven weeks and the average wait time for G2 tests is now 12 weeks. Saturday appointments have been made available, and now over 6,800 tests have occurred on Saturday. We have a province-wide toll-free number, 1-888-570-6110, and it is working well in advising people where the closest test date will be.

We have extended for one year the temporary licences which allow people to drive until the next available test. We have made 325,000 more tests available per year, almost—

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

Mr Gill: Thank you, Minister, for that update. I know the residents of my riding, in particular, will be interested to learn the update you provided on improving the road test backlog locally.

Minister, all Ontarians are concerned about the safety of the roads we drive on. Can you tell me, how does the graduated licensing system increase safety for Ontario motorists?

Interjections.

Hon Mr Turnbull: Pay attention; this is rather important.

Collisions for novice drivers are now down by 31% and fatality and injury rates are down by 24%.

We've brought in many other safety measures since we became the government: absolute liability offence for truck wheel separations, remedial measures for convicted drunk drivers, vehicle impoundment for suspended drivers who drive, increased fines for failure to stop for a stopped school bus and commercial vehicle impoundment. We now have the lowest number of fatalities since 1950. We are the fourth safest roads in the whole of North America.

ONTARIO REALTY CORP

Mr Dominic Agostino (Hamilton East): The question is for the Chair of Management Board. Minister, I want to go back again to when you were made aware of irregularities at the Ontario Realty Corp. These dates are important because these dates reflect ministerial accountability and ministerial responsibility for actions that have taken place.

You were asked on November 3 and 4 about irregularities or problems at the ORC. You claimed you did not know of any others at that point that had been brought to your attention. You claimed in your previous statement that you were made aware there was an audit ordered in December. Again, I go back: You said you were made aware in December. Can you provide to this House the specific date in December that you were made aware of the allegations and the date in December that the audit was ordered?

Hon Chris Hodgson (Chair of the Management Board of Cabinet): I don't have the exact dates. I can tell you it was late November when Tony Miele and the senior management team discovered some irregularities in past practices, and it was some point in December when the auditor from Management Board was retained. I can get that for you.

Mr Agostino: I would hope that now that the minister has the question, his staff or the minister can get back to us with the dates specifically when you or your staff were made aware and in regard to when the audit was called.

Let me quote from a letter of March 7 that you sent to Mr Mavrinac, the chair of the board of the Ontario Realty Corp:

"Over the summer and fall of 1999, as part of appropriate due diligence, the CEO began a review of sales transactions. In cases where concerns were noted, specific files were provided to the Management Board auditor for review in the fall of 1999."

Suggesting that late December refers to the fall of 1999 I think is stretching credibility and is simply trying to protect what you said in this House in November and on December 4. Very clearly, these problems were noted over the summer and fall of 1999.

1450

Minister, how can we believe that late December 1999, when you were advised that this audit had taken place, and in the letter that you sent—

The Speaker (Hon Gary Carr): Order. I'm afraid the member's time is up. Chair of Management Board.

Hon Mr Hodgson: There's absolutely no contradiction there. That shows the due diligence that I asked the ORC board to ask their senior management to do throughout the fall, to do a review of all past transactions. They spotted some irregularities in late November and they asked for an audit, and they took the proper process to do that. They have to have evidence.

We want to make sure that this organization acts in the best interests of the taxpayers of this province. This is part of their job and their due diligence, and they followed the proper action.

HEALTH CARE

Mr Wayne Wettlaufer (Kitchener Centre): I have a question for the Minister of Health and Long-Term Care. Minister, in the past week our government began a process of explaining to Ontarians through a media cam-

paign the realities of the federal Liberal government's declining contribution to health care.

Since 1995, the federal Liberal government's contribution has declined to the point where that government's contribution is now only 11% of health care costs. Ontario pays the remaining 89%.

Furthermore, the Ontario Liberals have stood idly by, never criticizing their federal cousins or even acknowledging that the federal cuts took place, all the while trying to deflect blame to us. The federal government has no plan for improving health care.

Last week you met with the country's health ministers and you outlined what Ontario was doing and what our plans were for improving health care. I wonder if you could share the information with us that you shared with them.

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Yes. I'm pleased to say that last week, when I met with my provincial, territorial and federal colleagues, we had the opportunity to share with the federal government the tremendous innovation and reform that we were undertaking in this province without any support or leadership on the part of the federal government.

We spoke about the initiatives that we had undertaken in the way of primary care reform, that that had been a priority for this government since 1995, in order to ensure that people could have access to 24-hour-a-day, seven-day-a-week care by doctors, nurses and nurse practitioners.

We spoke about our expansion of 20,000 long-term-care beds to respond to the needs of our older population.

We spoke about the expansion of our home care and our community services, the provision of nursing, therapy, and other services in the community, and the fact that we were funding this—

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

Mr Wettlaufer: Minister, the Prime Minister's response was to launch a media campaign in an attempt to discredit you and hide the fact that they don't have a plan.

What was Allan Rock's response when you suggested what our plan was?

Hon Mrs Witmer: As we presented our plans for reform, for transformation, adaptation and innovation, the health minister politely listened. However, unfortunately we left the meeting with absolutely no additional funding, no indication of any plan that the federal government had for health care reform whatsoever. That was perhaps the most disappointing: that there was no direction and there was no vision on the part of the federal government, and they were unwilling to commit to work with us on our plans of reform and innovation.

CANADIAN FRANCHISE ASSOCIATION

Mr Tony Martin (Sault Ste Marie): My question is for the Minister of Consumer and Commercial Relations.

Minister, the Canadian Franchise Association, a very influential adviser to you and your staff on Bill 33, claims to be committed to fairness in franchising. But there are hundreds of franchisees out there who dare to differ, who say in fact the opposite is true.

The Canadian Franchise Association refused to accept a registered letter of complaint from Bulk Barn franchisees. When I tried to deliver it to the president of the CFA during the hearings in March, he returned the same letter. Today, I'm asking you if you would take a look at this letter and investigate the complaints of Bulk Barns and also investigate the actions of the CFA in this instance and how they stack up against the so-called code of ethics they keep talking about, both at the hearings and in an article today in the *Globe and Mail*.

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): I'm not aware of the specific concern the member raises, but I'll certainly be more than willing to take a look at the correspondence he has made reference to, follow up on it and get back to him in a timely way.

Mr Martin: I want to thank the minister for that commitment. You need to know, Minister, that there's a very troubling story brewing out there in Ontario. Today, we have with us in the gallery one Brenda Hope, a franchisee who has been treated terribly by a company called Chemwise. Her story was written up in the *Toronto Star* on the ides of March. The CFA has refused to look at her case. As a matter of fact, the CFA knew there was a problem with Chemwise a year ago and did nothing to correct it or to look into it so that people like Brenda Hope wouldn't become victims of that system and franchising here in Ontario. The CFA knows of her troubles. They know of troubles with a myriad of other systems in Ontario today.

Will you agree today to meet with Brenda Hope so that she might tell you her story and investigate her story, the Bulk Barn story that I presented to you by way of that registered letter and the Canadian Franchise Association so that—

The Speaker (Hon Gary Carr): Order. I'm afraid the member's time is up, unfortunately. Minister.

Hon Mr Runciman: I acknowledge the member's interest in this issue and appreciate his hard work. It's regrettable that his party didn't have the same degree of interest in this issue that he clearly has. This is the first government to move on this issue, on this initiative, only the second government in Canada. In fact, our legislation, as I'm sure if he wants to be fair he would acknowledge, is stronger than the legislation in Alberta in terms of protecting franchisees.

Certainly if someone has a concern, I'd be more than happy to hear that concern and to address it as best we can. But I don't want anyone to have an impression from this discussion that this government has not been committed to introducing and passing legislation that's going to protect franchisees in this province.

GLOBAL WARMING

Mr James J. Bradley (St Catharines): I have a question for the Minister of the Environment. At a key meeting of environment and energy ministers in Vancouver last week, held to devise a federal-provincial agreement on climate change, Ontario, instead of providing leadership on the environment as it has in the past, was labelled as the chief obstacle to progress.

According to even normally cautious industry spokespersons, Ontario has taken an environmental posture that makes Ralph Klein look progressive. Your foot-dragging is so anti-environment that even the polluting industries are complaining about you. David MacInnis of the Canadian Association of Petroleum Producers said of your government, "Until the provincial government steps up and takes a leadership role, it's going to be tough to convince Ontarians to take global warming seriously." According to reports from the meeting, "Ontario Energy Minister Jim Wilson and Environment Minister Dan Newman spearheaded the opposition to any specific action."

Minister, why are you using discarded anti-environment rhetoric that even the big polluters have abandoned in your attempt to block any meaningful action on global warming?

Hon Dan Newman (Minister of the Environment): I want to thank the member opposite for his question. I also want to thank him for showing up at my swearing-in. I didn't even have to invite him and he still showed up, so I think he endorses my appointment as minister.

In Vancouver at the joint ministers' meeting on climate change, Ontario took a very active role. I want to tell the honourable member and all members here today what I did as environment minister. I emphasized how we needed to proceed with reducing greenhouse gas emissions through provincial action, and we're doing that in Ontario. I pushed to continue to lobby the federal government for a comprehensive and effective strategy on climate change, and I also pushed to require the federal government to respect provincial jurisdiction in responding to the climate change issue.

The member opposite mentioned today a story in the paper. That's what it was: a story. If he had read the story further, he would have seen that one of the conditions listed in the newspaper was the fact that there would be a 20% reduction in emissions. This government has reduced emissions by 40%. Why would we—

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

Mr Bradley: The biggest single roadblock to making a deal on climate change in Ontario, according to Robert Hornung, climate change director for the Alberta-based Pembina Institute for Appropriate Development—he referred to Premier Mike Harris's government as "anti-environmental" and compared Ontario to some industrialized countries at the 1997 Kyoto conference, who were concerned mainly about the economic costs of taking action. Yet hundreds of business leaders at the

World Economic Forum in Davos, Switzerland, recently voted climate change as the greatest challenge facing the world at the beginning of this century. Some 200 scientists in 50 countries surveyed by the United Nations identified global warming as one of the top two most worrying problems for the new millennium.

Why, in the face of all the evidence of impending catastrophic environmental change that would result from global warming, are you and your government leading the charge against any significant action to head off this major problem? Why are you using yesterday's polluters' rhetoric and script to justify your dinosaur-like attitudes on the environment?

Hon Mr Newman: Nothing could be further from the truth. We took strong action in Vancouver at the joint ministers' meeting. In fact, federal environment minister David Anderson congratulated Ontario for the role that it played in reducing greenhouse gas emissions.

In Ontario, we have reduced greenhouse gas emissions and improved air quality with programs like the Drive Clean program, by our emissions reduction trading pilot program, Ontario's anti-smog action plan, by landfill management regulations and by our proposed environmental regulations for a new, competitive electricity market. We've taken strong action. Why won't the federal government?

INTERNET

Mr Ted Arnott (Waterloo-Wellington): My question is to the Minister of Energy, Science and Technology. The Internet has generated a great deal of excitement around the world. Will the minister inform the House what the government has done to ensure that areas like Waterloo-Wellington and the rest of the province fully benefit from the developments in this electronic revolution?

Hon Jim Wilson (Minister of Energy, Science and Technology): I thank the member for Waterloo-Wellington for the question. The Ministry of Energy, Science and Technology has supported information highway initiatives since 1997 through the telecommunications access partnership program, TAP. TAP has assisted 35 projects involving over 300 partners, with a commitment of \$32.5 million toward projects exceeding \$100 million in total value. Two of these leading-edge information highway projects are located in Waterloo: the rural Waterloo community network and the Waterloo information network. Recently, the Minister of Natural Resources and I were in Waterloo to announce a new initiative to further advance the information highway in Ontario, called Connect Ontario. This SuperBuild initiative will invest \$82 million to connect 50 communities across Ontario. Connect Ontario will enhance the competitiveness of our communities in the new digital economy and spur growth in jobs, new investment and economic development opportunities. We are leading Canada, indeed we're leading North America, in Internet connectedness, a government record we are proud of.

Mr Arnott: I want to thank the minister for that response. I happen to know that this week he's celebrating his 37th birthday. I wish him a happy birthday as well.

Could the minister, by way of supplementary, inform the House on how Connect Ontario will work and how it will benefit the people of Ontario.

Hon Mr Wilson: Thank you for that enlightening piece of information. If I'm celebrating my 37th, then in four days the honourable member is celebrating his 37th.

Connect Ontario will invest \$50 million in broad-based partnerships to create a high-tech network of 50 connected smart communities across Ontario. An additional \$32-million component called GeoSmart will make land-related geospatial information available to and usable by connected smart communities. GeoSmart will integrate land-related data across the province and will facilitate geospatial business applications required by most communities and many large and small businesses.

Connected communities will have interactive Web sites which will allow the public to conduct many transactions, like obtaining licences and permits and paying taxes and bills on-line. Through GeoSmart, you'll be able to find local businesses, tourism sites and cultural attractions on a computerized map and obtain directions on how to get there. This new initiative will become a one-stop portal of information.

Through connections—

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

LOW LAKE LEVELS

Mr Bruce Crozier (Essex): My question is for the Minister of Natural Resources. As you are aware, abnormally low lake levels have affected rivers, streams and harbours in the Great Lakes area. Therefore, marinas and lake access in my riding of Essex, bounded by Lake St Clair, the Detroit River and Lake Erie, have been affected. Indeed, the problem exists on many parts of the Ontario shoreline. These low lake levels are having a devastating effect on small business employment and on tourism as a whole. In fact, I recently wrote you about the problem.

Minister, I'm asking that you give this emergency your personal attention. Will you consider giving special assistance to residents and marina owners in my riding of Essex by sharing the cost of necessary dredging?

Hon John Snobelen (Minister of Natural Resources): I want to thank the member for bringing up what is a very serious issue in Ontario, not just with the Great Lakes but with other bodies of water. I think there are people in communities right across this province who are concerned about low lake levels.

I can tell the member opposite that, in co-operation with the Ministry of the Environment, my ministry and other agencies of the government have taken on an initiative to make sure we fully understand what is happening in terms of low lake levels and can provide the proper

information to communities both in Essex and other parts of Ontario which need that information to do proper water planning, not just for this season but for the future.

Mr Crozier: Minister, I appreciate that, and that's speaking perhaps of groundwater. But this is a special circumstance that has been created and it is adversely affecting tourism in the province. Out-of-province boaters simply can't have access to marinas in the location of my riding. Property owners and marinas have lost almost total access to rivers and lakes.

In fact, I would hope that you look at this as a special circumstance, in addition to the groundwater problem, and at least come to the table with the marina operators in my area and provide some expertise from your ministry to help them solve that problem.

Hon Mr Snobelen: Again, I thank the honourable member for the question, for raising in the House a very serious issue. We in our ministry certainly are very interested in working with conservation authorities and municipalities in their concern about lake levels, about access. I'd be more than happy to provide the expertise that the ministry has to those agencies.

AIR TRANSPORTATION

Mr Jerry J. Ouellette (Oshawa): My question is for the Minister of Consumer and Commercial Relations. We in Ontario are fortunate to have access to many different airports—and believe me, if you've been to Fort Severn, you certainly know about airports—that take our travellers all around the globe. For the most part, these trips are successful and enjoyable. However, complaints about airline services are too frequent. Inability to find out information about delays, seating options and competitive fares are just some of the concerns that air passengers have raised, as we have seen through the reports in the media. Through claims of individuals such as Cliff Mackay's of the Air Transport Association of Canada about what the problem is, we certainly have questions about what the media are saying about air transportation.

Minister, could you explain to me what steps you have taken to improve the experiences of Ontario travellers?

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): The consumer ministry is responsible for the travel industry act, and as part of a consultation late last year I met with stakeholders in the travel industry in Ontario and listened to a range of concerns about airline passenger complaints with respect to operations out of Ontario and out of other provinces in this country. As a result of those discussions, we developed a discussion paper, Improving Quality Service Standards for Airline Passengers, and have passed this on to the federal Minister of Transport, Mr Collenette, with the sincere hope that he will follow the advice of Ontario consumers and Ontario travel agents operating very successfully in this province.

1510

Mr Ouellette: The service that Ontarians receive in the air should be, without question, of the highest quality.

I appreciate your taking on the task of informing the federal government what Ontario travellers are looking for.

Some people may be concerned that these recommendations may add additional red tape to an already highly regulated industry. Can you assure this House that your suggestions do not contain any unnecessary rules and regulations?

Hon Mr Runciman: There is nothing in this report that would suggest a return to the regulated environment that existed some years ago. These are purely voluntary recommendations, in the sense of providing advice to the federal government and to airline and charter operators across this country.

I have to say that I was concerned when I saw the response of the Canadian transportation association suggesting that there were no problems, no complaints of consumers in this country. Certainly my office has been inundated with concerns and complaints and, to be quite frank, horror stories. We're hoping that the federal government will respond. One of the reasons the Canadian transportation association is not hearing complaints is because consumers do not know who to complain to or how to complain. We have suggested the establishment of a registry at the federal level to receive consumer complaints and to deal with them and to inform the public in a timely way.

GOVERNMENT'S ENVIRONMENTAL RECORD

Ms Marilyn Churley (Broadview-Greenwood): I have a question for the new Minister of the Environment. The 1994 Canada-Ontario agreement committed Ontario and Ottawa to clean up 17 heavily polluted areas of concern on the Great Lakes, to reduce persistent toxic substances that pollute the lakes and harm our health, and to make serious financial commitments to support these efforts. Since the Harris government came to power you have systematically cut funding, and now you have let this important agreement expire. The Great Lakes are once again at the mercy of polluters, and you just let the feds walk away from this. Minister, this is a disgraceful start for you as the new minister. What are you going to do about it?

Hon Dan Newman (Minister of the Environment): This government is indeed committed to cleaning up, protecting and conserving our Great Lakes. In fact, the Great Lakes today are cleaner than they have been in decades, and Ontario recognizes that still more needs to be done. Yes, the Canada-Ontario agreement has expired. Officials have been speaking with our federal counterparts, and we've agreed to continue our co-operative efforts and to examine how we can best expand upon the momentum and progress we've made to date. Although the agreement has expired, I want to assure you that the commitments, programs and funding of the Canada-Ontario agreement remain in place.

Ms Churley: That is nonsense. You have already cut the funding. Go back and check that with your officials.

But I want to ask you another question. The National Post, the Globe and Mail and many others have recently said that you led the charge against concrete proposals to help Canada reduce greenhouse gas emissions. You should know, even if you are new to this, that Ontario's role is important for all of Canada to meet its Kyoto commitments. You went to the federal-provincial meeting as our new environment minister and you embarrassed us. You went to be there for the environment and you opposed every concrete proposal to reduce greenhouse gas. Minister, is there an explanation, or should we ask for your resignation today?

Hon Mr Newman: That's the best one I've heard since March 3. At the joint ministers' meeting, Minister Wilson and I played strong roles to get the federal government and the other provinces to go along with what Ontario is doing. In fact, to implement Kyoto without an assessment of the different options, including the costs, benefits and risks, would lead to ineffective, overly costly actions that will burden our industries and put Ontario's economy at a disadvantage with our trading partners around the world.

HIGHWAY MAINTENANCE

Mr Michael Gravelle (Thunder Bay-Superior North): My question is for the Minister of Transportation. Despite a moderate winter season, concerns about the maintenance of our provincial highway system have never been greater. As you change your standards by, among other things, lengthening road patrols, public confidence in the safety of our roads has plummeted. Now, as you move relentlessly towards full privatization of highway maintenance across the province, the facts indicate that not only are our roads less safe but that this privatization will actually cost taxpayers more money for diminished service levels.

In his report last November, the Provincial Auditor exposed the financial disaster that is likely awaiting us if you continue down this road, yet you continue to dismiss his report and our strong concerns as baseless.

Minister, will you stand in the Legislature today and guarantee that your privatization of road maintenance will achieve the 5% savings you are committed to, and if you are proven wrong, as we believe you will be, will you resign?

Hon David Turnbull (Minister of Transportation): Let me start by saying that road safety is our government's absolute top priority. Let me be very clear with you: There has been absolutely no reduction in winter maintenance standards. Do you understand? No reduction.

MTO has been outsourcing work since the early 1970s, and MTO staff monitor the work of the private contractors before, during and after winter storms. Contractors are contractually obliged to meet MTO standards. There is absolutely no room for cost cutting.

Clearly, we urge all motorists to adjust their driving—

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

Mr Gravelle: Minister, you began this privatization move back in 1996 with a three-year pilot project in the Chatham-Kent district, which we now sadly know as Carnage Alley. Years before the pilot was completed, and certainly before its effectiveness could be evaluated both from a fiscal and a public safety point of view, you pushed ahead with a plan to fully privatize this important public service across the province.

My question is very simple: How can you justify moving ahead before your own pilot project in Chatham-Kent was completed, without any evaluation of whether the privatization of highway maintenance was of benefit to taxpayers, let alone not affecting the public safety of drivers on this incredibly dangerous and frightening stretch of road? Minister, how can you justify that?

Hon Mr Turnbull: We are committed to finding efficiencies in government, unlike your party when they were the government. The auditor reviewed only 20% of the contracts. Subsequently more competition has been found and higher savings have been achieved. Regardless of the accounting method used, we are achieving or exceeding, in all cases, 5% savings. That's good news for taxpayers. We are investing the 5% in the roads, something you wouldn't relate to, because your party left the roads in a disastrous state when you were thrown out of office.

We are committed, on an ongoing basis, to finding efficiencies. But it will not be at the cost of safety, sir.

PETITIONS

WOMEN'S HEALTH SERVICES

Mr Rick Bartolucci (Sudbury): This is a petition to the Ontario Legislature.

"Whereas all women in Ontario should have access to the highest quality health care; and

"Whereas all women in Ontario should have access to drug therapies that will prevent diseases that most affect women after menopause, such as osteoporosis, heart disease and breast cancer;

"Therefore be it resolved that we, the undersigned, petition the Ontario Legislature to demand that the Mike Harris government provide immediate access, through the Ontario drug benefit plan, to scientifically proven drug therapies, such as Evista, where a physician believes it is appropriate" and in the best interests of the woman.

I affix my signature to this petition.

1520

PROTECTION OF MINORS

Mr John O'Toole (Durham): I have a petition from the riding of Durham, of course. It's presented by Maria Speciale.

"To the Legislative Assembly of Ontario:

"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 material;

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

"To enact legislation which will:

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

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

I present this on behalf of my petitioners and I'm pleased to support it.

HEALTH CARE

Mr Mario Sergio (York West): I have a further petition which I have received in my office that states: "Say no to the privatization of health care."

"To the Legislative Assembly of Ontario:

"Whereas we are concerned about the quality of health care in Ontario;

"Whereas we do not believe that health care should be for sale;

"Whereas the Mike Harris government is taking steps to allow profit-driven companies to provide health care services in Ontario;

"Whereas we won't stand for profit over people;

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

"Do not privatize our health care system."

I concur with the content of the petition, and I will affix my signature to it.

ABORTION

Mr John O'Toole (Durham): I'm pleased to present a petition from residents in the riding of Durham, constituents Pat Wilson, Monica Hoy and Paul Hoy, who, by the way, is a doctor, and Marie Gagnon. It reads as follows:

"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;

"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 support this petition.

HIGHWAY SAFETY

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

“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 route and travel route was designed in the 1950s for fewer vehicles and lighter trucks; and

“Whereas road funding is almost completely paid through vehicle permit and driver licensing 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 fully 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.”

This petition is signed by a number of residents from Leamington and area and I sign my name to it.

HEALTH CARE FUNDING

Mr David Christopherson (Hamilton West): I have a petition on behalf of many of the citizens in the Hamilton area.

“To the Legislative Assembly of Ontario:

“Whereas the Harris government has cut \$40 million from the budget of the Hamilton Health Sciences Corp, which has resulted in a health care crisis in Hamilton-Wentworth and left the Hamilton Health Sciences Corp with a \$40-million deficit; and

“Whereas the HHSC is now planning to downsize and cut back services at the Henderson hospital by converting the hospital to a day care with urgent care, rather than an emergency department; and

“Whereas this will have serious impact on emergency services for the 200,000 residents of Hamilton Mountain, upper Stoney Creek, Glanbrook, Ancaster and other communities above the escarpment; and

“Whereas the mountain population is a rapidly growing community and deserves and needs a full-service hospital; and

“Whereas an ambulatory care centre is not an acceptable replacement for a 24-hour emergency ward; and

“Whereas it does not make sense to spend \$100 million for a new cancer centre rather than half that amount to expand existing facilities at the Henderson General Hospital; and

“Whereas Mike Harris said in February the Henderson would remain open for acute and cancer care;

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

“That the Legislative Assembly of Ontario direct the Harris government to restore the funding cuts to the Hamilton Health Sciences Corp and develop long-term solutions for the maintenance of appropriate acute care services at the Henderson hospital to serve the needs of the growing population of Hamilton-Wentworth and central south Ontario.”

In support of these petitioners, I add my name.

KARLA HOMOLKA

Mr John O’Toole (Durham): It’s my pleasure, on this day when our Attorney General is standing up and speaking out for victims, to present a 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 passes to leave prison with an escort; 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 like Karla Homolka to return to our streets and our communities;

“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 support this and put my name to the petition.

NORTHERN HEALTH TRAVEL GRANT

Mr Michael Gravelle (Thunder Bay-Superior North): The people of northern Ontario continue to be incensed about the inadequacy of the northern health travel grant. Petitions keep coming in. I have over 1,000 signatures here. It reads:

“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 am very pleased to sign this. I have heard this from many people across northern Ontario.

OCCUPATIONAL HEALTH AND SAFETY

Mr David Christopherson (Hamilton West): I continue to receive petitions from auto workers. They are forwarded to me by Cathy Walker, the national health and safety director, and Buzz Hargrove, the national president of the Canadian Auto Workers.

“To the Legislative Assembly of Ontario:

“Whereas this year 130,000 Canadians will contract cancer and there are at minimum 17 funerals every day for Canadian workers who died from cancer caused by workplace exposure to cancer-causing substances (carcinogens);

“Whereas the World Health Organization estimates that 80% of all cancers have environmental causes and the International Labour Organization estimates that one million workers globally have cancer because of exposure at work to these carcinogens;

“Whereas most cancers can be beaten if government had the political will to make industry replace toxic substances with non-toxic substances in work;

“Whereas very few health organizations study the link between occupations and cancer, even though more study of this link is an important step to defeating this dreadful disease;

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

“That it become a legal requirement that occupational history be recorded on a standard form when a patient presents at a physician for diagnosis or treatment of

cancer, and that the diagnosis and occupational history be forwarded to a central cancer registry for analysis as to the link between cancer and occupation.”

I add my name to theirs in support of this petition.

1530

ABORTION

Mr David Tilson (Dufferin-Peel-Wellington-Grey): I have a petition signed by a number of people from Mount Forest and Arthur. It's addressed to the Legislative Assembly of Ontario.

“Whereas the Ontario health system is overburdened and unnecessary spending must be cut; and

“Whereas pregnancy is not a disease, injury or illness and abortions are not therapeutic procedures; and

“Whereas the vast majority of abortions are done for reasons of convenience or finance; and

“Whereas the province has exclusive authority to determine what services will be insured; and

“Whereas the Canada Health Act does not require funding for elective procedures; and

“Whereas there is mounting evidence that abortion is in fact hazardous to women's health; and

“Whereas Ontario taxpayers funded over 46,000 abortions in 1995 at an estimated cost of \$25 million;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to cease from providing any taxpayers' dollars for the performance of abortions.”

CULTURAL ORGANIZATIONS

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

“Whereas cultural organizations make an outstanding contribution to our province by sharing their customs, traditions, language and arts;

“Whereas our cultural organizations are generous in their benevolent contribution to the people of their communities;

“Whereas dramatic and unjustified increases in assessment for our cultural halls have created an extreme hardship for their membership;

“Be it resolved that the provincial government reinstate the previous assessment treatment for such facilities and abandon the assessment change that is so detrimental to our cultural organizations.”

I affix my signature as I'm in agreement with it.

ABORTION

Mr John O'Toole (Durham): I continue to get a number of petitions, and although they are on the same topic, it's my duty to read them in the Legislature.

“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; and

“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 this petition.

NORTHERN HEALTH TRAVEL GRANT

Mrs Lyn McLeod (Thunder Bay-Atikokan): I have a petition 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 another 170 concerned constituents.

ORDERS OF THE DAY

HEALTH CARE FUNDING

Hon Michael D. Harris (Premier): I move 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 in-

creasing 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;

(d) Reminds the federal Minister of Health, 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.

I would like to split my time with the members from Kitchener-Waterloo, Waterloo-Wellington, Dufferin-Peel-Wellington-Grey and Willowdale.

This is the first motion we introduced for this session. I believe that we have provided some time to all opposition parties. Notice that (a) we said we would introduce the motion, and (b) we introduced it yesterday so we’d have some time for all members to consider it.

During the mid-90s, the federal Liberal government made a very historic decision. This was a decision that would have an enormous impact on the people of Canada, a decision that we are still struggling to deal with today. The Chrétien government began making the biggest cuts to health care funding in Canadian history. Whether they want to admit it or not, that decision hurt this country’s health care system and it hurt this country’s people.

Today, annual base funding for the CHST—this is the federal program that supports health care—is still \$4.2 billion lower than when the Liberals began cutting. Tax points, as phony an argument as that is, have not changed in the last 25 years. They were there 25 years ago, they were there 20 years ago, they were there 15 years ago, they were there when the Chrétien government was elected, and they are there today in exactly the same form as they were 25 years ago. What has changed is the actual federal dollar contribution to health care. That has been \$4.2 billion, real dollars, not indexed for inflation, not indexed for the cost increases in health care—4.2 billion real dollars less each and every year from the federal government.

As well, every third party, every independent, every government document from every ministry, including every budget document, indicates clearly that they have cut \$4.2 billion, regardless of whatever rhetoric they may have in paid advertising or in speeches. This has left every province in Canada struggling to make up the difference, to close the funding gap created by the federal government’s cuts. It has left every province struggling to increase funding even further to provide more and new services to patients. But, although the federal government’s health care funding has decreased, our people’s need for health care has not decreased. Ontario has maintained a quality system. I want to repeat that: We’ve maintained a quality system despite the federal cuts. Not only have we made up for the federal cuts costing

Ontario \$1.7 billion; we've increased annual funding by \$3 billion more, on top of that, since we took office. Even though we've called on the federal government time and again, the recent federal budget provided no permanent health funding.

Our government has launched an advertising campaign to convince the federal government to give back over \$4 billion that Ottawa cut from health care across the country. This \$3-million advertising investment is to get \$4.2 billion back into the hands of our provincial health ministers, where those dollars belong.

You know, as the Minister of Health has said, "We have no choice but to increase pressure on the federal government, since its cuts continue to put serious pressure on all the provinces."

1540

The calls to restore funding aren't just coming from the government of Ontario; they're coming from health providers, they're coming from all other Premiers and territorial leaders, they're coming from all other health ministers, they're coming from doctors, from nurses, from professionals all across the country.

Newfoundland Premier Brian Tobin was interviewed during the recent federal Liberal convention, a pretty well identified federal and provincial Liberal. Here's what he said: "We"—meaning the federal Liberal Party whose convention he was attending—"need to put our money where our mouth is."

Ontario's doctors, nurses and hospitals have published an open letter to the Prime Minister. They say: "Now, in an era of large budgetary surpluses and strong economic growth, it is time for the federal government to reinvest in our health care system and fully restore transfer payments to the provinces. Mr Prime Minister, we look to your government to reinvest in our cherished health care system. We ask that you work with the provinces to ensure health care services are maintained at the level Canadians expect and need."

When we launched our advertisements, the Ontario long-term care association issued a statement. They said, "The association and its members are supportive of the message contained in the public awareness campaign launched today by the provincial government to address the issue"—to address the issue of the underfunding, to put pressure to restore the \$4.2 billion and to educate Ontarians and indeed Canadians as to what has happened to federal health care funding since the Chrétien government was elected.

We must, as a government, and I believe as individual members of the Ontario Legislature, condemn the federal government for failing to restore permanent health care funding, particularly now, at a time with such significant surpluses.

We must condemn the recent statement by a spokesperson for the federal finance minister, who implied that increasing health funding was a waste of money.

Despite earnest-sounding commitments to medicare and the principles of the Canada Health Act, Allan Rock will actually commit to one thing, and one thing only:

talk, time frames for more meetings—not money, not real reform; time frames for more meetings.

I explained yesterday that while Allan Rock likes to talk about reforming the health care system, last week he wasn't ready to engage in meaningful dialogue about reform. I think he clearly lacked a mandate from his government, his party, his Prime Minister and his Minister of Finance to do so. The meeting's failure was directly attributable to the federal government's failure to do its homework, failure to come prepared to talk about reforms that the federal government had claimed to want to discuss.

Our Minister of Health went to those meetings prepared. She brought to Markham information and figures about Ontario's reform agenda, our health action plan. She was happy to explain to Allan Rock the reforms we are in the process right now of implementing, what they cost, what it would take and the cost to extend Ontario's reforms nationwide, home care, community care, pharmacare, expanded long-term care, primary care reform, hospital restructuring, and investments in new technology.

Allan Rock didn't come to the meeting with a commitment to provide stable long-term funding, and while that was a disappointment, it was not entirely a surprise. What was surprising is that he did not even have anything to say about our health reform agenda. Does the federal government support these reforms? Does it oppose them? Does the federal government think Ontario should be moving faster? Does it think we should be moving slower? Should we be doing things differently? Does the federal government take any position on the reforms now being implemented in each province all across this country? What new ideas does the federal government have? What new ideas does the federal health minister have? We don't know, because the federal minister won't, or he didn't, say.

Instead, Allan Rock talked about process. His call for more meetings was simply more foot-dragging from the federal government. They implied—they have done this through the media, the Prime Minister, the Minister of Health, the Minister of Finance. They've left the impression that there's more money for the system if the system is reformed. Well, Allan Rock may not have noticed, but we've already moved from plans and process to action. Reform is underway. The reform train has left the station and they are not on it. They are not trying to get on it. They don't seem to want to be on it.

We are already improving our health care system in Ontario, and the other provinces are too. Consider some of the so-called new ideas that Allan Rock has mentioned, ideas that for some reason he was unable to discuss in a meaningful way last week.

First, expanded access to family doctors on a seven-day/24-hour basis. Health experts call this primary care reform. We announced primary care reform in July 1996. We have pilot projects running now in seven communities. We're working with the Ontario Medical Association to expand public access to family physicians.

Since we're already at work, we don't need rhetoric from Ottawa; what we need is federal funding. Ontario already spends \$4.2 billion annually on physician services. So today I ask Allan Rock, aside from the federal contribution to start-up costs, what portion of physicians' compensation will the federal government cover?

Second, Allan Rock has talked about home care and community care. These services take pressure off the hospital system by allowing patients to be treated at home or close to home—a good idea, but not exactly new. Ontario's home care program is already the most generous in the country. As we continue to expand community- and home-based care, we don't need more talk from Ottawa, but federal funding would certainly help. Ontario spends nearly \$1.5 billion annually on home care and community care. So today I ask Allan Rock, what portion of that will the federal government cover?

Third, pharmacare. Allan Rock has talked about helping patients pay for drugs. Well, guess what? Ontario already offers the most generous public drug plan in the country. Except for modest deductibles and fees, the provincial government pays the cost of prescription drugs for seniors, social assistance recipients and families burdened by catastrophic illness. We continue to increase our support for drug care. We don't need words from Ottawa, but federal financial support would be welcome. Ontario already spends \$1.6 billion annually for drug care. So today I ask Allan Rock, what portion of that will the federal government cover? I ask Allan Rock, what kind of national pharmacare project do you support?

As I said yesterday, if there are to be future meetings, Allan Rock needs to do his homework and he needs to come prepared with ideas. He should tell us what new national reform programs he is prepared to support. He should come prepared to tell us which provincial reforms he doesn't support. He should tell us what else he thinks we should be doing. And when he comes, he must know how many long-term, stable, inflation-adjusted dollars will be available to the provinces to embark on these reforms.

Provinces are leery of new national programs without guaranteed funding. We're happy to talk about upping the standards to Ontario's level of pharmacare, long-term care and home care. We're happy to discuss how we can have a national program so Canadians from coast to coast in some of the have-not provinces can have these very real, cherished and tangible benefits that we have in Ontario.

But why are we leery of a new national program without guaranteed funding? Think of medicare: 50-50 to start, 50% federal and 50% provincial. The New Democratic Party plans to introduce a motion, I believe, called the Tommy Douglas bill: 50-50, Tommy Douglas said, 50% federal and 50% provincial. Today in Ontario it is 89% Ontario taxpayers, 11% federal taxpayers. That sums up the federal government's health care record: less funding. More talk, lots more talk, but no ideas and no financial support for reform.

1550

Allan Rock talks about innovation, but either he does not have any new ideas or he is not prepared to talk about them. Why? We're not sure. We don't know if he's waiting for this fall or next spring. We don't know if he wants to wait until after an election before he talks about them. But I'll tell you, that's the impression he leaves with Canadians when he says he has ideas. He says, "I've got money if we'll just have reforms," but he won't tell us what reforms and he doesn't acknowledge the reforms taking place all across Canada. He does not acknowledge the changes that are taking place. He does not acknowledge the contributions that provincial governments across this country have made to reform at the same time as we've had to do it with two hands tied behind our back because the federal government slashed funding.

Provincial governments have been innovating for years, despite the federal cuts to health care. Provincial governments are reforming to meet the needs of our growing and our aging population, despite these cuts. My colleague Premier Gary Doer of Manitoba recently summed up the situation quite nicely. Upon hearing that Allan Rock wants to talk about getting home care implemented before he offers more federal funding, Premier Doer pointed out Manitoba has offered home care for 25 years. He wondered why Allan Rock has been so slow to catch on. Premier Doer said, "The next thing you know, he'll be showing up in bell-bottom pants."

By the time he comes with money, maybe they'll be in fashion; I don't know. But here's a new idea, something we haven't heard of in quite some time, something Allan Rock hasn't considered yet: restored base federal health care funding, full restoration of the CHST, the federal program that supports health care.

I ask members for their full support for our resolution on federal health care funding. It contains four main points: First, it condemns the federal government for cutting \$4.2 billion in base funding annually from the program that supports health care while the provinces, each and every one of them, have increased their health funding; second, it denounces the recent statement that compares health funding to "shovelling money into a hole that's going to open right back up again"; third, it urges the government of Canada to restore permanent health funding immediately and assume its share of rising costs; fourth, it reminds the federal Minister of Health that talking about preserving medicare and the five principles of the Canada Health Act is not enough.

As we said in our Blueprint, "Our government is fully committed to the principles of the Canada Health Act, including universal access to a publicly funded health care system." But the system needs more than words. It needs more than a phony promise that federal money will come once we agree on reforms, especially when the provinces and health professionals are already working hard at those very same reforms and improvements. It needs money.

This is a resolution that is in the best interests of the people of Ontario. It is a resolution whose time has come,

and it is a resolution that I believe every member of this Legislature can and should support.

Today I know there will be other points of view in the debate. I know there'll be some criticisms of our government, perhaps other provincial governments. But I believe at the end of the day, when it comes time to vote, there can be unanimity to send a clear message from this House straight to Ottawa. That unanimity should send that message, that talk is cheap but reforms cost money. If you believe in reforms, if you support the reforms now underway, commit to the stable, long-term funding needed to support those reforms that will meet the needs of our aging and our growing population.

The Acting Speaker (Mr Tony Martin): Further debate?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): I rise in the House today to support the resolution put forward by my Premier, which calls on the government of Canada to immediately and permanently restore the health funding of \$4.2 billion that it has cut since 1994-95.

Further to that, I echo the words of the Premier when he calls not only for restored funding but ongoing funding to meet the health needs of our country's aging and growing population, the cost of new technology, innovation, drugs and innovative medical treatments. As the Premier stated in his resolution, I too reminded federal Minister Rock that as the federal government has cut \$4.2 billion annually in base payments under the federal program that supports health care, the CHST, all provincial governments have not only made up that \$4.2-billion shortfall, but they have all increased their health spending.

Furthermore, it is important to remember that this was the most massive cut to health funding in Canadian history, this \$4.2 billion.

Last week, when I met with my colleagues, provincial and territorial ministers in Markham, with Mr Rock, we reminded him of these funding cuts and the impact it was having on the respective constituencies we represented. We also took the time to share with him the innovation and reforms that we had initiated in our respective jurisdictions and that we had done so with the support of our stakeholders: our doctors, our nurses, our long-term-care stakeholders and our hospitals.

We have all moved forward in order that we can meet the health needs of Canadians not only today but into the future. That is why sustainable, long-term funding is absolutely necessary in order that we can continue to meet those future needs of all Canadians. Every one of us informed Mr Rock that it was the provincial and territorial governments who had taken the lead on reform and who had taken very decisive action—all of this at a time when we have seen absolutely no action from the federal government. We have seen no new ideas; we have seen only talk.

Last month, leading up to last week's meeting in Markham, we had observed a federal government that was trying to run to the start of a parade on health reform

that had already begun a long time ago without them present. I reminded Mr Rock last year about the fact that the Ontario government has been working very hard with its stakeholders for the past five years on reforms and innovation to the health system as we implement our vision for health care.

Our vision is that we are committed to a health system that promotes wellness and improves health outcomes for Ontarians through accessible, integrated and quality services at every stage of life and as close to home as possible. Ontario reforms include investing in new technology, expanding home and community care, reducing waiting lists, hiring 12,000 more nurses, focusing on illness and injury prevention and health promotion and opening 20,000 new long-term-care beds.

I told Mr Rock that we've shown our commitment to health care by increasing annual health spending by \$3 billion since 1995, from \$17.6 billion to \$20.6 billion, despite the federal funding cash cut of \$1.7 billion since 1994-95. I am proud to say that our government, under the leadership of Premier Harris, has recognized the need for additional health funding. We will be increasing health funding by another 20%, to \$22.7 billion over the next four years, to make sure that our health system continues to meet the needs of our growing and our aging population.

1600

I shared with Mr Rock one of the most telling statistics I have heard recently as to why we need more funding. In this province today, and I know that they have a similar situation in other provinces, 50% of our health care costs—in other words, 50% of our \$20.6 billion—is going to support 12.6% of our population, those over the age of 65, and in the next 10 to 20 years that group will bulge as the baby boomers reach that age. And so it is absolutely imperative that we plan now to meet that increased need for services that we're going to be seeing in long-term care, home care and drug benefits.

As well as responding to the needs of a growing and aging population, we are also facing the challenge of increased public expectation. Today, people are better informed. They read and they learn about new technology, treatment and drugs through the Internet and the media, and they are demanding that those services be provided not only in Ontario but throughout Canada.

In response to the challenges that we face, we shared with Mr Rock about our restructuring, our strengthening and our modernization of our hospitals, with an eye to ensuring that services are available closer to home. In our own province we are expanding cancer services and we are constructing five new facilities in St Catharines, Sault Ste Marie, Kitchener-Waterloo, Mississauga and in Durham.

We're also expanding cardiac services to bring services closer to home, and again, we have new services in York county, in Mississauga and in Kitchener-Waterloo.

In the area of dialysis, where we're seeing an increased need for services as our population ages, we have approximately 25 additional dialysis services closer

to home. One of the most recent services was introduced in Penetanguishene in order that people don't need to drive the long distances every day. Our government will continue to ensure that those vital patient services are made available closer to home.

We're expanding MRIs to 36 and we have plans for more.

We all indicated to Mr Rock that not one of the provincial or territorial governments had waited, nor could we afford to wait, for the federal government to take leadership in the area of reform.

Let me talk about the home care program where we in this province recognized early in our mandate the need to expand home care services, not only as an alternative to hospital care but in providing a continuum of care that includes prevention, primary care, hospitals, home care and long-term-care services.

We have established one-stop community care access centres, 43 to be exact, to offer health care and support services to Ontario residents in their homes. In 1999 alone, the CCACs helped more than 420,000 Ontario residents receive services such as nursing, homemaking and therapy. In addition, in this province we have committed \$1.2 billion to create 20,000 new long-term-care beds to meet the needs of our aging population as well as reconstructing 13,200 beds again so that they will meet the new design standards in order that we can enhance the quality of life for our older citizens.

In one of the most generous programs in this country, Ontario today spends about \$1.5 billion each year on home and community care. That is a 49% increase in funding for home care since 1995.

As I talked about home care, I had hoped that Mr Rock would recognize the initiatives that we had undertaken, the increase in services and funding, and that there would be some offer to share, and also an offer to work with us in further addressing these issues. But he did not.

I shared our plans and our implementation of primary care reform. In order to improve access to doctors, nurses and nurse practitioners, our government has established a 1-800 Telehealth service to residents in northern Ontario which provides after-hours health advice as well as enhancing health educational services. We will be expanding Telehealth to other parts of the province in order that we can provide 24-hour-a-day, seven-days-a-week access to health professionals.

In partnership with Minister Hudak and the Ministry of Northern Development and Mines, we are working to expand telemedicine services to the remote areas of this province in order that those people can have equal access to health care services.

In addition to improving access to primary care, our government has already established innovative programs to recruit and retain primary care physicians to small communities in rural and northern Ontario. We have provided \$90 million in alternative payment plans for 85 small and rural hospitals to improve access to physicians and hospital emergency rooms.

We have also expanded the number of community health centres in Ontario, adding three last year, in order that we can bring services closer to home for more Ontario citizens.

I also told Mr Rock about the pilot program that we had undertaken in this province in the area of primary care reform. We have demonstrated that this is a priority. We have worked in partnership with the Ontario Medical Association since 1995, and I'm pleased to say that we presently have seven pilot projects underway. These innovative pilots will expand access to family doctors, nurses, nurse practitioners and other health professionals on a seven-day-a-week, 24-hour basis. Indeed, I am pleased to say that we have been encouraged with the acceptance of the primary care pilot project by the physicians and the patients who are participating.

We do certainly continue to recommend that there be choice for physicians, choice for patients, and that we not make this mandatory for physicians or we not eliminate choice of physicians for the patients. We believe that we need to encourage physicians, we need to encourage patients, and we need to ensure that it moves forward in a co-operative manner. We also need to ensure that we can properly evaluate the new system to ensure that it is providing quality health care.

I was hoping that Mr Rock would jump in and tell us about any other ideas that he might have for improving access to primary care. I was hoping that he would let us know how we could continue to move co-operatively forward to improve the primary care reforms that have been undertaken not only in Ontario but elsewhere.

I also, in the days of last week, shared with Mr Rock our plan in the area of pharmacare, as did my colleagues. I realize that we have one of the most generous provincial drug plans in all of Canada. We have taken a leadership role, despite the \$1.7 billion in federal cuts in Ontario. Our drug plan today pays 44 million prescriptions every year for more than two million seniors and social assistance recipients.

We have another program called the Trillium drug program, which assists another 100,000 Ontarians who need expensive drugs to treat serious illnesses such as cancer, HIV, schizophrenia and cystic fibrosis. In fact, our government continues to make new drugs available on the formulary and we have added more than 1,000 new drugs since 1995. Today we are spending \$1.6 billion annually on drug programs, an increase of \$500 million since 1995.

Again, all of the provinces were waiting for ideas from Mr Rock as to how we could continue to move forward collaboratively on ensuring that our citizens had access to the new drugs that were coming on the market. But, again, there was no indication of any financial support or of any plan for pharmacare.

1610

I just want to indicate at this point in time that that is one of the fastest-growing areas of health care costs in this province and all across Canada. We are increasing spending from about 10% per year to about 15%, and in

some of the other provinces the increase is even greater. So there is an absolute need for the federal government to get back into the health care game and support the provinces in providing for new drugs to treat illnesses in this province and across Canada.

I also mentioned to Mr Rock the initiatives we had taken to complement primary health care delivery in this province. It was our government that in 1998 proclaimed legislation to recognize the role of nurse practitioners. These nurse practitioners can write prescriptions and provide certain health services that used to be performed only by doctors. To date, I am proud to say we have provided \$15 million in funding to support 226 nurse practitioner positions. These nurse practitioners are now working with doctors and other health professionals in communities across Ontario to ensure that Ontario's citizens have improved access to primary health services and services in the long-term-care centres. Again, there was no response by Mr Rock to increase the funding to support these nurse practitioners or any new ideas.

All of us, the provincial and territorial health ministers, spent most of our first day of the meeting educating Mr Rock on how we were assuming our health care responsibilities and being accountable to our constituents in the delivery of health care services in order that we could respond to their emerging needs. Each of us learned that we were not alone in the challenges we face on a daily basis. That the financial crunch is felt as strongly, if not more strongly, in other parts of the country came through loud and clear.

One of the ministers reminded Mr Rock that it is us, those of us on the front lines, who are the legitimate representatives in the area of health. That minister reminded the federal health minister that temporary transfers, as we received this year, are unacceptable because health care needs are not temporary. We need permanent, sustainable funding.

Another minister pointed out to Mr Rock that his province spent eight times more, proportionately, on health than does the federal government. In Ontario we've been spending nine times more to date. In fact, today the federal government provides a mere 11 cents of every health care dollar spent in Ontario while Ontario citizens provide 89 cents.

Another minister told Mr Rock that he was tired of hearing the tax point argument. He said: "Tax points are not cash. They should not be in the equation." He reminded the minister that a long time ago the provinces gave the federal government tax points, but he said, "No longer can you mask the truth of the fact that you've cut health care funding."

Indeed, if we take a look at the federal government's own campaign platform, they acknowledged and said, "It is a fact that during our first mandate this government reduced transfer payments to the provinces." Health Minister Rock confirmed the same point to the Canadian Medical Association in 1997 when he said: "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." So today, let's not try to mask the fact of the federal health cuts with the tax point argument, because even Mr Rock, and the federal red book in previous years, acknowledged the fact that cuts have been made in transfer payments and that they have had a detrimental impact on what we're able to do in health in our respective provinces and territories.

We collectively told Mr Rock that we needed long-term, sustainable funding in order to do long-term planning, but we heard no response on either funding or a plan for action. When Mr Rock spoke to the media at the end of the first day, he said he found the session very informative. A reporter asked him, "Didn't you already know those things?" and he responded that he guessed he did. I'm not so sure he did know the extent of the reforms we had undertaken in Canada and in Ontario. Based on the cuts to funding that the federal government has been making, one cannot be at all sure that it has a strong sense of what the provinces and territories are doing on the front lines to provide high-quality, accessible health care services to our citizens.

I also want to let you know that in some provinces health costs today are consuming 40% of the total provincial government budget, and they are rising. One of my colleagues, in response, said that they are going to be forced to reduce some of their children's services. Another one said that they're going to have to increase the contribution to drug costs to maybe somewhere in the neighbourhood of a \$1,700 deductible. That's a long way from our \$100. In fact, in the province of Saskatchewan they discussed the fact that perhaps there was some threat to medicare. Well, when we talk about medicare and we talk about the idea of 50-50 funding for health care services, I think you can see that we've moved a long way from the sharing of 50-50. In this province we're getting only 11 cents, and we are now supporting the health system with 89 cents and will continue to do so.

Coming out of the meeting last week, what is the next step? I believe it is important to try to get the federal government to move forward, to not abandon our health care system, that today is an example to the rest of the world. The federal government must again assume the responsibility for cost-sharing health care that they have abdicated since 1994 and 1995, and that they have acknowledged has had a significant impact. They must get back into health care; they must make a commitment to the people in Canada. We are prepared to work collectively with them as we move forward in order to ensure that happens.

At the conclusion of last week's meeting on Friday, my colleagues and I unanimously agreed that the federal government must do the following:

(1) As a minimum, immediately restore the Canadian health and social transfer to 1994-95 levels, with an annual escalator to ensure that funding for health through CHST keeps pace with the economic and social factors that impact on the sustainability of the system.

(2) We also question their commitment to the Canada Health Act, so we have asked them to reaffirm their fiscal support for the Canada Health Act.

(3) We also recognize and want them to know that the provinces and the territories are, and always have been, willing to consider any proposal at any time to ensure sustainability of the publicly funded Canadian health care system.

It is remarkable that governments of all political stripes—whether the NDP governments in Manitoba, Saskatchewan and BC, whether PC governments, whether the Liberal government of Newfoundland or the government of Mr Bouchard in Quebec—all unanimously agreed that there must be immediate restoration of the health cuts, that there must be a reaffirmation of the federal government's commitment to the Canada Health Act, and also a willingness on our part to continue to meet to address the health care needs of all Canadians.

Today I conclude my remarks by urging this House to unanimously support the resolution introduced by our Premier. It is only by uniting our voices that we can convince the federal government and the Prime Minister to reinvest in the publicly funded, universally accessible Canadian health care system, and it is only by uniting our voices that we will be able to encourage them to support the provinces in their reform and to work with us to ensure that accessible, quality health services continue to be provided to all Canadians not only today but also in the future.

1620

Mr David Tilson (Dufferin-Peel-Wellington-Grey):

I too would like to participate in this debate of the resolution put forward by the Premier. I will say that this debate about the funding of health care has come upon us really as a part of the frustration as to what the federal government is doing. Originally the Canada Health Act was a 50-50 cost-sharing measure. It was changed, I believe, by Mr Trudeau in 1977, who turned it into a block funding type of arrangement. Gradually, from that point to the present, we are now seeing the federal government contribute 11 cents on the dollar as opposed to 50 cents on the dollar.

Of course, Mr Chrétien has put forward ads saying that's not true. You know, it is true. Stats have come forward to us from all sources indicating that that information simply is not correct.

I have a couple of quotes—

Mr Bart Maves (Niagara Falls): I'd love to hear them.

Mr Tilson: I'd like to give them to you.

This philosophy of the federal government making cutbacks with respect to health care isn't a new issue. The famous 1997 red book said, at page 71, "It is a fact that during our first mandate, this government reduced transfer payments to the provinces." So they are acknowledging it. This is the federal Liberal red book. They're acknowledging that transfer payments were reduced.

In the Toronto Star on October 27, 1996, Mr Chrétien said, and this is a remarkable statement, "We need to squeeze medicare in order to save it." I don't understand that. I'm not going to go into the information that was given by the Premier and the Minister of Health with respect to why the cost of health care is increasing, whether it be the increasing cost of drugs or the increased aging of our population. We're in deep trouble in this country, not just in Ontario but across the country.

As the previous speaker said, this isn't just Ontario; the provinces are united on this subject. The federal government keeps saying, "We have to restructure." Mr Rock and Mr Chrétien say, "We must restructure our health care before we give you any more money."

Interjection: That's what we've been doing.

Mr Tilson: That's correct. What have we been doing since we came to office? Members of the opposition have been quite critical of the government and the restructuring that has been going on in this province. On the other hand, Mr Rock says, "We're not going to give you any more money until you are restructured." Then, in a speech to the 130th annual meeting of the Canadian Medical Association in Victoria on August 20, 1997, three years ago, Mr Rock said: "I am part of the problem, not the solution. It was my government that diminished the size of transfer payments." He acknowledged that the federal Liberal government cut back transfer payments. He acknowledged that the country needs more funding.

The final quote I would like to give you was also by the federal Minister of Health on August 20, 1997. Allan Rock said: "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." Well, duh, of course. That is why we're in the mess we're in.

This resolution that has come forward to this House is made hopefully to urge the opposition parties to participate with the government members, as is going on in every Legislature across this great country, to urge the federal government to come to their senses.

The Ontario government has an action plan for health care reform. The Ontario government, since coming to power in 1995, has moved aggressively to reform all areas of the health care system, to eliminate inefficiencies and to bring services closer to home for Ontario citizens. We've been working with doctors, hospitals, nurses and many other health care professionals to find innovative ways to reform our health care system so that we'll meet the needs of Ontario residents in the new millennium.

The minister heard from her provincial and territorial colleagues that they too have been reforming their health care systems for a number of years. It seems the only person who is not aware that health care reform is already underway is the federal government. So, federal government, as one recent supporting actor said in the Oscars at a recent movie, "Show us the money." That's what we need.

Mr Ted Arnott (Waterloo-Wellington): I'm very pleased to have the opportunity to join my colleagues this

afternoon in speaking in support of this resolution on behalf of my constituents in Waterloo-Wellington.

The resolution reads as follows: Be it resolved "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 Minister of Health, 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."

I see this as an opportunity for all members of this Legislature to send a strong signal to the federal government. I stress the need for all-party support, because the government of Canada and the people of Ontario must know that, firstly, the paltry 11 cents on the dollar the federal government contributes to Ontario's health care system is completely unacceptable, especially in the context of a projected \$100-billion federal surplus over the next five years, and it's a far cry from the 50-50 proposition for medicare that started over 30 years ago; and secondly, that rising cost pressures, driven by factors including changing demographics, our aging population, new technologies and a growing population, combine to demand from the federal government an urgent, real and understanding commitment to the future of health care in the province of Ontario.

Colleagues in this Legislature who know me and have worked with me over the years should know that I believe that with the right approach you can actually bridge the differences which divide the political parties in this place and work together for the public good. We've done it in the past. When I first discussed federal funding for health care in the fall session and tabled my own private member's resolution last December on this issue, I did so because I felt that health care was one of those issues for which we should bridge that divide.

I'm delighted that this initiative has been recognized by the Premier and largely incorporated by the government resolution that's up for debate today. I would take this opportunity to thank my honourable friend the Minister of Health, who for some time has challenged the federal government to restore its commitment to health funding. As she said, "It's time for them to get back into the health care game." She has been steadfast in this endeavour and has, in recent months, emerged as the

most significant health minister in Canada, providing leadership in the void which I call Allan Rock.

Turning now to our friends across the aisle, I want to thank the Leader of the Opposition for recently taking a stand relative to the federal government's shortcomings in the area of health funding. His resolution, which he tabled yesterday, quite rightly points out that the funding from the federal government is insufficient to modernize Ontario's health services so that we can provide the quality care that Ontarians need and deserve. He had an opportunity to put forward this position earlier, and, as he should know, I sent a letter to his health critic right after the Christmas break, asking for her support for my resolution. I mailed the letter and faxed it to her constituency and legislative offices on, I believe, January 5. I would have appreciated a response to this letter from the member for Thunder Bay-Atikokan, but I've heard nothing in response. I guess at that time, when I sent the letter, the Liberal position was uncertain. Perhaps the Leader of the Opposition did finally have his own meeting with the Prime Minister, as he said he would, and talk to the Prime Minister, as he said he would. And perhaps he was as unimpressed as our Minister of Health was in Markham last week when it appeared, after more than five years of cutting health care, that the government of Canada has no new ideas of its own for health care. That is part of the reason why I come back to this non-partisan effort that we should put forward today. If this resolution today receives unanimous support, then we in the Legislature will speak with one voice which the federal government must acknowledge and heed.

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The Leader of the Opposition supports our position, but he has tabled a resolution of his own, which is fine. He says he's doing this because he doesn't like advertising. Well, the more people who know the truth about the paltry 11 cents on the dollar that the federal government contributes in cash transfers, the better chance we have of achieving a stronger commitment from them. The stronger the federal commitment, the better off Ontarians will be. Health care is too urgent to wait until a federal election this fall.

The Leader of the Opposition also questions sincerity on the basis of the timing of these advertisements. Again, where was his support when I tabled this resolution in the fall session? Where was his party when I wrote the subsequent letter to the health critic asking for support in advance of the tabling of the federal budget, when Paul Martin was still consulting before the final decisions had been made on the federal budget? The Leader of the Opposition's challenge to sincerity is difficult to reconcile with his own actions. Not a year ago, his election platform, which he called 20/20, made absolutely no firm commitment for health care spending. When questioned later, before and during the election campaign, he promised to spend as much as we're spending, or even less, depending on which paper you look back on.

Our party, on the other hand, clearly spelled out a 20% health care increase over a five-year period. We always

said that a stronger economy, supported by tax cuts, a balanced budget and a debt reduction strategy, means stronger health care for all of us for the long term.

We know where the federal government stands, or at least where they stood. Let's see.

First, immediately after their budget in February, hearing the outcry from all the provinces, they accused the provinces of letting money sit in the bank. Then they were reminded that they had imposed the conditions that required the money to remain in the bank over a three-year period, so they stopped talking about that excuse.

Second, they tried to muddy the waters with talk about tax points, going back to 1977. To this, I quote Prime Minister Lester Pearson's top adviser, Tom Kent, who said that the tax point argument is "misrepresentation." Mr Kent is also referred to as the father of medicare, and he went on to point out that a cash transfer, on the other hand, is money that the federal government provides to the provinces out of its taxes, not theirs. Clearly, tax points and cash transfers are two totally different things.

Now they're trying to dispute the numbers. Last week they said they paid 34% of the total health care bill; in today's paper they're now saying they pay 55%. I say that's hogwash. We know their problem: They want to assume control but evade responsibility for the issue.

Based on what I heard yesterday, the Leader of the Opposition says he wants to fight for something, not against someone, and he deserves credit for that stance. Then I would say to the opposition members opposite that they had better ask themselves, who understands Ontarians' health care needs and concerns best? Do the citizens of Ontario want to hear about phony tax points from 1977? I don't think so, and I'd suggest that we start listening to what Ontarians have been telling us. They are telling us that health care is their number one priority, now and in the future. They are telling us that we must take whatever measures are necessary to preserve and enhance health care. They supported a major restructuring of health care to improve access to services wherever and whenever health care is needed, something that was ignored by previous governments. And they expect their elected representatives of all political stripes to pull together when needed, to strengthen the integrity of fiscal federalism and demand in unison that the government of Canada take responsibility and provide the funding to meet health care demands in the future for all residents of Ontario.

I urge all members of this House to support this resolution this afternoon.

Mr David Young (Willowdale): I appreciate having this brief time, and I do emphasize that it will be brief. I think it's important, before we move on to the members opposite in this debate, to understand just what we are talking about when we talk about the amount of money that is being spent on advertising. First of all, the number at issue that the federal government has clawed back is \$1.7 billion; that's the outstanding shortfall. The amount per Ontarian, the amount per person in this province that we are spending on advertising—an investment to try to

get back that \$1.7 billion—is 50 cents a person, for a family of four \$2, about the price of a token to get on the subway in Toronto.

If we are successful—and by all indications we are achieving some degree of success to date. If we are successful, the amount we will get back for each family is—

The Acting Speaker (Mr Michael A. Brown): Thank you. Further debate?

Mrs Lyn McLeod (Thunder Bay-Atikokan): Mr Speaker, I will be sharing my time today with my colleagues from Windsor-Sandwich, Hamilton East and Windsor-St Clair.

I'd like to begin my participation in this debate by just taking a step back from the partisan, mudslinging kinds of attacks on federal government, and the federal government debating with the provincial government what the share of the spending is, and just start by talking a little bit about the kinds of concerns that I hear from people in this province about access to health care, because the concerns of people are very real.

If you go out to any of the 100-plus communities that have an undersupply of family doctors and talk to any of the 25% of Ontario citizens who don't have a family doctor, they'll tell you that they're worried about whether they're going to be able to get access to the health care supports they need 24 hours a day, seven days a week. That's almost a mirage for those people. They just want to know that they've got a family doctor, somebody they can call when they're concerned about illness and a family member. That's one of the concerns I hear.

I hear from people who are concerned that if there's a trauma, a serious illness or an accident, they're not going to be taken to the nearest emergency room, that the ambulance is going to have to bypass and go to another hospital at some greater distance because the emergency rooms are overcrowded and they're on critical care bypass. That is still the situation today, even though the flu epidemic is no longer a reality.

People are concerned about the situation that happened to the woman from Brampton just two weeks ago, going into premature labour with twins, a high-risk delivery anticipated, and there was no bed for that woman in any hospital in the greater Toronto area. The country's largest metropolitan area had no bed for a high-risk pregnancy, and a woman in labour—

Interjection.

Interjection: That's the way it should be.

Mrs McLeod: —had to be flown to Ottawa.

Four hundred and fifty kilometres away and the member opposite says, "That's the way it should be"? No bed in the greater metropolitan area for a woman who's going into premature labour? No wonder people are concerned about the state of health care in Ontario today.

People are concerned about long delays for surgery. People are concerned about surgery being cancelled because there's either no critical care bed, or there's no anesthetist or there's no specialized nurse to provide the care, because this, after all, is the government that

thought we could lay off 10,000 nurses and is now surprised to find this difficulty hiring them back.

But one of the most tragic cases I heard about this fall was a man who called our office who was due to have a lung transplant. We know that this government, as part of their so-called reforms, has urged that there be more donors for transplants. This particular lung transplant never happened and the lung was lost because there was no critical care bed for that lung transplant to take place in Toronto.

People are concerned about not being able to get cancer care at home. This is an advertisement that I found, I believe in the *Globe and Mail*, this winter. It says: "Attention cancer patients. Why wait months for treatment you need now? Treatment may be available for you in the US." It says, "Contact cancercare4u.com" and "inquire about OHIP coverage." The Ontario government, because of the crisis they created in cancer care, is having to send cancer patients to the United States to get the care that people believe they should have here at home.

Those are just some of the concerns I hear from Ontarians who are genuinely concerned about the health care system in Ontario. They are concerned. They know the system, as they see it in Ontario in terms of their access to that system, is in trouble, and they do want their governments to respond. I think people want from government a very clear commitment to protect the medicare that the people of this province and of this country want to protect. They value it. They want to protect it. I think they want a willingness from both the provincial governments and the federal government to work together for health care, to stop fighting about health care and start fighting for health care, as our leader said yesterday in this Legislature.

I think they want more than words, as the Premier suggested today, but they want more than words from both levels of government. They do not want more finger-pointing, more blame-laying, more pass-the-buck kinds of cop-out for dealing with effective management of health care in the province of Ontario, and that's what this motion is all about. It is nothing more than that. It is nothing more than finger-pointing, infighting, partisan buck-passing abdication of responsibility for health care in Ontario.

This motion is absolutely nothing about making a real commitment to health care. It's like the advertising, yet again a \$3-million taxpayer-paid advertising campaign to try and convince the Ontario public that black is somehow white or grey or something in the middle. False advertising, I would suggest, because the advertising, as I recall—both the television ads and the brochure that I got in my home the other day—talks about a plan. It seems to me that just last week the government's own duly appointed commissioner, the head of the Health Services Restructuring Commission, the very body that was to develop the plan that this government would implement, said quite openly, quite publicly, that this government had no plan, that it had no vision, and that it's very

difficult to get where you're going if you don't know where you're going. So how can this government advertise its plan, let alone use \$3 million of taxpayers' money to do that?

Our leader presented a motion yesterday in which he condemned both levels of government for spending taxpayers' money in a blatantly partisan attack on one another—an advertising war—when that money was needed for health care. Our leader's resolution agreed that there needed to be more money put into health care, more money from both levels of government. His motion read, "The current levels of health care funding provided by both the federal and provincial governments are insufficient to properly modernize Ontario's health care services and to provide the quality care that Ontarians need and deserve."

I don't like the health care cuts that the federal government made. I don't want to see health care cuts by any level of government. And no, I don't believe that there was enough money for health care in the last federal budget. I wanted to see more money for health care. I will put my money on money for health care before I will put money into tax cuts. I've said it to the Harris government time and time again, and I would say it in terms of the federal government's choices of how much money they're prepared to put into health care, whether we believe more money should go to health care.

I look at the most recent statistics we have in terms of international comparison, 1997, when Canada was 19th in an international comparison in terms of its real per capita spending on health care. The increases in health care spending that the federal government has made in the last two budgets will have changed that position somewhat, I suspect. I don't have most recent numbers, so I want to acknowledge that we may no longer be 19th. There has been an increase in funding since those numbers were presented. But I think that as 19th in an international comparison, we as a country have some room to move to provide more funding for health care, if medicare is indeed one of our most fundamental values and of highest priority to Canadians.

Then I look at that figure and I look at Ontario. Ontario, which in 1992 was the second-highest per capita spender on health care in the country, by 1998 had slipped to being the sixth-highest spender. Sixth place—only four provinces in this country spending less per capita than Ontario. Again, I will acknowledge that there has been some increase in health care spending in Ontario. There will also have been increases in other provinces, and I haven't seen the comparisons since 1998. But to slip from second to sixth under the watch of this Harris government says to me that the Harris government is not on a very strong platform to lecture any other level of government, provincial or federal, on its lack of commitment to really increasing health care spending on a per capita basis.

I hear the arguments, the debate that's going on, I see the advertising, I hear the discussion about provincial governments not wanting to acknowledge tax points, and

the federal government says, "Indeed, we have raised the level of health care transfers to the province back to where they were at the peak point if you include the tax points," and I think there's truth in that, most definitely. I hear the provincial government saying: "Don't talk to us about tax points. That doesn't count; it's not cash." It was pointed out to me earlier today in a transcript of Hansard that it was Frank Miller, our previous Conservative Premier, who argued that there should be more transfers through tax points rather than cash, because indeed it gave more flexibility to the provinces to do with those dollars what they felt was most appropriate. I don't think that's a debate we really need to get into in this House, because I don't think that's the public's concern.

I think you could argue the numbers—11 cents from this government—although I noticed that the member opposite used seven cents. The numbers seem to change on a regular basis, but that's the proportion of the federal spending on health care in Ontario. The federal government says, "No, it's more like 33 cents," or perhaps something higher than that. Nobody knows. You make assumptions about how much of each province's transfers is actually going to health, as opposed to post-secondary education or welfare. We can have a long debate about what the balance should be of dollars going to each of those areas. I don't think that's what matters to people in Ontario when it comes to health care. All they know for sure is that they can't get the care they need when and where they need it. Surely that should be the focus of this debate.

What needs to happen so that the people of this province start to have a renewed confidence that when they need to access our health care system, they're going to be able to get that care? I believe, as my leader suggested in his motion yesterday, that there needs to be additional funding from both federal and provincial governments to provide adequate health care for Ontarians and for Canadians. I also feel very strongly that if there is to be additional funding from the federal government to the province of Ontario under Mike Harris's watch, it has to be absolutely clear, signed on the bottom line, what that money is, how much it is, where it is going to be spent and how it is going to be spent.

The flexibility that Frank Miller argued for and that other provincial premiers argued for some years ago might have worked if you believed that there was a real commitment to use all the available dollars for health care. But I don't trust the Mike Harris government when it comes to health care, and I think I've got lots of evidence as to why my lack of trust has some basis. I just look at the shell game that the Harris government has played for the last year alone—I'm not going to go back beyond just the last year—with health care numbers. This is a government that promised absolutely, in its campaign and in its budget papers the week before the campaign, that it was going to spend \$1.6 billion on health care; \$945 million was going to come from the federal government and another \$700 million was going to come from the province itself.

When you actually looked at the budget documents, what you found out was that the government had played this kind of shell game where some \$1 billion in what they called one-time funding had just kind of disappeared. We never did find out which shell it was under. So, in fact, the Harris government didn't increase its health care spending in its budget estimates by \$1.6 billion; it increased it by \$332 million. Nice work if you can get it: Claim you're spending \$1.6 billion, take \$945 million from the federal government as part of that and then use about \$1 billion to help pay for the next instalment of the tax cut. Well, that was the budget plan.

Then there was another shell game. The third-quarter finances came out, and I think there was some anxiety about the examination that was being done of those original budget figures. So we had another little bit of a magic manoeuvre with the numbers and we found that, my goodness, they hadn't spent as much in 1998-99 as they thought, maybe about \$300 million less than they intended to spend. Numbers, you know; if you just put them in your budget and you don't spend them, it's pretty easy to move them from year to year. So about \$300 million less was spent in 1998-99, and another close to \$300 million that was planned to be spent in this current budget year hasn't actually been spent yet. The dollars haven't actually gone out. It's just a shell game with numbers to make it look as though maybe the government was increasing its health care spending by more like \$887 million—still short, well short of the \$1.6 billion they said they would spend on health care this year, and even short of the \$945 million that was transferred to them from the federal government.

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On top of that, I think we should, in fairness to the federal government, point out that this government, that is now launching motions and running advertising campaigns condemning the federal government for not providing enough money to Ontario for health care, chose—deliberately chose—not to take the money that was available from the federal government last year. They could have taken \$1.5 billion. They chose instead to take \$945 million. Why? Why was a government that is now launching advertising campaigns to demand more money from the federal government not prepared to take the money that was available to them last year? One reason: Because this Harris government didn't want to increase the spending on health care by that much. They wanted to keep the spending levels down.

I guess that makes me very nervous about asking for any money from the federal government and receiving it without there being an absolute guarantee that every cent of new money that I want to see and they want to see from the federal government will be in addition to the commitments that were made in the Harris campaign to increase health care spending by 20% over the next four years and to have \$22.78 billion spent on health care by 2003-04, regardless of what funds the federal government transfers in that time. The Minister of Health was not prepared to make that commitment in her press

conference last week. She was not prepared to guarantee that new federal funding would be in addition to the commitment they had made. But surely if the government believes, as their motion suggests, that this issue of health care needs more dollars, they should be prepared to make a commitment up front that any new federal funding from this point on will be in addition to the \$22.78 billion that they've committed to spend by 2003-04.

We've heard from the government members today a long litany of the reforms which they claim to have been introducing in the province of Ontario and which they want the federal minister to understand and to support financially. I too want to call on the federal minister to support real reforms in Ontario. I want to call on the federal government to support real reform in Ontario. I want to call on the Harris government to start to understand what real reform in the province of Ontario in health care might actually mean.

I would like the Harris government to acknowledge, for example, that if you want to bring about real reform in the way we provide health care, if you want to do that through the notion that you restructure hospitals and provide care in an appropriate setting in the community, where it is less costly than providing care in the hospital, you have to start by investing in community care. You can't start by taking \$800 million out of the hospital budgets, creating chaos in the hospital system and dumping the people who are being discharged out of hospitals earlier, sicker and quicker, on to a community care system that is barely up and running to provide support to the frail elderly. This is not reform; this is sheer chaos. That's what we've had in hospital restructuring in Ontario.

Talk to anybody who is involved with community care. Have we had real reform in community care in Ontario over the last four years? No, we have not. What we have had is an offloading from acute care hospitals whose budgets were stretched beyond their limits on to the community care, people being discharged out of hospital early, and virtually all of the dollars that have been given to the community care access centres to provide community support in the home are going to provide acute care for people who have been discharged out of hospital early.

Community care reform means providing support for those who are frail and elderly so they don't fall and break a hip and end up in hospital. You have to have those supports in place before you know how much of your acute care you're going to be able to move out to the community. You don't cut the acute care first, before the community supports are in place. You don't shut down hospital beds on the grounds that, "Many of the people who are currently in acute care hospitals should be in long-term-care settings or chronic care settings, so we'll shut down the acute care beds and move them into chronic beds or long-term-care beds." You don't do that if you're already shutting down 40% of your chronic care beds, and your long-term-care beds have waiting lists of 18,000 people. You say, "Don't worry, we're going to

build 18,000 long-term-care beds," except you shut the acute care beds down first and there's no place for people to go. There are no beds out there. That's not how you reform a system. If you're going to reform a system, you invest in the community care, you invest in the long-term care, and then you begin to realize the savings in the acute care sector.

That's not how this government did it. The government put the cart before the horse. They were so determined to get \$800 million out of hospitals so they didn't have to put any new money into health care, so they could use every dollar they could find for their tax cut, that they just made the cuts first and hoped the rest would sort out. That's not reform and it certainly isn't a plan.

The government has talked about primary care reform. It's our belief on this side of the House that when it comes to primary care reform, to actually providing access to 24-hour care seven days a week, this government is moving almost nowhere at a very slow pace.

I believe there are currently some 65 communities that have requested community health centres. If the government was serious about primary care reform, they wouldn't focus all their efforts solely on the Ontario Medical Association negotiation table. They wouldn't feel they have to have the approval of the OMA for every step that was taken. They could look at some other ways of moving forward. Why could they not look at some of those 65 proposals for community health centres? Why could they not look at how community health centre models might actually be integrated with other models of primary care reform? The whole issue is, how do you get care to people in a community? Surely the government doesn't have to go tiny step by tiny step when 65 communities, as I understand it, have asked to move forward in a very positive direction?

There are going to be some very real limitations to what can be achieved in primary care reform because we have a very serious shortage of family doctors, who are extremely important to primary care reform; another area where the government has virtually refused to acknowledge the reality of the shortage. Now that we have a report from Dr Robert McKendry that came in shortly before Christmas that says, "Yes, Minister of Health, yes, Premier, there is a shortage of family doctors and other specialists," the government is still reluctant to move ahead with any sense of urgency to deal with a problem that will really get in the way of access to 24-hour care seven days a week.

Those are just a handful of the areas in which I think there is an opportunity for real reform in health care, an important opportunity that should be seized by the Harris government as well as by the federal government. Yet the Harris government has not been prepared to move in a way which constitutes real reform or is the basis for truly positive change.

I was intrigued to hear the Premier of this province one day about two weeks ago describe himself in virtually one breath, one sentence, saying that he had been a

defender of medicare from the day he was born—which is intriguing because medicare hadn't actually been developed as a concept at the time he was born, but he must have been quite prescient—but he would have no alternative but to privatize health care.

I believe the concern about funding in health care becomes the reason, the excuse I should say, for the Harris government to move ahead, which has truly been its real agenda from the day it took office. I believe the Harris government, from the day it took office, has been more concerned with creating a crisis in confidence in publicly funded health care than in building confidence in publicly funded health care.

I believe this government truly believes that the answer to the problems and the challenges facing medicare is to move increasingly to privatized, for-profit medicine and ultimately to private-pay. Ontario has the highest rate, along with Alberta—let me qualify that; I believe Alberta may be as high—of privately paid for health care in the country. By the ministry's own figures, 41% of the total spending on health care in this province is paid for privately. We have seen under the Harris regime more and more delisting, more and more costs of health care being paid for out of people's private pockets. No wonder they need tax cuts to help pay for the health care that's being increasingly privatized.

1700

It shouldn't have come as a surprise to any of us that one of the first acts of the Harris government was to change the Independent Health Facilities Act to take away a preference for not-for-profit Canadian companies. That preference had to be given in licensing any new independent health facilities under the old act. The Harris government changed it. They changed it also in such a way that there didn't have to be any public process for giving a licence for new independent health facilities. The Minister of Health can decide who gets to set up a new independent health facility, and can do it without anybody knowing what's happening and without any preference for not-for-profit Canadian care.

The Harris government was ahead of Ralph Klein in Alberta. Ralph Klein hasn't even dared to go as far as Mike Harris just quietly went with legislative change, creating a clear legal field, opening the door wide to what I believe they want to do, which is increasingly to privatize health care in this province and increasingly to have health care provided through for-profit American companies. I understand Ernie Eves says that user fees are the answer, that that's the way to go. We should have user fees; I understand that was a suggestion he made at a recent Tory convention.

I believe we have to stop fighting about health care and start fighting for health care. I want to take all the words about the commitment that people have, the fact that we need to have more resources, and see them translated into a real commitment to improving health care, access to health care and to bringing about real reform.

To bring about real reform we need investment upfront. If this government and the federal government

are serious about change, about reform, about protecting medicare, there will need to be a commitment of funding from both levels of government. There will need to be a real plan, not something advertised that doesn't actually exist. Both levels of government will need to set aside the blame-laying, the federal-bashing and the buck-passing and find some way of working together to develop a positive way forward. That's what I believe we need.

But if this government is determined at this moment in time to debate and vote on what is clearly a partisan federal-bashing, blame-laying motion, I think the motion should at least be fair and balanced. With that in mind, I would like to move an amendment to the motion. I would like to move the following motion:

That Mr Harris's resolution be amended by deleting parts (a), (b) and (d) and substituting the following sections, which would then read:

“That the Legislative Assembly of Ontario

“(a) Condemns the Harris government for its finger pointing, blame-laying and complete failure to accept responsibility for the management of health care in the province of Ontario;

“(b) Further condemns the Harris government for launching an irresponsible advertising attack that uses taxpayer dollars for its own partisan purposes when those dollars are needed to improve health care for Ontario residents, and for falsely advertising that the Harris government has a plan for health care when the government's own commissioner has said that the government has no vision for health care;

“(d) Demands that the Harris government stops playing shell games with the health care budget figures, allocates all the currently available federal funding immediately to health care without reducing its commitment of provincial dollars and meets the commitment it made to actually increase the health care budget in 1999-2000 by \$1.6 billion instead of increasing it by only \$887 million.”

And that it be further amended by adding the following sections:

“(e) Demands that the Harris government make a clear commitment that any new federal funding will be added to the commitment to increase health care spending to \$22.78 billion by 2003-04;

“(f) Demands the Harris government reverse the cuts to hospital budgets so the chaos of overcrowded emergency rooms and cancelled surgeries can be addressed, build long-term-care beds rather than simply reannouncing them, and adequately fund community care so that the entire budgets of the community care agencies are not going to support people who are being discharged early from hospital because of the lack of hospital beds and so that there are funds to meet the needs of the frail elderly population;

“(g) Demands the Harris government make an immediate commitment to move forward with primary care reform to ensure that people can have access to care 24 hours a day, seven days a week;

“(h) Demands the Mike Harris government make a commitment to providing health care for people close to home, rather than creating the crises that are forcing cancer patients to go to the United States for care;

“(i) Demands the Mike Harris government acknowledge the growing crisis in access to cancer care in chemotherapy and cancer surgery and take immediate steps to avert this crisis;

“(j) Demands the Mike Harris government take meaningful and immediate action to address the shortage of physicians which has led to a crisis in access to care in 100 communities across this province;

“(k) Demands Mike Harris stop posturing as a defender of medicare when his government has been moving more and more to private health care and has been deliberately opening the door to for-profit American companies; and

“(l) Demands that both the federal government and the provincial government stop fighting about health care and start fighting for health care.”

The Acting Speaker: Mrs McLeod has moved—dispense? Further debate?

Mr Tilson: On a point of order, Mr Speaker: I submit that the amendment is totally out of order. It substantially changes the content of the resolution. In fact, it rewrites the resolution with the Liberal Party's own resolution. If they want to put forward their own resolution, they should wait for a day when they can debate their resolution. But they can't simply rewrite the resolution totally. That is what they have done.

Mrs McLeod: Mr Speaker, I disagree. Section (c) of the resolution “urges the government of Canada immediately to restore permanently the health funding 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,” which I had thought, from the debate today, was the crux of the government's motion.

The Acting Speaker: I would rule that the amendment is in order, and point out that according to Erskine May, “The object of an amendment may be either to modify a question in such a way as to increase its acceptability or to present to the House a different proposition as an alternative to the original question.”

Further debate?

Mr Dwight Duncan (Windsor-St Clair): I am pleased to join this debate and I begin by reiterating that Ontario Liberals have said, and we believe, that we need to fight for health care instead of fighting over health care.

Let me add my voice to the voices of members of our caucus in saying that I regret that the federal government did not have more cash for health care in its recent budget. I regret that. I believe they should have put more money into health care. I say that publicly today in this Legislature, as I have said it previously.

I would like to add that the purpose of our amendment to the resolution is so that members of the government don't forget that their government is in fact responsible for the management of health care in this province. It is

the position of the Ontario Liberal caucus that you ought to quit this fighting with the federal government and wasting taxpayers' money on useless advertising campaigns. I know a lot of people in my riding received this \$3-million piece of propaganda, \$3 million that could have been used in our emergency rooms in Windsor. It could have been used to prevent people in our country having to go to the United States to receive radiation therapy.

I think it's important that we on this side acknowledge the failure of the federal government to provide an adequate enough increase for health care to the provinces in its recent budget. But for the Harris gang to somehow abdicate or try to deny the damage they have single-handedly done to our health care system—let us examine the record, as has my colleague from Thunder Bay-Atikokan.

First, cuts were implemented to operating budgets for hospitals. Second, community care access centres—funds are not keeping pace with the growth in demand. Just this winter, one of my constituents, a frail, elderly blind man, had his homemaking service cut. What happened? He had to start preparing his own meals. And guess what? His apartment caught fire and he was almost killed. We can go through those examples, and we will, because with this resolution—we know how much the government want to talk about this. We'd like to talk about this so that each member of our caucus can get an hour of time to talk about the situations in their ridings.

We know you won't use closure to stop this debate. We know you won't try to use closure, because you wanted this debate, and we want to debate this for another month too. We want to have an hour each, and we're going to ask that each of our members have an hour to talk about these and many other examples in their own ridings.

1710

Your know, the absolute hypocrisy of this government, of the Tory government in this province, that has gutted our health care system and doesn't want to take—

The Acting Speaker: You might want to reconsider the word “hypocrisy.”

Mr Duncan: Certainly, Mr Speaker.

The creative verve of this government in its attempt to try and diminish its role in diminishing our health care—*Interjections.*

The Acting Speaker: You have to withdraw the word “hypocrisy.”

Mr Duncan: I withdraw the word “hypocrisy.”

Again, the absolute irony of the situation will not fall on deaf ears in this province. It was the Harris government that has mismanaged health care in the last five years. There's no question about that, first and foremost. It is Harris and his band of merry men and women who are forcing cancer patients to go to the US for treatment. It is Harris and his band of merry men and merry women who have so messed up our home care system that people in our province, whether they be frail elderly or recently released patients from hospitals, can't depend on quality

home care for themselves and their families at this difficult time. We want to debate those points as well, and that is the purpose of our amendment today.

It is always so challenging to listen to the Premier in this House talk about his heartfelt concern, a heartfelt concern that appears to be missing. I remember very well in December 1992 the then leader of the third party telling the then Premier of Ontario to quit whining about federal transfer payments, that, "We have the money," that, "Ontario can be the master of its own destiny and its own fate." My, how times have changed. He had the fist then too, just like that: "Quit your whining. Ontario can do it all on its own." What an absolute joke.

You don't have to go far from this chamber to see the damage that's been done to our health care system by the Harris government. We intend to talk about that, hopefully for the next 35 or 40 days, on the floor of this Legislature, case by case, because you have systematically prevented the opposition from having its day. You have systematically denied us the opportunity to have a meaningful debate on health care. Instead, you replace it with this cheap partisan grandstanding that's serving no one's interests—certainly not the interests of health care users in the province of Ontario. We will hold your feet to the fire, because I know you will not have the guts to bring in closure now. You won't, because you wanted this debate. You put it on the floor and now we're going to hold you to it and we're going to talk about it for 35 days because the truth of the matter is you're both responsible, you and the federal guys.

You know what? We're going to set it right, but we're going to do it in the context of our debate tonight. I'll remind members opposite that according to the rules of this Legislature, you have to debate the amendment that's on the floor, not the resolution. We intend to keep talking about that amendment. We intend to keep talking about it tonight and tomorrow and the day after. We'll go for 40 days. We want to, just like we know you want to.

It's sad, really, that it has come to this. It's sad, really, that the government of Ontario would resort to cheap advertising, cheap partisanship at the expense of a meaningful debate as to how to fix our health care system. In those 30 or 40 days of debate we're going to talk about our 24-7 plan—24 hours a day, seven days a week of quality, accessible health care for everybody in Ontario—and we will lay out the details of what we stand for, instead of this cheap nonsense that reinforces the cynicism the public feels toward politicians going like this, blaming each other, instead of sitting down in a meaningful way, debating the issues and arriving at consensus positions.

Your minister undermined that health ministers' conference by her intransigence and by the intransigence of your government. We're going to hold you to account for it in the next 35 or 40 days on this issue. We're just delighted you gave us the opportunity to do that.

The Acting Speaker: Further debate?

Mrs Sandra Pupatello (Windsor West): I am delighted that this government chose to put health care on

the floor of this Legislature so we can debate it, because time after time and week after week we asked the Premier to reconvene this Legislature so that we could come back in here and tell you what was happening at home, in every one of our home ridings, which have been dealing with issue after issue of hallway medicine, where I come from and where every member of this House comes from. Finally, this government chooses to bring a motion like this to the floor, and thankfully we have prepared amendments to speak to the real truth about the tragedy of health care in Ontario.

What we have in Ontario is a health act that governs hospitals. It's the hospital act for Ontario. That is an Ontario law, made for and controlled by the government of Ontario, as to how hospitals are to be run, the policies and regulations around those hospitals. That means what has happened to hospitals in Ontario for the last five years is at your feet, so you can't throw stones when you live in glass houses.

I wanted to ask the government, how dare they choose to speak out of both sides of their mouths, like they've been doing for the last several months, and try to shift the blame to some other level of government. At the same time, you select more partisan advertising—a waste, dollar for dollar, on government ads like these fancy coloured brochures that are arriving at every household in Ontario—instead of serving the needs of the people in Windsor, instead of the people who are in the St John's wing of Hotel-Dieu Grace Hospital right now, being serviced by only a few nurses who are being absolutely run off their feet because we don't have enough nurses in our hospitals.

I wanted to ask this Premier, who wants to bring this debate today to this floor, why, when we have a job fair for nurses at my university in Windsor, we have every American hospital there to pilfer our nurses away, and our Windsor hospitals aren't there to try to keep our nurses at home. Because the only nurses they're hiring are part-time, casual nurses, when our hospitals are desperate for more hands on our patients. That's what this debate should be about today. That's what the Ontario Liberal Party believes in: actually providing service to people in health care.

Tell me why all of us should be relaxing at home in front of the Frasier show on television, and suddenly what appears is another government ad on television, right in the middle of prime time. How can this government possibly afford that out of Ministry of Health dollars? Prime time, during the news segment, I've got to watch another government advertisement on health care so that you can bemoan your position, when you drive the ship in Ontario health care, that is, the hospital act of Ontario.

You talk about bringing in amendments to the Long-Term Care Act because you govern home care in Ontario. You are responsible for these community care access centres that are delivering home care to our patients because the hospitals, self-acknowledged, are throwing the patients out sooner and sicker than ever

before. Now you've created this monster everywhere in Ontario to deliver home care into the home so that when these people leave the hospital they're supposed to have a nurse within a half hour of their arrival home. These families are up until midnight because the nurses aren't coming, because they don't have the nurses, because those private institutions won the bidding practice that you put in motion, and they didn't have the requirements and enough nurses on staff to cover the workload. That's what this government has been responsible for, and you've got the gall today to talk about health care.

We want to talk about health care. We will be talking about health care. You bring forward motion after motion and I will give you case after case of your laws that did not work and your funding that has let us down time after time. Next time I sit down in front of the Frasier show, I want to know how you wasted hundreds of thousands of dollars on an ad on television instead of the nurses in the St John's wing of Hotel-Dieu Grace Hospital. I want to know why we don't have enough maintenance staff in our hospitals, why I have to see dirt on the floor in my hospitals, and not just in Windsor. I'm talking about dirt on the floor in every hospital in Ontario. The place that's supposed to be the most clean has dirt on the floors across Ontario. That's your legacy to Ontario's health care, and you've got the nerve to want to call Paul Martin and talk about the budget federally?

1720

We want to talk about the hospital act of Ontario and what obligations you have as a government to your people right here. How much more about health care do you want to talk about? How many more examples do we have to bring you of people who cannot walk, cannot talk, cannot see? Your government chose to allow community care access centres to cut homemaking services. So this blind man my colleague just spoke of tries to boil his own soup on the stove and practically sets the house on fire. The firefighters appear because they know, they got a 911 call. The place is practically burning down because this man can't care for himself. That's your act.

That is a government that instituted a home care policy with no standards, no appropriate procedures, and you let the horse out of the barn without having that in place. This isn't just happening in Windsor. It is happening across the board in this province. Tell me why, when you own the hospital act of Ontario and are charged with the policy that regulates our hospitals, all of a sudden, since 1995 when Mike Harris took over as Premier of this province, we have 50% of our Ontario hospitals in debt. That is new, and that is new under your watch. It is you that funds our hospitals.

It is you that took \$5 million out of an ORC sale that should have gone to our Ontario hospitals. Day after day we'll hear case after case of money that you let fly out the window through the Ontario Realty Corp while our minister sits there babbling on and on with some notes prepared by his staff—the legions of staff—telling us about how appropriate that process was, that we're flipping Ontario property: one day for \$1 million, sold

the next day for \$5 million. And you want to talk to me about requiring health care dollars? You want to talk about flipping properties at a profit for the private resident at the expense of the Ontario taxpayer? You want to talk about advertising—full-colour brochures to every household in Ontario—about health care, and you've got the gall to be talking about federal dollars in the same breath? The federal government shouldn't give you money. You don't know what to do with it.

All we can say is that at the same time that we see a meteoric rise in salary of various positions—

Interjections.

The Acting Speaker: Order. One speaker at a time. The member for Windsor West.

Mrs Papatello: Thank you kindly, Speaker. Clearly they don't want to hear the real story behind health care in Ontario. Clearly this government doesn't want the public of Ontario to know who is in charge of health care. Let me tell the people of Windsor West what they know full well.

The Ontario government has an act called the hospitals act, and they have another act called the Long-Term Care Act which they think they're going to amend now to make it better. They fund our hospitals. It's this government that does it, this government that made choices, bad choices—so bad, in fact, that in 1996 my private member's bill was supported, including by some members of the Conservative Party, and passed in this very House. That was to change the order of things in health care in Ontario and it was supported by these members of this House at that time. The tie was broken by the Speaker at that time. That's because you saw what was happening under your watch. I would ask this House today to continue the debate on health care because we have much more to say.

Mr Dominic Agostino (Hamilton East): I'm pleased to join the debate. I first of all congratulate our health critic, the member for Thunder Bay, and my colleagues for what they've added to the debate and to the very reasonable and very well thought-out amendment that has been added, unlike this partisan, one-sided political attack resolution brought forward by Premier Harris.

To add to what my colleagues have said, we certainly hope this debate goes on. As the whip for the official opposition, I have had a request from every single member in our caucus to speak for an hour. We certainly hope that the government will give us the 30 or 35 days we need to do this because this is an important debate. The government has to deal with it.

Interjections.

Mr Agostino: It is an important debate. I know that colleagues are laughing and heckling across the floor, because they don't believe health care is serious. They don't believe the health care debate in this province is serious. What they're more concerned about is pointing fingers.

The reality is this. I will admit, as my other colleagues have, that the federal government has not done enough. We know that. We understand that. But we also under-

stand that health care is a responsibility of both the federal and provincial governments and the way we're going to resolve this problem is by working together, not by simply trying to point fingers, as you have and as Minister Witmer has. She basically hijacked and disrupted the health ministers' conference here in Ontario, where clearly, as some ministers were working for a solution, Elizabeth Witmer was just too busy out there being propped up and being the puppet of Mike Harris to go out and spin the Mike Harris line every single day of simply attacking Jean Chrétien. I'm glad the minister has joined us for this debate, because she could have added constructive dialogue.

I'll give credit to the Minister of Health in British Columbia. I'll give credit to Michael Farnworth, who I think was the only minister who came out of those meetings and said: "Look, we can't just simply point fingers at each other. This is too important. We've got to work together." Our minister didn't say that. Our Premier didn't say that. This resolution today simply adds to that. Instead of bringing forward a resolution that would encourage the federal government and the provinces to work together to find some solutions to health and to the problems we're having today, we have this one-sided resolution.

I find it ironic that Mike Harris, who, as my colleague pointed out earlier, chastised Premier Rae for pointing the finger at the federal government, has now become the biggest whiner in the history of this province. Whine, whine—that's all he ever does. Remember Mike Harris when the budget was brought down by Paul Martin and cuts were made. He said, "It's a step in the right direction, but it's not enough." That was Mike Harris a few years ago. It was not enough. The cuts were not enough. That was what your Premier said. Then during the election, you know what? He took all the federal money which he didn't use for health care and used it as part of his election platform and then said, "We're going to fix health care with or without the federal government." That was your Premier.

Now he gets the heat. He realizes the decisions made by this government in health care are destructive to Ontarians and to the health of Ontarians. So what does he do? He does what Mike Harris does best: He plays the blame game. For health care, it's the nurses, it's the federal government. For education, it's the school boards, it's the teachers—on and on. Every single problem Mike Harris faces, he's got to point the finger somewhere else because he doesn't have the guts and the courage to take the responsibility for decisions he has made.

We have seen the examples in our community. Hamilton has been devastated by the cuts to health care as a result of this government. Right now our community is in a crisis over the potential closure of emergency services at the Henderson hospital. My colleague the member for Hamilton Mountain, Marie Bountroggianni, has led the fight and is continuing to lead the fight to try to convince this government to ante up more money and to give us what we need in Hamilton. The Hamilton

Health Sciences Corp has a \$41-million debt. Do you know why? It's because they have chosen, despite the massive cuts by this government to health care in our community, to carry on programs.

One example: This government—and you talk about the wisdom of the policies you bring in—allocated 50 of what are really heart-saving devices, basically implantable defibrillators that can save lives, that have been proven very effective in saving heart attack victims from repeat heart attacks. This government says, "We're going to give you 50 a year." They ran out of these 50 life-saving devices by September. If we followed your government policy, every other person who walked in the door and needed one of those: "Sorry, we can't do it. We don't have the money. You can go off and take your chances and maybe die." What did they do? They went out and purchased as much as they needed to ensure that every single person who walked in through that door had one of these life-saving devices available to them. Those are the kinds of decisions that have led to the situation we're in today. Again, had it been left to you, people would have died because they would not have had access to that. That is one example.

I can tell you that tomorrow my colleague from Hamilton Mountain is bringing hundreds of people into this Legislature so that you can see the faces and talk to the people who have been impacted by your decision, who are going to lose an emergency department and are going to lose extensive services and possibly a cancer centre on Hamilton Mountain because of your decisions. You can't run away from that. As much as the minister, Ms Witmer, likes to blame everyone else, the reality is it's her responsibility. It's her decisions and your government's decisions that are forcing the problems at the Henderson hospital on the mountain.

We've seen the crisis in the emergency departments. We've seen the ambulances in Hamilton on redirect 20% to 25% of the time in the last year; 20% to 25% every single day, Hamilton hospitals are either on redirect or critical care bypass. That's the situation you have forced us into today.

1730

The federal government is wrong in spending money on ads attacking Mike Harris. Mike Harris is also wrong in spending \$3 million on ads attacking the federal government. Just a single round of ads would have hired 60 nurses for one year; 60 additional nurses for one year would have been hired. Instead, Mike Harris thinks it's more important to spend that \$3 million on pointing fingers rather than hiring nurses.

Most Ontarians, if you ask them, will tell you they'd rather have that \$3 million being put into front-line health care services. That is the priority of Ontarians, not the priority of this government. You talk about priorities. You claim you don't have enough money for health care, but you have \$5 billion a year that you can give for tax cuts to your richest friends. You talk about priorities: \$3 million on ads rather than hiring nurses. You talk about priorities: \$5 billion—billion with a b—dollars a year on

tax cuts. Even if you put half of that money back into the health care system, you'd alleviate many of the problems we're facing today. So again it's a question of what's important to you and to this government.

I believe there is, as there was in education, a deliberate attempt by the Mike Harris government to put health care in such a state of crisis that people will start thinking and looking at options that, frankly, were unthinkable before.

You have taken a page out of the Ralph Klein book. There's no doubt in my mind, as you have privatized many parts of the health care system already, that you would love nothing more than to attempt what Mr Klein is attempting, and even worse, to bring in an American-style health care system here in Ontario. That's what you're trying to do, and you're doing it through the back door. You're doing it by creating enough chaos, making sure there are enough problems that people are going to say, "Hang on, we need some radical changes." I don't think that's an accident. I believe there's a deliberate strategy here. It is dangerous. It's playing with the lives of Ontarians. We have fought for years, on all sides of the House, previous to this government's idea of dealing with health care, for universal medicare across this country and across this province, and you are single-handedly attempting to destroy that principle. You want the American-style system because your friends can benefit.

We've seen the contracts that have gone out on home care. We've seen the contracts that have gone to many other areas you've privatized, to all your big donors. People who donate significantly to your party just happen, by coincidence, to also be receiving many of these contracts.

I don't want American health care in this province or in this country. I can tell you horror stories, because I've got friends who work in the American health care system, particularly a story told to me by a friend who works in a hospital in Miami. He is so disgusted that he's coming back here. He has been directed by doctors to bypass patients that are more seriously ill and look after patients that have bigger insurance policies, have more money and can pay more. That is the reality of the health care system when the private sector takes over. So often he's had to abandon someone who's seriously ill because their insurance policy only covers so much per day, and spend more time with someone who doesn't need as much help because their policy pays more. Is that what we want in this country? Is that the kind of health care system that we have built in this country over the years by all governments of all different political stripes? I think this is dangerous.

I think this debate is important. As I said earlier, I believe we should have 20, 30, 40 days of this debate, because Ontarians need to know what is happening with health care here. I think this one-sided attempt by the Premier is disgraceful. It's an insult to Ontarians, but more importantly, it's playing games, political games,

with people's lives. This is what our health care system is all about.

I would urge this government to look at it and work collectively with the federal government, with the other provinces, with all three parties in this House, to look at how we can best use the resources we have to maintain our health care system, to maintain a universal health care system and to maintain an Ontarian and Canadian system, not one that our friends south of the border have, which I detest and which is clearly against every principle that we as Canadians believe in when it comes to health care.

There is a way that this can be fixed. Our federal government needs to play a role in this debate. Our federal government should put more money into this. But Mike Harris then also has to guarantee that every single cent that gets transferred for health care goes into health care.

Interjection.

Mr Agostino: He hasn't done that yet. He has not done that. There has been money received for health care in this province that has been diverted to other areas. Harris can't even make that commitment.

I ask colleagues in the House to support the amendments made by my colleague from Thunder Bay. I believe it makes a great deal of sense. I believe it talks about working together. I believe it talks about both the federal government and the Harris government having a responsibility and having to take some of the blame here. But, more important, stop pointing fingers at each other. Start working toward health care for Ontarians, not trying to look at who's to blame for the situation we're in.

Ms Frances Lankin (Beaches-East York): I am absolutely thrilled to have an opportunity to do the leadoff for our caucus and spend the time that is allotted to me speaking about health care and health care reform and the directions that I think are so important for the sustainability of medicare.

I've been listening with some amusement. I'm sure some people would agree with me when I say maybe I've been here too long. I have a hard time when I hear members of this Legislative Assembly stand and say, "I want to have this discussion on a non-partisan basis"—I heard a member of the government speak to that; I heard a member of the official opposition speak to that—and then they go to rant about each other's positions and platforms, they go on to attack where it politically suits them: the government to attack the federal government or the official opposition to defend the federal government. None of that has much to do with what has to happen in health care and the reforms that need to happen in health care.

I believe we should support the resolution that is on the floor put forward by the government—although I also will be moving an amendment to it—for a pretty simple reason. It is clear that the federal government—and I don't include only the current federal Liberal government; the previous Conservative Mulroney government actually began the process of decreasing transfers to the

provinces, to the provinces of Alberta, British Columbia and Ontario. I believe that successive federal governments, by exiting the field of direct funding and share of funding of health care in this country, have abandoned the moral ground, as well as the fiscal clout they had, to enforce a national health care program. I believe medicare should be a national program with national standards, with national principles and national protection for those principles. When a federal government no longer transfers and shares in the funding, they have no ability to enforce the principles of the Canada Health Act.

I want to take people back to the time when then Prime Minister Mulroney began the process of decreasing transfers to the provinces. The then hysteria of the day was about deficits. The latest hysteria of the day has been about tax cuts. Now we're moving back into another hysteria of the day about the sustainability of medicare. These are old stories that keep coming around in the political cycle. Perhaps, as opposed to the finger-pointing across the floor that we've heard so far today, we could learn from some of the consensuses that have been built in the past, the truly non-partisan consensuses that were built in the past, in the days of provincial and federal accords around the direction of health care reform required to preserve medicare, and I believe with the genuine intent on the part of all governments of all political stripes in those days to actually preserve medicare. I no longer believe that that genuine intent is present in this country, and that's what worries me about the debate that we have entered into at this point in time.

Prime Minister Mulroney began the reduction in transfers by placing what was referred to fondly then, or not so fondly, as the cap on CAP, the Canada assistance plan.

1740

That was a cost-sharing program for social welfare. It was 50-50, much like the Premier talked about medicare when it was first introduced. But Prime Minister Mulroney determined at a certain point in time, in order to reduce federal expenditures to deal with the federal budget situation, that he was going to put a cap on the transfers to what he described as the three most prosperous provinces at the time: Ontario, Alberta and British Columbia. Over a period of years, the collective transfer payments for social welfare, health and education, in different pots but connected together, were beginning to be squeezed and squeezed. It meant that provinces no longer had the federal government as a partner with respect to those particularly important and very large budget items in provincial government budgets.

At the time, I remember the province of Ontario and the then Premier, Bob Rae, pointing out to this Legislative Assembly the road we were walking down, the problem that was inherent in that and the inability of the federal government to ensure that national standards would be maintained if we continued down that road.

I also remember at the time—just a little bit of irony, because I had this conversation earlier directly with

Premier Harris, reminding him of it. I remember him sitting in the front row, right in this section, the third party, looking at Premier Rae when he was talking about the cut in federal transfers and saying, "Sounds like whining to me." At the time we were in the midst of the greatest recession since the Great Depression. For the first time in the history of the province government revenues were actually declining from year to year. The institutionalized costs of government to take care of people, things like welfare programs, as people were losing their jobs as a result of the adjustment happening in our economy from free trade and other sorts of policies, the monetary policies of this country—high interest rates, propping up the dollar at that time, a number of things affecting the economy. I remember the now Premier, then the Leader of the Opposition, saying, "You don't have a revenue problem; you have a spending problem."

I remember the budget of the Ministry of Health, because I was honoured to be the Minister of Health at that time, a budget we were essentially flatlining for two to three years because of the huge fiscal problems facing the government of Ontario. Now we have a government that is committing to a 20% increase, and no one knows into what pocket, or into whose pocket, the money will go, as opposed to funding a vision of reform of the system, of restructuring the system to make it sustainable.

I remember him saying: "You don't have a revenue problem; you have a spending problem. Don't complain about the federal government. It sounds like whining to me. It's all one taxpayer." I want to remind us of that. It is all one taxpayer. It is one taxpayer whether it is the Ontario government that is giving away tax cuts or the federal government that is giving away tax cuts, all of them giving away their capacity to invest in health care, which they both seem to be saying needs more money. Go figure. There is a difficult imbalance in this equation that we see being put forward in Ontario with respect to this issue of funding of health care.

I find it interesting that in the view of the Minister of Health and the Premier, the restructuring of the health care system in this province began in 1995, and nothing was done before that date along the road to restructuring the health care system. I find it self-serving. I find it without class. If they were doctors, they'd be taking a Hippocratic oath. If I changed a letter to say what I really think, I'd be out of order. But that's what I think, in terms of how the government talks about what has gone on in the health care system in this province.

I remember, as Minister of Health, spending time talking about changes that were happening and, where appropriate, talking about the role of former Health Minister Murray Elston or former Health Minister Elinor Caplan. I remember bringing about a discussion within this province with respect to shifting resources from our hospitals, from our illness treatment system, to our illness prevention system. I remember taking some of the hard steps, going to the Ontario Hospital Association meeting

and saying boldly, to the shock of many people in that room, that 30% of what we do has no proven value, to get a debate going about the need to restructure hospitals.

I remember 30 communities that were in the process of hospital restructuring before this government took office, where they, through the process of imposing an outside body, simply took the responsibility away from the communities but ended up with much the same result in terms of the end product. Yet in many of those cases, they have not moved forward. I'm frankly tired of the rhetoric without substance and of the revisionist history that is being put forward.

I had the honour, as the current Minister of Health did last week, of attending federal-provincial ministers of health meetings. I remember the tremendous energy and excitement about the vision for reform in this country, which understood a number of key factors: that in order for medicare to be sustainable, the changes had to be made within the funds that were currently allocated to health spending in this country, understanding that there would be inflationary adjustments both for dollar inflation and for growth of population and aging of population and that we had to maintain appropriate increases in health spending to match that need, but understanding the huge pressure in the system that would occur as a result of a rapidly aging population and the need to spend the time to think through a wellness strategy that committed our resources to keeping people healthy instead of committing all our resources to waiting until they needed treatment.

That began with an understanding—again, one that was embraced across this country—of the determinants of health and an understanding that what we do in doctors' offices and in hospitals is only a small part of what builds a healthy population. If people are to be healthy, they need enough food to eat—they need appropriate nourishment; they need to live in conditions other than abject poverty; they need to have a roof over their head—suitable, decent housing; they need to have a job; they need to have a clean environment—there has to be clean water to drink, clean air to breathe, an absence of toxins, an absence of chemicals that induce cancers in their bodies.

The understanding of the need to invest in the determinants of health was an all so obvious but revolutionary moment in the debate about the preservation of public health care in this country. I have to say it is sad to see that we have lost our way in that debate. Without spending a great amount of time on it, I think even the government members would admit that cuts to welfare rates, an end to social housing programs and affordable housing programs, a cut to environmental regulations and the ability to enforce whatever regulations are left—all those things run contrary to the concept of investing in the determinants of health.

We've had impassioned pleas from people like Fraser Mustard about the need to invest in the early years. We've had some response from the government. But when such a large proportion of our children are living in

poverty, where their parents are struggling, losing their housing in order to give the kids enough to eat, and not necessarily good, nutritious food, and they're living in conditions that expose them to environmental factors that affect their health at such a young age, what do you think we're going to be facing in terms of population health five, 10, 15, 20, 25 or 50 years from now?

We are building into our future a generation whose health will be affected by the public policy decisions being taken today, at this time. You can't de-link those things, and you can't de-link them from the debate about health care. Simply talking about the need for the federal government to be at the table isn't enough in terms of our responsibility with respect to the future if we really are interested in preserving quality public health care and building healthy populations.

1750

To the aspect of the federal government's role with respect to the Canada Health Act, to simply ask the federal government to reaffirm its principles in the Canada Health Act to my way of thinking is also not sufficient. Not only do they have to be players at the table with the dollars so that they can enforce national standards, but they need to understand that health care is changing under the very feet of the Canada Health Act. As we do less in hospitals and in doctors' offices and we do more in the community and in people's homes, those services in the community and in people's homes are not covered under the Canada Health Act. People think of them as part of the health care system, but what is insured by the principles of universality and portability and public administration are hospital services and doctors' services, not nurse practitioners, not chiropractors, not home care, not personal support, not nursing homes, not long-term-care beds.

As more of our services are provided in the community as a result of changes in technology and a change in pharmacological procedures, those services must be included under the Canada Health Act. The challenge to the federal government is not only to ante up their fair share at the table so that they have the moral and the fiscal clout to enforce a national medicare program; they must also make the changes necessary in the Canada Health Act to stop Alberta's Klein approach to privatizing health care, to stop the proliferation of privatization of services in long-term care and home care like we're seeing in Ontario.

That's why they need to be at the table. I'm sorry, but it's a game of chicken to say, "We won't put the money there until we have the guarantee back that it won't go on a tax cut," when they're spending their money on tax cuts as well. Let's stop the game of chicken. Let's have a real debate about our desire and Canadians' desire to preserve the public health care system and what it takes in terms of changes in public health care principles contained in the Canada Health Act.

My time is running out for today and I will have an opportunity to return to this when this item is next called for debate, but I do want to place on the floor an

amendment that we will be speaking to. This is now listed as an amendment to the amendment by adding the following words:

“And that the government of Ontario adopts the following four principles: A ban on Ralph Klein-style private, for-profit hospitals; a freeze on the delisting of health services; an end to the proliferation of private, for-profit long-term care and home care and a tougher inspection system and stiffer penalties for independent health facilities.”

I will have an opportunity to speak to that at more length, but I want to say that the amendment that has already been put forward on the floor by the official opposition is one that I’m quite sure while it is fun to—

The Acting Speaker: We’ll just get the amendment on the record. Ms Lankin has moved an amendment to the amendment by adding:

“And that the government of Ontario adopts the following four principles—

Ms Lankin: Dispense.

Mr Duncan: No.

The Acting Speaker: “And that the government of Ontario adopts the following four principles: A ban on Ralph Klein-style private, for-profit hospitals; a freeze on the delisting of health services; an end to the proliferation of private, for-profit long-term care and home care and a tougher inspection system and stiffer penalties for independent health facilities.”

Further debate.

Ms Lankin: Thank you, Mr Speaker. I will have an opportunity when we return to this debate to give further explanation of those principles. But the amendment that has been put forward by the official opposition I suspect—I’m guessing, prescient in the way I am—the government members will vote against.

The amendment I’m putting forward is not an amendment that lays blame in any direction. It is an amendment

that says, as we bring the federal government to the table, there are some things in Ontario we need to do today in order to halt the dismantling of the public nature of medicare and ensure that the reforms that the minister has talked about and that I will talk about in the remainder of my speech, reforms where I think we will find a consensus in terms of the direction that medicare needs to go, have the opportunity to take place.

If more are delisted, if more home care services are privatized before they’re brought in under the Canada Health Act, if we don’t inspect and toughen up the Independent Health Facilities Act, if we don’t return to a process where there is public accountability in that we are providing those services through not-for-profit providers—if we don’t do those things, then we will end up, through the back door, having watched the dismantling of public health care just by virtue of the change in location where it takes place and the fact that out in those other sectors we are seeing a growing portion of that being provided by the private for-profit sector.

I will conclude my remarks today. I look forward to the opportunity to return to this. When the minister stands and has an opportunity to speak from her experience as Minister of Health, I hope that the time I spent as Minister of Health and my insights might also provide to this debate a focus to find unanimity about the direction, if in fact there is an agreed intent on preservation of public health care.

The Acting Speaker: Further debate?

Ms Lankin: No.

The Acting Speaker: No? You’re adjourning the debate?

Ms Lankin: It’s 6 o’clock.

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

The House adjourned at 1757.

ERRATUM

No.	Page	Column	Line(s)	Should read:
35	1832	2	56	Mr Hampton: But, Premier, this is Ontario.

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