



**Legislative Assembly
of Ontario**

First Session, 37th Parliament

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de l'Ontario**

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**Official Report
of Debates
(Hansard)**

Monday 10 April 2000

**Journal
des débats
(Hansard)**

Lundi 10 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

Monday 10 April 2000

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 10 avril 2000

The House met at 1845.

ORDERS OF THE DAY

HEALTH CARE FUNDING

Resuming the debate adjourned on April 6, 2000, on the amendment to the amendment to the motion by Mr Harris relating to health care funding.

Mr Michael Bryant (St Paul's): I was discussing a tragic case and again I want to put it in context. A government member stood up and said: "Why are we talking about the mental health care system? Why are we talking about sweeping the sick from our streets when we're supposed to be debating this resolution?" That's the very point. This government doesn't get it, that in fact this is an integral part about our public health care system and it's turned out to be the poor cousin in a bankrupt health care system. While the provincial government and the federal government fight over who's to blame, in the meantime the people of Ontario are watching millions of dollars being spent on advertising that could be devoted to our health care system.

The victims of this are the families, the patients and the communities in which, for example, we get this story, which comes out of the riding of St Paul's, of the Whitmore family and a schizophrenic with violent tendencies who has nowhere to go in our public health care system. Those diagnosed with schizophrenia and having been in a correctional facility for crimes relating to their illness have no place to go. There's a gap in our public health care system. You can try and blame Ottawa, and Ottawa can complain about what's happening here in Queen's Park, but the point is that there is a gap, and it's this family, the Whitmores, and it's the community in which this man suffering from schizophrenia lives that are at risk.

He was released from jail in August 1999, homeless, without rehabilitation, without supervision, without medication and without the means to fulfill the very sentence that he was given; that is, to take his meds. Everybody who works as an MPP knows that because probably in their community they have come across a family who has a member who suffers from schizophrenia. They know that the key to this is to take the medication.

Well, he couldn't take the medication because he couldn't afford to take the medication. OHIP didn't cover

the medication, but even those services that OHIP did cover—he didn't have his OHIP card because he had been in prison, and because he was schizophrenic and dysfunctional, he couldn't go and get his OHIP card. The use of the medication is obviously critical for him to operate as a healthy citizen within his community. He's been unable to find that facility because mental health facilities in Ontario can't take people with a history of violence. These are the people who need the most treatment, who pose the greatest danger to themselves and to others, and yet there's nowhere for them to go.

I've told this House of our efforts in contacting a number of agencies. We wrote the Minister of Correctional Services and he sent us to the Ministry of Health. We wrote the Minister of Health and this is the letter, and I want to repeat it in this House, that I wrote on behalf of the constituent, Mr Whitmore. I wrote the minister on March 6:

"Specifically, his concern," I say of Mr Whitmore, "is on behalf of his brother ... who suffers from schizophrenia and anti-social behaviour. He was released from Millbrook Correctional Centre on August 24, 1999, without any form of supervised housing provided for him and is now living without supervision. He's unable to care for himself; there is no one there to prepare his meals or ensure that he is taking his medication, which keeps him stable.

"Within Ontario's health care system there is no assistance provided to schizophrenics of a violent nature, such as Scott Whitmore. The importance of providing mental health services to someone like this cannot be understated. This is a disaster waiting to happen."

As I wrote, "I have contacted your ministry"—this is to the Minister of Health—"on numerous occasions and have ... been given the same response: It is a housing issue which can be dealt with through the Ministry of Municipal Affairs and Housing." As I write, "It is time for you, Minister of Health, to take responsibility for those who require treatment for mental health disabilities."

We also contacted the parole officer, who said there's nothing he can do to ensure that this man takes his medication. You can write it in the sentencing order. It is in the sentencing order, and that's right, but that's as far as it goes.

As I said, this man is slipping into a worse mental state. He tried to check himself into a mental health care facility and was turned away. No room at the inn.

We have also contacted officials to try and take advantage of one option, which is unfortunately again not

available because of his history of violence, to receive counselling as a day patient where he would not require a bed, but instead only be in for counselling during the day and return home in the evening. He has attempted to check himself into a facility of this type, but again he has been told that there is no room at the inn.

We desperately need new legislation. We desperately need the appropriate funding in order to serve people such as this. We've contacted every single ministry official that you can imagine on this issue, in addition to a number of organizations which tell us, unfortunately, that this is not an anomalous case. We spoke with the Schizophrenia Society of Ontario, the Canadian Mental Health Association, New Dimensions in Community Living and the former Clarke Institute on Queen St.

These organizations tell us that this is not anomalous, that we continue to have a situation where our mental health care is the afterthought to our public health care system. This debate about tax points which nobody understands, this debate over the jargon, "primary health care reform," which nobody understands—these are important debates, of course, and we are to have them in this House. We are here to do the business of the people. But in the meantime, the money that is being spent on advertising by both first ministers and by both ministries of health could be providing for medication, for supervision, for housing, for people like Scott Whitmore.

Instead, we've got an institutional gap. It's not as if we're just missing some funds for this person; there is nowhere for this person to go. One facility says, "Go to the other facility," the other ministry says, "Go to this ministry," and everybody continues to pass the buck.

From those who have expressed concern in the Millbrook Correctional Centre, to those who expressed concern in the Ministry of Correctional Services, to the Minister of Health, they are all aware of the problem. We are all aware of the problem. Members sitting here are all aware of the problem. But what are we doing about it?

Well, what we're doing about it is debating over who is to blame with respect to the state of our public health care system. It doesn't make sense. The people in my riding and, I think, the people of Ontario have had enough of governments playing politics over our public health care system. We've had election after election, debate after debate over its state. It's supposed to be this great Canadian tradition and icon of our public health care system, yet we're seeing it transform into the equivalent of an old Soviet Union bureaucracy, full of nightmares, full of gaps, institutional and otherwise. So what do we do?

I commit myself here to continue to assist the Whitmore family. I won't give up. I know that those families who share this similar nightmare don't want their members of provincial parliament to give up. I look forward to a response from the Minister of Health. I sent the letter on March 6, in addition to repeated efforts previously to contact the minister. I know we're going to be seeing some legislation in this area, and I look forward to seeing and being assured and hopefully convinced

during debate—yes, debate—that in fact we're not just going to change the laws without having the facilities in place to ensure that there's somewhere for these people to go.

There's no point in simply bouncing Scott Whitmore from department to department or, under this new legislation, from penal institution to penal institution. These people need care. This is the place for affirmative government that takes a community of private sector combined with the public sector. Here's a moment for the government to do something. We all need to remind ourselves of the effect of our bankrupt public health care system, and here is one sad story that comes out of it.

The Speaker (Hon Gary Carr): Further debate?

Ms Marilyn Churley (Broadview-Greenwood): Mr Speaker, I'm not sure if, in terms of rotation, I'm supposed to be the one up. I am, am I? OK. Thank you. Sometimes, because of the skipping, we get some wrong advice from time to time, don't we, Todd? That's in the record now. So here I am, still writing my speech Todd.

I'm pleased to have this opportunity to speak to Ms Lankin, who's the member for Beaches-East York, the NDP health critic, and, I believe to her amendment to the Liberal amendment to the resolution on health care put forward by the Premier.

I welcome this opportunity to speak to this, although I certainly recognize that perhaps the sole purpose of the resolution put forward by Mr Harris is to embarrass the Liberals, both in Ottawa and here in this House. I welcome the opportunity because it gives us here in the Legislature the opportunity to have a much-needed serious debate about what is happening to health care, not only in Ontario but across our nation. There is absolutely no doubt that people right across the nation, as well as here in Ontario, are extremely concerned about the apparent move—and it certainly is happening in Alberta and it's happening by stealth here in Ontario—to privatization of health care, the two-tier system, and they have a right to be concerned.

What I'm hearing is that the public is getting very tired of the partisan nature of the debate. I know it's very hard for us in this House not to get partisan. I've observed in the debate so far that people stand up and say, "I'm not going to get partisan because this is too important a debate," and of course we all do. We all fall into that, accusing each other. The Tories like to pretend that no other government that ever did anything right or progressive on health care existed before. We all know that isn't true. We all tend to yell at each other and go after each other, nut the public, our constituents, don't want to see us do that. They are concerned about what is happening to health care.

We have a resolution before us that attacks the Liberals in Ottawa, and I'm very pleased that the amendment to the amendment from Ms Lankin, the member for Beaches-East York, put forward what I suppose is really a non-partisan amendment that everybody in this House should support, and I urge every member to support it. It doesn't mention specifically a level of government. It just

talks about the four principles of the health care system that we need to affirm in this House as of now to give all of our constituents, no matter what party we represent in our own ridings, comfort that there is a full commitment from all of us to uphold these principles. I'm going to read that amendment again:

"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."

The constituents in all our ridings recently have been subjected to a series of ads. Before the federal Liberal budget we were subjected to a multi-million-dollar ad from the Tories here in Ontario urging the Liberal government in Ottawa to give us tax cuts. There was a lot of pressure from the Reform Party—I forget what they are actually called now—and generally from the right wing across the land to give us that tax cut. The Tory government here put out a very effective ad, and spent millions of dollars doing so, urging the government to cut taxes. The Liberal government in Ottawa did what they were asked to do: They gave those tax cuts.

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I did not hear, and I wish that we had heard, the Premier of the province at that time before the budget. I would expect that members of his own caucus would have liked to see, if they were going to spend money on ads, an ad urging the federal Liberal government, as they have done in this resolution before us, to provide more funding for health care in Ontario, and that wasn't done. Then what did we see after the federal Liberal budget came out? Indeed yes, the tax cut they had campaigned for was there. In fact, we saw a \$4.5-billion cut from health care funding. Then in this year's budget, for every dollar in tax cuts, the federal Liberals found only two cents for health care. The Liberals gave \$58 billion for tax cuts and \$1.25 billion for Canadians' top priority: health care. The Liberals in Ottawa were under a lot of pressure from a lot of people, including this Conservative government, to give us that tax cut. But then, after we received the tax cut, we started to hear from the Conservative government complaining about the fact, quite rightly—I totally agree with the sentiment here—that the Liberals didn't restore the funding to health care.

Interjection: Well, not quite.

Ms Churley: No, they didn't restore it at all. When you look at inflation and the aging population and the growth in population, it's not a restoration at all. It would have been of benefit to all of us here in Ontario had the Tories, before the Liberal budget, campaigned for the restoration of the cuts to health care.

The Tories don't talk about it, but I certainly still feel the pain of it after all these years: When the NDP was in government—and Mr Speaker, you'll remember this very well because you sat over here at the time—I do recall members, including the Premier, who was then the leader of his party, accusing the NDP and Bob Rae, the Premier

at the time, and our health minister of whining when we complained when Mr Mulroney started cutting the so-called cap, a cap on the cap, for social services and for health care. Mr Mulroney at the time started that trend of cutting the transfer payments to the provinces, particularly the three largest provinces. We were accused at the time. We got no support from the Tories who were sitting there to help us lobby the then Conservative government, as they now accuse the Liberals sitting here of being weak on lobbying and speaking out against what the federal Liberals do. They did the same thing when they were in the third party here when we needed their voice and their support, especially during the deep recession that we were in.

That's what I find so regrettable about this whole debate and what is so regrettable about the tone and the nature of this place from time to time. I think we would all agree that there are times in this Legislature when it's not good enough for a Tory member to stand up and crow and get lots of loud applause and smiles and laughter from her own caucus about something nice that happened in her riding and that the Liberals didn't do and the NDP didn't do, but, by God, the Tories did it. That's not what this debate is all about. I could complain about the Riverdale Hospital almost being shut down in my riding and the results, the mess it's in now in terms of the negotiations about where to go from here. I could complain about a lot of things. I could stand here and talk about a lot of good, progressive work that we did when we were in government, and I know my colleague Ms Lankin did that. I urge people to read the speech that the member for Beaches-East York gave, because as a former Minister of Health she has a very good handle on what we did when we were in government and the reforms we had started. It isn't correct for the Tories to say that nothing was going on until they got into government. That isn't true facts, and that is the reality. I think my colleague did a very good job of pointing out the work we did and some of the misinformation that is continually put forward by members of the Tory caucus about what we did and didn't do. We made a lot of good reforms, and that's outlined in her speech.

I want to talk about where we need to go from here and how we can all start working together to make it happen. That is what people want, and generally there is now a consensus on where we need to go. The buzz words are "primary care reform." By now I think most people in the population, and certainly all of us here, understand what that means. It's not a new idea; it has been around for some time.

Several years ago I worked in the South Riverdale Community Health Centre. It was many years ago. I worked with people like Michael Rachlis, a doctor there at the time, Phillip Berger, Debbie Copes, Maryanne Cheatham and others. Maryanne Cheatham was a nurse practitioner and still is to this day. They were in the forefront of reform and I was, in the sense that I had the opportunity to work for a while in one of the very first community health centres. That was, and still is today, a model of what we are talking about here.

We had doctors, nurse practitioners, nutritionists, an environmental health officer and others all working together. Quite often, when patients came in, they would see the nurse practitioner first. If they needed to see a doctor, they would; if they didn't, then that was a saving right off the bat, and they got the care and attention they needed. Overall, it was not only a saving for the taxpayers—I prefer to call us citizens—for the citizens of Ontario, but it served the patients well.

We all know we are at a crossroads in our health care system. It is an extremely serious debate that we are having here, and I fear that we are not taking it seriously enough. It is an opportunity for all of us to engage in real dialogue about where our differences are, where we can agree and what we can do together to make it happen, working with the federal government. I fear that the resolution before us is just all about blame. We now have to go beyond blame and get on with tackling a very difficult problem. But it really isn't all that difficult, because the groundwork has already been laid. It's just that we need some real leadership, both from the federal government and from the Tory government here in Ontario.

I think it's time for the blaming to stop and for the federal Liberals to get off their high horse and stop the punishing tone of, "We won't give you extra money until we are guaranteed certain things." It's time for the Tory government here in Ontario to say, "We want to move forward; here are some steps we want to take," and sit down with the federal government and come up with a plan. That is what the people of Ontario want, because they're frightened. As the population ages, and I'm in that category, I'm frightened, because we see ourselves going down that two-tier road more and more. We continually hear the threats from the Tories here in Ontario, "If the Liberals in Ottawa don't give us this funding, then we're going to have to de-list all kinds of services." We know what de-listing means. It's more services that people are going to have to pay for.

I very much want to see the politics of blame stop around this issue. Perhaps it's too much to ask, but I would ask that we all attempt to have the serious debate we need to have and talk in a constructive way about where we go from here.

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I have a very strong interest in determinants of health, that is, health prevention. I'm going to give you an example. I suppose it's one of my hobbyhorses, and we don't talk about it very much here. As we know, there are all kinds of health determinants, and people have spoken to it. It's around housing and having enough money to live on so you can eat nutritional meals and have good dental care, good community health and all that kind of stuff.

I want to talk briefly about primary prevention of cancer, because we know that we have an epidemic of cancer right now. The focus is very much on finding a cure, which is fine, but there is all kinds of good work.

In March 1995, when Ruth Grier was Minister of Health, and as you know, she had been Minister of the

Environment, she brought the two together and commissioned a report from some very good experts in various fields who wrote a report on things that we can do, mostly in our lifestyles, but with recommendations for government action. Several years ago, I put forward a resolution, which passed unanimously in this House. It just took one piece of this report on cancer prevention, and it was the environmental aspect of that.

There is growing evidence that there are all kinds of pollutants in our environment, in our food, in our water and in the air we breathe that are leading to cancer. We are seeing certain kinds of cancer more and more among young people. We're seeing a sharp increase in breast cancer in women and testicular cancer and prostate cancer in men. There is growing evidence that some cancer is caused by environmental factors.

The good news is that there is actually something we can do about it; the bad news is that we're not. It's hardly being talked about, but I can assure you that there is a very active group of people in our communities across Ontario who are working hard, still, to get government's attention and to bring forward some of these recommendations.

My recommendation was specific to phasing out or completely getting rid of known carcinogens or suspected carcinogens that lead to cancer. That resolution was passed in this House unilat-by everybody. I almost said "unilaterally"; that was a slip. It was passed by everybody in this House, and there has been no action on it to date. That in itself could make a big difference in the future in terms of the number of people who end up with cancer, and not just elderly people but more and more children are getting cancer. A very good friend of mine's young son was recently diagnosed with cancer, and it's agonizing to watch that family try to cope with the horrible aftermath of that and the treatments and the fears.

That's just one aspect of the kinds of things that we have to be paying attention to. The road map has been drawn for us in all of these areas. So when we have this debate about where we go with health care, we need to affirm our commitment to these four principles within the amendment that our caucus made, and we need to affirm our commitment to looking at health determinants. We need to quickly bring in primary health care. I know it's tough. It can be tough to negotiate with doctors. I know when we were in government we put a cap on the salaries; it was very tough. This government took it off. But we need at this time to sit down and make that commitment and make it happen. The baby steps the government is now taking are not good enough. If we don't do something quickly—and that's why people are so worried and so concerned and so scared. They're hearing a lot of talk and they're hearing a lot of argument and blaming, but they're not hearing people talk about implementing the solutions that are already there.

Earlier today I felt a little sick listening to some of the debate, frankly, because I thought that the level of this discourse, this discussion, given the seriousness of the debate at this time, would warrant more serious com-

mentary. I will end by saying that I very much look forward to hearing that discourse happen.

Mr Wayne Wettlaufer (Kitchener Centre): I welcome getting an opportunity to speak to this resolution, but it's also of concern. It's a concern that we've gotten to this point at all that we have to bring forward a resolution to ask the federal government to pony up. My recollection is from the 1960s, when I was a little younger than I am today, and the discussion came up about a national medicare program, that the federal government was going to contribute 50% of the total cost of the medicare program. Over the years, that has been reduced unilaterally by the federal government—no discussion with the provinces such that this year there will be an 11% contribution by the federal government to the total cost of medicare in this country. Let me see now, 11%: That takes the federal contribution to the national medicare program in this country from January 1 to about February 9, 2000. In this province, Ontario, the taxpayers pony up for the difference from February 10 until December 31 of this year.

In my riding this was foreseen by some very active individuals who took a leadership role, and they have done an awful lot in raising funds and contributing funds—people like the Hallman family and the Voisin family, who have been very generous. Frank and Gladys Voisin raised their family and taught their children that this was the way to get along in life, as did Lyle Hallman and his late son, Peter, who have done so much to contribute to the well-being of our community, and not just in other areas but also in the health care field, directly aiding the establishment of divisions within the hospitals, aiding in the construction of buildings, raising money for that. I give them credit for the leadership roles they showed.

We have an obligation. The people of this country expect the federal government to take a leadership role as well. We asked the Prime Minister, the provinces asked the Prime Minister, in February, before the advent of the federal budget, to please sit down, hold a first ministers' conference and discuss the future of health care in this country. What did the Prime Minister do? His response was to ignore that request, suggesting in its place, after the federal budget, that the provincial health ministers meet.

The provincial health ministers met. The federal health minister had no mandate to make recommendations, he did not come with a health care plan and he could not make any decisions. He did not have the authority to make any decisions. The provincial health ministers are left wondering why there was a health ministers' conference. The leader of the third party, Mr Hampton, and the Premier of this province signed a letter requesting more substance from the federal government. Where was the leadership of the opposition party, the Liberal Party?

Ms Marilyn Mushinski (Scarborough Centre): There is none.

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Mr Wettlaufer: That's right, there is none. Where was Mr McGuinty? He refused to sign the letter. What

kind of leadership is that? Is that because he's a Liberal? I believe it's because he's a Liberal.

Mr Gilles Bisson (Timmins-James Bay): I think so too.

Mr Wettlaufer: I say to my friend the member for Timmins-James Bay, M. Bisson, who says he thinks so too, I agree; no doubt about it.

We were very disappointed that the Prime Minister would not come to the table. He thinks it's all right that the federal government will pass laws, that they will pass regulations about the governance of the Canada Health Act. The federal government will pass these regulations; they will say how it's going to be run, but they will not come to the table. If you're going to pass the rules, you have to be a player.

Of course, we can question why the Prime Minister doesn't want to come to the table. Is it because he hasn't had any ownership, he doesn't want any ownership in the health care question? He doesn't want his government to be held accountable for the problems in the health care field? Why is that? Is it possible that he's looking at an election and he knows that the health care question is the number one priority of people in Canada today—not just in Ontario but in the whole country? Yes, I think that could be a reason. I'm speculating, mind you, but yes.

I'm embarrassed, as a Canadian citizen, to have a Prime Minister who lacks leadership in this area, the most important issue facing Canadians today. Yes, prior to the budget we did ask the federal government to come to the table with tax reductions. Yes, we did, as did the people around this country. They wanted tax reductions because they knew that would boost the economy. They knew that. But the people of this country also wanted more money from the federal government in health care. What did the federal government do? In the discussions leading up to the budget in February, what did they do? They started talking about a national child care program—and I'm not going to criticize a child care program; I won't do that. However, they were floating this trial balloon that they didn't know the cost of. On one hand they would say it was \$14 billion a year; on another hand they would say it's \$20 billion a year. Then it was \$12 billion a year. They had all kinds of money to consider for a national child care program, but all they could cough up for health care was \$2.5 billion. They have shortchanged the provinces by \$6.2 billion from 1994-95. Sure, they gave us back \$2 billion in the last fiscal year and all of the money we're getting in the province of Ontario is going to go into health care over a three-year period, as was promised. It will all be going back into health care. But the provinces of Canada are still shortchanged \$4.2 billion by the federal government, which claims it's doing everything it can for health care.

What is the province doing for health care? We have announced \$1.2 billion in the last two years for long-term care, to create 20,000 additional long-term-care spaces. Now, of that, 6,700 have been awarded and there will be additional ones awarded in the near future. Long-term-care beds hadn't been announced in 10 years prior to our

government announcing them. The federal government says, "Oh yeah, we have to have more long-term care facilities." Then how about some contribution for it?

We've established 43 community care access centres in the last four years across the province to allow services to be delivered closer to home for Ontario citizens.

Home care: The federal government talks about home care. I don't see any strategy from the federal government. However, the Ontario Ministry of Health is currently spending \$1.5 billion annually on home care and community care services. From 1994-95 to the current fiscal year, 1999-2000, funding for community services increased by 49%. In-home services funding increased by 56%. We provide the most generous level of home care in Canada, at \$115 per capita.

Two years ago, the Ministry of Health and Long-Term Care began investing over half a billion dollars over a six-year period to expand and enhance community services. These in-home community services consist of in-home nursing, therapy, homemaking, supportive housing, attendant outreach and services for individuals with physical disabilities.

We aren't the only province doing it. We are taking credit for the investments we've made in Ontario, but other provinces are also making investments. Some of the provinces are really suffering. We've increased spending by \$3.5 billion in health care in four years. Other provinces have increased their investments as well, but they don't have the economy that we have in Ontario. As a result, they are strapped financially. We are fortunate in this province. We are making the investments and we will make a further 20% in investments over and above the present level over the next four years.

Yes, we can stand here and look for congratulations or we can indulge in some self-congratulation, but that's not what we're all about. We want to manage the health care system to the benefit of the average Ontario citizen. The federal government wants to take credit, but they won't put any strategy into it and they won't put any money into it.

Mr Rick Bartolucci (Sudbury): Wayne, do you have a plan?

Mr Wettlaufer: It's very interesting over here. They member from Sudbury asks, do we have a plan? What is the federal government's plan? We have asked the federal government to come forward with a plan, we have asked the federal government to come forward with money, and the federal government can't come forward at all. It's pretty evident, with the money that has been going into the Ontario drug benefit, into long-term care, into MRIs around this province, into cancer care, into cardiac care, facilities which weren't provided by those other governments, that we do have a plan.

I just want to talk about the Ontario drug benefit for a moment, if I may. The Ontario drug benefit covers the cost of over 3,100 prescription drugs. In the last four years since we came to power initially in 1995, 1,018 products have been added to the Ontario drug benefit. Now, \$1.6 billion is what the Ontario drug benefit is

costing Ontarians, and it covers 2.2 million seniors and social assistance recipients. In 1998-99, 44 million prescriptions were filled. I want to repeat that: 44 million prescriptions were filled.

We also have the Trillium drug program, as you're aware. It's a unique program. It's for those who are not otherwise eligible for the Ontario drug benefit and still have high drug costs. Approximately 100,000 Ontarians who need expensive drugs to treat various serious illnesses—nothing major: cancer, HIV, cystic fibrosis—receive benefits under this program. Expenditures for the Trillium drug program for 1998-99 totalled \$45.5 million, an increase of over \$10 million in one year.

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These are the things this government is doing for the people of Ontario. We ask the federal government what it's doing for the people of Ontario. I'm looking to hear. I realize there may be a federal election in another six months or a year or eighteen months, as soon as the Prime Minister is sure that he doesn't have to take ownership for the health care issue. He wants to appear to be the saviour of the health care system. Anybody who admits to having cut the heart out of the health care system can hardly be called a saviour.

I'd like to quote what Jean Chrétien said, if I can find the quote.

Mr Bartolucci: Make it up.

Mr Wettlaufer: No, I'm not going to make it up. I never do that. I will quote something else, though.

"Only the federal government continues to use 'tax points' and cash in describing its programs. This makes the numbers look bigger." That was by Mike McCracken in "Contra-cyclical Fiscal Policy: Is It Dead?" That was in the Monthly Economic Review, volume XVI, number 12, July 30, 1998.

I'm sure the people of Ontario have heard a lot in newspapers lately and on TV and on the radio. The federal government, Jean Chrétien, is talking a lot about tax points. He's saying: "Oh, the provinces are doing so much better now because of all these tax points. Look at the tax points today compared to what they were in 1985 or 1977." Forget the tax points. They've cut \$4.2 billion. Mike McCracken says that only the federal government combines the two in their discussions.

This is another quote: "The federal government has no control over the use of these tax points, nor do they constitute an expenditure or revenue item in the federal budget. They do, however, provide a convenient shield"—a convenient shield—"for the federal government to reduce its cash outlays while claiming that overall entitlements are only frozen or marginally increasing. For these reasons, the forum considers the inclusion of tax points in the federal contribution to be confusing and unhelpful." That was the National Forum on Health, Maintaining a National Health Care System: a Question of Principle(s) ... and Money, in February 1996.

Only the Prime Minister could confuse things. But at the same time he said, and he was quoted in the Toronto Star as having said, on October 27, 1996, "We needed to

squeeze [medicare] in order to save it." That's what Jean Chrétien said.

What did Allan Rock say? Allan Rock, in his speech to the 130th annual meeting of the Canadian Medical Association in Victoria, BC, August 20, 1997, said: "But I am part of the problem, not the solution. It was my government that diminished the size of transfer payments." That's the federal health minister, Allan Rock.

All we're asking, not just in Ontario but in all the provinces, is for the federal government to come back to the table. Please be a player, for the benefit of the citizens of this country. Is that so difficult? That's what this resolution addresses. The third party recognizes this. But the Liberals, because they're the official opposition, who don't even play the role of an official opposition, are opposing it because they are Liberals, and I presume because their federal cousins who govern this country are also Liberals.

The Speaker: Further debate?

Ms Caroline Di Cocco (Sarnia-Lambton): I'm pleased to have this opportunity to speak on Mr Harris's motion. I'm also pleased that you have officially declared that we're not rookies any more.

I want to start off by suggesting, first of all, that we stop the blaming and we start taking responsibility. It's time that the Harris Tories show good leadership and for once take responsibility and stop blaming others.

I picked up a book called *Moral Leadership: Facing Canada's Leadership Crisis*, by Robert Evans. He articulates this trend of what he calls "a culture of blame avoidance now rampant." The Harris Tories are at the leading edge of this culture of blame.

Today I met with Lawrence and Kay Greenaway, the founders of the Breast Cancer Society of Canada. What they told me was quite disturbing. Of the 273 mammography machines in Ontario, 60% are not accredited. Considering that early detection is crucial to successful treatment, I cannot believe that 60% of the machines are not subject to quality control. Who's responsible to regulate mandatory accreditation for these machines that can detect breast cancer? Let's remember that this disease took 2,100 lives last year in this province. The Greenaways have done their part. They take responsibility. They raised millions of dollars for research. Not only do the Harris Conservatives not take responsibility, but Minister Witmer will not even meet with the founders of the Breast Cancer Society of Canada.

One of the things I've always heard from my parents is that if we don't have our health, we have nothing. Taking care of our health is more important than money, no question. I add to this: If we do not have a good health care system, what good are tax cuts?

Mr Harris's resolution denouncing and blaming the federal government for the crisis in health care has been preceded by a taxpayer-funded advertising campaign. I have watched with interest the involvement of the Harris neo-Conservatives in the federal arena of the renamed Reform Party, now known as the Canadian Alliance. Concurrently, there have been advertisements denounc-

ing the federal government and distorting the facts about the complex matter of cash and tax transfers. This leads me to wonder if the blaming game and costly taxpayer-paid partisan advertising is a less than discreet attempt by the Tories to play politics in the big arena at the federal level. They're using health care as their weapon. That is what you're using. Dalton McGuinty and the provincial Liberal caucus believe that partisan advertising should be banned.

The Harris government has continually extolled the virtues of tax cuts. Again last week I heard from the members that the Conservatives have cut taxes 99 times. I wonder if there is a direct connection between continued tax cuts and continued funding constraints to the various sectors of health, education and the environment, and to social, cultural and heritage programs. Now we hear this loud complaining that there's no additional funding, yet the province is losing \$4 billion to \$5 billion in tax revenues. I recall Harris justifying these tax cuts somewhere as an indirect way to provide better health care, so less personal income tax revenues to the province will add up somehow to more money for health care. Go figure.

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Although the budget rhetoric is going to include things such as health and education and strong and secure communities, the focus on tax cuts will force a reduction of the government's role in health and education and community support programs. This is at a time when there needs to be significant reinvestment in these services because of the cuts during deficit years.

The government has indicated it intends to aggressively restrict expenditures in education, community and social services, and support for municipalities. A key tool in this policy is the government's decision to essentially pre-spend much of the fiscal dividend on tax cuts. So they don't have the money to put into these social programs.

The people of Ontario are beginning to realize that there is a significant price we all pay in both the quality of life for all Ontarians and the basic civility in Ontario society. This has been a Harris revolution, with many victims and casualties. We brag to the world about our quality of life while the Harris government moves to undermine the very things that contribute so much to our quality of life.

The province has the responsibility for health care. You know it; I know it; the people of Ontario know it. When you choose, and the Harris Tories choose, not to take responsibility, you play the blaming game: Attack the teachers, blame the school boards, blame welfare recipients, blame past governments, blame the federal government.

From very early on in my life, I was taught to take responsibility for my actions and for my decisions. This is considered a mature approach in our everyday lives, in carrying out our daily jobs, and is the basis of credible, responsible decision-making. So why has the Harris government been playing the blaming game for so long? Is the Harris government not responsible for the con-

sequences of decisions made in this House? But I forgot—I think I've heard numerous times that they are not a government. They must have said it over and over again. I don't understand what they're here for, because they're not a government.

Interjection: They're here to fix government.

Ms Di Cocco: That's right. They're here to fix government, but they're not government.

Minister Witmer stated just last week that the Harris Tories have maintained a quality health care system. I have to add, there was a feature article in the London Free Press by Mary Jane Egan on February 5 of this year. The headline stated, "Hemorrhaging Health Care," and right underneath that headline it said, "A highly skilled London eye surgeon pulling up stakes for the United States is only one symptom of a health care system losing doctors faster than they can be replaced." This headline must be fiction because, according to Minister Witmer, the Tories have maintained a quality health care system.

Dr Probst, a 34-year-old ophthalmologist, moved his practice to Michigan on March 1 of this year, and I'll quote what he said: "Hospitals in London and across Ontario have been forced to cut operating time for eye surgery in half because they can't afford to cover the procedures." But according to Minister Witmer, they have maintained a quality health care system.

I have a letter from the Ivey Institute of Ophthalmology in London, Ontario, to a patient in Sarnia, dated this February 10, that the funding situation in London is extremely tight and that level 2 care for patients from Lambton county depletes the funding for patients who reside in Middlesex county. But again, let's remember that Minister Witmer says the Harris Tories have maintained a quality health care system.

I'll give you one other example within a 100-kilometre radius, that of an ophthalmologist who shut his doors in October in Lambton county because Minister Witmer's ministry changed the geographic boundaries and disallowed his exemption of OHIP funding caps for under-served areas.

I handed in a petition with about 4,000 signatures of people affected by not having their cataracts, glaucoma and other eye conditions looked after in a timely fashion. But all these people must be wrong because—I'll say it again—Minister Witmer said the Harris Tories have maintained a quality health care system. I have received hundreds of letters, phone calls and e-mails on this and other health matters, yet the Harris government chooses not to address it.

Why did the Harris government make such drastic cuts to hospitals? You have not reformed health care. Instead, you've cut hospital beds and restructured hospitals. Dr Sinclair, head of the Health Services Restructuring Commission, is on record as saying that hospital restructuring has put the cart before the horse.

Interjections.

The Speaker: Would the member take her seat. Order. The member has the floor.

Would the member continue, please.

Ms Di Cocco: Thank you, Speaker. The Ontario Health Services Restructuring Commission held its first meeting on April 24, 1996. At that meeting—and it's in the documents—an agreement was reached on the following approach to fulfilling the Health Services Restructuring Commission's mandate: acceptance of the prime mandate of the HSRC to facilitate hospital restructuring. The HSRC would have preferred, however, to deal initially with restructuring of the primary care and community service systems as the first order of business rather than beginning with the task of restructuring hospitals. In other words, it would have made more sense to begin restructuring or creation of a genuine health services system at its front end rather than with the institutions of last resort. Again, you can read it in the report from the HSRC.

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When banks changed, they put in automated tellers before they shut their branches. However, the Harris Tories have not done this. They closed beds, they restructured, before they had a viable contingency plan in place.

The government likes to pretend that federal contributions toward health spending continue to decline in Ontario. I have some other figures. In fact, last year the federal contribution to health care spending grew faster than the provincial increase, and I'll show you why: 55% of the \$1.647-billion increase in provincial spending was the result of \$945 million in additional federal entitlement, while provincial funding was just \$702 million. The source is the 1999-2000 provincial budget papers. For every additional federal dollar, Ontario kicked in just another 80 cents. The province drew only \$755 million of its share of the \$1.3 billion available from the federal government. The balance is sitting in a bank account earning interest. An additional \$190 million in federal funding came from changes to the CHST formula.

We on this side of the House want a commitment from the Harris government that any additional federal funding for health goes specifically to health care. Additional health spending should not be diverted for further tax cuts or other spending priorities, but instead should be used for real improvements in health care. Improvements, however, do not seem to be a priority for this government. If they were, cancer patients awaiting health care wouldn't be forced to go out of the country for care.

How much longer can health care in this province be eroded beyond the point of repair? To lay blame solely at the federal level, in my estimation, is highly irresponsible.

I would like to review some of the actions of this government since 1995. They set out on a path of restructuring, of creating a crisis, of cutting and cutting. Of course, we keep hearing about the tax cut agenda. Health care has not been high on the Conservative agenda, and we all know that. What has actually happened is that restructuring of hospitals has been done backwards.

The way it was explained to me by Dr Sinclair is that the first point of contact in the health care system is a

family physician. It is from this primary point of contact that people are cared for. They are sent for tests, referred to specialists, and, the last point of care, sent to hospital. Now we have a system that has been broken. It's in crisis. Since 1995, the Conservatives, as we all remember, have fired 10,000 nurses, have been restructuring, have been closing hospitals, have been cutting hospital beds.

What is poor management of the Harris government is that there's no plan to fix it, nor was there a thoughtful approach to change. What is worse is that the Harris Tories do not take responsibility for the consequences of their decisions. The Harris government is good at blaming others, and you're spending million of dollars on a TV advertising campaign to blame the federal government about health care. Would this money not have better served the province of Ontario if it had been invested into health care?

I would like to put on record the deliberation from the hospital restructuring commission. They said that the role and responsibility of the provincial government—it is on page 165 of the document—is to retain authority for overall policy, to provide leadership and high-level direction to the health system, and to be ultimately accountable for the provision and management of health services.

The provincial government has the constitutional responsibility for the provision and management of health care services, and must therefore retain accountability for its handling of this portfolio, regardless of whether it manages directly or creates and delegates this responsibility to others.

This motion that Mr Harris put out is an abdication of this responsibility as a government. The contrast to the hospital and health care crisis is strong economic growth in this province. If we have such a healthy economy, why does it not translate to a better health care system in this province? The Harris neo-Conservatives are destroying the social fabric, and we know it.

Mr Steve Gilchrist (Scarborough East): And now for something completely different. I would like to start with a couple of quick quotes. "It is a fact that during our first mandate, this government reduced transfer payments to the provinces." That was the Liberal 1997 red book. Jean Chrétien, our Prime Minister, said in the Toronto Star on October 27, 1996, "We needed to squeeze [medicare] in order to save it." Our current health minister, Allan Rock, in a speech to the 130th annual meeting of the Canadian Medical Association on August 20, 1997, said: "I am part of the problem, not the solution. It was my government that diminished the size of transfer payments."

Hon John R. Baird (Minister of Community and Social Services, minister responsible for francophone affairs): Who said that?

Mr Gilchrist: That was Allan Rock, the federal health minister.

Before the most recent federal election, the federal Liberal government, as most parties do, commissioned extensive public surveys. They went to Angus Reid and

Angus Reid came back and told them, before the budget and before the election, that health care is the number one concern in the minds of Canadians. They were told that it mattered far more than tax cuts; it mattered far more than any spending issue; it mattered far more than any of the boondoggles that they were otherwise involved in. Despite that, the most recent federal budget had a grand total of 2% of new spending in health. So we have a bit of a contradiction. On the one hand the federal Liberals join with us in saying that there is a crisis in funding, but when they had an opportunity to stand up and be accountable, they chose to look elsewhere. It is indeed regrettable and I think it compounds a very fundamental problem on the part of the federal Liberal government, and I regret to say, perhaps some of their colleagues in this Legislature: They're not prepared to recognize their responsibility in this, the most important category of government spending.

You've heard before in this debate that the original premise behind the Canada Health Act was that the province and the federal government would share responsibility, and that was quite appropriate given that health was a defined provincial role. So for the federal government to intervene in any way, to have a say, to engineer a countrywide common health strategy, it was appropriate for the province to say, "If you want to have say, you have to be part of the pay." In fact, to their credit, in those early years the federal government did pony up 50% of the cost of the health care systems all across Canada. Today, their percentage has shrunk to an almost insignificant 11%. They would argue, by throwing issues such as tax points back on the table—a red herring if there ever was one because tax points haven't changed in over 25 years. But if you throw that back on the table, they say: "Guess what? We're really not ripping you off by paying only 11%. We're ripping you off by paying 34%." And what a compelling argument that is. They are still, by their own words, one-third below the standard that was the overriding premise behind the creation of the act in the first place, behind the creation of the partnership between the provinces and the federal government. We do not want to believe that the federal government really pays that little heed to health care issues across this country, but I'm afraid their budget would suggest otherwise, and that's the current federal Liberal government.

During the mid-1990s they made a very historic decision. They decided to make the biggest cuts to health care in the history of this country. Today, the annual base funding for the federal program that supports health care is still \$4.2 billion lower than the day the Liberal government was elected—\$4.2 billion. Contrast that with the cost of any number of the initiatives that our government has undertaken and you would see just how far our share of that \$4.2 billion would go.

When you talk about a large metropolitan hospital taking approximately \$100 million to operate, if Ontario was just getting its fair share of that \$4.2 billion, we would be running another 18 hospitals, large metro-

politan hospitals. Put another way, countless numbers of new dialysis machines, dozens of new MRI machines, any category you care to mention, this province would have infinitely greater ability to meet the increasing needs and demands of an aging population, to embrace new technology, to guarantee that even in the most remote parts of this province we offer the same quality of health care that we take for granted down here in Toronto.

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We don't have that ability, despite the fact that since we were elected in 1995 the provincial health budget has gone from \$17.6 billion to \$20.6 billion. We have committed an additional \$3 billion at the same time our share of those federal funds, \$1.7 billion, was removed by the federal Liberal government.

In very real terms, it can be said that we've made up \$4.7 billion worth of maintenance or increased funding to health care, a staggering percentage of the money that's being spent in this province today. Where is that money going? Let's talk about a number of the initiatives this province has committed to: a primary care network, a new way of providing medical care—we've got pilot projects in four different locations since 1998, and three more were added in September 1999; ways of making sure that family doctors are available on a seven-day-a-week, 24-hour-a-day model; guaranteeing that family doctors will participate by tying themselves individually to patients so that they have a far greater awareness of the needs of individual patients, but the patients, in turn, are guaranteed greater access. I didn't see my federal counterpart at any of the announcements that were made in connection with that program.

We have the Ontario drug benefit plan. The ODB is the largest pharmaceutical plan in the country. It covers the cost of over 3,100 prescription drugs; 1,018 products have been added to that list since our government took office in 1995. It's a \$1.6-billion program that covers 2.2 million seniors and social assistance recipients, and last year, 44 million prescriptions were filled.

We also have the Trillium drug program. It's quite unique because it's for those who don't qualify for the ODB and who have high drug costs. Approximately 100,000 Ontarians who need expensive drugs to treat serious illnesses like cancer, HIV and cystic fibrosis have their drugs paid for by this program. Expenditures under that program cost \$45.5 million last year.

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

Again, I don't recall seeing our federal brethren standing up and taking any share of the responsibility for those programs or their expansions.

We've heard the federal Minister of Health suggest that we need to look at expansions in home care. That's very interesting, perhaps, if you live in one of the eight

provinces that don't already have a generous home care program. Ontario has by far the most generous program. We currently spend \$1.5 billion annually on home care and community care services. Since we were elected, the funding for community services has increased by 49% and in-home services have increased by 56%. We're providing \$115 per capita. The next highest province is Manitoba at \$97.62. The other eight provinces are barely on the map.

Beginning in 1998-99, the Ministry of Health and Long-Term Care was also investing \$550 million over six years to expand and enhance community services, such as in-home nursing, therapy and homemaking, supportive housing, attendant outreach and services for individuals with physical disabilities. I didn't see any federal MPs at that announcement in 1998-99.

Community care access centres: In 1996, this government established 43 CCACs all across the province, with a view of providing support to Ontario residents who seek community-based, long-term health care. This guaranteed that services would be delivered closer to home for all Ontario citizens.

In 1999-2000, the ministry is providing CCACs with a total of \$53 million in additional permanent annual funding to provide additional nursing, homemaking and therapy services. Not to be repetitive, no federal member was there to pony up their share of that funding increase.

And perhaps the most important initiative the government has undertaken: In April 1998, the government announced the largest ever expansion of health services in Ontario. We're going to be investing \$1.2 billion to improve long-term-care facilities and community programs. No new long-term-care beds had been built in this province in the previous 10 years despite an obvious aging of our society. Our commitment would add 6,700 new beds back in December 1998, and in addition to adding the equivalent of 175 new nursing homes, we're also rebuilding and renovating 100 older facilities so that they'll comply with today's new standards to promote a better quality of life for all residents. I'm pleased to say that the Metro Toronto Legion Village in my riding has been a beneficiary of just such a renovation. The veterans who live in that building, I can tell you, have benefited tremendously by the increased size of the rooms, the increased commitment to providing the technology and the equipment that only a fully funded health care system can provide.

I could go on at great length about the other initiatives, but I don't think too well of it because in every case it ends with the same punch line: There is no federal involvement. At the same time as they come out with the flowery phrases, as they come to more and more meetings and suggest that we need more and more studies, we have recognized the need for increased funding, we have come up with the dollars for the long-suffering taxpayers in this province, and we have been able to balance the tax revenue to commit that extra \$3 billion and make up the \$1.7 billion that the federal government had cut.

When we launched our advertisements calling on the federal government to meet their responsibility, to review

what they had planned in their budget and, in fact, before passing any budget bill, to guarantee that they came up with the dollars that they really should be contributing, not just to this province but to all the provinces, 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," the issue of the underfunding, to put pressure to restore the \$4.2 billion and to educate Ontarians, and indeed Canadians, as to what was happening to federal health care funding since the Chrétien government was elected.

We've got to condemn the most recent statement by a spokesman for the federal finance minister, who implied that increasing health funding was a waste of money. We had the recent meeting just a couple of weeks ago, where our Minister of Health and the other provincial ministers met with Allan Rock, the federal health minister. Mr Rock didn't come to the meeting with a commitment to provide stable long-term funding, and while that was perhaps a disappointment to some, it was hardly surprising.

Mr Rock was told about all the initiatives Ontario and other provinces have committed to. He was told how generous our home care program is. He was told how generous our drug plan is. At the end of the meeting, Mr Rock came out and told the press that he found that whole meeting very enlightening, to which the press response was, "You didn't know all of these things already?" His comeback was, "Well, yes, I guess I did." Once again, we had just another stalling tactic, just another sham, where the federal government, under the guise of listening to Ontarians and other Canadians, had really done nothing more than stall another few weeks until the next election.

I don't think the people in this province are going to have the wool pulled over their eyes any longer. The reality is, even with their announced increases in health care funding, it will take until the year 2002-03 for the federal government to catch up to the actual out-of-pocket spending that they were making in 1995. While that sounds very well and good, the reality is there will be 2.3 million more Canadians by the year 2003 than there were eight years previous, 2.3 million Canadians in an aging population who need increasing amounts of health care, who need increasing allocations for drug plans and for home care. To simply catch up to where they were in 1995 is not good enough. They must meet their responsibility. They must come forward and recommit to a 50-50 funding relationship. Anything less than that is a betrayal of Tommy Douglas, a betrayal of all of those who originally crafted medicare.

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Mr Bisson: You said "Tommy Douglas" and didn't faint.

Mr Gilchrist: I did say "Tommy Douglas." I'll give credit where it's due, to my honourable colleague.

The reality is, all of those people who in the early years truly believed that there was a partnership being

formed between the provinces and the federal government have been betrayed by the actions of the federal government since then.

The Prime Minister was quoted in February as saying that the total value in cash and tax points is now slightly higher than the \$28 billion when the Liberals took office in 1993. But here are the facts: Between 1994-95 and 1998-99, the federal government cut the annual CHST cash entitlements by \$6.2 billion, or 33%. Since then, the federal government restored only \$2 billion of those cuts in its budget last year. Clearly that still leaves a funding gap of \$4.2 billion. The inclusion of tax points distorts the facts. Let's compare apples to apples. The fact is the federal government provided provinces \$18.7 billion in cash in 1994, not tax points, not tax room, but simple, old-fashioned Canadian dollars. Today we want the same amount of CHST cash.

Federal myths: The finance department itself proclaimed these tax points to be part of its contribution, but this was always a gross misrepresentation. A transfer is money that the federal government provides to the provinces out of its taxes, not the provinces' taxes. With the replacement of EPF by the CHST, even the finance department has had to give up pretending otherwise. It's a shame that the health minister and the Prime Minister won't even follow their own bureaucrats in honestly recounting their shortfall. The federal contribution, even by their own admission, in 1997 had dropped to 15%, and as I said earlier, today it's down to 11%.

What matters is federal cash contributions dedicated to health, not other cash payments to provinces such as equalization, nor the artificial notions of entitlements and tax transfers. This is from the National Forum on Health back in February 1996, "However, the federal government has no control over the use of these tax points, nor do they constitute an expenditure or revenue item in the federal budget." I guess we can take credit for the fact that, having raised this issue some months ago and having now turned the heat up through the advertisements we've been running to raise awareness all across Ontario of what has really happened to health care funding, the last-gasp, desperate measure of the federal government was to come up with this concept of tax points as their salvation, as their way of saving face. It's not going to fly. The bottom line is the bottom line.

Our government recognizes the importance of health care. Every budget has seen increasing amounts of money dedicated to important health care initiatives such as the ones I recounted earlier. That's no less true in our most recent budget, where we've committed to another \$2-billion increase, the largest increase by any province in the history of Canada. There is no doubt, though, that if both levels of government were paying their fair share even more could be done for the people of this province who need cancer care, who need cardiac care, who need very expensive services for any number of ailments.

The reality, as we look at our local hospitals, is that we see new dialysis wards, we see new expansions in cardiac care. We've seen a vast expansion in expendi-

tures on cancer care. We've seen more money go into hiring nurses, more money into emergency rooms, more money for hospital renovation. But the fact of the matter is, we still have a long way to go, and only with the federal money can we make that last step.

I don't think there's much more to be said, except another quote from Allan Rock: "I will not stand here and tell you 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."

This resolution begs a very simple response from all members in this House. If they care about their commitment to defend the interests of the people who elected them, they should put aside their party membership, put aside their allegiance in the back rooms and guarantee that it's a common commitment to the federal government to restore full funding for health care in the province of Ontario.

Mr Bruce Crozier (Essex): I'm pleased to join this debate on the resolution and the amendments thereto. Throughout the debate in the last few days, our constituents at home have heard a lot of references to the transfer payments and to EPFs, which is established programs financing. They've heard a lot said about the CHST, which is the Canada health and social transfer. I just wanted to add to the comments of my colleague who spoke just a moment ago and give a little bit of history. I'm not going to get into the numbers, because I think the numbers have been convoluted by practically every speaker who has preceded me, but certainly not by my friend from Renfrew-Nipissing-Pembroke earlier today; he told it as it is. I want to give you a little bit of history on what is commonly known as the Canada health and social transfer.

Part of those transfers are referred to as tax points. The tax point transfer system was established by the Federal-Provincial Fiscal Arrangement Act in 1977. Other federal-provincial fiscal arrangements actually predate the legislation, and these include some of the following:

In 1958, under the Hospital Insurance and Diagnostic Services Act, the federal government provided the provinces with 25% of their per capita costs and 25% of the national per capita costs times their population.

In 1965, the Established Programs (Interim Arrangements) Act, permitted opting out by the provinces with compensation, and only Quebec chose to do so.

In 1966, the Canada assistance plan, commonly referred to as CAP, initiated a 50-50 shared-cost program for various social purposes.

In 1967, the post-secondary education cost sharing agreement, PSE, between the federal and provincial governments: Cost sharing was 50% of the operating costs or a specific per capita amount if a province so desired.

In 1968, the Medical Care Act came into force, and by 1972 all the provinces had signed on. Ottawa paid 50% of the national average cost that was distributed to the provinces on an equal per capita basis.

In 1972, the federal government capped the growth in the post-secondary education contributions at 15% per annum.

In 1975-76, as part of its anti-inflation program, the federal government introduced a series of restraints on medical payments to the provinces.

Established programs financing: In 1977, following the passage of the Federal-Provincial Fiscal Arrangements Act—and I emphasize that these are federal-provincial agreements—the federal government gave up a share of its income tax revenues to the provinces. In place of the cash payments formerly made to finance the federal share of three established cost-sharing programs—hospital insurance, medicare and post-secondary education—Ottawa transferred to the provinces an additional 9.143 personal income tax points, in addition to the existing 4.357 points that it had surrendered previously and the 1 point of corporation income tax, for a total of 13.5 points.

The previous speaker to me, from Scarborough, said there had not been any change, but obviously in 1977 there was. These tax points were incorporated into provincial tax regimes and were equalized via the formula of equalization like other provincial revenue. These equalized transfers were notional; there were no actual transfers of cash. But the only thing we hear of in the Legislature is transfers of cash.

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It's interesting to me that it was only three or four months ago, in the fall of last year, that all we heard from the provincial government was, "The federal government should look at tax breaks, tax reductions." I didn't hear anything from them last fall about the fact that any kind of change should be made in the cash transfers or the tax point transfers to provincial governments specifically for health care. Now that the federal government has brought forth a budget that not only introduced tax reduction but increased the amount that is paid for health care throughout Canada, we hear that lonely voice in the woods saying, "What we need is more money."

When I came to this Legislature in 1993, I recall that Mike Harris, as leader of the third party, sat down here just a few desks away, and all he could say to the government of the day was, "You don't have a revenue problem; you have a spending problem." What does Mike Harris want now? He wants more money. He just wants more money. He keeps saying, "Give me more money." I would say to the Premier that he should think back to when he said, "The government doesn't have a revenue problem; it has a spending problem."

Ms Mushinski: He's not saying that. He's saying, "Give it back."

Mr Crozier: He certainly isn't saying that today. His tune has changed completely, because now he's the government. That's the point I am trying to make: It depends on what time it is and what he is talking about as to whether he wants more money or tax cuts. We've seen what tax cuts do to us. We've seen where he has given money to the rich and taken from those who don't have

it. Part of the result of doing that is the fact that health care has suffered.

There has been a cash floor established throughout this time, and I, like many others, hope the federal government will pay its fair share. I encourage the federal government to pay its fair share. Certainly I am part of that Liberal—they are my Liberal colleagues. This discussion has gone on not only at the federal level, as far as the Liberal Party or the Liberal government is concerned; it goes on every day in our caucus. We too are concerned about health care in Ontario.

But we are not the only ones concerned. I have even heard the Premier and others on the other side say, “We are delivering more and better health care than we have ever delivered in history.” Let me tell you what Henry from Bell River says when he calls my office. I assume that all members of this Legislature get calls that are similar to mine. This constituent’s wife called the office. They have received notice from their doctor that he is retiring and giving up his practice. He doesn’t have any other doctor coming in to take over his patients. “They’re left out on the sidewalk,” in the words of Henry’s wife. “How can the government allow them to do this?”

We explained that we’re aware of the lack of physicians in our area. I live in an under-serviced area. But does this government give more to education to open up more medical spaces? We suggested that at least a 15% increase should be available for educational medical spaces in this province. But is the government doing this? Their answer to that is: “We’ll simply increase tuition fees. In fact, in some professions we’ll deregulate the tuition fees.”

The option my constituents see they have is that they are to call the Essex county medical association and be referred to a doctor. The problem is that most, if not all, the doctors in our area aren’t taking on new patients. So they have to use a walk-in clinic, several of which are in the county, but most are in the city of Windsor. This is a very serious concern for these constituents, and they say in conclusion: “This government is terrible. Who voted them in anyway?” Well, I’m not sure who did.

I have another memo from Nick, who lives in Emeryville. He called and spoke to us about the sorry state of our health care system. What I want to point out is that it is the province that is responsible for the delivery of health care, as was pointed out by my colleague from Sarnia in the health care restructuring commission’s report. It’s the province’s responsibility. Here again, I wonder what it is the Premier means when he says: “In all areas of the government, we have to do more with less.” I’m not suggesting that we should do more with less when it comes to health care, but I haven’t heard that the Premier has differentiated between doing more for less in health care and doing more for less in any other area of government services.

This constituent is so beside himself that he feels they should privatize health care, that he would be willing to pay the cost of his vaccination. That isn’t what health care is all about, nor is it what health care has been all

about in Ontario or in Canada. We feel that there should be health care that’s comprehensive, universal, has portability, has public administration and, most of all, is accessible. In other words, we agree with the Canada Health Act.

I have another one, from Marilyn in Lakeshore township, who called to complain about health care. Frankly, I have files at home that are full of these kinds of comments. She has been ill for 10 months, diagnosed with six different ailments. She has a breathing problem; went to the ER and was sent home. She has been sent from doctor to doctor; sometimes she has to wait two or three months for a doctor. She feels she’s getting an expensive runaround.

That brings to our mind that there should be primary health care reform. She shouldn’t have to go from doctor to doctor. She shouldn’t have to go find a doctor who will treat the ailments she has—at great cost, by the way, to our health care system. It seems nobody knows for certain what is wrong.

I think that’s a very important statement she has made. We’ve been debating this resolution for two or three days and we’re going to go on, I suspect, at some length. She says, “Nobody knows for certain what is wrong.” I suspect that’s what all of us are trying to find the answer to: What’s wrong? She has pain in the larynx and throat area. The specialist has sent her back to the original respirologist and she now has a two-month wait to see him. She has also been told that her problem may be psychological.

Can you imagine? This woman wants to know what’s wrong with her. She’s batted from one doctor to another in our health care system, at great cost, but she really doesn’t know whether anybody knows for certain what’s wrong. Frankly, in that case, I gave her the Minister of Health’s address and hoped that she would write to Minister Witmer and see what her response might be.

I have Doreen, from LaSalle, who called and said that they just moved from Toronto. Her husband has a job in the area, and the problem is she can’t get a doctor in LaSalle or in the city or in the county to take them as new patients. They have a five-month-old who obviously needs care. They’ve called the medical society to get a list of doctors. There was only one accepting new patients, and the first appointment available was in July. I received this message and had this conversation with this constituent in early April.

She goes on to say that this is not acceptable to them. The baby needs her shots and can’t go without a doctor. She and her husband could get by with visiting a walk-in clinic, but not the baby. Again, the only answer that we can give to them is that they should call the local medical society and hope that someone would be able to answer their needs.

2030

A little bit more of the history of medical care in our area: In the early to mid-1960s, Hopewell Hospital had been operating for years in our community. Had it not been for the Rotary Club some years before, a com-

munity the size of Leamington, where I live, might not even have had a hospital. But thank goodness the Rotary Club of the day took that obligation and we had our own hospital. It just so happens, by coincidence of the change in riding boundaries, that there isn't a hospital in the riding of Essex. We rely on the Leamington District Memorial Hospital, we rely on Windsor Regional Hospital, we rely on Windsor Hotel-Dieu Grace and, to some extent, up in the northeast part of the county they rely on the Chatham-Kent Health Alliance hospital.

It doesn't matter that I don't have a hospital right within my riding. The important thing is that we have access to hospitals, that we have access to that medical care. What have we found? Those hospitals in our area are running near-deficits or are in fact running deficits. Some of them have to dip into their savings, if you like, into their trust money in order to make their hospitals function. I repeat that it's the responsibility of the province to carry out the delivery of health care in our area.

Earlier today my colleague from Renfrew, I believe during his address, mentioned ambulance service. One of the things I can't understand, although I think I know the motive behind it, is that ambulance service is now a municipal responsibility. Ambulance service is, for many of our constituents, the very first contact they have with our health care system, and what has happened? The province has downloaded it on to the municipalities. We've heard a lot said in this Legislature in the last couple of days blaming someone else, someone else calling the kettle black. Well, I suggest that when it comes to ambulance service, that's an integral part of our health care system, and yet I think this provincial government has to take responsibility for having downloaded that on to the municipalities.

Fortunately I know the resilience, the dedication and the understanding of the people in my constituency. I know that even though the county has now been given responsibility for the operation of ambulances in our area, it will be a first-class ambulance service. But that doesn't take away from the fact that this government has abdicated its responsibility for one of the very first contact points that all of our constituents have with our health care system.

I think it's a shame that we have two levels of government, the province and the federal government, who are now using what could be valuable health care money to throw stones at each other. How many of us heard that people in glass houses shouldn't throw stones? In this case, I think neither the provincial government nor the federal government should throw stones at each other. They both live in glass houses.

Do you know that we live in the most prosperous times we've ever seen? There is more tax revenue; there is more money. We're told that people are earning more than they've ever earned before. Yet with all this prosperity, and with all the sincerity that we have in this Legislature, we have a health care system that's going down and down and isn't serving its constituents. Shame on all of us. When I look back to my municipal back-

ground, I think consensus is what we should be looking for. Let's stop the bickering. Let's stop the waste of advertising money when it could be used on health care and get together on this.

Mr Bisson: I appreciate having the opportunity to participate in this debate. I want to say at the outset that I am going to support this motion because my view has always been the same. In the time from 1990 to 1995, when we were the government, the federal government of the day, both the government of Brian Mulroney and the government of Jean Chrétien later, after 1993, exercised what is the most massive downloading of services and of costs on to the provinces that we've seen in the history of this province. At a time that this country was going through the worst recession we had seen since the 1930s, first the Mulroney government and then the Chrétien government started the process of offloading to the provinces their responsibility when it came to paying for a number of services in this great nation, and health care was but one of them.

I remember that before I came to this place in 1990 the federal government's share of health care costs in Ontario was 50 cents on the dollar. We find ourselves today in a situation where, depending on whose figures you listen to and who you want to believe, it is anywhere from nine to 11 cents. So I agree with the motion put forward by the Conservative government. I believed, when our government tried to go after the federal government in 1992-93 and onwards to get our fair share of transfers for health care dollars and education dollars, that that government was downloading on us and making it very unfair for Ontario to be able to deal adequately with health care needs in this province.

I remember, however, what the then leader of the third party and all of the members of his caucus, the now Minister of Labour and others members of his caucus, had to say about the Rae government when we were proposing that the federal government should engage in discussion with Ontario to give what was our fair share when it came to health care dollars. I'll read from the Hansard of May 11, 1994, what Mike Harris had to say at the time: "When I hear other provinces coming to the federal government, which is \$40 billion in deficit, and whining that we need more money, particularly Ontario, this province whose taxpayers pay the bulk of the federal taxes"—you know, blah, blah, blah, nothing but whining.

I want to know what happened to Mike Harris and I want to know what happened to all the Conservative backbenchers and now cabinet ministers who changed their attitudes from 1994 to today. The Rae government reached across the House to the Liberal opposition and then third party Tories to say: "We don't want to engage in a political debate about what's happening in regard to how the federal government is transferring their responsibilities on to us. Work with us in order to get the dollars that we justly deserve in Ontario." The response we got from Mike Harris at the time was, "Quit your whining." I remember that well.

Now something has happened. They've been converted on the way to government. They walk that road

and all of a sudden they've changed their minds. I'll tell you what has happened. It's a real simple thing. It's called politics. This government has read the pulse of what's happening in this nation. People across this country are worried about what's happening to our public system of health care. They worry that it's being underfunded and that the system is starting to show some cracks through it.

Members here have talked about different instances that we've seen in our own constituencies where people are not able to get services. We're seeing in this province, probably in the next federal election, that the number one issue coming up this fall, if there's a federal election, is going to be health care. This provincial Tory government, for political reasons having nothing to do, I would argue, with the idea of trying to get Ontario's fair share, is now whining at the public trough, trying to figure out a way to get into the political debate in order to get the dollars to Ontario that it richly deserves.

2040

I say to the Conservative government, if it wasn't good enough for you in 1993-94, I wonder how much sincerity you have in your debate today. I tell you, I have a bit of a hard time standing in this Legislature, or sitting in this Legislature earlier, and listening to some of the comments of the members from across the way complaining about what the federal government has done to the province of Ontario. I agree with you: We've been downloaded. But for you guys all of a sudden to change your tune for political reasons runs not only thin for members of the assembly who have been here for a while, but, I would argue for the public of Ontario. People in my riding, and I would argue people from other ridings, because nowadays as members we get e-mails from all across the province and from all across the country—in fact, I got an e-mail from somebody in Ireland today on an issue of transportation in Ontario. People from across this country and this province are saying: “We are worried about what's happening to public health care. We worry that both the federal and provincial governments of all stripes are challenging our system of health care to the point that it's starting to break down.”

I say we have some choices. Ontario and Canada are at a crossroads when it comes to decisions we have to make about health care. We can basically go two ways: We can follow Mike Harris and Ralph Klein and we can start going the way of private health care, because I'll say to the members of this House, as I will say outside of this House, that this government's agenda, along with Ralph Klein's, is to privatize health care at a slow, creeping crawl. That's what the agenda is. You don't care how much money the feds put into it, because at the end of the day your agenda is to make this system for-profit.

I'm not old enough to remember what health care was like before the 1960s. I was born at the end of the 1950s, in 1957. But I do know well enough from the stories I've heard growing up as a young boy in northern Ontario, and eventually a younger man, the stories that my parents

and our neighbours went through when they didn't have money to access health care services. We used to have a bit of a joke at home. My grandfather, who died of an aneurysm, tried to go to the hospital for services and died because he couldn't get services at the hospital. A little bit of the story that we had inside the household, because he didn't have the money to pay for health care, was that the only health care service *pépère* had was a high-speed rosary, because that was all we could get. Pray to God that we were healthy enough to live and that our illness would eventually go away, because we didn't have the money to pay; neither did most people in this province.

You only have to look at the United States to see what's happening. Depending on who you believe, literally millions of people, 50 million people, are without health care coverage in the United States. Even those people who have health insurance plans, like my Aunt Lola, who lives in Philadelphia, have to worry, “Is my plan going to cover me when I get sick?” In her particular case, her husband has to keep on working past age 65 only to be able to keep his health coverage, because the plan they would get through the state is not sufficient to cover their health care needs. And they're well-to-do. My uncle and aunt worked all their lives, they put a couple of bucks away, but they face the prospect of losing their life savings over illness, because both of them now are over age 65 and are starting to have some problems as they get older. My uncle Tom has to work because his health care coverage that the state pays is insufficient to cover what their health care needs will be. In fact, I am told by people I talk to from the States, New Jersey and other places, that often where you think you've got health care coverage, if you get too sick and start to tax the system, they just yank your services away.

I say this government's got choices to make, as all governments have choices to make. This government can choose to keep on playing politics with health care, say one thing publicly: “Oh, my Lord, the government's got to give us more money. They've dumped on us”—we know that's happened—or they can decide to try to do something in order to strengthen our health care system.

I will argue that's what we did. That's a choice we made when we were government. Back in the early 1990s, when we were in the midst of the worst recession in the history of this province since the Great Depression of the 1930s, our government made investments in health care that in the end were long-term investments into our health care system to make sure we were able to respond to needs. We were the government that introduced Cancer Care Ontario, not the Conservative government of today. We were the government that introduced a northern residency program, where we trained doctors in northern Ontario by allowing them to do their residency through the northeastern and the northwestern part of this province. I would argue that 75% of the people who go through that program stay in northern Ontario to practise health care. The continuation of that obviously would be a medical school, something that we've always put forward.

We were the government, the Bob Rae government, that introduced MRIs to many of the communities across Ontario: Timmins, just to name one. That was one of the initiatives our government put forward. This government gets up at great length and talks about the investments they've made in health care. My Lord, for five years they've been running on NDP accomplishments, not on their own record. If they had to run on the health care record of the Tory government, it would be what? Making hospital reform a priority before doing primary health care reform. How stupid can you be? Even Duncan Sinclair, the guy who headed their darn hospital restructuring committee, said: "You guys are going at this backwards. You shouldn't be trying to restructure hospitals until you've done primary health care reform." He said that at the beginning of his work and he's now said it at the end, something we in the NDP have been saying since the beginning, something we had started to do when we were the government.

We were the government that introduced and passed the Regulated Health Professions Act to allow health care professionals to work in the system and take some of the burden off the doctors. I would argue it doesn't only take the burden off; midwives, nurse practitioners and various other health care professionals are a more effective and efficient way of providing services to patients, within both the hospital sector and the community sector.

We were the government that introduced long-term-care reform in Ontario by creating a multi-service agency approach. This government's accomplishment wasn't to do something about trying to improve community long-term care; it was about privatizing. You scrapped the MSAs that we as a government had put in place and now you've introduced CCACs, community care access centres, that basically are a vehicle for privatization.

I look at the community of Timmins. For 75 years, the Canadian Red Cross provided health care services in their homes to people in our community with health care and nursing needs. After 75 years of service, the Mike Harris government's approach is: "Let's get rid of them. We don't want them. God forbid that a not-for-profit organization is involved in health care. I believe in private health care."

We now have Olsten, as do most of the communities across this province. That's a choice that this government is making. They are saying they want us to go the way of private health care. The reality is, it's not only bad for health care but it's bad for business as well, because in the end it's much more expensive to deliver health care services by way of a private system than by way of a public system.

This government can talk the line it wants when it comes to getting its fair share from the federal Liberals. We know what the Liberals did. We can sit here and argue. Look at their last budget. For every dollar they gave in tax cuts, they gave two cents to health care. So we know where their priority is. Let's stop this arguing and ping-pong, throwing back and forth, trying to say, "It's your fault; give me more," and let's try to find some

way to work together on all sides of this House to come up with real reforms in health care that will move the yardsticks further ahead so that we strengthen our health care system.

The total hypocrisy of this thing is, remember the ads the Conservative government ran when it came to them beseeching the federal government prior to the last budget to give tax cuts? They said the number one priority of the Chrétien Liberals should be to give tax cuts. That's what Mr Mulroney—Mr Harris wanted. Well, Mulroney was even further left than Harris, I would argue, but that's another story. They spent public dollars on advertising and they lobbied the federal government to get the Chrétien government to move on tax cuts. Well, you know what? You got it. The Chrétien government said, "All right, we'll give you tax cuts."

Now they've got the nerve to sit here and whine and say, "We don't have enough money for health care." No wonder. Give your head a shake. It's a choice. Either we socialize the cost of medicine, and that means taxes, or we allow the private sector to deliver it, and then we pay out of our pockets every time we're sick. It's a very simple equation. You can't have it both ways. You can't come into this Legislature on the one hand and preach the virtue of tax cuts and wonder why you're getting cut by the federal government when it comes to health care transfers to Ontario. The Chrétien government made the same decision you did, which is to give tax cuts. For those people on the right—and I would argue some on the left—who think tax cuts are more important than health care, you got your way. You made your bed and now you've got to lie in it. But I would argue that's wrong.

I think tax cuts in the right, proper time make sense if you can afford it, but certainly not when we're in a situation, as we are in Ontario, where we're still running a deficit and have been for the last five years, and certainly not when it comes to a choice of a tax cut in my pocket versus health care.

I hope this doesn't happen to anybody, but if we end up in a private health care system, it will be real simple. You know that little nest egg you're building by way of your mutual funds and that money you're socking away in GICs for a rainy day? Better not have a heart attack or, God forbid, better not get cancer or some other fairly serious disease, because it will be gone.

2050

I've got to tell you a story. My Uncle Conrad died seven or eight years ago, my godfather, a devout Conservative who believed in everything this government is talking about. When he got ill was when he reformed, and he reformed to the NDP, thank God. There's hope for everybody, I think. The point is my uncle, only when he was sick, realized how important it was to have a system of public health care, because up to then he made the same arguments you make: "Why should my tax dollars pay for somebody else's illness because they didn't take care of themselves. They smoked too much. They ate too much. They didn't exercise enough. Why should my tax dollars pay?"

We used to argue, my uncle and I, jokingly, because I loved him a lot and I'm sure he loved me too. I'd say: "Uncle, you never know. Public health care is about making sure that all people get services when they're in need." It was when my uncle got cancer and a heart attack and a whole bunch of other things that he finally, all of a sudden, realized that yes, health care is important. At least my Aunt Odette doesn't have to worry today about having spent the whole amount of money they had gathered through their lives, working hard in a small business they ran, to spend for his health care needs. He passed away and it was a traumatic thing for the whole family. They were like a partnership, the two of them. But at least, because they didn't have to pay health care dollars out of their pocket, she is able to live with some dignity in her retirement. Imagine what would have happened if we had been in the private system. They would have been wiped out. It would have been as simple as that.

What I say to this government is very simple: You have choices. You have choices about how to invest in health care and what to do to make the system better. Yes, I agree, we need to go after the federal government to try to get our transfers back. I wouldn't argue that for one second, but there's a lot of hypocrisy here in light of the fact that the government here has asked the government in Ottawa for tax cuts, got them, and now they're wondering why they're not getting more health care dollars.

At the same time, I've got to say this to the same Mike Harris government that argues: "We've been downloaded on. How unfair for an upper level of government to download on us. Please, help us." Remember the municipalities over here? The municipalities have been downloaded on since 1995 when you guys took power. Just in health care, public health has gone to the municipalities. They don't have the capacity to fund it. As a matter of fact, where I live, some communities are saying, "Jeez, we want to have more control about what happens in public health, because that's a large expenditure item in our budget and we're going to do something about getting these guys under control when it comes to spending." You know what that means. It means to say they're going to get rid of services. Why? Because Mike Harris downloaded that responsibility and that cost on to municipalities.

Interjection: Revenue neutral.

Mr Bisson: Revenue neutral it wasn't.

Public ambulances? The same idea. They're in the process of transferring all the ambulances to the municipalities. The list goes on.

They also have a bill that I understand they'd like to bring forward which will make it even easier than it was under Bill 26—remember the omnibus bill?—to privatize municipal nursing homes, another way in which they're going to allow municipalities basically to get rid of and send into the private sector municipal homes for the aged. I hope it doesn't happen in my community, because I understand, as do most politicians, most members of the

Legislature, that municipal nursing homes are among the best in the province, Golden Manor, to name one.

I say to the government that you have some choices. You have the choice to say, "Yes, we will work with you as the third party," to do what we can in order to assist you to get fair dollars from the federal government. But we don't want to engage in the politics that you're playing by placing huge ads, spending millions of dollars, trying to build this political campaign to be seen as the saviours of health care when we know, quite frankly, you're chameleons when it comes to this particular issue. You're much of a different colour.

The other thing is that you have to make some choices about where you spend health care dollars. I would argue that a tax cut is not the priority in Ontario as far as I'm concerned. The priority is in making sure that we have dollars for health care and education, those programs that we need to make our communities whole and strong. The types of investments we have to make start, I would argue, with primary health care reform, to look at what we do there, in order to find efficiencies by providing the opportunity for other health care professionals to practise within the system. We need to take a look at ways of putting doctors on salary so that we're able to take some of the load off the doctors, transfer some of the responsibility on to other health care professionals and look at ways that we can create community health care initiatives such as community health clinics across Ontario. I would argue that we need to look at those things before we start engaging in the politics that you're engaging in.

With that, Mr Speaker, I would like to thank you for the opportunity to rise in this debate.

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

Mr Carl DeFaria (Mississauga East): I'm pleased to rise today to join in this debate. I have listened to all sides on this debate, and I am quite surprised at the official opposition. I'm not sure whether the official opposition is against the resolution that we are passing just because it involves the federal Liberal government. Actually, I don't know which part of the resolution they are against. The resolution, in part, 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."

I don't know why the official opposition would be against this resolution. It's clear that the federal government has been cutting the transfer payments on health care, and it's clear that the provincial government has increased its funding in health care.

The second portion of the resolution reads as follows:

"... that the Legislative Assembly of the province of Ontario:

"(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.’”

The message that we get from our constituents is clear, that health care is the most important service that is provided in Ontario. It’s clear that there has been a cut in funding, and it’s clear that there is a need for further funding. For a spokesperson for the federal finance minister to make such a statement is completely irresponsible.

The third portion of the resolution reads as follows:

“(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.”

I can’t see anyone in this House being against this resolution, because it’s obvious that there is a responsibility both on the federal government and on the provincial government to ensure that the funding for health care is sustainable funding.

It’s clear that it’s not just a problem in Ontario. The opposition party may blame the government of Mike Harris for Ontario, but what about the governments of other provinces? What about provinces such as British Columbia which has a health care crisis, and it’s not a Conservative government? What about the province of Newfoundland that has a Liberal government? All these provinces that have different parties in government have crises in health care, so it’s obviously a national crisis and not a crisis that was brought upon Ontario by the government of Mike Harris.

The last portion of the resolution reads as follows:

“(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.”

All these components of this resolution proposed by the Premier are so clear and to the point that I don’t understand why the provincial Liberals would not stand up and support it so that we can, as a province, give a message to the federal government that it’s not acceptable that the federal government continue to cut funding on health care when it’s clear from the people of Ontario and the people of Canada that health care is so important and is in such dire straits that it needs to be propped up and services need to be restored.

2100

It becomes more confusing when some members on the other side—I think I heard the member for Sarnia-Lambton indicate that health is a provincial jurisdiction, that it is the role only of the provinces to provide for health care and that the federal government has no role in health care. I would ask the member then, why did the federal government pass the Canada Health Act? If they don’t have constitutional jurisdiction, why would they pass a federal act dealing with health care? Why would we have a Minister of Health in the federal government if they have no jurisdiction over health care?

The problem that these statements make is that it brings confusion to the minds of Ontarians who are looking for governments to work together, who are looking for governments to provide service in health care that is acceptable, standards that are excellent. I was hoping this House would unanimously support this resolution to give the clear message to the federal government that we are united in Ontario and that we want to ameliorate the situation in Ontario.

Ontario is very disappointed that the Prime Minister refused to meet with the premiers to discuss the long-term sustainability of the health care system. In order to ensure the sustainability of the health care system, the federal government must restore the \$4.2 billion that it has cut annually from transfers to the provinces and provide an appropriate escalator to help cover increasing costs.

Our province has been leading, and our leadership on health care reform is very clear. It has increased health care funding from \$17.4 billion in 1995-96 to \$20.8 billion in 1999-2000. In contrast, in 1999-2000, Ontario will receive \$1.7 billion less from Ottawa under the Canada health care transfer than it received in 1994-95.

Ontario has a plan to reform health care. Ontario established the Health Services Restructuring Commission to review the hospital system to better deal with patients because we are trying to do better with less money. Even though we have put so much money into the system, we realize that we also have to streamline and make the system more efficient.

We have increased spending on home care 43% since 1995. In fact, the province’s home care program is already the most generous in Canada.

Ontario is committed to the reform of primary health care to improve patient access to doctors across the province 24 hours a day, every day of the week, every week of the month and every month of the year.

The federal government claims that their funding of health care is adequate. They provide today only 11% of the total funding in health care. This is clearly a reduction from the 50-50 agreement that was originally put into the health care system when it was founded. The government of Canada keeps playing with these numbers, sometimes saying, “Well, no, it’s more than 11%; it’s 28%, it’s 33%.” That is just not acceptable to Ontarians and to Canadians.

I will be supporting this resolution, and I ask the members across the floor to join us in supporting this resolution because it’s very important that the message we give to the federal government in health care is a very clear and united-front type of message. That’s what Ontarians expect of us. The bulk of our calls and the bulk of our complaints and people contacting us indicate that they want us to ensure that there is funding there for health care and that health care is protected. All sides here have indicated that health care is important. Now is the time to get united and give a clear message to the federal government that we want the funding restored.

Mr David Young (Willowdale): I’m pleased to be able to join this debate and I’m certainly very pleased

that the Legislature is sitting into the evening hours to discuss this very important issue. I'm sure all the members here feel likewise.

It's important and it's an urgent issue because, as we have heard earlier this day, Ottawa cut \$6.2 billion from the CHST between the fiscal year 1994-95 and 1998-99. That's a 33% cut. It's a cut that the residents of this province are experiencing each and every day in very real terms. Ottawa did in fact restore \$2 billion, only \$2 billion, in 1999-2000. As I'm sure you have figured, that leaves a \$4.2-billion deficit or cut. Ontario's share of that is \$1.7 billion, a great deal of money. Not only has the province of Ontario, Mike Harris's government, made up that shortfall, but they have increased spending by a further \$3 billion.

By and large, the system is working. Our health care system is there when the residents of Ontario need it. That is not to say that we cannot do better; that is not to say that we will not do better. We must do better. But it must be recalled that for most Ontarians, the health care system is there.

This past weekend within my own family we had occasion to test that principle, and I'm pleased to say that it did in fact work. My wife's grandmother, who lives on her own and has been very little burden to the health care system, who is approaching her 95th birthday, had occasion to attend at one of the emergency departments just outside of the riding of Willowdale. She was triaged by a nurse and assessed within 15 minutes, and within a further 15 minutes was assessed by a physician. This was on a Sunday in the springtime. The system worked for her, and I'm pleased to say that.

With that in mind, you may wonder aloud why there is this ad campaign underway that is costing Ontarians a significant amount of money, let there be no mistake: \$3 million emanating from the province, and an unidentified number that the federal government is spending. By the way, I want to say aloud on this occasion that I'm very disappointed that the federal government has not come forward and been forthright about the amount they are spending on the ads we read in the paper. We did in fact indicate that \$3 million is the figure that is being spent, and certainly it would be incumbent upon our federal counterpart to do the same thing.

Why, then, are we spending this relatively significant amount of money? The answer is because we must. The answer is because it is an investment in the future of all Ontarians. If we are to look at that figure, a figure that in and of itself seems rather substantial—\$3 million from the province alone; an unknown amount from the federal government—that comes to about 50 cents a person in this province. What we are hoping to get back, what we are hoping to receive with that investment, is about \$155 a person, so an investment of 50 cents to recover \$155 a person from the federal government. Indeed, it is true that for a family of four, the total investment is in the neighbourhood of about \$2, the cost of a token on the TTC. The return would be \$620 to that family if the Liberals in Ottawa would come forward and live up to their commitment.

What is that commitment? It's a commitment they made in 1969 or thereabouts to be an equal partner, to equally apportion health care expenses in this country. It's a commitment they made not only to this province, Ontario, but a commitment they made to every province and to every Canadian. We all know that when it comes to the federal government, a promise made is a—well, how about that GST?

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We are talking about a national issue. We are not alone in our fight with Ottawa. Every province, whether it is governed today by an NDP government or whether it's governed by Mr Tobin in Newfoundland, a former federal Liberal cabinet minister, or the Parti Québécois, they all say the same thing. They all say that the federal government has not lived up to its commitment. They all are struggling to reform their respective health care systems to cope with the devastating federal cuts and the increased demand that we are experiencing.

Let me pause for a moment to talk about that increased demand. It is very serious. One need not be a demographer to realize just how serious it is. If we look at spending today, we realize that almost 50% of the funds spent in this province on health care, almost 50% of the \$20-plus billion, is spent on approximately 12.6% of the population. We are all familiar with the fact that the baby boom generation is maturing and aging and that it will not be long until they are over 65. That's the 12.6% today that is utilizing approximately 50% of our health care system. What will be the situation we will have to deal with, and we must deal with, when that group is over 65? Clearly, in order to properly reform this system, it has to be properly funded, and in order to properly fund it, the federal Liberal cousins of the members opposite must live up to their commitments.

I look over to the NDP ranks. Perhaps I should put my glasses on to do that. I hope the NDP friends across the way will see reason, just as their cousins in Saskatchewan and their cousins in Manitoba and their cousins in British Columbia have. Surely we don't have their governing parties in those provinces coming forward to blame health care problems on some phantom conspiracy. No, they don't do that. They have to pay bills and they have budgets to table. In NDP-led provinces across this country, the governments realize that the most urgent problem facing us today is the federal government's unwillingness to do its part.

We have heard back from the federal government, through their ads and through their health minister and the Prime Minister, that in fact they have paid somewhat more. They've done so through cash transfers and points, and so on. I think it's important to look at the facts. I've looked at the federal budget, Budget 2000, and I'd refer you to page 66, table 3.6, and page 129. It says in there: "Only CHST cash transfers are included by the federal government in its list of federal program spending. The CHST tax transfer is not included as federal spending." Very telling indeed. "The revenue from the CHST tax transfer is not included by the federal government in its

list of federal revenue.” The reference for that is page 60, table 3.5, of the federal budget plan, the very same one.

It’s also interesting to consider some comments made by representatives of the federal government. Mr Rock, when he addressed the Canadian Medical Association, said rather clearly and acknowledged in a very forthright manner that the cuts made by the federal government were significant. He said, on August 20, 1997: “But I am part of the problem, not the solution. It was my government that diminished the size of transfer payments.” He said, on the same day to the same audience, “I will not stand here and tell you that the cuts in transfer payments we made were insignificant.” I’m still quoting: “They were not and I won’t tell you that they have not had an impact. They have.”

As soon as one leaves the partisan dialogue that seems to emanate from the members opposite and looks at the facts and considers this in an objective manner, one realizes that the federal government’s activity, or inactivity, in this area is nothing short of scandalous.

Mr Michael Gravelle (Thunder Bay-Superior North): I’m happy to join the debate tonight, to wrap it up, in fact. Just to make a quick reference, if I may, to the previous member’s comments, certainly the member for Mississauga East spoke in terms of governments working together, and I think that’s exactly what we think needs to happen, rather than the politicization of this whole process, which has become so horrendous and offensive.

The member for Willowdale talked about meeting commitments. We all know that the responsibilities this government has ignored and dropped the ball on in so many areas are something people do not find acceptable as well.

There are a few things we know for sure. I think I can speak on behalf of my constituents of the Thunder Bay-Superior North riding with some accuracy by saying that people do not like the fact that the provincial government is spending \$3 million, and for that matter the federal government is spending substantial amounts of money as well, on an advertising campaign basically each battling the other. I can tell you as a member from northern Ontario that those of us who are terribly frightened by the extraordinary extra costs we pay for health care, in terms of our travel under the northern health travel grant, would give an arm and a leg to have some of that \$3 million. The people who are running the eating disorders clinic at St Joseph’s Hospital out of their own operating funds, who are asking for half a million dollars to truly try to make this program something that can really work in northern, northeastern and northwestern Ontario, would be absolutely thrilled with that half a million dollars. So it’s quite horrendous to see this kind of money being spent in this fashion.

People do not like to see bickering and politics being played in this fashion. What they really expect is for governments to work together, to literally recognize that we have a very serious problem here. It’s not a political issue that should be bandied about for your perceived benefit, to try to place blame one way or the other.

It’s very difficult when the province won’t even take responsibility for the decisions it has made that have damaged our health care system so horrendously over these past five years. I believe the federal government must contribute more money through transfer payments. I’ve said it publicly before and I’ll say it again; there’s no question about that. But for this government to remove itself from its responsibilities in terms of the deterioration in the health care system is quite frankly shameful, it’s dishonest and it’s cruel.

Mr Crozier: And it’s whining.

Mr Gravelle: And it certainly is whining as well.

Let’s begin with the reason all this started back in 1995 when this government was first elected. The decision was: “We are going to make tax cuts our big priority. How are we going to pay for that? We’re going to pay for that by going after the health care system.” One of the first things you did was to remove \$800 million from our hospitals. You made a huge decision to remove \$800 million from our hospitals. You laid off 10,000 nurses. You left us with emergency rooms that were clogged, where people could not receive the service. You made that decision to pay for your damn tax cuts. There’s a time and a place, but in 1995 that’s what you did. You made a mistake, you know you made a mistake, but now you’re trying to shift the blame to the federal government.

The fact is, you can’t keep passing the buck; you can’t. This is a government that literally received a big chunk of change last year and hasn’t even spent the money. Again, we would love to have that money in our health care system.

Interjection.

Mr Gravelle: You haven’t, and you know you haven’t.

Let’s talk about the decisions that have left people in this province without any confidence any longer that health care is important to the Mike Harris government. This is really what this debate should be about. Ultimately it ends up being an excuse to further privatize our health care system. We’ve watched what you’ve done. You want to privatize our roads, you want to privatize our jails, you’re moving to privatize our education system and now you want to privatize our health care system. You’re saying you’re being forced to do it. We’ve watched what has happened here, and people aren’t being fooled by it. There’s no question about it.

Again, just speaking as a northerner, I can only tell you how absolutely frustrating it is to watch what happens to my constituents when they are so desperately in need of health care. Like everyone else in this Legislature, including the government members, and certainly my colleagues, we know what it’s like. In my riding, thousands of people do not have a family doctor, do not have a family physician. We know what happens when they call our office because they can’t receive the care they’re supposed to get in our hospitals. We know that people are being removed from hospitals sicker and quicker, and into a system that you like to talk about as

being in place, that wasn't in place. You simply didn't have the system in place. You know you made an absolutely huge mistake, and that's been a disaster. People are frightened and people are very concerned. To simply try and shift the blame when you should be bloody well working with the federal government, recognizing that indeed it's a partnership—quite frankly, there's been a long history in our country where that's taken place. You choose to simply make it into a political football. It's truly irresponsible, and it's not what people expect. I think they do expect you to work with them.

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If I may speak as the member for Thunder Bay-Superior North, I know what it's like for people in Nipigon, Red Rock, Schreiber, Terrace Bay, Marathon, Geraldton, Longlac, Nakina, Beardmore and Jellicoe, all the communities, and certainly my community of Thunder Bay, when they have a member of their family who is very sick, who cannot receive health care in Thunder Bay, cannot receive health care in their own community hospitals, and they have to go down to Toronto and are paying thousands upon thousands of dollars continually because that's all they can get. There's a northern health travel grant in place that does not remotely adequately meet the needs of those people, yet we've seen this government actually take the amount of money they put into that from \$13 million to \$7 million. Again, you should put the money back into that system.

We see those extraordinary frustrations. We recognize that you sit here every day and try and build this into a political issue that I don't believe the people of this province accept or buy at all. You've got to understand that your job is to try and work to improve our health care system and take responsibility for the decisions you've made to destroy our health care system. I notice you are no longer heckling. I think you recognize that we're right when we remind you of your own responsibilities. There's no question there's a shared responsibility and it's got to remain that kind of responsibility, but you can't simply walk away from it yourselves because your priorities are somewhere else.

You talk about doing more for less. In the health care system, I'm not sure we can do it that way. We need real changes in our health care system. The answer was not to simply destroy our hospital-based system before you had a community care system in place. You know that you can't simply talk in terms of all the things you say you're going to do if you're not going to really put the money in. You can't talk about the money that you need when you aren't even spending the money you have and when you've got your priorities all wrong. It's incredibly upsetting.

We've looked at our mental health system, which I think is in a terrible state, and the closure of our psychiatric facilities. I know the Lakehead Psychiatric Hospital is still scheduled to close. But before you did that, what did you do? You removed hundreds of beds, and we do not have nearly enough psychiatrists. What

you've done ultimately is that you've put people who need mental health services and help in our jails. They're ending up in our jails because the services aren't there. I'll be honest with you: The changes to the Mental Health Act concern me as well. When we start talking about community treatment orders, one of the worries I have is, what will we do if there's no place for them to go? What if the community supports aren't in place? The answer is not to put them into jails, but you have done that as well.

You made some decisions in terms of saving money. You're going to cut beds. We've lost a lot of the services that are supposed to be there. You made those decisions quite deliberately to simply pay for your tax cut, and I don't think people accept it.

If I may, before my time runs out, I want to make very specific reference to the eating disorders clinic at St Joseph's Hospital. This is an extraordinary service. I will recognize and acknowledge that not everybody understands the value or the importance of this particular program. The fact is that eating disorders have the highest mortality rate of any sort of psychiatric disorder—it's something people don't realize—either through suicide or simply the disease itself actually killing people. It's incredibly important.

We've been fighting for over 10 years now in Thunder Bay to try and get support from the province to properly fund this program. We've had excuse upon excuse. We've had campaigns. We've had petitions. We've had extraordinary letters. We had a press conference a month or so ago with Dr Geoff Davis, the chief of staff, and Dr Ron Davis, the psychiatrist in charge of the program, and the wonderful staff there, begging the province to do something. We've written letters upon letters to the minister asking for help. We're looking for about \$500,000. We got an answer back from the Minister of Health, and I will read part of it, which is quite astonishing: "The majority of funding allocated to eating disorder treatment in the last few years has been allocated to increase specialized treatment services for adolescents with eating disorders in parts of the province where the need is greatest."

In other words, "You're not getting it, because we don't think the need is that important in Thunder Bay or northwestern Ontario." It's another one of the examples of why we feel so frustrated and so upset. The same situation exists in Sudbury, by the way. They're also desperately trying to get that kind of help. They have chosen to fund other parts of the province. They told us they were going to provide the funds basically as a result of mental health restructuring. To some degree we accepted that, at least recognized there was a certain consistency to that when we were first given that answer, but then we discovered that there was funding being given to various parts of the province, clearly where they think the need is the greatest.

So when we listen to this government talk about priorities and where they think the need is the greatest, those of us in northern Ontario, for a variety of reasons, feel as if we're sometimes pretty much left out of the

loop, and we sure don't think that's right. I believe it's my obligation as a representative from Thunder Bay-Superior North, and I know you feel the same way, to fight on behalf of our constituents to recognize that we get the same treatment.

It's astonishing to go and talk to people who are either suffering from an eating disorder or have family members who are suffering from a disorder and to really understand the impact this has, to recognize you have St Joseph's care group, which is concerned enough to take funding out of their own operating budget in order to maintain the program at the level they are, but to have the province come back and tell us that they do not think it's necessary or worthy of funding because they don't think the need is there, when indeed we can prove that it is there—tragedies are happening. It's completely frustrating to be a part of that.

There's issue upon issue where that happened. To have to stand up here and spend our time in debate, which is the simple politics of a blame game, I know, and I think everybody in this Legislature knows, that is not what the people of this province want to be talking about. They want to find some solutions. They recognize that there's a need for some solutions, and it certainly isn't going to be simply by pointing fingers. We will not stand

for that. I will not stand for that as a member of provincial Parliament. I intend to fight for what I believe my constituents need and deserve, and I will continue to do that as long as I can stand here and get an opportunity to speak. We have to continue to deal with the reality that these are complex issues, there's no question about it. Health care reform itself is complex, but it's not going to be solved by simply finger-pointing, by saying we cannot carry on, by threats of privatization, because that is one of the fears that we have.

The threat of privatization is indeed the road down which this government seems to want to go. We have seen example upon example that when the government has chosen to privatize, the costs have increased. But it's an ideological bent we're on. It's more difficult to get them to listen and to understand. We've even proven, example upon example, where this privatization has cost more. We've seen more and more delisting of services. We've seen more and more examples of that happening. So it's very important to us that we continue to fight this fight. I hope I get another opportunity to continue my remarks at the next stage.

The Acting Speaker: It being 9:30 of the clock, this House stands adjourned until 1:30 of the clock tomorrow.
The House adjourned at 2129.

LEGISLATIVE ASSEMBLY OF ONTARIO
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		York South-Weston / York-Sud-Weston	Cordiano, Joseph (L)
		York West / -Ouest	Sergio, Mario (L)

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

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

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Vice-Chair / Vice-Président: John C. Cleary
John C. Cleary, John Gerretsen, John Hastings,
Shelley Martel, Bart Maves, Julia Munro,
Marilyn Mushinski, Richard Patten
Clerk / Greffière: Donna Bryce

**Regulations and private bills /
Règlements et projets de loi privés**

Chair / Présidente: Frances Lankin
Vice-Chair / Vice-Président: Garfield Dunlop
Gilles Bisson, Claudette Boyer, Brian Coburn,
Garfield Dunlop, Raminder Gill, Pat Hoy,
Frances Lankin, Bill Murdoch
Clerk / Greffière: Anne Stokes

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