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**Official Report
of Debates
(Hansard)**

Monday 17 April 2000

**Journal
des débats
(Hansard)**

Lundi 17 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 17 April 2000

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 17 avril 2000

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

CHILD CARE

Mr Richard Patten (Ottawa Centre): I rise today to protest the discrimination against working parents being practised by the Ministry of Community and Social Services. Working parents already pay a lot for day care. A recent directive by the ministry stated that working parents have a limit of \$5,000 on their RRSP contributions to qualify for a spot in a day care. This measure is a blatant, unfair discrimination against parents who do not have company pensions. The assumption is that if you make any kind of RRSP contribution, then you must be wealthy. The overwhelming majority of working parents who have their children in day care are not wealthy; that's why they are both working.

For many parents the RRSP contribution is their pension plan. Many of them are making RRSP contributions because they are self-employed or work for a small business. They have to take their future into their own hands in these situations, and the RRSP is the only real retirement plan they have available to them. Making these contributions when they can is a key element in planning for the future security of their family. Now they are being forced to make a decision because the government in essence is saying, "You have too much," when in fact these parents are just getting by.

I have to ask myself why the government would put working parents in such a predicament. Most parents choose what is best for their children. Why should they be put in the position of having to do this at the expense of their own future? Wouldn't it be more productive to put in place a scheme that allows parents who have kids in day care to be able to plan for their future while their children are in day care?

CHILDREN'S MENTAL HEALTH SERVICES

Mrs Tina R. Molinari (Thornhill): With so much of the opposition's rhetoric and negative reaction to some of the positive announcements of this government in respect to health issues, I am pleased to see the hospitals of York region applauding the recent announcement of \$20 million invested in child mental health made by the minister

responsible for children, the Honourable Margaret Marland. The four-point plan includes funds for intensive child and family intervention services provided in homes and schools, new mobile crisis response teams and telepsychiatry.

York County Hospital played an active role in assisting the ministry in outlining and determining which services are needed. Dr Jennifer Steadman, chief of psychiatry at York County Hospital, stated that the hospital has always been on the leading edge of this field. The hospital was a pioneer in child mental health, initiating a mobile crisis service 12 years ago. This service has been instrumental in reaching children who have been suicidal or suffering depression due to abuse, and meeting them directly in their schools and homes. The success of York County's program in behaviour disturbances and the dedication of its staff has led the Health Services Restructuring Commission to single out the hospital as a regional centre for child and adolescent mental health. Through this announcement by the minister, the centre, which will include in-patient beds, will receive the required operating funding.

This additional \$20 million invested in child mental health services will ensure programs are provided locally to our community by skilled practitioners.

ADVANCE WARNING LIGHT

Mr Michael Gravelle (Thunder Bay-Superior North): Well over three years ago, the Minister of Transportation agreed to install an advance warning light at Balsam Street on the Thunder Bay Expressway. Installed on a three-year pilot project basis, the decision to put it in place came about as a result of a long and intense campaign by citizen groups, the OPP and various area municipalities. The three-year pilot is now complete, and the success of the warning light has been amply proven. Accidents are down, and we have not seen a single fatality since the light was installed.

While I understand that the ministry has now completed a thorough analysis of the results and is working on its conclusions, I want to use this opportunity to urge the minister to make it official: Let my constituents know that the warning light system will stay in place and in fact will be upgraded to a solid, permanent structure. Public safety will be well served by such an announcement, as would an extension of the system all along the expressway.

In addition, I am calling on the minister to look seriously at the use of warning or flashing lights at other dangerous sections of our northern highway system. Highway 17 at Dublin Creek has seen far too many accidents in the last year, and a dangerous section just east of Terrace Bay has seen four accidents in the last month or so.

While I would encourage the ministry to look at correcting the road design flaws at these sections, in the interim I would also suggest that flashing lights as you approach these sections should be seriously considered. Warning lights are an extraordinarily inexpensive way to improve public safety. We should not be hesitant to put them in place when they can indeed save lives.

JOB CREATION

Mr Wayne Wettlaufer (Kitchener Centre): Five years ago, Mike Harris was preparing to fight an election based on the promises outlined in the Common Sense Revolution. One of those promises stated that the first five years of a PC government would witness the creation of 725,000 net new jobs in the province. Our critics said we were just making empty promises, but there have already been 701,000 net new jobs created in the province as of April 1, 2000.

Among our critics was Gerry Phillips, the member for Scarborough-Agincourt. Mr Phillips told the standing committee on finance and economic affairs on December 5, 1996, "We're not going to come close in jobs." Mr Phillips said in a Focus Ontario interview in February 1997: "The payoff is not there. The jobs they promised are not being created." He also said at that time: "I think the cut in personal income tax is a mistake. It is ... creating a dampening effect on the economy and a dampening effect on jobs." He repeated this allegation frequently.

Lately, even Mr Phillips has become a believer in Mike Harris. He's talking now about possible labour shortages.

We are delivering on our job promises. We will take steps to protect against labour shortages, but leave it to a Liberal to make an issue out of too many jobs. Liberals believe it is the government's role to run the economy, not manage it. They didn't get it in 1995, they don't get it now, and they have once again proven that they are just not up to the job.

STUDENT AWARD PROGRAM

Mr Mario Sergio (York West): Last week, our Lieutenant Governor, Hilary Weston, made a very significant visit to Emery Collegiate Institute, located in my riding of York West. The Emery Collegiate community and all of us in York West were most grateful that Her Honour took this special occasion to announce and launch the Lieutenant Governor's new award for graduating students.

Congratulations to Zabrina Babbington, the grade 13 Emery Collegiate student who is the first student selected

to receive the inaugural award for her outstanding voluntary efforts in our community. We and the Emery Collegiate community are all proud of Zabrina's exemplary contribution. As a high school student, Zabrina offered her time and energy as a hospital volunteer, youth magazine editor, Sunday school teacher and youth counsellor. Zabrina stands as an excellent example for her classmates and the entire Emery Collegiate student body of the enormous potential young people have to truly make a difference and enrich the lives of others with their vitality and social consciousness.

I'd also like to take this opportunity to pay tribute to and commend our Lieutenant Governor for her commitment to honouring the contribution and spirit of our young students. In launching this award program, she is truly championing the causes of our youth and our volunteers.

FAMILY RESPONSIBILITY OFFICE

Mr Gilles Bisson (Timmins-James Bay): I'd like to bring to the attention of the House and particularly the Attorney General the fiasco that is now unfolding at the Family Responsibility Office. Most members would know that for the better part of four or five years now, we've been having increasingly more difficulty trying to get answers for constituents when it comes to their payment schedules as it relates to their support payments.

The latest one, as we learned a couple of weeks ago, is that the government has decided to introduce user fees for those people needing to have information in regard to their particular claim. Now we've got people coming into our offices trying to get information to fix the mess that the government caused in the first place, and they're being told they have to pay a user fee to get that information. Just last week, Thursday and Friday, the days that I was in the office—we had at least five people come by on Friday who were trying to get information for statements of claim having to do with mess-ups that were created by the Family Responsibility Office. I say to the government, you can't be doing this kind of practice, because what you're doing is penalizing the people who are honest and are trying to deal with their claims and making them pay some kind of user fee.

The other issue is that you've closed the access to members' offices. We used to be able to get the information free of charge for our constituents, but now because of this user fee, people in your department are telling us that the constituent has to pay for that information. We ask you to reverse your policy because, frankly, it's stupid.

1340

ENVIRONMENTAL ASSESSMENT

Mr John O'Toole (Durham): I believe I have successfully decoded the relationship between the federal and provincial Liberal caucuses. You know, it's like decoding the enigma machine.

Members will know about the long overdue completion of the Red Hill Creek Expressway, which this government is finding, has been delayed once again, this time by the direct intervention of Sheila Copps, who pressured her federal cabinet colleague to subject the project to yet another environmental assessment. Although the Leader of the Opposition, Mr McGuinty, has refused to make any direct attempt to get the federal government to stop this intervention in a purely municipal-provincial matter, he has said publicly that he believes the necessary environmental approvals have been obtained and that construction should start immediately.

But my revelations came to me clearly last week when I saw that federal Fisheries Minister Herb Dhaliwal declined to order a federal environmental assessment of the 407 extension into my riding of Durham. I know this is something my riding and all of the elected officials have been working for. However, Minister Dhaliwal made his decision, despite the fact that the member for St Catharines had expressed his support for groups seeking to bring about such a federal intervention.

What these two examples seem to prove is that, at least on transportation issues, the federal Liberals are inclined to do exactly the opposite of what their provincial relations seem to want. Perhaps if the member from Hamilton East were to endorse the federal environmental assessment of the expressway, Herb Dhaliwal would swoop down in his helicopter and free the people of Hamilton-Wentworth from the extensive and unnecessary duplication of a process that has already been completed.

BETHESDA HOUSE

Mr George Smitherman (Toronto Centre-Rosedale): It's interesting that I get to follow on some more fed-bashing from the member for Durham. Mr O'Toole talks about the federal government while the Bethesda House shelter in Bowmanville for abused women and children is at risk of closing due to a lack of flexibility by the Harris government.

In 1995, Bethesda House, whose planning was well underway, got caught in a funding cap by that member's government and, just as they were prepared to open, were told that they would receive no operational funding. This morning, the Clarington town council passed the following resolution, which I'll read:

"Now therefore be it resolved that the council of the municipality of Clarington appeal to the Honourable Michael D. Harris, Premier of Ontario, that the services which Bethesda House provides to the residents of Clarington and Durham region be recognized and that provincial funding be established to allow for operating costs of Bethesda House to be able to continue to operate and serve the community."

For years, local citizens in that community, service organizations, the municipality of Clarington and the region of Durham have been providing funding for this

organization. Regrettably, notwithstanding the fact that over 900 people have been served by it, women and children suffering from abuse, this centre which provides essential services in Bowmanville is slated to close. While the member engages in yet another round of fed-bashing, this very important organization in his riding suffers from his absence of work on their behalf. I'd encourage all members of the House to talk to the Minister of Community and Social Services to see that Bethesda House in Bowmanville receives funding from the Minister of Community and Social Services.

Mr John O'Toole (Durham): On a point of personal privilege, Mr Speaker: I'd like to clarify the record that I have worked for Bethesda House since before I was elected in 1995.

The Speaker (Hon Gary Carr): It's not a point of privilege.

HEALTH CARE

Mr David Young (Willowdale): In keeping with the NHL playoff theme that has inspired so many members recently, I would like to bring to the attention of the House the fact that amazing feats of gymnastics are not confined to the goal creases of the Air Canada Centre.

Why, right here in the Ontario Legislature last week we witnessed a move that was worthy of a Curtis Joseph or even a young Gary Carr. On Thursday, Liberal members opposite supported the resolution of the member for Waterloo-Wellington calling on the Chrétien Liberals to reverse federal cuts to Ontario's health care system, yet less than 24 hours earlier, the same caucus opposed a similar resolution sponsored by the Premier.

Their refusal to support the same principle simply because it appeared above the Premier's name was a high stick to their own credibility on the issue of federal health care cuts. "Partisanship" was sewn on their jerseys that day, while the principle of speaking up for the people of Ontario and their health care got left behind in the dressing room. The federal Liberals are acting like the Broad Street Bullies when it comes to dealing with the provinces on health care.

Our government has a plan to improve health care, a plan that includes stable multi-year funding, a plan that will ensure results. The federal government's plan is to high-stick and elbow Canadians out of their health care. If I were the referee, I would have no choice but to give the Ontario Liberals five minutes for taking a dive and the federal Liberals a game misconduct for slashing.

VISITORS

Ms Caroline Di Cocco (Sarnia-Lambton): On a point of order, Mr Speaker: I'd like to acknowledge two OAC classes that have driven in from St Christopher's high school in Sarnia-Lambton.

The Speaker (Hon Gary Carr): That's not a point of order, but we welcome our guests.

INTRODUCTION OF BILLS

HIGHWAY 407 AMENDMENT ACT, 2000

LOI DE 2000 MODIFIANT LA LOI
SUR L'AUTOROUTE 407

Mr Bisson moved first reading of the following bill:

Bill 63, An Act to amend the Highway 407 Act, 1998 /
Projet de loi 63, Loi modifiant la Loi de 1998 sur
l'autoroute 407.

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

The member for a short statement.

Mr Gilles Bisson (Timmins-James Bay): This bill
attempts to fix the mess that was created by the Highway
407 bill that gives the private owner of Highway 407 the
ability to pull the validation sticker from an automobile
in the event that there is non-payment of a bill. We know
there's a deep problem within that organization in getting
their bills out. There are all kinds of people who are
having their validation stickers withdrawn inappropriately,
and we don't believe that's a good principle to be
following for a private corporation.

SAFE STREETS AMENDMENT ACT, 2000

LOI DE 2000 MODIFIANT
LA LOI SUR LA SÉCURITÉ
DANS LES RUES

Mr Crozier moved first reading of the following bill:

Bill 64, An Act to amend the Safe Streets Act, 1999
and the Highway Traffic Act to recognize the fund-
raising activities of legitimate charities / Projet de loi 64,
Loi modifiant la Loi de 1999 sur la sécurité dans les rues
et le Code de la route pour reconnaître les activités de
financement des organismes de bienfaisance légitimes.

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

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

All those opposed will please say “nay.”

In my opinion, the ayes have it.

The member for a short statement.

Mr Bruce Crozier (Essex): The bill amends the Safe
Streets Act, 1999, to provide that the prohibition in
subsection 3(2) of the act does not apply to fundraising
activities that are conducted by registered charities and
are in addition permitted by municipal bylaws. A similar
amendment is made to section 177 of the Highway
Traffic Act.

Mr Dwight Duncan (Windsor-St Clair): On a point
of order, Mr Speaker: I seek unanimous consent to give
second and third reading to Mr Crozier's bill right now.

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

ORAL QUESTIONS

GOVERNMENT ADVERTISING

Mr Dalton McGuinty (Leader of the Opposition):
Mr Speaker, my understanding was that the Deputy
Premier was going to be present today.

The Speaker (Hon Gary Carr): Yes. Maybe if your
first question—I don't see him coming through. Yes,
there he is. We'll just give him a quick moment. We'll
stop the clock, please, if we could. Actually, start it back
at the beginning; we'll start all over again. I think we're
ready.

1350

Mr McGuinty: Minister, tonight millions of Canadian
television viewers are going to be watching a playoff
game between the Ottawa Senators and the Toronto
Maple Leafs. Whereas the Ontario viewing public is
going to be divided on the outcome, they are going to be
absolutely united in their disgust at the display of attack
ads that are going to be run during this game by both the
provincial and federal governments. We're talking about
\$5 million, which are desperately needed in health care
here in Ontario.

Minister, when is this game of political one-upman-
ship going to end? When are you going to do the right
thing and stop the finger pointing, stop the blame game
and begin to spend the money where we need it, in our
health care?

**Hon Ernie L. Eves (Deputy Premier, Minister of
Finance):** I'm not going to comment on the federal ads;
they can answer for themselves. They can answer for
themselves on several matters as to why they've reduced
cash transfers to Ontario's health care system by \$1.7 bil-
lion net, even if you include the one-time money they put
in, and why the province, recognizing the importance of
health in Ontario, has not only made up that \$1.7 billion
but added another \$3 billion on top of that for a total cash
infusion on behalf—

Interjections.

The Speaker: Deputy Premier, take you seat. Order.
Member for Windsor-St Clair, come to order. We can't
have question period if you're going to shout at the min-
isters when they're giving their answers. Was the Deputy
Premier finished?

Hon Mr Eves: Yes.

The Speaker: Supplementary.

Mr McGuinty: Minister, I have a message for you on
behalf of the people of Ontario when it comes to this
issue. Do you know what it is, Minister? Grow up. Stop
the fighting. Stop the finger pointing. You're taking
\$5 million in taxpayer dollars and flushing it down—

Interjections.

The Speaker: Member, take your seat. Stop the clock.
We'll just wait until everyone settles down. Start the
clock, please.

Mr McGuinty: You are flushing \$5 million in tax-
payer dollars down the advertising toilet. It is having no

real benefit to Ontarians, who are very concerned about health care and its state in our province.

Do you know what \$5 million would get us, Minister? If we used it where we need it, in health care, it would get us 400 cardiac surgery operations, 5,000 cataract removals for our seniors, treatment for 25,000 emergency patients and the operation of five MRIs for an entire year. That's what \$5 million would get us, Minister.

On behalf of Ontario taxpayers, on behalf of Ontario citizens who are so concerned about the future of health care, how can you and the federal government justify spending \$5 million on wasteful, taxpayer-funded, partisan political advertising?

Hon Mr Eves: Speaking of growing up, where were you last week when the vote was taken to restore the health care money the federal government had taken away from the people of Ontario?

The Speaker: Final supplementary.
Interjections.

The Speaker: Stop the clock. If the government benches are yelling across, we'll stop the clock. He's going to get the time anyway, so you may as well be quiet and let him ask the question, because we'll be here and they're going to get the full time to ask questions. Start the clock, please.

Mr McGuinty: Minister, I don't know of anybody in our province who agrees with using taxpayer dollars for partisan political advertising. I don't know anybody who supports that. I don't know anybody who feels that your advertising campaign is a better use of taxpayer dollars than would be the case if they were invested in our health care needs. I don't know anybody who favours your approach in this matter.

In November 1999, I introduced a private member's bill, An Act to end partisan government advertising. Minister, why don't we put this kind of stuff behind us? Why don't you make a commitment to Ontario's taxpayers that never again will you engage in this kind of wasteful expenditure of their hard-earned dollars? Will you today stand up and agree that you will support my private member's bill so that you will start to use taxpayer dollars in health care, where they are needed, and never again use them in partisan political advertising?

Hon Mr Eves: The leader of the official opposition is confusing advertising dollars with health care dollars. If you're so concerned about the \$3 million, why don't you rhyme off a list of things the people of Ontario could benefit from, from the \$1.7 billion, not million, that Allan Rock and Jean Chrétien have taken away from the people of Ontario, and why wouldn't you co-sign a letter to the federal government, dated February 17 of this year, which at least the leader of the third party had the intestinal fortitude and integrity to do?

ONTARIO WHOLE FARM RELIEF

Mr Dalton McGuinty (Leader of the Opposition): I have a question for the Minister of Agriculture. I have some issues to raise with you in connection with your

whole farm relief program. I have in my hand the case of a farmer from Listowel who received a letter telling him he had been overpaid by \$4,800. He appealed this matter. He received an additional payment, in fact, and subsequently learned, by means of another letter in April, that you were now looking for a \$35,504 reimbursement. So first he made application and discovered that he qualified. Then he was told he had been overpaid by \$4,800. He appealed that and got another amount of compensation, and then he got another letter saying: "No, we made a mistake. In fact we overpaid you by \$35,504." This is not an isolated case; we have collected over a dozen so far.

Minister, tell us, why is your disaster relief program now a disaster in its own—

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

Hon Ernie Hardeman (Minister of Agriculture, Food and Rural Affairs): I agree it's very important that farmers have the opportunity to avail themselves of the assistance the government is providing through the whole farm relief program. One of the concerns the program had was that if there was a difference between the figure sent in by the farmers and the calculations our whole farm relief program staff made, there would be a mechanism in place to adjust those figures. Obviously that is the review the Leader of the Opposition refers to. I presume that review was done in this case and was decided in favour of the applicant. Of course, I don't know to which individual application he's referring, nor would I want to speak to it directly. But I'm sure that if different numbers came out subsequent to that review, that too would be reviewable and they would make sure he was getting the fair amount he requires from the whole farm relief program.

Mr McGuinty: This disaster relief program is a disaster in and of itself. We alone have collected over a dozen cases of incompetence and mismanagement.

Here's another one, a farmer in Rodney: He experienced severe losses in the commodity markets. He made application for disaster relief, and did so with the assistance of your ministry officials. He received \$10,177. He spent that money immediately on his losses. Six months later he got a letter from the ministry saying: "We gave you too much money. In fact, we gave you \$10,177 too much." This farmer doesn't have this money. He made application to you because of losses he experienced; he used the money, as he should have, to make up for his losses; and now you've come back and said: "We made a mistake. We shouldn't have given you a single penny."

Minister, this is not an isolated case. Will you now admit that your disaster relief program in Ontario is a disaster?

1400

Hon Mr Hardeman: The Leader of the Opposition is pointing out that the program is a disaster. I just want to point out that some 7,000 Ontario farmers have received benefits from the whole farm relief program. If he's saying they should not have got any of that money because

the program doesn't work, I think they would likely disagree with him. I think the majority of farmers are receiving payment through that fund.

But I should say that some changes have been made. The federal government has made a number of changes to the program, and maybe the Leader of the Opposition would know that. Ontario was off the mark considerably ahead of the federal government in getting this program in place. When the federal government came along and put their program with it, they made some changes that required a recalculation of some of the applications for 1998, and this did cause some concern with people who had received payment and then, with the federal calculations, were not eligible for those payments. That's why there's a review program in place, to make sure—

The Speaker: Order, please. The minister's time is up. Final supplementary.

Mr McGuinty: Again, the Ontario public, and farmers in particular, are sick and tired of the blame game. You know, Minister, that you are responsible for the administration of this disaster relief program and the \$100 million connected with it. We ourselves have found in excess of a dozen cases of mismanagement, bungling and incompetence. Farmers are losing confidence in your ability and the ability of this government to administer a relatively straightforward program. Farmers have been caught up in global economics which have resulted in tremendous losses for them here in Ontario. There's a disaster relief program in place that is supposed to help them. What you are doing is jerking them around. You give them a cheque, and then you take it back. You reassess them, you give them another cheque and you take it back. They have to have something in place that they can rely on. On behalf of Ontario farmers, I'm asking you what you are going to do to fix this?

Hon Mr Hardeman: To reiterate, the majority of our farmers, almost 7,000 of them, have received assistance because of the unfair subsidization in our competing economies and are able to sustain their situation. Yes, there are some farmers who in their applications did not provide the type of information required, or the numbers did not balance the way they should. They have been reviewed. They have been given the opportunity to appeal that to a committee that's appointed, three by the provincial government and three by the federal government, to make sure every farmer in Ontario gets his fair share of the \$100 million we were able to send out to farmers to help them through these difficult times.

The Speaker: New question. The leader of the third party.

HEALTH CARE FUNDING

Mr Howard Hampton (Kenora-Rainy River): My question is for the Deputy Premier. Today I joined Jessica Brennan, the NDP candidate in Wentworth-Burlington, to expose how your government has cut health care funding in the Hamilton Wentworth region. Your government cut the operating funding of the Hamil-

ton Health Sciences Corp by \$40 million, and guess what? Now the hospitals in the region have a \$40 million deficit. Deputy Premier, Jessica Brennan gave me an invoice for \$40 million. She asked me to present it to you, and I'm going to send it over to you right now.

But I want to ask you this question: When are you going to put the \$40 million in operating funding that you have taken from Hamilton-Wentworth hospitals back into the system? When are you going to show you truly care about quality health care in the Hamilton-Wentworth region?

The Speaker (Hon Gary Carr): Deputy Premier.

Hon Ernie L. Eves (Deputy Premier, Minister of Finance): I'm sure the Minister of Health would be willing to answer this question.

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Our government has provided \$370 million to the Hamilton Health Sciences Corp this year. In the past year, the hospital has received millions of dollars in additional funding from the province including \$13 million to address structuring issues, \$3.5 million for nursing, \$3.1 million for its trauma program, \$3.5 million for the cardiovascular program and \$3.7 million for emergency services—increased funding by over \$26 million from 1996-97, when it was at \$343 million, to where we are today. They have received well over \$26 million in funding to address these front-line patient services.

Mr Hampton: And at the end of the day you are still \$40 million short and you're closing your eyes and ears to what communities are trying to tell you.

Minister, lives are being put at risk while you and the Liberals in Ottawa spend millions of dollars on flashy television ads. Let me give you just one example. Trisha Saunders is a mother who lives in Dryden, Ontario. Since March 17 she has been trying to get medical attention for her four-year-old son, who has dysentery-like symptoms. She has been turned away from doctors' clinics because it takes two months in Dryden to get an appointment with a doctor, if you have a family doctor, and they won't take walk-ins. She went to the emergency room at the hospital and was told there was no doctor there. On March 29 she went back to the emergency room and was told again, "Sorry, no doctor here."

This little boy now weighs less than an average two-year-old and still can't get to see a physician. Minister, can you tell me why you and the Liberals are spending millions of dollars on flashy television ads when children like this can't even get to see a doctor?

Hon Mrs Witmer: Our government has increased health care spending in this province by \$3 billion since 1995. We have indicated that we will be increasing our health budget by an additional 20% over the next four years. We have also increased hospital funding this past year by \$600 million. We also are undertaking a review of physicians' services in the province of Ontario. We want to ensure that we have a long-range plan that will address the distribution needs and also ensure that we have the appropriate specialists located in the province where they're needed. So we have certainly taken

action—action that could have been taken by the NDP government when they were in power but they did not take.

Mr Hampton: First you cut \$800 million from hospitals, then you put \$600 million back in and you want people to give you credit. Then you make a whole long list of empty announcements that haven't amounted to a hill of beans. Here's the reality: While this little boy and his mother and his family can't get to see a physician, you and the Liberals in Ottawa are blowing millions of dollars on nothing more than a disgusting propaganda campaign. That's the long and the short of it.

Minister, \$6 million would make a big difference out there; \$6 million would ensure that we could have six community health centres in northwestern Ontario. It would ensure that the doctor and the nurse practitioner and the nurses would be in for this little boy and his family.

Interjections.

Mr Hampton: I see the Liberals have something to say about this too. Minister, the point of the matter is this: You and the Liberals are engaged in a game of cutting health care, of putting more and more patients at risk. When are you going to pick up your share of the responsibility and do something for families like this?

Hon Mrs Witmer: Perhaps the leader of the third party has forgotten that it was his government that cut enrolment when it came to physicians in 1993 by 10%. It was also his government that introduced the social contract and Rae days. It was also his government that refused to build any long-term-care beds or to move forward with community services.

Our government has undertaken the reform that is necessary to ensure that people in this province not only have the services that are required but have those services closer to home. We are presently constructing five cancer facilities and three new cardiac centres; we are expanding dialysis services—we have an additional 30; we will have 37 MRIs; and we will continue to take those steps in the prevention area. This morning I indicated that our government was increasing the Healthy Babies, Healthy Children funding to \$67 million—

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

1410

SCHOOL TEACHERS

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Education. I would just say to the Minister of Health that the social contract at least kept nurses working instead of laying them off by the thousands, which you have done.

To the Minister of Education: Despite all the obstacles you've created, the secondary school teachers and the board in Thames Valley have reached an agreement that covers staffing positions for the 2000-01 school year. Under the agreement, teachers would provide remedial help for kids during their lunch hour, and this would meet

all the requirements of your regulations and guidelines. But no sooner have they reached this agreement than your ministry intervenes and threatens to bring in yet more regulations to, in effect, overrule this agreement. You say you want teachers to spend more time with kids, but when they find a way to do this within the guideline and spend time with kids who need help, you say, "No, we're not going to allow it."

Clearly the issue isn't spending more time with kids; the issue is getting rid of teachers. The issue is forcing teachers to teach more children. Minister, when are you going to stop trying to get rid of teachers and start paying attention to children's education?

Hon Janet Ecker (Minister of Education): Thousands of nurses left this province under the previous government, just to keep the record straight.

Regarding the instructional time in education, we've been very clear since two years ago that 1,250 minutes is the standard we would like teachers to be teaching in the classroom. We were asked for greater clarity on how we should be defining that. We indeed provided them with a regulation that clearly laid out what is allowed and what is not allowed. We've been asked for greater clarity. If the board wishes to change how we refer to it, 1,250 minutes or 6.5170, that wonderful factor they all get into, we're looking at whether we can clarify it through legislation. But we've been very clear what the standard is, what the rules are, and we've also been clear that we expect our school board partners and the teachers' federations to abide by those standards.

Mr Hampton: The fact is this, Minister: This board and these teachers found a way for these teachers to work within your guidelines and spend more time with the children who actually need help, and you overruled it. Why? Because at the end of the day, you want to get rid of teachers. You want to be able to say that if the schedule is thus and so; we'll get rid of this many teachers. What that means is more teachers seeing more students, not more time for each student, not more time for the students who need extra help. It simply means forcing more teachers to deal with more students, and that doesn't help education.

Minister, you're intervening with boards of education; your government is intervening with hospital boards. All of this is about cutting money: cutting money from hospitals, cutting money from school boards. Tell us, when are you going to stand up and speak out and speak up for the children, rather than trying to find ways to get more money out of the system?

Hon Mrs Ecker: First of all, in 1995-96, when this government came in, there was over \$12 billion for education. There is now \$13.4 billion available for education. So we're putting more money in, not less.

Second, the unions were concerned that seven out of eight, to use their terminology, was not an acceptable working load. They wanted six out of eight. We've compromised with 6.5 out of eight. We've put more money into the system to do that. We've also put more money out there for remediation efforts for students, in

terms of the learning opportunities grant, so there will be more money for those students, for example, struggling with the new curriculum. We also put more money out there for the teacher adviser program, so that teachers could indeed do remediation.

We're interested in supporting good teachers doing their job. We're interested in supporting students who need the help. We're not interested in cute solutions to get around standards that the province sets.

HOME CARE

Mr Dwight Duncan (Windsor-St Clair): I have a question for the Minister of Health with respect to the provision of homemaking services in my community. Late last year, a gentleman named Mr John Paun had his homemaking services discontinued as a result of your rules and regulations. Prior to the service being cut, I wrote to you asking for a review of the decision, to which you did not respond. The services were subsequently cut, and then, lo and behold, Mr Paun, who is 81 years old and blind, set fire to his apartment while trying to prepare a meal. I should tell you that after almost killing himself all he could eat were sandwiches. As a result of the intervention of various people, including the Canadian National Institute for the Blind, Mr Paun's services have been temporarily restored. According to the CNIB, he needs approximately 400 hours of retraining. To date, he has had four hours.

Will you now reconsider your decisions with respect to homemaking services in this province, to ensure that people like Mr Paun aren't left alone and aren't endangered again because of your short-sightedness?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): The member of course understands very clearly that it was our government that introduced the 43 CCACs in Ontario, and it is up to each CCAC to ensure that services are provided throughout the province. We have in this province one of the most generous home care programs in all of Canada. We presently are funding home care services \$115 per capita, and that is the next highest after—next comes Manitoba. We have new maximum service levels. I can assure you that the program as it exists in the province today is among the most generous—indeed, it is the most generous in this province. We have continued to ensure that the needs of those who need services are looked at on an individual needs basis by—

The Speaker (Hon Gary Carr): Minister of Health, your time is up. Supplementary.

Mr Duncan: It's interesting you say that, Minister, because I now have budgets for the coming year of both the Ottawa-Carleton and the Windsor-Essex CCACs. Both sets of budgets are predicting double-digit demands for increase in service. They are also both predicting a shortage of nurses and homemakers due to the fact that the differential exists between hospitals and community care services. These cuts fall right into your lap. The Windsor-Essex board is projecting another cut in service

to homemaking for the coming year. They are further predicting a cut in nursing services, even though there is a growing increase in demand.

What do you say to Mr Paun and what do you say to other constituents? I have eight of them and I've written to you on all of them; for instance, the 81-year-old blind diabetic who had her services cut because the CCAC is not funded appropriately by you or your ministry.

Will you now admit that your funding shortfalls, which are documented—and I should say, Minister, your ministry has done everything in its power to keep these budget documents out of our hands. You've been hiding it, covering it up, trying to pass the buck on a problem that you caused. What do you say—

The Speaker: The member's time is up.

Hon Mrs Witmer: Since 1995, our government has recognized the need for home care services for the people in this province, and we have increased funding by 49%. We are today spending \$1.5 billion annually. I find it amazing and I find it disappointing that as they ask for additional dollars, they don't have the same fortitude and courage to ask their federal cousins to restore the CHST funding cuts.

Mr Duncan: On a point of order, Mr Speaker: These documents make no provision for cheap, partisan political—

The Speaker: That is not a point of order. New question.

EARLY CHILDHOOD EDUCATION

Mrs Julia Munro (York North): My question is for the minister responsible for children's issues. My constituents are eager to see the recommendations of the Early Years Study implemented across the province. I understand that you just completed a tour of the Early Years demonstration project. How much progress has been made so far at these sites?

Hon Margaret Marland (Minister without Portfolio [Children]): I'd like to thank my colleague Julia Munro, the member for York North, for this question.

I am very pleased to report that great progress has been made at the five demonstration sites across the province and indeed in several other communities that I've also visited. During my tour of southeastern Ontario, for example, I visited several outstanding early child development and parenting programs, including two in Prince Edward county.

Abigail's Centre for Early Child Development, located in Belleville, has happened because of the vision and leadership of one individual, Dr Harold Goldsman. This program is managed by three full-time volunteers. They have also helped to raise more than \$100,000 in in-kind support for building renovations. My colleague Leona Dombrowsky, the member for Hastings-Frontenac-Lennox and Addington—

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

Mrs Munro: I understand that during your tour of southeastern Ontario, you had the opportunity to visit the Kanata Research Park. Could you tell us more about the innovative partnership that is taking place at this park.

Hon Mrs Marland: During my tour of the Ottawa-Carleton area, I visited two particularly innovative community initiatives, including one in the Kanata Research Park. The Kanata Research Park Family Centre is a partnership between technological research companies, the regional government and early child development services providers. I did the official opening of the centre and very much enjoyed meeting Terri Matthews, a CEO of Newbridge Networks, whose generosity and leadership have set an example for businesses across Canada.

Second, I would like to commend the community of Vanier for coming together to create the program that is now in place at Le Petit Prince School. Le Petit Prince is a progressive early child development and child care centre serving the surrounding francophone population. I would recommend to my colleague Claudette Boyer, the member for Ottawa-Vanier, that if you haven't—

The Speaker: Order. I'm afraid the minister's time is up.

Mr Richard Patten (Ottawa Centre): On a point of order, Mr Speaker: It's obvious that the minister would like to make a statement in the House. I would ask for all-party agreement to allow her to do so and provide opportunities for the opposition to respond.

The Speaker: Is there unanimous consent? I heard a no.

CANCER TREATMENT

Mrs Lyn McLeod (Thunder Bay-Atikokan): My question is to the Minister of Health. Nine months ago you assured Cancer Care Ontario that you were ready to support a provincial screening program to detect colorectal cancer in its early stages. Cancer Care Ontario is recommending the program, they understood that the program was to go ahead, and now you are stalling and you say you want to do a pilot project in place of that.

Minister, colorectal cancer claims more lives than any other cancer except lung cancer. It is expected to kill 2,300 people in Ontario this year alone, but if it is detected early, there's a 90% cure rate. There is no arguing the balance here. There is no doubt about what is in the public interest. We are talking about 2,300 deaths this coming year versus the potential for a 90% cure rate. Why would you wait one more day before giving people with cancer their best chance to beat this?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): We actually have responded, and I don't know whether the member is aware of the fact, but at the present time the Canadian Task Force on Preventive Health Care has yet to endorse colorectal cancer screening. They are evaluating the issue of whether population-based colorectal screening is what they should be recommending. To date, no country has intro-

duced this program. However, England and Scotland have announced pilot sites.

We have also agreed that we would support a pilot that would take place in Ontario, and we have suggested that such a pilot study should be undertaken. It would be the first one in Canada, and we would look forward to working with—

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

Mrs McLeod: Minister, let's strip away the mask. You are more concerned in your government about controlling costs than you are about saving lives. Cancer Care Ontario is your advisory body on all matters relating to cancer. Cancer Care Ontario has been very careful to ensure that what they recommend to you is based on sound scientific evidence of benefit. In fact, some would argue that Cancer Care Ontario has been overly cautious in some areas. The evidence is absolutely clear that early detection can save the lives of 90% of those who will develop colorectal cancer this year.

Minister, you funded an expert panel to report to you on colorectal cancer screening. You received the final report of your own expert panel last April. Here's what the recommendation of your expert panel said: "Based on the evidence available, the expert panel recommends the establishment of a provincial program rather than one or more pilot projects."

That's what your experts are telling you. What are you waiting for? When will you be ready to invest in the saving of 2,300 lives this year alone?

Hon Mrs Witmer: Again, I don't think it was made abundantly clear to the member opposite that the Canadian Task Force on Preventive Health Care has yet to endorse colorectal cancer screening. No country in the world has introduced a population-based screening. It's important that we take into consideration the high cost of this program, the commitment of health resources and also the concerns regarding a population-based approach that have been expressed nationally and internationally. It compels us to take a cautious and measured approach, and we have recommended that we do exactly that, and we have recommended that they undertake a pilot similar to what is being undertaken in England and Scotland.

TEACHER TESTING

Mrs Tina R. Molinari (Thornhill): My question is to the Minister of Education. On Thursday of last week the Ontario College of Teachers released their consultation report on teacher testing. Although they recommend written tests for teachers entering the system and those who return to practising, they don't seem to recommend a written test for teachers who are currently in the profession. In light of this report, why are you pushing ahead with teacher testing?

Hon Janet Ecker (Minister of Education): I thank the honourable member for Thornhill for the question. We are committed to doing what we said we were going to do to bring in a comprehensive teacher testing pro-

gram, because all of our Ontario students deserve quality education. While we recognize that we have many excellent teachers in this province, the parents have told us that we need to make sure we're doing everything we can to help them to be up to date with their skills and training, as well as their knowledge.

We'll be implementing an effective program, a made-in-Ontario program. I know the College of Teachers and the unions are quite obsessed about written tests, and our program certainly will have written components to assess knowledge, but it won't be limited to this. Of course it won't be limited to this, because we know that true measures of competency must include more than simply measures of knowledge. We've been very clear about that. They need to know how to apply the knowledge in a classroom, classroom management, curriculum management, dealing with parents. There are many other skills that teachers need, and we will be assessing all of that.

Mrs Molinari: I thank the minister for her commitment to education in the province of Ontario. I would like to ask the minister, now that we have this report from the College of Teachers, how is the government going to ensure that we bring forward an effective teacher testing program that tests not only teachers' knowledge but also their skills and ability to teach?

Hon Mrs Ecker: We've also been very clear that not only do there need to be written components to assess knowledge, but there also need to be other evaluation and assessment procedures. There needs to be mandatory professional self-development. The college made some excellent recommendations about what needs to be done at the beginning, as teachers are coming into the profession. They also talked about developing standards for evaluation procedures. So there are a number of steps we're going to take to have a very broad-based, multi-faceted testing program.

We've been very consistent, unlike the leader of the Liberal Party, because he has flip-flopped on this issue since he first started. The Liberal red book called for mandatory regular recertification tests for teachers. Then in the 20/20 Plan he advocated exams for new teachers. Lately he's been saying that testing teachers does little to improve the quality of education. We've been clear. I wonder where he stands next week.

HIGHWAY 407

Mr Gilles Bisson (Timmins-James Bay): My question is to the Minister of Transportation. This weekend Highway 407 private owners said that vehicle permit suspension for those who supposedly owe tolls will soon be coming back. That would end the amnesty announced by your government last February. To remind you, Minister, the reason you stopped suspending vehicle permits was because it was proven that due to the bad job the private owners of Highway 407 were doing administering toll collection, innocent motorists were getting their vehicle permits suspended.

1430

My question to you is this: Seeing there's no reason to believe that the private owners of Highway 407 will do any better job in administering the collection of tolls and that this is not a power that should be given to a private corporation, will you support the NDP's Highway 407 amendment act that would put an end to this practice?

Hon David Turnbull (Minister of Transportation): The legislation allowing for plate denial was passed by the NDP government. It was called the Capital Investment Plan Act, 1993. This government will not reinstate plate denial until the new fair resolution dispute mechanism is fully implemented.

Mr Bisson: It always amazes me how ministers of the crown—like the Minister of Health got up a little while ago and said: "You know, that was the NDP's fault. They were government some time in the past so let's blame them." The reality is, you are the minister who privatized Highway 407, and by way of Bill 26 you gave the ability to that private corporation to remove the permits from vehicles. It was you and your government that did it. You are the one who has to take responsibility.

It's a bad practice to be giving a private corporation that kind of power. We know that the Highway 407 owners are not any better at administering toll collection than they were three months ago, so I'll ask you a very simple question: Will you support our bill and not allow this practice to go forward?

Hon Mr Turnbull: The extensions to Highway 407, the full west extension and the east partial, are being built at no cost to the taxpayer. This is a good deal for the taxpayers of Ontario. As I said, there is a new, fair mechanism for judging this. An independent auditor will ensure that the process is in place. We have, in fact, an independent arbitrator in place now, which will ensure that the public is well served.

CORRECTIONAL FACILITIES

Mr Dave Levac (Brant): This question is for the Minister of Correctional Services. As of today, over 70 municipalities across the province have passed resolutions expressing their concern about for-profit, privately run correctional facilities in Ontario. Some have done so for moral reasons, for financial reasons, community safety reasons, and most of all for a variety of reasons. Whatever the reason, these communities are speaking directly to you. Your response has been, "I will take steps to make your determination of this issue a matter of record and ensure that no planning of further correctional institution investment, either new or expanded facilities, will occur in your municipality."

Is it your government's belief that if communities across the province are concerned or ask a question, you threaten them if they don't get in line, or will you withdraw these questions and letters and apologize to the municipalities and their citizens for your threats?

Hon Rob Sampson (Minister of Correctional Services): I will say to the member opposite that what I

will do is make sure that the correctional system in this province is delivering results at a fair cost to the taxpayers. That is something, sir, that your government when it was in power refused to pay attention to.

In this province we are not getting tremendous success in reducing the rates of reoffending by the people who go through our facilities. On top of that, because of the mismanagement of the member's government over there, the cost of this system is the second highest in North America. We're spending the second-highest amount and we are getting poor results.

Anybody who looks at this particular issue—

Interjection.

The Speaker (Hon Gary Carr): Order. Member for Toronto Centre-Rosedale, come to order, please. Sorry, Minister.

Hon Mr Sampson: Anybody who looks at the facts will say that is totally unacceptable in this province. I mean to change the system so that we are getting results and we are getting responsible—

The Speaker: I'm afraid the minister's time is up. Supplementary.

Mr Levac: That must include your made-up number of 80% recidivism.

Minister, it's interesting that you don't want to answer the question about removing the threatening letter. It's interesting that the municipal affairs minister tabled a bill that gives citizens a voice in their local issues. I guess this is a case of, "Do as I say but not as I do," because you take great pains to remove any local voice in provincial matters. On one hand your government is saying, "We want to hear from you," but on the other hand, when you hear from them, you will not listen to them or you will even threaten them.

Minister, again considering this double standard you have established in this House today, will you withdraw the statements made in your correspondence or assure the citizens of this province that you will not implement the failed experiment of for-profit private correctional facilities?

Hon Mr Sampson: I will assure the people of this province now, as I have for some time, that we will have in this province a made-in-Ontario solution that delivers results from a correctional system that costs the taxpayer a fair amount.

The member is speaking about resolutions of council and leading this House to believe that council upon council is coming in support of that resolution. Why won't he tell us about Chatham, and that the Chatham council refused to pass the very resolution he says is spreading entirely across this province? It's because he knows the people in this province are asking this minister and this government to create a correctional system that will deliver results at a fair cost to taxpayers and that is accountable, something you failed to do when your government was in power.

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

FORENSIC TESTING

Mr R. Gary Stewart (Peterborough): My question is to the Solicitor General and has to do with public safety, something very important to the people of Ontario. Last week, the federal Auditor General released a report highlighting a backlog of cases in the Royal Canadian Mounted Police laboratory system. Focusing on the area of DNA testing, he went on to suggest that this backlog represents an increased risk to public safety.

Public safety is one of this government's top priorities. We have made a commitment to the people of Ontario to improve the safety of our communities, like our Partners Against Crime initiative, which invests \$150 million into putting 1,000 net new front-line police officers on our streets. Minister, in light of the federal Auditor General's report, could you tell the House about the investments our government has made to improve public safety in the Centre of Forensic Sciences?

Hon David H. Tsubouchi (Solicitor General): I have always said it's important for us, in the fight against crime, to use science and technology to the best of our ability, and that includes forensics, which is a very important part of this. You'll be happy to know that in Ontario we have doubled the size of the budget for forensics in the DNA area. We've doubled the number of scientists and technicians working in this area, with another 26 added to it. In addition to the area of DNA, which is exciting and which I'll come back to in a second, we've also invested \$3.25 million into our hair and fibre unit, which is another use of science in the battle against crime.

With respect to DNA testing, unlike the federal auditor's report and the criticism of the labs federally, we've been accredited again. Not only that, but the contrast is several months under the federal system or 48 hours in Ontario, which is as fast as the chemical process can be done. That's the difference.

Mr Stewart: It's nice to know that, unlike the federal Liberals, our government is supporting a wide range of initiatives to fight crime, from the front-line police officers on our streets to new and innovative techniques at the Centre of Forensic Sciences.

Minister, you mentioned both financial commitments to the Centre of Forensic Sciences and our determination to act upon recommendations of the report by Justice Archie Campbell. Could you tell the House and the constituents of Peterborough what action our government has taken to implement the recommendations in the Campbell report?

Hon Mr Tsubouchi: Out of the whole Bernardo investigation, Mr Justice Archie Campbell had a certain number of recommendations that we felt it was very important for us to do something about to ensure better public safety in Ontario.

The first one, which is a very good step, was the establishment of the serial and predator crime unit. I believe that is an important area we need to do something about. Secondly, we established the provincial violent crime

linkage analysis system, and that's ViCLAS. What that is is using science and technology to use all the evidence to find a common suspect. When you combine that with our major case management pilot project done by the Toronto police and the Peel police, that allows us to bring down the time for investigations into such areas as serial rapists and serial murderers from several months to a period of maybe a couple of days. Of course, at that point in time the DNA testing that we do in Ontario kicks in and we have a suspect.

The Speaker (Hon Gary Carr): Time is up.

1440

HEALTH CARE FUNDING

Mr John Gerretsen (Kingston and the Islands): My question is to the Minister of Health. You and I know that the decisions of your health care restructuring commission and your own decisions have caused great consternation and chaos in the Kingston area in southeastern Ontario. Your health care restructuring commission ordered the Hotel Dieu Hospital closed. It was only after a petition was taken up with some 70,000 names, plus a visit by the Premier on a fundraising trip, that the sisters have now been granted the right to manage and govern their hospital for the immediate future.

Minister, patients have lost much-needed services, waiting lists have lengthened and patients are being discharged early without adequate community care and supports. When are you going to restore the \$25 million in patient care services that you have taken out of hospital and long-term funding in southeastern Ontario? You promised that every penny would be reinvested. When are you going to live up to your promise and reinvest the \$25 million that you've taken out of our community back into the community?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Unfortunately, the information presented does not reveal what has actually happened. The funding for health care services in Kingston, the area where the member lives, has actually increased by at least \$96 million since 1995. That includes money for priority programs, hospital restructuring, pediatric oncology, emergency funding, nurses, mental health, and the list goes on and on. You have received an additional, at least, \$96 million since 1995.

Mr Gerretsen: We have compiled a list out of your own budget documents for the last five years that clearly indicates that \$25 million a year has been taken out of the health care budget in the Kingston area since 1995, while you've been in power.

Minister, later on today the House will be debating a motion that we put forward asking you to build—not announce but build—more long-term beds. So far you haven't built one. We're asking you to adequately fund community care to support those who are discharged from hospitals quicker and sicker, but also for funds to meet the needs of the frail and elderly.

When are you going to put the money you've taken out of the hospital system back into much-needed community care? And will you and the members of your caucus support our resolution later on today?

Hon Mrs Witmer: It's rather unfortunate that the member opposite has such a short memory. It was his party that totally neglected the needs of the elderly when they were in office. They did nothing to expand community services, they did nothing to expand home care, they did nothing to put in place the CCACs and they built no long-term-care beds after the final bed had been constructed.

Furthermore, these are some of the increases we made to CCACs: The Ottawa CCAC got \$57 million in 1994-95; in 1999-2000 they got \$71.7 million. Windsor-Essex got \$30 million in 1994-95; in 1999—

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

Interjections.

The Speaker: Take your seats. Stop the clock. Put 10 seconds back on the clock, please, if you could. I just wanted to see if you could do that.

ENERGY COMPETITION

Mr Carl DeFaria (Mississauga East): My question is for the Minister of Energy, Science and Technology. I have read in the papers and heard you make statements about the potential investments in energy coming into Ontario as a result of deregulation. Could you please tell us some details about these investments, like the one for example named Sithe, in my area of Mississauga. I'd like you to comment on those investments.

Hon Jim Wilson (Minister of Energy, Science and Technology): Thank you to my colleague for Mississauga East for the question. Since the Energy Competition Act was passed in late 1998, we've seen some \$3.2 billion worth of new investment in new generation proposed for the province. That is all clean generation, and I'm pleased to confirm for the honourable member for Mississauga East that I met with Sithe Inc, one of the world's largest energy companies, last week and they have reconfirmed for this government that they are moving ahead with their two planned 800-megawatt plants, one for Mississauga and one for Brampton. These will be the largest plants of their kind ever in Canada. It's a US\$1-billion investment and will produce enough electricity—clean electricity, powered by natural gas—for 1.5 million homes. It's exactly the type of investment we want to see in this province, and I congratulate the company for coming into Ontario, putting their dollars on the table and providing us with clean electricity for our homes and businesses.

Mr DeFaria: These proposals sound very promising for the people of Ontario, and I look forward to seeing the benefits of this investment for my constituents in Mississauga East. Minister, can you tell us how these new investments will fare for the environment?

Hon Mr Wilson: Again, in addition to Sithe's two 800-megawatt, high-efficiency natural gas plants, we have 16 proposals in total. Nine of those are high-efficiency, clean natural gas, and the rest fall under the category of generating electricity from wind, biomass and hydroelectricity. Under the monopoly system of the old Ontario Hydro, which previous governments didn't do anything about, it was illegal to get clean electrons to customers, because Hydro had a monopoly on the grid. If you had a solar panel or you were producing electricity from biomass or you had a windmill like the one on top of Blue Mountain in my riding, you could not get that clean energy to your customers, because Ontario Hydro wouldn't allow it.

We've changed that all around. We've introduced the Energy Competition Act, and we now see investment creating 3,500 construction jobs and 400 permanent jobs, over \$3.2 billion in new investment coming into this province, as a result of the actions this government has taken. It's clean power and customers—

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

MUNICIPAL FINANCES

Mr Gilles Bisson (Timmins-James Bay): My question is to the Minister of Municipal Affairs. Minister, you would know that you introduced legislation here last week in which you propose to change the community of Moosonee from an development area board to a full-fledged municipality. The people in Moosonee are asking the people who are on the board now—the chambers of commerce and citizens want to know that when they do go over to a municipality, you are not going to be reducing in any way, shape or form the amount of money the development area board is already getting.

Hon Tony Clement (Minister of Municipal Affairs and Housing): I can tell the honourable member that this change was a result of a lot of consultations in Moosonee. There was a feeling in the community that because of their special status in terms of their structure as a development area board, they were not getting the full rights and probably the full responsibilities associated with being a municipality. What we want to do through this legislation, should it be passed by the Legislature, is have stronger, more accountable local governance, eliminate some of the duplication inherent in the old system and continue some of the special financial arrangements, which I think is part of your concern, to ensure that there is in place the financial arrangements that are particular to Moosonee, because there are some special circumstances there that have to be continued as well.

Mr Bisson: There are all kinds of weasel words in your answer. We want a simple answer to a simple question. The people in Moosonee want to know, if they buy this act you put forward, in good faith with the provincial government, are you going to assure the citizens of that community, first of all, that you're not

going to be reducing their transfers below what they now are, and that you will provide adequate dollars to do the transition toward the creation of the new municipality. It's a very simple question. Yes or no?

Hon Mr Clement: The answer is yes, if I understand the question properly, and I will expand on that so there's no misunderstanding between me and the honourable member. First of all, there are some unique aspects because of very high social assistance costs. I can't imagine a situation where the honourable Minister of Community and Social Services would treat the citizens of Moosonee any differently than citizens anywhere else in Ontario when it comes to the needs of social assistance.

1450

The second issue is that there are particular, what we call LSR costs, the costs associated with the exchange of services between the municipality and the province. I can tell the honourable member, and through him the community, that there is no intention of changing the flow-through from the provincial government with respect to LSR costs. So if that was the nature of the question, the answer is yes, and I would be happy to elaborate in any further detail at the appropriate time, because this is a matter of particular concern to the individual—

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

UNIVERSITY AND COLLEGE FUNDING

Mrs Marie Bountrogianni (Hamilton Mountain): My question is for the Minister of Training, Colleges and Universities. When the operating grants for colleges and universities were announced last month, the collective reaction from the various stakeholders was one of universal disbelief and dismay. The increase in funding was a net zero when inflation was factored in. The formulae introduced for so-called performance-based funds were seriously flawed and implemented without any consideration or input from the representatives of the colleges and universities. In fact, any of the new money they got was based on a formula where the margin of error was larger than the difference.

The Speaker (Hon Gary Carr): Just a quick minute. Government members, the minister can't even hear the question.

Mrs Bountrogianni: In other words, statistically speaking, the colleges, with respect to the new funding, were funded based on chance. One president called this formula "intellectually vacant."

My question to the minister is a simple one: How does she expect our post-secondary institutions to function effectively with this punitive funding? As well, will she commit to a full review of these indicators, in consultation with the community colleges, before another funding disaster is forced on our colleges and universities?

Hon Dianne Cunningham (Minister of Training, Colleges and Universities): Just two short responses to the member's question. First, the key performance in-

dicators were in fact not made by chance. We had two or three years of discussion.

Interjections.

Hon Mrs Cunningham: She said she didn't say that, but I thought that's what I heard, and if I didn't, I apologize.

There is a very small difference in the margin of error. The point I'd like to make is that these three indicators that we use—graduate employment, graduate satisfaction and employer satisfaction—were agreed upon with the colleges before we implemented this and announced by the former minister to be implemented for September 2000. It's as simple as that. That was agreed to.

Second, is there room for improvement? Yes, there is. Are we working with the colleges to do this? The answer is yes.

Mr John O'Toole (Durham): On a point of order, Mr Speaker: I've been sitting here in question period for the last number of days, and I'm wondering why the member for Parkdale-High Park, Mr Kennedy, hasn't asked a question.

Mr James J. Bradley (St Catharines): On a point of order, Mr Speaker: I know that you could inform him it is because all the questions are for the Premier, and the Premier isn't here to answer them.

PETITIONS

HUNTING IN WILDERNESS PARKS

Mr Rick Bartolucci (Sudbury): This petition is to the Legislative Assembly of Ontario:

"Whereas the government of Ontario is proposing that it will allow hunting in Ontario's existing wilderness provincial parks, including Killarney Provincial Park; and

"Whereas we believe that wilderness parks must be protected, thereby restricting the use of the parks to hiking, canoeing, fishing and camping; and

"Whereas Ontarians have been betrayed by the Progressive Conservative government in that no mention was made to open wilderness parks to hunting when the government's land use strategy was revealed last year; and

"Whereas this change in policy has been done quietly and without consultation with the local residents who have always lobbied for increased protection of wilderness parks; and

"Whereas we, members of the Sudbury Ornithological Society, along with our families, friends, neighbours, acquaintances and co-workers are opposed to the Mike Harris government's proposal to allow hunting in Ontario's wilderness parks;

"Therefore, be it resolved that we, the undersigned, petition the Legislative Assembly of Ontario to continue to ban hunting in all our wilderness parks, and to increase protection of these endangered species."

Of course I affix my signature to this petition and ask Shannon Tufts, the page from Hamilton West, to deliver it to you, Speaker.

BETASERON

Mr Brad Clark (Stoney Creek): I have a petition to present on behalf of 1,500 constituents in my community to the Legislative Assembly of Ontario:

"Whereas betaseron is a drug that can slow down the attacks of secondary progressive multiple sclerosis, it costs \$17,000 per year and is not approved for funding in Ontario by the provincial government;

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

"To approve betaseron funding for secondary progressive multiple sclerosis."

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr Monte Kwinter (York Centre): I have a petition to the Legislature of Ontario:

"Whereas Ontarians with a developmental disability are in growing danger of inadequate support because compensation to their workers is, based on a recent survey, on average, 20% to 25% less than compensation for others doing the same work in provincial institutions or similar work in other settings; and

"Whereas there are hundreds of senior parents in Ontario who have saved the Ontario government millions of dollars by keeping their children with a developmental disability at home, and who are still caring for their adult children; and

"Whereas there is no plan of support for most of these adults with a developmental disability to go when the parents are no longer able to provide care; and

"Whereas these parents live with constant anxiety and despair;

"We, the undersigned, petition the Legislature of Ontario as follows:

"To significantly increase compensation for workers in the developmental services sector so it is comparable to the compensation of government-funded workers in identical or similar occupations; and

"To provide the resources necessary to give appropriate support to Ontarians with a developmental disability who have no support when their parents are no longer able to care for them."

I've affixed my signature to it.

OCCUPATIONAL HEALTH AND SAFETY

Mr David Christopherson (Hamilton West): I have a petition to the Legislative Assembly of Ontario, and I would point out that these continue to come into my office from Canadian Auto Workers members from all across Ontario:

"Whereas this year 130,000 Canadians will contract cancer and there are at minimum 17 funerals every day

for Canadian workers who died from cancer caused by workplace exposure to cancer-causing substances known as carcinogens; and

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

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

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

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

“That it become a legal requirement that occupational history be recorded on a standard form when a patient presents at a physician for diagnosis or treatment of cancer and that the diagnosis and occupational history be forwarded to a central cancer registry for analysis as to the link between cancer and occupation.”

On behalf of my NDP colleagues, I continue to support these petitioners.

SCHOOL CLOSURE

Mr Ted Chudleigh (Halton): I rise to read a petition, and I see that Jordyn Clark is here to accept it for you.

“Whereas the council of the city of Burlington has approved a recommendation addressed to the Halton District School Board opposing the provincial funding formula that forces the closure of Central High School in the downtown core; and

“Whereas we, as citizens living in the community, believe that the closure of Burlington Central High School would have a devastating and long-lasting effect on our community;

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

“We urge trustees of Halton District School Board to vote no on April 19, 2000, and no to close Central High School and instead to seek an alternative from the community prior to adopting the C.N. Watson strategic capital plan which will trigger the school’s closure;

“Therefore, we ask the Legislative Assembly to ask the Minister of Education to direct the Halton District School Board to reconsider its plan and consult the community timely and adequately about the alternatives to the closure of Central High School.”

Mr Speaker, I should inform you that I will not be adding my signature to this petition.

1500

SAFE STREETS LEGISLATION

Mr Bruce Crozier (Essex): I have a petition to the Legislative Assembly of Ontario:

“Whereas charities such as the Goodfellows, the Canadian Cystic Fibrosis Foundation, firefighters and many others participate in fundraisers on streets, sidewalks and parking lots;

“Whereas Bill 8 effectively bans these types of activities, putting police forces in the position of ignoring the law or hindering legitimate charities; and

“Whereas charitable organizations are dependent on these fundraisers to raise much-needed money and awareness;

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

“We ask that the government of Ontario amend provincial legislation to allow charitable organizations to conduct fundraising campaigns on roadways, sidewalks and parking lots.”

In support of my private member’s bill to this, I add my signature.

HIGHWAY SAFETY

Mr R. Gary Stewart (Peterborough): “To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I’ll affix my signature.

SOINS À DOMICILE

M. Jean-Marc Lalonde (Glengarry-Prescott-Russell) : J’ai une pétition ici, qui contient au-delà de 150 noms, que j’ai reçue de St-Isidore.

« À l’Assemblée législative de l’Ontario :

« Attendu que des soins à domicile contribuent d’une manière significative à garder les personnes âgées dans leur maison ;

« Attendu que la ministre de la Santé a fait des coupures drastiques dans les services offerts aux personnes âgées à domicile ;

« Attendu que le gouvernement provincial offre des soins à domicile aux résidents des maisons de retraite, aux foyers privés, aux résidences pour personnes âgées etc ;

« Attendu que les séjours à l'hôpital sont écourtés et que ces personnes, en retournant chez elles, ont un besoin urgent de soins personnels ;

« Nous, soussignés, adressons à l'Assemblée législative de l'Ontario la pétition suivante :

« Nous demandons à la ministre de la Santé de remettre les fonds nécessaires pour subvenir aux besoins des personnes âgées et à toutes autres personnes malades, afin de les garder à la maison aussi longtemps que possible. »

J'y ajoute ma signature.

WETLAND

Mr John O'Toole (Durham): I'm presenting to the Legislative Assembly of Ontario, on behalf of a couple of very hard-working constituents, a petition that I in most parts agree with.

"Whereas on July 28, 1999, a decision was made by the Ontario Municipal Board which will allow Courtice Heights development OMB file S960058 in Clarington to build upon part of Black-Farewell, a provincially significant wetland, the largest wetland complex in the GTA; and

"Whereas a large portion of this land included in the development plan of subdivision for Courtice Heights is not the property of the developer but is in fact owned by the residents of Hancock Road and Nash Road in Courtice; and

"Whereas information from MNR regarding this wetland was not made available to the OMB by the municipal planning department at the hearing in Clarington, and the existence of this information was denied by the municipal solicitor and the developer at the hearing; and

"Whereas the absence of the MNR information caused the OMB to believe the property in question was woodlot, not provincially significant wetland; and

"Whereas, as a consequence, the OMB allowed this development to be built upon the setbacks and buffers recommended by MNR for wetlands; and

"Whereas the Legislature of Ontario should reverse the decision of the OMB referred to above and permit the petitioners to present the relevant information at a properly constituted review proceeding that was denied to us by the OMB in January 2000 without consideration of consequences;

"We, the undersigned, respectfully petition the Legislature of Ontario to protect provincial interests since MNR, for the Honourable John Snobelen, Minister, is committed to protect this wetland."

I am pleased to present, read and sign this petition.

NORTHERN HEALTH TRAVEL GRANT

Mr Michael Gravelle (Thunder Bay-Superior North): As you know, there have been thousands of people signing petitions related to the inadequacy of the northern health travel grant and they continue to pour in.

"To the Legislative Assembly of Ontario:

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

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

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

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

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

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

I am very pleased to sign my name to this petition.

GAMING CONTROL

Mr Ted Arnott (Waterloo-Wellington): My petition is to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas municipal restructuring and provincial downloading have increased the financial burden on Centre Wellington township resulting in the motivation to seek gambling income to subsidize municipal services; and

"Whereas provincial endorsement of slot machine gambling has placed pressure on existing raceways to embrace slot machines to keep their harness racing operations feasible; and

"Whereas the proponents' desire to meet the Ontario Lottery Corp's March 31 deadline for slot machine applications has prevented the citizens of Centre Wellington township from having full and open input into the planning decision accepting a raceway with slot machines;

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

“Impose interim order to set new zoning aside until the community can participate in a full study of the implications on this community with proper public consultation.”

This petition is signed by 33 of my constituents.

HEALTH CARE FUNDING

Mr Ernie Parsons (Prince Edward-Hastings): I have a petition to the Legislative Assembly of Ontario.

“Whereas Canada’s health care system is one of our greatest achievements as a country;

“Whereas health care in Ontario has deteriorated, with medical services being reduced and hospital budgets cut to the bone, resulting in lengthy delays in treatment, with sometimes fatal results;

“Whereas major changes in health care legislation by the Harris government have been made with no prior public consultation;

“Whereas residents of Prince Edward-Hastings are demanding that their voices be heard and their concerns addressed to ensure that future health care legislation meets their needs;

“We, the undersigned, petition the Legislative Assembly of Ontario to call on the Harris government to protect our valued health care system and to hold public hearings on Bills 23 and 173.”

I am pleased to add my signature to this.

ABORTION

Mr R. Gary Stewart (Peterborough): I have a petition to present on behalf of my colleague the member for Haliburton-Victoria-Brock.

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

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

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

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

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

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

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

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

OPPOSITION DAY

HEALTH CARE FUNDING

Mrs Lyn McLeod (Thunder Bay-Atikokan): I move:

That this House acknowledges the crisis in the community care system across Ontario that has been created by the current government’s mismanagement and rationing; and

That this House demands that the government take immediate action to ease the crisis by:

(1) Building long-term beds rather than simply re-announcing plans to build them in order to address the waiting list of 18,000;

(2) Adequately funding community care so that there is not only support for those discharged from hospitals “quicker and sicker” because of government cuts to hospital beds but also funds to meet the needs of the frail and elderly; and

(3) Legislating provincial standards for community care.

1510

Judy Jordan Austin spent \$6,000 recently buying extra home care services. She’d been sent home from hospital after a quadruple bypass and she was receiving only three to four hours of government-supported home care per day. In a province in which \$14.5 billion is already being spent by individuals privately out of their own pockets to provide what they believe to be medically necessary care, where 41% of the total spending on health care is being paid for privately, home care is one of the most rapidly growing areas of the private cost for health care.

The question today is why? Why are people having to pay more and more out of their own pockets to get care which is clearly needed? The answer equally clearly is that it is because government refuses to fund community care adequately. The government will say, as the minister did earlier today, that they have increased funding, that their funding for home care, for community care access centres, is now up to \$1.06 billion, which is an increase during their term in government of some \$320 million. I acknowledge that increase, but it does not begin to meet the increased demand on community care access centres for service, and it doesn’t come close to the \$800 million which was cut from hospital budgets.

The whole idea, the government told us, behind hospital restructuring, the justification for taking \$800 million out of hospital budgets, was to invest in the community so that people could be cared for at home or in long-term-care institutions rather than taking up costly acute care beds. The problem is, the hospital cuts and the bed closures happened before the long-term-care beds were ready and without a sufficient investment in community care. As a result of this disastrous lack of planning, we still have about 18,000 people on waiting lists for long-term-care beds in this province. None of the 20,000 beds the government keeps announcing, and campaigned on, have actually in fact opened. When they do, they are first going to be filled with the 3,000 chronic care patients who are being displaced by the restructuring of our chronic care hospitals, read “closure.”

In my home community of Thunder Bay alone, we currently have about 400 people on a waiting list for long-term-care placement, and the average length of time

they have to wait for a bed is over a year. It's important to recognize that those 18,000 people have been assessed as needing the level of care that can be provided in an institutional setting, a long-term-care residential setting, but right now they're at home on their own. They need support, and it is support that this government is not providing.

The question again is, why aren't they getting care? First of all, they're not getting care because the government won't provide the funds that are needed to meet the need. Rather than fund to meet the increasing need, they've rationed care. They quietly passed regulations last July, without any consultation whatsoever, that limit personal care to two hours a day and nursing visits to four visits a day, with a maximum of six hours. In some cases, that might be enough, but in other cases it is clearly not enough.

The fact is, even beyond the rationing that has taken place, the community care access centres often aren't able to provide care even up to the maximums that are allowed under those restrictive regulations, because their budgets aren't enough to provide care even at that limited level. The government has recently decided that they will fund the deficits from last year of the community care access centres, deficits which were run up for one reason only, and that was because they were trying to provide care at least within the levels that government allows. They ran up deficits trying to meet that need, but the funding is only for one year, just as last year's funding was only for one year to cover the deficits last year, because this government refuses to commit to the level of funding that's needed to provide home care even to the levels they've set out in their restrictive regulations. The fact is, and the community care access centres across this province will say this, that if they don't receive more money to meet the increased need for service, they're going to have to cut their services even more.

Seniors are particularly affected. These are seniors who would like to stay in their own homes, who would like to avoid having to be placed in a nursing home for as long as possible, and if they can't get support, they're going to end up in an institutional setting even earlier.

Homemaking support, one part of the services that community care access centres provide, was originally put in place to help those frail, elderly seniors stay in their homes as long as possible, but homemaking support has been literally cut to the bone. We heard a story earlier today about an 85-year-old blind individual living on his own and not provided with care, who set fire to his home and now needs considerably more support, as well as retraining, to be able to function independently.

We know that in Kingston last year, of 2,200 individuals who were receiving homemaking support, 1,400 had their homemaking support reduced—300 of them had it reduced to zero—not because the Kingston community care access centre didn't believe that homemaking support was needed by these people, but because they simply didn't have the dollars to meet the need.

Some 80% to 90% of care to frail, elderly seniors, or in fact to younger people who need support to be able to function independently in the community, is provided by family members. There is no longer enough money to provide any kind of respite care for those family members, who are under tremendous strain and who, without some help, will not be able to keep their family members at home. I ask this government that's so concerned about its efficiencies: Where is the cost-effectiveness in refusing to provide respite care to families and forcing vulnerable seniors into institutions?

There are others—and I've raised this case in the Legislature—like Lisa Ann Brady, who has Preador-Willi syndrome, a younger woman, but a woman who needs 24-hour care if she is to live independently in the community, and she can't get anywhere near that degree of support. Lisa Ann Brady's case is before the Health Services Appeal Board to get some additional support so she can stay in the community and not be placed in an institution. The government is so nervous that she might win that they have already begun court proceedings so that if Lisa Ann Brady gets more hours from the Health Services Appeal Board, this government will take her to court to make sure she doesn't get the support she needs to live independently.

I argue that if this government is serious about providing support for people to live in the community, they should fund the kind of hours the community care access centres say are needed. Trust them to make the assessment and provide the appropriate care, and then fund it. Provide flexibility to review the hours, not control costs by inflexible rationing, and not ignore the needs of vulnerable people while they give lip service to the idea of providing support to independent living in the community.

There's a second reason why people can't get care: Because the funds that are being provided to the community care access centres, some of those increased funds the minister talks about whenever we ask about this issue, are actually going to meet the acute care needs of people who have been discharged from hospitals sooner and sicker. The reality is that before this government decided to start shutting down hospital beds in large numbers by taking \$800 million out of hospitals, 75% of the care that was provided by community care access centres was going to support frail, elderly seniors or people who needed long-term support in their homes. Now 50% of the care provided by community care access centres is going to support people who have been discharged from hospitals, acute care patients. That's why there's no money for respite care. That's why there's no money for homemaking for the frail elderly.

There was a clear direction given by the Ministry of Health to community care access centres that said, "You must give priority to people being discharged from hospitals." Why? Because they had a problem with emergency rooms being overloaded, people on stretchers in emergency room hallways because they couldn't get a bed in the hospital. So the government said to the

hospitals, "You've got to get people out of the hospitals faster, so discharge them." They were going to fund three new discharge planners. Where do they discharge them to? A logical question. There were no long-term-care beds for these so-called bed-blockers, so they had to be discharged into the community. So the government had to say, "Community care access centres, use your dollars to provide support as a first priority to people who are coming out of hospitals early, so that you will solve our problem with the underfunding of acute care hospitals." No plan, but just the opposite: a response to the crisis they created, which created more chaos and a domino effect that's not cost-effective.

That's why patients are being sent home without the support they need. That's why they're coming back into hospital, and by then they have complications and need even more time in a costly hospital bed. In the meantime, that frail, elderly, otherwise healthy, 90-year-old who is trying to live independently doesn't get enough support to do that, falls and breaks a hip and he ends up in an acute care hospital. A man who had Preador-Willi syndrome, like Lisa Ann Brady, ended up in a very costly acute care hospital bed for the last month of his life last year because there was no support for him in the community. I ask again: Where's the logic in refusing to meet the need for community care when the inevitable alternative is costly hospital stays or much early institutionalization?

I have a constituent. All he needs to be able to care for his elderly spouse is to get a bath lift, a simple thing. We can't find anybody within any of the ministries who will take responsibility for providing the simplest thing that would allow this man to continue to care for his elderly spouse.

1520

I think I've run out of time. I'm going to look to the whip because I have no sense of how long I've been speaking and I have many colleagues who want to speak. I just want to mention the third reason, and I hope it will get discussed today because it's important.

The third reason people can't get enough care from the community care access centres is because there aren't enough nurses to even meet the home care contract hours that are available. There are many reasons there's a shortage of nurses: the 10,000 nurses that were fired before the government decided that nurses weren't as dispensable as Hula Hoops and was prepared to hire some back; the fact that more than 50% of nurses in this province are coming back but only on casual and part-time contracts; the morale of nurses is so low that it's very difficult to attract nurses to work in Ontario; in the community care sector it is particularly difficult because the pay is so much lower than in any other sector of nursing; and because agencies like the Victorian Order of Nurses that have provided care for so long in this province can't even get support from the government to meet the pay equity agreements which they are required to fund.

I'll just close with one last concern and that is, over and over again, the concern that people express to us is

that there are no consistent standards for the provision of community care across this province. We hope to see some standards in new Long-Term Care Act regulations that will be brought in. We hope there will be consultation on the changes to the Long-Term Care Act but, quite frankly, I don't expect it. For us to see some really significant changes both in consistent standards and in funding, we need this government to acknowledge that there is a crisis and to agree now that they will act to address it.

The Speaker (Hon Gary Carr): Further debate.

Ms Frances Lankin (Beaches-East York): I'm pleased to indicate that I am supportive of this resolution, although there are some things that I would love to see added to it. In fact, the health critic for the Liberal Party just ended her presentation talking about the need for full public consultation on the new Long-Term Care Act. That's something I would have liked to have seen in this resolution. We saw the very unfortunate situation more than a year ago when some very major amendments were made to the regulations under the Long-Term Care Act that had the effect of rationing care out there, particularly community services and home care, putting a cap on home care services that people could receive. That was done without any consultation.

This government's record on public consultation is a sorry one. This is an issue on which the general health community, in particular those who are working in the area of long-term care and those who are either clients of long-term care services or family members of clients of long-term care services, believe very strongly that there needs to be full public consultation. In fact, the Ontario Health Coalition has called on a repeated basis for the minister to set up consultation.

What we're aware of is that there are indications there will be amendments to the Long-Term Care Act coming, perhaps as early as this spring session or perhaps in the fall, and that the only consultation being done is with hand-picked individuals behind closed doors. This is a record we've seen over and over again from this government and it's not satisfactory, quite frankly. There have not been full, open public consultations on the direction of long-term care services since the New Democratic Party government held consultations before moving forward with the multi-service agency model of delivering those services.

We know that when the Harris government was elected, they chose to abandon that model to bring in the community care access centre model. Fair enough, but without consultation again. They then moved to make changes to the Long-Term Care Act on the facilities side, like doing away with the minimum requirement for two and a half hours of nursing care. They just simply did away with that. The whole levels of care assessment of funding for long-term-care facilities was based on having a minimum number of nursing hours and a nurse there 24 hours a day on call. Those sorts of provisions to ensure a high level of services were done away with. As a result, we see in the facilities side a move towards greater

utilization of lesser qualified staff as opposed to RNs. We see registered practical nurses and nursing aides, health aides being employed in situations where there would have been nurses in the past, as a result of that change in legislation.

Why is that happening? It's being driven in primarily those nursing homes that are for-profit, and it's a bottom-line question. It's a matter of maximizing the dollars to the shareholders. I think that once and for all we should have a debate in this province about how we go about delivering these human services and whether it's appropriate that our tax dollars that go to support them end up in a process that maximizes the amount of them that goes into shareholders' pockets as opposed to into the services to those elderly people who need those services.

On the side of home care, we have seen a dramatic reduction in the services available to the elderly, frail elderly and disabled in this province to help them maintain living situations that would allow them to remain in their homes and in their communities. Largely that's as a result of the government's cuts, in the early years of the Harris government, to hospital funding, which has forced hospitals to move people out quicker and sicker. So you have a higher level of acuity in the community in terms of the needs of what home care workers are addressing out in clients' homes.

In fact, we now have in place these new regulations that I've talked about that were brought in by stealth which effectively say that those sub-acute-care patients receive priority in terms of the allocation of care and all of the long-term-care patients who were supposed to be supported by that budget allocation—the elderly, the frail elderly and persons with disabilities—have had a cap put on the number of hours they can receive. It works out to about 15 hours a week, roughly two hours a day. It can be shaped in different ways, but that's the maximum. It doesn't matter whether your need is greater than that. It doesn't matter whether, with some extra supports, you would be able to maintain an individual in a home situation as opposed to placing them on a waiting list for a long-term-care bed or moving into a long-term-care facility when those beds become available.

One of the things in the resolution before us today with respect to long-term-care beds calls on the government to go ahead and build those beds instead of the announcing and the reannouncing. There's some merit in that. But I have to say that the 20,000 beds that are talked about are to stretch out over a whole lot of years, and we do have a rapidly increasing population and there will be growing numbers of seniors. But today, if we take a look at that waiting list, if we take a look at what people really need, many people are on that waiting list because of inadequate community resources to support their remaining in the community and in their homes. If we could look at the budgets of what's happened over the last number of years in terms of facility side versus community side and recognize that if the support had gone in a more dramatic measure to the community side, we would substantially reduce the need for the number of more

expensive long-term-care beds and the number of people who are on those waiting lists.

What we see right now is an even greater crime in this province where many seniors who are unable to get the services they need in their homes and are therefore unable to be sustained living in their homes and in their neighbourhoods, who can't get into long-term-care beds because there have been none built over the last number of years, are finding themselves going into rest and retirement homes, an entirely unregulated sector.

We've called on this government—I have asked questions in this House; I've written letters to the minister; I've called publicly to move to standards of care regulations for the rest and retirement home sector. The reality is that more and more people who find themselves being housed—and essentially that's what's going on, because there isn't a lot of care going on—in the rest and retirement home sector are people who are in need of long-term-care services, and those are not regulated in the rest and retirement home sector.

There is currently a parliamentary assistant who is consulting on that. Again, it is not a broad, open consultation. This government hand-picks who they want to talk to. It's not widely publicized. There isn't a sense that the community is involved in shaping the direction of the future of these services.

The minister often stands, and she did again today in the House, and talks about their record on long-term care, about how much more money they're spending on long-term care than when they took office. If I heard her correctly today, again she used the figure of \$1.5 billion more. I really wish members on the other side, instead of just applauding wildly when their minister says things—as they will know from last week alone, she was wrong many times in the House last week, which I had to point out day after day. Again today, when she said \$1.5 billion more, if you look at the operating expenditures for long-term-care facilities and community services under the long-term-care funding envelope for the Ministry of Health and you take a look at 1995-96, which was the last year of the Rae government and the beginning of the Harris government, during that period of time the total expenditures were \$2.192 billion and change.

If you look at the estimates for this year—quite frankly I'm being generous in using the estimates, because when you look at the actuals of this government every year they usually tend to be less than what they've estimated they're going to spend—it's \$2.9 billion and change. The increase is just over \$700 million during that period of time, when we keep hearing the minister talk about \$1.5 billion.

I also refer you back to the estimates under the days of the Rae government when increase in spending during that period of time of five years in this portfolio went up by \$750 million.

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The minister's record is one of continued support to try to meet a need at a decreasing rate, as opposed to an increasing rate, when we know the population continues

to age, the number of seniors continues to grow and the number of people in need of these services continues to place a greater demand on the system than the system is providing at this point in time.

It has been complicated, as I said, by the fact that the minister herself, in their actions through cuts to hospital funding in the early years, has used up more and more of those home care and community support services by treating subacute hospital patients who are discharged quicker and sicker with a higher level of acuity, and less of those services remain available for long-term-care clients.

I want to wrap up by saying that again and again in this House the minister stands and makes broad claims about the record of this government. Last week was just an amazing example. When I pointed out on Monday that for two years in this province there were virtually less than half of the number of annual inspections of nursing homes done than had been done in all the previous years under various governments, this minister first stood and said there is no requirement to do inspections. Then she said they were going to replace inspections with new service agreements that the Harris government brought in.

First of all, our interpretation of the legislation, and every other government's interpretation, is that it does require annual inspections. Second, the new service agreements were brought in by the Rae government, not the Harris government, and not to replace annual inspections but to be in addition to them.

She left the impression with the press gallery that she was moving to self-regulation of the nursing home sector. We responded to that. She immediately got on the phone and called all the reporters later that afternoon and said: "No, I didn't mean that. We do agree with annual inspections, and we're going to make sure that they are being done."

The next day in the House she accused me of bringing up the issue of self-regulation when she herself had led to that speculation. It was quite astounding to watch. Then she turned and pointed and said: "There has never been full compliance in this province; there has never been, since the days of the NDP government. In fact, it was the NDP government in 1993 that changed the legislation to do away with annual inspections."

Then I had to pull out the legislation and show her that what we had done was change the legislation to introduce the new service agreements—which the day before she had taken credit for—and that we didn't change the language at all with respect to the need for inspections or for licensing in the nursing home sector or for compliance in the nursing home sector.

Then she went off that tack and said: "You never reached full compliance. You didn't inspect all the homes either, and nothing has changed." Through all of this time—we're three days later—she has never yet in that period of time admitted that her government made a resource allocation decision to pull compliance officers off the job and thereby left 50% of the homes in this province without that kind of inspection for compliance.

So we went back and we pulled all the records and we showed how in 1991—we went through all the As and half of the Bs; we couldn't get through it all, because we don't have the resources the minister does—100% of them had annual reviews. In 1992, 100% of them had annual reviews. In 1993, 100% of them had annual reviews. In fact, in 1993 it was more than 100%, because some of them had their annual review in January and then another one in December, instead of in January of 1994. In 1994, as a result of that, because some were done a little early, it drops to 91%. In 1995, it's back up to 100%. Then what happens when the Harris government takes over? It dropped to something like 65% in 1996, down to 62% in 1997, down to 50% in 1998, a clear shift. Would the minister even admit it then? No.

This resolution speaks to some aspects of what's needed in terms of shoring up direction in terms of long-term care. Quite frankly, we need a full public consultation. We need full participation to review what has happened so far, to understand what works and what doesn't work and set a new direction for this province.

I look forward to participating in that. I doubt the minister is going to call that kind of consultation, so my leader, Howard Hampton, and I announced on Friday that we will be holding full public consultations across the province on this important issue.

I hope the government will participate. I hope they will come out. If they want to take it over and do public consultations, we'll co-operate with that too. It is very needed. The resources that are there are not being wisely used, the resources are inadequate to meet the needs and people are suffering as a result.

Mr David Tilson (Dufferin-Peel-Wellington-Grey): I'd like to address the resolution that has been put forward by the member for Thunder Bay-Atikokan. The general thesis of this resolution is that the government is having a funding shortfall with respect to long-term health care in Ontario. Secondly, she is saying there is mismanagement and rationing of funding, that the funding that is available is being rationed or simply mismanaged. Well, I'm sure it's no surprise to her that I, on this side, will not be supporting the resolution, and I'd like to give my reasoning for that.

The funding shortfall is an interesting observation, particularly since last week we spent quite a bit of time on two resolutions talking about just that: funding shortfalls. There was a resolution by the Premier, Mr Harris, asking the federal government to commit to its commitment, under the Canada Health Act, to increase funding from 11 cents on the dollar to 50 cents on the dollar. That resolution was rejected by my friend from Thunder Bay-Atikokan and her Liberal colleagues. It was supported by the New Democrats.

We spent quite a bit of time on that, talking about how the situation in Ontario is no different than in all the other provinces. It's not as if we are different here. We're not different. If you listen to the presentations made by the premiers, the finance ministers and the health ministers across this country, they're all saying the same thing.

There is a shortfall of funds, but it's not coming from these provinces. Saskatchewan spends almost 40% of their budget on health care. I don't know where we are; we're certainly over 30% and close to 40%, as the former Minister of Health says.

I guess the question philosophically, whatever your political stripe is in this place, is how much money are you going to spend? Are we going to spend 50%, 75%? How high are we going to go? So the criticism that comes, particularly from the Liberal caucus, is that we should not be critical of the federal Liberal government and that the fault is here in Ontario. That's what this resolution says.

Mr Rock comes forward and says, "You should be restructuring your health care, and you should be restructuring your long-term care." It's as if we have had no restructuring in this province since this government got elected. Is anyone going to stand in their place and say that? We are changing, whether it's long-term care, the introduction of the community care access centres—we changed it from the position of the former New Democratic government. That system clearly wasn't working. It was too expensive and too bureaucratic, so we changed it.

The emergency rooms in this province are crowded, drugs are expensive, and people have to go to the United States. Clearly, we cannot survive in our medical system, whether you're talking long-term care, as under this resolution, or whether you're talking general health care. We clearly need the federal government to put aside whatever they're doing, and I guess we're all wondering what they're doing. Are they going to wait for the next federal election to make an announcement? Quite frankly, if they wait until all restructuring is completed across this country, we won't have enough money, and all the problems that my friends, particularly in the Liberal caucus, mentioned are going to get worse because of the lack of federal funding.

Mr John Gerretsen (Kingston and the Islands): You're making it worse.

Mr Tilson: No, I'm not. When you're only paying 11 cents on the dollar as opposed to 50 cents on the dollar—and let's talk about Mr Chrétien's 34 cents on the dollar.

Interjection.

Mr Tilson: This whole resolution is about the lack of funding of health care and long-term care in this country; not just in this province but in this country. For the Liberal caucus to stand and say, "All the fault is here," when you start looking at what our government has done with respect to home care—Minister Witmer said in question period today that since 1995 we have increased home care funding by 49%. Maybe they're going to disagree with that. The previous speaker said she disagrees with the statement that our commitment to home care and community services is now almost \$1.5 billion annually. They're disagreeing with that. I say that's what we're doing. Ontario's home care reflects the highest level of service available anywhere in the country. All 43 community care and access centres across the province offer

consistent maximum service levels, resulting in raised service levels across the province. Ontario already provides—

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Mrs McLeod: It's called rationing.

Mr Tilson: Listen to this, member from Thunder Bay-Atikokan, who is talking to me across the floor: Ontario already produces the most generous level of home care services in Canada—\$115 per capita. The next highest is Manitoba, which is \$97.62 per capita.

Mr Gerretsen: Don't read your own press releases.

Mr Tilson: They don't like me reading these facts in. They say, "Don't read these facts in." These are facts. The Liberal opposition is saying: "You're destroying health care in this province. You're destroying long-term care." I want to tell you we've spent more money in long-term care and health care in this province than any other government, whether it be NDP or Liberal—ever thought of.

With respect to the funding of copayments, the member has spent some time on that. We have one of the only home care systems in Canada that does not require the patient to pay a copayment. Seven of the 10 provinces and territories charge a copayment for personal care or homemaking services. One province, Newfoundland, charges home care clients 12% of the overall cost of care, to a maximum of \$2,000 a month. Another province, Alberta, charges \$5 an hour for some home care services. If you're starting to compare what we do in home care to other provinces across the country, there's no comparison.

If you look at the big picture, it all returns to Ottawa; it all returns to the federal government. I haven't heard any bright ideas that they've come up with. They simply say they're not going to pay any more money. What did they give us in the budget this year? Was it \$2.5 billion?—one-shot funding for the whole country, and we are still at 11 cents on the health care dollar as to what they're contributing, whereas they say, "We've got to honour the Canada Health Act." Whether you're talking health care or whether you're talking long-term care, I agree with the member that we have problems with respect to health care in this province. We have to look at doing things differently and we are doing things differently. But don't point the fingers over here, because the blame isn't here; the blame is up on the Ottawa River.

It is strange that the Liberals would oppose one of those resolutions last week and support the other. I don't know what that means. How serious are you with respect to resolving these issues?

When you start looking at the Liberal and NDP records as to what they did when they were in office—they're great over there when they're in opposition—when you look at their records on hospital bed closures—that's the favourite one of particularly my friend from St Catharines, who starts counting up the number of hospital closures—between 1985 and 1995, the combined NDP and Liberal governments closed more than 10,000 hospital beds, and that equals about 35 mid-sized hospitals.

On doctors: In the last full year of the NDP, 345 doctors left Ontario. In 1997, that rate was reduced by a third. So, yes, we still have a problem of doctors out in the country, outside of the urban areas—there are 100 underserved areas in this province—but it sure isn't as bad as it was when these people were in office.

On health care dollar cuts: The NDP social contract cut funding for hospitals, doctors and home care by \$590 million. The NDP cut \$60 million out of psychiatric hospitals. Our government has placed a moratorium on the closure of psychiatric hospitals while reinvesting over \$60 million in needed community services.

I understand, of course, the opposition has to provide some sort of criticism. That's their job; their job is to provide constructive criticism. But I would again ask them, for the third time in this House, to stop pointing the fingers over on this side. There are going to be some more speakers after me who are going to talk about the number of dollars that we're spending in home care and in long-term care, and you know that the criticism should be in Ottawa.

In conclusion, I want to talk very briefly on the funding for community care access centres and how that has increased since we came to office.

Interjection.

Mr Tilson: It's as if we haven't done anything over here with respect to home care. I'm going to list off some of the ridings, for example. In Durham, there has been a 126.7% increase; in Elgin, a 49.3% increase; in Halton, there has been a 68.1% increase; and in Hamilton-Wentworth, a 37.5% increase. This is in funding for community care access centres. That was just started in the last term of office of this government. It needs to be improved. We're going to improve it. We're going to continue to encourage this type of operation. There is room for criticism; we accept that, and we will improve those criticisms. We will stop any of the problems or do our best to stop any of the problems that have arisen.

In Leeds-Grenville, a 44.3% increase; in Simcoe, 62.3%; in Thunder Bay, a 47.3% increase.

Mr Gerretsen: Where did you get those figures?

Mr Tilson: These come from the Ministry of Health.

Interjection.

Mr Tilson: Absolutely. I will be pleased to give you a copy of these things. I hope you memorize them and take them back to your riding and read them. They will show you what we're spending on community care access centres in this province and how it is improving the process.

In Waterloo-Wellington, 59.4%; in my riding, Wellington and Dufferin, 27.5%; York, 168.3%. I'm listing off figures. The point is, of course, the funding has increased.

I will be opposing the resolution. I believe that our two ministers for long-term care and health are doing an absolutely outstanding job, and I would encourage all members of this House to defeat the resolution.

Ms Caroline Di Cocco (Sarnia-Lambton): First of all, I applaud my colleague from Thunder Bay-Atikokan

for putting forth this resolution, because we acknowledge that there is a crisis in community care. That's the beginning of the discussion, that we understand that there is a crisis. You can't fix something if you don't believe there is a problem. And you can't fix something if all you do is blame past governments, other levels of governments, and every other sector except the person who has ultimate responsibility.

I'm going to quote again from the Ontario Health Services Restructuring Commission report. It says that the provincial government has the constitutional responsibility for the provision and management of health care services for its citizens and must therefore retain accountability for its handling of this portfolio, regardless of whether it manages directly or creates and delegates this responsibility to other agents.

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I would suggest to the honourable members on the other side of the House that community care is another element that deserves a great deal of well-managed and well-thought-out process. I'm going to speak mainly to the fact that first we have to admit the problem. Second, we do have to add money, but if we add money without standards, then we're not necessarily going to create a better system. Third, if we would get off this mismanaged—what I call—zealot of tax cuts at all costs, there would be money to put in for this type of service. The other thing is that the stress of community care is because this government has put the cart before the horse, restructured hospitals before they had managed community care in place that would deal with the fallout.

The measure of a good service is if it meets the needs of the people who need it. In this case, the government talks about putting money in and it talks about how much they've added. They talk about these wonderful announcements, but what they forget is, does it meet the needs of this province? That, to me, is a measure of good government.

I have a number of actual cases that have come to me that deal with standards for community care, why we need them and why it's crucial to our health care system.

The community care access centre in Sarnia-Lambton has been wrought with many problems. We know that community care access centres in the province are independent of one another. They do their job in their own way. I have before me again a couple of examples of why we need provincial standards.

There is an Arlene Patterson in my riding who has received VON home care since 1991. Since 1997, Arlene has experienced an appalling decline in her home care. Her therapy is required because of a rare marrow disorder. She's a young woman. She requires frequent transfusions. The infusion of what she needs has to be given by a device called a portacath. She needs qualified nurses who are certified in central-line access, portacath-specific. They have to have at least one year of current experience in accessing portacaths. I say this because this is life-threatening. Arlene has stated she had received excellent care until last year. She received a letter from

the CCAC at that time, after new tendering because we have to cut costs. It said there would be a new provider to ensure uninterrupted services.

I can tell you what happened, and this is where we don't have standards. "On July 22, 1999"—and this is from Arlene. She said she received a call from a nurse stating her name, that she was from another care provider that had gotten the contract, and it said that, "I had some device in my chest"—this is what the nurse called her about—"that needed attention." She didn't have any experience, but she was bringing a friend from the emergency department of the hospital and he was going to show her how to put it in, and she asked what time she wanted her to go to the house.

The point I'm trying to make is that we need standards. My time is running out, and I want my other colleagues to speak. I just want to say that if the government chooses not to put in standards, there's no point putting money in or taking money out, because we're not going to provide quality care.

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

Ms Shelley Martel (Nickel Belt): I am pleased to participate in the debate this afternoon and, of course, will be supporting the resolution that has been put forward by the Liberal health critic.

I want to begin my remarks by addressing a point that was made by the member for Dufferin-Peel-Wellington-Grey, where he quoted some statistics with respect to the number of doctors who left the province under our government. He clearly hasn't taken a look at the underserved area list, which is published by the Ministry of Health every three months. I just looked at the list for January, February and March 2000, which shows a record number of physicians lacking in Ontario communities. The highest number of doctors ever needed is happening right now. There are 99 communities on the underserved area list. We have a need for 426 family physicians to service those communities. So, if we're talking about needs, that certainly is one. The shortage of doctors that is happening now is the worst ever in the history of this province under this Conservative government.

He also talked about increased funding, and he named a number of community care access centres. It's interesting that he did that, because that's exactly where I was going to focus my remarks: the discrepancy or the discrimination in funding of CCACs that has been undertaken by this government since they came to power. I'm going to use the example I know the best, which of course is the Manitoulin-Sudbury Community Care Access Centre.

This government made a big announcement on April 29, 1998. They announced about \$1.2 billion in funding for long-term care. Of course, you had to read the fine print to discover that that was a funding announcement over eight years. So the figure looked good, but it was a cumulative total over eight years. I was sceptical at the time as to whether the government could get that money

out the door in any event, because this government's history of making health care announcements and then getting money out the door leaves a lot to be desired. In fact, exactly with respect to home care, in 1996 the government made an announcement of \$170 million for home care over a two-year period. At the end of that two-year period, that money had not been fully spent. In the first year, \$5 million hadn't been spent of the total dedicated for that year. Over the whole period, the amount of funding for home care was actually \$130 million less than had been announced in 1996-97.

You see the same thing happening on doctors' salaries. This government announced a big program of almost \$40 million to try to recruit doctors to underserved areas. That was announced in 1996. At the end of 1996, not a single penny of that money had been spent. With respect to hospital restructuring, by the end of 1998, even though \$450 million had been allocated for hospital restructuring the year before, only \$154 million had been spent.

So I was very sceptical at the time the government made this announcement that they would ever get the money out the door. But I also thought, "Well, we'll give the government the benefit of the doubt and see what it's going to mean for Sudbury-Manitoulin," because Sudbury-Manitoulin had already experienced about an \$8.6-million decrease in hospital funding. So we got people out the door sicker and quicker than ever before and massive hospital cuts, and the CCAC was having great difficulty picking up the slack in terms of trying to meet patient care.

What was interesting, after this big announcement in the spring of 1998, was that I called the executive director and the chair of the Manitoulin-Sudbury CCAC and said, "How much is the government providing you to meet the needs of people in Sudbury and Manitoulin?" They told me that they had had three discussions at that point with the regional office of long-term care and were told they were getting no new additional funds to the base that year despite this grand announcement by the government. I found that hard to believe, because Health Minister Witmer had been on CBC Morning North about June 10, 1998, talking about how much more money people were going to get for home care. She made a very specific reference to the northern CCACs. She said: "We are going to be indicating this month," June, "what initial amount of money is going to be available and obviously, the CCACs in the north, as elsewhere, will be receiving additional money," underline "additional money." This was in June 1998. Lo and behold, by July, when Cam Jackson, the Minister of Long-Term Care at the time, started to make CCAC announcements, we saw that what the Minister of Health said was indeed false, incorrect, not true. In fact, in the announcement Cam Jackson made on July 13, where he added about \$83 million to CCACs, not one of four CCACs in northern Ontario got any additional money over the base to try to meet service needs. So what the minister said very publicly on CBC was completely incorrect.

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Worse still, the next day, the same minister makes an announcement with respect to community-based services. Now, I am thinking, "Well, the government missed the boat with respect to the CCAC, but surely in our community, to try to meet needs at the community-based level, we're going to receive some funding." Same thing. An announcement is made by the minister on July 14: \$19.1 million. Not a single community-based health care agency, home care agency, received a single penny from this government.

Since that time, I have been lobbying quite extensively to try to get more funding for our community care access centre and for our community-based agencies. Why? Because the needs are so great. The community care access centre gave us information in 1997-98 to show that nursing visits had increased by 25%, there had been a 67% increase in complex-care nursing needs, and a 14% increase in homemaking services. Clearly the need is there, and yet this government, while giving CCACs in southern Ontario more money, has been purposely, very consciously, neglecting the needs of people in northern Ontario. In fact, if you look at the announcement that was made in 1998, 33 CCACs got more money. In seven of those it was for one-time funding to deal with deficits. That was over and above the 18 other CCACs, in the period from January to March 1998, that also got additional money because they were in a deficit position because they were trying to meet more needs, and this government refused to give them the ongoing funding to do that.

It didn't get any better. In fact, I wrote to the two ministers and said: "Look, you are seriously discriminating against the Manitoulin-Sudbury CCAC and other northern CCACs. We thought we were going to be a part of this big eight-year, long-term-care announcement. When are we going to see some additional funding to the base?" You know what? I got a letter back from both ministers, first from the Minister of Health, this with respect to the funding for community-based agencies. She admitted that, yes, \$7 million had been announced for community-based services in Manitoulin and Sudbury, but that in fact that money would not flow until year three of the government's long-term-care announcement. She said, "As the Manitoulin and Sudbury districts are relatively well funded," compared to other parts of the province, "they are not scheduled to receive funds in the first two years of our eight-year investment plan. The \$7 million will begin to be allocated" in this, the third year, which should be this fiscal year, 2000-01.

I received the same kind of letter from the Minister of Long-term Care, Cam Jackson, with respect to funding for the CCAC. He had the audacity to say that because our CCAC had been relatively well funded, we weren't going to receive any money until year three, which should be this fiscal year: no additions to the base budget despite the well-documented increase in needs that the CCAC had demonstrated to the Ministry of Health.

Why is that happening? This ministry continues to use a funding formula which discriminates against northern

Ontario. The funding formula takes into account size and population in service areas. It doesn't take into account the distances that have to be travelled to service people in their homes; it doesn't take into account indicators of health that we saw demonstrated in the report that was released recently, which showed clearly in northeastern Ontario a far higher provincial average in terms of heart disease than anywhere else in the province. None of those very important indicators are taken into account. This government continues to use that funding formula which continues, then, to discriminate against both our CCACs and both our community-based long-term-care agencies because the government uses the same formula to distribute funds for those two sets of care providers.

The chair of our CCAC, who was the head of the association of CCACs, worked with the Ministry of Health. They formed a task force. They were supposed to look at a new equity funding formula. Since the last election, that committee has completely fallen apart. There is no work being done whatsoever by the Ministry of Health right now to address what is an inequitable funding formula to take into account distances. You know, Mr Speaker, from the riding you're from, what that means, when people have to drive long distances to deliver home care. The government is doing nothing to deal with that. That means, for our CCAC, we will continue to be discriminated against by this government as long as this government keeps that formula in place, both with respect to funding for CCACs and with respect to the community-based long-term-care agencies. That's wrong. This government should address that, should get back to the table, start dealing with their partners and come up with a formula that takes into account special health care needs in northern Ontario, because of the distances people have to travel and because of how communities are geographically located.

I talked to the executive director—he talked to our staff earlier today—because I wanted to know what was happening this year because this year is supposed to be the year we're going to finally benefit from some additional funds from this government for our CCAC and for the community-based sector. He advised me that the CCACs have not been told anything about a possible budget increase for this year. He also said the association is predicting that at least one third of the CCACs in this province will be facing a deficit this year due to growth and need for services, plus other pressures like nursing. He said in particular that they are under pressure to increase funding for nurses because of the agreement that was reached by nurses in the hospital sector—good for them, but this government doesn't want to recognize that if we're going to then keep nurses in the home care sector, we have to do something about their compensation too. The government made an announcement about big money over a year ago, before the election, to hire more nurses at CCACs and in the community sector. The government has done absolutely nothing about getting that money out the door to hire more nurses for those agencies. That's why the association says they'll prob-

ably have one third of the 43 CCACs in a deficit position again this year, and this government has yet to release any announcement, any news whatsoever on which CCACs, particularly those in the north, have been frozen out of receiving additional funds for this particular year.

The final point I want to make, which is a little bit off the idea of direct service but important to a number of CCACs, has to do with the continued unfair treatment by this government of employees of CCACs. All members in this House have received correspondence from the association with respect to that. I just want to raise it here in the short time that I have left. Members know that when this government introduced CCACs, there were a number of employees, over 3,000, who came from prior employers or different employers. At the time when this legislation was passed, the long-term-care division of the Ministry of Health advised CCACs that their employees would no longer be eligible to belong to the OMERS pension plan. Second, they recommended HOOPP as the preferred pension plan for all of these new CCAC employees. The government at the time took the position, and this is on record, that "individuals should not lose out with respect to pension coverage as a result of the formation of community care access centres"; and further, "The government's no-loss position"—that's with respect to compensation—"creates a mandate for pension coverage to continue and in all likelihood expand."

So all of those CCAC employees in good faith agreed to transfer to HOOPP, believing that the government would come good on its commitment to fund any shortfall that arose as a result of the change in the pension. Since that time, this government has done absolutely nothing to address this issue, three years later. In fact, it was the Ontario association of CCACs that finally took the bull by the horns in August. They retained the services of an actuarial consulting firm. They determined what the shortfall was in the pension plan and came to an agreement that about \$25 million is the amount needed that could suffice to deal with past pension plans. That would allow full-service pension plans to be implemented for these some 3,000 CCAC employees, to allow them to transfer into HOOPP.

This \$25 million should be covered by this government. They made a commitment that no employees would lose as a result of the creation of the CCACs. It is clear that employees are losing. There are a number of employees at the Manitoulin-Sudbury CCAC who would like to retire, but if they do so now, without this issue being addressed, they stand to lose \$2,000 annually in their pension as a result. There is an inherent unfairness in here. The government has to deal with it, because it was this government that forced the creation of CCACs, it was this government that has allowed this mess to continue, and it's this government that should cover the \$25-million cost as part of the transition costs that they allowed when we moved to CCACs, to see that these employees get the fairness and the justice they deserve, and the government should do that now.

I say again that we'll be supporting the resolution. I can say very clearly that under the government's funding formula northern CCACs, like my own in Manitoulin-Sudbury, have suffered because the government continues to use a formula which discriminates against us. We have no idea what kind of money we're going to get this year. It's the first time in the last three. We should get additional money to the base budget for the CCAC and community care agencies, and I hope the government will finally recognize the horrible discrimination that it has been undertaking and do something to remedy that.

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Mr Brad Clark (Stoney Creek): It's a pleasure to rise to speak to the specific resolution that's before us today. It's important when we're talking about health care that we don't narrowly focus in on any particular topic per se but that we recognize that in health care, as in many other government things, we should be sitting back and looking at the entire envelope. It's very comprehensive, and it's very easy to focus in on one or two things.

I want to bring to the attention of the House something from a book that was written back in the late 1980s, *Economic Security in an Aging Population*. It was written by Professor Robert Brown, who is an actuary with the University of Waterloo, a very bright man indeed. He states:

"Inappropriate use of acute care facilities by chronic care patients may not be the choice of the patient. Rather, it is often the unavailability of chronic care facilities, or a lack of communication within the system, which would facilitate efficient transferral." Sounds familiar.

"This inappropriate use of acute care facilities not only means increased costs but also provides care to the elderly that is inappropriate to their needs."

As quoted in here, "Between 10% and 20% of the acute care hospital beds" in Ontario are occupied by such patients. That's cited in 1987.

There's more information in this book which I find very interesting:

"Demographic projections done by a Canadian Medical Association task force found that the 1.4% per annum growth in health care costs associated with the aging population and the present delivery system ... could be reduced to 0.8% per annum principally by reduced institutionalization of the elderly."

Again, we all agree. This was back in the 1980s.

He concluded in his book:

"The perception of funding problems can create feelings of economic insecurity as surely as would a true funding crisis. Hence, not only must we strive to control the rise in health care costs, that ability must also be communicated to the users of the system."

I note that this was back in the 1980s. I'm not going to finger-point. I'm simply stating that all governments knew this. We knew there was a problem, but no one moved on it. No additional long-term-care beds were produced in the previous years to our government, because we were wrestling with, as government, what all this meant. Quite literally we had numerous reports. I could

bring them in and I'm sure we could pile them on my desk yea high. They spoke clearly about these problems. But the government didn't move forward. Perhaps they couldn't get consensus, perhaps they couldn't get unanimity, but they didn't move forward.

In 1987 the Liberal government actually spoke about increasing funding to provide 4,000 new chronic and acute care beds. They recognized the problem, they did. But they didn't follow through on it. Again, I don't know the reasons why, and I'm not trying to point fingers. I'm simply stating that we all agree in the House what the problems are, and we should be moving forward. That's where we are.

As a government, when we came into office we very quickly surveyed the situation. I wasn't in government back in 1995, but I can remember reading these reports because I worked in the actuarial field. I worked for a life insurance company back then. The actuarial studies were incredibly enlightening. An aging population was coming. We had to deal with it.

Since 1995 the government has increased long-term-care funding for long-term-care facilities by 26%. These are true figures. Since 1998-99 we've increased nursing and personal care funding to facilities by \$35 million. We spend almost \$1.5 billion on long-term-care facilities in Ontario. The total long-term-care budget is currently an unprecedented \$3 billion—the highest ever in Ontario. In April 1998 we announced a commitment to increase long-term funding by \$1.2 billion by 2004. That amounts to a couple of things. One, we know there's the need for more beds, so we have committed to creating 20,000 new long-term-care beds.

I should point out that the report, Economic Security for an Aging Population, states that the Canadian Medical Association back in 1980 stated there was a need for 30,000 to 40,000 long-term-care beds Canada-wide.

So, clearly we had no choice but to move forward, and we are. Construction has already begun. We are moving forward. It can't be like a toaster, where you put the bread in and pop it down and it's going to pop up a long-term-care bed. You have to construct them.

On top of that, I think it's important to note that we're also rebuilding 13,200 existing beds. So, not only are we agreeing that we need to build more, but we have to fix up what's already there. We want to make them less institutional and more home-care like, more embracing, more family like in nature.

The long-term-care facilities in the province of Ontario currently—and I think it's important that the people know this. I think it's important that we have all the facts out there. The province currently funds 56,991 beds in 497 long-term-care facilities, 327 nursing homes, 100 municipal homes for the aged and 70 charitable homes for the aged. So, clearly the beds are there and we're adding more. We know there need to be more. By the time we're done, we'll have 76,991 beds.

We talk about the need for it, but we also have to look at the whole enchilada. As I said when I opened up, it's important that we look at it from a macro-environmental

scan. It's important that we back up and see the whole picture and not narrowly focus on one thing.

Mr Bruce Crozier (Essex): What's a macro?

Mr Clark: If your party ever did any strategic planning, you'd recognize that a macro-environmental scan means you look at the entire thing, you don't simply look at one particular picture in order to get a political statement.

Once we build these 20,000 beds, people should recognize that there's going to be a significant increase in permanent jobs—27,500 new permanent jobs, 5,000 registered nurses, 2,900 registered practical nurses, 8,100 health care aides and 11,000 other positions that will be dealing with long-term-care facilities. This is a major commitment that we have undertaken as a government. I think it's important that we put all the facts out there.

Interjections.

Mr Clark: It's interesting, as I sat here listening to all the debate, I never heckled anyone, I never spoke out once. But it's amazing, as soon as I stand up to debate, we hear the snide comments.

Mr Crozier: We're sorry. I'm sorry that I heckled you.

Mr Clark: The member is saying he's sorry that he heckled me. You know what? It's not a question of heckling, it's simply a question of respect. In this House, we're supposed to be debating, so you're supposed to be listening.

Interjection: I respect him.

Mr Clark: Thank you very much. I'd like to read—

Interjection.

Mr Clark: You see, the heckling continues. The lack of respect is just overwhelming.

"Like the other provinces across Canada, Ontario has already developed a plan to reform"—

Interjection.

The Acting Speaker: Member for Timmins-James Bay, you're not in your seat. Member for Stoney Creek.

Mr Clark: Thank you, Mr Speaker. I appreciate it, sir.

"Like the other provinces across Canada, Ontario has developed a plan to reform their system for the 21st century. This has included a commitment to reinvest in much needed community-based services, including the construction of a new long-term-care facility over the next several years as well as rebuilding those homes which are structurally inadequate. There is also a need, however, to continue to reinvest in all long-term-care facilities in order to address the increasingly more complex needs of the people who live there." The Ontario Long-Term Care Association.

If the opposition members feel that there isn't support for our position and there isn't support for what we're trying to do, they should read the most recent letter, dated April 17, from the Ontario Long-Term Care Association written to the Minister:

"Beginning in 1996, your government implemented levels of care funding, a rational and fair system that ties funding to the care requirements of residents. That same year you introduced community care access centres, a

one-stop access point for consumers of community-based health services including long-term-care placements. Later in 1997 you committed to an annual increase of \$100 million in additional funding to increase nursing care, programs and services in the 498 facilities across Ontario. Then in 1998 your government further demonstrated their commitment to seniors by approving a \$1.2-billion multiyear plan for community-based services and long-term care that addressed the issue of new beds, introduced state-of-the-art design guidelines and committed to annual funding adjustments that are tied to the increased acuity level of residents.”

This comes from the Ontario long-term-care association. Clearly they understand what we, as a government, are trying to accomplish. They understand that we’re on the right track.

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In closing, I go back to the original document I read. This really comes home: “The perception of funding problems can create feelings of economic insecurity as surely as would a true funding crisis. Hence, not only must we strive to control the rise of health care costs, that ability must also be communicated to the users of the system.” As Professor Brown wrote in his book, the onus is on us and on the opposition to make sure that all the facts are out there and that we continue the job we were elected to do.

The Acting Speaker: Further debate?

Mr Gerry Phillips (Scarborough-Agincourt): I will just follow up on the comments of the previous speaker.

Tonight the taxpayers are going to be spending hundreds of thousands of their hard-earned tax dollars by the federal government and Mike Harris fighting each other rather than dealing with the real health issues. The previous member mentioned raising anxiety. If I were a taxpayer tonight, I would be outraged at seeing my tax dollars being used in a fight between the province and the federal government.

I wanted to add a little bit of history to the fight too, because Mike Harris is now saying, “Why, that federal government cut back on our spending and that’s the problem.” I want to remind the public that this is the Common Sense Revolution. This is what Mike Harris got elected on in 1995. Then, Mike Harris said: “We publicly endorse the cuts in cash transfers from the federal government. We publicly endorse the spending component.” To get elected in 1995, Mike Harris stood up and cheered when the federal government said it was going to cut cash payments to the provinces: “We publicly endorse it.” Of course, the wind is blowing another way right now. Harris knows there’s trouble in health care. People are desperately worried. What he said in 1995 he has completely done an about-face on.

Interjection.

Mr Phillips: A flip-flop, as my colleague said.

The thing that’s particularly galling to the taxpayer is that he is now paying money to say he changed his mind. We’re going to spend hundreds of thousands of dollars of hard-earned tax money tonight in a big fight between the

province and the federal government, when Mike Harris in 1995 said, “We love the cuts.”

The second thing I’d say, and this gets rather detailed, is that Mike Harris and Frank Miller—this goes back to the days when Frank Miller was Treasurer and then Premier, and when Mike Harris was in the cabinet. Then the province of Ontario went to the federal government and said: “Don’t give us any cash. Don’t give us cash for health care. We want nothing but tax points, so cut out all the cash payments and just give us tax points.” Why? Because Ontario is tax-rich, much richer than the other provinces. They know that all the federal money comes from taxpayers. They would rather have what are called tax points. So the federal government, to its credit at that time—this is what Frank Miller said: “The provinces, led by Ontario and Quebec, simply wanted tax room. The federal government insisted on a cash component.”

The point I’m making here is that the federal government, at the insistence and demand of Ontario, changed the way funding was provided for health care. It used to be all cash, but because Ontario went with a pretty strong fist and said, “No, cut that cash and move to cash and tax points,” the federal government came up with part tax points and part cash in response to Ontario. Of course, now Ontario says, “We ignore completely those tax points,” and now you find that is part of the federal-provincial argument. The federal government, quite rightly in my opinion, because it was Ontario that insisted on it, says, “You wanted tax points because you wanted to fund health care out of tax points. We cut our federal income tax levels. You took it up at your insistence and now surely you should be counting the tax revenue.” But Mike Harris, of course, refuses to do that. That’s where the numbers come; that’s why the federal government is, factually, totally right. Ontario is getting more money today, when you count cash from the federal government and tax points from the federal government, than it did five years ago. Of course, Mike Harris will not acknowledge that. So we see, as I say, this tragedy. At a time when health care dollars are desperately needed, the federal government and the provincial government are in this battle with taxpayer dollars, and it’s a battle that, quite frankly, adds confusion.

So I’d just make two points. One is that it was Mike Harris who, before the 1995 election, cheered on the federal government when they reduced cash transfers. It was Mike Harris, Frank Miller and that government of the day that persuaded the federal government to cut cash transfers and to move to a cash/tax point argument.

The next point I’d like to make very briefly is that, if you remember, before the last federal budget Mike Harris again was spending money on advertising telling the federal government, “Cut taxes.” There was never a mention of increased health spending; it was all “Cut taxes.” But now Mike Harris finds, as I say, the wind is blowing the other way.

To conclude my brief remarks, I think we need to desperately focus this debate around what we should be doing in health care and get away from this bickering

between the federal government and provincial government that, in my opinion, is designed to divert attention from the real issue, which is quality health care. So I say to the public, you are right to be cynical. You are right to be angry when you see those ads running tonight. You are right to say to politicians like ourselves, "Get on with solving the health problems and stop your bickering."

The Acting Speaker: Further debate? The member for Kingston and the Islands.

Mr Gerretsen: I'm somewhat surprised that the members of the government don't want to speak any further on this motion, because there is so much to say about it.

First of all, I don't think the average person out there really cares where the money comes from—whether it's from the federal government or whether it's from the provincial government, they really don't care whether or not a CCAC's budget has gone up or down, because you have to take a look at the whole system in its entirety.

I know that in the Kingston area we've got an excellent home care service and homemaking service that's been operating for at least the last 20 years. It was one of the first places in the province where it started, back in the late 1970s, and over the years the budget has grown. Yes, there is a healthy budget for that service right now, but what is closely associated with that is the fact there have always been early discharges from hospitals that feed into that system, so that people who used to be taken care of in hospital at a much, much higher cost are now taken care of at home at a much lower cost. When you hear all these percentages being batted back and forth as to who's getting more and who's getting less, you have to take a look at what else is happening in the health care system.

Quite frankly, all one has to do is ask the people who are affected on a day-to-day basis, who need long-term care or who need community care, whether or not it's out there for them. The people who need it will tell you that it is sadly lacking in the amount of money that's available for that care.

As has already been pointed out earlier, in the Kingston area, 1,100 people were reduced last year because of a lack of money; 300 people were totally cut off. Was that the CCAC's fault? No. We have an excellent CCAC run by Nancy Sears, and Tom Plunkett is the chairman. I have nothing but the highest regard for them. I've got nothing but the highest regard for the hospital system too. All of these people are working to capacity. The problem is that we don't have enough of it out there to satisfy the needs of the community. We all know we live in an aging society, and it was very interesting to hear some of the statistics from the member from Stoney Creek earlier. I'm not going to disagree with that. Everybody knows that we live in an aging society where we need more and more care. We know as well, for example, that because of the early releases from hospital, a directive has gone out that about 50% of the CCAC money is required not for the frail elderly but is immediately required for those individuals who are being discharged from hospitals earlier and earlier.

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We can argue back and forth here each and every day as to whose fault it is. The problem is that when you talk to the people out there who need those services, they darned well know that it's not there for them.

I think we're all in favour of restructuring, but the restructuring has to take place in a defined way, in a systematic way. Even Duncan Sinclair, what did he say about restructuring? He said before you can close any hospitals, you've got to make sure that the community care facilities and programs are out there for the people. That is the one area where this government has absolutely and totally failed because those programs aren't there.

Let's take a look at the long-term-care bed situation. The government has announced I don't know how many times over the last two or three years that it's going to build 20,000 beds. Even the member for Stoney Creek admitted that not a bed has been built. He said that currently we have 56,000 beds and by the time his government will be finished with it, there'll be 76,000 beds. That implicitly acknowledges the fact that not one additional bed has been added to the much-needed supply system over the last two years.

Let me just finally tell you something about our own situation, about which I questioned the minister earlier today. That deals with the fact that the minister has made a commitment over and over again that any money saved in a community as a result of restructuring, as a result of closing hospitals or whatever restructuring is going to take place, would go back into the community.

I know for a fact that in my community, which has an excellent health care system of which we are extremely proud, \$25 million per year has been extracted out of the system on an annual basis. That translates into a loss of nursing jobs, a loss of doctors and a loss of other health care professionals in the system, which increases waiting lines and puts much greater stress on the system.

I would ask the minister once again to put the money back into the system. If you don't think it's needed in the hospital system from an operating viewpoint, then put it into the community care system. That hasn't happened. My community is only one example. The same thing applies throughout the province of Ontario.

Let's stop the bickering as to whose fault it is between the federal government and the provincial government. This is a non-inflammatory resolution, much like the resolution that was put forward by the government member for Waterloo-Wellington last Thursday morning, which was adopted by the House. Let's adopt this resolution because at least there's an acknowledgement out there that we aren't doing enough in the community care field to make sure those people, the frail and elderly, get the services they require and those people who are released from hospital get the much-needed nursing and homemaking services they require as well.

Mr Ted Arnott (Waterloo-Wellington): I am very pleased to join in this debate on behalf of my constituents in Waterloo-Wellington on the opposition party's motion

regarding community-based health care in the province of Ontario.

I believe this is an excellent opportunity to continue the debate, as the member for Kingston and the Islands said, which commenced last Thursday in this House, in which the sponsor of today's motion, the member for Thunder Bay-Atikokan, participated. I'm very pleased to say that she supported and voted in favour of my private member's resolution to fully restore the federal cuts to Ontario's health system.

My resolution called for the complete restoration of the \$1.7 billion in annual federal cuts to Ontario's health care, cuts that our provincial government has not only made up for with increased funding, but has surpassed by increasing the health care budget by some \$3 billion annually. I brought that resolution forward to address the key issue and to support our Minister of Health who is now leading the health funding debate nationally.

It is my privilege to serve as a member of the health and social policy committee of cabinet and I was delighted to join the Minister of Health this morning for her announcement of a further expansion of the Healthy Babies, Healthy Children program.

As we discuss Ontario's broader home care strategy, members may also recall my private member's resolution highlighting the Healthy Babies, Healthy Children program, which we debated in this House in April 1998. It too received all-party support, and in the government's response it increased funding for the program fivefold in the following budget.

Today I'm absolutely thrilled that the minister has further expanded this program by 25%, an increase from the original budget of \$10 million to \$67 million for this fiscal year. Also this morning, the minister announced that \$4.4 million will be invested in research and evaluation to ensure that this program continues to meet the needs of Ontario's families.

The research will be carried out by Applied Research Consultants of Toronto, and the Centre for Families, Work and Well-Being at the University of Guelph. This expansion demonstrates, contrary to the tone of the opposition resolution, that we are empowering those most in need with the services they need the most, when they are needed, and most critically, where they are most needed: right in their homes. A good, healthy start for parents and children means a healthy future for the province of Ontario.

That kind of future was the reason I introduced my resolution for children and families two years ago and is the motivation for my current resolution seeking a renewed funding agreement with the federal government. My current resolution also calls for an escalator clause that will set in place a funding system that increases to keep pace with rising costs in the future. As all members of this House who supported my resolution know, there are significant cost pressures mounting that will dramatically increase the cost of health care in the very near future. Population growth, changing demographics and new therapies and technologies are all key to driving the

factors that we will need to face, sooner rather than later. I think the members from both the opposition and the third party will agree, and they understand these rising cost pressures full well, and their knowledge of the problems we face played some part in their decision to support and unanimously vote in favour of my resolution last Thursday.

They should also know that while we've established new integrated programs with more services in our communities than we've ever seen in this province, Ontario is facing another significant cost pressure that must continue to be acknowledged and repeated until we get a satisfactory response from the federal government. That pressure, of course, is the \$10-billion funding gap that was created by cuts to the federal program that has been supporting health care in Ontario since 1994-95.

Despite the void in federal leadership and commitment to cost sharing, Ontario's health budget is the highest it has ever been, at some \$20.8 billion this year. Members know that we are spending this much, and they also know that more has been done by our government and the Minister of Health to meet the present and future needs of our seniors' population than has ever been done before. They share our concern that the federal government has to get back in the game if we are to meet future pressures, and they have said so with their support of my resolution last Thursday. Again, I appreciate their support and the fact that this Legislature is today able to speak with a unified voice for health care from time to time, as we did last week.

While I think that a unified effort is indicative of shared motives and concern for the future of our health care system, the resolution before us today is factually incorrect, rhetorically charged and quite divisive. It represents a step backward from the discussions we had last Thursday morning, and as such I will not be supporting it. My position is founded within the context of a historic provincial-federal health care debate that's going on right now and that is being led by this province and our Minister of Health. The opposition resolution before us now appears to echo one of the players in that debate, the federal government, and in effect would parrot one of the federal excuses for inaction on restoring health funding.

Let's see how this debate has materialized so far, speaking directly to the reasons or excuses the federal government has had for not restoring the health care funding that they cut. First, in response, they said that the provinces were letting the money they had previously given them sit in the bank. When they were reminded by our Minister of Finance that they, the federal government, had established these conditions that required the money to be spent over a three-year period, they stopped making that claim.

They came up with a new argument: They said there was something called "tax points" that should be brought into the equation. This time they went all the way back to 1977. But some of their own knew that wouldn't wash either. Tom Kent, who was a senior adviser to Prime Minister Pearson, and to some people a father of medi-

care himself, said, "Tax points and cash transfers are not even remotely the same thing." He said, "The talk of tax points misrepresents the fiscal issue at hand," and now the federal government has basically stopped talking about that issue.

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Then a third claim emerged, which was the Allan Rock excuse and that I think is being played out today in the opposition's resolution, that being that the federal government couldn't commit money now because they need to see a provincial plan for home care. This also doesn't wash because Ontario already has established a comprehensive home care strategy that is integrated and is able to bring more services to those most in need.

Fourthly, the federal government has claimed that we are playing politics, which is something I smile at because I know that from time to time all of us in this House make political statements. Just imagine: a politician making political statements. We all do that, so I think that argument ought to be dismissed out of hand. All efforts in this place are political to some degree. But if they are put forward for the sake of strongly desired common goals, you can realize that goal with strong public support.

I am pleased to say that the community care access centres in my riding of Waterloo-Wellington have indicated strong support for the resolution I brought forward last Thursday. Louise Leonard, president of the Community Care Access Centre of Waterloo Region, who also wrote that the board is "fully supportive of your private member's resolution" and "wants to congratulate you on your action to reinstate appropriate funding levels for these vital sectors in our society." Again, this is our CCAC, the agency that is responsible for home care in our area. The province has also increased funding to the Waterloo community care access centre by some 37.2% since 1996, according to the figures I received today.

I also heard from the Community Care Access Centre of Wellington-Dufferin, which serves another part of my riding so well. Ted Michalos, who is the chair, said, "It's imperative that all levels of government recognize the expanding need for health and social services and support this with appropriate funding. We fully support your resolution and hope the government of Ontario will influence the federal government to restore federal transfers and establish a process to ensure ongoing funding is responsive to the needs of the population." I also received from the Wellington-Dufferin community care access centre today statistics indicating that their funding increased from about \$16.8 million in 1994-95 to about \$22.9 million this year.

Other organizations supporting my resolution included the Ontario Medical Association, the Ontario Hospital Association, the Registered Nurses' Association of Ontario, who gave it qualified support, the Grand River Hospital in Kitchener, the Groves Community Memorial Hospital in Fergus, and the Palmerston and District Hospital.

Clearly, health service providers in my riding of Waterloo-Wellington are coordinating care very success-

fully under the new and integrated programs. They have greater resources to meet increasing demand, and I will continue to work with them to ensure that this continues to be the case.

Health care providers are also fully aware of the fact that a rapidly growing population of seniors will require a great deal more health care resources in the future, and they have clearly directed their call, along with ours, to the federal government, who they see as the prime cause for concern with respect to meeting these future needs.

The providers want to see, as we do, a renewed commitment to the issue that is of prime importance to Ontario and Canada and all our citizens. They want co-operation and a commitment that will restore the fiscal integrity of federalism, and they will continue to speak very loudly and clearly until the government of Canada renews its commitment to health care.

They know, as we all do, that when the medicare arrangement was forged, it was intended to be a 50-50 cost-sharing arrangement. They also know that the government of Canada's 11 cents on the dollar in terms of cash transfers for Ontario's health care system is grossly insufficient.

They are not hung up, as the opposition seems to be in their resolution, on the Allan Rock excuse, which ignores and belittles the efforts of our community care access centres. They expect politicians to get on with the job.

While I appreciate the opportunity to address some important matters today, this resolution is not about getting on with the job. It's about hanging on to one of an incredible array of flavour-of-the-week excuses from the federal government, excuses designed to deflect attention from the immediate funding needs of our health care system. The citizens of Ontario and my constituents in Waterloo-Wellington deserve better than that from their federal government, and better than what we are seeing from the opposition today.

Mr Crozier: I want to make a couple of comments with regard to words that were added to the debate by the member for Waterloo-Wellington. I can understand why your CCAC would support your resolution of last Thursday, but I also strongly suspect that your CCAC would accept the resolution that is before us today. Therefore, I can't understand why, if they would probably support it, you wouldn't.

I want to pick up on a couple of words that were said by my colleague from Kingston and the Islands. That was about how the taxpayers feel about all this. I don't think the taxpayers give a darn whether the federal government or the provincial government puts the money in. Your government, for example, wouldn't be able to start Mike Harris's limo if it weren't for the taxpayers in the province of Ontario. That's the way they all feel: "We don't care whose government gets credit for it, just get on the job," the taxpayer says, "because the money comes out of our pocket no matter which government it goes to, no matter who pays for the health care and no matter who takes credit for the health care." So I think the taxpayers

of Ontario are saying, "Just take our money and get on with the job, when it comes to health care."

I also want to mention that these ads that will be appearing during the hockey games are another part of this picture that the taxpayers of Ontario couldn't give—I shouldn't say "couldn't give a hoot about." They're concerned about them in that you're taking taxpayers' money that could well be spent on health care; quit the bickering and just put it where it belongs.

My other point has been brought up before. That is that you have made great fanfare about announcing these 20,000 long-term-care beds. Again, the taxpayers in my constituency and even in areas I've travelled to outside my constituency are telling me: "Get on with building the beds. They're needed. In fact, by the time you get them built in 2004, or whatever the year is, we're going to need even more."

Ladies and gentlemen of this Legislature, I have example upon example that comes into my office that points out the inadequacy of long-term care in this province. I suspect you get the same kinds of calls in your offices. I reiterate that I think what the taxpayers are saying is: "We don't care who gets the credit. Quit arguing over the issue. Just get on with the job." That's all we're asking that you recognize in this resolution today.

Mr Gilles Bisson (Timmins-James Bay): I want to thank you very much for the opportunity to participate in this debate. It's appropriate that we are speaking about the level of funding when it comes to community long-term care, because as members of the assembly we've all dealt, if not on a weekly basis at least every couple of weeks, with constituents who walk into our office who are having problems trying to interact with the health care system. Specifically, we're not going to be talking about hospitals today; we're going to be talking about the services that you get either in a long-term-care facility or in your home by way of the CCACs, the community care access centres, which used to be called MSAs under the NDP government.

I think it's appropriate, because I've been dealing with one case in my riding for the better part of six months. Actually, it even goes longer than that; it dates back to about a year. It's a case that is actually quite difficult to deal with, given the severe limitation the government has put on funding when it comes to community long-term care.

Let me tell you the story of a woman in my riding by the name of Marianne, who suffers from multiple sclerosis. She is the mother of a young girl, who is now 15 or 16 years old. The mother was stricken with MS a few years ago, and she progressed quite quickly into the disease. She now has to have constant care. She has to have people to bathe her, feed her and put her to bed. She's in a wheelchair. Over the last year or so, she has been able to get some good services within the home. As you know, community care access centres limit to 60 hours per month the amount of service we give to family members in the home. This particular person has been

able to cope with the 60 hours because her mother, who actually resides in Ramore and not even in Timmins—Ramore is about an hour and a half from Timmins—comes to Timmins to care for her and stay with her whenever she's within the home. The way the mother has been able to deal with this—she is not a young woman; she's in her 70s—is because supposedly at least once a month she is able to give Marianne respite care services within the Golden Manor, which is one of our long-term-care facilities within the riding. The arrangement is that for three weeks she gets care within the home—the community care access centre people dispatch services to the home—and Marianne then goes for one week to get respite care services from the long-term-care facility in our community known as the Golden Manor.

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Up until about six or eight months ago, that was just about as much as Marianne and her mother were able to deal with. But about six months ago it started to be a little bit too much for the mother, because in this particular case M^{me} Gadoury is getting on in age. She's still in pretty good shape but she's finding it very taxing to care for her daughter. We had a meeting with the family. Marianne, her brother and her mother sat down in their home on a couple of occasions and talked about what we need to do to make sure that Marianne is able to get the level of care she needs and to remain as independent as possible. Marianne has a young daughter who is 15 or 16 years old and she wants to be the mother; she wants to be with her daughter, and her daughter wants to be with her mother. She doesn't want to be institutionalized prematurely. What's happening now, because of the level of care she needs, is that it's getting very difficult to care for her with the limited number of hours that they're able to get under the community care access centre, given provincial funding. They came to me to see if we can get the respite care increased by at least one week a month, so that there would be two weeks of long-term care, respite care, given per month and two weeks within the home.

I've always understood, as do I think most members of this assembly, that all members of this assembly, no matter what your political party—New Democrats, Conservative or Liberal—wanted to provide care within the home as much as possible, for two reasons: (1) because that is the preferred method of being taken care of; most of us don't want to go into an institution unless we have to, and (2) it's also much more fiscally efficient, to use a Conservative term, to provide care within the home where possible and to utilize the family services augmented by the community care access centres that you're able to provide within the community. Everybody operates under that assumption, but when we try to get the respite care increased, the people at the CCAC and at placement service co-ordination are telling us that because of policies of the provincial government, the long-term-care facility only gets funding for what would be equivalent to one week per month for any one patient. Even if the doctor feels that Marianne is able to stay at

home two weeks a month, which she does, and even though Marianne and her daughter want to make that happen, the provincial government's funding mechanism doesn't allow for the extra week of care within the facility and therefore, by default, is trying to force this woman into a facility way before her time. I argue that is more expensive and is not quite as humane.

The mother is a very feisty woman. I've known her for some time. This particular mother, like the mothers of most children, is doing everything she can to try to find a way to solve this problem. She did what most of us do: She wrote a letter to the minister. The Minister of Health responded, and it is quite interesting what she had to say in the letter. Grosso modo, the minister was saying: "I agree with you. I agree that your daughter should get care within a long-term-care facility. I see no reason why the long-term-care facility in your community doesn't provide two weeks of respite care per month, 12 months a year." She was pretty encouraged. She had this letter from the Minister of Health, Elizabeth Witmer, who was basically saying in no uncertain terms that she agrees with the mother in that the daughter should get at least two weeks of care per month for her needs.

She comes to my office. We're on the phone and we're talking to the executive director of the Golden Manor, and she says: "I'd love to take her in. My problem is that I'm only funded for one week. The placement service co-ordination people, through the CCAC, only give me enough money to fund so many respite care beds, and that works out to a limit of one week of respite care per patient within our community who is basically within long-term-care services in their homes." We called the community care access centre people and had a long discussion with them. They're saying: "We'd like to provide it but the provincial government doesn't give us any more money. We don't know what the minister is telling you by way of the letter to this particular lady. The reality is we don't have the money to do it." Then we talked to central placement co-ordination. They are as frustrated as everybody else. They are trying to deal with this situation. They feel, given they are not able to get the extra week of respite care, that maybe Marianne should move on into the long-term-care facility. No, that's not what she wants.

I'm saying to the government members here and I'm saying to the Minister of Health, listen, if you guys are going to stand in your benches and give these speeches today about all the wonderful things you're doing in long-term care and all the credit you want to take for what you say are positive actions within the health care system, I invite you to the city of Timmins. We will go visit with Marianne, her mother and her brother, and you will tell her why it is that your minister will not release the dollars necessary to give her one additional week of health care services per month. If you can pass that test, then I'll be the first to stand in this Legislature and say you've done your job.

But to date, we've met with nothing but frustration. The mother of this particular woman is at her wit's end.

She's basically taxing whatever energy she's got in order to deal with this as best she can. Marianne does not want to go into a long-term-care facility on a full-time basis, and I don't blame her; neither would I. She wants to have the dignity of being able to live in her own home, in her own family setting, with her daughter and her mother, when need be. The policies of this government are preventing that from happening.

You can stand up in the House all you want and you can try to give all the speeches you want about the wonderful things you're doing in health care. The reality is that your government has an abysmal record when it comes to health care services. The announcements you take credit for—Cancer Care Ontario announcements, healthy baby initiatives and the list goes on, MRI expansion, dialysis services—I want to remind you who did that. It was Frances Lankin, the former Minister of Health under the Bob Rae NDP government, who put those programs in place, and for five years you guys have been running around saying: "Look what we did. We're so smart as Conservatives, we made all these investments." Those are things our government did, not yours. In fact, you limited the funding in a number of those initiatives, and then you come into this House and say you're not going to support this particular opposition day motion that would see the level of care funding we need to get within our CCACs to ensure that people like Marianne are able to get the services they need at home for as long as they're able to.

In the name of Marianne and her mother and her family, I ask you to stand up in the House at the end of the day and vote in favour of this motion, because people like Marianne don't want to hear the politics of this thing; they just want to know that the system is going to work for them. I call on the government to do what's right, support this motion and help Marianne have the dignity of life that she deserves.

Mr Doug Galt (Northumberland): Thank you very much, Mr Speaker, for the opportunity to present on behalf of the constituents in the Northumberland riding, particularly on a motion coming forward from the Liberal member concerned about long-term health care.

Twice in her resolution she mentions the word "crisis." There are a few places I see where there's a crisis. One is on the front page of the Toronto Star on a regular basis. The Liberal Toronto Star tries to create a crisis in the health care system. The second area where there's consistently a crisis is in the reduced funding from the federal government, the only government that has reduced health care funding in Canada, and that's the federal government. The other area where I see a crisis is right in the provincial Liberal caucus itself as it goes out chasing ambulances and into emergency wards to try to find stories they can put on the front page of the Toronto Star. But as our member from Durham mentioned earlier this afternoon, it's interesting that we're not hearing very much, especially in the line of questioning, from the member for Parkdale-High Park, who I believe is still the critic for health.

Mr James J. Bradley (St Catharines): Wrong again.

Mr Galt: Wrong there. Is the member for Thunder Bay-Atikokan the critic?

Mr Bradley: Yes. Wrong again.

Mr Galt: Well, it switches around. It's hard to keep track of the deck being shuffled, who's going to be next and who will be health.

The Acting Speaker: Member for St Catharines.

Mr Galt: That explains, then, why the member for Thunder Bay-Atikokan came to my riding about a month, a month and a half ago, sort of as the advance party prior to the whole caucus coming in a couple of weeks later. I know my invitation must have been lost for both her visit and for the visit of the whole caucus, because when our task force was into Lennox and Addington, I was informed by the member from Hastings-Frontenac-Lennox and Addington that her invitation must have been lost. I gather that's proper etiquette, when in fact my office had already called her office and she quite knew we were coming in.

1700

But had I known and had I received an invitation, as the member for Hastings-Frontenac-Lennox and Addington suggested would be proper etiquette and would have been in order, I could have had a welcoming party for the whole caucus, in particular for the Leader of the Opposition. I could have had a parade right down the streets of Cobourg for them. I'm sure they would have appreciated it, particularly when they left town and left the Northumberland Health Care Corp totally insulted—at least that's what the Liberal leader, Dalton McGuinty, did to them, saying they couldn't raise the 30% to match the 70% coming from the province to build a hospital for west Northumberland, for the people in Port Hope and Hope township, in Cobourg, Hamilton township and further east into the Grafton area and Centreton—and it would serve, to some extent, the people in Colborne. Those people were pretty upset to be told that by the Leader of the Opposition. It was indeed an insult to them. I'm sure that next time they come to visit our riding, just as the member from their caucus said, I'll get an invitation to come and welcome them to town.

Community care certainly was not being properly looked after. We recognized in 1995, when we took office, that the services were erratic and insufficient. Our government organized the community care access centres, which are good customer service, a one-window approach. Certainly for home care and community care it's working one heck of a lot better than it had during that lost decade from 1985 to 1995. You'll also notice that the spending for long-term community care went up by some 49%; spending is \$1.5 billion currently.

It was recognized that there was a growing need for these facilities for long-term care, community care facilities. That's understandable, with the changing demographics that we're experiencing in Ontario and in Canada in general. When the opposition was in government they didn't recognize those problems. As the CCACs grant those contracts, I think it's interesting that

75% of the points that are given are based on quality of service and only 25% is based on price. That's the way it should be, and I'm sure they would agree that quality of service is tremendously important.

This system is far better than what we're seeing in other provinces. There's no question that more is being spent. The Liberals should be pretty happy about that because they love spending money. They love taxing and borrowing. But in this case we're balancing the budget and at the same time we're coming in at \$115 per capita to look after these people, while the next-closest province Manitoba and they're in there at \$97.62 per capita.

Ontario is the only province other than Manitoba where there's no means test, nothing about assets. We're committed, as is the province of Manitoba—that was brought in during their Conservative government—to a universally accessible system. It's too bad that the federal Liberal government couldn't see the same, but they seem to be bent on reducing the funding and making sure we end up with either a privatized or a two-tier system. That's what the federal Liberals seem to want.

It's also interesting to see what one of the federal Liberals had to say about CCACs. This is Dr Carolyn Bennett, from the riding of St Paul's, in a speech that she made back in 1998. I'm sure the members of the opposition will want to sit up and notice what one of their fellow MPs, who is a physician, was saying. She should really understand what it's all about, because she worked in the field. She said that the CCACs in Ontario should be "the absolute model for the way these things should work, and that it can then be replicated in a cookie-cutter fashion across the country." That comes from a Liberal. If they would just put the money behind that and help us make it work, I think it would be just great.

For 10 long years there was nothing being done about long-term care in Ontario. Not a single bed was created. It's interesting that the critic—

Mr Bradley: On a point of order, Mr Speaker: Is it necessary that members tell the truth when they're speaking in the House? It's just a general point of order.

The Acting Speaker: Of course.

Mr Galt: I'm really pleased that he's stressing that this is the truth; this is what happened and he knows that. There's no question there.

We have created or are in the process of creating 20,000 new long-term-care beds and we're upgrading some 13,200, at a cost of \$1.2 billion, which the member for St Catharines should be very appreciative of, because we're spending money, just the way the Liberals like to spend money. I know he would enjoy that. We're also increasing spending on long-term-care facilities by some 26%, and also the total budget for long-term-care is going up some 50%.

We already have the request for proposal out for the first third, 6,700 beds. Some of those are already under construction. In the next round another 6,700 are about to go out. To fill in in the interim, it's interesting that some 910 short-term beds have been set up to look after long-

term care. Action for quality long-term care is occurring in Ontario.

Just in the last minute or two that I have to wind up, there was an interesting letter, and this is a very recent letter, to the minister, on April 17, 2000, from the Ontario Long Term Care Association. It comes from the executive director of Ontario long-term care. It reads:

“Beginning in 1996, your government implemented ‘level-of-care funding,’ a rational and fair system that ties funding to the care requirements of residents. That same year you introduced community care access centres, a one-stop access point for consumers of community-based health services including long-term-care placements. Later in 1997, you committed to an annual investment of \$100 million in additional funding to increase nursing care, programs and services in the 498 facilities across Ontario. Then, in 1998, your government further demonstrated their commitment to seniors by approving a \$1.2-billion multi-year plan for community-based services and long-term care that addressed the issues of new beds, introduced the state-of-the-art design guidelines and committed to annual funding adjustments that are tied to the increasing acuity level of residents.”

The last paragraph winds up: “There’s still much work to be done”—we’d agree with that—“to ensure that the growing number of frail elderly and aging members of our society have a long-term-care system that meets their future needs. The investments and policies introduced by the provincial government, since taking office, are a major step towards accomplishing this goal.”

That comes from the executive director of the Ontario Long Term Care Association.

With that kind of support and also from Dr Carolyn Bennett, who is a physician and a federal Liberal MP, I can understand why we believe now that we are indeed on the right track, spending wisely. We’ve invested over another \$3 billion in health care in general, while the federal government has cut back significantly in their dollars being granted to the provincial government.

In closing, I really can’t support the motion, although I can follow where it’s coming from. I just hope that the Liberals across the House will get on the bandwagon, as they’re talking about here today, and as they talk the talk, they’ll go and walk the walk to Ottawa and make sure those dollars to support health care in Ontario are there when the people of Ontario need them.

Mrs Sandra Pupatello (Windsor West): I’m very happy to speak to this bill, because as the people in my riding will know, my colleagues and I have been working on the issue of home care for our patients for a number of years. In fact, in August 1998 the member for Essex, the member for Windsor-Walkerville at the time and I appeared on the lawn of Grace hospital. It was shut down, of course, at the time. That’s the office of home care in our community. At that time we called on the government of Ontario for a number of things. Specifically, we said that there were no standards or benchmarks that had been delineated by the government before they went headlong into funding home care. So while it was admitted by the long-term care minister

himself at the time that patients were being thrown out of hospitals sicker and quicker into the home care industry, the home care industry was not organized enough to deal with this massive increase of patient load. We didn’t have the staff or the funding or the resources to deal with this increase.

What that means for typical folks in my riding, regardless of how old you are, is that you are told before you leave the hospital that you will be assigned through this case manager nurse what your requirements are going to be and what kind of assistance you’re going to need in your home so that you don’t expend all that money in a hospital bed but instead you’ll be much cheaper to the system by being taken care of at home.

1710

First off, I’d like to say that not in every case is it better for patients to be sent home. I honestly believe that today we have gone too far in a number of areas where people are being sent home before they should be sent home. In our zeal to move people out of hospitals we have gone crazy, overboard. Some people just need the extra day or two to feel well before we ship them off home like some kind of slab of meat and hope that a home care industry is going to take proper care of them. In particular, I’m talking about our elderly people. I know that gone are the days where the huge, happy family on the homestead awaits the return of grandpa from the hospital so they can all surround him with love in the bedroom. Life is not like that on Gunsmoke any more. Instead, many of our elderly people go home alone and there they are, and we’ve met these people. We put these people in our health care video last term so they could understand what it’s like to go home without the services that even then our home care industry was not equipped to deal with.

What we said way back in August 1998 was that home care needed to have a law that supported it; that it was law that certain levels of care had to be provided to our citizenry. That is currently not the case, and after five years of Mike Harris that is still not the case. We said that benchmarks had to be in place so that there was a minimum standard of care that had to be delivered to everybody. After five years of Mike Harris that is still not the case in Ontario.

We said in August 1998 that we need an investigative branch of the Ministry of Health, someone charged with the responsibility to see that service was being provided and when it wasn’t being provided, there was some kind of opportunity where the government could say, “This is what you must do,” and if you don’t then there’s some teeth to the bill that would have something happen to ensure that this was done.

We said the Ministry of Health is seriously lacking in policy and guidelines that these local home care organizations have to have in order to operate. We said that if we expect such heavy reliance on the home care industry then we have to fund it well, provide the standards that must be there just so that we could be sure that our elderly especially will be taken care of. We have

case after case of individuals who go home and the nurse doesn't arrive in time. Now we have cases where our local board for our home care is looking for ways to cut service because the demands are so great. Until we deal with the standards in the home care industry, this will not be resolved.

I look forward to continuing that debate.

Mrs Tina R. Molinari (Thornhill): It's a pleasure to be able to speak on this resolution today. I want to comment on some of the issues that have already been raised. I want to put on record the Liberal record, as of the Provincial Auditor's report. In 1990, four Liberal provincial cabinet ministers issue Strategies for Change—A Comprehensive Reform of Ontario's Long-Term Care Services. The document was to outline directions necessary for reforming long-term care.

Interjections.

Mrs Pupatello: I think you need to get you feet wet, sister.

The Acting Speaker: Member for St Catharines, the member for Windsor West.

Mrs Molinari: Obviously, the Liberal members don't want to hear about what the record is and what the auditor's report is. I quote from the auditor:

"At present there is no structured and integrated mechanism to plan and manage these services as a whole. Finding and getting service is often confusing, inconsistent and time-consuming for individuals and families seeking assistance."

The NDP record, as of the Provincial Auditor's report of 1995, says:

"In a policy framework document prepared in April 1993, the ministry stated that the number of long-term-care beds would not be increased at that time. Although the ministry is aware of the significant projected growth in the population over 65, we found that a targeted ratio and a strategy to meet that target had not been developed."

Despite the fact that a need for new beds had been made very clear, neither the NDP government nor the Liberal government did anything to act on it.

It has been stated several times by our minister that 50% of the population is aging and it's using up the \$20.6 billion that's invested in health care services. I want to focus for some time on the \$68-million investment in Alzheimer's. This investment over five years is a comprehensive 10-point strategy on Alzheimer's disease. The Alzheimer strategy is to be introduced in Canada, as the minister stated. It will improve the quality of life of those with Alzheimer disease and provide support to the families who care for them. The \$68.4 million in funding will expand respite services for family caregivers and provide more training and support for front-line staff and physicians who care for those with Alzheimer's disease.

John Carriere, president of the Alzheimer Society of Ontario, said, "This commitment demonstrates the government's leadership in planning for this rapidly growing segment of our population," and "Ontario's Alzheimer strategy will mean better care for people with Alzheimer disease in this province for many years to come."

The government will also release \$607,000 to nine community organizations to develop new adult day programs and expand respite services for caregivers. This \$607,000 is part of the \$18.1 million in new annual funding announced in April for long-term community care services.

Recently, I had the opportunity to meet with Bill Innes, who is the president of the community care access centre in York region. It was interesting to hear some of the comments that he had and some of the positive things he said about what's happening in York region. The CCAC of York region officially came into existence in April of 1997. This type of service has been offered for several years by the home care program and placement coordination services. We are pleased that the locations are in Newmarket and there are three hospitals within York region which also offer the services: York Central Hospital, York County Hospital and Markham Stouffville Hospital. All those hospitals serve the residents of Thornhill, and I'm hearing more and more that they are pleased that the services are now being offered in their communities and close to home.

The community care access centres are a one-stop shopping centre for health care, where people can go and get information on where they need to be directed to access the services they need. They offer several services for people at home and provide them in their homes rather than having them go to different locations. It's something that is essential as the population ages and people want to stay with their families for much longer.

The in-home services like nursing, therapy, home-making and personal support in their homes are definitely something that the Thornhill constituents are very pleased that they have. People are spending less time in hospital and more services are being provided in the community. We know that in many cases this is better for people. Many of us prefer to remain living in our own homes as much as possible, so the Ministry of Health is shifting resources into the community, where they are needed. The long-term-care beds that have been announced are a growing need for the aging population. It has come to my attention that a number of beds within the GTA and in a number of areas are not yet taken, so our plan to increase the beds will only continue to serve the aging population.

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): I am indeed very proud to stand to speak to a motion in the House today, a motion that relates to health care, and for a change it's a health care motion that doesn't blame anyone. The member for Thunder Bay-Atikokan has displayed significant leadership in proposing a motion that describes action which needs to be taken to address the serious health care needs with regard to community care in the province of Ontario.

The first part of the motion refers to—

1720

Mr Galt: On a point of order, Mr Speaker: I heard the member for Hastings-Frontenac-Lennox and Addington say that it placed no blame. It says right here—

The Acting Speaker: That's not a point of order, and you know that.

Mrs Dombrowsky: The first item in the motion deals with the call to action. Instead of simply announcing long-term-care beds—what members on this side of the House are finding in our ridings is that there is a serious shortage, and announcements that there will be long-term-care beds do nothing to address the immediate needs of seniors in our ridings. So I thank the member for Thunder Bay-Atikokan for this good direction.

The second part of the motion addresses that the government must adequately fund community care access centres within the province. Very recently I met with a community care access centre in my riding, and they are grievously concerned about a number of issues they deal with every day. It has been indicated to them that their budgets to the Ministry of Health were due March 10. Yet they have received no announcement in terms of the resources they will receive from the government. It's like asking them to prepare a plan blindfolded to address the needs of the people in their community. They've indicated that they need timely information on equity funding, the portion of their budget they direct specifically toward long-term-care needs within their operation. That information does not come to them in a timely fashion, if at all.

We heard already today about the issue of pensions, when CCACs are required to deal with their staff. No attention has been paid to the need there is in dealing with their employees and their pension benefits. I find it interesting, though, that in the first session, that this government attended to business with regard to members' pensions. It's unfortunate that they wouldn't pay this kind of attention, in a timely way, to dealing with the pensions of employees who were promised that attention some time ago.

There is a serious shortage of community nurses, support workers and therapists in the field. This is a direct result of poor planning on the part of the government. In his remarks, the member for Dufferin-Peel-Wellington-Grey first of all acknowledged that the problems in this area are directly related to lack of funding, and then proceeded to blame the federal government. He forgot to talk about the money this government has spent on tax cuts and advertising. Then he offered that this Tory government has actually implemented reform. I find it interesting, however, that the chair of the Health Services Restructuring Commission, Dr Duncan Sinclair, has very publicly indicated that that reform has happened at the wrong end, and the consequence of that poor planning is that there are not people in place within the communities to deliver the health services that the people being discharged from hospitals require.

We have before us a motion that indicates we do require some standards for community care. I strongly encourage the people of this House to look at the positive direction this motion is giving the government and support it.

Mr Gerard Kennedy (Parkdale-High Park): It is a pleasure to rise in this House, but it is distressing to see

the members opposite, heads in the sand, ducking this question. They are the government of the day. We have the member for Northumberland sitting there, where he let one of the hospitals shut down and where he is blithely saying to the residents in his riding today: "This motion is not for you. This motion to bring you the much-needed home care and community care we promised you when we shut down that hospital—you're not going to get it, because I'm not going to vote for it." That's a shame. We have, all across the House here, the rationalizers and the rationers of the Tory party. They brought in the biggest cuts to hospitals across the province, and now they have the audacity to look for gratitude from the Ontario public when they give back pennies on what they stole away.

Well, I tell the member for Northumberland and the member for Thornhill that that kind of cutting and rationalizing isn't going to wash. Instead, what the public of this province needs to know, and what our very able health critic has brought to their attention, is that instead of hospital beds we get empty words; instead of hospital beds and real care, we get cutbacks in home care. It used to be that frail, elderly people could get assistance. What do the people opposite do? They bump those people by pushing people out quicker and sicker, and they have the audacity to stand in their place and not defend the frail elderly that they have kicked out in Kingston, Northumberland, Thornhill and all across the province.

We have heard the members opposite tightly clutching their speaking notes from the Premier's office and trying to hide, almost in a fashion to be pitied, behind some kind of federal government excuse. Well, this is the government. This is the government that has done nothing with the money they got from Ottawa last year. They had \$675 million last year that they didn't even have the guts to spend. They took another half a billion dollars and stuck it in the bank. I say to the member for Northumberland: When the nurses for home care can't be found because you're paying lower wages, when you've given more of the business to your private sector buddies, when you've cut out and not delivered the nursing-home beds to replace the chronic care hospital beds and the psychogeriatric beds you're cutting out, your residents are going to be asking you: "Where were you when health care in this province was being decimated? Why didn't we have a representative who cared enough to stand up on behalf of people?" and not hide behind the kind of numbers shell game as you've tried to do today. You can blame the federal government, or you can be a representative in this House for people who need health care. Each of them knows—they get calls to their offices—inherently that they are wrong on this one. They have to deliver home care and long-term care, because they've taken all the money out of the hospitals, and each member opposite has the chance to do something about it today.

Mr Dwight Duncan (Windsor-St Clair): I will be voting in favour of this resolution. I join my colleagues, who have spoken quite passionately about it today. I watched today as the Minister of Health attempted

somehow to suggest they have increased funding for community care access centres in this province. The simple fact is that they have not. Their funding increases can't even keep pace with the rate of growth in demand for services. They cannot keep pace with the demands of seniors. I had a man in my riding, 81 years old, blind, who had his homemaking service cut. Do you know what happened? He set his apartment on fire because he couldn't prepare meals. And these people laugh about it and spread false information that somehow they're dealing with the situation. I'll make a prediction that the problem is going to get—

Mr Wayne Wettlaufer (Kitchener Centre): On a point of order, Mr Speaker: The member just said we are spreading false information. That is not in order.

The Acting Speaker: The member for Windsor-St Clair may want to consider his words.

Mr Duncan: I will consider my words.

They are not dealing with the problem. They are not in a position to address in a meaningful way in the coming years the increase in demand that there's going to be as a result, first of all, of their hospital closures, and as a result of the downloading of services they have pushed on to hospitals. I suggest the government members ought to recognize the significance of this resolution and vote in favour of it.

1730

In the CCAC in my community, we are faced with increasing demands for homemaking, increasing demands for visiting nurses, for all of the range of services they are required by law to provide, yet the funding increases can't even begin to keep pace. Why? Because they wanted to cut taxes first. They wanted to cut taxes when this province is running a multi-billion-dollar deficit. They want to play games and advertise. Let me very clear: I chastise them and I chastise the federal Liberals for wasting money on government advertising at a time when we have people lying in hallways in our hospitals and when seniors like Mr Pond are left without adequate home care in this province.

You're a disgrace as a government. You're a disgrace because you want to play games with people's lives. You're a disgrace because you fail to even acknowledge what's going on in your own communities. You're not speaking to those frail elderly people who are at home watching this and aren't getting homemaking services. You're not speaking to those people who are getting out of hospitals.

So this government won't vote in favour of it. I'm not surprised, because they don't give a damn about the frail seniors in this province.

Mr David Christopherson (Hamilton West): Let me begin by saying it's nice that the provincial Liberals are pointing out that their federal cousins were, to say the least, disappointing in the—

Mr Duncan: It's nice to see you working with Mike Harris.

Mr Christopherson: Well, hang on. Before you get overly defensive, Dwight, why don't you at least wait till

I get it out? It's the knee-jerk reaction as opposed to listening to the issue that's at hand.

I was about to say that it's fine that you criticize the federal government for the cuts they've made, and that's good to hear, but the fact of the matter is, when you talk about tax cuts, once again it was the federal Liberals who succumbed to the pressure that in large part was pushed by the provincial Tories to put tax cuts first. It was Alexa McDonough, the federal leader of the Canadian New Democrats, just to keep the record straight, who first belled the cat and said that for every dollar the federal Liberals are cutting in terms of tax cuts, they put a meagre two cents into health care.

What Ontarians need, and what quite frankly citizens across the country need, is both levels of government somehow getting their act together and singing from the song book. Is that likely to happen? Probably not, but the fact of the matter remains that the condemnation from the Ontario Liberals who put forward this resolution is matched in action by their federal cousins in terms of going in exactly the other direction. Until the federal government starts to show some leadership, what we're going to see is that the federal Liberals are providing a shield and an excuse for this government to move into privatization in health care, which I believe all of us on this side of the House disagree with.

I want to make reference, in the short time I have, to a letter that was forwarded to the Minister of Health by the Ontario Health Coalition on February 8, 2000. They raise a number of issues, not the least of which is the fact—and I know other members have raised this also, but it is so important. Here we are talking about community health care and a new Long-Term Care Act that would provide regulation and a legal framework for community health care, and who is not being given an opportunity to have their say? The community. They raise this very clearly, and I'm quoting:

“Despite the repeated and blunt refusals to consider full public consultations, we wish to reiterate in the strongest terms possible the pressing need for them. There has been no significant consultation on the delivery of community health care since the NDP government's hearings before their MSA legislation.”

How can you possibly talk about bringing in community health care legislation without letting the community talk? How does that work, especially for a government that likes to talk the words: “We care about democracy. We want to be transparent. We're inclusive”? Words, cheap words, and like so much else you do, the reality is the exact opposite. Our communities, and even those in the Tory back benches, do not get an opportunity to be heard. How can that be a good, proper, effective, meaningful legislative development process? How?

This isn't the first time. Bill 7, where you took away rights of workers under the Ontario Labour Relations Act and in fact introduced a whole new act: not one minute of public hearings. You rammed that through.

Bill 49, the Employment Standards Act, the bare minimum that workers are entitled to in terms of laws

and rights: You watered them down and you weren't going to hold one minute of public hearings until the NDP forced you into it. Interesting how that was one of the last times we actually had province-wide public hearings on any major initiative you brought forward. You were going to deny that until we forced you into it, shamed you into it.

Bill 31: At the end of a session, two weeks before the summer break in June, you drop a bombshell in the middle of this Legislature in terms of legislation that affects construction workers, and you offered up not one minute of public consultation on that. Major implications for the tens of thousands of working people who are in our construction industry.

Bill 36: You changed the election laws and how we finance elections. Unprecedented to move in that direction without the concurrence of both opposition parties. You just threw that precedent and tradition out the window and rammed through your legislation. Not surprising you had so much money pour into your coffers from corporations and other wealthy entities within our society.

That takes us to the issue, when we talk about money, because that's never far from your thinking—not the public's money, your friends' money—of privatization. Over 70% of the beds that you've awarded so far have been to for-profit. There may be some people who are watching who think, "I really don't care as long as it's there." I see one of the cabinet ministers nodding his head up and down, like I'm sure he does whenever gets the cue from the Premier: "That's right. That's what people think." Unfortunately, a lot of people do think it doesn't matter. But at the end of the day, it does matter. There are growing numbers of families who are facing the issue of having to provide health care, whether it's in home care or institutions or long-term care or whether they're blocking up beds in a chronic care hospital or an acute care hospital because there aren't the long-term-care beds. It's a nightmare for people. If there's anyone who thinks it doesn't matter whether it's private or non-profit, they ought to think about what they're going to do when they have to find a proper and acceptable level of care for their loved ones. Once again, it's the same story with this government. If you've got lots of money, if you're one of the fortunate ones, either by virtue of inheriting it or you're smarter than the average person in terms of how you make a fast buck, whatever, if you're fortunate enough to have the money, then it really doesn't matter. It really doesn't. And since that's who you play to, those are the only people you're concerned about.

But the vast majority of people don't have those kinds of resources. They've got to have a public system where everybody is coughing up an equal amount, a fair amount to provide a system so the care is there for our parents, and, if you want to be selfish about it, ultimately it's going to be us in huge numbers. That is why the private side of things is gaining so much ground in the States, why a lot of these businesses are turning into multi-

national corporations, because they know the demand is going to be there. There's a buck to be made.

The Tories will argue: "We're going to put standards in place and then it doesn't matter whether it's private or non-profit. As long as we've got the standards in place and everybody meets them, everything will be wonderful."

There are some real problems with that theory too. First of all, we take a look at your track record, thanks to my colleague Frances Lankin, who pointed out the abysmal record in terms of inspections for nursing homes. Why should anyone believe that you will care any more about other types of long-term-care facilities? For that matter, the Minister of Health didn't even know of the issue the day it was raised and changed her position a number of times.

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What have you done directly in terms of home care? Well, for nursing, there was the ability to ensure that there were adequate hours in place. We brought in that there had to be a minimum of two and a half hours of nursing care per day. That cost us \$60 million. But I would remind members of the House that was during the worst economic recession worldwide since the 1930s, and we still brought in that standard of care.

In terms of home care, we had an absolute minimum that had to be provided. Now there's an absolute maximum—two hours a day. Oh, you can make an exception, but only for 30 days. As long as you're going to set the standards so low, of course everybody will meet those standards, and it leaves lots of room for the profit margin; not an evil word in and of itself, but for Canadians, linking profit and health care leaves an understandable bad taste.

Why? Let's take a look at home care as an example. Now that you've introduced competitive bidding, where you've pointed out that everybody is in this game together and whoever can come in with the lowest bid wins—private or non-profit, it doesn't matter, everybody is in—what do we see happening? We see wages being driven down.

I say to the Minister of Agriculture, because he's shaking his head at me, go and talk to the workers who are going into the homes. Not the people who run the multinational corporations, Minister; talk to the people who work in the homes. They are getting less wages and less or no benefits. They're getting their travel time allowances cut, which is really important, particularly given some of the areas they have to cover. That's where the profit is coming from. These are the very same people who are going into the homes and providing hands-on health care for our family members.

It's no different than the way we want to make sure that teachers are provided with a decent standard of living, a decent income to reflect their education, their knowledge and their caring and compassion, because they are hands-on in terms of the education of our children, face to face in the classroom. That's another area that you're devastating and doing all kinds of

damage, and the demoralization among teachers is affecting the delivery of the education they're providing to our children.

It makes common sense—you like to say that—that if you've got people who can't receive enough money for the work they do so they can have a decent standard of living for their own families, where do they become superhuman so that they can go out every day and provide the kind of care and love and compassion and commitment and professionalism, from bathing sick people to holding hands with people who are dying, to meeting with seniors who may see no one else in the course of a day? There is where your profit margin is.

The non-profits, like VON and St Elizabeth, who have done a fantastic job—certainly they have in Hamilton—can't put in bids that match the profit-making because they've got collective agreements. Those people have collectively bargained together to try to receive a decent wage. And because it's non-profit, guess what? The board of directors and the management of the health care providers, whether it's St Elizabeth or VON—everybody has labour problems but at the end of the day their number one priority is not the profit line at the bottom; it's making sure the community receives the service and they recognize that part of that is treating people decently.

But none of that matters to you. None of it matters. You've got those multinational corporations clamouring to get at this health care system and you're delivering it to them on a platter. You're hoping that no one is paying attention, that nobody really cares whether it's private or non-profit. It does matter. Hopefully it will matter to enough people before it's too late, because getting back our health care system once we lose it is a tremendous undertaking. I don't even know if it can be done.

I get calls in my office. Other members have talked about what's happening in their constituency offices. When you have people come into your office, both those who are providing the service and the family members who are sitting across from you crying, breaking down because they either can't deliver the service or they are one of the ones who isn't receiving it and saying: "Please help me. My father or my mother needs help and I don't know what to do. You're an MPP. Can you help me?" the answer is, you can do something. Support this resolution, but with your conscience instead of the dictates of what your whip tells you.

Mr Bradley: The only answer that we see so far to this particular crisis is the ads. I've got the latest tape. The government has spent even more money now on advertising that they are dealing with the health care situation. They are advertising against the federal government. Although these people portray themselves as choppers and fiscally responsible people, the fact is they always have money for government advertising, taxpayers' dollars for partisan government advertising, and they always have money for tax cuts.

In the budget coming up they have an option, a choice. As one prime ministerial candidate put it to another a few

years back, "You have a choice," and you do. They can either take the money and invest it in health care or they can put it into tax cuts, because the Premier says there are going to be tax cuts. As I've said in the House a couple of times, I've got the solution: You can blame the feds with this one as well. You simply say to people: "We're not going to have tax cuts this time. We've given tax cuts." You can say that. Mike Harris can say: "I've given you tax cuts. I'm not going to give them this time, and it's the federal government's fault." If you do that I'm not even going to complain to you. I'm not going to say that you're blaming somebody else. I'm going to say that you're taking the money that could be used for health care and you're putting it into health care instead of throwing it away in more tax cuts. I think that would be a very positive move on the part of the government and it would be one that I would personally applaud.

There's no question that the CCACs, the community care access centres, are in a very difficult situation today. The hospitals are kicking people out quicker and sicker, as the saying goes. We all know people now who are appalled at the fact that they're discharged from hospitals at 11 or 12 o'clock at night and sent home with no care. The long-term-care facilities, the homes for seniors, are finding it increasingly difficult to cope with people who are coming out with acute problems in terms of health care—not chronic problems but acute problems. The community care access centres are cutting back on the service provided. They would like to provide longer hours of service and more extensive services. Instead they are unable to do so. At the same time, this government is going around the province closing hospitals, despite the fact that in the 1995 campaign, in answer to the question from Robert Fisher, "Is it your plan to close hospitals?" the then leader of the Conservative Party, Mike Harris, said, "Certainly, Robert, I can guarantee you it is not my plan to close hospitals." Since then over 40 hospitals have been closed or forced to restructure in a way that they don't deem to be appropriate.

The people who are watching this afternoon should know that we are going to get more ads paid for by the taxpayers of this province instead of the money being invested in health care. A lot of money that could be used in health care you're going to put into government advertising. I don't know how one government member can stand and defend that kind of nonsense taking place. What's going to happen? Of course now the federal government is going to reply to those particular ads. So we've got two governments out there blowing money on ads which could best be spent on the health care system.

I urge you to do that. I urge you to support this resolution, which is very reasonable in terms of support of long-term care and community care access centres.

The Acting Speaker: That concludes the time allocated for debate. Mrs McLeod has moved opposition day number 2.

Is it the pleasure of the House that motion carry?

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion, the nays have it.

Call in the members. This will be a 10-minute bell.

The division bells rang from 1750 to 1800.

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

Ayes

| | | |
|-----------------------|--------------------|--------------------|
| Bartolucci, Rick | Di Cocco, Caroline | McGuinty, Dalton |
| Bisson, Gilles | Dombrowsky, Leona | McLeod, Lyn |
| Bountrogianni, Marie | Duncan, Dwight | Parsons, Ernie |
| Boyer, Claudette | Gravelle, Michael | Peters, Steve |
| Bradley, James J. | Kennedy, Gerard | Phillips, Gerry |
| Bryant, Michael | Kormos, Peter | Pupatello, Sandra |
| Caplan, David | Kwinter, Monte | Ruprecht, Tony |
| Christopherson, David | Lalonde, Jean-Marc | Sergio, Mario |
| Cleary, John C. | Levac, David | Smitherman, George |
| Crozier, Bruce | Martel, Shelley | |

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

Nays

| | | |
|--------------------|-------------------|---------------------|
| Arnott, Ted | Hardeman, Ernie | Sampson, Rob |
| Baird, John R. | Hastings, John | Spina, Joseph |
| Beaubien, Marcel | Hodgson, Chris | Sterling, Norman W. |
| Chudleigh, Ted | Hudak, Tim | Stewart, R. Gary |
| Clark, Brad | Jackson, Cameron | Stockwell, Chris |
| Coburn, Brian | Johns, Helen | Tasca, Joseph N. |
| Cunningham, Dianne | Kells, Morley | Tilson, David |
| DeFaria, Carl | Klees, Frank | Tsubouchi, David H. |
| Dunlop, Garfield | Marland, Margaret | Turnbull, David |
| Ecker, Janet | Maves, Bart | Wettlaufer, Wayne |
| Eves, Ernie L. | Mazzilli, Frank | Wilson, Jim |
| Flaherty, Jim | Molinari, Tina R. | Witmer, Elizabeth |
| Galt, Doug | Munro, Julia | Wood, Bob |
| Gilchrist, Steve | Newman, Dan | Young, David |
| Gill, Raminder | O'Toole, John | |

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 29; the nays are 44.

The Acting Speaker: I declare the motion lost.

This House stands adjourned until 1:30 of the clock tomorrow afternoon.

The House adjourned at 1803.

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