



No. 19A

N° 19A

ISSN 1180-2987

Legislative Assembly
of Ontario

Third Session, 37th Parliament

Assemblée législative
de l'Ontario

Troisième session, 37^e législature

**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Wednesday 12 June 2002

Mercredi 12 juin 2002

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 12 June 2002

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 12 juin 2002

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

BIOTECHNOLOGY

Mr Monte Kwinter (York Centre): The BIO 2002 convention being held in Toronto has attracted over 14,000 biotechnology scientists, executives and policy leaders representing 45 countries. BIO 2002 is covering such topics as religion and biotechnology, bioethics and the boardroom, biodefence and security, and intellectual property.

The Canadian biotechnology industry mushroomed in the 1990s. Revenues are projected to surpass \$5 billion in 2002, up from \$1.9 billion in 1999. Exports will grow to nearly \$1.7 billion.

Canada is home to 358 biotechnology companies, the second-greatest number in the world. Some 40% of all Canadian biotechnology companies work in the health care sector. Over 67,000 people are employed by biotechnology companies, and employment forecasts expect 10% growth per year.

On every continent, including Antarctica, and even in outer space, researchers are using biotechnology. The technological breakthroughs of recent years have had far-ranging effects on health care, diagnostics, nutrition, agriculture and industry, and have convinced the world that biotechnology is paving the way to an exciting future in which individualized medicine, early intervention, healthier foods, pest-resistant crops, bio-based fuels and environmentally friendly industrial processes reign supreme.

There are numerous and considerable challenges ahead, but there is no doubt that biotechs will play a major role in Ontario's economy.

GOLDEN JUBILEE OF
QUEEN ELIZABETH II

Mr Toby Barrett (Haldimand-Norfolk-Brant): I pay tribute to Her Majesty Queen Elizabeth II during her 50th year on the throne. On June 2, I attended a Golden Jubilee Sunday. It was held at Simcoe's St Paul's Presbyterian Church, a service conducted by Rev John Cruickshank.

February 6, 1952, is an important day in Canadian history. It marks the accession of Her Majesty Queen

Elizabeth II and the beginning of a very special relationship between Canada and its new Queen. Over the past 50 years, Her Majesty has maintained a very visible and significant presence in Canada and has been witness to many historic occasions.

While much has changed in our royal relationship since 1952, our Queen obviously plays a significant role in the lives of all of us. Here at Queen's Park, the imprint of Her Majesty can be witnessed all around. Our newly named Lieutenant Governor, James Bartleman, is the next in a long line of proud representatives of the Queen in Ontario.

This fall, Golden Jubilee celebrations will see Queen Elizabeth visit communities both large and small across the province. I encourage the people of this province to celebrate Her Majesty's Golden Jubilee. She is our Queen.

God save the Queen.

ASSISTANCE TO FARMERS

Mr Steve Peters (Elgin-Middlesex-London): Last week, the Premier went to Guelph, supposedly to listen to and consult with provincial leaders in agriculture and agribusiness. You know what, though? He didn't do that. Instead, he turned around and gave them a lecture. The Premier said that the days of looking to government cheques as the only answer are over and that farmers need to get their act together. This government needs to get its act together.

A year and a half ago, you promised our farmers a made-in-Ontario safety net program. The proposal was agreed to in principle one year ago—last June—but you've yet to deliver on that promise. The message coming out of agriculture has been clear and consistent for the last several years and farmers are outraged at your latest insult. Stephen Thompson, who farms a few thousand acres in Huron county, says, "You promised the program. You need to deliver the program." Jeff Ferguson, a farmer outside of St Thomas, says, "I'm appalled by your attitude. I don't believe farmers ever asked you to cure all their ills."

To adopt an agricultural vision for the long term, this government must deal with the crisis facing the agricultural community today. In next Monday's budget, our farmers want to see that made-in-Ontario safety net program with all the necessary funding in place.

The Premier needs to take some leadership and make up his mind. Either he's going to sit back and watch agriculture wither away or he's going to act unilaterally

for the good of our farmers. I'm calling on this Premier to get his act together. Stop blaming farmers for global problems beyond their control and table the much-anticipated made-in-Ontario safety net program now.

SERVICES EN FRANÇAIS

FRENCH-LANGUAGE SERVICES

M. Gilles Bisson (Timmins-Baie James): Encore une autre fois, je me trouve obligé comme francophone et député francophone de venir à cette Assemblée pour dire qu'encore le gouvernement oublie les services en français pour les francophones.

Imaginez ma surprise l'autre jour quand j'ai reçu une invitation de notre ministre M. Baird, qui s'appelle le ministre responsable des affaires francophones, une belle invitation pour aller au premier anniversaire de l'adoption du drapeau franco-ontarien qu'on va avoir ici la Saint-Jean-Baptiste. Laissez-moi lire l'invitation que j'ai eue de mon ministre délégué aux affaires francophones :

"The minister responsible for francophone affairs, the Honourable John Baird, invites you to celebrate the first anniversary....," blah, blah.

On pense que le ministre aurait au moins assez d'intelligence d'envoyer aux députés francophones de cette Assemblée une invitation en français en non en anglais. Ça démontre à quel point ce gouvernement oublie—et je répète, oublie—les services qu'ils sont obligés à donner aux Franco-Ontariens et leur complet dédain pour les services en français.

Je dis simplement ceci au ministre : en tout cas, au nom de tous les francophones de cette province, je demande au ministre des excuses officielles. Je veux bien assister à cette célébration, mais s'il vous plaît, monsieur le Ministre, envoyez-moi une invitation en français.

CAMBRIDGE SPORTS HALL OF FAME

Mr Gerry Martiniuk (Cambridge): More good news from Cambridge. I rise today to join the Cambridge Sports Hall of Fame and Cambridge families in recognizing the great accomplishments of local athletes and team builders.

On Saturday May 4, 2002, the Cambridge Sports Hall of Fame officially inducted intercounty baseball legend Wray Upper, NHL great Jim Schoenfeld, skating pairs Katherina Matousek and Lloyd Eisler, horseman William Wellwood and junior golf executives Joyce and Jack Leggat. Cambridge families and I are proud of these athletes and team builders. They are a true example of dedication and commitment in their chosen area of sport and an excellent role model for youth.

I would like to congratulate Cambridge Sports Hall of Fame co-chairs Cam Allan and Al Findley who, along with others, will soon celebrate the hall of fame's expansion from a 200-square-foot to a 2,000-square-foot venue at the Cambridge Centre shopping complex. May I extend my best wishes to volunteers at the Cambridge Sports Hall of Fame. This organization will soon realize

its goal of becoming the best municipal sports hall of fame in Canada.

1340

HOSPITAL SERVICES

Mrs Sandra Pupatello (Windsor West): With regret I bring yet another announcement to this Legislature of yet another program cut at London Health Sciences Centre.

Dr Grace takes on the most high-risk, extremely obese patients for gastroplasty and gastric bypass. This bariatric surgery, or stomach stapling, is barely available anywhere in Ontario. He receives five to 10 calls per week and now he knows there is nowhere else to send these patients. Of the nine surgeons who perform this surgery in Ontario—seen as the last hope for obese people—six are taking no new patients. The remaining three have waits of up to two years.

The number of obese people in Ontario is growing, and this last resort must be available to them. These people suffer from hypertension, respiratory problems, diabetes, heart disease and stroke. This procedure saves lives.

I'm asking the Minister of Health to have this program reinstated. This cut is about saving money. This program ought to be about saving lives. I ask the minister, if you don't reinstate the program because you know that people want and need to be healthier, then you must reinstate the program because of the enormous savings to the health care system once these people are well. I ask the minister again, have this program reinstated at the London Health Sciences Centre.

EVENTS IN DURHAM

The Speaker (Hon Gary Carr): Members' statements? The member for Durham.

Mr John O'Toole (Durham): Thank you, Mr Speaker—and the most educated Speaker, I might say.

I'd like to rise in the House to pay tribute to some of the young people of my riding and the accomplishments they've achieved.

First I would like to mention the Darlington under-18 boys' soccer team and the Darlington under-16 team, who both will attend the Gothia Cup in Sweden this summer. This is an excellent opportunity for travel and international soccer experience. Darlington will be among 1,200 teams participating in one of the world's largest youth soccer tournaments. I'd like to congratulate Jim Potter, coach of the under-16 team, and Dave Staley, coach of the under-18 team of Darlington. I'm sure we wish the parents, coaching staff and players success in their trip and on the field.

Moving to a different field, I would like to pay tribute to the music students at Cartwright High School and Bowmanville High School for their success in competitions this past spring.

Bowmanville High School attended the Heritage International Music Festival in Montreal. The students achieved the following results: gold medal and first place in senior band, gold medal and first place in senior choir, silver medal and first place in women's chorus, and silver medal for the jazz band. I'd like to commend the BHS music students for their achievement and also pay tribute to the hard work of the band parents' association as well as their teacher-conductors Shawn Hills, Kevin Chocorlan and Michael Menheere.

Finally, congratulations are in order to Cartwright High School, under the direction of teacher John Beirness. The Cartwright band achieved gold in Quebec City.

Durham is proud of the accomplishments of our young people. We're happy to share and celebrate their success with the members of the House today.

PHILIPPINES INDEPENDENCE DAY

Mr Tony Ruprecht (Davenport): On behalf of Dalton McGuinty and the Liberal Party, I rise to pay special tribute to those Filipino Canadians who are here today and joining us, because they are celebrating the 104th anniversary of Philippine independence.

Applause.

Mr Ruprecht: Thank you. When we see the Filipino flag, we honour a nation and a people who had to fight with every ounce of their strength against tyranny and the yoke of dictatorship. Even in this generation of Filipino Canadians, every Filipino who has reached at least 20 years of age will remember that the battle scars against tyranny and dictatorship are on their backs, and to them we owe a great deal of gratitude.

What do these Filipino Canadians really want? They want nothing else but to structure their own future. They want nothing else but to determine their own destiny. They want nothing else but to maintain that the torch of freedom is being passed on from this generation to the next.

So we know that together, when they come to Canada, we can raise the flag, we can raise the standard. We say to these Canadians of Filipino background, Mabuhay ang Filipinas. Long live Philippines. Long live Canada. Long live freedom and long live democracy.

BIRR UNITED CHURCH

Mr Bert Johnson (Perth-Middlesex): I rise today to congratulate Birr United Church in, of course, beautiful downtown Birr, Ontario—the member for Scarborough-Agincourt will know exactly where it is in county Middlesex—on its 100th anniversary.

On June 3, 1902, a cornerstone-laying ceremony was held. It was attended by members of the community and the church congregation. The ceremony was also attended by Sir Adam Beck. The total cost of the building and horse shed was about \$4,000.

A special worship service and celebration was held two Sundays ago along with a ceremonial rededication of the church building.

Over the past several years, the congregation of the Birr United Church has been working hard to renovate and restore the church. A new roof has been installed and the exterior trim has been painted. Plaster has been repaired, windows reglazed, the sanctuary has been given a fresh coat of paint and much of the woodwork has been refinished. Many of the windows have also been uncovered and refurbished.

I want to commend the anniversary chairperson, Ken White, and Reverend Bill McAuslan for their hard work and commitment to make this event a great success. I also want to take this opportunity to recognize the efforts of the friends and the parishioners of Birr United Church for taking pride in their church, for helping to ensure that the church endures another 100 years. Please join me in recognizing Birr United Church on their 100th anniversary.

ANNUAL REPORT, INFORMATION AND PRIVACY COMMISSIONER

The Speaker (Hon Gary Carr): I beg to inform the House that I have today laid upon the table the 2001 Annual Report of the Information and Privacy Commissioner.

COMMISSIONERS OF ESTATE BILLS

The Speaker (Hon Gary Carr): I also beg to inform the House that the Clerk received a favourable report from the Commissioners of Estate Bills with respect to Bill Pr5, An Act respecting Groves Memorial Community Hospital.

Accordingly, pursuant to standing order 86(e), the bill and the report stand referred to the standing committee on regulations and private bills.

CONSIDERATION OF BILL 118

The Speaker (Hon Gary Carr): Yesterday, the chief government whip raised a point of order concerning Bill 118, An Act to amend the Ontario Disability Support Program Act, 1997 to require annual cost-of-living adjustments to income support payments, standing in the name of the member for Sault Ste Marie, Mr Martin.

The chief government whip contended that Bill 118 contravenes standing order 56 because it would require the expenditure of public funds.

I have carefully reviewed the chief government whip's comments, and both Bill 118 and the Ontario Disability Support Program Act, 1997, which Bill 118 seeks to amend.

At first glance, Bill 118 would appear to require money to be spent by indexing support payments to the cost of living. However, the bill must be read in the wider context of the parent act it amends.

The bill, if passed, would permit, not compel, the Lieutenant Governor in Council—the cabinet—to make a regulation which, if made, would constitute a charge on the consolidated revenue fund.

The operative word in section 55 of the parent act, though, is “may.” Bill 118 would add one more class of regulation, in addition to 50 others already enumerated in the section, which the Lieutenant Governor in Council “may” make. The effective part of the act is entirely permissive. If the permitted regulation is never made, there is no impact on the consolidated revenue fund. On the other hand, if the permitted regulation is made, then the ensuing expenditure will have been approved by the executive council, consistent with standing order 56 and the related general conventions around public financial administration.

I therefore do not concur with the chief government whip that Bill 118 contravenes standing order 56 by imposing a charge on the treasury, and I find Bill 118 to be in order.

Mr Peter Kormos (Niagara Centre): Thank you kindly, Speaker, for your consideration of that matter.

INTRODUCTION OF BILLS

CANADA AND ONTARIO FLAG DAYS ACT, 2002

LOI DE 2002 SUR LES JOURS DES DRAPEAUX DU CANADA ET DE L'ONTARIO

Mr Gilchrist moved first reading of the following bill:

Bill 98, An Act to proclaim Canada Flag Day and Ontario Flag Day / Projet de loi 98, Loi proclamant le Jour du drapeau du Canada et le Jour du drapeau de l'Ontario.

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

The member for a short statement?

Mr Steve Gilchrist (Scarborough East): This bill would seek to recognize something that I suspect should have been recognized back 37 years ago. It came as quite a shock to me to realize that there has never been an official proclamation of the day that either Canada's flag was adopted, or the Ontario flag. Recognizing the work done by the then Lieutenant Governor, Lieutenant Colonel the Honourable John Keiller MacKay, and by Leslie Frost, the Premier, when the flag debate first started in Ottawa, that we would in Ontario at least maintain the red ensign as a symbol of our history and tradition, I think it's quite appropriate that May 21, the day in 1965 when the Ontario flag was formally proclaimed, be proclaimed permanently as our flag day and, while we're on the subject, that February 15 of each year be proclaimed as Canada Flag Day here in Ontario.

1350

ELECTION AMENDMENT ACT, 2002

LOI DE 2002 MODIFIANT LA LOI ÉLECTORALE

Mr Conway moved first reading of the following bill:

Bill 100, An Act to amend the Election Act / Projet de loi 100, Loi modifiant la Loi électorale.

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

The member for a short statement?

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): It was several months ago that a constituent of mine named Herman Wellstein, from RR 7 Pembroke, came to my office and asked a very simple question: “Why, in provincial general elections in Ontario, does not the ballot carry clearly the party affiliation of all of the candidates running in that election?” I had no good answer, and my bill today seeks to amend the Ontario Election Act to very simply and conveniently provide that, going forward in Ontario provincial general elections, the provincial ballot will actually not only carry the name of the candidates but their party affiliations as well.

ANIMAL CRUELTY PREVENTION ACT, 2002

LOI DE 2002 SUR LA PROTECTION DES ANIMAUX

Mr Colle moved first reading of the following bill:

Bill 105, An Act to protect puppies and other animals from cruelty by amending the Ontario Society for the Prevention of Cruelty to Animals Act / Projet de loi 105, Loi visant à protéger les chiots et les autres animaux en modifiant la Loi sur la Société de protection des animaux de l'Ontario.

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

The member for a short statement?

Mr Mike Colle (Eglinton-Lawrence): The purpose of this act is to update and strengthen the 80-year-old provincial law in order to give animal protection agencies the tools they need to do their job of protecting animals from systemic abuse as evidenced by the over 400 puppy mills that operate freely and openly in every community across this province. This act makes it a provincial offence to abuse animals and allows the court to impose lifetime bans on puppy mill operations and others who blatantly and grossly abuse animals. The bill also prohibits persons from training animals to fight other animals and also makes it a provincial offence to obstruct animal protection officers from doing their job. If this bill is passed, it will make a number of amendments to strengthen and update the Ontario Society for the Prevention of Cruelty to Animals Act.

VISITORS

Mr Mike Colle (Eglinton-Lawrence): On a point of order, with us today in the visitors' gallery we have the principal, staff and students from one of Canada's finest schools, Central Technical School. They're here today supporting the introduction of my bill to protect animals from cruelty, and they've asked me today to give the Premier and his partner, Isabel, T-shirts from the school—

The Speaker (Hon Gary Carr): It's not a point of order. I thought you were going to introduce them.

Mr Rick Bartolucci (Sudbury): On a point of order, Mr Speaker: On a very serious note, I would seek unanimous consent for second and third reading of Bill 70, An Act to amend the Occupational Health and Safety Act with respect to acts of workplace violence.

The Speaker: Is it the pleasure of the House? I'm afraid I heard some noes.

Mr Dwight Duncan (Windsor-St Clair): On a point of order, Mr Speaker: It has come to my attention that moments ago the Premier of Ontario, just outside this chamber, made a major announcement with respect to the now-cancelled, as I understand it, initial public offering of Ontario Hydro. I would ask you, sir, in your capacity as Speaker to review this announcement given that it was done outside of the chamber, it's a matter of major government policy with no opportunity for either of the opposition parties to properly prepare or respond to it and it does, sir, in our view represent yet another kick at the Legislature and the process that has been established and agreed to by the three parties for major announcements of this nature.

The Speaker: I thank the member. As he knows, the Speaker does not control where statements are made, unfortunately.

Mr Duncan: On a point of order, Mr Speaker: The official opposition has been informed that the Premier of Ontario will at least be here to answer questions today. I don't see him in his chair, and question period is supposed to start.

The Speaker: The chief government whip may have some information for us.

Hon John R. Baird (Associate Minister of Francophone Affairs): Speaker, the Premier is on his way.

The Speaker: What we could possibly do is maybe stand down the first question.

Mr Peter Kormos (Niagara Centre): On a point of order, Mr Speaker: If I could be of assistance, standing down the official opposition's first questions may be of assistance, but it will be impossible to stand ours down and achieve any remedial effect.

Mr Bartolucci: On a point of order, Mr Speaker: I move unanimous consent for second and third reading of Bill 146, An Act to amend the Compensation for Victims of Crime Act and the Solicitors Act.

The Speaker: The member is asking for unanimous consent. I'm afraid I heard some noes.

Mr Michael Gravelle (Thunder Bay-Superior North): On a point of order, Mr Speaker: I would like to seek unanimous consent to move third reading, if I may, of Bill 9, An Act to bring health and safety programs to Ontario students, a very important piece of legislation.

The Speaker: The member has asked for third reading of Bill 9. Is there unanimous consent? I'm afraid I heard some noes.

Mr Bartolucci: On a point of order, Mr speaker: I move unanimous consent for second and third reading of Bill 128, An Act to permit the naming of highway bridges and other structures on the King's Highway in memory of police officers who have died in the line of duty.

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

Mrs Marie Bountrogianni (Hamilton Mountain): On a point of order, Mr speaker: I move the passing of third reading of Bill 53, An Act requiring the disclosure of payments to former public sector employees arising from the termination of their employment.

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

Mr John Gerretsen (Kingston and the Islands): On a point of order, Mr Speaker: I think every member of the House will agree with this particular unanimous consent that I'm requesting with respect to Bill 21, and that is to give second reading to Bill 21, An Act to amend the Public Transportation and Highway Improvement Act to name Highway 417 the Pierre Elliott Trudeau Highway. I'm asking that, Speaker.

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

Mr John O'Toole (Durham): On a point of order, Mr Speaker: I seek unanimous consent of the House to pass second and third reading of Bill 52, An Act to amend the Legislative Assembly Act.

The Speaker: The member has asked for unanimous consent. I'm afraid I heard some noes.

Mr Bartolucci: On a point of order, Mr speaker: I move unanimous consent for second and third reading of Bill 136, An Act to amend the Highway Traffic Act with respect to motorcycle and bicycle helmets.

The Speaker: The member is seeking unanimous consent. I'm afraid I heard some noes.

Mr Bartolucci: On a point of order, Mr speaker: I move unanimous consent for second and third reading of An Act to amend the Highway Traffic Act in respect of studded tires.

The Speaker: Is there unanimous consent? There are some noes.

Mr O'Toole: Speaker, I seek unanimous consent of the House to pass Bill 35, An Act proclaiming Irish Heritage Day, in Ontario.

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

1400

Mr Colle: On a point of order, Mr Speaker: I seek unanimous consent that would allow for the singing or

playing of our national anthem, O Canada, in this Legislature at least once a week.

The Speaker: Is there unanimous consent? There were some noes.

Mr Bartolucci: On a point of order, Mr Speaker: I seek unanimous consent for second and third reading of Bill 24, An Act to amend the Municipal Act with respect to adult entertainment parlours.

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

Mr Gilles Bisson (Timmins-James Bay): On a point of order, Mr Speaker: I ask for unanimous consent that we send an invitation to the Premier of Ontario to attend question period.

The Speaker: That one we're not even going to put forward.

Mr Dave Levac (Brant): On a point of order, Mr Speaker: I seek unanimous consent for second and third reading of Bill 137, An Act to amend the Private Investigators and Security Guards Act to require a minimum level of training for licensees and to require that uniforms and vehicles of security guards be readily distinguishable from those of the police.

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

Mr Steve Gilchrist (Scarborough East): On a point of order, Mr Speaker: In the spirit of co-operation that I see blooming in the House here today, I would seek permission to request second and third reading of the bill I tabled today, An Act to proclaim Canada Flag Day and Ontario Flag Day in Ontario.

The Speaker: The member has asked for unanimous consent. I'm afraid I heard some noes.

Mr Pat Hoy (Chatham-Kent Essex): On a point of order, Mr Speaker: I seek unanimous consent for second and third reading of Bill 153, An Act to improve safety in highway construction zones by amending various Acts to implement the recommendations from the inquest into the death of Dick Van Rooyen.

The Speaker: He's asked for unanimous consent. I heard some noes.

Mr Bisson: On a point of order, Mr Speaker: I would seek unanimous consent to allow each of the political parties five minutes to comment on the announcement the Premier just made outside the assembly as we have not had an opportunity to comment.

The Speaker: Is there unanimous consent? There were some noes.

Mr Mario Sergio (York West): On a point of order, Mr Speaker: Given the events over the last few days, I would like to move second and third readings of Bill 13, An Act to amend the Electricity Act, 1998 to ensure that the transmission corridors remain provincial assets to be used for public transit, recreational and similar purposes.

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

ORAL QUESTIONS

HYDRO ONE

Mr Dalton McGuinty (Leader of the Opposition): My question is to the Premier. Let me begin, Premier, by saying how pleased I am that you've come around to my way of thinking with respect to Hydro One.

Interjections.

The Speaker (Hon Gary Carr): We'll just wait. Order.

The leader of the official opposition has the first question.

Mr McGuinty: Premier, I think your passing reference to the fact that the IPO is off the table is characteristic of your complete and absolute mismanagement of the Hydro file.

At one time the IPO was on the table; then it was off the table; now it's under the table. There may be some three, four, five or other options out there with respect to the future of Hydro One. At first you had confidence in the board, then you fired the board and now you've hired a brand new board. Apparently we have a chair who is there on an interim basis only. We have a president and CEO whose future hangs in real doubt. Is not the responsible thing to do here, given these circumstances, to withdraw your bill?

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): If I'm going to adopt the leader of the official opposition's position on every single issue, that gives me a heck of a lot of latitude on almost anything.

With respect to his specific—

Interjection.

The Speaker: Member for Hamilton East, come to order, please. Premier.

Hon Mr Eves: It seems to be tough to get this matter through to the leader of the official opposition. The reason the bill is in the House is to clarify the ownership rights of the people of Ontario as represented through the province. We've said that from day one.

Interjection.

Hon Mr Eves: Well, I'm sure you didn't, Gerard.

Interjections.

The Speaker: It's too noisy. The Premier has the floor.

Hon Mr Eves: The leader of the official opposition would know that the interim board is there until there is an annual meeting held by August 15 of this year. It has never been a secret that it's an interim board, that they're there for that period of time.

The reason we replaced the former board was very simple. We asked the former board to take the appropriate corrective action with respect to certain compensation and severance—

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

Mr McGuinty: Premier, you're making my case for me. We have an interim board. For all intents and pur-

poses, we may very well have only an interim CEO and president, depending on whether or not they work out her salary package.

We're talking about a multi-billion dollar transaction. We're talking about our one and only electricity highway here in the province of Ontario. As a result of your complete lack of leadership on this file, as a result of your dithering and fiddling, you have introduced uncertainty into the Ontario economy like never before. The Premier may laugh at this, but you have somehow managed, at one and the same time, to alienate both Bay Street and Main Street when it comes to your handling of the hydro file. Until you decide, sir, what kind of leadership you want to bring to Ontario Hydro, is not the responsible thing to do to take your bill off the table?

Hon Mr Eves: Absolutely not. That's not the responsible thing to do.

Mrs Sandra Pupatello (Windsor West): Why do you still need it?

Hon Mr Eves: Because we are going to bring some private sector discipline to Hydro One, whether it's through a strategic partner, whether it's through an income trust—

Interjections.

The Speaker: Order. Sorry to interrupt the Premier. We'll give him his full minute. We sometimes lose time. You'll get the full minute if we ever get back.

Premier, sorry for the interruption.

Hon Mr Eves: I would say to the leader of the official opposition that we may have the odd detractor on Bay Street but I believe we have none on Main Street as the result of the decision made today.

1410

Mr McGuinty: Premier, I want to remind Ontarians, because you seem reluctant to do so, what it is you are prepared to do with respect to your bill. You're not foreclosing any possibility whatsoever. Your bill will allow you to sell off Hydro One or do whatever the heck else you're planning to do, if at some point in time you in fact make up your mind. That's what your bill allows you to do: absolutely anything and everything with respect to the future of Hydro One.

You want us to pass this over the course of the next two weeks without any determination whatsoever of exactly what you intend to do. Your mismanagement of the Hydro file is going to go down in the annals of history as something that is beyond compare.

You still don't know what to do with Hydro One. At first you had confidence in the board. Then you fired the board, and now we have an interim board. Now you tell us the IPO is off the table—there are three, four or five other options that are floating out there.

Premier, I ask you again: until you make some kind of decision as to what you plan to do with Hydro One, isn't it the responsible thing to take the bill off the table?

Hon Mr Eves: Which day would you like me to take your advice on, December 12, 2001?

Interjections.

The Speaker: Order. Would both members for Windsor come to order, please.

Interjections.

The Speaker: I almost hate to get back to question period, the comments were so good. Sorry, Premier.

Hon Mr Eves: The Leader of the Opposition asks us to listen to the people of Ontario. We've done exactly that. He stood up at the beginning of his first question and complimented the government on making a decision, and now, two supplementaries later, he doesn't think we've made a decision. I wish he'd get it straight in his own mind before he poses the question.

SPECIAL EDUCATION

Mr Dalton McGuinty (Leader of the Opposition): My question is to the Minister of Education. As you know, Minister, there are 40,000 children in Ontario waiting for special education assessments and placements. I believe we have an obligation to help these kids find success. You have put in place an assessment process that is robbing these kids of the help they need.

I want to quote Michael Moher, director of education at the Windsor-Essex Catholic District School Board: "Staff has spent thousands of hours doing assessments, writing reports and filling out forms. Paperwork has become a top priority and students are not being serviced in the manner they require. This is what happens when you try to centralize something that shouldn't be centralized."

Minister, my "kids can't wait" plan gets rid of your bureaucratic nightmare and invests the money saved in helping our kids. Will you help special-ed kids by adopting my plan?

Hon Elizabeth Witmer (Deputy Premier, Minister of Education): Our government has always been extremely committed to ensuring that the needs of students with special needs, particularly the group that I think you're going to be talking about today—high-needs students—are addressed. But I do want to point out the fact that the number you are using, as you well know, is a very unscientific number. I think it's important to recognize that the methodology that was used was certainly not accurate and was based on a very small sample by another group.

I can tell the member opposite that if he takes a look at the history of what's happened in this province over the years, all students have not had equal opportunities to access special education services. What we have put in place is an attempt to ensure there is appropriate programming and resources for all children in this province no matter where they live.

Mr McGuinty: Minister, if you're not happy with the number provided by People for Education, then I ask that you table your number.

I want to tell you about Taylor. He's sitting on your right in the gallery. He's seven years of age, and he's from Ottawa. He's in grade 1. He loves to fish, and he

has one proud big brother. He and his dad have travelled a long way today to ask for your help.

Taylor has a non-verbal learning disorder, and he needs the help of an educational assistant in a small classroom. With that little bit of help, Taylor will do, and in fact has done, very well. But now Taylor is in a regular classroom and has lost his educational assistant. He now gets just four hours a year of extra help. He used to get two hours a day.

Madam Minister, I believe we owe it to Taylor to ensure that he gets absolutely everything he needs to find success in life. His father is telling me that because he's not getting the help he used to get, he's going to have to repeat grade 1 next year. I feel that Taylor and kids like him around the province can't wait. I'm asking you to change the bureaucratic process to help—

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

Hon Mrs Witmer: Our government has been very committed to special education funding, providing the support for the students. There are many, many children in this province and we have put in place a process whereby we have increased funding since 1998 by 17%. We are presently providing \$1.37 billion. We are requiring that all school boards provide the appropriate services that are needed to the students, and we are right now continuing our efforts to ensure that all children, whether they live in Fort Frances, Ottawa, Leamington or Exeter, Ontario, have the same opportunity.

I can assure you we will continue to do what we have the last five years. We will provide the funding for children in this province, as we have. We've increased it by 17% and we will continue to do so.

Mr McGuinty: Madam Minister, up in the gallery is Hilary Esmonde-White, on behalf of her nine-year-old daughter, Anna. Anna won a three-year battle with cancer, but the chemo she needed to save her life left her brain damaged. She needs one-on-one help in the classroom. She's been told that she has tremendous potential and that she could make it to university if she gets the help she needs. She's not getting it. She's sharing her educational assistant with eight other students and she's been told that she needs one-on-one assistance.

You, Madam Minister, are failing children like Anna right across the province. I've talked about these two kids here today, but People for Education tell me there are close to 40,000 of these children. I think we have a moral responsibility to help these kids get the very best start in life so they can find success. If we can't do that in government, then who's going to do it for them? You've got half a billion dollars for private schools, but you don't have enough money in public education to meet the special education needs of our kids.

I'm asking you, do away with your bureaucratic process and, instead, invest those resources in helping these kids.

Hon Mrs Witmer: I find it a little disappointing how the Leader of the Opposition has attempted to politicize this process. We are all concerned about providing the

appropriate programs and the appropriate level of funding for students in Ontario.

Interjections.

The Speaker: Sorry to interrupt the minister. Will the minister please take her seat. Order.

Interjections.

The Speaker: This is the last warning to the member for Hamilton East. We have some visitors in the gallery who would like to hear an answer.

Interjections.

The Speaker: Order. We have some visitors in the gallery who would like to hear the minister answer.

The Minister of Education.

Hon Mrs Witmer: I'd like to quote, because when the previous Minister of Education introduced the changes in special education, this is what Marie Bountrogianni, MPP, Hamilton Mountain, said about the funding formula: "It's the first time that they mandated special services—psychologists, social workers and speech and language pathologists—and I applaud the government for that."

The Liberal candidate in Wentworth-Burlington, Vicky Wilson-Sher, said, "It's good to develop standards that are province-wide...."

I'd just say to the leader opposite that we care about these children; you care about these children; I know the NDP care about these children. We are moving forward. We've increased funding by 17%. We will continue to ensure that all children in this province—

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

1420

HYDRO ONE

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. Premier, you've stated that a privatization of Hydro One is off the table but a partial sale of Hydro One or Hydro One assets is still being considered. Your Minister of Energy constantly tells people that Hydro One assets or part of the company must be sold because there's a financial crisis, the transmission lines are falling down and the money must be found to fix up the transmission lines. But I searched through the whole privatization document, the prospectus, to look for any words that support your Minister of Energy's scare campaign. Nowhere in that prospectus do you find anything that supports his scare campaign. So, Premier, I want to ask you, what's the real reason your government wants to sell off part of Hydro One or some of Hydro One assets?

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): First of all, we did not say this morning that anything was off the table; we said that we would not part with control of Hydro One. That's exactly what we said. We do believe that we need to bring some private sector discipline to Hydro One. There are many different ways you can do that, but the most conventional way would be to seek out a strategic partner for less than 50%, so the government retains control of the asset,

which I know the leader of the third party advocates. Another way is an income trust scenario. That's another way you could bring in private sector discipline and have people on the board and have partnerships. Another way, of course, is to sell less than 50% of the shares and bring in private sector discipline that way. So there are three conventional ways you could bring private sector discipline to the entity of Hydro One without parting with control on behalf of the people of Ontario, as we have committed to do today.

Mr Hampton: The only private sector discipline we've witnessed at Hydro One was the desire to push the salaries, bonuses and expense accounts up to the private sector level. That is exactly the so-called private sector discipline that the people of Ontario are opposed to.

Your Minister of Energy is out there on a scare campaign telling people that if some of the assets aren't sold off and the revenue used to shore up the transmission lines, they're going to fall down. But when you search the prospectus, nowhere do you find support for that language. So I ask you, are the lawyers and accountants who have put together that prospectus being misleading? Are they saying something untrue, or is your Minister of Energy once again wrong?

Hon Mr Eves: First of all, the leader of the third party has been telling us what a great job the board was doing. Now he's concerned that we've removed the former board from their responsibilities. They weren't doing that great a job, in our opinion. They were not responding to the 100% shareholder, the people of the province of Ontario, and they were not protecting the interests of the people of the province of Ontario, which is exactly why they were removed when they didn't respond to what we thought appropriate action should be with respect to the very issues the leader of the third party professes to be concerned about: compensation and severance packages to senior executives at Hydro One.

Mr Hampton: The Premier is trying very hard not to answer the question. The question is about your Minister of Energy's scare campaign, where he goes around Ontario saying, "Well, if we don't sell off some of the assets, the transmission lines are going to fall down. We need to sell off the assets so we get the money to shore up the transmission lines." Yet when you read the prospectus, there is not one ounce of support for that.

Premier, you know, as an investment banker, that putting a misleading or untrue statement in the prospectus is a criminal offence; people can go to jail. So either your Minister of Energy is wrong again, he has mounted another scare campaign, or the people, the lawyers and the accountants, who put together the prospectus have uttered an untrue or false statement and should go to jail. Which is it, Premier?

Hon Mr Eves: Not only with respect to the prospectus, but everybody associated with Hydro One has stated and enunciated on numerous occasions that about \$500 million minimum a year needs to go into capital restructuring of the distribution arm of Hydro One. That has been out there for a long time.

The Minister of Energy is not fear-mongering. He isn't the guy who rented a bus that went around complaining and fear-mongering to seniors and others in Ontario. By now, according to the leader of the third party, the sky is supposed to have fallen in, the ceiling should be down upon us and the lights should be out in perpetuity, but none of those apocalypses has happened as he projected.

The Speaker (Hon Gary Carr): New question.

Mr Hampton: Premier, yesterday morning the price of electricity shot up to \$700 a megawatt hour, 16 times what it has customarily been in Ontario. I suggest to you that people across this province are concerned when the price of hydro rises 16 times higher in one day.

Again I come back to the question: there is no support for your Minister of Energy's scare campaign. If you read the Hydro One prospectus, about \$500 million was invested in hydro transmission lines last year and \$500 million is committed this year. There's no discussion about needing to sell off Hydro One or any part of Hydro One in order to get that money.

Admit it, Premier: the real reason you want to sell off part of Hydro One, or formerly all of Hydro One, is that you want \$2 million or \$3 million—

Interjection: Billion.

Mr Hampton: —\$2 billion or \$3 billion to put into a pre-election slush fund that you can spread around Ontario. This is going to be a repetition of Highway 407: sell off a valuable asset and use the money to grease the skids for an election. Admit it. That's what it's about.

Hon Mr Eves: Talk about fear-mongering. I think I just heard the leader of the third party say that hydro rates are up 68%. He knows full well that he's fear-mongering again. He's trying to lead the people of Ontario to believe that their electricity bills will be going up 68%, and he knows, at least I hope he knows, that nothing even remotely resembling that, not even 6.8% let alone 68%—perhaps he has the two numbers right; he's just misplaced the decimal point—is going to happen in the future with respect to electricity rates in Ontario.

I know it's an easy political hit and it's easy to get fear-mongering on a spot price for electricity at any particular moment in time, but people in this province don't get electricity bills every second or every minute or every hour or even every day or every week. They get them monthly or they get them quarterly, and over the course of the year, the price of electricity will not go up. He knows that. Why does he continue to fear-monger to the people of Ontario—hopefully, he thinks, for his own political gain?

Mr Hampton: The Premier just sounded like the former chief executive officer of Enron defending huge power increases in California. The question is about the rationale for selling off any part of Hydro One.

The first rationale you gave was about the debt. But we found that on the privatization of the Bruce nuclear plant you actually get less money to apply to the debt. Then it was about private sector discipline. We found out about private sector discipline. It drives the bonuses,

salary and expense account of Eleanor Clitheroe over \$2 million. Most recently it was the scare campaign: you have to sell off part of the company to find the money to maintain the transmission lines. But the prospectus doesn't even mention that; it doesn't even refer to it.

So I'm saying to you, Premier, that the real reason you want to sell off part of Hydro One is that your government wants some money to spread around before the next election, just as you did with Highway 407. Deny it, if it's not true.

Hon Mr Eves: It absolutely is not true. First of all, the leader of the third party must know something I don't know: that there's going to be an election following this. I certainly have no plans to call an election in the near future, and I can assure the member that there will be at least a couple of budgets between now and the next provincial election.

1430

I would also point out to him that he's totally inaccurate with respect to Bruce A, for example. The entity that leased Bruce B is going to spend \$1.1 billion to bring Bruce A back on stream. That never would have been available other than by getting it from taxpayers of Ontario and adding to the \$38-billion debt that's already there to bring that asset up and running. Yesterday, he was in the House quoting some environmental group saying we should do nuclear energy so we can eliminate our coal-powered plants. Today, he's dumping all over nuclear energy. He's all over the map on this issue.

With respect to the 407, every single penny that was raised went to pay down the debt; all \$1.7 billion or \$1.8 billion in profit went to that. It didn't go into any election goodies for any election campaign.

SPECIAL EDUCATION

Mr Gerard Kennedy (Parkdale-High Park): My question is again for the Minister of Education. Minister, you said in an earlier answer to my leader Dalton McGuinty that you are going to continue what you were doing for the past five years. I'm here to tell you that's not possible. It's not possible to tell the parents who are here today and thousands more around the province that that is going to be your response. What you're doing is, you're taking kids—and I've got pictures of some of them here in front of me—and reducing them to pieces of paper like this. Forty pages—it would take 15 hours of teacher time, hundreds of hours to fill out, thousands of dollars diverted away from these kids.

Minister, I'm going to send you a list of 57 communities in 37 school boards where this problem is documented. It's in every school board.

I want to tell you that here in the gallery is Theresa MacNeil. Her grade 5 daughter, Bernadette, is down to one hour of assistance a day. At one time, she had 100% support in grade 2. Your rules are such that when Bernadette does better because she gets the support she needs, that becomes a case for taking the support away. Will you respond to the plan we have? Will you tell the

families here today, and listening around the province, you won't make them wait—

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

Hon Elizabeth Witmer (Deputy Premier, Minister of Education): I think we need to be clear on one thing. Everyone in this House today is committed to making sure all students in this province who have special needs receive the adequate programming and financial support they need. If the member remembers, it wasn't all that long ago when, depending on where you lived and what board you were with, sometimes you had no access to special-needs funding or services or support or assessments. We are now moving forward. We have the support of the Provincial Auditor. He believes our multi-year plan will promote continuous quality improvement.

I want to remind the member that we have increased special-needs funding by 17% since 1998. We will continue to ensure that we protect the funding for these vulnerable children. We are allocating for them \$1.37 billion—

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

Mr Kennedy: This morning, Brenda Omarra was here with her son Sean. Her son is autistic and has fragile X syndrome. He has had one-on-one help for the past five years and this year he's going to be cut back to 5.5-on-one.

Minister, you have to get out of your plush chair in Queen's Park. You need to go and see what's happening out there. You are having paperwork done in place of helping people. In boards across the province, represented by each of these members on your side of the House, no assessments are being done and no help is being given to all kinds of students. I've sent you a list of hundreds of people, with their phone numbers, their schools and their boards, who are willing to talk to you and explain this problem to you.

Today we have with us a number of parents. They can't wait for multi-year plans. They can't have this problem continue. You made this problem with the paperwork. You created this nightmare for them and their families. On behalf of these families but, more importantly, on behalf of the rest of us, it's in all of our interests. They're not here to beg for their kids. They're here because this is in all our interests for you to respond here today—

The Speaker: The member's time is up. Minister?

Hon Mrs Witmer: The process that we have set up we have acknowledged, and we have worked with an ISA working group. It was made up of trustees, supervisory officers, the Ontario Parent Council and others.

I think we've forgotten what the whole process—

Interjection.

The Speaker: Order.

Mrs Sandra Pupatello (Windsor West): It is inarguable.

The Speaker: I'm sorry to interrupt the Minister of Education.

The member for Windsor West, this is your last warning. You're not going to continue. You're yelling across. I yell "Order," and you keep going. This is your last warning. I will have to ask you to leave if you keep it up. Sorry, Minister of Education.

Hon Mrs Witmer: The entire ISA process was designed to establish each board's share of high-needs students. The process will be complete at the end of this year. It will give us a clear picture of the highest-needs students. It is a comprehensive review to ensure that all children in this province, no matter where they are, receive the support. We've made the eligibility criteria clear. It is up to each board of education to ensure that the appropriate programs are provided.

Mr Kennedy: More rules.

The Speaker: Order. This is the member for Parkdale-High Park's last warning as well.

ASSISTANCE TO FLOOD VICTIMS

Mr Al McDonald (Nipissing): My question today is for the Minister of Northern Development and Mines. I'm sure you're well aware an intense storm has hit the Rainy River, Fort Frances and Atikokan areas of north-western Ontario. Many families in the north have been seriously affected, and it poses great concern.

I am very surprised the leader of the third party is so concerned about Hydro that he's forgotten about the people he represents.

As a northern member of caucus, I am very concerned for these residents. Can you give us an update on this situation?

Hon Jim Wilson (Minister of Northern Development and Mines): I'd like to thank my colleague from the north—

Interjections.

The Speaker (Hon Gary Carr): Order. Will the member take his seat, please. Everybody calm down. I've never had anything like that. Everybody's just going to calm down. I believe the minister had the floor.

Hon Mr Wilson: I want to thank our colleague from the north for expressing his concerns about, indeed, a serious situation in the northwestern part of the province. I know he understands, being a northerner, that these unfortunate situations do happen all too often in the north. The government is very much aware of the current situation. There's been a large flood up there, for members who don't know. The member is correct in pointing out the areas the flood is affecting most. Atikokan, the town of Rainy River and the townships of Dawson and Lake of the Woods, in fact, have declared emergencies due to severe flooding.

I can assure all members of this Legislature and everyone in the north that representatives of the government continue to be in close contact with local officials in the affected communities. In particular, I want to assure the mayor of Kenora, Dave Canfield, the mayor of Fort Frances, Glenn Witherspoon, and the mayor of Atikokan, Dennis Brown, that the Ontario government will provide

necessary support for the communities affected by the storm. We're here to help them.

In response to the second part, the Minister for Public Safety and Security will specifically outline what the government is doing.

Mr McDonald: I'm glad the Ontario government acted so quickly to help these communities in crisis.

Mr Howard Hampton (Kenora-Rainy River): On a point of order, Speaker: The Minister of Transportation and the Minister of Housing might want to inform the House that I raised these issues with them yesterday.

1440

The Speaker: It's not a point of order.

Hon Chris Hodgson (Minister of Municipal Affairs and Housing): On a point of privilege, Mr Speaker: The leader of the third party did mention to me a riding issue. I never—

The Speaker: Order. It's not a point of privilege.

Interjections.

The Speaker: Order. The member for Nipissing had the floor, I believe.

Mr McDonald: Thank you, Mr Speaker, and thank you, Minister. I'm glad the Ontario government acted so quickly to help these communities in crisis.

Minister, can you tell me what the government is doing to help these communities?

Hon Mr Wilson: The Minister of Public Safety will respond.

Hon Robert W. Runciman (Minister of Public Safety and Security): I thank the member for his concern and for the question.

The Ontario government is very concerned about the residents of these fine communities. I want to assure you that no fatalities or serious injuries have occurred and no formal evacuations have taken place.

Presently, the main concerns are power outages, road washouts, water treatment and sewage plants and supply shortages. Emergency Measures Ontario has dispatched area officers to Kenora, Atikokan and Thunder Bay to provide advice and any required assistance. MNR and EMO are maintaining constant contact with the community leaders. In addition, MNR is currently providing helicopter air support, which allows continued assessment of the situation. Various ministries and the OPP have been called to the provincial operations centre to assist with the province's response. The OPP as well as the various ministries and EMO are working together to provide a more accurate assessment of the impact—

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

CHILDREN'S HEALTH SERVICES

Mr Dalton McGuinty (Leader of the Opposition): This question is to the Premier. Your decision to shut down the heart surgery program at the Children's Hospital of Eastern Ontario has sparked an outcry, the likes of which we have never, ever seen in eastern Ontario. In just over two weeks, over 134,000 people signed a peti-

tion calling on you to reverse your decision. You have frightened, angered and brought together families in eastern Ontario like never before. They believe, Premier, as I do and as our doctors do, that your decision to shut down the children's heart surgery program at the Children's Hospital of Eastern Ontario will compromise our children's health care.

My question to you, Premier, on behalf of the 134,000 people who signed this petition is quite simply this: how could you possibly fail to understand how important our heart surgery program was and is to the families of eastern Ontario?

Hon Ernie Eves (Premier, Minister of Intergovernmental Affairs): The Minister of Health is dealing with this issue. I'm sure he'd be glad to respond.

Hon Tony Clement (Minister of Health and Long-Term Care): I want to assure the citizens in and around Ottawa and in eastern Ontario that on this side of the House we're most concerned with making sure that our kids have the very best health care, the very best outcomes so that they live healthy, prosperous and long lives. That's what we on this side of the House believe.

I've tried to depoliticize the issue. I've tried to ensure that we look at the facts, that we look at the best practices, that we learn from the coroner's inquest in Winnipeg, that we learn from the coroner's inquiry in London. I've tried to make this not a political issue but an issue where we can make the best decisions on behalf of the kids in eastern Ontario.

I ask the honourable member opposite to join me and also be a positive influence so we can get the best results for our kids, not only now but in the future.

Mr McGuinty: Minister, you will know there was a rally in Ottawa a couple of weeks ago where over 2,000 people came out on a Saturday morning. There was a rally last week in Pembroke where hundreds attended. There are now rallies planned in Cornwall and in Casselman.

We've had family members from Ottawa, Cornwall, Morrisburg, Carleton Place, Smiths Falls, Rockland, Hawkesbury, Pembroke, Arnprior, Renfrew, Barry's Bay, Perth, Merrickville, Kemptville, Winchester, Chesterville, Maxville, Brockville, Gananoque, Kingston, Napanee, Cumberland, Alfred, Embrun, Manotick, Eganville and other places who are outraged that you would make the decision in the first instance to rob us of our children's heart surgery program.

The question I have for you again, on behalf of these 134,000 people, is how could you possibly have made that decision in the first place?

Hon Mr Clement: I know this may come as a surprise to the honourable Leader of the Opposition, but I did so because I thought it was the right thing to do. I thought it would give us better outcomes for our kids.

Interjections.

The Speaker (Hon Gary Carr): Last warning for the member from London-Fanshawe. We'll ask you to leave. You're on the list as well, member for London-Fanshawe. Sorry, Minister.

Hon Mr Clement: The reason I came to that conclusion was on the best advice of some of the best pediatric minds, not only in the Dominion of Canada, but throughout the world. So when he asked the question, I hope he wasn't trying to be rhetorical. But that's the answer to the question. Because it's such a serious issue, we decided to review the review through Dr Keon. I have made it clear that if Dr Keon can give me some comfort that there is another way to achieve the best results for our kids in eastern Ontario, I'm willing—believe me, I'm willing—to take that advice.

I'm willing to take that advice. Why won't the honourable member opposite also come clean and say he would be willing to take that advice as well? He hasn't said so. He has kept his options open, which makes it a political issue. I'm trying to depoliticize it. I encourage him to do the right thing: depoliticize the issue and make sure we do the right thing together. Why won't you join with me and do that?

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): On a point of order, Mr Speaker: We have in the gallery today a group from the Castor school of Embrun, who are here to support the position of our leader—

The Speaker: It's not a point of order. I would ask the members not to waste time to do that, particularly when they inject politics into it. On some occasions, as you know, we allow points of order to recognize schools. On some days when we see the children's faces, it's the best thing we do in here. But I'm not going to allow you to do it and then add on something political like that. I would ask all members not do it. It's question period.

WOMEN IN SKILLED TRADES PROGRAM

Mr Ted Arnott (Waterloo-Wellington): My question is for the Minister of Training, Colleges and Universities. The minister recently announced funding for the women in skilled trades program at Conestoga College in Kitchener, and we very much appreciated her visit to our community last week.

We know that economic independence is an important issue for everyone in Ontario. This is both a social and an economic issue. By being able to support themselves and their families, women are not only making a greater contribution to our economic growth, but they also have more choices themselves and are less likely to become trapped in abusive relationships or circumstances.

For everyone's benefit, we need more women qualified and working in the skilled trades in Ontario. Can you inform the House about the women in skilled trades program and the work it is doing to increase the number of women working in non-traditional careers?

Hon Dianne Cunningham (Minister of Training, Colleges and Universities, minister responsible for women's issues): We're very excited about having more women enter apprenticeship training programs, where right now they are significantly underrepresented. They should know that these are great-paying jobs and that we need them.

Just last week I was at Conestoga College—a great success story—with my colleague the Minister of Community and Social Services and Mr Wettlaufer. We have more than one letter, but this is basically what one says:

“I have been in the construction electrical trade since 1974. I was a foreman for over 20 years and I am now employed as a project manager. Of the more than a couple of hundred electricians that I have worked with over the years, the number of women I have met could be counted on only both hands. However, they were all good electricians. I can only imagine how hard it was for them to be successful, but believe me, over those years, I’ve seen a lot more unskilled men.”

You should know that even this professional wants more women in the skilled trades.

Mr Arnott: I know we all agree with that answer. We certainly extend our congratulations to the women participating in the women in skilled trades program at colleges and training institutes across Ontario and hope for their continued success.

In addition to the skilled trades, women need greater representation in the information technology industry, a source of much of our province’s growth in recent years. The information technology sector offers rewarding and well-paying jobs and is currently experiencing a shortage of qualified workers. Can the minister tell us what the ministry is doing to encourage and prepare more Ontario women for careers in the high-technology sector?

1450

Interjection.

Hon Mrs Cunningham: “Now,” says the former mayor of Kingston, who supports women in information technology and has jokes in the House.

We actually have a great pilot program. My colleagues and I across the country, ministers responsible for women’s issues, are working together. The government actually invests over \$2 million over three years. It is a beginning, but it is dealing with people who have a very difficult time in technology, giving them every opportunity we can give them.

They are in four sites in Ontario where there are high concentrations of high-tech industry so that they’ll have a lot of mentors and opportunities to participate in the workforce. It does target low-income women, because if they get a second chance, a third chance, if we reach out to them, they will be successful.

Of course, my writer says, “I applaud your vision.” People don’t say that to me very often, so I’m reading it.

In my opinion, there simply will not be enough potential tradesmen to meet tomorrow’s demands if only young men are encouraged to apprentice. It is time for an intelligent investment in women’s education by all the women in this House, which we support, to begin to fill the void on behalf young women.

ASSISTANCE TO FLOOD VICTIMS

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Municipal Affairs. I’m

advised in his absence the associate minister will be answering the question.

Yesterday I advised the Minister of Municipal Affairs about the very serious flooding, tornados and electrical storms across northwestern Ontario and that yesterday at this time some 15,000 homes were without electricity. I’m told that today at this time there are still about 8,000 without hydro. All the major highways—Highway 11, Highway 71, Highway 502—have been shut off. There’s a “drive at your own risk” advisory on Highway 17.

As you will know, this is the second time in two years that this kind of flooding has happened, so many people and many municipalities have suffered very serious damage.

I want to know, what are you prepared to do to ensure that communities get the help they need now—right now—to have roads restored, hydro restored and other important services restored?

Hon Brian Coburn (Associate Minister of Municipal Affairs and Housing): As we speak, we have representatives there from Emergency Measures Ontario, as my colleagues have pointed out, as well as representatives from the Ministry of Municipal Affairs, the Ministry of Natural Resources and the Ministry of Transportation, working with leaders of those communities that are affected to determine steps that should be taken to alleviate the immediate situation.

Last year, the province responded quickly, and we have responded in the same manner this year. We were there with financial assistance. Whatever aid, whatever is needed to alleviate the immediate situation is certainly the direction that is given to our people on the ground in the Rainy River and northern area.

Mr Hampton: Minister, last year communities like Fort Frances, Rainy River and a number of rural communities where there was extensive property damage had to wait for over a year before they received financial assistance from the Ontario disaster relief assistance program. For many people, that’s just too long. As well, many municipalities didn’t get the money to help them repair their roads, which were completely washed out, until just earlier this spring. This is the second time this has happened now. The washouts are even more severe than before. The property damage is even more severe than before.

Can you assure people that the financial assistance will arrive in a timely way and people will not be forced to wait 12 months, 15 months before they see the money that they need to make these essential repairs and restore the property damage?

Hon Mr Coburn: Certainly representatives of the various ministries on the ground, who had the experience of last year’s disaster up there, are working closely with them. I can assure the leader of the third party that we will do everything in our power to alleviate the hardship that the residents are facing up there on a timely basis and provide the financial assistance that’s needed to restore the community to its former situation.

At a time like this, when hardship and loss of property affect individuals and raise the anguish among families

and communities, and the financial impact as well, that is something we will address as quickly and in as timely a manner as we possibly can.

MINISTRY SPENDING

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): My question is for the Minister of Community, Family and Children's Services. Everyone knows this government's ugly record of scapegoating social assistance recipients. Mike Harris cut off the nutrition allowance to expectant mothers because, he said, it was being spent on beer. John Baird has insinuated that social assistance recipients are drug addicts. Meanwhile, that minister was handing the taxpayers his bar tabs. I hold in my hand a few of the hundreds of receipts that your predecessor, John Baird, got taxpayers to pay. A \$200 tab from the Bier Markt, \$120 from The Keg Mansion, \$180 from Fiddlers Green Pub. Minister, will you join me in condemning this double standard for your ministry?

Hon Brenda Elliott (Minister of Community, Family and Children's Services): I refer that question to the Chair of Management Board.

Hon David H. Tsubouchi (Chair of the Management Board of Cabinet, Minister of Culture): I'll just refer back to May 28, when the same question was posed to me—different circumstances. "The ministers' handbook provides for reimbursements of expenses for ministers and their staff while on government business, provided the claims are supported by receipts and reasonable for locations where incurred. We provide guidance to ministries in developing their policies. It is the responsibility of each minister to make sure they're followed and are fair and the rules are adhered to." That was my quote from May 28. It stands again today.

Mrs Dombrowsky: Minister, the decay has set in on your side of the House. Ministers say they are entitled to live high on the hog because they work hard. Well, the vast majority of Ontarians work hard, but they don't hand taxpayers the bill for their Danier Leather folders. The Minister of Energy hands taxpayers the bill for his bar tabs, the Minister of Consumer and Business Services hands taxpayers the bill for his fishing licence, and the dining expenses for a month of your predecessor, the Minister of Community and Social Services, were double what a single mom with two children on social assistance live on in a month. What a double standard. Moral decay has set in and the Provincial Auditor needs to be called in to see how deep it goes. Will you ask the Premier to call in the Provincial Auditor to review all ministerial expenses?

Hon Mr Tsubouchi: Maybe I can get a little more definitive here and put some context to all this. On average, both opposition parties spent more per year on meals and travel when they were in power than our party, and when we adjusted for inflation, the Liberals spent 45% more. The Liberals increased their spending on travelling and meals by nearly \$35 million, and that's

more than 30%. In their first year alone, the Liberals increased their travel and meal expenses by \$14 million. I guess it's, "Do as I say, not as I do," right?

MUNICIPAL LEGISLATION

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): I have a question for the Associate Minister of Municipal Affairs and Housing. As you're aware, the Municipal Act is over 150 years old. Considering that we are in the 21st century, this Municipal Act could not be considered as an effective tool for the issues facing municipalities in today's age. What have you done to ensure that municipalities will have the tools to enable them to ensure vibrant, healthy communities?

Hon Tina R. Molinari (Associate Minister of Municipal Affairs and Housing): I would like to thank the member from Bramalea-Gore-Malton-Springdale for the question. He is absolutely correct: the old Municipal Act was not effective, and municipalities across the province have been asking for there to be a more modern, streamlined act that could respond to their local needs and environmental and social changes within their communities.

We've responded. We introduced and passed the new Municipal Act last December, which will come into effect January 1, 2003. This new act is the cornerstone of a better, more consultative relationship between the province and the municipalities. Both opposition parties had the opportunity to introduce such an act, but did not. Despite several municipalities' call for a new act, they even voted against it. This government has responded to those requests. Over the last 150 years there have been several amendments to the act that created an extensive act. The new act is more comprehensive. It responds to the local needs with 10 areas of influence, unlike the current one-size-fits-all act.

1500

Mr Gill: I understand, Minister, that the new municipal act gives broader authorities for municipalities. But what is being done to ensure that municipalities are aware of these changes? Is there some sort of training in place for municipalities?

Hon Mrs Molinari: I'm pleased to respond. I know that the member for Bramalea-Gore-Malton-Springdale is also very connected with his municipalities that cover Mississauga and Brampton. I'm pleased to say the report does have education awareness. We are ongoing with the education for all of the municipalities. There is a working group that has been established and is comprised of staff from the ministry and representatives from a number of municipal stakeholder associations. It will develop and implement an education program to help facilitate a smooth transition into the new act.

To date, the working group has met twice: January 10 and February 4. It is in the process of developing a detailed education and training strategy to ensure that municipalities are prepared for January 1, 2003. It is expected that training sessions dealing with specific aspects

of the new act will begin sometime in the spring of this year and will carry on throughout 2004.

We have received very positive feedback from this act from all of the municipalities, from—

The Speaker (Hon Gary Carr): I wish I hadn't cut off Ann Mulvale, my mayor, when you said that.

HYDRO ONE

Mr Monte Kwinter (York Centre): I have a question to the Minister of Enterprise, Opportunity and Innovation. During the leadership campaign, you made a statement and I want to quote it: "I'm in favour of a public offering of the shares of Hydro One. We need to come to a conclusion on this. It's important for markets to know and for business to know what the position of the government is."

In the statements made by the Premier today, he is quoted as saying, "The decision on the future structure of Hydro One will be made after several months of public and private consultations and will be revealed before the next election, expected next spring."

This dithering and this vacillating has got to have an impact on what is one of our most competitive advantages, and that is Hydro. Could you tell me what your position is and do you know what the government's position is and what was the advice that you gave to the Premier?

Hon Jim Flaherty (Minister of Enterprise, Opportunity and Innovation): Science and technology is in the new ministry but energy is not.

Hon Chris Stockwell (Minister of Environment and Energy, Government House Leader): I want to just say to this House—

Interjections.

The Speaker (Hon Gary Carr): Order. Sorry. Minister of Energy?

Hon Mr Stockwell: I'm happy to take a question from a member opposite who supports the private school tax credit as fully and completely as I do.

I think since this process has been announced, post-Justice Gans's decision, we've said that we are examining all kinds of options that are brought to our attention. I went through the consultation process and heard many options that were put on the table.

We've examined them and I think we've narrowed the field down to a couple. I don't believe that's dithering at all. I think we're doing the proper thing. We're examining all the options and we'll announce it in due course.

I say to the member opposite, if there's any dithering to be seen here, it's in the position of your leader, December 12 and post-December 12. As I said in this House earlier, the only reason your leader came up with changing his mind is that on December 12 he was thinking too quickly, and it was thinking too quickly that got him into this trouble. He should slow down and think as he normally does, slowly.

Hon John R. Baird (Associate Minister of Francophone Affairs): On a point of personal privilege, Mr

Speaker: I want to apologize. The Board of Internal Economy was supposed to meet today, and it's not going to be able to meet because of an attendance issue. We won't be able to consider the request from the member for Hastings-Frontenac-Lennox and Addington for more money for her Toronto apartment, because \$16,000 isn't enough. She wants more money.

Interjections.

The Speaker: Order. I would ask all members to cool the temperature in here.

Question period is now over.

PETITIONS

CHILDREN'S HEALTH SERVICES

Mr Dalton McGuinty (Leader of the Opposition): I have a petition signed by some 54,706 people, which reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas the Ontario government is shutting down the heart surgery unit at the Children's Hospital of Eastern Ontario; and

"Whereas the closure of this program will restrict the accessibility to life-saving surgery for children in eastern Ontario; and

"Whereas every year CHEO treats 140 cases of seriously ill children close to home; and

"Whereas centralizing children's heart surgery in Toronto would force patients and their families to travel 400 to 600 kilometres away from home at a traumatic time; and

"Whereas there is a waiting list for cardiac surgery in Toronto but not at CHEO; and

"Whereas the people of eastern Ontario demand accessible, quality health care for their children;

"We, the undersigned, petition the Legislative Assembly of Ontario to immediately override the government's decision to close this life-saving program and to ensure that top-quality accessible health care remains available to every child in eastern Ontario."

It is with tremendous support that I submit this petition, and I am pleased to attach my name thereto.

Interjections.

The Acting Speaker (Mr Bert Johnson): I'm not very familiar with soccer, but as I understand it, a yellow card is a warning and a red card is, you're out.

I would like you to consider that everyone has a yellow card.

Interjections.

The Acting Speaker: One more word and I'll not warn you again. I think there is no need for that kind of—I could not hear the leader of the official opposition read his petition, and I don't think that is a position you want to put the Chair of this House in, so I will not have it.

The Chair recognizes the member for Niagara Centre, and if he relinquishes I'll recognize the member for Timmins-James Bay.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr Gilles Bisson (Timmins-James Bay): I have literally hundreds of petitions, probably representing over 1,000 names, from the riding of Timmins-James Bay. It reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas people with disabilities who rely on the Ontario disability support program payments are facing rising costs, and

"Whereas people unable to work because of serious disabilities have had no increase in support since 1995, and

"Whereas with loss of rent controls their rents have skyrocketed, placing huge financial strains on many ODSP recipients,

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to bring fairness to the Ontario Disability Support Program Act, 1997, by amending it to provide for regulations requiring annual cost-of-living adjustments to income support programs," just like my good friend Mr Martin is going to propose by way of his private member's bill tomorrow.

I affix my name to that petition.

PUBLIC SECTOR COMPENSATION

Mr John O'Toole (Durham): "Whereas the citizens of Ontario are alarmed and disappointed with the 'golden parachute' severance packages available to senior executives at Hydro One; and

"Whereas the top five executives at Hydro One are not only making large salaries, but have also been given packages that would provide more than \$12 million if they leave, even of their own accord; and

"Whereas the citizens of Ontario consider this compensation to be clearly excessive;

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

"That the Parliament of Ontario instruct the board and senior management of Hydro One to roll back the salaries and severance packages, with the goal of ensuring remuneration is in keeping with expectations of the citizens of Ontario, and

"Further, that the Parliament of Ontario take action to dismiss members of the board and/or senior management if they refuse to reduce the pay and severance packages for Hydro's top executives."

Clearly this is the response of my constituents. I sign and endorse it, and it looks like our Premier signs and endorses this as well.

1510

AUDIOLOGY SERVICES

Mr Alvin Curling (Scarborough-Rouge River): I have a petition here that came in to me and my colleague Rick Bartolucci from Sudbury. Thousands of them are coming in. It says here:

"Listen: Our Hearing is Important!

"Whereas services delisted by the Harris government now exceed \$100 million in total; and

"Whereas Ontarians depend on audiologists for the provision of qualified hearing assessments and hearing aid prescriptions; and

"Whereas new Harris government policy will virtually eliminate access to publicly funded audiology assessments across vast regions of Ontario; and

"Whereas this new Harris government policy is virtually impossible to implement in underserved areas across Ontario; and

"Whereas this policy will lengthen waiting lists for patients and therefore have a detrimental effect on the health of these Ontarians;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand the Mike Harris government move immediately to permanently fund audiologists directly for the provision of audiology services."

I am in full support of this and I will affix my signature. Jordon, I will give it to you to give to the desk.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr Tony Martin (Sault Ste Marie): "Whereas the Ontario disability support program"—more commonly known as the ODSP—"is an important source of income for disabled people who cannot work due to a disability; and

"Whereas there has not been an increase in the amount eligible recipients can receive under the Ontario disability support program since before the current government was first elected to the Legislature; and

"Whereas there have been substantial increases in the cost of housing and other necessary living expenses during the same period of time; and

"Whereas the maximum monthly allowance available for a single disabled person of \$930 is wholly inadequate to meet monthly basic needs";

And whereas Bill 118 has been introduced, the Ontario Disability Support Program Amendment Act (Fairness in Disability Income Support Payments), 2001, to require cost-of-living adjustments to income support payments on October 24, 2001;

And whereas if passed, Bill 118 would ensure that people receiving ODSP will get an annual increase on April 1 to keep pace with the increase in the cost of living;

"Therefore, be it resolved that we, the undersigned, petition the Legislative Assembly of Ontario" as to support Bill 118 through second and third reading.

I assign my signature.

MEDICAL SCHOOL TUITION

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

"Whereas medical school tuition was deregulated by the Ontario government in 1998; and medical school tuition has and continues to increase in excess of 300% such that at some universities tuition is now \$14,000;

"Whereas the combination of excessive tuition and frozen student allowances have impaired students' accessibility to a medical education;

"Whereas the physicians most likely to practise in a rural area are originally from rural areas themselves; and

"Whereas unaffordable tuition disproportionately excludes medical students from rural communities;

"Be it resolved that we, the undersigned, petition the Ontario government and the universities of Ontario to ensure that medical education be made financially accessible to all qualified students; and

"Be it further resolved that we, the undersigned, request that medical tuition be capped and re-regulated at a level accessible to all Ontarians, and that the Ontario student assistance plan/Canada student loan program be adjusted, in order to ensure that Ontarians from all communities are able to afford a medical school tuition."

This petition is signed by a number of residents from Leamington and Harrow, and I have signed it as well.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr Tony Martin (Sault Ste Marie): "Whereas the Ontario disability support program is an important source of income for disabled people who cannot work due to a disability; and

"Whereas there has not been an increase to the amount eligible recipients can receive under the Ontario disability support program since before the current government was first elected to the Legislature; and

"Whereas there have been substantial increases in the cost of housing and other necessary living expenses during the same period of time; and

"Whereas the maximum monthly allowance available for a single disabled person at \$930 is wholly inadequate to meet monthly basic needs; and

"Whereas the Honourable Tony Martin"—that's me—"introduced Bill 118, An Act to amend the Ontario Disability Support Program Act, 1997, to require annual cost-of-living adjustments to income support payments on October 24, 2001, which would have the effect, if passed, of increasing the rates under the Ontario disability support program annually on April 1 to keep pace with increases in the cost of living;

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

"(1) That it support Bill 118, or similar legislation, through second and third reading; and

"(2) That it resolve to increase the allowances payable under the Ontario Disability Support Program Act, 1997, to reflect the actual costs of living in the province of Ontario."

I assign my signature to this petition.

COMPETITIVE ELECTRICITY MARKET

Mr Mario Sergio (York West): I have received a petition from Mr Peter Kerr of 27 London Green Court in Downsview. It's addressed to the Legislative Assembly of Ontario, and I'd like to read it.

"Leave Our Electrical Resources in Ontario;

"Whereas the provincial Conservative Party of Ontario continues to rob the poor to feed the rich with their agenda of selling off the assets of the people of Ontario; I condemn the provincial Conservative Party of Ontario for planning to sell off our electrical resources that my grandfather, my father and myself have worked so hard over many years to construct and pay for. I feel very sorry for my children.

"As a senior with a dependant, my hydro bill will at least double from last year while my small fixed income will decrease with the cost-of-living increases. My wife and myself will not afford to use our one small window air conditioner this summer thanks to the Conservative Party of Ontario policies of bleeding the poor and needy to line the pockets of the rich of Bay Street. I find the actions of this Conservative Party repugnant as they seem to continuously relish to hammer the needy in Ontario, even thinking themselves to be above our provincial courts."

It's signed by Peter Kerr, it's dated, and I concur with the contents. I will give it to the table.

CHILDREN'S HEALTH SERVICES

Mrs Claudette Boyer (Ottawa-Vanier): "To the Legislative Assembly of Ontario:

"Whereas the Ontario government is shutting down the heart surgery unit at the Children's Hospital of Eastern Ontario; and

"Whereas the closure of this program will restrict the accessibility to life-saving surgery for children in eastern Ontario; and

"Whereas every year CHEO treats 140 cases of seriously ill children close to home; and

"Whereas centralizing children's heart surgery in Toronto will force patients and their families to travel 400 to 600 kilometres away from home at a traumatic time; and

"Whereas there is a waiting list for cardiac surgery in Toronto but not at CHEO; and

"Whereas the people of eastern Ontario demand accessible, quality health care for their children;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately override the government’s decision to close this life-saving program and ensure that top-quality, accessible health care remains available to every child in eastern Ontario.”

It’s with great pleasure that I put my signature on this petition.

OPTOMETRISTS

Mr Peter Kormos (Niagara Centre): I have a petition to the Ontario Legislature:

“Whereas the Legislative Assembly of the province of Ontario will be considering a private member’s bill that aims to amend the Optometry Act to give optometrists the authority to prescribe therapeutic pharmaceutical agents for the treatment of certain eye diseases; and

“Whereas optometrists are highly trained and equipped with the knowledge and specialized instrumentation needed to effectively diagnose and treat certain eye problems; and

“Whereas extending the authority to prescribe TPAs to optometrists will help relieve the demands on ophthalmologists and physicians who currently have the exclusive domain for prescribing TPAs to optometry patients; and

“Whereas the bill introduced by New Democrat Peter Kormos (MPP—Niagara Centre) will ensure that patients receive prompt, timely, one-stop care where appropriate;

“Therefore I do support the bill proposing an amendment to the Optometry Act to give optometrists the authority to prescribe therapeutic pharmaceutical agents for the treatment of certain eye diseases and I urge the government of Ontario to ensure speedy passage of the bill.”

That’s signed by hundreds of persons and by me as well.

1520

CHILDREN’S HEALTH SERVICES

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): I have a petition with 378 names from Blue Corners, Alfred and L’Orignal, accompanied by a council motion of the nation municipality.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government is shutting down the heart surgery unit at the Children’s Hospital of Eastern Ontario; and

“Whereas the closure of this program will restrict the accessibility to life-saving surgery for children in eastern Ontario; and

“Whereas every year CHEO treats 140 cases of seriously ill children close to home; and

“Whereas there is a waiting list for cardiac surgery in Toronto but not at CHEO; and

“Whereas the people of eastern Ontario demand accessible, quality health care for their children;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately override the government’s decision to close this life-saving program and to ensure that top-quality, accessible health care remains available to every child in eastern Ontario.”

I will gladly add my name to this.

OPPOSITION DAY

LONG-TERM CARE

SOINS DE LONGUE DURÉE

Mr John Gerretsen (Kingston and the Islands): I move that be it resolved that the Legislative Assembly of Ontario declares unequivocally that the Ernie Eves government should:

Recognize that one of the cornerstones of care of our frail and elderly is the provision of appropriate long-term care;

Recognize that there are over 60,000 Ontarians living in long-term-care facilities, many of whom are frailer and sicker, requiring more care than ever before;

Commit to supplying stable, long-term operational funding indexed to the cost of living that will ensure that the level of nursing and personal care services in Ontario’s long-term-care facilities ranks first among similar national and international jurisdictions with similar populations within the next five years

The Acting Speaker (Mr Bert Johnson): Mr Gerretsen moves opposition day number 4. The Chair recognizes the member for Kingston and the Islands.

Mr Gerretsen: Speaker, I request unanimous consent to have our leadoff commenced by our health care critic, the member for Windsor West.

The Acting Speaker: Agreed? I heard a no. The leadoff will be Mr Gerretsen.

Mr Gerretsen: Thank you very much for the co-operation of the members on all sides on this issue.

Statistics Canada predicts that the number of Canadians aged 65 years and over will double in the next 50 years. As a matter of fact, 20% of our population will be senior citizens by the year 2020, and the fastest-growing age group in Canada is people aged 80 years and over. You and I know that there are over 500 long-term-care facilities in Ontario and that they house approximately 60,000 residents.

Let me give you an example of who the average long-term-care facility resident is likely to be: 70% are over 80 years old; 25% of people who live in our long-term-care facilities are over 90 years old; 95% of them, nearly all of them, require assistance to get dressed and to eat and require some level of observation to reduce the potential of injuries to themselves and others. Most of them, 89% of them, are either incontinent or require some assistance in using the bathroom; 84% of them need assistance just to move about, which is more than six in seven of our residents; 63% have some form of dementia, with 44%,

nearly half of them, unable to find their own room within their own home; 56% have circulatory disease; 39% exhibit some degree of aggressive or angry behaviour; and 35% of them have a neurological motor dysfunction.

My main reason for mentioning this is that we have to recognize something that all of us have seen by visiting our various nursing homes, our homes for the aged, and our municipal homes, our charitable homes as well, and that is that the average resident is much older than they were 20 years ago when they first enter the facility, when they're at the facility, and they're much more immobile. As a matter of fact, many years ago, when I first got involved with our municipal home in the Kingston area, the majority of the residents were still able to move about and were in their late 60s when they first entered the home. That has changed dramatically.

I think the other thing that has to be said is that surely we owe it to our senior citizens that they live out their lives with dignity and respect. I guess that's what this motion is about more than anything else. It is to ensure that the people who have given so much of themselves so that we could enjoy the kind of lifestyle that most of us do in the province of Ontario—they are part of the building foundation of this province and of this country. I firmly believe and the members of my caucus firmly believe, and I think most Ontarians firmly believe, that they should be able to live out the remainder of their life with dignity and respect.

Over the years, I've had an opportunity to go into many of the homes. The staff people, by and large, are individuals who are truly hard-working, dedicated and want to do the best they can for the residents. The burden that has fallen on those people in the last few years, primarily because of lack of adequate funding from the province, requiring them to look after more individuals than certainly used to be the case and not giving the individual residents as much attention as they deserve, is part of the problem that exists within our long-term-care facilities today.

In anticipating what the government may very well say about this, I know they will start talking about the 20,000 new beds they're bringing on stream. There's always this notion of confusing the issue, as it were. We're talking here strictly in this resolution about operational funding. We feel that the operational funding that is currently being provided to all of the long-term-care operators, whether they're from charitable homes, municipal homes or in the private sector, simply isn't adequate enough.

The proof that we have for that was the study that was done by PricewaterhouseCoopers. There's nothing new about this study. It's been out for about a year and a half. In that study, they looked at 10 different jurisdictions, both here in North America and in Europe, and looked at the kind of care people needed and the kind of care they were actually getting in the homes. The findings that that particular study came to are not very good as far as Ontario is concerned.

Let me just tell you what this study came up with. They looked at 10 different jurisdictions, as I mentioned

before, in Europe, elsewhere in North America, and they came to the conclusion, this PricewaterhouseCoopers study, that Ontario ranked dead last of the 10 jurisdictions studied in meeting the needs of residents in nursing homes and homes for the aged.

Their findings included such things as, in Ontario long-term-care facilities, the registered nursing care that the average resident receives is about two hours per day, the least among all of the jurisdictions studied. Only two hours per week, or less than two hours per week, of support is received by our residents from the program staff for such things as social work, therapy or activity.

The Ontario long-term residents had the highest proportion of both mental health disturbances and problems, and yet less than 6% of the individuals who needed help received professional intervention. More than two thirds of Ontario's long-term-care residents have restricted range of motion, and yet less than one third of them receive any exercises whatsoever. Furthermore, only 10% of all of Ontario's long-term-care residents with rehabilitation potential actually receive physical therapy.

1530

I think that is a sad comment about the state of affairs of the way we treat our elderly in our long-term-care facilities. When you think that in so many other areas year after year we in Canada and Ontario are ranked by the United Nations as having the highest quality of life, and yet when it comes to issues like this, the way we look after our elderly, we rank dead last, I think it tells an awful lot about our society.

What this motion is intended to do is to rectify that situation. I realize it can't be done overnight. That's why I've set out a goal so that within five years we will rank not among the last but among the best jurisdictions as far as the quality of life we are able to give to our senior residents. That's what this is all about.

The motion is also not condemning the government about its funding policy, because I sincerely hope that all members of the House will embrace this resolution and work in a spirit of working together toward reaching the goal of getting there, as the best possible jurisdiction in which seniors live, within the next five years. That's really what this resolution is about.

I was shocked when I first read this study. I know there will be all sorts of discussions about the new beds that are being created. There's even some controversy now about whether or not we need 20,000 new long-term-care beds. There was a study that just came out over the weekend—at least I became aware of it over the weekend—by Dr Peter Coyte, a health economist in the department of health policy, management and evaluation at the University of Toronto, who believes from the study he's done that we only need about 7,600 to 8,000 new beds.

Be that as it may, I'm not here to discuss that. All I know is that when I talk to various community care access centres or to various long-term-care facilities themselves, I find there are extremely long waiting lists and that people are anxious to get in. Sometimes it takes

two or three years to get into one of these facilities. Rather than getting into an argument about who's right, whether 20,000 new beds is right or it's 7,600 beds, I want to deal with the operational funding situation.

We need operational funding not just for the registered nursing services but also for personal care services. I was surprised, for example, that dental hygiene is not part of the regular routine within a long-term-care facility, and not just hygiene for the residents themselves and the immediate benefits that it will have for them, but I understand there are many other health benefits that may be derived from proper dental hygiene as well.

I also understand, and I've already referred to it earlier, that physiotherapy services are, by and large, not available within many of the long-term-care facilities. There may be many turf disputes between different factions within the health care system. What I'm saying is, let's work together to work out those differences and make the Ontario long-term-care system one of the best in the world so that we can truly say that we are providing for those frail and elderly people who can no longer look after themselves in the best possible way. That's the goal and that's the vision. That's what this resolution speaks to.

Mr Gilles Bisson (Timmins-James Bay): I will with pleasure be able to get up to speak shortly for a few minutes on what I think is a really good motion. I want to say to the opposition caucus that our caucus will be supporting this motion. We think it's a step in the right direction.

I want to bring to the debate three examples of where we're hurting in our riding of Timmins-James Bay. I'm sure every member of this assembly can get up and probably give a similar story. Let me give you a couple of examples.

We have currently within our community, as the central placement coordination agency sees it, a surplus of beds. So they say the issue is, when you look at the district overall, we have enough beds to go around and we don't have to worry about adding beds to our system. But it means that many citizens who live in Timmins or in other communities, like Moosonee or Moose Factory or wherever, are having to get placed very far away from home, somewhere within the district, because there are no beds available in their municipalities.

For example, if you're a citizen living in the town of Moosonee, Kashechewan, Fort Albany, Timmins or wherever it might be, it doesn't necessarily mean that because a district has enough beds, we're going to be able to get a bed for you in your home community. Often what it means for people, especially in the remote northern communities, is that the only option is to be given a bed somewhere far away from their community and far removed from their families. I think that's a really bad thing for the health of a person at that point in their life, when they are getting on in age and probably need family around them much more in order to sustain them in their golden years. I look at Moose Factory, Moosonee, Kashechewan, Fort Albany, Ogoki, Attawapiskat and

Peawanuck and there are hardly any long-term-care beds in those communities.

There is a proposal coming together now between the federal and provincial governments to merge and amalgamate the federal hospital in Moose Factory with the provincial hospital in Moosonee. One of the things we could do in all of this, if the province takes over the hospital by way of running it and paying for it, is to use the federal dollars that used to pay for health care and ensure ourselves that there are facilities in each of those communities to provide long-term-care beds to their residents. So if you live in Attawapiskat, Fort Albany, Kashechewan or wherever, you don't have to be shipped away to Moose Factory, Timmins, Kirkland Lake or North Bay to get a bed when it comes to providing for your needs in those golden years.

I am calling on the government, through this debate, when we are going through the process of negotiation to create the new provincial hospital on the coast of James Bay, to ensure that we get the federal dollars that the federal government is not going to be paying any more for operating the current federal hospital and that we utilize that money to build, first of all, long-term-care beds, so that we have in effect a hospital in each of those communities, like Fort Albany, Attawapiskat and others, where we're providing not only some chronic care beds but also long-term-care beds to the citizens in those communities. We say to the feds, "All right, we're going to take over the provincial hospital. We're going to pay for the maintenance. We're going to pay for the operation. But, rather than giving us the capital to build a new hospital, you have to provide the capital to help us make sure that within that funding envelope there is enough money to pay for the long-term-care beds for the northern James Bay communities so those residents can receive the same services received in other communities."

Further down the line in the Timmins-James Bay riding is the issue of what happens between Timmins, Kapuskasing, Smooth Rock Falls and Hearst. Those four communities have long-term-care facilities within them. The placement coordination agency takes the view that because there are enough beds within the district—in other words, there may be vacancies in the Hearst unit or there may be vacancies in a Matheson unit—we don't need any more beds within our district. I think that's a little short-sighted, because it means that certain communities like Timmins are hard-pressed to have some of their residents placed in an institution of their choice. Sometimes the only option available to them is to be placed in Iroquois Falls or Kapuskasing, or even North Bay in some cases. I don't think that is a viable option for seniors who need to be around their families.

On behalf of the families and on behalf of those seniors, I call on the government to make sure we have the necessary money to provide an adequate number of beds in communities so that people in their golden years don't have to be shipped far away from their families when those families are so much an integral part of their life.

I also want to make a second plea, on top of the long-term-care beds, and that is about the money that is needed for capital for places like the North Centennial Manor in Kapuskasing and the Foyer des Pionniers dans la communauté de Hearst. First of all for Kapuskasing: this is a facility that has existed for a long time. It was under the old Cochrane District Homes for the Aged board when there was a corporation that ran both the Iroquois Falls and Kapuskasing sites, South Centennial Manor and North Centennial Manor, and at one point Hearst was paying into that as well.

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Those things were built a long time ago. They're in need of repairs to bring them up to standards that are more in keeping with today. I'll be meeting very shortly, within the next couple of weeks, with the people at North Centennial Manor to see if there are any capital dollars available for them to be able to reconstruct the facility they have.

I say to the government that you've been really quick in saying, "We're prepared to add all kinds of beds to the system." My criticism of you is that it has all been in the private sector. You've forgotten that the not-for-profit and the municipal homes for the aged are also in need of capital dollars. Rather than taking all your dollars and giving them to your private sector friends to build long-term-care units—you have forgotten that there are not-for-profit and municipal homes for the aged that are very much in need of money. One of those, for example, is the Kapuskasing one.

We're going to meet in the next two or three weeks to discuss in detail how much they need, what needs to be done, how big the building has to be, how many beds and all that. But I want to be able, on behalf of that community and the North Centennial Manor, to meet with the ministry to figure out if there are dollars available in order to go ahead with their capital requests.

Sur la question de Hearst et du Foyer des Pionniers, c'est encore une situation où l'on voit une communauté, qui est dynamique et toujours en train de travailler d'une manière très positive pour la communauté, qui a un très bon projet présentement. Il faut dire que, quand on fait quelque chose à Hearst, toute la communauté s'embarque. Moi, je suis fier de dire que je représente cette communauté dynamique. Dans la situation de Hearst on a l'hôpital Notre-Dame, et le Foyer des Pionniers, qui est l'institution de soins de longue durée, dans la communauté qui ont besoin de faire application pour les capitaux pour être capables de rebâtir leur facilité.

L'hôpital à Hearst et le Foyer des Pionniers, au lieu de faire leur fundraising séparément en faisant la compétition pour les mêmes dollars, ont fait ce qui est responsable et se sont joints sous un seul parapluie pour être capables de faire tout le financement, le prélèvement de fonds, à travers une seule voix pour les deux institutions. L'hôpital Notre-Dame et le Foyer des Pionniers travaillent ensemble pour être capables d'aller chercher de l'argent dans le secteur privé.

J'ai parlé à du monde qui ont été contactés par ce groupe de prélèvement de fonds. Ils me disent qu'ils ont été très bons dans leur devoir parce qu'ils ont cherché beaucoup de dollars où possiblement il n'y avait pas de dollars disponibles. Le comité de prélèvement de fonds a fait un vraiment bon job en allant chercher leur argent pour avoir leur pourcentage, pour faire leur projet.

Sur le bord du Foyer des Pionniers, on commence d'être inquiet avec le gouvernement provincial, qui jusqu'à cette date a promis des engagements pour être capable de financer sa part de la reconstruction du Foyer des Pionniers. Moi, je veux encore amener le point, comme je l'ai fait par le passé, qu'on va continuer avec les réunions plus tard ce printemps en espérant que l'on va être capable de se rencontrer—le monde du Foyer des Pionniers, le ministère et moi-même—pour dire qu'il est important que vous financiez non seulement les institutions de soins de longue durée dans le secteur privé, mais que vous ayez l'argent pour payer celles dans le secteur public, telle que le Foyer des Pionniers.

C'est un peu différent pour le Foyer des Pionniers. Il faut être clair que, quand ils avaient été ôtés du vieux système, c'était d'origine ce qu'on appelle une « municipal home for the aged ». Là, ils se trouvent un peu dans le secteur privé en tant que « stand-alone, private corporation ». Même si on a ce statut, le gouvernement jusqu'à date n'a pas alloué d'argent pour la reconstruction de ce centre. Il est important que le gouvernement comprenne qu'il a des responsabilités envers le Foyer des Pionniers et de s'assurer que l'argent soit mis en place pour ce projet.

Le dernier point que je veux faire, parce que je sais que ma collègue, notre critique en matière de santé, aimerait avoir la balance du temps, est sur la question de ce qui arrive avec les soins dans la communauté.

Unfortunately in our community, as across the province of Ontario, we have many seniors and others who are not able to get the level of care they need within their homes from the CCACs. I don't blame the community care access centres. They're not the problem here. They have been trying to do with not a heck of a lot. As a result, our CCAC has had to reduce the hours of service they provide to citizens in our communities. As a result, a lot of those families are feeling quite hard done by.

I'm going to give you one example: Fern Montfort of Iroquois Falls—a long-time resident of that community. I've known him for a long time. Unfortunately, he suffers from Alzheimer's. Up until September, he is getting 160 hours per month of care in his home. His wife, Angie, works at South Centennial Manor, which is the long-term-care institution very near Iroquois Falls. She wants to keep him at home because she knows that once he goes into the manor, his likelihood of surviving longer probably won't be very good. Fern is one of these individuals who needs to be in his comfortable environment called "home," around his family. Every now and then, he recognizes where he is. They've just been advised that they're dropping him from 160 hours a month to 60.

That's devastating to the family. It means to say that Angie has got a decision to make. She either pays 17 bucks an hour to have care come in and provide for her husband, or she's got to quit work or a family member's got to quit work to take care of him, or they have to institutionalize Fern. I want to say on behalf of the Montfort family of Iroquois Falls that those are not acceptable solutions. It may not be my riding any more—I used to represent Iroquois Falls in the former Parliament, but now with amalgamation, it's in the riding of Mr Ramsay—but I raise this issue because I know that family well. They are hard-working people who have paid their taxes all their lives, kept their noses to the grindstone and did what every good citizen should do, and that was contribute to their community, pay their taxes and give back. This is our chance to give back to them.

So on behalf of Fern, Angie and all of the family, I call on this government to make sure that we adequately fund the services in the community care access centres so people like Fern can live with some dignity and don't have to be institutionalized before their time.

Hon Dan Newman (Associate Minister of Health and Long-Term Care): I rise today as the Associate Minister of Health and Long-Term Care to respond to the opposition day motion regarding long-term care. Our government is committed to providing quality, sustainable long-term-care services in our province. We recognize that as the population of the province ages, there will be increased demands for long-term-care services in Ontario.

Let me say first that I'd like to take this opportunity not only to respond to the member opposite through his opposition day motion, but also to dispel some of the fearmongering that the members opposite have been engaged in regarding long-term care in our province—I might add, at the expense of the facts and at the expense of our government's commitment to long-term care.

I would like to begin with the facts on funding for long-term care in Ontario. First, our financial commitment is very clear. Since the financial year 1995-96, long-term-care facility funding across Ontario has been increased by over \$541.6 million to an unprecedented level of \$1.644 billion, an increase of almost \$550 million in long-term-care funding in the province. As of March 2002, we fund over 60,000 beds in long-term-care facilities in our province in some 521 facilities. Those 521 facilities include some 353 nursing homes, a further 100 municipal homes for the aged, as well as 68 charitable homes for the aged. That makes up the 521 facilities so far in the province of Ontario.

Yesterday I had the opportunity to open up 200 new beds at the Kensington Gardens facility here in downtown Toronto. It is a wonderful facility; it's a charitable home. The event was well-organized and it was well-attended by people within the diverse community served by Kensington Gardens. We also had the pleasure of having the Lieutenant Governor join us for the opening of those 200 beds. I just want to congratulate everyone at

Kensington Gardens for the fabulous facility they've been able to build within their own community and to have all the community support that they do have for that.

We are the government that has not only listened, but we've also responded on the issue of long-term care. We heard people tell us that not one new net long-term-care bed had been built between 1988 and 1998 in our province. That was the time during which both the Liberal and NDP governments were in, during part of that time—not a single bed between 1988 and 1998. The Liberals were in office from 1988 through 1990, and the first part of the 1990s was the NDP. Both of those governments failed to add a single new net long-term-care bed to our system.

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After that decade of neglect, we embarked upon an unprecedented—and I say it's unprecedented—\$1.2-billion investment in long-term care that includes the construction of 20,000 new long-term-care beds. That's 20,000 new net beds added to the system. I think the facts speak for themselves and I'm very proud of our government's commitment to building those 20,000 beds. In fact, in the year 2001-02, the Ministry of Health and Long-Term Care directed more than \$1.66 billion toward long-term care and community services, which includes both community care access centre services and community support services. Nearly \$2 billion of that money went directly to community care access centres.

Starting in 1998-99, we began a six-year, \$55.8-million investment to expand and enhance community services. Those services include such things as in-home nursing, therapy and homemaking, supportive housing, attendant outreach, adult day programs and other community services such as Meals on Wheels and Friendly Visiting. That's where some of that money has gone to.

Since 1994-95, home care funding in this province has actually increased by an unprecedented 70%—a 70% increase in home care funding from 1994-95 to today. We've increased community health spending by over 60% since the NDP was in government and we've increased the community health spending, if you can imagine, by over 400% since the Liberals were the provincial government between 1985 and 1990.

I think it's important that we do look at the Liberal record on health care because again I'll mention that while they were in office there were no new net beds added to the system, but in their 1987 election campaign platform, which was some 15 years ago, they said that they would “increase funding to provide 4,000 new chronic and acute care hospital beds.” That's what they said in 1987. The Liberals were in office for three more years, and you know what? Not a single new long-term-care bed was added to the system. In fact, while they were in office the actual number of hospital beds went down in the province. Those are the facts. They can shake their heads across the floor and say, “No, it didn't happen,” but the facts speak for themselves. In fact, in the 1990 campaign the Liberals had no plan and no policy for long-term care.

Now, in the 1995 campaign what did the Liberals do? They barely promised to set up a committee to study long-term-care needs. They had no plan; they had no policy. That's the difference between our government and the Liberal Party. We act. We understand there is a need for long-term-care beds. That's why we made that unprecedented commitment of \$1.2 billion to build 20,000 new long-term-care beds in our province.

In Ontario we provide the most generous level of home care services in Canada, and that's at approximately \$128 per capita. The CCACs provide service levels as high as or higher than any other province in Canada. In fact, six of 10 jurisdictions charge co-payments for personal care and homemaking services. I think I only have to cite the example of Newfoundland and Labrador, which charges clients 12% of the overall cost, whereas in Ontario there's no fee charged to those residents needing that care.

But let me assure you, while the members opposite will try to confuse the issue, will try to make political hay out of nothing by preying upon one of the most vulnerable segments of the population, we have moved ahead. We've made some very difficult and very necessary decisions. The members opposite will have you believe that if money grew on trees and it all landed in long-term care, somehow everything would be perfect. I think we know that is not the case and I think we're finding that out right now as Roy Romanow travels across Canada listening to Canadians' views on health care. I believe he knows that's the case and I believe the people of Ontario know that as well.

We have the political will and we have the political courage in this government. That's why we undertook the review of the community care access sector, in particular to ensure that our record funding was leading to a corresponding increase in the quality of patient care.

I know that all members of the Legislature would know that in 1998, we embarked on that very unprecedented and historic \$1.2-billion investment in long-term care that includes the construction of those 20,000 new long-term-care beds. However, I'm sure that not all members of the House are actually aware that we have built more than 5,000 of those beds to date, which I think is a very impressive number. Some 4,698 of these beds are currently in operation today and more than 7,500 beds are currently tendering or are under construction. So we're going to see those beds coming up very shortly to meet the health care needs of the people of Ontario.

As part of this multi-year long-term-care reinvestment plan, we also made a commitment to redevelop up to 1,600 beds in existing long-term-care facilities in the destructural status category. These are facilities and beds that require significant renovation in order to meet legislated structural standards. The time frame for the completion of this process is the year 2006.

I know the members opposite have tried to downplay our commitment to long-term care and long-term-care bed redevelopment. However, I want to clarify it today for those members here in the Legislature and for the

people of Ontario. I want to clarify and make it clear that our commitment is for 20,000 new long-term-care beds and an additional 16,000 redeveloped beds. So it's not 20,000 beds including the 16,000, it's 20,000 new long-term-care beds added to the system, as well as up to 16,000 of the class D beds being redeveloped and being brought on stream for the people of Ontario. I think that's a significant increase in the number of beds—that's 36,000 beds. I want to note for everyone today that more than 1,400 category D beds have been rebuilt and more than 3,480 beds are currently tendering or under construction.

I've also had the good fortune and pleasure to be at several of the groundbreaking and openings for these facilities. One that comes to mind is the Markhaven facility in Markham. I was there earlier this spring. One of my first events as Associate Minister of Health and Long-Term Care was to go to that facility for the groundbreaking, to see all the community support that was there and to see this facility come through and develop those beds. That's a very significant contribution in the riding of Markham.

A process was also undertaken to identify 1,700 interim long-term-care beds as a short-term solution to placement problems involving patients awaiting transfer to a permanent long-term-care facility from an acute care facility. I'm proud to stand in my place today as the Associate Minister of Health and Long-Term Care and to say that the 1,700-bed target has been met. I will also be unabashed in my boasting and say that in the very near future, approximately 6,000 of the 20,000 new long-term-care beds will have been built.

The Ernie Eves government is committed to providing quality, accessible health services to all Ontarians. That commitment includes every resident of the province who receives either care at home or care at a long-term-care facility.

Community care access centres offer a simplified point of access for Ontario's long-term-care system. CCACs arrange for visiting health and personal support services in people's homes and they authorize services for special-needs children in schools. In addition, they manage admissions to long-term-care facilities. As well, CCACs provide information referrals to the public about community agencies and services that are available in various parts of the province.

I think it's clear that we have made a significant financial commitment in this area of health care and we continue to work with community care access centres across the province to respond to the needs of the local residents they serve within the framework of their operating budgets. I say this because this government takes its responsibility to community care access centre partners, and accountability to Ontarians, very seriously.

Accountability means setting expectations which we can all measure, to ensure that our health care system continues to be effective, efficient and, most importantly, responsive to the health care needs of the people of Ontario.

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To support community care access centres in their key role in the community, we needed to strengthen their role through a series of reform strategies. We undertook a review of the community care access centre sector to ensure that our record funding was indeed leading to a corresponding increase in the quality of patient care.

Our government is committed to a strong community care system and to ensuring that the right people are able to access the right level of care at the right time; I think that is very key. In fact, on May 1, 2002, a new placement regulation for long-term-care facilities came into effect. This revised placement coordination process will reduce admission delays, ensure that we have a more accurate waiting list of those wanting to get into a long-term-care facility in our province, and will mean that all bed vacancies in these facilities will indeed be filled more quickly by persons who have the greatest need for placement in a long-term-care facility.

With respect to this regulation, we worked with our partners in the long-term-care and community-care sectors to bring in this new regulation that is going to shorten the waiting list for long-term-care facilities and speed up the application process.

I think it's important for all of us to understand that these changes are very much consistent with other Canadian jurisdictions. For example, if we look at Newfoundland and Labrador, Manitoba, Quebec, Alberta and British Columbia, patients are requested to choose three facilities. What we've done in Ontario is find out what's happening in other provinces from coast to coast. I think our regulation reflects that and will indeed reduce the waiting list and ensure that those individuals who need to get into a long-term-care facility are able to do so on a more timely basis.

These changes we've brought forward are an important part of our government's broader strategy to put in place a quality health system that addresses the changing needs of the people of Ontario, and it's very important that we do that.

But you don't have to take my word to see that these changes are benefiting patients and residents of long-term-care facilities. Talk to our stakeholders, people like Karen Sullivan, the executive director of the Ontario Long Term Care Association. Here's what she had to say about the new placement regulation that came into effect in our province on May 1 this year: "We are encouraged with this government's approach to the future direction of CCACs, particularly the efforts to address issues affecting placement in long-term-care facilities." That's what Karen Sullivan, the executive director of the Ontario Long Term Care Association, had to say about this new placement regulation.

During the course of the last few weeks, there has been a whirlwind of fear-mongering and, I might add, information that has been less than accurate coming from the members opposite. Recently in the media and through various reports, I've read allegations about actions we have taken that quite simply are false, and I'd like to defuse a few of those myths right now.

I'd like to begin with the allegation that we have somehow eliminated a requirement to provide a minimum of 2.25 hours of care per resident per day in long-term-care facilities. The fact is that each resident is assessed according to his or her needs.

The second allegation is that our government eliminated a requirement for long-term-care facilities to submit staffing schedules annually to the Ministry of Health and Long-Term Care. In reality, long-term-care facilities must produce staffing schedules to a ministry compliance adviser upon request.

Another allegation that came forward was that we've eliminated the requirement to return 50% of the surcharges for preferred accommodations to the ministry. This money has been made available to long-term-care facility operators so that they can indeed reinvest it in the operation of their facilities.

Last, we allegedly eliminated the requirement to reserve the majority of long-term-care beds as ward accommodation; I read about this in the paper about two weeks ago. In fact, this regulation was changed by the NDP in 1994. The regulation applies to all long-term-care facilities in our province and requires that all long-term-care facilities must offer at least 40% of their beds as basic accommodation. That means not semi-private, not private but basic accommodation. At least 40% of those beds must be offered at the basic accommodation level.

We agreed with them, and that's why nothing changed. That regulation was changed in 1994, and nothing has changed on that today, but somehow members of the opposition stand up and say we changed a regulation in 1994. We were not the government at that time.

I know the member for Windsor West will appreciate my desire to clarify again for her some of the facts about compliance in long-term-care facilities, in particular with respect to bathing. Let me quote from a statement signed by the member for Windsor West on May 21, 2002. She alleged that, "Many of our seniors in long-term-care facilities are getting maybe one bath every 10 days." The member for Windsor West has yet to bring to my attention any instances of non-compliance. I've now waited for over three weeks, and I will continue to wait patiently.

Despite her abysmal record on the facts—I think we've seen that in her attack on the people of Peterborough and the hospital in Peterborough, accusing them of not being able to provide services on a timely basis. Some of those services are not even provided at the hospital in Peterborough, but somehow there's a giant waiting list. Facts simply don't enter the picture. This is fear-mongering at its best. I think it's a gold-medal performance in fear-mongering on the part of the member for Windsor West.

This government is committed to providing sustainable, long-term-care services in our province, services that are of a high quality for the people of Ontario. Our primary concern is for the residents, and we take con-

cerns expressed about compliance very seriously. That's why I have repeatedly said that if you know of any instances of non-compliance, I would encourage you to bring those complaints forward for investigation. Otherwise, it is simply unsubstantiated rhetoric and fear-mongering.

I want to stress for all members of the House that if you have a concern about compliance with our legislation or regulations pertaining to a long-term-care facility, you can take one of the following three steps: you can lodge a complaint with the facility administration, you can lodge a complaint with the local community care access centre or you can lodge a complaint with the appropriate Ministry of Health and Long-Term Care regional office. I might add that formal complaints will be followed up by one of the 42 compliance advisers at the Ministry of Health and Long-Term Care.

This government takes compliance in long-term-care facilities very seriously. That's why we are the only government in over a decade in Ontario to actually shut down a long-term-care facility.

According to the Provincial Auditor's report in 1990, the Liberal government took no action related to compliance. I was quite shocked when I saw that at first; in fact very disappointed. In 1989 an entire year went by and nothing happened. They did not inspect any of the long-term-care facilities in this province, and I think that's absolutely shameful. To put it into some sort of context, compared to the Bill Davis government's record there was actually a 100% decline in compliance-related activities.

Through the long-term-care compliance management program, the Ministry of Health and Long-Term Care will continue to ensure that the highest possible standards in quality of care are provided to residents of long-term-care facilities in Ontario. Indeed, the Ministry of Health and Long-Term Care is continuing to conduct annual reviews of long-term-care facilities. I think it's very important that we realize that is happening. In fact, there is an ongoing professional development and training strategy that has been developed by the ministry's compliance advisers involved in the inspection of long-term-care facilities. This strategy, for all members to understand, focuses on best care practices, on competencies, on multidisciplinary team approaches and on consistency in interpretation and application of long-term-care facility standards, regulations and legislation. That is very important.

I want to conclude my remarks by stating again that this government is committed to providing quality, sustainable long-term-care services in Ontario, and we recognize that as the population ages there will be increased demands for long-term-care services in our province. That is why, as Associate Minister of Health and Long-Term Care, I will not be supporting today's opposition day motion. That is also why the Ernie Eves government remains committed to creating a strong community care system and to ensuring the right people are able to access the right level of service at the right time.

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Mrs Lyn McLeod (Thunder Bay-Atikokan): I made notes today to speak to my colleague's resolution. I made them out of an awareness, I believe, of what's happening in long-term-care facilities and I made them out of concern with what's happening, both to residents and to staff in long-term-care facilities across this province.

After listening to the associate minister, I'm so enraged I don't know where to begin. I had truly hoped the resolution that has been presented by my colleague, the member for Kingston and the Islands, would force—I'd like to say "encourage" but I think the word is "force"—the government to at least begin to address the reality of what is happening in long-term-care facilities, nursing homes and homes for the aged, right across the province of Ontario, but clearly that's not going to happen.

Every time we have asked in this Legislature about long-term-care facilities, we have gotten one response from the minister, and that's about 20,000 beds that are supposedly going to be delivered, about the dollars that are going into 20,000 new beds. We could debate all day about whether those are old beds, new beds or replacement beds—

Interjections.

The Acting Speaker: Order. The member for Thunder Bay-Atikokan has the floor; only she and no one else. Everybody else who talks is out of order. I don't want to have it.

Mrs McLeod: As I say, we could debate all day about whether these are new beds or old beds; whether they're up and running or not up and running; whether they're needed or not needed. That's not about this resolution. This resolution is about the fact that there are people in those beds. I'm not sure the associate minister once, in his entire response to this resolution, talked about people. He mentioned "patient" once as some kind of anonymous statistic, a placement problem which they believe somehow has been solved with a new placement coordination system.

The residents of long-term-care facilities are not "patients." They are people who are residents. They don't just occupy a bed. God forbid that's all we do with our long-term-care facilities: put people in there to put them in a bed. Most of these people, if not all of these people, spend the rest of their lives in this long-term-care facility. Surely to goodness they have a right to a decent level of care. Beyond that, surely they have a right to an environment that allows them some quality of life.

The minister talked about increased funding. We're not talking about beds; we're talking about global increases in funding. If we were in estimates I'd ask him how much of that funding is for beds, for capital, for structure, for debt, and how much of it is actually to improve the quality of life and the care for people who are going to be in those new facilities or in the old facilities.

He talked about home care funding. This is about long-term care. We've got a lot of debates on home care.

We've got a lot of concerns about home care. We could go on all day about the rationing in home care, and the fact that any increase in funding for home care is dealing with population growth at the same time as the services are being rationed and reduced more and more. That's not today's debate. Today's debate is what we are doing to—I wish I could say “for”—the people who are residents in our long-term-care facilities.

The associate minister suggested this is all about opposition fearmongering. He quoted on placement co-ordination services, “how we've managed to solve the placement problem of these patients.” He quoted Karen Sullivan. Let me quote Karen Sullivan, the executive director of the Ontario Long Term Care Association, who says, and this is just one small part of her quote: “Despite the hard evidence in the government's hands, funding is not keeping pace with the growing care need and the gap is widening.” There are people who are resident in these homes and the government is not providing the resources to meet their care needs, let alone concern themselves with quality of life.

The petition campaign that has brought 50,000 signatures of concerned individuals to this government wasn't started by the opposition. That's not opposition fearmongering; that's the Ontario Long Term Care Association, the people who provide the care, so desperate to get the government's attention to what's going on that they started a petition campaign.

Opposition fearmongering. The two opposition parties a year ago did indeed have a tour across the province to talk about long-term care. We had families come to our forums angry as well as concerned not just about the care but about the safety of their loved ones who are in nursing homes and homes for the aged. And it wasn't just family members who came, it was staff. In Thunder Bay there was a staff member who listened to the concerns of the families of the residents, who listened all evening long and finally she got up to speak and she was in tears. She said, “I hear you. I know what you're saying. I can't do anything about it. Do you know the kind of pressures that I'm working under?” She was in tears. She's not the only one I've met with and spoken with who is doing her best to try to provide the care that's needed. They know that they not only can't meet the level of care, the standard of care they want to provide, but they are fearful for the very safety of the people they care for and indeed for themselves.

Let's recognize who the residents of these long-term-care facilities are. These are the people who can no longer be supported through home care. These are the people whose care needs are so great that they need to be out of their homes and in a residential facility. The average age of those individuals is now 86 years. These people are a vulnerable population. We have long waiting lists to get a long-term-care bed in the province of Ontario. When you've got long waiting lists, your care needs have to be pretty critical before you're actually going to get admitted.

Six out of 10 of the residents, with the average age of 86, have a dementia. That proportion of people with

dementia in our nursing homes has increased exponentially as this province has shut down psychogeriatric beds and chronic care beds and said to long-term-care facilities, “Thou shalt take these people but we're not going to give you any additional dollars to meet the needs of people who need constant care.” Well, they're not getting constant care.

You've heard the statistics already today. It's a statistic: four minutes a day to get up and washed and dressed and down to the dining room. You can't do it. You can't do it with an average individual of average age, let alone an 86-year-old with advanced Alzheimer's. Ten minutes a day to help with eating. Mr Speaker, have you been in a nursing home and seen how many of those residents are able to feed themselves? Do you know what happens when they only get 10 minutes of help a day? Do you know what happens to their nutrition? Do you know what happens to their health? Fifteen minutes a day for programs. That means in the course of a day, at best, each individual is going to be helped to walk down the corridor and back to their room, or maybe to the sitting room to watch TV. Is this ideal? Would anybody who works with these people say this is ideal, this is the care they want to provide? Absolutely not.

It is the desperation of the people who know what's happening that led them to start a petition campaign. They don't want the world to be talking about the fact that this is the level of care that's going on. They don't want that to be the level of care. But if they don't get more support, they're losing the battle to make our nursing homes anything other than warehousing of our seniors.

I have just 30 seconds left. I just want to tell you, if I sound a little passionate today, it's because I'd like to tell the story of my mother, who did spend the last three months of her life in a home for the aged. My mother was one of the lucky people, I guess, because by the pure luck of the draw, when she had to be placed in a nursing home, the home that came up that had the first bed available was a municipal home for the aged. The reason I say that was the luck of the draw is because in my municipality they still do a 20% top-up. In the home that my mother was placed in, that 20% meant that the home had been able to have an occupational therapist for its Alzheimer's unit.

My mother had advanced Alzheimer's. She was alone because she could not recognize anybody she knew. She was fearful and anxious. She hadn't slipped into sort of a gentle, peaceful forgetfulness that we'd like to think Alzheimer's patients experience. But in that nursing home, in that home for the aged, that occupational therapist was able to find a place where my mother was, and she had her baking bread and she had her nursing the other patients, because my mother when she was a young girl always wanted to be a nurse, and that's where my mother was. And for three months, my mother had a quality of life that she hadn't had for the previous two years.

I'm sorry to my whip that I've taken a minute. I conclude my remarks by saying that that is now considered

an extra, an impossibility, because we're not even meeting basic care needs.

I conclude with my plea for somebody over there to hear: basic care needs, yes, but please let's go beyond and provide some quality of life for this most vulnerable, most needful and most deserving population.

1620

Ms Shelley Martel (Nickel Belt): It's a pleasure for me to participate in the debate today. As was indicated by my colleague from Timmins-James Bay, New Democrats will be supporting the resolution. I will be the one remaining speaker to the resolution.

I was astonished, frankly, to hear the Associate Minister of Health portray this resolution as fearmongering on the part of opposition members, because the fact of the matter is, the concerns that are being raised are the very concerns that have been articulated in the many postcards that are coming in to all members of this Legislature in a campaign that is now underway to get the government to understand that the basic health care needs of residents in long-term-care facilities are not being met. The cards are coming in from family members, from residents themselves and from staff. So it is ridiculous for the Associate Minister of Health to try and portray either that campaign or the resolution that has come forward today in response as somehow fearmongering from opposition members. Those concerns coming to us from constituents in our ridings—and I know they're coming to Conservative members too—are coming from the very people who are, unfortunately, experiencing that lack of care or from their family members who are very concerned about that lack of care in this province's long-term-care facilities.

I also think, because the minister quoted I believe it was the executive director of the Ontario Long Term Care Association, it is worth pointing out that that association is behind this campaign, is supportive of it and is promoting it. So the very association that he has tried to reference as somehow being supportive of what this government is doing on long-term care is the very association that is behind this current campaign to increase operational funding for long-term-care facilities. I think people who are watching this debate out there need to know that very basic fact.

The cards that we are receiving really do demonstrate that there are pitiful levels of care being administered to residents in Ontario's long-term-care facilities, and the resolution speaks to the need for this government to do something about that.

I want to go back to how we got to the position that we are now in, where there is now a provincial lobby underway by the Ontario Long Term Care Association, which is a friend of this government, if you take a look at some of the players like Extendicare and others and their campaign contributions. But they are clearly on the side of trying to convince the government that something needs to be done. We got here, to this day, because this government, since it has been elected, has made a number of changes to regulation which regrettably have

resulted in a loss of care for residents in long-term-care facilities. Let me outline a few of them for you today.

It was this Conservative government, in 1997, which did away with the minimum standard of care in long-term-care facilities, which was 2.25 hours per resident per day in our facilities. You see, that was put into legislation. That minimum care requirement was part of Bill 101, which was brought forward by our government when we brought nursing homes, charitable homes for the aged under one act so that we could have set standards for residents regardless of the placements that they were in. So it was a requirement under Bill 101 that residents receive 2.25 hours of hands-on nursing care per day. This government did away with that requirement. There are no minimum standards with respect to the hours of care per day that have to be provided to residents in long-term-care facilities. This government did away with that standard.

This government also eliminated the requirement—again, this requirement was put in place by our government in 1993—that nursing homes had to submit staffing schedules annually to the Minister of Health as part and parcel of their annual service agreement with the Ministry of Health. I heard the associate minister say today that that will still be supplied upon request to a compliance officer. That's a far different situation from being a requirement submitted annually to the Ministry of Health as part and parcel of an annual service agreement. You have to hope a compliance officer is actually on site at a long-term-care facility, hopefully doing an inspection, and hopefully that will be provided. Under our government, that was given to the Ministry of Health. It was available to the public, to residents, to family members who were concerned. It was part and parcel of the agreement for delivery of care between that facility and the ministry. Saying that somehow the requirement is being met because if a compliance officer goes into a long-term-care facility and asks for that staffing schedule, it will be provided, is just an excuse for what has become an inability of both residents and families to clearly know there are staff who should be available to deal with the care of their loved ones.

Fourth, I mentioned compliance officers because the other thing that happened under this government was a dramatic drop in the level of reviews of facilities that took place between 1996 and 1999. Under the long-term-care facility manual, comprehensive reviews of facilities must be carried out at least once a year. Those inspection reports are to be posted in very easily accessible locations in long-term-care facilities and they are also to be available to the public on request. As a result of Ms Lankin's investigation of this matter because of something that happened to her mom in a long-term-care facility, we New Democrats discovered in the year 2000 that the Ministry of Health had not been undertaking these comprehensive reviews of facilities at least once a year. In fact, between 1996 and 1999, there was a 40% drop in the number of comprehensive reviews that were being undertaken by Ministry of Health staff. When we

dug deeper and got more information through freedom of information, we discovered that many of those facilities hadn't seen a compliance officer for an inspection review through that whole three-year period. That's why I point out it's rather strange that the associate minister will say, "No problem. Facilities still have to submit staffing schedules. They submit that to a compliance officer on request." Well, through most of that three-year period, there weren't inspections going on in most of those facilities.

I don't know what the numbers are now. Certainly, in response to what was a very public outcry as a result of the questions raised in this Legislature by Ms Lankin, I know that the then Minister of Health, Mrs Witmer, tried to get some people on the job to get those inspections done. I suspect it's again probably time we did an FOI request, just to find out what it's been like after that hue and cry and that very public scrutiny of what was not going on with respect to inspections and what was supposed to be going on. Clearly, I think it had an impact on patients and patient care when there was no one from the ministry in the facility for two and three years at a time to observe what was happening and to see if operators were in fact in compliance.

1630

Fourth, it is true that under Minister Wilson there was an allocation of funds to long-term-care facilities. The problem with that allocation was that no strings were attached to that funding. We had quite a dilemma at the local level—meaning my community—when that funding was announced by Minister Wilson, because the union, CUPE, to their credit, went to the long-term-care facility operator, asked for the increase he was supposed to get and asked how it was supposed to be spent. They did this because the minister in this place and outside of this place had said very clearly that that additional money was going into direct patient care, to hire more nurses, to hire more psychologists etc. CUPE, at the local level, discovered that the facility operator was going to spend the bulk of the money on increased WCB premiums and increased payments for disability benefits because there were so many people out on short-term disability. In fact, at the end of the day there were very few new positions created to provide direct hands-on care to people in that facility in Sudbury. I suspect that happened right across Ontario. While it is true that funding was allocated, because there were no strings attached, there was no guarantee whatsoever and no provision for that money to go directly into hands-on nursing care.

While we support what comes before us today from the Liberal Party, I also want to make it very clear on behalf of the New Democratic Party that when the government—and I say "when" because I say they must—increases operational funding to the long-term-care sector, it absolutely must have strings attached. Any increased funding absolutely has to go into increased hands-on patient care in the form of increased staffing. Any facility that's not prepared to do that, or doesn't, shouldn't be entitled to get that increased funding. That is

the only way we are going to guarantee that we increase care provided to residents who need it.

This government made another change in November 2000. The government let long-term-care facility operators keep 100% of the surcharges paid by residents for preferred accommodation. That resulted in their receiving about \$8 a day for a semi-private room and \$18 a day for a private room. Historically under previous governments, that surcharge was split: 50% returned to the government and 50% went to the long-term-care operator. As a direct result of that change in November 2000, a windfall of about \$47 million was experienced by this sector, because they were now going to keep 100% of that money.

The problem was that there were absolutely no strings attached to the government's change either, and so for-profit operators saw a direct bottom-line benefit. In fact, just after the change was made Extendicare reported to its shareholders that it would have a \$2-million increase in its profit that year, directly as a result of that government change.

It didn't have an impact in the same way on the not-for-profit sector, because they're not reporting to shareholders, they're not making a profit. That 100% surcharge that came to the not-for-profit long-term-care facility operators went back into patient care, but nothing of the sort occurred in the private sector, because there was no condition placed by the government for the for-profit operators to do so.

There you see a direct change in government policy that could have benefited residents and their care if the government had said that 100% of the surcharges going back to the long-term-care operators in the for-profit sector had to go into patient care. Because the government didn't do that, that money went to their bottom line. The very clear example of that was the one I related to you from Extendicare.

There are other changes that were made, but let me deal with those because I think the result of those changes—no minimum standard of care, no need to submit a staffing schedule, no need to ensure that the surcharge from preferred accommodation went back into hands-on care, a real lack of inspections occurring through the period of at least 1996-99—is very clear in a study that the government itself funded. That was the PricewaterhouseCoopers study that was referenced previously that was released publicly in January 2000. I said earlier that this was paid for by the Conservative government. It was commissioned by OANHSS and the Ontario Long Term Care Association, released in January 2000. I think it's worth reviewing some of the details.

The purpose of it was, first, to evaluate the acuity of residents; second, to review the provision of services in facilities; and, third, to compare the acuity and services received in Ontario long-term-care facilities to those of Ontario complex continuing care settings, as well as long-term-care facilities in other provinces, the United States and Europe. Some of the results are very profound and speak to the reason why the resolution is before us today and the reason why there is a lobby going on in this

province today to increase funding to long-term-care facilities.

The study clearly showed that Ontarians who live in long-term-care facilities exhibited among the highest levels of Alzheimer's, dementia and depression across all of the jurisdictions that were included. The jurisdictions included were Ontario, Manitoba, Saskatchewan, Maine, Michigan, Mississippi, South Dakota, Sweden, Finland and the Netherlands. Despite Ontarians in these facilities being among the oldest and having the highest levels of dementia and Alzheimer's, they also received the lowest levels of service when it came to nursing, rehabilitation and therapy.

It's worth looking at those conclusions in a bit more detail. More than half of the residents in Ontario long-term-care facilities have a diagnosis of dementia and/or Alzheimer's and a substantial number have a diagnosis of serious physical impairments such as arthritis, stroke and diabetes. Here is part of the conclusion: Ontario long-term-care residents clearly receive fewer nursing, therapy and rehabilitation services compared to everywhere else. In fact, Ontario long-term care has the lowest level of nursing care, at only 2.04 hours per resident per day, as well as the lowest level of rehabilitation services of all jurisdictions surveyed. Only 10% of residents who have the potential for rehabilitation actually receive it. And, despite the fact that 61% of the residents in Ontario long-term-care facilities present with behavioural issues—the highest of all the populations surveyed—they receive among the lowest levels of therapy: only slightly more than 10 minutes per person per day.

I think those results are quite profound. I think they clearly show that there has been a huge problem as a result of many of the changes this government made with respect to minimum standards of care. I think it should have been a call to action on the part of the government to respond, since they paid for the study.

What did the government do as a result of the release of this study in January 2001 by PricewaterhouseCoopers? The government hasn't done anything in response to the very serious issues that were raised in this document—serious issues about Ontario residents in long-term-care facilities having the lowest level of nursing care, the lowest level of rehabilitation care and the lowest level of care for people who present with behavioural problems.

The government of the day has not introduced minimum standards of care in long-term-care facilities since they did away with that in 1997. The government of the day has made no requirement for long-term-care facilities to actually have to submit a staffing schedule annually as part and parcel of their commitment to running that operation. The government of the day has done nothing with respect to itself increasing funding that goes to long-term-care facilities, even with conditions, to ensure that some of these horrendous statistics could be addressed. In fact, the government has done nothing, and on the home care side has frozen the amount of money flowing to home care in the last two years, which is

pushing even more people who could remain in their own homes into these long-term-care facilities where it has clearly been demonstrated and documented that the level of care they receive is not adequate. In fact, it is completely inadequate.

1640

The government's lack of action in dealing with the PricewaterhouseCoopers study clearly demonstrates its lack of commitment to seniors. But more insidious, the government's decision to essentially freeze home care in the last two years and force more people into those facilities, knowing full well how horrendous the conditions are, really clearly demonstrates neglect on the part of this government when it comes to dealing with basic—basic—health needs of Ontarians who live in this province's long-term-care facilities.

I listened to the government's response. I listened very carefully to the associate minister, who spent the majority of his time talking about the construction of new long-term-care beds, which is a capital cost and not an operating cost. I do want to deal with that, because what I didn't hear from him was any discussion whatsoever about a study that has just been released from the University of Toronto which clearly shows that this government grossly overestimated the need for long-term-care beds in the province, at the expense of money for home care. The finding of the researchers—there was some mention of it in media reports over the weekend—was that this government actually has a need by 2003 for about 7,600 beds, substantially lower than the 20,000 beds the province has approved.

The principal researcher, who is Dr Peter Coyte, a health economist in the department of health policy management and evaluation, said the following: "The government has expanded long-term-care bed capacity in a direction for which there isn't a significant underlying demand. Consequently, the government could have spent its money more prudently by allocating monies to in-home service provision for the elderly or even to other areas of health care."

What was interesting was that on Saturday there was a Ministry of Health spokesperson, John Letherby, who defended the government's position by saying that it was still the ministry's belief that they did need 20,000 beds and that that was based on 1991 census data and that the ministry was sticking to it. I suppose the ministry is doing that because the government's own Health Services Restructuring Commission, appointed by this government, all of the members, reported in March 2000 that the province would need 20,000 beds by 2003. So I assume that's why the government is sticking by this, because it was its own commission that reported on this in the year 2000.

But as a result of what we saw over the weekend, we talked to Dr Peter Coyte today. He said that their work was based on the most recent population data, 1996 to be exact, and that he feels very confident that he and the other researchers involved reached the proper conclusions. They feel very confident about the population

data and numbers they used, and they feel very confident that the government has grossly, grossly overestimated the number of long-term-care beds.

What was interesting, though, is that he also told us that the Ontario Long Term Care Association had told them, as researchers, that they had also proposed a much lower number of new beds to the government too. So the 20,000 new beds are not even supported by the Ontario Long Term Care Association. This is what Dr Peter Coyte related to us today.

Why do I raise this issue? For a couple of reasons, because it does have an impact on residents in long-term-care facilities. Let me go at it this way. I think Dr Coyte is absolutely correct, that the government has grossly overestimated the number they need, that the newspaper articles over the weekend were correct when they said the government has been aware of this and is worried about it, and that in response the government is now doing what it needs to do and what it wants to do to try to fill those 20,000 beds.

One of the things the government is doing, of course, is freezing the funding for home care, which the government is now into for its second year. Last year, the Minister of Health announced that the level of funding for home care would be based on the previous year and that would be it. For many associations, for many CCACs—including my own—that represented a cut in the budget because they had had a deficit at the end of the fiscal year that was funded. But the government wasn't setting its budget amount at that level, that is, the level with the deficit included. It was only basing its allocation on what had been originally told to the CCACs would be their full in-year funding. So for many CCACs, we are now into the second year of a cut in home care funding, and we know that has nothing to do with needs, because the need of people for home care continues to grow. All of us have examples of constituents who have come to us and have been unable to access home care services when they need them, whether they're being discharged from hospital, whether they are needing services at home etc, because the CCAC is not in a position, with its reduced budget now in the second year, to deliver services and certainly not in a position to increase the services.

Despite the fact we know the need is growing, the budget has been frozen. We also know that despite the 1998 commitment that the associate minister referred to, a commitment to increase funding to the long-term-care sector by \$1.2 billion, the commitment to the long-term-care sector community side is a commitment that has been frozen. Of the \$550 million that should have flowed—and that's \$550 million of new money—to the long-term-care community sector over eight years, the government has managed to get about \$275 million out the door. Then that money stopped, hence the freeze in the budgets that we have experienced in the last two years.

At the end of April I met with the Ontario Community Support Association. It represents about 360 agencies

across the province. They deliver home care, they deliver Meals on Wheels, they deliver supportive housing etc. They told me at that meeting that they have received one increase in funding in the last nine years. It was 2% to base budget. So it's very clear that despite whatever promise was made in 1998 that the funding that was supposed to go to the community sector, primarily CCACs and other agencies like Meals on Wheels, supportive housing etc, that additional funding has stopped. It is not going out the door and that is clearly reinforced by what this association told me at the end of April.

We know the government is now freezing the home care budget; we've got proof of that. But the government has also made two other regulation changes which really do impact on people who need home care, which I believe will just force more and more people who could remain in their own homes out the doors of their homes to fill those 20,000 long-term-care beds that it clearly now has been demonstrated we don't really need.

Let me deal with two other reg changes. The government made a regulation change, implemented it, it was adopted in 1999, and told CCACs to really start to implement it in the last year or so, which says that if you as a client don't have a need for personal care, then you can't get homemaking services. There are many people who do not have a need for personal care, for personal hygiene, but as a result of not having that need the CCAC is now unable to provide them with homemaking service, which would be support for housekeeping, support for grocery shopping etc. I have a constituent who used to work for me when I was at the Ministry of Northern Development and Mines who is in a wheelchair, who doesn't need personal hygiene support or personal care, but because she is in a wheelchair has some great difficulty getting her housekeeping done and sure could use some housekeeping support and support for grocery shopping to maintain her in her apartment. She can't get that because of this reg change. That means that people who might be able to remain in their own homes if those kinds of supports were provided are not going to be able to and they're going to be forced into long-term-care facilities.

The other regulation change the government has made was done most recently, May 1, and that was a change around placement coordination services. That change means that those people who used to go on a waiting list for long-term care are now going to have the choice of which facility they go into reduced. They're also going to have their ability to be on that waiting list reduced.

1650

Previously a senior could have their name on a waiting list of up to five facilities. That's been reduced to three. More significant is the elimination of a person's ability to defer an offer of placement. Under the old rules, when a bed became available, it was offered to the person at the top of the waiting list, who then had the option to accept the bed or reject it and still remain on the waiting list. They were allowed to defer twice before being forced to accept a placement or be removed from the waiting list.

Deferrals can happen for any number of reasons: a health condition improves, personal circumstances

change or an individual is just not ready to give up their independence. Given that waiting lists for some facilities can be measured in years, it is understandable that many seniors want to plan for their future and have their name placed on the list for a facility of their choice early on.

The change the government has made doesn't allow them to do that. Under the new rules, deferrals simply will not be permitted. Should a person refuse an offer, not only will they be taken off all waiting lists, but they will also not be able to reapply for six months. When and if they do reapply, it's back to square one at the bottom of the waiting list.

I think the net effect of that is going to be that many people will be so terrified when their name comes up that they will accept a placement wherever it is, even if they're not quite ready to go, because they know that if they don't, it's going to be another six months before that opportunity arises.

Many seniors don't know what will happen to them in the next six months. Will their primary caregiver fall ill and not be able to look after them? Will their son or daughter move away from the community and not be able to provide the support they need? Will their own medical condition deteriorate, and then they will need to go into a long-term-care facility?

What's going to happen is that people who are faced with the choice are now going to have to make that choice immediately, and I suspect many of them will, because they will be so fearful that if they don't accept a placement they will end up in a hospital because no one will be around to meet their needs.

I think the government is using that change as part of its effort to staff up those 20,000 long-term-care beds that now have clearly been shown not to be needed in the numbers the government built them.

So we've got a number of changes that the government is going to make. Lack of funding for home care, the change in regulation that says if you don't have a need for personal care you can't get homemaking care and now this most recent change about placement in long-term-care facilities, I think, are really going to force more and more people into long-term-care facilities who could legitimately stay at home with the necessary supports. That has a number of costs we should all be concerned with.

Obviously it has a social cost. Forcing people into long-term-care facilities when they don't want to go and don't really need to go, but they can't get the supports that would allow them to continue to live independently, really gives them no other choice but to go.

It also has a financial cost. First, it is very clear that it is far more expensive to maintain residents in a long-term-care facility than to support them in their own home. The second cost has to do with something else that happened around the creation of these long-term-care beds, and I want to refer to this because this will be an enormous ongoing cost for the province of Ontario. What is different with the construction of these 20,000 new beds is that they will also be eligible to receive a subsidy

of up to \$10.35 per bed per day, payable for the next 20 years, to offset borrowing and construction costs. That is an unprecedented move on the part of the government.

Previous facility operators were not granted such a subsidy. But with the 20,000 new beds and the 16,000 D beds that the government said today it will upgrade, facility operators are entitled to receive that subsidy. That amounts to about \$75,000 of taxpayer money per bed over a 20-year period. The cost over the 20,000 beds plus the 16,000 that the ministry referenced today is well over \$200 million—I think that was the figure we arrived at—at least \$225 million payable over the next 20 years.

That change is unprecedented. That level of public subsidization of for-profit units is unprecedented as well. It's worth pointing out that about 67% of those new units went to the for-profit operators. That is an enormous cost that we will now have to pay for any number of beds which, it essentially has been demonstrated, we don't need. That cost is also going to decrease even further the amount of money the government has to allocate to home care.

In conclusion, there are a couple of things that could be done. This government should establish minimum standards of care in long-term-care facilities. New Democrats support the campaign on by SEIU right now to increase that to 3.5 hours per resident per day.

This government should reinstitute the requirement for nursing home operators to submit staffing schedules to the Ministry of Health on an annual basis.

This government should reinstate the historical split of the surcharges paid by residents for preferred accommodation and should also place a condition that the 50% that goes back to the operators has to go directly to patient care.

This government should increase funding for long-term care to deal with the horrendous conclusions that came out of the PricewaterhouseCoopers study. As it does that, this government should also put conditions on that funding to ensure that all of it goes into patient care.

Finally, this government should adopt my Patients' Bill of Rights because it would have set minimum standards, brought long-term care under the Canada Health Act, allowed for a complaints procedure and allowed for whistle-blowing protection for people who work in long-term-care facilities.

Ms Marilyn Mushinski (Scarborough Centre): I am particularly pleased to join in today's debate because I think anyone who is watching the actions of our government and who has been following that since 1995 would have to know that we on this side of the House are absolutely and totally committed to securing the best quality of care possible for all residents of Ontario's long-term-care facility system. Indeed, my constituents of Scarborough Centre would have it no other way.

This is particularly the case when one compares the actions of the government today with those of its predecessors. The member for Kingston and the Islands fails to give credit where it is due. He fails to mention that the last provincial Liberal government did not create

a single new long-term-care bed for our senior citizens—not one. Liberals, when in opposition, paint themselves to be virtuous, but when given the chance to govern they failed our senior citizens miserably. It is no wonder, then, that the voters have rejected them in every election since they were defeated in 1990. Quite frankly, I wish the member for Kingston and the Islands would do something positive rather than rely exclusively on his colourful use of rhetoric that ignores the significant achievements of this government for our seniors.

I know he's in regular contact with his Liberal cousins in the federal government—yes, the same federal government that contributes not a single cent to the long-term-care needs of our senior citizens. In fact, Mr Speaker, you may remember—I'm sure you do—their little red book that they come out with before every election where they make all kinds of promises that they break. They promised a national home care strategy—didn't do it. They promised a national pharmacare strategy—didn't do it. They promised to scrap the GST—didn't do that. They promised to scrap NAFTA—didn't do that. I don't think it would be asking too much for the member from Kingston and the Islands and his colleagues on that side of the House to be a little more consistent in their criticism.

They could show—probably won't—that they genuinely care about our seniors and are not merely out to score political brownie points. They could do this by publicly calling on the federal government to financially support the initiatives of the Ernie Eves government to improve circumstances for our senior citizens, but I'm sure they won't.

1700

Prior to the firing of Paul Martin, there was hope, there was just a little glimmer of hope that the federal government would not claw back \$2 billion from the provincial treasury. With Paul Martin gone, the federal Liberals voted last week to continue to pressure the provincial government with clawbacks, notwithstanding that they only spend 14 cents out of every dollar for health care in this province. I think that's disgraceful when the national health care strategy envisioned a 50-50 partnership when it was created back in the 1960s.

This means that the federal Liberals threaten to force the provincial government to do less than we would like for health care, to do less than we would like to do for education, to do less than we would like to do for the environment and certainly to do less than we would like to do for our senior citizens.

I think this is shameful. If the members over there are truly sincere, I urge them to pressure their Liberal cousins in Ottawa to change their position of punishing the provincial government and the people we were elected to serve. I also urge them to pressure their Liberal cousins to come on board with the Ernie Eves government in making long-term-care facilities and their services a priority.

Compare the punitive approach in Ottawa to the recognition by the Ernie Eves government of the increas-

ingly complex care requirements of long-term-care residents. There are a great many initiatives that I am proud to support and I'd like to speak to some of those today.

Take, for example, the issue of compliance, which we've heard so much about from the opposition and the third party. Through the long-term-care compliance management program, the government is ensuring that the highest possible standards and quality of care are provided to residents of long-term-care facilities. The Ministry of Health and Long-Term Care continues to conduct annual reviews of long-term-care facilities. A province-wide tracking and reporting system has been developed to monitor those reviews.

The compliance management program consists of annual ministry inspections of all long-term-care facilities by the ministry's compliance advisers; inspections, as required, by specialists such as dietary, environmental and financial compliance advisers; and investigations of complaints submitted by residents, families and the general public.

All members of this House should be proud of the ministry's complement of 42 full-time compliance advisers who investigate Ontario's long-term-care facilities. When problems are brought forward or identified, facility operators are required to submit compliance plans to demonstrate their corrective action plan. I'm pleased the member for Kingston and the Islands is listening to this particular aspect because it really does go to the core of what we mean about being committed to delivering top quality care for our seniors.

If standards continue not to be met and/or there is a serious threat to the health, safety and welfare of residents, the compliance adviser can take independent action if necessary. On top of this, there are also sanctions that are available to the director under the Nursing Homes Act, and they include suspensions of admissions, withdrawal of funding, revocation of their licence—pretty severe action, I would suggest—the taking over of the management of the facility and of course, finally, prosecution. These are meaningful sanctions that reflect the government's determination to meet the long-term-care needs of our senior citizens. Furthermore, an ongoing professional development and training strategy has been developed for the ministry and compliance advisers involved in the inspection of long-term-care facilities. This strategy focuses on best-care practices, something of course we know the Liberal opposition doesn't relate to. It also focuses on competencies, multidisciplinary team approaches and consistency in interpretation and application of long-term-care facility standards, regulation and legislation.

The government's financial commitment to long-term care for our seniors, just based on those initiatives alone, I believe is abundantly clear. Since 1995-96, long-term-care facility funding across the province has increased by over \$541.6 million, to an historic high of \$1.644 billion. Again, not a penny of this comes from the federal cousins of the member for Kingston and the Islands. I ask him to

be consistent and to launch a public appeal to the federal government to correct this state of affairs, especially as the federal government is running such a large surplus—on the backs of the taxpayers in Ontario, I might add—and has yet to fully replace the money that they have slashed from health care across this country.

Consider these facts: As of March 2002, the province funds over 60,000 beds in 521 facilities, including 353 nursing homes, 100 municipal homes for the aged and 68 charitable homes for the aged. Just last October, the government renewed its commitment to our seniors when it provided an increase of \$30 million in operational funding for long-term-care facilities. Let me underline that this amount is in addition to the original \$30 million previously approved in the 2001-02 budget. This new funding will help to ensure the quality of nursing and personal care services in Ontario's long-term-care facilities.

I note too that the government has improved the way that people gain admission to long-term-care facilities. Effective May 1, 2002, our government implemented new policies for admission to long-term-care facilities. These changes mean that all bed vacancies in these facilities will be filled more quickly by persons who have greatest need for facility care. The changes will result in a consistent admissions process no matter where you live in Ontario, and the changes will also allow the local community care access centres to better manage the admissions system.

These changes are an important part of the government's larger strategy to put in place a quality health system in Ontario that addresses the changing health needs of the population. Certainly it is required as the population ages, and I am assured that the government will continue to make improvements as necessary in order to provide the best possible care for residents in long-term-care facilities.

As you can see, the Ernie Eves government is strongly committed to meeting the needs of people who require placement in long-term-care facilities. I say to the member for Kingston and the Islands that this commitment was clear as far back as 1998. In April 1998, the government announced an unprecedented \$1.2-billion investment in long-term care. The new provincial investment included the construction of 20,000 new long-term-care beds by 2004 to address the growing needs of Ontario's aging population. As of today, locations have been announced for all 20,000 new beds. At present, 4,698 new beds are in operation, more than 7,500 new beds are currently tendered or under construction and 1,469 existing beds needing renovation have been redeveloped.

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As part of its multi-year long-term-care reinvestment plan, the government also made a commitment to redevelop up to 16,000 beds in existing long-term-care facilities that require significant renovation in order to meet legislated structural standards. The time frame for the completion of this process is 2006. Given the fact that not one long-term-care bed was constructed in the 10

years prior to 1995, it's clear that the time frame that we are meeting is ahead of schedule and is much needed.

It's clear that the government is ensuring that Ontarians who need the services of long-term-care facilities will be looked after as quickly as possible and in the best possible fashion. To this end, the government introduced new standards for designing nursing homes. These new standards will promote a more home-like atmosphere for our elderly patients and their visiting families and friends. The emphasis is on home-like environments that will offer privacy.

As mentioned earlier, the government remains committed to ensuring that the right people are able to access the right level of service at the right time. That is why the government worked with its partners in the long-term and community care sectors to bring in new regulations, effective May 1 of this year, to shorten waiting lists for long-term-care facilities as well as to speed up the application process for patients, all having to do, of course, with improved quality of care. Indeed, these changes mean that all bed vacancies in long-term-care facilities will be filled more quickly by persons who have the greatest need for facility care.

It is abundantly clear that the Ernie Eves government is placing a very high priority on ensuring that those who have worked hard to make our province strong can enjoy a high quality of life as seniors in our great province. I value this goal, as my riding of Scarborough Centre has many seniors who count on us in this Legislature to ensure the availability of long-term-care beds if, and when, they are needed. I will not let them down.

Ms Caroline Di Cocco (Sarnia-Lambton): It's with great pleasure that I rise to speak on this motion by the member from Kingston and the Islands, Mr John Gerretsen.

The need for stable and appropriate funding for long-term care for our frail and elderly is especially important. It is important to me because of the large number of people in Sarnia-Lambton who have come to speak to me about the horrendous and heart-wrenching experiences of their loved ones in long-term-care facilities in the area. In the short time that I have, I'm going to read into the record two letters from two different people who wrote down their experiences in their long-term-care facility.

This one is from Virginia: "I am writing this letter on behalf of the family advisory council at Vision Nursing Home in Sarnia and because of my very dearly loved father who is a resident of the facility.

"Vision Nursing Home recently expanded from a 60-bed nursing home to 110-bed nursing home. The home is beautiful and well deserved. Our concern is that there is a serious shortage of staff to care for our loved ones. The payment made for our loved ones to live in a nursing home is quite substantial and we expect that the facility would be supported in their attempt to provide care for our residents by the government.

"An example of the work that these staff are facing is at breakfast, lunch and supper hours. For the unit my father is on there are 26 residents. My father is in a

geriatric chair and requires a mechanical lift with two staff to ready him for the day. There are only two staff on the floor to provide care to my father and 25 other residents. This means two staff to wash, dress, transfer, toilet, bring to the dining area, cut their food, assist to feed, return to their respective rooms and assist with toileting as necessary. The facility is highly understaffed. Vision has four units in total, each with only two health care aides to help 26, and one unit has 32 residents. How can anyone believe that this is acceptable?

“Not only are the staffing levels our concern in the area of care provision, but also in the area of our loved ones’ safety.”

I want to read part of another letter from another constituent, Paul. He is a resident and he said, “Many of the patients suffer mental problems—none severe but very trying for caregivers at the rest home. Lately there seem to be less staff and less time for every patient.... It seems that there is now a staffing limitation which, besides taking a toll on the remaining caregivers, deprives each patient of the care they need.... Here, we the patients feel the stress, on ourselves and the staff caring for us. This is a delicate job but when time is short, things become a bit abrupt and one must wait for help for longer periods of time.”

All I wanted to say is this: our frail and elderly need time. They need care in the facilities, they need hands and they need time to care for their needs, not just beds to warehouse them. They need people to take care of them, and that’s what the facilities don’t have.

Mr Doug Galt (Northumberland): I certainly appreciate the opportunity to say a few words on this opposition day. I’m a little disappointed in some of the comments that have been coming from the opposition members.

I was listening to the member for Nickel Belt when she was talking about nursing care and actual numbers of hours for every patient, arbitrary numbers that have no relationship to the condition or acuity of the patients who may be in the long-term-care facility. It’s so important that it be focused to the needs of the patient and that patients who need the care get the care. Those are certainly the recommendations we’re getting from clinicians and experts in the field. But, typical of a socialist approach to it: “Oh, well, just make it flat and everybody will get the same. It doesn’t matter what it costs. Let the taxpayers pay.” That isn’t what our government is all about. That’s not what the Ernie Eves government is about. It’s about looking after those who need to be looked after. Certainly, that’s the direction it’s going.

We’re also hearing some of the opposition members talking about some mental conditions like Alzheimer’s disease and suggesting that maybe the kind of care wasn’t there. That care is there. There’s a plan of care that is put in place for each and every patient. My understanding is that this is developed prior to their arriving at the long-term-care facility.

I just want to point out some of the things that have been happening, particularly with the Alzheimer’s initia-

tives. In 1999 we announced the first comprehensive provincial study on Alzheimer’s disease here in Canada. Those details include more than \$1.1 million for staff training; more than half a million dollars for physician training; more than \$1.8 million for information and education tools; over \$7 million for new respite services; and over \$4.55 million to support 50 new staff with expertise to support staff who deal with Alzheimer’s patients.

Mr Speaker, while I’m talking about some of our elderly, do you remember back in the early 1990s when the NDP government of the day reduced medical care, health care, OHIP for our seniors, our snowbirds going south, out of the country, to \$100 per day? They reduced it from \$400. These are the people who have built this country and paid taxes, and just because they wanted to spend a few weeks out of the country, they were going to have to pay that extra \$300 a day for hospital care if they had to go to a hospital. That was what the socialists did. They took that away from people who were in fact very deserving. One of the first things we did when we took office was to return that to at least \$400 a day for hospital care.

1720

Another very important part we brought in was pneumococcal vaccinations, some \$14 million for the first three years and then \$1 million a year after that, to ensure that our seniors were vaccinated to help prevent pneumonia, not to mention some of the cardiac surgery investment, \$138 million put in there. Since 1995, some 24,000 more people have had open-heart surgery as a result of this.

We’ve heard a bit about the 20,000 beds. The opposition are saying, “Well, that’s all they talk about, the beds that are out there.” There are 20,000 beds. For 10 years, there wasn’t a single long-term-care bed developed in Ontario. A few weeks ago, back on Saturday, May 25, I believe it was, I assisted with the opening of a 69-bed long-term-care facility in Cobourg. There are also a few beds there for the Landmark Assisted Living that went along with it. You can’t believe how many people walked up to me and complimented the government on what they were doing with long-term care. It’s just an excellent facility, and I know it’s going to go a long way to helping people in my riding in Northumberland.

By the way, we’ll be turning the sod and getting on with the construction of another facility, in Port Hope. I believe it’s 129 beds. It’s certainly over 100 beds, anyway, and that will be developed and opened in the not-too-distant future, in a year or so. That again will help with some of the pressures and the backlog in our hospitals. The lack of long-term-care beds has been a lot of the problem we’ve had in hospitals with the backlog in those beds. Of course, when the two opposition parties were in government, long-term-care beds didn’t matter to them; they just didn’t develop any new ones.

The other area I wanted to pay special attention to is the change we’ve had in our CCACs. I have to take my hat off to the Honourable Helen Johns when she was

responsible for long-term care and what she did with the governance in particular of CCACs. We were getting a lot of calls to my office about the kind of service that was occurring. Yes, there were a few calls at the time we made those changes and put in people who were going to do the job. I can tell you that once that got squared away and new people were there, I haven't had a call that I'm aware of to my office with a problem with the functioning of the CCACs. The two that service my riding, anyway, are certainly doing a very admirable job.

One of the things that was changed in there of course was the governance, as I've mentioned, under the Community Care Access Corporations Act, 2001. The corporate nature of CCACs was changed from non-profit corporations under the Corporations Act to statutory corporations to consistently apply all ministry policies and guidelines.

The new director, Fran O'Hara, my compliments to her in doing just an excellent job in that CCAC, and Nancy Hobbs, the new chair, is managing the board extremely well. My hat goes off to both of these women for just an exceptional job in looking after the CCACs in the Northumberland area, which of course covers Haldimand, Victoria and Northumberland.

Each CCAC board will establish a community advisory council to promote and enhance the integration between the CCAC long-term-care facility, hospitals and community support service agencies. Councils will be established in the near future.

There's also the placement coordination. The new regulations came into effect on May 1 this year. The revised placement coordination process will reduce admission delays, ensure more accurate waiting lists and will mean that all bed vacancies in these facilities will be filled more quickly by persons who have the greatest need for facility care.

As you can see, these are just a few of the many reforms that are underway. We are very hard at work and committed to improving the way Ontarians access quality services for long-term care. We will continue to make improvements to long-term-care community services so that Ontarians can continue to benefit from a strong, community-based long-term-care system.

I can assure you that the Ernie Eves government is indeed very concerned about our seniors and the kinds of facilities and services that are there and that the Eves government will guarantee that for our seniors.

Mr Alvin Curling (Scarborough-Rouge River): First, I want to thank my colleague from Kingston and the Islands, John Gerretsen, for bringing forward this opposition day motion, long-term care for the elderly. I know how much he is concerned and I appreciate the fact that we have an opportunity to debate and discuss this in a very effective manner.

In the short time I have, I want to draw your attention to the presentation made by the Ontario Long Term Care Association to the standing committee on finance and economic affairs. They made some very important points here and I just want to emphasize them. I'm sure my colleagues have done so. Some of them are sort of

hooked up on beds, beds, beds, but we're talking about long-term care.

As you know, this organization "represents the private, public, charitable and not-for-profit operators of over 340 long-term-care facilities. These facilities provide care and accommodation to over 34,000 elderly men and women in virtually every community in Ontario." I think that's about 60,000 residents overall provided for by this government.

They made some very important points. One of the points they made was that "care funding is clearly inadequate to meet the needs of residents." I'm talking about an organization that people have great respect for because of the work they do. "Because care is, and has been, underfunded, our sector cannot fully assist government in achieving its vision of a long-term-care health system solution."

I think they must realize that. As you know, statistics have shown that as our population ages, we are finding that more people are over 80, a great percentage of people to be cared for. Therefore, more money has to be put into care and more interest and care should be put forward there.

As a matter of fact, they made an observation that "residents in Ontario's long-term-care facilities received" only "2.04 hours of nursing care." I was shocked when I heard that. It actually goes on to say, "This was the lowest of any of the other Canadian, American and international jurisdictions studied. Manitoba was 25% higher and Saskatchewan 50% higher." This is a very rich province, which has one of the highest revenues in Canada, yet this is what is happening here.

My colleague mentioned something I will take about a minute for. In his motion he stated that diverse cultural communities have been hit the hardest with the cutbacks. I just want to highlight one aspect of this. I remember when one of the Black communities put forward a long-term-care facility. Then we had this minister, Cam Jackson, at the time who said he was sensitive, turn down a submission that was one minute late—one minute late for people who have a great need for services. Members here talk about how sensitive and focused they are on long-term care. I was appalled at that. I know I have a short time, but I wanted to raise that to say to them how much that hurt the community.

In a diverse community, people in their senior years would like to be served with dignity and respect, but somehow this government does not address itself to that concern. Not only have they cut back money but, as you know, their programs are such that because of their giving back money to Bay Street executives and companies, we find they have not enough funds to fund long-term care. So who suffers? The other communities who need it most.

I just want to raise those few points while I'm here. I'm sure my colleagues will cover, emphasize and elaborate much more on the need that we have in Ontario.

1730

Mr David Caplan (Don Valley East): I'm pleased on behalf of the residents of Don Valley to speak to the

motion today standing in the name of my colleague Mr Gerretsen from Kingston and the Islands.

Members of this House will recall the residents of Leisureworld who came down here to the Legislature to support the postcard campaign of the Ontario Long Term Care Association. In my riding of Don Valley East alone, I have received over 1,500 of these cards signed by residents, their families and by the members of the community who staff the long-term-care facilities. Their concerns are very much reflected in the motion that's here in front of us today.

I have to tell you that their concerns and the problems we're seeing in our long-term-care facilities are very acute in my community of North York. The province in general has, in any community, a population of about 12.5% aged 65 and older. In North York, our community is in excess of 15%. What does that mean? There are about 88,000 seniors who live in our community. Of those 88,000, over 36,000 are over the age of 75. What that means is that we have increasing pressure in our facilities to accept and have seniors as they move from the community to care homes. In North York, we have a total of less than 3,000 beds available to service a population of 80,000 seniors, 36,000 of whom are over the age of 75.

The members of this House will be interested to know that Baycrest and Villa Colombo in North York have the largest waiting lists for long-term-care placement in the entire province of Ontario. We all know how chronically underfunded community care access centres are, especially in North York, so when people in my area say they're concerned, they have very good reason to be. They can't get the care in their homes and they can't get into the long-term-care facilities. Even when they get there, their needs are not being met.

Let me tell you about a recent visit I made to the North York General Hospital, the North York Seniors' Health Centre. I met with Dianne Anderson, the vice-president of North York General. She would like to do a lot of exciting things but the government doesn't provide the money for them. Certainly, they can't be competitive in the salaries they pay their staff. They're losing their nurses because they're being paid higher somewhere else. They have an entire floor of the building they would love to open up, but the government won't provide the money to do that.

The lists are getting longer. We have terrific facilities that are losing staff. The seniors are waiting for care and their overall health is deteriorating. I can see why members of Leisureworld have come down here to speak directly to the minister. Frankly, they were insulted when the minister said the government is being generous in the amount of care they provide to seniors. Seniors see it every day in their lives and their family members do too. They don't want to see their quality of life deteriorate due to the underfunding by the Eves government.

They know, and their families know, that they're not alone. Families throughout Don Valley East are experiencing these critical shortages. This motion from the

member for Kingston and the Islands is a timely one. I don't see how any member of this House could not support the notion that Ontario should be one of the leading jurisdictions in the world within five years. That's an attainable goal, it's something I support and I hope all members of this House will support it too.

I'm going to yield the floor to my colleague from Windsor West. I hope all members will support the resolution.

Mrs Sandra Pupatello (Windsor West): I'm very happy to assist in ideally passing this resolution this afternoon that deals with the Long-Term Care Act and how we can better support our seniors who are in long-term-care facilities.

I congratulate the member for Kingston and the Islands, who has taken over as the lead critic for long-term care. What's important about what he said today speaks for those people who are in these facilities. I marvelled when I listened to the debate this afternoon by the minister responsible for long-term care, who stood up and said there are regulations that protect these people. The members will remember that he said, "All they have to do is call the administration." Then he said, "If that doesn't get them anywhere, they just have to call the offices and tell them they're only getting a bath a week, because that's against the regulation."

Let's just get this straight, Minister: are you really so out of touch with your ministry that you're understanding that, of the people who are there, 63% of whom have some form of dementia, these are the people who are supposed to trot down the hallway and complain to administration because they're getting maybe a bath a week or a bath every 10 days? Minister, let me get this straight. Are these same people, 94% of whom require assistance to eat, 95% of whom require some assistance to dress, supposed to go for a little jog down to the front desk and complain because they're only getting a bath a week? Get real, is all I can say.

There's a reason why Ontario requires more long-term-care facilities today, and that's because families are so much more mobile. It used to be that these people did stay home, that there were family members at home who took care of these people. That is not life in Ontario today.

This is a population that cannot advocate for themselves. That's why members are elected to the Legislature. It's up to us to see that the job is done on behalf of the people in our communities. These individuals won't be calling the administration of the long-term-care facility to demand another bath, so that the administration can say, "That would be great but we don't have the operating dollars to provide the personnel to do the job." Hence, the government comes in. This is an area that is funded by the provincial government. I marvel that the members across the House would dare to again blame the federal government on this issue, which is always the fallback position here. It's called the Ontario Long-Term Care Act. The responsibility is fully placed in this House. The resolution today talks about operating dollars. All the

members opposite today could do was talk about new beds being built.

Let me read you a marvellous quote which to me summarizes everything today. It's a quote by Donna Rubin, who is the CEO of the association representing the nursing homes. She said, "Even though 20,000 new long-term-care beds are being built," and we don't know when that's about to happen, "this does not address the underlying problem. We can have all the beds in the world but without adequate operating funding, long-term-care residents in Ontario will remain underserved."

We had a study that we brought into this House a year and a half ago. It was by PricewaterhouseCoopers. It was a study that was commissioned by the government itself. It wasn't what the opposition brought in as fodder for more questions in the House; this was a study that the government itself called for. What was so marvellous about it was that it was third party, it was completely credible. These people came in and told the government. Of course, we didn't access the report for some time. The government didn't want to release the results of the report. But what it said was that Ontario long-term-care residents received the least amount of registered nursing care, less than 15 minutes a day. It said that Ontario long-term-care residents received less than two hours per week of support from program staff. They have the highest proportion of both mental health disturbances and problems, and yet less than 6% receive professional intervention. More than two thirds of the residents have a restricted range of motion, yet less than one third receive exercise. Only 10% of the residents with rehabilitation potential actually received physical therapy.

For anyone who is listening to this debate today, imagine that it's your parents or your grandparents. They have the ability to be more mobile if they could have access to physiotherapy, but under this government, it's been removed. Let's make this clear. They used to get it and now they don't. This is a repeated theme of this government over the last seven years. We met children in the House today who were getting special-ed support and are not getting it today. We've talked to people in hospitals where services used to be delivered but are not being delivered today. Now we're talking about long-term-care residents who used to get physical therapy and are not getting it today.

I didn't hear one member of the government party speak about this lack and loss of services. We heard today from the members on our side about dentists and dental hygienists who could go into these facilities to take care of oral hygiene issues, which is essential. Anyone who studies geriatrics knows that the key is good dental health. It means the difference between whether people can eat by themselves or not. It means the difference between whether they're wearing false teeth or can keep their own teeth, or that they're being cleaned regularly when they're wearing dentures. This is paramount to good health. There are facilities today that used to get this kind of care in their facility and do not get this care any longer. The money is not there for these

administrations to provide this additional care in these residences.

1740

I ask you, should we even care? Would my neighbours in my riding of Windsor West care that they spent tens of thousands of dollars to build the Malden Park facility in my community? They built this place to be a chronic care facility. It was downgraded by the NDP but red-circled so it was receiving the kind of funding every day so it would run as a proper facility. Under this government, over the last seven years, every year it has lost more and more operating dollars so that today they can't provide those attendant services to keep those people more mobile.

You hear the minister himself say, "Just call the administration." How ridiculous is that? He's got the gall to stand in the House as the minister to suggest there are regulations to prevent this, that people should be getting more than these baths. Then he had the gall in the House today during the debate to actually question what I brought up in the House about how many baths a week he takes, as if I ought not to ask the question.

He suggests that we haven't supplied any names yet. Well, let me just suggest for this minister, if he forgets, that on May 22, the day that issue was raised in this House, there were many, many residents in this House. They came here, they were in their wheelchairs, they were here in the galleries and they were here to meet the minister. In fact, they went out into the lobby outside of this chamber after question period. Why? They were there to meet the minister and every single one of them receives one bath a week. That minister dares to stand in the House today and suggest that's not true. That is the reality in long-term-care facilities in Ontario. And I ask the question again to the minister, how many a baths a week does he take? How appropriate is it for us? Is this how we see treating our Ontario residents who are in long-term-care facilities? I say that's not good care for our residents.

I would suggest that we support the resolution today that suggests an operating dollar that is sufficient to give these people the care they need, keeping in mind that today, like never before, the people who are in these facilities are not mobile like they used to be. Those people are still being kept in their homes, as difficult as that is with the underfunding of the home care sector. Our whole goal was to keep people in their homes as long as possible, but now we're hitting them at both ends: they're in the long-term-care facilities and we're taking the services away. These are the same people who cannot advocate for themselves. That is the job of the Minister of Long-Term Care. I would suggest that this minister become an advocate, not a defender for his government but an advocate for people who need advocacy.

Mr Gerretsen: Being the last speaker in this debate, let me first of all thank all the members for taking part. But let me also say how deeply disappointed I am in the government members for, first of all, not addressing the issue that was addressed in the resolution. The resolution

is about as non-partisan as any resolution could possibly be. It doesn't castigate any blame on any government, any ministry or anything. It just deals with the facts. The facts are that your own funded study which looked at 10 other jurisdictions clearly stated that Ontario ranks last when it comes to registered nursing services for our seniors in long-term-care facilities and we ranked last as far as nursing and personal care services are concerned. That's a fact. You paid for that study. You then hid the study. The study indicates that we are last in that.

What the resolution merely states is that we want you to share in the vision for our seniors in Ontario. That is to give them the highest quality of life possible, and the way to do that is to work together, everyone, and for the government, whoever may be in power, to commit itself to making sure that within the next five years we are going to rank first in providing the quality of life that our seniors need. That's what this is all about.

As far as the postcards that we all received—and all of us received these—about 55,000 of them are signed. They were a direct result from this study where people are saying, “We are last? We are worse when it comes to providing nursing services than Mississippi, than some other states in the United States? How can that possibly be in a province that has as much to offer as Ontario? We've got to do something about it.”

So the Ontario Long Term Care Association had these cards printed, which were signed by 50,000 people. What did those cards say? That government funding has not kept pace with the increasing resident need. “Current funding levels allow for only four minutes to assist with getting up, washed, dressed and to the dining room,” for the average resident, “10 minutes for assistance with eating,” per day, “15 minutes of programming” per resident “per day, and one bath per week.”

I can well recall, less than two weeks ago, when the minister in this House said, “That's not possible.” As has already been indicated, we spoke to at least 10 residents, and I've spoken to many other residents since that time, and they all confirm that they get only one bath per week, not because the staff people don't want to provide any more, but because the staff in all our long-term-residence facilities are overburdened and overworked. They're hard-working, dedicated individuals who simply cannot keep up with the ever-increasing needs our that seniors have in those facilities. That's what this resolution speaks to. As a matter of fact, my colleague from Sudbury received these cards today dealing with exactly the same resolution.

This resolution should be supported by every member in the House. It merely talks about the fact that within the

next five years our goal should be to provide the highest quality of care for our seniors in this province who happen to be in long-term-care facilities. They deserve absolutely nothing less than that.

The Acting Speaker: Mr Gerretsen has moved opposition day motion number 4. Is it the pleasure of the House that the motion carry?

All those in favour, say “aye.”

All those opposed, 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 1748 to 1758.

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

Ayes

Agostino, Dominic	Di Cocco, Caroline	Martel, Shelley
Bartolucci, Rick	Dombrowsky, Leona	Martin, Tony
Bisson, Gilles	Duncan, Dwight	McGuinty, Dalton
Boyer, Claudette	Gerretsen, John	McLeod, Lyn
Bradley, James J.	Gravelle, Michael	Peters, Steve
Caplan, David	Hoy, Pat	Phillips, Gerry
Conway, Sean G.	Kormos, Peter	Pupatello, Sandra
Cordiano, Joseph	Lalonde, Jean-Marc	Ramsay, David
Crozier, Bruce	Levac, David	Sergio, Mario
Curling, Alvin	Marchese, Rosario	Smitherman, George

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

Nays

Arnott, Ted	Hardeman, Ernie	O'Toole, John
Baird, John R.	Hastings, John	Ouellette, Jerry J.
Barrett, Toby	Hodgson, Chris	Runciman, Robert W.
Beaubien, Marcel	Hudak, Tim	Sampson, Rob
Chudleigh, Ted	Jackson, Cameron	Spina, Joseph
Clark, Brad	Klees, Frank	Stewart, R. Gary
Clement, Tony	Marland, Margaret	Stockwell, Chris
Coburn, Brian	Martiniuk, Gerry	Tsubouchi, David H.
Cunningham, Dianne	Maves, Bart	Turnbull, David
Ecker, Janet	Mazzilli, Frank	Wettlaufer, Wayne
Elliott, Brenda	McDonald, Al	Wilson, Jim
Flaherty, Jim	Molinari, Tina R.	Witmer, Elizabeth
Galt, Doug	Munro, Julia	Wood, Bob
Gilchrist, Steve	Mushinski, Marilyn	Young, David,
Gill, Raminder	Newman, Dan	

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 30; the nays are 44.

The Acting Speaker: I declare the motion lost.

It being 6:01:39 of the clock, this House stands adjourned until 6:45.

The House adjourned at 1801.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenant-gouverneur: Hon / L'hon James K. Bartleman

Speaker / Président: Hon / L'hon Gary Carr

Clerk / Greffier: Claude L. DesRosiers

Clerk Assistant / Greffière adjointe: Deborah Deller

Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman

Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Algoma-Manitoulin	Brown, Michael A. (L)	Guelph-Wellington	Elliott, Hon / L'hon Brenda (PC) Minister of Community, Family and Children's Services / ministre des Services à la collectivité, à la famille et à l'enfance
Ancaster-Dundas-Flamborough-Aldershot	McMeekin, Ted (L)		
Barrie-Simcoe-Bradford	Tascona, Joseph N. (PC)	Haldimand-Norfolk-Brant	Barrett, Toby (PC)
Beaches-East York	Prue, Michael (ND)	Haliburton-Victoria-Brock	Hodgson, Hon / L'hon Chris (PC) Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement
Bramalea-Gore-Malton-Springdale	Gill, Raminder (PC)		Chudleigh, Ted (PC)
Brampton Centre / -Centre	Spina, Joseph (PC)	Halton	Agostino, Dominic (L)
Brampton West-Mississauga / Brampton-Ouest-Mississauga	Clement, Hon / L'hon Tony (PC) Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée	Hamilton East / -Est	Bountrogianni, Marie (L)
Brant	Levac, Dave (L)	Hamilton Mountain	Christopherson, David (ND)
Bruce-Grey-Owen Sound	Murdoch, Bill (PC)	Hamilton West / -Ouest	Dombrowsky, Leona (L)
Burlington	Jackson, Hon / L'hon Cameron (PC) Minister of Tourism and Recreation / ministre du Tourisme et des Loisirs	Hastings-Frontenac-Lennox and Addington	
Cambridge	Martiniuk, Gerry (PC)	Huron-Bruce	Johns, Hon / L'hon Helen (PC) Minister of Agriculture and Food / ministre de l'Agriculture et de l'Alimentation
Chatham-Kent Essex	Hoy, Pat (L)		Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Davenport	Ruprecht, Tony (L)	Kenora-Rainy River	Gerretsen, John (L)
Don Valley East / -Est	Caplan, David (L)		Wettlaufer, Wayne (PC)
Don Valley West / -Ouest	Turnbull, Hon / L'hon David (PC) Associate Minister of Enterprise, Opportunity and Innovation / ministre associé de l'Entreprise, des Débouchés et de l'Innovation	Kingston and the Islands / Kingston et les îles	Witmer, Hon / L'hon Elizabeth (PC) Deputy Premier, Minister of Education / vice-première ministre, ministre de l'Éducation
Dufferin-Peel-Wellington-Grey	Eves, Hon / L'hon Ernie (PC) Premier and President of the Executive Council, Minister of Intergovernmental Affairs / premier ministre et président du Conseil exécutif, ministre des Affaires intergouvernementales	Kitchener Centre / -Centre	Beaubien, Marcel (PC)
Durham	O'Toole, John R. (PC)	Kitchener-Waterloo	Sterling, Hon / L'hon Norman W. (PC) Minister of Transportation / ministre des Transports
Eglinton-Lawrence	Colle, Mike (L)		Runciman, Hon / L'hon Robert W. (PC) Minister of Public Safety and Security / ministre de la Sécurité et de la Sécurité publique
Elgin-Middlesex-London	Peters, Steve (L)	Lambton-Kent-Middlesex	
Erie-Lincoln	Hudak, Hon / L'hon Tim (PC) Minister of Consumer and Business Services / ministre des Services aux consommateurs et aux entreprises	Lanark-Carleton	Cunningham, Hon / L'hon Dianne (PC) Minister of Training, Colleges and Universities, minister responsible for women's issues / ministre de la Formation et des Collèges et Universités, ministre déléguée à la Condition féminine
Essex	Crozier, Bruce (L)	Leeds-Grenville	Wood, Bob (PC)
Etobicoke Centre / -Centre	Stockwell, Hon / L'hon Chris (PC) Minister of Environment and Energy, Government House Leader / ministre de l'Environnement et de l'Énergie, leader parlementaire du gouvernement		Mazzilli, Frank (PC)
Etobicoke North / -Nord	Hastings, John (PC)	London North Centre / London-Centre-Nord	Tsubouchi, Hon / L'hon David H. (PC) Chair of the Management Board of Cabinet, Minister of Culture / président du Conseil de gestion du gouvernement, ministre de la Culture
Etobicoke-Lakeshore	Kells, Morley (PC)	London West / -Ouest	
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)	London-Fanshawe	
		Markham	

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Mississauga Centre / -Centre	Sampson, Rob (PC)	Scarborough Southwest / -Sud-Ouest	Newman, Hon / L'hon Dan (PC) Associate Minister of Health and Long- Term Care / ministre associé de la Santé et des Soins de longue durée
Mississauga East / -Est	DeFaria, Hon / L'hon Carl (PC) Minister of Citizenship, minister responsible for seniors / ministre des Affaires civiques, ministre délégué aux Affaires des personnes âgées	Scarborough-Agincourt	Phillips, Gerry (L)
Mississauga South / -Sud	Marland, Margaret (PC)	Scarborough-Rouge River	Curling, Alvin (L)
Mississauga West / -Ouest	Snobelen, John (PC)	Simcoe North / -Nord	Dunlop, Garfield (PC)
Nepean-Carleton	Baird, Hon / L'hon John R. (PC) Associate Minister of Francophone Affairs, chief government whip, deputy House leader / ministre associé des Affaires francophones, whip en chef du gouvernement, leader parlementaire adjoint	Simcoe-Grey	Wilson, Hon / L'hon Jim (PC) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
Niagara Centre / -Centre	Kormos, Peter (ND)	St Catharines	Bradley, James J. (L)
Niagara Falls	Maves, Bart (PC)	St Paul's	Bryant, Michael (L)
Nickel Belt	Martel, Shelley (ND)	Stoney Creek	Clark, Hon / L'hon Brad (PC) Minister of Labour / ministre du Travail
Nipissing	McDonald, Al (PC)	Stormont-Dundas- Charlottenburgh	Cleary, John C. (L)
Northumberland	Galt, Doug (PC)	Sudbury	Bartolucci, Rick (L)
Oak Ridges	Klees, Frank (PC)	Thornhill	Molinari, Hon / L'hon Tina R. (PC) Associate Minister of Municipal Affairs and Housing / ministre associée des Affaires municipales et du Logement
Oakville	Carr, Hon / L'hon Gary (PC) Speaker / Président	Thunder Bay-Atikokan	McLeod, Lyn (L)
Oshawa	Ouellette, Hon / L'hon Jerry J. (PC) Minister of Natural Resources / ministre des Richesses naturelles	Thunder Bay- Superior North / -Nord	Gravelle, Michael (L)
Ottawa Centre / -Centre	Patten, Richard (L)	Timiskaming-Cochrane	Ramsay, David (L)
Ottawa-Orléans	Coburn, Hon / L'hon Brian (PC) Associate Minister of Municipal Affairs and Housing / ministre associé des Affaires municipales et du Logement	Timmins-James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Ottawa South / -Sud	McGuinty, Dalton (L) Leader of the Opposition / chef de l'opposition	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	Smitherman, George (L)
Ottawa West-Nepean / Ottawa-Ouest-Nepean	Guzzo, Garry J. (PC)	Toronto-Danforth	Churley, Marilyn (ND)
Ottawa-Vanier	Boyer, Claudette (Ind)	Trinity-Spadina	Marchese, Rosario (ND)
Oxford	Hardeman, Ernie (PC)	Vaughan-King-Aurora	Sorbara, Greg (L)
Parkdale-High Park	Kennedy, Gerard (L)	Waterloo-Wellington	Arnott, Ted (PC)
Parry Sound-Muskoka	Miller, Norm (PC)	Whitby-Ajax	Flaherty, Hon / L'hon Jim (PC) Minister of Enterprise, Opportunity and Innovation / ministre de l'Entreprise, des Débouchés et de l'Innovation
Perth-Middlesex	Johnson, Bert (PC)	Willowdale	Young, Hon / L'hon David (PC) Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones
Peterborough	Stewart, R. Gary (PC)	Windsor West / -Ouest	Pupatello, Sandra (L)
Pickering-Ajax-Uxbridge	Ecker, Hon / L'hon Janet (PC) Minister of Finance / ministre des Finances	Windsor-St Clair	Duncan, Dwight (L)
Prince Edward-Hastings	Parsons, Ernie (L)	York Centre / -Centre	Kwinter, Monte (L)
Renfrew-Nipissing- Pembroke	Conway, Sean G. (L)	York North / -Nord	Munro, Julia (PC)
Sarnia-Lambton	Di Cocco, Caroline (L)	York South-Weston / York-Sud-Weston	Cordiano, Joseph (L)
Sault Ste Marie	Martin, Tony (ND)	York West / -Ouest	Sergio, Mario (L)
Scarborough Centre / -Centre	Mushinski, Marilyn (PC)		
Scarborough East / -Est	Gilchrist, Steve (PC)		

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

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

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

Estimates / Budgets des dépenses

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

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

Chair / Président: Marcel Beaubien
Vice-Chair / Vice-Président: Doug Galt
Marcel Beaubien, David Christopherson,
Doug Galt, Monte Kwinter, John O'Toole,
Gerry Phillips, Rob Sampson, Joseph Spina
Clerk / Greffière: Susan Sourial

General government / Affaires gouvernementales

Chair / Président: Steve Gilchrist
Vice-Chair / Vice-Président: Norm Miller
Marilyn Churley, Mike Colle, Garfield Dunlop,
Steve Gilchrist, Dave Levac, Al McDonald,
Norm Miller, R. Gary Stewart
Clerk / Greffière: Anne Stokes

Government agencies / Organismes gouvernementaux

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

Justice and Social Policy / Justice et affaires sociales

Chair / Présidente: Toby Barrett
Vice-Chair / Vice-Président: Al McDonald
Toby Barrett, Marcel Beaubien, Michael Bryant,
Garry J. Guzzo, Ernie Hardeman,
Peter Kormos, Al McDonald, Lyn McLeod
Clerk / Greffier: Tom Prins

Legislative Assembly / Assemblée législative

Chair / Présidente: Margaret Marland
Vice-Chair / Vice-Président: Julia Munro
Ted Arnott, Caroline Di Cocco, Jean-Marc Lalonde,
Margaret Marland, Julia Munro, Marilyn Mushinski,
Michael Prue, Joseph N. Tascona
Clerk / Greffière: Donna Bryce

Public accounts / Comptes publics

Chair / Président: John Gerretsen
Vice-Chair / Vice-Président: Bruce Crozier
Bruce Crozier, John Gerretsen, John Hastings,
Shelley Martel, Bart Maves, Julia Munro,
Richard Patten, R. Gary Stewart
Clerk / Greffière: Tonia Grannum

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

Chair / Président: Rosario Marchese
Vice-Chair / Vice-Président: Garfield Dunlop
Gilles Bisson, Claudette Boyer, Garfield Dunlop,
Raminder Gill, Pat Hoy, Morley Kells, Rosario Marchese, Ted
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Clerk / Greffier: Douglas Arnott

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