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Jeudi 14 octobre 2004

Speaker
Honourable Alvin Curling

Clerk
Claude L. DesRosiers

Président
L'honorable Alvin Curling

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Room 500, West Wing, Legislative Building
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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday 14 October 2004

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Jeudi 14 octobre 2004

The House met at 1000.
Prayers.

PRIVATE MEMBERS' PUBLIC BUSINESS

PALLIATIVE CARE

Mrs Donna H. Cansfield (Etobicoke Centre): I move that, in the opinion of this House, the Minister of Health and Long-Term Care should, within one year, introduce a strategy that deals comprehensively and in an integrated manner with the provision of palliative care in Ontario.

The Deputy Speaker (Mr Bruce Crozier): Mrs Cansfield has moved ballot item number 31, that, in the opinion of this House, the Minister of Health and Long-Term Care should, within one year, introduce a strategy that deals comprehensively and in an integrated manner with the provision of palliative care in Ontario.

Pursuant to standing order 96, Mrs Cansfield, you have 10 minutes.

Mrs Cansfield: It is my pleasure to rise in the House and ask today for the support of my colleagues on this resolution, this motion. The demand for palliative care within Ontario has grown substantially in the last number of years. As we go back to maybe 25 years ago, we were fortunate enough in places such as Windsor and possibly Burlington and some others, where people with some foresight actually put in place palliative care resolutions in their communities and provided that service in the community. Throughout those years many of those hospices have had to struggle to stay alive. It's an interesting parody when you think about what they do; in fact, they provide end-of-life care.

Recently Ipsos-Reid produced a poll that indicated that over 90% of the people who were polled indicated they would prefer to die with dignity in their home. Interestingly enough, 75% of those people die in hospitals. Only 6% said they felt they could care for the people they loved at the end of life in their home. So you can see that there is an extraordinary need in our community to be able to deal with end-of-life care.

The challenge for us is, how do we do it? Currently, even though at this time our volunteerism has substantially decreased, it has exploded within this particular community. I could quote statistics for you: 600,000 hours in over 400 communities with 90 hospices are given by volunteers to provide palliative care support for the end of life. When you think about what the communities are prepared to do, then I think it's incumbent upon us as a government to provide the kind of leadership they need for the standard of care, because that's the difference. That's what is happening.

When I did my homework and I looked around the province, I found that in some cases community care access provides support services to a hospice; in others, they do not. In some, there are communities that have the support services with means where they can raise the money to support their local hospice; in other communities, they cannot.

As we, as a community and as a government, say that we want people to live and to work with dignity throughout their life and to be able to provide that for them, that we want their children to be well-educated, that we want to have a good economy, it seems imperative to me that we also look to end-of-life care to provide that same kind of dignity to people, so that when they make the choice of where they choose to die, they can die with the same dignity that they have lived. I can't think of something else that's more positive that we can give to people today, yet that service isn't provided in an equitable fashion across this province.

There are some communities that have no support services. There is no reason for that. There are some that are not able to provide the standards because they don't have the support in terms of the educational provisions. As I said, there are others that certainly do not have the financial means to provide it.

I think we have the resources. There is a commitment from the federal government to provide for long-term home care and palliative care. Certainly, if you heard the question I raised in the House, the Honourable George Smitherman, Minister of Health, has indicated that it is a wish of this government to do exactly the same thing. We have the resources and the means to do it and now I ask you for the will to do it, because I think this is the most important thing we can do to provide a legacy, one of many that we will leave as government in the next number of years.

When I go back and think about my own involvement with a hospice, it really started in my church with two extraordinarily people, Marjorie Pitchford and Meade Wright. Meade has since passed away. Marjorie recognized that when Meade's wife was dying, there was no place, no resource other than the church to support that individual. Having come from England and knowing what hospices could do in England, she realized there

was a need within the community, in our particular community. As you know, I have a very senior population, although, trust me, palliative care isn't restricted to the elderly. We have had patients and clients in the Dorothy Ley Hospice who have been infants, where parents have needed that kind of support from their community as that child was ending their time of life.

I was fortunate to be part of the first 17 people who were in the Dorothy Ley Hospice. Marjorie's vision and Meade's vision as individuals, and Dr Ley, who allowed us to use her name to start that hospice, enabled us to pull into that community an extraordinary number of volunteers who wanted to give back to the people in the community their support, their care and their love during a very difficult time for their friends, their families, their neighbours, and sometimes just for strangers because they were people who cared.

I think it's now time for us as a government, as I said, to support that foundation. It's there; it's in our communities. Now let's build the house that needs to go around it. Let's provide the support and the services that are there. No longer should somebody have to die in a hospital. It's not designed for dying; it's designed to get fixed up and get out again. There actually were hospitals where they put a surcharge on that bed if you took too long to die. That's criminal when you think about it.

1010

I remember being with someone, and it was their end of life. They sent him up food trays. That's not what they needed. They needed someone to hold their hand when their family wasn't there, someone to read to them, someone to put the music on, someone to be in that room and have a presence with them when it was the time of end of life, whether it was in that hospital room, whether it's in a day respite house or whether it's in their own home. It's difficult for families. It's part of who we are, I think, in the human psyche, to be able to support our friends, our families, and those around us who, as I said, may be strangers, because we choose to.

Often in this House, you've stood up and you've said, "It's the right thing to do." It is the right thing to do. It's the right thing to put palliative care on a leadership footing with a number of other initiatives that we put into health care in this province, because the time has come, and it's time for us to look at the universality of it, to look at its equity, to look to ensure that it is resourced as much as it possibly can within the community, never losing sight of the fact that it is community-based and volunteer-initiated in many instances. Obviously, it's run by people who need and have the background to run a hospice, but I don't think we ever want to lose that grassroots initiative of the volunteers who've given in their community, because that's what every good hospice is built upon.

So I ask you today to really consider seriously how this impacts and affects your community, and what you can do as an individual to make a difference in that community. I ask you to go and get involved in your own hospice. You may not be able to give the time, but you certainly can give the support. You can give that moral support that they need. You can be able to provide, again, through this resolution, the fact that there will be leadership and standards and care.

There's an extraordinary organization called the Hospice Association of Ontario. It has been around for about 15 years. It has coalesced the hospices themselves. They've come out with their own mission statement. They have their act together, they're prepared to move forward, so I think it's time for us to get our act together to move forward.

It's just an extraordinary opportunity where we can work with the local community, work with the municipality, work with the people in the hospital sector, in the medical sector, in the community care access. If ever there was a chance for us to coalesce and work together, this is one of the times that we can do it. I find that exciting. It's called building. It's called building one of those better communities that we always talk about. As our Premier has said and I reiterate, it truly is the very best thing to do.

I remember many years ago when someone very close to me passed away, and I always still get emotional about it, because if I knew better, I would have done differently, but I didn't. It was someone who was left in a cold room that was sterile and, quite frankly, lonely, and nobody should ever die alone. Everybody deserves to die with those they care around them, or somebody who cares for them, even if they don't know them. That's what a hospice can do. So I ask you to please seriously consider and put your vote into this resolution and make this a part of the history of this province and the history of this Liberal government.

The Deputy Speaker: Further debate?

Mr Norm Miller (Parry Sound-Muskoka): I'm pleased to support this resolution today, and I'm doing so for my colleague Laurie Scott, who's sitting beside me today, as Laurie's voice has unexpectedly disappeared in the last day. So I'm delivering Laurie's thoughts for her.

Hospice Awareness Week is an appropriate time for us in this House to turn our attention to the issues of palliative care and hospice care and the important role that they should play in any caring health care delivery system. We should be striving to allow people to live with dignity and to die with dignity.

Hospice services have developed organically across the province in response to the desire that many people had to end their lives in an environment other than a hospital. It is not a demand that is going to decrease, with 90% of Ontarians wishing to remain in the comfort of their own homes during the final stages of life. Hospitals are able to provide a high standard of end-of-life care, but there will always be a role for hospices and at-home care.

In Laurie's riding of Haliburton-Victoria-Brock, there are palliative care and other services provided by Palliative Care Victoria, SIRCH Community Services and Consulting, and the Haliburton, Northumberland and Victoria Access Centre.

I might add that in Parry Sound-Muskoka we have Hospice Huntsville, Hospice Muskoka, Hospice West Parry Sound and the West Parry Sound Health Centre.

I would like for a moment to give you a little more detail concerning one of these local groups that added hospice care to the range of services they provide to the local community. SIRCH started providing hospice services in 1994-95, and have been promoting hospice care locally through efforts such as Hospice Education Day, which they organized in the following year. It attracted 90 participants. They also facilitated the start of the Palliative and Bereavement Care Coalition for Haliburton County. With a high population of seniors, Haliburton-Victoria-Brock and Parry Sound-Muskoka are ridings that will be very much affected by any plans on the part of this government to deal with the provision of palliative care.

It disturbs me that only 5% to 15% of Ontarians have access to hospital palliative care services. As a member who represents a predominantly rural riding, I'm also interested to see how the minister will ensure that the needs of rural Ontarians are met. Often when money is spent on programs and services, many of these programs and services are set up in such a way that nearby urban residents are disproportionately able to access those programs and services. With many small communities in my riding, I want to make sure that the people who live there will be able to access these programs. The provincial strategy of establishing 16 networks province-wide has the potential to ignore the needs of smaller communities.

I was especially heartened to see that volunteers across the province have decided to devote some of their time to increasing the quality of life for those whose lives are coming to an end. Prior to coming to this House, Laurie was a nurse, and during that time she was frequently struck by the courage and quiet dignity of those facing the end of their lives. Some of her colleagues devoted their time to providing care for those who were dying, and I know that they all strove to make the final hours of their patients as pain-free and dignified as possible.

I would suggest to the minister that he look very seriously at making sure that the rules he puts in place recognize the ability that hospices have of responding to the specific needs of different communities. We need to keep the strength of the hospice system in place. We need to do more in terms of hospital-based palliative care. We need to make it easier for terminally ill people to move from acute care beds to complex continuing-care beds. We need to make sure that the 12,000 terminally ill people who receive care each year are not ignored by the health care system when it is determined that the curative approach is no longer feasible. It is not just care for the terminally ill but also resources for the 39,000 family members who are affected each year.

At a time when we are talking about how to improve the system, we need to take a few moments to recognize the efforts of those people who have worked so hard to build the system that we have in place today. Over 13,000 volunteers are spending over 630,000 hours every year. I had the pleasure of going to the opening of Hospice Muskoka's special room at South Muskoka Memorial Hospital and congratulating many of my local volunteers.

There are a lot of good things happening in terms of the delivery of hospice and palliative care, and I urge the government, in responding to the need for some overarching strategic direction, to remember that every community is unique, and hospices have grown in response to the needs of their local communities.

In conclusion, I will restate my support for any efforts to make the hospice and palliative care systems in Ontario work better.

Ms Shelley Martel (Nickel Belt): I'm pleased to participate in the debate this morning on a resolution that encourages the Minister of Health to develop a strategy of comprehensive integrated palliative care and present that in a public way in the next year.

The member, at least in the background information that was sent to us, made it very clear—or reminded us, I guess is a better way to describe it—that there is a patchwork of hospices out across the province that provide a varying degree of services, so, depending on where you live, you might get what you need or you might just get what's available. She certainly focused on the fact that because of that patchwork and because we really do want to support all Ontarians, regardless of their age, in their last days, we should really have a strategy that would fund hospices and palliative care to ensure that people can get the services they need wherever they live in the province. She also made it very clear that if you didn't have that, you would have terminally ill patients and their family members making choices about end-of-care options that they might not otherwise want to make or that might be much more expensive; for example, having to spend your final days in a hospital room because there isn't palliative care available.

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All of those things are true, and it's just as true that in my own riding there isn't a hospice. But there is a supportive housing program which has supported AIDS patients, which has allowed AIDS patients to die in dignity on-site and which I think, despite not being a hospice, is certainly a candidate that should be considered for palliative care funding.

I want to bring that to the attention of the member in the House today because I think the strategy by the minister should be broader than just funding the current system of hospices or expanding so you have more hospices; it should actually reflect and recognize that there are very important supportive housing projects that deal with terminally ill clients, particularly clients who have specific diseases. They should be considered for funding of palliative care as well.

So I think the strategy should be broader. That's not to undermine the work done by hospices or the Hospice Association of Ontario. It's merely to point out that something different is happening in our community because we don't have a hospice. That's something that is different, very valuable and worthy of funding and recognition as well.

I wanted to spend some time this morning just talking about that program, because I don't think it's unique to our community, in the sense that I really do believe there are other supportive housing projects out there that care for, support and look after terminally ill clients or people who have very specific diseases to the end of their life. They too should be considered as palliative care projects worthy of funding.

The particular program and supportive housing project that I want to talk about is called Maison La Paix. On World AIDS Day, December 1, 1996, this supportive housing project opened in our community. It came about as a dream that was held for a long time by the HIV/AIDS Support Group of Sudbury. They opened a home on that day for those who live with HIV/AIDS. It is a partnership that was formed with the Sisters of Charity of Ottawa. As a result of the partnership, the support group was able to rent and indeed renovate a home in downtown Sudbury to accommodate four residents.

In December 2002, the Sisters of Charity of Ottawa sold the house to the HIV/AIDS Support Group of Sudbury at a nominal cost to allow them to continue their work. But it was very much based on that initial partnership that the funds were even available at the outset for the support group to actually acquire the home, renovate it and have clients come to stay.

The mission of Maison La Paix is to provide a home where people who live with HIV/AIDS and who need assistance or total care are welcome. At Maison La Paix they very much find the ability to have their needs met by trained personnel. They are also able to both live and, if they choose, die with dignity surrounded by friends, caregivers, family members and people who are close to them. The goal has always been to create a home-like atmosphere, to ensure the quality of life for everybody and to collaborate not just with friends and families but with other health care providers outside of that environment to ensure clients get the health care they need.

This home is quite unique in northeastern Ontario—frankly, it's unique in northern Ontario—because it is the only home where services are provided in both official languages and where there is no discrimination based on race, colour, language or ethnic origin. It also provides 24-hour attendant care, professional health services, support services, spiritual, pastoral and palliative care as well as just companionship.

The house itself, which I've had a chance to visit, is essentially shared by four clients. It has a modern kitchen, a living room, a guest room and a fenced-in backyard. It even has a smoking area. It is wheelchair-accessible. Residents have private bedrooms but they share bathroom facilities. They do, in this case, pay room and board; they have to because of the funding that this program receives, which I will get into later on. They pay $500 a month in rent. All the other support services, particularly those provided by caregivers and medical personnel, are provided without charge.

Since its opening in 1996, it has been home to five women and 25 men, most of them from northeastern Ontario. A number of them were what you'd want to describe as expatriates, who had been out of the community for a long time but came back, making a choice to die in the community. Five of the residents actually have died at the home, surrounded by family, friends and caring staff. There are four residents who are on-site now and there are two on a waiting list.

The staffing is as follows: It is administered by a full-time executive director and staffed by a resident care coordinator, an RPN. That RPN is responsible for the care program of each of the residents. There are eight other staff—a combination of personal support workers and registered practical nurses, some full-time, some part-time—who deliver the hands-on care. Their responsibilities include assisting the residents with all aspects of daily living because, as you can appreciate, some are more able than others to deal with their daily basic needs. They also provide a supportive and caring environment to live in.

As well, like in other hospices, there are numerous volunteers who provide support. They drive the clients to medical appointments, deal with other appointments they have outside of their home, deal with palliative care housekeeping and even renovations to the home, and, more significantly, do the bulk of the fundraising, which is necessary in this case to keep this home operational.

There are many partners that Maison La Paix works with in the community. So in that respect it's comparable to the work that hospices do, because hospices as well work with many other community partners. In our case it works with the HAVEN program, which is an HIV clinic at the Sudbury Regional Hospital; the Access AIDS Network; the Point, which is a risk reduction program for injection drug users; the Sudbury Youth Action Centre; Pinegate Addiction Services; the Manitoulin-Sudbury Community Care Access Centre; the Sudbury Regional Palliative Care Association; and the Sudbury and District Health Unit.

The challenge that is currently facing this wonderful facility is government funding, namely, a lack of permanent government funding. When the supportive housing project opened in 1996, it opened with temporary funding from the provincial government under the Homemakers and Nurses Services Act. This is a cost-shared program: 80% provided by the province, 20% provided by the municipality. In this particular case the funding is administered through the municipality by the district of Sudbury social services administration board. However, the municipality, I believe from the inception—I could be corrected about that, but certainly now—has not been able to provide their 20% share. So the government in fact flows 100% of the operating budget, which is $156,000, and then the city asks for a cheque of 20% back from Maison La Paix, so Maison La Paix gives a cheque of about $32,000 and change back to the city and the city returns that portion to the province.

That funding of $156,000 has been frozen since 1998, while every other cost has gone up: electricity, rent—well, not rent, because they've purchased it—certainly

utility costs and trying to raise the salaries of those who provide care. However, the actual costs to operate the facility are much more than $156,000. That is a temporary funding arrangement the provincial government provides. The actual cost is $100,000 more than what the board is receiving in order to operate.

Those volunteers are primarily involved in fundraising activities: fundraising through Valley Bingo, fundraising by just asking directly and fundraising through a number of events that take place throughout the year. As well, they have been very lucky that they have been a partner with the United Way, so they get some money that way. They also get money through the Bishop Carter Foundation, the Sudbury Food Bank, the Soup Kitchen—and some other organizations that don't have a lot of money to spare, if the truth were told—the Living Well Fund, which is supported by the Access AIDS Network, and the John Carl MacIsaac Foundation. They also get some summer staff through HRDC. The volunteers and the executive director spend a lot of their time actually trying to find money from various sources to have the $100,000 they need to actually supplement the money they get from the province.

This is not an arrangement that has worked exceptionally well, despite the best efforts of the executive director and the volunteers. It has become increasingly difficult, in an age where so many other groups and agencies are fundraising out in the community, to actually find the money necessary to continue. It has been essentially very difficult as well because the government share of this funding has been frozen, and the city has been unable for some time now to actually allocate their 20% share.

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The added problem that faces this supportive housing project is that they have to have three clients every month for a whole year to obtain full government funding. In most years, they have had 10 months where they have had three of the four clients in place. In some of the summer months they have not had three clients; they have lost two because some of those people want to stay with their family and friends for an extended period of time.

When they have new people coming in, in most of the cases the cocktail of medication they are receiving to try and control their illness makes them feel good for a time, makes them think they can live independently, and a number of them do move into the community into their own apartment and live independently. Often those same clients end up moving back, which is why we continue to have a need, obviously, for the supportive housing project. But we also have to have a recognition from the government that you just can't operate in that way. You have clients who can come and go. They feel good; they live independently. They start to get sick again or get worse, and they come back to use this as a place to die or as a place to obtain increased ongoing support.

So the funding mechanism has been very difficult because every year, because they don't have the necessary three out of four clients in place every month, they lose funding maybe two months of the year, maybe three months of the year. They lose some of that funding because they haven't had the home entirely full, and that makes it very difficult to operate in the long term.

The result, of course, is that it has been very difficult to operate. They have to fundraise excessively, but they really are having difficulty hanging on to their staff. You need very specifically qualified, expert staff in this regard, and they are only able to pay $10.50 an hour to their personal support workers. Personal support workers who are graduating in our community now can go to Extendicare or Pioneer Manor and get $14 and $17 an hour. This funding issue is critical and has to be resolved to provide stable workers but also to provide stable, ongoing operating funds in order to manage what needs to be managed.

The fact of the matter is, since 1998, the Ministry of Health and Long-Term Care has said that this supportive housing project is a priority to receive long-term-care funding—since 1998—and we still do not have ongoing, permanent funding provided through long-term care or any other mechanism to this particular supportive housing project.

In October 2003, the Manitoulin-Sudbury long-term-care supportive housing working group recommended that the Ministry of Health and Long-Term Care support this particular project for four clients with ongoing funding through its long-term-care budget, and that still hasn't happened. Two days ago, the agency received a letter from the city saying the city wants to sit and discuss alternate funding arrangements because they're worried about their ongoing involvement, and we don't know what this will mean for this agency.

I say in conclusion, because my time is running out, that we have a very significant, important and wonderful supportive housing project that I think meets the goals and needs the member has outlined. It deals with a very specific clientele and has allowed a number of those patients to die in dignity, surrounded by caregivers in the facility. Like other supportive housing projects, it also needs to be considered in a palliative care strategy. More importantly, it should be provided funding now by the ministry to allow it to operate without many of the ongoing concerns that it has.

Mr Shafiq Qaadri (Etobicoke North): It's a privilege to speak in support of this resolution of my fellow Etobicoke MPP, Ms Donna Cansfield.

Yes, it is time for a comprehensive and integrated plan for palliative care in Ontario. I also, Speaker, notify you and this House that I'm going to share some of my time with the MPPs from Perth-Middlesex, Niagara Falls and Etobicoke-Lakeshore.

Ultimately, we're speaking about supporting services that are of a multi-dimensional nature, whether they're emotional, physical, practical—such as funding and housing issues—or even spiritual.

As has been mentioned, Canada, like North America, like the world, is undergoing a demographic shift. There

is actually a progressive greying of the country, and while cancer and other terminal illnesses are not restricted merely to the aging population, nevertheless they do bear a disproportionate share of these kinds of illnesses; for example, cancer. That's why it's particularly important that we bring to bear the best practices, knowledge of both art and science, medicine and sociology, to the end of life that many of our clients, patients and the citizens of Ontario are going to face. Ultimately, what we're asking is, with what dignity, with what humanity will these individuals be able to live out their last remaining days? Ultimately, this is what I would consider the mark of a civilized society or, in the phrase of Pierre Elliott Trudeau, a just society. That's why it's important for us to really broadly publish and essentially institutionalize these practices in a system-wide infrastructure.

There are a number of issues to speak under; for example, even simply the words that we use. I recall in my civilian capacity before this place, as a family doctor, an individual who came with chronic, and eventually it turned out to be terminal, hepatitis B. As we kind of blithely wrote those particular words on the diagnostic part of the chart and on some of the forms that we actually hand out to the patient or family, it was brought to my attention that when you actually write the words "terminal liver cancer" on, for example, an X-ray requisition and hand it to the family, what does that actually provoke in the family? For example, when you're dealing with patients who have these ultimately consuming illnesses, how do you break the news? What language do you use? Are you aware of the full impact and perhaps even of the intensity of the words that you're using to in fact even end up removing the very hope and very dignity of their remaining days? You'll be interested to know that this alone, this area of, for example, what words you should engage your terminally ill patients with, has become a whole discipline, a whole industry, a whole avenue of publication in and of itself.

Another very important issue, particularly with the hospice and palliative care side, is pain management. I can tell you, for example, as a doctor, that individuals with, say, terminal liver cancer and others—especially those who have had what we call metastasized cancers, meaning cancers that have left home and spread to other parts of the body, say from the liver to the lung and to the bone and so on—these individuals suffer a type of pain that is perhaps unknown to the rest of us. We as physicians and the nursing community and nurses' aides, and even, I would say, the administrators, constantly struggle with that fine balance, as the MPP from Nickel Belt just mentioned, with that cocktail of medications—too much codeine or too much morphine—because there's a fine balance between analgesia and drowsiness and actually maintaining the patients in a coherent manner. So it's very important that we get our best practices out into the public, not only in our nursing homes, our residential homes, our hospitals and our hospices, but even for the caregivers at home.

The other aspect I'd like to touch on very quickly is the issue of bereavement, because, of course, the shock that the family itself undergoes perhaps only begins once that individual concerned in fact passes away. So ultimately the question is asked: Do we as a civilized and just society provide opportunities and therapy, if you like, and oversight as to how a family will grieve and actually deal with the death, ultimately, of their loved one? This is particularly challenging and wrenching when there are, children involved, and it seems that the younger they are, at least with some at the age of understanding, they have a permanent void, which is often very, very difficult to fill. They seem to be both stunned and stunted. This, of course, requires an added measure of awareness and sensitivity to all the various caregivers.

1040

It's well known in medical circles that after, say, a marriage of 20, 30 or 40 years, if one of the spouses passes away, it's a well-known phenomenon that the surviving spouse is at extreme risk for all the various ills that men and women are heir to. So it's important that we as a society bring together all our collective understanding, and that's why I support this resolution brought forth by my colleague from Etobicoke Centre.

To conclude, from the European Institute of Oncology there was a policy statement that it is now time for palliative care to be part of overall health policy. We know how to improve care, and we must now integrate that knowledge more clearly into everyday practice.

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I'm very pleased to join in the debate with respect to the motion on the floor. I'd just like to say that I received a letter from the member with respect to this resolution. In my riding we have community care access through Simcoe county, which I believe is doing a very good job with respect to caring for seniors and doing the allocation that they need to do. But we certainly need more resources in our riding with respect to home care and also long-term care because of the growth that's happening in the riding.

I attended a groundbreaking for Hospice Simcoe, which I think does a great job within my riding. They're trying to set up their own location, and they're doing fundraising now so they can acquire the land and also build a facility so they can provide that care with respect to the terminally ill. I know we've also done a lot of work, and we've been working with the Minister of Health and Long-Term Care, regarding the cancer care centre not only at Royal Victoria Hospital but also at South Lake, which would provide the radiation services we need. One project that I'm involved in through the Barrie Rotary Club is providing housing facilities at the Royal Victoria Hospital site for cancer care for family members so they can be there while their loved ones are receiving treatment. So there certainly needs to be a strategy, and also money needs to be put forth for this particular type of care.

I'd also like to mention that there's one other area in my riding that's very important, and that's this children's

treatment centre which I've been working on with the minister, Dr Marie Bountrogianni. We're going to be having a number of people come and visit my constituency office tomorrow for a petition because we've been trying to get a children's treatment centre, not only for Simcoe but also for York, for many years. It actually was approved for funding in a previous year, but that has now been put under review by the minister, and she says that she's working with the district health councils on this project. But it's not good enough, because the children's treatment centre is very important for my riding, and it hasn't happened. So we're going to be petitioning the minister to make sure that it happens, and that's going to be happening at my constituency office tomorrow at 11 am, because it's very important that that happens.

I know the critic, Cam Jackson, is going to have a lot more to say on this, and I'm going to give him some time, but certainly a strategy is a good idea. The problem is that you have to have the funding put in place, and I don't think it's totally clear what the member wants with respect to palliative care. That's going to have to be determined before we can move forward on this, because it's important that we get it right and we start providing the sources of funds and the type of care that's actually needed in the community.

Mr John Wilkinson (Perth-Middlesex): Stafford Shannon died in his own bed in the house that he built with his own hands. Stafford Shannon was my father-in-law, and he passed away last summer. There is an inequity across this province regarding the level of service that is provided to those who are at the end of their life. My wife's family was blessed that her father was able to die in his own bed in the house that he built with his own hands. I can assure you that the angel of mercy that the hospice and the palliative care people in the north end of Hastings county provided for my wife's family was remarkable.

The point I want to make here today in support of my friend the member from Etobicoke Centre is: Should we not have a province where this is allowed, is provided, for all of our citizens? It's more compassionate to die in your own bed. It's better for the system; it's better for the families. It's better, I think, to have a society that recognizes that unique moment when we pass on to another life.

I can personally share how very important it was for my mother-in-law and for my wife's family to have those services provided, and I agree with the member for Etobicoke Centre that it is unfair that there isn't an equitable distribution of this tremendous service. I want to say to the people who are providing this service that they truly are angels of mercy. I know in my own riding that Stratford Family Services and the North Perth Hospice, which is run by Sharon Johnson—the wife of my predecessor, Bert Johnson—a remarkable angel of mercy in my riding. I want to say to everybody that I support this bill because, like my father-in-law, Stafford Shannon, people should be able to die in their own home—in his case, in the house that he built with his own hands.

Ms Laurel C. Broten (Etobicoke-Lakeshore): I'm very pleased to stand in support of resolution 19, which calls upon the Minister of Health and Long-Term Care to, within a year, "introduce a strategy that deals comprehensively and in an integrated manner with the provision of palliative care in Ontario," and I'm pleased to do so in a week which marks Hospice Awareness Week across the province.

Hospices provide emotional, psychological, spiritual and practical human comfort to patients living with life-threatening illnesses and their loved ones, providing much-needed caregiver support, emotional support and bereavement support to families. Most importantly, they're part of a continuum of care in the province which specializes in caring for patients at the end of their lives.

The importance of this continuum of care cannot be underestimated. According to a national poll conducted by Ipsos-Reid and released this September, although more than 90% of Canadians want to die at home, 75% of them still die in hospitals. Only 15% of Canadians receive quality-of-life care at the end of their lives. Six per cent of people who care for family members facing the end of life believe that they would not be able to care for their loved ones if they didn't have the support of an integrated continuum of support.

In my own riding of Etobicoke-Lakeshore we are blessed to have the Dorothy Ley Hospice. The Dorothy Ley Hospice has for many years provided emotional support, practical physical assistance, respite care, complementary therapies, spiritual support, referral and liaison with medical and professional experts, home care teams and bereavement support, and has helped to coordinate the services we have in Etobicoke for those at the end of their lives.

Dorothy Ley Hospice is a non-profit community agency. It's one of 12 volunteer-based home hospice visiting services in Toronto. It also provides a day hospice program. In 2003-04, 431 clients received support through volunteer visiting services provided by over 300 volunteers, who contributed over 20,000 volunteer hours. We hope to see an expansion of the Dorothy Ley Hospice services in our community in Etobicoke in the years to come because we know in Etobicoke, as I know the members of this Legislature do, that how we treat those who are dying in our communities reflects on us as a society. So for those reasons, I'm very pleased to support this resolution.

1050

Mr Kim Craitor (Niagara Falls): I'm pleased to speak on this and recognize the member from Etobicoke Centre for bringing end-of-life care before the House today. It's an important matter, and how we treat people in their final days says a lot about our society and our values. It's time we looked very seriously at how the province can show leadership, kindness and humanity to those who have contributed so much.

Niagara has one of the fastest-aging populations in Ontario, so long-term care is particularly important to the people of Niagara.

With long-term care, we are always faced with the end-of-life issue. It's not acceptable to have a quilt work of differing levels of services for those in differing parts of the province. The time has come to have a consistent, high-quality level of care that our loved ones and their caregivers can count on in their final days. It is a time ridden with worry, anxiety and fear. Comprehensive, integrated quality and consistency are standards that are expected. The member is so right in her motion.

In Niagara Falls and Niagara-on-the-Lake, palliative care services are provided at both our hospitals and most long-term-care homes. These services are provided by caring volunteers who offer priceless emotional and spiritual support, friendship, compassionate listening and bereavement support. In Niagara-on-the-Lake, volunteer support even comes from the volunteers' pet dogs, trained to provide passive yet vital emotional support. We are a much better society because of those who work as volunteers. We are so blessed.

Equipment such as wheelchairs, lift/recliners, walkers—which are lent free of charge—and libraries of books, audio tapes, CDs and videos are made available. All of these contribute to peace of mind in our loved one's final days, whether these services be offered in one's own home, a nursing facility, a hospital or a hospice.

The palliative care model needs a comprehensive, consistent and integrated approach to its delivery. This motion starts on the right track. That is not to say that what is happening now is wrong; it isn't. In fact, in many of our communities the service that is delivered is superb. But it is important that we deliver this quality of caring consistently across the province. This motion needs unanimous support from the House to demonstrate that we really do care.

Mr Speaker, I want to thank you for giving me the opportunity to speak, and I also want to thank my colleague Donna for bringing this resolution forward.

Mr Cameron Jackson (Burlington): I'm very pleased to stand today in support of this resolution standing in the name of a very old friend of mine, a long-standing friend from Etobicoke Centre. We have discussed it prior to her tabling it and I have certainly encouraged her, and she will certainly have the full support of the Progressive Conservative caucus.

My involvement with hospices goes back a little over 20 years ago when I joined the Order of St John. I wish I had time to explain the incredibly rich history of Christian charity of one of the oldest palliating organizations on the planet, the Knights Hospitallers of St John of Jerusalem.

As a former Minister of Long-Term Care—in fact, the first one in our province—I had the opportunity and the challenge to try and develop some of the protocols for palliative care that occurs outside of a hospital setting, with community supports. As well, in the city of Burlington we're very blessed to have not only the Carpenter Hospice, which opened in August 2002, with its current chairman, Dr Mo Ali, and its executive director, Mary McGowan, but we also have Ian Anderson Home, which has been serving our community of Halton for some time.

So we are blessed with a significant infrastructure of support in the province that continues to grow. I've lost count, but there are probably about 20-some residential hospices operating in the province, all with different funding models, all with different approaches, and this is the first issue that has to be dealt with: to get a common funding base and stable long-term funding in place.

I wrote to the Minister of Health, Mr Smitherman, on January 22, a lengthy letter specifically setting out proposals for reforms in this area so that we could change some of the regulations with community care access centres so that they could provide support, through their rather large funding arm, to our hospices.

On March 22, I had a meeting with Mary Kardos Burton and with Vida Vaitonis in order to go over the proposal. However, I have to say for the record that this is a 10-month-old letter. I have yet to receive a response from the minister.

Mr John R. Baird (Nepean-Carleton): Shame.

Mr Jackson: Well, these things happen. However, the point that I'm trying to make here is, if we're going to try and do this review in 12 months, perhaps we should make sure that it's resourced properly, because we can't even get an answer to a letter in 10 months. This is an ambitious, important project to be undertaken and it can't be done lightly. So I would ask that the minister respond to Ms Cansfield's resolution as quickly as possible, to give her and this House the assurances they're seeking today as we approve this motion.

There's so much I want to get on the record here, but let me just say, from my perspective as a former minister, having attended federal-provincial-territorial ministers' meetings that deal with this issue, the first and foremost challenge is that palliative care is not really covered under the Canada Health Act unless it occurs within a hospital. Most seniors' services, as we know, are not covered under the Canada Health Act.

Today in Ontario, we have a government which is saying it wants to restructure the future direction of our hospitals and we have a letter from Hilary Short saying to all members of the House that one of the unprotected services in our hospitals will be palliative care. That's not a declaration of war; that's a statement of fact. So we have a situation which has now emerged where palliative care can't always automatically be considered a first line of medical service in our province under the current restraint mode which the government has put us in.

Secondly, the CCACs, which is the most logical envelope in which to fund this service, are under a review right now by Elinor Caplan, a former member of this House. Without getting into all the details of that, the contents of my letter to the minister on January 22 set out what regulations should be changed. It deals with the issue of managed care competition and whether or not you can fund directly to a CCAC, to a hospice, or whether it has to go through an agency. So you have this

revolving door of different personnel coming into an environment in a hospice, which by its very nature needs to stabilize the individuals, the contacts, the interventions and the supports so that in the end stages of life this is an environment of stability, predictability and comfort, and not one of constantly meeting new people. That's a very important issue we raised for the minister.

The FPT meetings—and this is an important piece of information. We know today that the federal government is saying that federal transfer dollars for health care are to be driven into community-based services. If that's the case, Ontario is in an awkward position because we have the best community-based services in Canada. So it's important that the minister realize that this is an opportunity to drive some of those new dollars into palliative care in hospice settings and in home settings—those two. He will not be allowed to drive those into hospitals.

Finally, the issue of drugs: I've been on the floor of this House raising issues about the current government's hard cap on the Cancer Care Ontario drugs. The first drugs that are dropped by Cancer Care Ontario under financial restraint are palliating drugs. We know that. These are drugs that give comfort and do not literally destroy the internal organs as they're trying to pain-manage people through their end of life. So I want to again put on the record the concern we have about a hard cap on palliating drugs or cancer care drugs.

There is a significant amount of work being done across the province. My own region of Halton has done an integration study. So I want to commend the member and encourage the government to get on with this important job on behalf of the people of Ontario.

The Deputy Speaker: Further debate? The member for Etobicoke Centre has two minutes to reply.

Mrs Cansfield: I'd like to thank the members from Haliburton-Victoria-Brock, Parry Sound-Muskoka, Nickel Belt, Etobicoke North, Niagara Falls, Perth-Middlesex, Etobicoke-Lakeshore and Burlington for their support of this resolution.

Bruce Peer, who is the chair of the Hospice Association of Ontario, I think said it very well when he said that, as a society, we fear death more than we recognize the richness at the end of life, and I believe that to be true. I do, however, believe as well that we have hospices in places such as Burlington, Windsor and Etobicoke south that have worked long and hard to help build the foundation in Ontario. There are over 90 of them. With their extraordinary wealth of experience, with the volunteers and their commitment, with the medical profession recognizing the need for pain management, being able to take that pain management necessity out of our emergency rooms and into a hospice setting changes the dynamics in terms of how we spend our medical dollars. We recognize that we can do this far differently, we can do it far better and we can do it with the dignity that people deserve at their end of life.

1100

If you believe that every person has the right to die where they choose to die, pain-free, with the emotional support of their family and friends and with the bereavement that they know their family and friends will need, then you'll know that palliative care hospices make a huge difference in the lives of approximately 200,000 people who will die this year in Ontario, an estimated 160,000 of whom could benefit from the hospice experience. So, please, I ask for your support for this resolution and thank those members.

OTTAWA HOSPITAL

Mr John R. Baird (Nepean-Carleton): I move, seconded by the member for Lanark-Carleton, that, in the opinion of this House, the Ontario government should increase the budget for the Ottawa Hospital by 6% over the base budget for the base level of service this year over last.

The Deputy Speaker (Mr Bruce Crozier): Pursuant to standing order 96, Mr Baird, you have 10 minutes for opening remarks.

Mr Baird: I want to talk about a situation facing the Ottawa Hospital, which serves people in my constituency, but we could be very easily talking about any one of the hospitals in any one of our ridings. We could be talking about the Queensway-Carleton Hospital in Nepean. We could be talking about the Royal Ottawa Hospital in Ottawa. We could be talking about a smaller hospital like the Kemptville or the Winchester hospital, which also serve constituents in my riding.

The Ottawa Hospital is an institution that is incredibly important to me personally. It was where I was born. It's where countless friends and relatives have received excellent care over the years. It's also an incredibly important community institution for those whom I represent. It has three campuses: the Civic campus, the General campus, and the Riverside campus.

A few years ago, this hospital was facing some really significant challenges. I personally worked tremendously hard to help turn the situation around. The government of the day made a very difficult decision to conduct an operational review of the hospital to go in and to see how well the hospital was being run, and made a further difficult decision to appoint a supervisor to basically take over the governance of the hospital. That supervisor was someone by the name of Dennis Timbrell, a tremendously well-respected member by all sides of this House for many years, a former Minister of Health. I think he was Minister of Health for four or five years, which is certainly the longest that anyone spends in that job.

They made a number of big decisions. They appointed a new CEO, Dr Jack Kitts. Dr Jack Kitts has a tremendous amount of respect. Being an anaesthetist, he has a huge amount of respect among the medical community not just at the hospital but in the Valley, where he's from. To be non-partisan, he's a cousin of the former member for Renfrew North, so he's one of the health care giants in our community who is tri-partisan.

They brought in a new board, with some exceptional people. Ray Hession is the chair of that board, a tremen-

dously well-respected former public servant who has a long record of involvement in our community. I could name many of the board members: Kay Stanley, a former teacher, a former federation president of the elementary schoolteachers of Carleton. She serves on that board. We're very lucky to have their time and effort.

This hospital has done a huge amount of work. In that really new turnaround team that was sent in by the Ontario Ministry of Health, they found efficiencies of some $25 million. That is well in excess of 6% of their budget. They had to make some difficult decisions. They laid off a not-insubstantial number of folks, most in administration, to make sure the hospital was being run better.

With that effort was a real recognition that this hospital, from the operational view, had done their part and that they needed the Ontario government to come to the table. We were able to announce, Mr Timbrell and I on behalf of the former minister, Tony Clement, a $50-million base budget increase for this hospital, which I think recognized that they were tremendously efficient, but that the government also had to do its part and come to the table and put its money where its mouth is.

Now, $50 million, to put it in perspective, was the biggest base budget adjustment for any hospital in Canadian history. It recognized that through the operational review and through the work of the turnaround team, the work that the men and women at the hospital, whether nurses, workers, medical staff, the administration and the board, had done, the government had to do its part.

It was really the light at the end of the tunnel. It was also the beginning of a brighter future for the hospital. They had finally, after many years, got their head above water. The fantastic news is that the hospital began to raise money for some needed expansions that were ordered by the ministry and the commission, and the community has really rallied behind that.

To be non-partisan, I can recall the then Leader of the Opposition, Mr McGuinty, delivering a health care report card to the residents of eastern Ontario and Ottawa-Carleton. He did it outside the Civic campus of the Ottawa Hospital. On this big, large report card, despite standing in front of the Ottawa Hospital, it wasn't mentioned. The government, I think it's fair to say, did not get a passing grade on any of the things he mentioned. He didn't include the Ottawa Hospital in it. I think there's a symbolic recognition in that, that he recognized the hospital had gone through some difficult times, that the men and women at the hospital had responded and that the hospital was now on track. That was noted by many in our community.

This resolution is particularly important to be discussed today in this House, on October 14, because tomorrow is going to be a troubling day for many hospitals in Ontario. Tomorrow, October 15, every hospital in the province is required to submit to the ministry a plan to balance their budget. This minister, like previous ministers before him, is asking hospitals to find efficiencies and to balance their budget by the end of the next fiscal year. I don't begrudge him that. It's a responsible thing to do, to live within our means.

This hospital can find a lot of efficiencies. The only difference is that they found them two or three years ago when an operational review was conducted, when a supervisor was appointed and when a turnaround team went in to clean up the mess at the hospital. Tomorrow they will have to submit a plan to the Ministry of Health that will require them to protect certain programs. It will require them to hire more full-time nurses. It will require them to reduce waiting times. It will require them to balance their budget. It will require them to obey the law, particularly with respect to labour relations, labour negotiations and contracts, many of which they don't even negotiate, that are negotiated centrally—I think of the Ontario Nurses' Association agreement—and they're not going to be able to do it. The minister has generously offered to send in turnaround teams. His own ministry has sent in a turnaround team to this hospital and they've responded to that challenge.

1110

In the resolution in front of us, if you take great note of the resolution, I haven't included anything partisan in it. I haven't included anything disparaging. It's just a request that this House acknowledge—I'm sure many of you have hospitals, either in your constituencies or that serve the families in your constituencies, that are in the same boat.

I'm asking for the support of all members of this House. The 6% figure: Someone said to me that that's two or three times the rate of inflation, but it's not. Health care inflation, according to the independent experts at the Ontario Hospital Association, is running at between 7% and 8%. So they're actually coming in with a proposal that is below the rate of health care inflation.

We know hospitals have increased energy costs, we know they have increased insurance costs, and we know they have increased costs of prescription drugs. I know the Ontario drug benefit plan at the Ministry of Health is up by about 14% this year, and the hospital has that same pressure. At the Ministry of Health, their administration budget is up by 6.89% because they're doing a few extra things in the area of public health, the minister reported to us, things he believes are important, and I share his view. But so too does the Ottawa Hospital have important pressures on it. They have labour negotiations with the Ontario Nurses' Association coming up, which they've had to responsibly budget for. They have to work with CUPE and the OPSEU folks who help make that hospital run every day. They've got to meet that challenge.

This hospital has been a good actor. It is one of the most efficient hospitals in the province. In fact, on a prorated case basis, it's the most efficient academic teaching hospital in the province of Ontario. They have done a tremendous amount.

Six months into the fiscal year, to be told 1.8%—it can't be done. They have to give six months' notice to many of their employees. That's why I'm here before the

House to ask for your support to help the Ottawa Hospital, which serves so many of us, not only in eastern Ontario but indeed in northern Ontario. We need your help and we need your support.

Mr Jim Brownell (Stormont-Dundas-Charlottenburgh): I am pleased today to speak against this private member's motion put forth by the member from Nepean-Carleton. Certainly the hospital he talks about is in my backyard, so to speak, being from eastern Ontario, Stormont-Dundas-Charlottenburgh. I know full well the problems that in the past have been associated with this hospital and the problems that surfaced during the last Tory regime.

I look at some of the things that have happened at the Ottawa Hospital, where local control was taken away. I look at the Ottawa hospital situation too where the former Tory government tried to shut the Montfort Hospital, the only French-language hospital in the province. I also remember, not having been here in the House but as a citizen in the community, hearing of the outcry against the closure of the paediatric cardiac care unit at CHEO, the Children's Hospital of Eastern Ontario. These are some examples of what the past Tory government did with the hospital situation in Ottawa.

What my government is doing is looking at taking the pressure off hospitals through community health care, asking hospitals to live within a framework that will be held to accountability agreements. I believe we heard, right from the beginning of our government here in this Legislature, that the silos had to be torn down that kept and defeated the process. Now we're looking at having a transparent process, a continuum of community health care, where home care, long-term care, community mental health, primary care and family health teams and public health are a transparent process, where the silos are torn down and the pressure is taken off our hospitals. It's going to happen. It has already started happening.

I heard the member from Nepean-Carleton talk about nurses. I know that here in our province nurses were fired and nurses took off to the States, and what has happened? They tried to lure them back and many of them are staying.

I say that there is a process in place. We are working with all our hospitals, and certainly with the Ottawa Hospital in particular, to allow them to balance their budget over two years. We already announced, on July 26, 2004, that we had $10.5 million for the Ottawa Hospital, to help them.

The time of throwing money to hospitals is over. The time now is to look at community health care across the spectrum and for all sectors to work together.

Mr Norman W. Sterling (Lanark-Carleton): I support the member from Nepean-Carleton's resolution in this regard. Eastern Ontario has been especially hard-hit by the lack of funding by this government to our hospitals, so much so that we believe the Premier has declared war on our hospitals in eastern Ontario. It's all right and good to say that people should be going to alternative methods of providing these health care services, but they're not there now.

Some of my hospital administrators are saying, "OK, if you want to give us less money, then provide us with some alternatives." One of the alternatives I'm fighting very hard for in the area I represent, the former city of Kanata, is a community access centre there. I've been after the Minister of Health to commit himself to that, as promised in the election, but we have yet to hear any good news from him with regard to that particular area.

A 1.8% increase to the Ottawa Hospital is just not enough to meet the demand of the third-largest hospital in Ontario.

I also want to indicate that the minister and the government should look at different situations with regard to the landscape of Ontario with regard to health care and deal with them in different manners. For instance, in small towns like Carleton Place, Smiths Falls and Perth, the idea of providing alternate health care outside of the hospital setting is not practical. It's not practical from the point of view of setting up two organizations—a clinic and a hospital—to provide much-needed health care, in an ambulatory case, than doing it in a more urban setting. As well, hospitals in smaller communities—as you would know, Mr Speaker, since you represent some small communities—are very essential in attracting physicians to the community. If you have a hospital in Almonte or Carleton Place or Smiths Falls or Perth, there's a much better chance of those small communities attracting physicians to their communities. So for two reasons, the global look at Ontario in terms of providing health care outside of the hospital setting is not necessarily true across all of Ontario.

I would ask the minister to consider these hospitals that are in the smaller communities and that have a multi-faceted purpose which cannot be replaced by some of these other kinds of ideas; to consider taking forward their funding in a different light than perhaps you would be looking at in an urban setting like the city of Ottawa.

I also want to indicate that, for instance, in Perth-Smiths Falls, that's a combined hospital. They did that voluntarily. They joined the two communities so they could rationalize the services in Perth and Smiths Falls, before 1995 when the Health Services Restructuring Commission was set up. They have a 1.4% increase, about $365,000, to their budget whereas they're facing a 5% increase in wages. The administrator there says to me, "Look, if you want us to cut back services, which we will have to do, then let us know in advance how we can plan for this so we can provide alternate services outside the hospital setting." As I said before, I don't think it makes any sense in Perth or Smiths Falls to look to alternatives, as it would in a more urban setting. So Perth-Smiths Falls is going to have to turn away people or close beds as they get close to the end of their accounting period.

1120

As well, I want to indicate that during the last election, my opponent kept saying to me in different kinds of

settings in all-candidates' meetings that the city of Ottawa was only getting 80% of the hospital funding that the city of Toronto was. Why are they exacerbating the situation now? When they got in power, the government, the members and the party that complained about Ottawa getting a raw deal are making the situation worse by the low level of funding, particularly to our largest hospital, of 1.8%.

So what will happen is that we won't be getting 80% of the funding the city of Toronto gets; we'll now be getting 77% or 78% of the funding the city of Toronto gets under this latest tranche of increases. We in the city of Ottawa rely on the Ottawa Hospital as our primary area of care for people other than children. This kind of funding is going to mean that the people of Ottawa are not going to get the health care service they deserve.

Ms Shelley Martel (Nickel Belt): I'm pleased to participate in the debate today. I want to say at the outset that I'm sympathetic to the resolution that has been put forward by my colleague from Nepean-Carleton. I think the situation in Ottawa is very much indicative of the situation facing many other Ontario hospitals right now that feel very strongly that they have not received an adequate increase to deal with the programs and services they are already delivering.

I thought, in that respect, that I would spend my time this morning talking to you about some northern hospitals that I am familiar with, and I'll be using some media reports about some in other communities, to make the point that this is not an isolated case. The member comes forward today with a resolution that talks about a 6% funding increase for the Ottawa Hospital, and I can tell you that other hospitals in northern Ontario could make the same claim, need to be making the same claim. I hope they are making the same claim to the government and I hope that the government will listen.

Let me begin with the hospital that I know the best, which of course happens to be the one in my own community: the Sudbury Regional Hospital. The Sudbury Regional Hospital, by order of the Health Services Restructuring Commission, is amalgamating three hospitals on to one site, and that site is that of the former Laurentian Hospital operation.

Our hospital also went through an operational review several years ago. It went through it at the request of the board because the board felt very strongly that they were not getting adequate funding from the Ministry of Health to deal with their mandate as a regional centre, and there has been some recognition of that important reality to health ministers. But the fact of the matter is that after the operational review a recovery plan was put in place that will see our hospital pull $20 million out of the system over the next couple of years. That's going to be very difficult for them to do, because over and above the money they have to pull from the system, they still have an ongoing deficit in fiscal years and, frankly, have had deficits that started at $32 million, from the point where they were first amalgamated, to a projected deficit this year, which would be in the order of about $5.5 million.

The recovery plan, which will essentially take $20 million out of the Sudbury Regional Hospital—we are now in year three of that—was only approved as a multi-year recovery plan by the Ministry of Health in March 2004. So our hospital is in a situation that is probably different from any other hospital in the province in that our hospital will not have to meet its deficit targets, will not have to have a balanced budget, at the same time that other hospitals will. That is because the operation plan and the recovery plan that was approved by the Ministry of Health recognize that there is a limit to the savings that can found until all the operations and all the programs are on one site. That will not physically take place until 2007-08; we hope it will happen by then. The sad reality is that there hasn't been any construction on phase 2 at the Sudbury Regional Hospital for over three years now—one of those full years under this government. There's still no construction on phase 2, even though we need this hospital in place so that we can have some savings. More importantly, we need the hospital in place so that it can support the new Northern Medical School.

I certainly hope that at some point soon this hospital is going to get approval for its construction plans so that we might actually see some construction start again on this site next year.

The situation is that it won't be until 2007-08 when the books at the Sudbury Regional Hospital can be balanced, because we can't get any more savings until all the programs are on one site, and that won't happen until then.

Our hospital has just received approval from the ministry to have its multi-year recovery plan fill in or be accepted as the accountability agreement, which means we won't have to balance the budget until that time. However, again, it's important to reinforce that we're still going to have a $5.5-million deficit at the end of this fiscal year, and the hospital must still take $5 million out of its operating budget this year. In a conversation I had with hospital officials last week, they are going to try to do that without affecting patient volumes, they hope, but it's probably too soon to tell. We will know more about that in the new calendar year.

So that is the situation at the Sudbury Regional Hospital: a $5.5-million deficit projected for this year, over and above the $5 million they have to take out of the system before the end of the fiscal year.

Let's look at the North Bay hospital. I raise the North Bay hospital, the Sault Area Hospital and the Timmins and District Hospital because it is clear that northern hospitals are facing deficits this year. There's about $600 million worth of deficits for all Ontario hospitals this year, and $44 million of that is for hospitals in northern Ontario. In addition, we know that those northern facilities account for 44% of the hospitals that are facing severe deficits or shortfalls of more than 8%.

I raise that because you will know that not every community in northern Ontario has a hospital. We rely very much on the regional centres to provide services. People have to travel long distances to those regional centres to

get those services. If those hospitals can't have adequate funding to provide service, that doesn't just impact people in North Bay, Timmins or Sault Ste Marie; that impacts people from right across northeastern Ontario who are coming from smaller communities to access care in those regional centres.

In North Bay, the North Bay General Hospital has projected a deficit this year of $13.5 million, but the province has promised them only a 1% funding increase of $686,000, so you can see that there's a very significant shortfall for the North Bay hospital.

The media reported—this is on September 8—that the North Bay hospital is going to refuse "to make any cuts despite a looming threat that the province is preparing to force dozens of programs and services to be slashed.

"'If the ministry wants to make cuts, then they're going to have to do it,' hospital board chairman Barry Bertrand said in commenting on" a release that went out from the OHA on the level and the magnitude of the cuts that would have to be made in order for hospitals to balance their budgets, as required by this government. Mr Bertrand went on, saying, "We're not going to make any cuts ... If we start cutting, where are these patients going to go?"

As I said earlier, the hospital is projecting a $13.5-million deficit and is continuing to plead its case with the province. The cost of running the North Bay hospital has increased by about 6% due to insurance, hydro and salary cost hikes, but the province is only promising a 1% increase. Bertrand says, "It's frustrating because we know the level of service it takes to operate."

This is a hospital that has already hired its own consulting firm to look for and implement savings, and this has been done, so he really doesn't understand what the government hopes to achieve with a turnaround team when in fact this hospital has already done what it can to identify those savings and to make those savings a reality. So there's a more than $12-million problem at the North Bay hospital, after the 1% increase by the government is factored in.

1130

Here's some information from the Timmins and District Hospital. This is a copy of a letter, dated September 21, 2004, to the minister from Don Wyatt, who is chair of the board at Timmins and District Hospital. It was also co-signed by Esko Vainio, who is the executive director.

It says the following:

"Dear Minister:

"We need your ministry's assistance in order to resolve a forecasted $3.9 million deficit for FY 2004-05 and a subsequent projected $6-million deficit in FY 2005-06 in order to balance our hospital budget as required by March 31, 2006.

"We require this financial support since our hospital is in a significant working capital deficit position and we project to be at the maximum of our bank credit line in February 2005. Our hospital is considered efficient in the hospital funding formulas in that the cost per weighted case for clinical work done here is 1.9% less than expected.

"A total budgetary shortfall of $6 million on a $70-million operating budget translates into a 10% reduction in our workforce"—60 full-time jobs. "This would mean a major change to our hospital, its programs/services and our workforce. In order to mitigate reductions of this magnitude, we respectfully request transitional/restructuring funding in order to be able to offer early retirement and voluntary exit packages.... The funding that we would require is in the $2.5- to $3-million range.

"We hope that your ministry will be able to assist us to minimize the impact of these staff reductions...."

It goes without saying that once you have those staff gone and you don't replace them, it becomes even harder for the hospital to operate the programs it needs to. I can tell you that Timmins and District provides a lot of services not only to Timmins but to people in Iroquois Falls, people in Hearst, people in all the surrounding areas who have to travel two and three hours to access care at what is a regional centre.

There's another significant budget shortfall. Here is the problem in Sault Ste Marie. The hospital, in June, announced a $5.8-million deficit for the 12-month period ending March 31, which is nearly triple the $2.1-million shortfall of the fiscal year 2002-03. The deficit was the third in three years and the sixth in the past eight years. A further $6-million deficit is forecast for the 2005-06 fiscal year, which would mean they would have to cut $6 million worth of programs in order to balance their books by the time this government is demanding that they do so.

"The health care facility employs 988 full-time and 777 part-time and casual workers."

Board chair Bill Walker said Monday—this is dated October 6—"'It would be absolutely naive to say that we could take $6 million out of a budget without affecting employment numbers.' ... He said it would be 'premature'" at this point "to determine how many jobs would be lost and which departments would suffer" cuts.

That process is now underway with 15 or 20 senior managers, who are trying to study what the possible cuts could look like and what effect they would have on the operation.

In Sault Ste Marie, the problem at the hospital has certainly attracted the attention of the physicians in the community and city council. On Tuesday, September 28, city council in Sault Ste Marie demanded an emergency meeting with local health care representatives and the provincial Minister of Health to discuss the need for additional funding. The resolution was passed by council at that Monday meeting. It came in response to a press conference that had been held on the Friday before by the Algoma West Academy of Medicine, which represents essentially the physicians and the specialists in the community of Sault Ste Marie.

The academy of medicine, represented by Dr Tim Best, the president, said that the hospital and the area residents would face a crisis in service cuts if the Ontario

government doesn't provide more money to the hospital. He said it was impossible to contemplate taking that much money out of the system without having a profound impact on the services and the programs provided to the people of Sault Ste Marie by the Sault Area Hospital.

So here we have the physicians, represented by the academy of medicine, who have been very vocal, very public in a press conference about their concern about the potential impact on the hospital. This has now been debated by city council, which has passed a resolution demanding the minister meet with them to tell them how he is going to deal with this funding crisis so they don't have to cut $6 million worth of programs from the community. We will see what the response of the minister is.

I thought what was most interesting, however, was an editorial that appeared in the Sault Star about this very issue, essentially saying that:

"Best is not Chicken Little clucking about the sky falling. He's in a position to know just how dire the Sault's situation is, and he's right to share his informed concerns....

"In a community of 75,000, serving an entire district and 300 kilometres distant from the next facility that could offer care, such staffing shortfalls are unacceptable.

"Best indicates that the budget problem locally is a deficiency in the amount of money the province grants. He is criticizing the funding formula as not adequately recognizing the plight of an urban hospital that serves a broad area but is remote from alternative sites."

The editorial goes on. Suffice it to say, they say very clearly that the hospital shouldn't sign any accountability agreement if it's going to impact on services and residents, and the government should deal with this very serious situation as soon as possible.

Let me close by saying this: I'm supportive of the motion that was put forward by the member because the situation facing the Ottawa Hospital is a situation that is facing many other hospitals. I've tried to focus on the ones in northern Ontario because, as I said earlier, many residents, not just in the individual communities but residents who live two and three hours away, have to come to these centres because they can't get the care anywhere else. It is imperative that the government deal with it. It's imperative that the government live up to its election promise, which was, "We will bring stability to our hospitals by providing adequate multi-year funding." They should do it now.

Mr Tony C. Wong (Markham): I'm happy to participate in the debate with respect to motion 23 put forward by the member from Nepean-Carleton.

We, the Liberal government, understand that our health care system must start to act like a system. Piecemeal or band-aid solutions are not going to work. We're transforming the system and bringing health care closer to home and allowing communities to decide for themselves what health services should be offered and where.

This motion would take us back to the old approach of the former government that did not work. This is like throwing everything back at the hospitals and forgetting about community health care. Those days are over.

Hospitals are a very important component of the health care system, but it is only one of a number of components. We are investing heavily in community health care, taking pressure off our hospitals.

Let me remind members of some of our investments: $103 million in home care; $406 million in long-term care this year; $65 million in community mental health; $600 million over four years for primary care and family health teams; $273 million for public health; and nine new MRI and CT scanners, including one at Queensway-Carleton Hospital and one at Montfort.

In addition, our agreement with the OMA will take more pressure off emergency rooms in hospitals by providing incentives for doctors to see patients at LTC facilities again and by working with family health teams that would provide 24/7 access to health care.

I want to talk briefly about the accountability agreements, because we're making sure that hospitals sign accountability agreements to ensure that these new investments will lead to more full-time nurses and reduce waiting times.

I want to talk about my own riding's hospital, the Markham Stouffville Hospital. I met with these folks about a week ago. They are taking on the same challenges and experiencing similar pain as many other hospitals are, but they are doing their best in terms of reducing costs in operational reviews. I know they will not be able to meet all the requirements if they want to continue to provide all services, but the point is that they are doing their best to comply with the requirements of our government because they support our approach. They know that there's going to be a lot of pain in the next couple of years, but they also know that this is the only way to deal with health care as a complete system.

1140

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): It's my pleasure to stand in support of the motion from my colleague from Nepean-Carleton this morning. I want to thank my colleague from Lanark-Carleton for his wise comments on the motion as well.

I want to talk about the Ottawa Hospital here and the funding offer, if you want to call it that, that they've been given by the Ministry of Health, which is woefully inadequate for them to continue with the services that they provide so well.

I want to talk a little bit about Jack Kitts. My colleague from Nepean-Carleton talked about Jack. Jack is my cousin, and we grew up together. There were nine children in the Kitts family and 14 in my family, so we did a lot of to-and-froing in the playgrounds back in the early days. If we weren't having hockey games on Kelly's Pond in the wintertime, we were up in the woods up on Plebons Hill, building forts and having territorial battles, in the summertime. So I know Jack very well, and I know how proud the people from the Ottawa Valley are, particularly the people from Barry's Bay, to have him as the CEO of the Ottawa Hospital. He's doing a marvellous job.

Mr Baird: Is he from Barry's Bay?

Mr Yakabuski: He is from Barry's Bay; born and raised in Barry's Bay. His family originally came from Cormac. What a tremendous job he's doing and what an insult to be told by the Ministry of Health that he's getting 1.8% to run one of the finest hospitals in the province and the tertiary care hospital for people from my riding who need anything advanced that cannot be provided in the hospitals in my riding.

The Liberals in the last election promised "the health care you need, when and where you need it." How does 1.8% for the Ottawa Hospital address that need when, even to maintain the services they currently provide, they need at least 7%? This is again an attack on eastern Ontario, an attack on the rural people of eastern Ontario, and it is not acceptable.

I want to talk about a constituent from my riding, Maureen Reid, who authorized me to use her name, who went to the province of Quebec in August to have a hip replacement done because she was simply tired of waiting. This government has done nothing to address those needs. When you fund hospitals to the tune of 1.8%, how can you fulfill your promise to have more replacements of hips done, more knees, more cataract surgeries, more cardiac surgeries when you're not funding the hospitals where those surgeries are going to be done?

In the middle of a fiscal year, you can't tell people, "This is what your numbers are going to be; this is what you've got to work with." We all know that hospitals have these time requirements with regard to making adjustments.

So what have we got here? We're going to see services cut. Is that in keeping with the promises that this government made prior to their election? Absolutely not.

I want to talk a little bit about hospitals in my riding as well, where the funding numbers—I'll give you an example. The hospital in Deep River, which is getting about a 1% increase to their funding this year—I really have to ask the Minister of Health, are you intending to close the hospital in Deep River? Is that your goal here? They cannot continue to operate and deliver the services that are necessary while receiving a 1% increase in their funding.

This government has to realize that hospitals are a primary component in delivering health care in this province, and they cannot—they talk about accountability, and I am all for accountability. We need that in every facet of government, but what this government is doing does not amount to accountability; it amounts to strangulation. They brought in new legislation, such as Bill 31, which will require more money to be spent by these hospitals because of the requirements in Bill 31, the privacy act. Bill 8, which was an attack on hospital boards across this province, the independent boards of volunteers who work so hard to make these hospitals work better and efficiently—this government is attacking them.

So we cannot accept this kind of funding arrangement for hospitals in this province. We do need accountability, but we have to go about it in a more sensible fashion.

I thank you very much, and I support this motion wholeheartedly by my honourable member.

Mr Mario G. Racco (Thornhill): I am surprised at the notice of motion that the member from Nepean-Carleton put in front of us, and the reason is very simple. We have a plan to address the needs of health care in this province, and by dealing piecemeal, certainly we are not going to do good service for the province of Ontario.

Not only that, the member used to be a cabinet minister under Mike Harris, who once said, "It is not my plan to close hospitals," and then subsequently went ahead with his cabinet and closed 28 hospitals. Certainly they don't have a commitment to the health care of this province.

The Tories in their first two years cut funding for hospitals. The member from Nepean-Carleton was a member of that government. Surely that's an indication of where they stand on health care. Also, the Tories, when they were in government, made a statement about nurses and Hula Hoops. Then they went ahead and fired thousands of them. To do that, they spent $400 million on firing nurses. After spending $400 million, they went ahead and spent millions of dollars trying to bring back nurses to Ontario. That's why today we have such a shortage. That's why today our government, the Liberal government of Ontario, is trying to get more nurses into the profession. It's doing that because of the Tories' management—for many years, unfortunately.

The people who are voting for this motion are calling for two-tier medicine. We heard that during the leadership campaign that just ended. Their solution to waiting lists is to allow the rich to buy their way to the front of the line. Our position is very simple. Everybody is treated equally. Everybody has the same opportunity to receive services.

When it comes to health care in Ottawa, let's look at what they did in that area. They took away local control of the Ottawa Hospital. That's what they did. The Tories did that. They tried to close Montfort Hospital, the only French-language hospital in the province. They tried to close the paediatric cardiac care unit at the Children's Hospital of Eastern Ontario.

Of course the Liberal Party has a different approach. We are investing in community health care, and we are taking pressure off our hospitals so that they can take care of other matters. We are spending $103 million in home care this year and $406 million in long-term care this year, and that includes $191 million to enhance the quality of care in long-term-care facilities. We are spending $65 million for community mental health and $600 million over four years for primary care and family health teams. We're also spending $273 million for public health this year. We are adding nine new MRI and CT scanners, including one at the Queensway-Carleton Hospital and one at Montfort.

The agreement with the OMA would see even more pressure relieved from emergency rooms and hospitals by incenting doctors to see patients in LTC facilities again and by working in family health teams that would pro-

vide 24-hour-a-day, seven-day-a-week access to health care.

We are investing an additional $469.5 million in new funding for hospitals this year. That is a 4.3% increase, much more than the inflation rate. In total, we are spending $11.3 billion on hospitals this year. That is $700 million more than the Tories planned to spend in their famous Magna budget projections. We are making sure that hospitals sign accountability agreements to ensure that those investments lead to more full-time nurses and reduce wait times for cancer care, cardiac care, hip and knee replacement and cataract surgery.

We are doing much more than they did. It's only because they are in opposition today that they are coming with this piecemeal approach. This is not the way to improve our health care in this province. We have an overall approach that we will follow that will be better for all of us.

1150

Mr Ted Arnott (Waterloo-Wellington): I'm very pleased to have this opportunity to speak in support of the resolution brought forward by the member for Nepean-Carleton.

First of all, I want to commend the member for Nepean-Carleton. I'll say that we, the Progressive Conservative caucus at Queen's Park, are very fortunate to have him on our team. He's bright, energetic, passionate about politics and steadfast in his commitment to solid Conservative principles. I wish he were listening to these compliments.

The constituents of Nepean-Carleton are very fortunate, because they have a very effective voice here in the Legislature. His constituents have recognized this by electing him three times—in 1995, 1999 and 2003—when it was tough sledding for the Conservatives in Ontario. The member for Nepean-Carleton and I have something in common. From time to time I'm reminded that for five years following 1990 I experienced the rather dubious distinction of being the youngest MPP in our caucus, until he came along in 1995, and when he did, I was more than glad to pass along that distinction to him. I'm glad he's still with us to this day.

I also want to congratulate the member on his additional responsibilities in the key role as opposition House leader, as I get back to the resolution that he's brought before the House today.

His resolution calling for a hospital budget increase is important for his riding and for many communities across the province. I know it is timed very well in terms of reenforcing the arguments we need to put forward to ensure that hospitals throughout the province receive the funding required to provide the best possible patient care.

In my 14 years as an MPP, I have worked hand in glove with the people who run our hospitals. I've sought their advice on a regular basis. The nurses, doctors, administrators, staff and volunteers on the hospital and foundation boards are the core, the centre of health care in communities like Fergus, where the Groves Memorial Community Hospital serves a much broader catchment area. I'm quite familiar with the Groves memorial hospital and how well they care for people. I was born there in 1963, as were our three boys in the latter half of the 1990s when we were residents of the village of Arthur.

Knowing the great work that is done at this hospital, it is disturbing to see almost every hospital in Ontario in a position now where there is a $600-million shortfall in provincial funding relative to what they require to meet the growing health care needs in their communities. The staff at Groves do a wonderful job at patient care, and in order for them to continue to do their best, I think it's absolutely essential that this government immediately approve their redevelopment plan and allow it to move on to the next stage. More than $14 million has been raised and pledged by our community for the hospital. We are ready to proceed, but we can't until we get approval from the Ministry of Health for our master plan and for functional planning.

Our community has been waiting for approval, and we have been waiting for a long time. I insist that the ministry move the process along, right now, with the necessary approvals at this stage so the Groves staff can continue their important work. The redevelopment project will be beneficial for health care delivery throughout the hospital's catchment area, and it should not be victim to unnecessary bureaucratic delay.

In Waterloo-Wellington, we are also fortunate to be served by the Palmerston and District Hospital. This hospital, with devoted and compassionate health care providers and effective management, also provides health care that is second to none. I recall a time in the mid-1990s when they, along with the Louise Marshall Hospital in Mount Forest, volunteered to merge, forming the North Wellington Health Care Corp. Their motivation was to ensure they would be in a position to save money and plow those savings back into front-line health services.

Under the current government, the Palmerston hospital, the Mount Forest hospital and the communities they serve are receiving far less than a fair share of funding. Based on calculations provided by hospital staff, the government will take much more in its so-called health care premium than it will invest back into local hospital funding.

To illustrate this point, consider the following: The ministry recently announced it will be providing the hospitals with approximately $108,000 in new funding, or a 1% increase in their budget. Compare this to the $60,000 in 2005 that will be taken from the employees of the merged hospitals because of the new health premium, or more accurately, the income tax this government claims will be going to health care—$108,000 in new funding to the local hospitals as compared to $60,000 being taken from the employees alone, and $4 million being taken from the catchment area in terms of higher taxes. Where is the fairness in that?

Mr Speaker, I know my time is up. I want to ask all members of this House to support the resolution being

brought forward this morning by the member for Nepean-Carleton.

Ms Monique M. Smith (Nipissing): I'd like to thank the member for Waterloo-Wellington for his ringing endorsement of his colleague the member for Nepean-Carleton.

We in the Liberal government, the Dalton McGuinty government, are creating a health care system, a challenge the former Tory government shied away from. You will note that in his opening remarks the member for Nepean-Carleton talked about the fact that it was important to live within our means. You will also note that the previous government did no such thing and in fact left us with a $5.6-billion deficit that we are now struggling with. Our government is committed to creating a health care system.

As noted by the member for Thornhill, Mike Harris and the previous Conservative government stated that it was not their plan to close hospitals but in fact turned around and closed 28 hospitals across the province. As well, they left a mess in a number of communities, not the least of which is Sudbury, which greatly affects my community of Nipissing. You will note that the member for Nickel Belt did give us a long and somewhat protracted review of the case in Sudbury. I do note, however, that she omitted to acknowledge that our government has found an unprecedented solution for the Sudbury General Hospital problems, and we're moving forward with finishing the construction of the hospital and supporting the Northern Medical School, which is very important to everyone in the north.

I want to thank the member for Nickel Belt for talking about my hospital in North Bay, one that's very near and dear to my heart, where I was born—and so many members have indicated where they were born. I speak regularly with the president and CEO of the North Bay General Hospital. I know of their concerns with respect to funding. I speak with them so often that we often joke that I speak to Mark Hurst more than I speak to my mother. We are committed to working with them to ensure that our hospital over the next two years finds a balanced budget. Our hospital is presently working under two sites, and we're moving forward on a redevelopment plan so that we have one site and can find the efficiencies that are necessary to ensure that we get to that goal of a balanced budget in North Bay.

The member for Thornhill discussed at some length some of the community health care initiatives we've undertaken, some of the investments we are taking to ease the pressure on our hospitals and to ensure that health care is provided in our communities where it is best needed and best served.

We are investing $103 million in home care. Another file that's very close to my heart: We're investing $406 million in long-term care this year, including $191 million in enhanced quality-of-care funding. About $1.2 million of that is going to my riding of Nipissing. I'm very, very pleased to see that. It's an important investment. We are investing an additional $469 million in new funding for hospitals this year. That's a 4.3% increase. We understand that our health system needs to start acting more like a system, and we are moving in that direction.

In his opening remarks, the member for Nepean-Carleton indicated that his resolution was "not partisan." Having worked with the member for Nepean-Carleton over the last year and having seen him in action for many years, I would hesitate to endorse that statement and would probably jump to the conclusion that his evening prayers are partisan.

The Deputy Speaker: Mr Baird, you have two minutes to reply.

Mr Baird: I say to the parliamentary assistant to the Minister of Health, the future of the hospital, which is important to my constituents, isn't a partisan issue. The one-sentence resolution which stands before us simply calls on them getting less than the rate of inflation.

I was disappointed that not one member who represents the city of Ottawa on the government side of the House chose to get up and even speak to this resolution. Not one member from Ottawa on the government side is even present in the House right now—

The Deputy Speaker: May I remind the member that we don't refer to absences.

Mr Baird: —and that's disappointing.

This hospital needs our help. As a local member in a non-partisan fashion, I'm asking for the support of members on all sides of the House. I want to thank the member for Nickel Belt for her support of the resolution. I also want to thank the member for Wellington and the member for Renfrew-Nipissing-Pembroke for their fine speeches. Most of all, I want to thank the member for Lanark-Carleton for his seconding the motion and for his strong support over the past eight years, particularly in cabinet and at Management Board, for funding for the Ottawa Hospital. We have fought many battles for this hospital, and others, because they're important to men and women in our community.

I hope that members will look at this as a non-partisan thing and say that it doesn't have to be a whipped vote. This is private members' hour. Traditionally, voting members are free to vote how they choose, and this is the generous spirit in which I offer this resolution. I ask for your help and your support for the Ottawa Hospital.

The Deputy Speaker: Thank you to all members. The time allowed for private members' public business has now expired.

PALLIATIVE CARE

The Deputy Speaker (Mr Bruce Crozier): We will deal first with ballot item number 31, standing in the name of Mrs Cansfield.

Mrs Cansfield has moved that, in the opinion of this House, the Minister of Health and Long-Term Care should, within one year, introduce a strategy that deals comprehensively and in an integrated manner with the provision of palliative care in Ontario.

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

OTTAWA HOSPITAL

The Deputy Speaker (Mr Bruce Crozier): We will now deal with ballot item number 32, standing in the name of Mr Baird.

Mr Baird has moved that, in the opinion of this House, the Ontario government should increase the budget for the Ottawa Hospital by 6% over the base budget for the base level of service this year over last.

Is it the opinion of the House that the motion should 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 five-minute bell.

The division bells rang from 1201 to 1206.

The Deputy Speaker: Mr Baird has moved ballot item 32. All those in favour will please rise.

Ayes

Arnott, Ted	Jackson, Cameron	Scott, Laurie
Baird, John R.	Kormos, Peter	Sterling, Norman W.
Dunlop, Garfield	Martel, Shelley	Tascona, Joseph N.
Hardeman, Ernie	Miller, Norm	Wilson, Jim
Hudak, Tim	Runciman, Robert W.	Yakabuski, John

The Deputy Speaker: All those opposed will please rise.

Nays

Arthurs, Wayne	Fonseca, Peter	Phillips, Gerry
Berardinetti, Lorenzo	Gerretsen, John	Qaadri, Shafiq
Bradley, James J.	Hoy, Pat	Racco, Mario G.
Broten, Laurel C.	Jeffrey, Linda	Ramal, Khalil
Brown, Michael A.	Kular, Kuldip	Rinaldi, Lou
Brownell, Jim	Kwinter, Monte	Sandals, Liz
Bryant, Michael	Leal, Jeff	Smith, Monique
Cansfield, Donna H.	Levac, Dave	Smitherman, George
Caplan, David	McMeekin, Ted	Van Bommel, Maria
Colle, Mike	Mitchell, Carol	Wong, Tony C.
Craitor, Kim	Mossop, Jennifer F.	Wynne, Kathleen O.
Duguid, Brad	Parsons, Ernie	Zimmer, David
Duncan, Dwight	Peters, Steve	

The Clerk of the Assembly (Mr Claude L. DesRosiers): The ayes are 15; the nays are 38.

The Deputy Speaker: I declare the motion lost.

All matters having to do with private members' public business having been dealt with, I do now leave the chair. The House will resume at 1:30 of the clock.

The House recessed from 1209 to 1330.

MEMBERS' STATEMENTS

CANCER TREATMENT

Mr Jim Wilson (Simcoe-Grey): I rise to urge the government to immediately respond to the needs of cancer patients in York region, Barrie and Simcoe county. The central-east region of the province has the largest population growth in Ontario. In fact, the population is growing 80% faster than the provincial average. The growth rate for residents over the age of 50 is growing 50% faster than the provincial average. Cancer incidence in this region is increasing 25% quicker than the Ontario average, and cancer mortality is increasing 42% higher than the rest of the province.

We have some of the highest increases of incidences of cancer, yet we're still without our cancer centres. My constituents are being forced to travel to Toronto, Sudbury or London for treatment, which is leading to inequitable care, as the commute is too far and too difficult for them to endure, and waiting times for treatment are simply unacceptable.

The government will know that in August 2003, these communities were given a firm commitment by the previous Conservative government, when a compromise was made to build cancer centres in Newmarket and Barrie with four bunkers at each site.

These communities are crying for cancer centres. Signs have already been posted in York region boasting that a cancer centre will be established in 2005, and I'm told that Barrie will be doing the same shortly as they gear up for their major fundraising drive.

There is enormous community expectation and huge patient need. The hospitals are ready to go. They've submitted all of the required information to the Ministry of Health, and they're ready to put a spade in the ground next spring. I urge the McGuinty government to keep this commitment and respond to the needs of cancer patients.

ASSISTANCE TO FARMERS

Mr Ernie Parsons (Prince Edward-Hastings): On September 27, 2004, Premier McGuinty announced that our government will provide up to $30 million to help the cattle industry deal with the fallout from BSE. Our government fully recognizes the impact of the closed border on cattle and other ruminant industries. This money is going directly to Ontario farmers to help feed and maintain cattle that are being held back from slaughter. Our Minister of Agriculture is working with farmers to ensure that the right mechanism is found to do this. I expect that the details will be announced very shortly.

Ross McCall, president of the Ontario Livestock Dealers' Association, said, "It's heartening to know that you understand and appreciate the devastating financial and equity losses suffered by farmers."

Our farm families are under greater emotional stress than at any time in history. It was challenging for the government to free up $30 million to fund this initiative, but we recognize the importance of the agri-food industry—the second most important industry economically, and the most important one from the viewpoint of feeding our citizens.

Our farm science is sound. The challenge involves political science.

Farmers make an immeasurable contribution to our economy and our rural communities. They build a stronger Ontario. That's why we are committed to working to strengthen the agricultural industry.

WOODSTOCK GENERAL HOSPITAL

Mr Ernie Hardeman (Oxford): I stand today to call attention to a very pressing issue in my riding of Oxford, the building of the new Woodstock General Hospital.

Since the early 1990s, community teams have worked hard to make the government of Ontario understand that our community has outgrown the 150-year-old facility in which the Woodstock General Hospital presently resides. Since my election to provincial Parliament in 1995, I have done whatever I can to bring that message to Queen's Park on behalf of my constituents. So I was extremely pleased to announce my government's approval of a new hospital in Woodstock in December 2000.

The hospital board spent the following three years jumping through all the hoops necessary to obtain approvals from the ministry and to move the project along. The community showed tremendous support for the new hospital through massive fundraising, and the municipalities have paved the way for the build.

But then there was an election of a new Liberal government, and everything stalled.

This hospital is in the final stages of approval. In fact, the only thing holding construction back is the approval of the pre-tender drawings and the estimates by the McGuinty government.

The residents of Oxford have become discouraged by the treatment they've received from this government. They have waited patiently and seen another year of construction pass by with no word. Now, people question whether the minister is more concerned with politics than with the health of the residents of Ontario. They think this project has been stalled because it is a political football in a Conservative riding. I would hate to think that this government, which campaigned on a platform of better health care for all Ontarians, would choose to delay a much-needed hospital on the brink of being constructed because it was in an opposition-held riding.

I stand today to ask the Minister of Health and Long-Term Care to do the right thing: Sign off on the final approval immediately so that residents of Oxford can enjoy better quality health care as soon as possible. I ask that he not play politics—

The Speaker (Hon Alvin Curling): Thank you.

RAMADAN

Ms Marilyn Churley (Toronto-Danforth): Asalam alaykum. I'm honoured to stand in the Ontario Legislature on behalf of the New Democratic Party today to wish the Muslim community of Ontario "Ramadan Mubarek."

The holy month of Ramadan lasts the entire month. Muslims fast during the daylight hours and, in the evening, eat small meals and visit with friends and family. It is a time of worship and contemplation, a time to strengthen family and community ties. Ramadan is also intended to teach social consciousness and solidarity. The prophet Muhammad—peace be upon him—said that the breaking of the fast while one among us is still hungry is unacceptable.

The Muslim community both locally and globally has experienced extreme hardship since September 11, 2001. They have been subjected to unwarranted suspicion, interrogation and stereotyping, to unjust arrests and deportation, as in the case of Maher Arar, which tragically led to his torture and false imprisonment.

The racial, ethnic, religious and geographical targeting that the Muslim community has been forced to endure is unacceptable. The Muslim community has contributed to Ontario greatly—culturally, economically and socially—and it is time that we take this day to recognize and celebrate their very generous contribution.

TORONTO TRANSIT COMMISSION

Mr Lorenzo Berardinetti (Scarborough Southwest): I rise in the House today on behalf of public transit riders in my riding of Scarborough Southwest in appreciation of the McGuinty government's investment in the Toronto Transit Commission.

Earlier this year, our government was able to assist the TTC in avoiding a 25-cent fare hike. This means that public transit will continue to be affordable for those who need it and use it to commute to school and to work.

Just a few weeks ago, the Minister of Transportation announced the delivery of $70 million for the maintenance of TTC subways and streetcars. This money is in addition to a $20-million loan deferral to the TTC, announced earlier this year, and a joint $1-billion funding commitment announced by the federal and provincial governments, with the city of Toronto, that will invest in subway expansion, streetcar infrastructure improvements, improved bus rapid transit service, and an integrated ticketing system for transit users across the GTA.

A properly funded transit system is vital to the residents of my riding and residents across Toronto and the GTA. Some 1.3 million passengers rely daily on fast and efficient service, on transit vehicles kept in good repair, and on reasonable, stable fares. Some 270,000 of those passengers ride on TTC streetcars every day, and one subway line takes 53,000 automobiles off our roads during rush hour.

That is why I believe public transit riders in Toronto are satisfied with the direction our government is headed when it comes to strengthening our community with good public transit. I'm sure that transit riders across the province are looking forward to our government's continued commitment to public transit, including the provision of a portion of the provincial gas tax to help fund continued public transit growth and help reduce smog and gridlock on our roads.

CHILDREN'S IMMUNIZATION PROGRAM

Mr Norm Miller (Parry Sound-Muskoka): My statement is about trust in child vaccinations.

In the spring, when asked how the McGuinty government planned to spend the new tax revenues, the Premier talked about vaccinations. He said, "Investing in that kind of program in the interests of Ontario's children is the right thing to do," and committed to providing chicken pox vaccinations for all children in Ontario.

Families in Ontario trusted the Premier's commitment that he understood the cost to Ontarians of these vaccinations and their value as preventive medicine.

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Imagine my surprise when I received a letter from a family in my riding of Parry Sound-Muskoka who were alarmed because their daughter, who was born on August 31, 2003, is ineligible to receive coverage for a vaccination because she was born 24 hours too early.

I also received a letter from Dr Ibey, who practises in Parry Sound. In his letter he says, "I am at a loss as to why you have excluded some children from this program." He goes on to say, "Children from one year of age to five years of age will not be able to receive chicken pox vaccine."

Dr Ibey notes that after introducing the health premium, this government committed to enhancing preventative health and that the federal government already provides you with funding for these immunizations.

Dr Ibey says, "With these resources, I do not understand why you have decided to exclude this cohort of children. The loss of even one of the children in these two groups due to a preventative illness, when you are funding immunization in all other children as of January 2005, is reprehensible."

When the Premier spoke about vaccinations, families in Ontario trusted that he meant for all children, not just some children.

WORLD SIGHT DAY

Ms Kathleen O. Wynne (Don Valley West): I'm rising today to ask the Legislature to join me in marking and celebrating World Sight Day.

First, I'd like to begin by recognizing Bill Laidlaw, Mary Jardine and Randy Firth, who are with the Canadian National Institute for the Blind. They've joined us in the gallery this afternoon.

With Canadian, Ontario and Toronto head offices located in Don Valley West, the CNIB serves some 50,000 clients around Ontario. It is the agency of first resort for Ontario's blind community. I'd like to recognize in the House the important work the CNIB does every day.

The representatives from the CNIB have joined me in the House today to celebrate World Sight Day. World Sight Day is an international event to raise awareness of the fact and the largely preventable nature of the problem of global blindness. World Sight Day is a part of Vision 2020, a joint initiative of the World Health Organization and the International Agency for the Prevention of Blindness. Vision 2020 aims to eliminate avoidable, preventable blindness by the year 2020. The Vision 2020 strategy seeks to raise awareness of the fact that 80% of blindness could be prevented or cured and to encourage the private and public sector alike to invest in blindness prevention.

I'd like to invite all members of the House to join me in commending the CNIB for its participation in this initiative and in affirming the will of this House to do its part toward Vision 2020's valuable goal of eliminating avoidable, preventable blindness by 2020.

CLASS SIZE

Mr Peter Fonseca (Mississauga East): I rise to speak about class sizes in Ontario. The McGuinty government is increasing opportunities for our children to acquire the best education possible. That is why we are capping class sizes from kindergarten to grade 3 across the province over the next several years. This cap is a real cap of 20 students per class. This initiative benefits our children and grandchildren in their most crucial learning years. In capping class sizes, we are paving a road to success for Ontario's youth.

Students who begin their education in small classes are less likely to drop out, more likely to graduate on time and more likely to take up challenging courses in high school. Smaller class sizes allow students to get more of the attention they need to learn to read, write and do math at a high level.

In this school year alone, we are investing $90 million for a reduction in primary class sizes. Because of this investment, approximately 1,300 of our elementary schools with primary grades now have smaller classes. Over 1,100 new teachers have been hired to begin the phasing in of smaller class sizes for primary students. Furthermore, we are increasing funding for education by $854 million in 2004-05.

I'm proud to be part of a government that is committed to forging a genuine partnership among government, teachers and education support workers to improve education in this province.

I would like to recognize Glenforest Secondary School, from the great riding of Mississauga East, here today.

HYDRO GENERATION

Mr Mike Colle (Eglinton-Lawrence): Mr Speaker, I rise today in the House to bring to your attention another misinformed statement by the third party, this time by the member from Kenora-Rainy River.

Yesterday in the House, the member accused the government of privatizing Ontario's energy supply. But when asked to name one asset that had been privatized, he could not name one. He couldn't because there aren't

any assets that have been privatized. In fact, we've done just the opposite.

By keeping the Ontario Power Generation nuclear inspection services division in public hands, we have reversed the folly of the previous government. Unlike the member opposite, we on this side deal with the facts. For example, when our party argued against the NDP plan to buy a Costa Rican rain forest that they were promoting when they were in government, we had the facts to prove it was wrong to buy a Costa Rican rain forest.

Speaking of facts, the facts with respect to energy are:

We have outlined a new vision for the electricity sector which includes a strong public leadership role.

We are ensuring that Ontario has the power it needs by approving OPG's plan to restart a unit at the Pickering A nuclear plant.

We are working with potential new electricity suppliers, taking the first steps toward replacing coal-burning power plants by 2007.

We have made a commitment to more wind, solar and other renewable energy sources.

We have set a target for reducing Ontario's energy consumption.

We're working to make energy affordable and available, not working with myths and misinformation. We are for public power but power that works, not Costa Rican rain forests.

INTRODUCTION OF BILLS

HEALTH PROTECTION AND PROMOTION AMENDMENT ACT, 2004

LOI DE 2004 MODIFIANT LA LOI SUR LA PROTECTION ET LA PROMOTION DE LA SANTÉ

Mr Smitherman moved first reading of the following bill:

Bill 124, An Act to amend the Health Protection and Promotion Act / Projet de loi 124, Loi modifiant la Loi sur la protection et la promotion de la santé.

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

ENVIRONMENTAL PROTECTION AMENDMENT ACT, 2004

LOI DE 2004 MODIFIANT LA LOI SUR LA PROTECTION DE L'ENVIRONNEMENT

Mr O'Toole moved first reading of the following bill:

Bill 125, An Act to regulate the spreading and storage of sewage sludge and biosolids / Projet de loi 125, Loi réglementant l'épandage et le stockage des boues d'épuration et des matières sèches biologiques.

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

Mr John O'Toole (Durham): The bill amends the Environmental Protection Act to require that a person obtain a certificate of approval from the director before spreading or storing sewage sludge or other biosolids products derived from them. A certificate of approval may be subject to testing, recording and reporting requirements, as the director sees fit.

I would like to thank the members of Protect the Ridges and members from my community who have drawn this to my attention.

OCCUPATIONAL HEALTH AND SAFETY AMENDMENT ACT (HARASSMENT), 2004

LOI DE 2004 MODIFIANT LA LOI SUR LA SANTÉ ET LA SÉCURITÉ AU TRAVAIL (HARCÈLEMENT)

Ms Churley moved first reading of the following bill:

Bill 126, An Act to amend the Occupational Health and Safety Act to protect workers from harassment in the workplace / Projet de loi 126, Loi modifiant la Loi sur la santé et la sécurité au travail pour protéger les travailleurs contre le harcèlement dans le lieu de travail.

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

Ms Marilyn Churley (Toronto-Danforth): This is a very important bill for everybody to pass. We all remember the tragic murder of Theresa Vince in 1998, a retail employee who was harassed and murdered by her manager. This bill reflects one of the prime recommendations that came from the inquest. It amends the Occupational Health and Safety Act to require employers to protect workers from harassment in the workplace, to give workers the right to refuse to work in certain circumstances after harassment has occurred, to require an investigation of allegations of work-related harassment, and to require employers to take steps to prevent further occurrences of workplace-related harassment.

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STATEMENTS BY THE MINISTRY AND RESPONSES

CHIEF MEDICAL OFFICER OF HEALTH

Hon George Smitherman (Minister of Health and Long-Term Care): Before I read my statement, I'd like to draw attention to the Ontario chief medical officer of health, Dr Sheela Basrur, and, much more important than that, her parents, who are here in the members' gallery east.

I'm delighted to rise in this House today to introduce a bill entitled the Health Protection and Promotion Amendment Act. It amends the Health Protection and Promotion

Act. The title being a little unwieldy, I prefer to think of it as the independent chief medical officer of health act.

The position of chief medical officer of health is probably not one that most Ontarians think about very often. After all, you don't generally think about your doctor until you have a health problem. The chief medical officer of health, or CMOH, is, in a very real sense, the top doctor for 12 million Ontarians. So it's only when there is a public health problem that has the potential to affect anyone and everyone that this position suddenly takes on its extremely important public profile.

When there is a health crisis and politicians speak, some people listen. But when there is a health crisis and the chief medical officer of health speaks, everybody listens. It is at those times, times when diseases like SARS or West Nile are a real threat, that the chief medical officer of health must be there for his or her patients, all 12 million of them. It is at times like those that the chief medical officer of health must be able to interact with his or her patients without worrying about what the Minister of Health might think, what the effect might be on the government or what the opposition might say. We learned that lesson as a province during Walkerton, West Nile and SARS. We learned that what Ontarians wanted, what they needed, from their chief doctor was his or her undivided attention.

In the wake of the SARS crisis, both the Campbell and Walker reports recommended that the chief medical officer of health be independent, with the authority, and in fact with the duty, to communicate with the public whenever he or she sees fit. He wrote that any doubts about the source, timing or motives of public health information have a corrosive effect on confidence, and addressing this perception and reinforcing the centrality of an independent voice for public health is a key step in promoting public health renewal in Ontario.

With the legislation I have introduced today we are taking that step. If this legislation is passed, future CMOHs will be appointed by the Legislature for a five-year renewable term. An expert recruitment committee would be established, composed of people who best understand the requirements of this critical job: public health doctors, nurses and academics. This committee would screen and interview applicants for the position and, following that process, the committee would recommend a candidate. It would then be up to the standing or select committee of the Legislature to interview the candidate, assess his or her qualifications and report to the Legislature. The Legislature would then vote on that report, accepting or rejecting the candidate. What is important is that the final decision would be made by the Legislature of Ontario, not the minister.

If this proposed legislation is passed, the chief medical officer of health would be required to make an annual report to this Legislature and be authorized to make any other reports to the public that they consider appropriate at any time.

Finally, if this legislation is passed, a number of powers under section 86 of the Health Protection and Promotion Act would be transferred from the Minister of Health to the chief medical officer of health. These powers deal specifically with the authority to take necessary action to protect the public in any health crisis or to appoint others to take that action. They are powers that until now have resided exclusively with the minister. Under this legislation, they would reside exclusively with the very best person suited to wield them: the chief medical officer of health.

The chief medical officer of health will also continue to serve as assistant deputy minister of health, enabling him or her to play a leadership role in setting public health policy as we continue to build our capacity to deal with threats both known and yet to be discovered.

This legislation also provides that, effective the day the act comes into force, the sitting chief medical officer of health will begin a five-year appointment.

Dr Basrur has amply demonstrated her qualifications to this Legislature and to the people of our great province. It is in everyone's best interests that she be allowed to continue with the excellent work she is doing, work that will be made much easier with the passage of this legislation.

I should note that our party promised during the election campaign that we would be doing this. We promised to give the chief medical officer of health real independence to protect public health. This legislation would do that. We promised to make the chief medical officer of health an independent officer rather than a government appointee. This appointment process would do that. We promised that the CMOH will report to Ontarians annually on the state of the public health system. This legislation does that by requiring an annual report from the chief medical officer of health, as well as making it clear that he or she is free to report to the public at any time he or she sees fit.

We made those promises and we're keeping them, because it's clear to us, as I believe it is clear to all Ontarians, that in the event of a health crisis their chief medical officer of health must be free of political concerns, free of interference, free to devote him- or herself completely to the critical job of safeguarding the health and safety of the people of this province. The Health Protection and Promotion Amendment Act would grant that freedom, and I urge its passage by colleagues on both sides of the House.

OMA AGREEMENT

The Speaker (Hon Alvin Curling): Statements by the ministry?

Hon George Smitherman (Minister of Health and Long-Term Care): Here I go again, Mr Speaker.

I'm also delighted to rise today to talk about the tentative agreement we have reached with the Ontario Medical Association. This is a landmark agreement and it's one we're extremely proud of. This agreement is the achievement of government and physicians working together on a plan that will transform health care in the

province of Ontario. The OMA should be equally proud of what we've accomplished together. This deal is different from any agreements that have been negotiated with doctors in this province or in any other province. That is because this agreement fuels meaningful change in the delivery of health care, consistent with our transformation agenda. It will bring more doctors to communities across this province. It will compensate and reward doctors to practise in new ways. It will improve the ability to provide care to their patients.

As a result of this agreement, Ontario will be a much more attractive place to practise medicine. This agreement is, at its core, about bringing patients more access to the care they require. It will do this by compensating doctors to provide more comprehensive care and work as part of a team to deliver care 24/7 to people in their communities. That's because we believe that the best health care is the health care you find as close to home as possible.

This agreement will bring and keep more doctors in communities across this province instead of seeing them move out of town or south of the border. In 2000 we had 120 net new doctors migrating to Ontario from other provinces. In 2002 we had only two. Also under the Tories' watch, the number of underserviced communities grew from 63 to a whopping 133 in the province of Ontario. This agreement will see more doctors in those communities and give people who have too long been deprived of essential medical care the opportunity to have their own doctor.

If doctors want to provide comprehensive care or if they choose to provide specialized care to seniors or to people with diabetes or with HIV, this agreement will give them more resources to deliver that kind of comprehensive care. If they want to work as part of a family health team or other primary care model providing around-the-clock care close to where people live, this agreement will provide more resources for them to do just that. This agreement will finally give life to the much-touted phrase "primary care reform."

Some doctors will choose to continue to practise in traditional fee-for-service models or in walk-in clinics. That will continue to be their choice, but this agreement rewards doctors who want to provide more care and operate in new models of care.

This agreement will help us achieve our strategy to bring wait times down in five key areas: hip and knee replacements, cardiac care, cancer care, cataracts, and MRI and CT scans. It will fund surgeons and specialists to increase volumes of procedures. Under this agreement we are not sending ophthalmologists home at 12 o'clock in the afternoon on Wednesdays any longer.

This agreement will take pressure off hospitals by assisting doctors to provide on-call service in long-term-care homes and in home care and in palliative care. This will result in more patients receiving care in their homes or in long-term care instead of queuing up at hospitals.

Perhaps the part of this agreement that I am most proud of: This agreement will incent doctors to keep people from getting sick in the first place. This deal breaks new ground by funding and rewarding doctors for prevention and health promotion. It will provide incentives for helping people to stop smoking and for cancer screening. By keeping people well, we will realize major savings downstream.

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It will incent doctors to better manage patients' drug utilization so that patients receive only the medications they need and have more support to take them properly.

Not only does it fuel needed change; this agreement will save money for our health care system. With this agreement, we will be better able to fully cash in on the medicare advantage.

Here are a few specific examples of cost savings this agreement will yield:

It will encourage and support standardization in hospitals. What do I mean by that? It will assist hospitals and doctors to work together to use the same types of equipment and devices, such as hip and knee replacements, reducing the current patchwork of medical equipment. This will drive efficiency and cost savings throughout the hospital system, savings that can be invested back into better patient care.

Funding enhancements for ER doctors will reduce cost pressures on our hospitals. By keeping people out of hospitals who don't need to be there, by improving prevention and promoting healthy lifestyles, by enabling people to be diagnosed and treated earlier for diseases like diabetes—all of this will bring enormous savings to medicare.

This is the first deal in the history of Ontario that does not provide across-the-board increases. It puts the resources in place for doctors to practice in new ways that will bring higher levels of care to patients across this province.

Unlike the Tories, who preferred to pay more for more of the same, we are using this agreement to fuel our transformation efforts. That means more doctors in local communities, more surgeries to reduce wait times and a genuine focus on the health of Ontarians by getting doctors more involved in the wellness of their patients.

There is a lot of speculation about what this deal costs. Over the four-year term of this agreement, our government will invest in the range of $800 million to $1.077 billion more in fee increases. Fully 100% of the cost of this agreement will buy change in this province: change in the work lives and opportunities for doctors, change in the quality and accessibility of health care for 12 million Ontarians.

We're very proud of this agreement. It marks an important turning point for physicians in this province. It will bring a new strength and a renewed vitality to the profession of medicine in this province. Ontario doctors should be optimistic about this agreement and what it brings to the medical profession and the care they bring to patients each and every day. We're looking forward to standing side by side with them to see that this agreement becomes a reality.

Most importantly, this agreement will bring more care to Ontarians, who deserve to have a family doctor as close to home as possible. This will make for healthier Ontarians, and it will transform health care in the province of Ontario.

CHIEF MEDICAL OFFICER OF HEALTH

Mr John R. Baird (Nepean-Carleton): I'll first respond to the minister's announcement about the new legislation he has introduced with respect to the independence of the chief medical officer of health.

The minister will recall that I had a long discussion with him and his chief medical officer of health last week in committee. Certainly the concept of greater independence for the chief medical officer of health is something we support on this side of the House. It was recommended by one of the commissions, by Judge Archie Campbell, and we certainly support the principle.

I want to thank the minister for providing a briefing ahead of time. That's something that used to take place in this House. It hadn't taken place a lot, so I want to publicly thank him for that.

I do take issue with the minister's decision to unceremoniously give the boot to the former chief medical officer of health, an outstanding public servant by the name of Dr Colin D'Cunha, who was tremendously well regarded by those of us who had the privilege to work with one of the most exceptional public servants in the employ of the government.

I did notice with great interest, though, that in his legislation this great, open, transparent process begins in five years, not right away. That's certainly something that I'm sure will be discussed in this House and in committee.

OMA AGREEMENT

Mr John R. Baird (Nepean-Carleton): I listened with great interest to the Minister of Health's comments with respect to the OMA deal. I thought it was the tradition in this province not to release these deals.

I recall the Premier saying just on Tuesday, not 48 hours ago, "There is a tradition in Ontario, when we negotiate these agreements with the medical community," that they are not made public. "We will respect it in our term." So the Premier has broken another promise. He said on Tuesday that he would respect the traditions of the previous government. So we can only hear the bugles of retreat. In the halls yesterday at 3:30, we could hear, "Beep, beep, beep." It was the trucks of the Liberal regime backing up.

I listened to this minister stand on his feet and say there was no reform in our health care system for many years, when he knows that is not the case. It was the former Conservative government, under exceptionally strong ministers like Jim Wilson, Elizabeth Witmer, Tony Clement and, briefly, Dave Johnson, who helped bring in nurse practitioners and make them a reality in Ontario. It was Elizabeth Witmer, for example, who was the driving force behind the family health care networks and primary care reform. One would listen to this minister and he would think that every good idea for health care reform came from his pen, but that is not exactly the case. The previous government did lay the foundation.

I was reading the minister's remarks, the ones on which he did not offer briefings to the opposition, and I wondered why. It's because he does not want them to withstand scrutiny. I was particularly interested in his document on page 6, where he says, "Our government will invest $1.077 billion more." But he talked about it as "fee increases." Well, the minister may very well be trying to get away with that sleight of hand, but right now as we speak, as we debate in this Legislature, Keith Leslie and Broadcast News are reporting that documents obtained by Broadcast News show that this bill will cost at least $1.28 billion. That's a quarter of a billion dollars off in spending for physician services. I didn't believe the number in the minister's speech. Keith obviously doesn't accept it. Broadcast News is obviously exposing that it's substantially more. And I know that by the time we get to the bottom of this, we will discover that there will be more expenses. There will be other side deals that you have made to grease the skids to get this bill through. It suggests to me, Minister, that you're not always as proud of the side deals, of the agreements you've negotiated, the fact that we're not getting straightforward answers as to how much this deal will cost. If Broadcast News has more information than the minister is providing to this House, that would be a great affront to Parliament. We will be listening and looking with great interest to find out what goes on there.

I say to the member for Ottawa Centre that we're excited to have him back. We missed him when we were fighting for the Ottawa Hospital this morning when neither he nor any of the Ottawa members were prepared to speak on behalf of the Ottawa Hospital. Voters will take note of that, that they were not prepared to stand up for this community.

I say to the Minister of Health, he'd better confer with his Premier, because question period starts quickly and we will not tolerate not getting honest answers for the people of Ontario.

CHIEF MEDICAL OFFICER OF HEALTH

Ms Shelley Martel (Nickel Belt): It's my pleasure to respond to the first announcement that was made by the Minister of Health with respect to the legislative changes affecting the chief medical officer of health.

I want to start with a quote in the minister's release this morning that said: "In the event of a health crisis, Ontarians want to know that their chief medical officer of health is free of political concerns and interference. An independent CMOH will be able to put the health and safety of Ontarians first." Of course we all want that with respect to a public health crisis. Frankly, we want that every day with respect to important health issues that

Ontarians need to deal with—for example, clean water or inspection of restaurants.

The question I ask myself is, at the end of the day, after this legislation is passed, in perception and in reality can Ontarians be assured that the chief medical officer of health is independent? Regrettably, the answer is no. There are two reasons for that.

First of all, the reality is that even when this legislation is passed, the chief medical officer of health will remain an assistant deputy minister at the Ministry of Health, an assistant deputy minister who has accountability directly back to the Minister of Health, accountability with respect to what happens at the public health division. The second issue has to do with the fact that the annual report that will be tabled—the direct request is that the chief medical officer of health also has to essentially vet that annual report with the Minister of Health 30 days before it's tabled in this Legislature.

Let me deal with the first issue. The chief medical officer of health in Ontario's structure will still be an employee of the Ministry of Health, still accountable to the minister and still having responsibility to implement government policy. That presents a very clear situation where conflict can arise. There is the very real possibility of undermining the role of the chief medical officer of health because of that need to be accountable as an assistant deputy minister. I don't think anybody should be put in that position, regardless of who they are, but the legislation today doesn't change that, because that second role as a government employee is still maintained.

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I looked at the Manitoba example, and I advise the House of this. The chief medical officer of health is fundamentally different because the chief medical officer of health is not an employee of the ministry, is not responsible for implementing government policy, is responsible to work very directly and very hard with the public health office and does do that, and also has the responsibility to communicate directly with Manitobans with respect to important health issues.

I repeat: If both in perception and in reality we are going to have independence, then the chief medical officer of health should not also be an assistant deputy minister of health, regardless of who that individual is and regardless of their capabilities.

The second area with respect to independence is that I don't see why the chief medical officer of health has to submit her annual report to the minister 30 days prior to its tabling to be vetted. That's hardly independent. That creates an opportunity for something in that report to be changed, because it is supposed to be vetted 30 days before it's tabled. Again, if in perception and in reality we want to guarantee Ontarians that there is independence, the annual report should not have to be vetted by the minister 30 days before. It, like the other reports the chief medical officer of health can release publicly, should not be vetted by anyone. It should be released directly to this House and directly to the public.

OMA AGREEMENT

Mr Howard Hampton (Kenora-Rainy River): I want to respond to the Minister of Health's statement on the OMA agreement. Let me say first of all that I checked, and this is really a recitation of what the Liberals said in their election platform. What we've seen since the election is that promise after promise after promise has been broken, so no one should be surprised at the speech about more promises.

The second thing that's noteworthy is that the minister says it's going to cost $1.07 billion. That's what he said. He released that information about an hour ago. Broadcast News has one hour to check the figures and they find that he's already, in one hour, a quarter of a billion dollars out. So it sounds like this is a government that has been caught and is desperately trying to make up the numbers on the run.

I also want to note that this has been tried before. In 2000, the Conservatives said they were going to put $250 million into primary care to entice doctors to do this, and one of the critics said, "Money alone isn't enough." Do you know who that was, Speaker? Dalton McGuinty. It's the same plan, the same strategy tried by the Conservatives, now tried again by Dalton McGuinty.

CHRIS SAUNDERS

The Speaker (Hon Alvin Curling): Before proceeding to oral questions, I would like to ask all members and guests to rise and join me in a moment of silence in honour of the memory of Navy Lieutenant Chris Saunders of HMCS Chicoutimi.

The House observed a moment's silence.

ORAL QUESTIONS

HOSPITAL FUNDING

Mr Robert W. Runciman (Leader of the Opposition): My question is to the Premier. Premier, in your health care platform from last year's election, you stated, "Ontario Liberals believe in a universal, publicly funded health care system that gives us all the care we need when we need it."

You are now redefining medicare in Ontario by forcing hospitals to decide what services to cut as you strong-arm them to balance their budgets at all costs while only giving them half of what our Conservative government gave them last year. Worse, you are forcing hospitals to sign interim agreements to receive their funding, which only protects a small number of services from cuts, in effect creating two classes of patients: those who are on the list to receive a protected service and those who are not.

Premier, you promised Ontarians that health care services would be provided to all when needed. Now you are fundamentally redefining health care in Ontario at the

expense of the very patients you promised to serve. How can you justify this broken promise?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): My colleague has it wrong again. What we are doing with hospitals is that, in addition to investing hundreds of millions more this year than was projected in the Magna budget, for example, we are also transforming health care. We simply cannot afford to allow hospital costs to increase at 10% a year. So in addition to giving an additional 4.3% to hospitals this year, and in addition to cleaning up the messes left behind by deficits incurred under the Tory government, we are also investing heavily in community-based care: close to half a billion dollars over the course of the next four years in home care, close to half a billion dollars over the course of the next four years in long-term care in our nursing homes, close to a quarter of a billion dollars in public health. We have a brand new vaccination program. We're going to vaccinate some two million children over the course of the next three years.

So in addition to ensuring that we are providing an adequate level of funding to our hospitals, we are also shifting some investments into the community, where the care is closer to home and less expensive.

Mr Runciman: Unfortunately for patients in our province, the Premier just confirmed their worst fears. Hospitals have been given half of the increase that our Conservative government transferred to hospitals last year. At the same time, the interim agreements you are forcing hospitals to sign protect limited services, as you force hospitals to balance their budgets at all costs. For example, you are not protecting emergency room services, chemotherapy clinics, day surgeries, diabetes clinics, obstetrical services, or arthritis clinics. That is just to name a few. You are creating two classes of patients: those who are on the list to receive a protected service and the much larger list of those who are not.

We are used to broken Liberal promises, but this one affects people's health. Explain to patients why you are breaking your solemn promise to protect universal medicare for all patients when they need care. Explain that.

Hon Mr McGuinty: This is more than passing strange, that the party that champions private health care in Ontario, the party that voted against our legislation, the Commitment to the Future of Medicare Act, the party that did not want to put us in a position where the Minister of Health was just a few weeks ago to stamp out an incursion on the part of the American private health care syndicate—it's now interesting to hear him stand up in his place and champion public health care for Ontarians.

I think the people of Ontario know in their heart of hearts where we stand when it comes to supporting public health care in Ontario, and I think they know equally well where that party stands when it comes to supporting private health care.

Mr Runciman: There's another secret Liberal agenda at play here. This is effectively backdoor delisting. With these agreements that you are forcing hospitals to sign, you are creating two classes of patients. You are providing half funding to hospitals and protecting a very small list of services from cuts. You and your pit bull minister are boasting about your deal with doctors, but a fee increase is meaningless if their ability to provide care is lost because operating rooms are closing and beds are being eliminated.

Premier, please explain how citizens in Ontario will receive the services they need when hospitals are being forced by your gun-to-the-head funding cuts to reduce these services. Explain that.

Hon Mr McGuinty: Again the member has it wrong. We are spending $700 million more than they were going to spend under their Magna budget. Just so we are clear, that government cut $565 million to hospital budgets on their watch, and they closed 28 hospitals—just so we're clear as to what the real facts are in this matter. We understand that as a province—

Interjections.

1420

The Speaker (Hon Alvin Curling): Order. I'm just giving time for the member from Simcoe-Grey to come to order.

Premier?

Hon Mr McGuinty: Apparently I touched a raw nerve over there. I will refrain from doing that in the course of our term, Speaker.

We understand that we've got some challenges. Ontarians understand that our health care costs are a real issue for us. We are moving forward in a responsible and progressive way. We're putting much more money into hospitals than our counterparts did—$700 million more, in fact. But beyond that, we are prepared to sit down and work with our hospitals to make sure that we get this right, and we're doing much to relieve the pressure on them by investing in more community-based care.

OMA AGREEMENT

Mr John R. Baird (Nepean-Carleton): My question is to the Minister of Health. All of us sat here with stunned amusement at your announcement, where you gave a very specific number on how much your agreement with the OMA cost. What you are talking about is $1.07 billion. Broadcast News is reporting that this deal, the deal that you signed—and they have documents backing it up—is costing $1.28 billion. Minister, I want you to stand in your place and give us a categoric answer: Who are we to believe—you or Broadcast News?

Hon George Smitherman (Minister of Health and Long-Term Care): I will, in the spirit of charity, do my best to refrain from picking up on the first word the member used. I want to say that the agreement we've signed with the Ontario Medical Association is a landmark agreement for patients in Ontario. It calls on change in the way that we deliver health care in this province by offering strong encouragement to doctors to practise care in a fashion that is consistent with what Romanow sug-

gested and what people need. That's about driving care to local communities. That is the offer; that is what is on offer to Ontario doctors. Of course there's a range with respect to these costs, as I mentioned in my remarks, because it's on offer. No one is being forced to do it. It's a model that is incenting this change in the nature of practice.

The figures that are being raised by the honourable member with respect to a media report—I haven't had the advantage of seeing that. The figure we have offered, $1.077, at the top end of the range, relates to the compensation that the government of Ontario would pay to Ontario's doctors if they took advantage and provided patients with the advantage of new models of practice.

Mr Baird: I say to the minister very directly, the numbers he gave in this House just a few short minutes ago did not speak to a range. Page 6 of his announcement said that the government will invest $1.077 billion and that 100% of the costs is covered in the agreement. If these figures are true, if your figures are to be believed, that's an 18% salary increase, on average. If the Broadcast News numbers are true, it is a 24% average increase for physicians in Ontario. This morning, you used your majority to bully the opposition's attempt to get a 6% increase for the Ottawa Hospital. How can you possibly sign an agreement that gives the average physician a 24% increase in their salary when hospitals like the Ottawa Hospital, who have cut to the bone, are denied an even 6% matching and are being forced to live on less than a 2% increase? Would you do that, Minister?

Hon Mr Smitherman: I can see the honourable member struggling to dummy this issue down to the point where he can work around just a couple of numbers. He used the word "average" in his question, which demonstrates a fundamental lack of awareness of what is on offer to Ontario's doctors. This is not about—

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): Table it.

Hon Mr Smitherman: Obviously, the member from Barrie-Simcoe-Bradford wasn't around yesterday to get his copy of a document that is in the public domain.

The point is this: There is no payment available to Ontario doctors unless the nature of their practice delivers on what is on offer. In other words, the member uses the word "average"; there is no average in this agreement. This is not an across-the-board agreement. This is not about money for money's sake. This is about making an offer to Ontario doctors that says, "Work with us. Work with your patients. Adopt practice models which everybody says are the best way to treat patients in our province, and accordingly there are compensation opportunities." Consistent with that is that for specialists and those people providing surgeries related to our wait time strategies, there are incentives to be able to move forward and deliver more of these services. There is no average. This is not across the board. This is a landmark—

The Speaker (Hon Alvin Curling): Thank you. Final supplementary?

Mr Baird: Minister, just like your hospital budget increase is an average, it's not across the board, the Ottawa Hospital is only receiving a 1.8% budget increase. Tomorrow is a frightening day for people in my community. That hospital is going to be forced to submit a proposal to your ministry—

Laughter.

Mr Baird: This isn't funny. I say to the members opposite, right now at the Ottawa Hospital they're having to put the final touches on a plan to fire nurses and increase patient waiting times, and all this government can do, including the Premier, is laugh at that serious situation. It's an absolute disgrace that they couldn't show up for the vote and be counted and stand up for our hospitals. I say to the Minister of Health, how can you possibly justify giving physicians a 24% increase, on average, when hospitals like the Ottawa Hospital will be required to lay off nurses and increase waiting times because of your stingy 1.8% increase? Would you tell us that, Minister?

Hon Mr Smitherman: With respect to the agreement we've signed with the Ontario Medical Association, it is an agreement that makes a significant change in three fundamental areas. It reverses a trend that was established by that party while in government, and was ignored by that party, which saw us move, under their watch, from 60 to 133 underserviced communities in this province from the standpoint of the provision of physician services.

This agreement will draw doctors back to practise in Ontario. This agreement addresses our wait time challenges by providing resources so that we can provide more procedures. The real issue is the cost savings associated with this, because we're taking resources upstream and encouraging our doctors to be involved in assisting patients to stay well in the first place, to help people like our seniors in long-term-care facilities, to get our province and Ontarians to be better and healthier and to promote an agenda of wellness consistent with all of the best reports.

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

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. You have a credibility problem when it comes to health care. Before the election, you said you would never impose a health premium because it is regressive and unfair for working families. Immediately after the election, you impose a health premium that goes after working families with a vengeance. Before the election, you said you would never cut health services. Immediately after the election, you cut health services for chiropractors, physiotherapists and optometrists. And now today at 12 noon you float a story that your deal with the doctors will cost $1.07 billion, but Broadcast News has an opportunity to check the figures and it comes out to be $1.28 billion. You're out by $250 million in one hour. Premier, why should anyone believe you when it's obvious you're just trying to spin another story to cover your tracks?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): I'm not sure where the new research dollars are going. Maybe they're all going into postage or something; I don't know.

As the Minister of Health just explained, the figure that has been provided, and again in this Legislature, has to do with the amount of compensation that has been dedicated to physicians. That's what it's all about. But it's important for Ontarians to know what they are getting for this new investment in compensation to the doctors. They're going to get better care when it comes to HIV care, palliative care, oncology, care of the elderly. We're going to provide funding premiums—we think this is only fair—for after hours and on holidays. It turns out that people still get sick on Christmas Day, and it's harder to get a doctor on Christmas Day. We think it's fair that we make sure there's more money available for that kind of thing.

I will be delighted to share more of the benefits for Ontarians in the supplementaries.

1430

Mr Hampton: The people of Ontario have heard all that from you before. In fact, a month ago they heard you say that having a national pharmacare program that would cover everybody was the most important priority. Now they find in this health deal that the disabled, the poorest Ontario citizens and the elderly are going to lose $200 million of drug benefits so you can bonus doctors $50 million. One month pharmacare is the ultimate priority, and the next month the disabled, the poor and the frail elderly are being told, "We're going to claw back $200 million."

There was nothing answered in the statement today—nothing answered—when somebody does an immediate fact check and finds you are out by $250 million. So what I'm asking is this: Since your government historically promises and then breaks the promise, will you release the year-by-year details of the costing of this agreement so Ontario citizens can judge for themselves whether or not you are being factual in your announcement today?

Hon Mr McGuinty: Just for purposes of the record, because I think that happens to hold some weight at least, this is a government, the NDP government, that froze drug benefits. We have, in our first year, increased it by a quarter of a billion dollars. That's just so we'll know what we're talking about.

The leader of the third party made reference to seniors and their concerns. I can tell you that as part of this new, revolutionary package we have with Ontario's doctors—and we're hopeful they will see it for what it is: a truly important, progressive departure—we're going to provide doctors with new premiums on payments for patients when you turn 65. It turns out that when you get older, your conditions become a bit more complex and it takes a bit more time for the doctor to deal with you. If you're going to deal with someone who's 65, we're going to pay you a bit more to do that. We're going to provide them as well with more money so they can take greater responsibility for chronic disease management, which the Minister of Health tells me is a huge cost driver, particularly in the areas of chronic heart disease and diabetes. That's something we're not adequately funding our doctors for.

Those are just a couple of things, and I'll be delighted to share more with the member in his final supplementary. But the purpose of this deal is to ensure that we are providing better-quality care, in a more affordable way, to the people of Ontario.

Mr Hampton: The people of Ontario have heard all this before. They heard it before in an election campaign and then, after the election campaign, they saw you break virtually every promise you made. Need I remind you again? "Dalton McGuinty won't cut health services." Then you cut optometrists, then you cut physiotherapists, chiropractors. "Dalton McGuinty won't impose an unfair and regressive health tax." Then you did just that.

Premier, here is the issue. You have a history of promising everything under the sun and then failing to deliver. What the people of Ontario want to know is, what is this going to cost? That's what we continue to ask. Since you're already out on your numbers today, release the year-by-year. You haven't denied that some family physicians will get a 36% pay increase. Before people are faced with more nasty surprises from your government, more cuts to health care, will you release the year-by-year projections so people can see what this is going to cost and how it's going to be paid for? Will you do that, Premier?

Hon Mr McGuinty: The cost of this new deal—assuming it's accepted by doctors, and we're hopeful they will do that—is $1.077 billion over the course of four years. But something of interest that I know Ontarians would be anxious to learn about is that in the first year, this deal provides for no increase. We've made doctors understand something of the nature of our fiscal challenge and we're pleased that they're looking at accommodating taxpayers' concerns in that regard.

Beyond that, by way of new benefits for Ontarians, which is what this new arrangement is all about, we're going to increase existing fees for home care visits. We're providing increases for palliative care. We're going to introduce something that is brand new: a telephone management fee. Families know that when you've got somebody sick and at home, who is dying, it is really important that from time to time you have access to a doctor, who may not be able to come in to see you but who can give you advice over the phone on pain management and the like. That's something that's brand new.

Something else that's brand new is a long-term-care monthly management fee so that a doctor can have a simple fee on a monthly basis. You've got to drop in at least twice on a nursing home and see your patient.

These are all designed to relieve pressures on our hospitals and provide better care closer to the community.

The Speaker: New question?

Mr Hampton: To the Premier: Premier, you say now that in year 1 there will be no fee increase for physicians.

I guess what this means is that for some physicians it will be a 36% pay increase over only three years.

So I'm asking you, instead of doing this desperate striptease where you're forced to disclose the numbers, will you disclose the numbers now?

I'll tell you what people are afraid of. What people are afraid of is that after the agreement is put away, they'll suddenly find that a whole long list of other health care services are being cut because of your deal—exactly what has happened with the seniors, the disabled and the elderly in terms of pharmacare; exactly what happened with respect to chiropractic services, physiotherapy services and optometrist services.

People need to know: How much is this going to cost, what are the year-by-year costs, and what other cuts are going to be made to pay for it? This is the people's health care system. It's not yours and George Smitherman's to play around with in the back room. Will you release the year-by-year estimates of the documents so people can judge for themselves whether this is a good deal or not?

Hon Mr McGuinty: Again we hear from the defender of the status quo when it comes to medicare in Ontario. I can tell you, we don't accept what it is that we have right now by way of health care services for the people of Ontario. We're not prepared to say that there's nothing that can be done, that we cannot alter the behaviour of doctors, that we cannot transform the kind of services we deliver to the community, that we cannot better control our costs in hospitals. We're not prepared to accept that.

What we are doing through this agreement—and I remain very hopeful that Ontario doctors will support it—is bringing better-quality care closer to the community in a way that is more affordable and more accessible to the people of Ontario.

Mr Hampton: Let me tell the Premier, I'm not going to take lectures from somebody who in their first six months imposes a regressive and unfair health tax which hurts modest- and middle-income families the most; from the Premier who said before the election, "I, Dalton McGuinty, won't cut health services," and then chopped optometrists, physiotherapists and chiropractors and says it should be good for people; who says one month that having a national pharmacare plan is the priority of the century, and then we find out a month later wants to take $200 million in benefits from the elderly, the poor and the disabled. That's your track record, Premier. That's why you've got a credibility problem, and that's why, before people swallow any more of your promises, you should release the details of the deal.

You say, "No fee increase in the first year." What about year 2, what about year 3, what about year 4? Why are you already out $250 million, and what other health services are going to be cut to pay for this so-called secret deal you've got with the doctors?

Hon Mr McGuinty: Secret deal? It's now out in the public domain. It was talked about on TV. We released a copy of the agreement itself. We're not going to do the calculations for the member opposite. You have the darned agreement. Do your own calculations.

I'll tell you what hurts families. What hurts families is not having a physician. This agreement is about making the practice of family medicine more attractive in Ontario.

During the last year of that government we had two net new doctors in the province of Ontario. That may not be of concern to this member. It may not be of concern to him that the number of family doctors in northern Ontario in particular is dwindling. This deal is all about ensuring that we're providing premiums to doctors to work in northern Ontario, in rural and remote communities. It's about bringing care closer to people in Ontario communities throughout the province. It's making it more accessible, more affordable. It is progressive. It is a departure from the status quo. I do not defend the status quo. I'll leave that to the NDP.

1440

Mr Hampton: Here is the issue. What we've seen already is that your government is quite prepared to cut health services that people need. We've seen that already. We've seen already that you're prepared to go after the poor, the disabled and the frail elderly in order to bonus physicians $50 million in this agreement. So what people are saying, and they're saying it across this province, is that this is their health care system, not yours. They've heard you deliver promises before and they've watched you break those promises virtually the next week. People deserve to know: What are the details? How much are physicians going to be paid? How much is it going to be increased? What are the deliverables? What will the penalties be if these so-called deliverables don't happen? That's what people deserve to see; that's what they want to see. Will you release that information so the people of Ontario can judge for themselves whether or not your government is doing the right thing?

Hon Mr McGuinty: Some of this, frankly, is just a little hard to stomach. The accusation that somehow this government stands against and works against the interests of our poor, our frail and our elderly is nothing short of nonsense, and he knows it. I want to remind the member opposite about what we've done with respect to welfare rates, with respect to the rates for people who find themselves on disability, about the new rent bank we've established, about bringing back the nutrition allowance for expectant mothers; I want to remind him that we put $406 million into long-term-care facilities this year to look after Ontario's frail and elderly—just so we're clear with respect to who is doing what for Ontario's poor, frail and elderly.

I come back to this deal. This deal represents a dramatic departure from the status quo. We're not prepared to accept the record of failure left to us, bequeathed to us, by the two previous governments. We're working with our doctors to demonstrate to them that we can work together, that we can improve the quality of primary care, that we can bring care close to the families, closer to the communities, and that we can do that in an affordable and sustainable way.

YORK CENTRAL HOSPITAL

Mr Frank Klees (Oak Ridges): My question is to the Minister of Health. Minister, the finance minister, who is also the member for Vaughan-King-Aurora, and the member for Thornhill will be very interested in your response to this question. Minister, I received a letter from Dr Watson, who is an orthopaedic surgeon at the York Central Hospital. He says, "Ten months have now passed since that announcement"—he's making reference to the announcement for a major needed expansion at York Central Hospital—"yet York Central Hospital remains at a standstill." He goes on to say, "...what really is going on here and why has YCH been blackballed...."

My question to you is exactly that: Why has York Central Hospital not heard from you with regard to an approval for such an important expansion? I know the Minister of Finance and the member for Thornhill must have been speaking to you about this as well. Can you tell this House why we have not heard from you with regard to an absolutely important expansion for this hospital while waiting lists continue to line up, while we have tremendous pressures and while a crisis is developing at York Central Hospital? Why have you not come forward with this project?

Hon George Smitherman (Minister of Health and Long-Term Care): The member raises an excellent question, because York Central stands with a very, very long list of hospitals in the province of Ontario that had promises made by the previous government that were unfulfilled financially. One of the realities—

Interjections.

Hon Mr Smitherman: There is absolutely no doubt that that exceptional hospital in Richmond Hill, in an area of our province which has seen a lot of growth, is under pressure. Nobody would doubt that. But the reality we face is that, on a long list of hospitals that were announced with no funding associated, there are also of course, once built, significant operational obligations.

York Central is not unique in the province. There is a significant number of hospitals—others were referenced in members' statements today—that are awaiting similar news. My ministry is working very hard with the Minister of Public Infrastructure Renewal, and I send this message to the people of York region: The local MPPs are advocating very effectively on their behalf, and we expect to be in a position to make announcements shortly.

Interjection.

Mr Klees: Speaker, the Minister of Finance makes light of this, because he said, "You know, you made a presentation on this," and—

Interjections.

The Speaker (Hon Alvin Curling): Order. Minister of Finance. OK. That's enough.

Mr Klees: As I said before, the Minister of Finance makes light of this by saying that the cheque bounced. The approval that was gone through the entire process was about a two-and-a-half-year period of time. This project was a priority for the Ministry of Health. It was approved. This Minister of Finance approved some $4 billion of new spending on programs right across this province and didn't have the courage to stand up for a hospital that is serving his constituents as a priority.

Minister of Health, did this finance minister ever speak to you about the importance of this project and ask you to fund it? Did he or did he not?

Hon Mr Smitherman: I think if the honourable member reads back my first answer, he'll see that I acknowledge that York Central is a priority project, but—

Mr Klees: Where's the money?

Hon Mr Smitherman: That is a very interesting question. The member asks—

Interjections.

The Speaker: Order. I'm sure if a question is asked, one would like to hear a response.

Interjections.

The Speaker: The member from Oak Ridges. I'm not quite sure if you want a response. If you would just allow the minister to respond, then he will. Minister.

Hon Mr Smitherman: Eight and a half years in government and that member asks, "Where's the money?" What I'm sure the people of York region are asking is, "Where was the money to back up the fake cheque that the honourable member presented?"

Interjections.

The Speaker: Order.

Interjections.

Mr Klees: On a point of order, Mr Speaker.

Interjections.

The Speaker: I have to get order first before I can entertain a point of order.

Mr Klees: On a point of order, Mr Speaker: The reality is that the people of York region know precisely what—

Interjections.

The Speaker: Order.

Interjections.

The Speaker: The member from Oak Ridges. I may have to warn this member, and I'm warning the member now, because you're not allowing the question period to proceed and other members are being denied their questions.

HEPATITIS C

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. Premier, in the past two days we've shown how your government has misused dedicated federal health dollars intended to help the victims of tainted blood. We've shown that you took that money, which was intended to provide enhanced services for those unfortunate victims of hepatitis C, and your government pocketed that money in general revenues.

So far, your response to these unfortunate victims has been, "Well, the agreement lets us get away with it." Yesterday, the federal government, the federal health minister, was forced to admit that his government has

done something wrong, was forced to admit that they've let the victims of hepatitis C down. My question to you, Premier, is this: Will you now admit that by pocketing this money that was intended to provide enhanced health services, you've let these victims of hepatitis C down as well?

1450

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): To the Minister of Health.

Hon George Smitherman (Minister of Health and Long-Term Care): Of course we all follow with interest the ongoing trail of misguided information that the honourable member is advancing. Two days ago in the House he suggested that the province of Manitoba had a more comprehensive program for people with hepatitis C than the province of Ontario. This is not factually correct. In point of fact, the province of Ontario, on the issue of cash payment to people from the pre-1986 and post-1990 victims' pool, has a 250% larger cash payment.

Yesterday we saw, obviously in Ottawa, that the federal minister is taking a review of this from the standpoint of the federal government. Tomorrow in Vancouver, as I mentioned to the honourable member earlier in the week, I'll have the opportunity to be with the federal minister and other health ministers.

What I've said is that we've taken a step as a government to ask John Plater to work with us to help to enhance the quality of our strategic plan related to hepatitis C. The bottom line remains this: Ontario will ensure that the highest possible standard of care is provided for people in our province with hepatitis C.

Mr Hampton: The admission by the federal government that they had let the victims of hepatitis C down I thought was a magnanimous gesture. But what's clear is that the McGuinty government, which has taken money intended for these unfortunate victims and pocketed this money—you're not prepared to make the same kind of courageous admission.

Let me tell you about one of the sufferers you've taken money from. Susan Unelli suffers from cirrhosis of the liver and autoimmune disease caused by hepatitis C. She has lost her house because she couldn't afford to pay for the treatments she needs. Now she's too weak to clean up her new apartment and too poor to hire someone else. Yesterday, the federal government admitted that they let Susan down. They said she should have received the enhanced health care services. You pocketed that money, your government pocketed that money. Are you prepared to admit now that you let Susan down and are you prepared to say that you're going to pay her some compensation for those out-of-pocket health care expenses that have obviously cost her so dearly?

Hon Mr Smitherman: Of course nobody wants to be in a situation where we have word that people struggling with serious chronic illness in our province are living in difficult conditions. But the honourable member seeks to personalize this in a fashion that I think is rather distasteful.

The fact of the matter is that the legal agreement related to these funds—and perhaps this is what the federal government has now gotten on to—was very, very clear. It says that the funds are to be provided to provinces for the purposes of the operation of their health care systems. In the province of Ontario, the tradition continues, and it's very clear: We have an obligation and we seek every day to fulfill it the best we can, and that is to provide good-quality services, the best in Canada, for people with hepatitis C. We've asked John Plater, a distinguished man, a real leader in the hepatitis C community, to work with us to make sure that the strategic plan we have for dealing with hepatitis C is the best plan in the country. That's the work we're doing as a government, and we're doing that hand in hand with the affected people.

VIDEO GAMES

Ms Laurel C. Broten (Etobicoke-Lakeshore): My question is for the Minister of Consumer and Business Services. The growing availability of violent and adult-oriented video games is a real concern to many parents in Etobicoke-Lakeshore and right across our province. I understand that the government has partnered with the retail and video game industries to ensure that Ontario children are protected from inappropriate material. How will this initiative help parents ensure that their children are playing games that are appropriate for their age?

Hon Jim Watson (Minister of Consumer and Business Services): I want to thank the member for Etobicoke-Lakeshore for her question. I did indeed have the pleasure of participating in an event this morning with the Retail Council of Canada and the Entertainment Software Rating Board.

Our government has developed a very positive relationship with the retail community. Commitment to Parents is a program that will see internationally recognized ratings standards on all video games for sale or rent in the province of Ontario, and retailers will not sell inappropriate videos to underage children.

The Retail Council of Canada is to be commended for this work. They recognize that their merchants have a responsibility to ensure that parents are well informed of the content of various videos.

I thank the retail council and I thank the ratings board. This is a great example of a partnership where government and industry are working together to protect children and to inform parents.

Ms Broten: Indeed, that's an important step forward for parents and consumers to ensure a safer marketplace for Ontario's children. But how does this strategy fit within government initiatives around video games in an effort to modernize and clarify our video game classifications in this province?

Hon Mr Watson: I thank the honourable member for the supplementary. Obviously, we have to work in collaboration with the industry, business and government. Bill 70, which was my first piece of legislation that I introduced in April of this year, would enable the Ontario government to adopt and enforce compliance with the current Entertainment Software Rating Board. Any

retailer who sells or rents an adult-oriented video game to children would be committing an offence that would be punishable by law. Through Bill 70, Ontario is taking a leading role in both educating parents and protecting children. I urge the opposition to support Bill 70 for all of these reasons.

ONTARIO DRUG BENEFIT PROGRAM

Mr Cameron Jackson (Burlington): My question is to the Premier, in the absence of the Minister of Community and Social Services today, and it has to do with certain details within the OMA agreement.

Before the election, you promised that you would be improving access to the Ontario drug benefit plan by $400 million over four years—statistics provided by your own ministry. Yet after the election you have orchestrated a new private deal with the OMA that will result in $400 million in exact cuts over four years, with a referred benefit of $50 million that some doctors are calling a bribe.

According to statistics from the Ministry of Community and Social Services, your target reduction for medication benefits for the most marginalized citizens in our province—the poor, pregnant women on social assistance, the disabled—is $80 million. It's hard to see this as good health policy.

Premier, my question: Can you show me what health study was so convincing to you and to your ministers that women and children on social assistance are consuming more medications than women and children who aren't on welfare in this province, and that's why you're taking this invasive action to reduce their health benefits?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): I'm delighted to report that we relied in part on the very capable advice received by us from one Cam Jackson, who said on June 1, 2004, "Ontario's seniors are the most overmedicated people on the face of the Earth. The average senior in this province is taking 12 to 16 drugs every single day of their lives. We're spending $2 billion outside of hospitals on medication. This is an incredible issue. I wish that our government had started, and I hope that some government will start, providing prescribing guidelines to ... protect seniors in this province."

Well, that is exactly what we're doing.

Mr Jackson: Premier, there is no debate about the overmedication of Ontario seniors. While there are studies dealing with seniors, there are no known studies for you to target pregnant women on social assistance, and that's what you're doing with this policy.

1500

You said this is a historic departure. It is a historic departure, because for the first time in Ontario's history you are asking doctors to divide their patients by certain classes according to their income in order to reduce the amount of drugs. It's $80 million, I tell the Treasurer, using your figures. You are going to ask doctors to prescribe fewer medications to the poor and the disabled in this province, and you are going to boost their income by $50 million. Why would you use the disabled and the poor as pawns in your negotiations with the OMA and create two-tier prescription access for the poor and the disabled for the first time in our province's history?

Hon Mr McGuinty: I am not sure if I've ever heard a grosser misrepresentation of what we are doing on this side of the House. What we are doing is finding the best way to spend the limited dollars that we have to ensure that we give the best possible health care to the people of Ontario. That's exactly what we are doing. To hear from this johnny-come-lately champion of the poor and the desolate and the frail and the elderly—where was he when this government cancelled the nutrition allowance for expectant mothers who found themselves on welfare in the province of Ontario? That is one thing that we have set aside.

The other thing we are doing is we put more than a quarter of a billion dollars into drugs this year alone to help all Ontarians of all ages in all income groups, and we will continue to move forward in that direction.

LABOUR DISPUTE

Mr Peter Kormos (Niagara Centre): To the Minister of Children's Services: Minister, six months ago 145 correctional officers, social workers, psychologists, kitchen and maintenance staff at Syl Apps Youth Centre had to go on strike over health and safety issues. These workers have been out for six months now on their picket lines. The management at Syl Apps clearly wants to prolong this strike because it has an agenda of layoffs and massive cutbacks. These workers are here today because you're aiding their employer in achieving that goal.

On June 23 of this year, you wrote to these workers promising that this private company wouldn't be able to pocket the profits and prolong the strike. You said, "Whatever monies are saved now as a result of this disruption will be applied to the new contract." But these workers tell us that you're spending more than $600 a day to keep an offender in Syl Apps—more than three times what you were spending before the strike.

Why is your ministry financing this private operator's blatant attempt at union busting, and why is a nearly empty facility receiving any money at all?

Hon Marie Bountrogianni (Minister of Children and Youth Services, Minister of Citizenship and Immigration): First of all, the honourable member knows I can't comment on an ongoing negotiation. We believe in the collective bargaining process, and we wish both sides to get back to the table soon.

Having said that, I can tell you generally what my ministry does under these circumstances. First and foremost, we ensure the safety of the youth at these centres. The youth are safe; many of them have been removed. There are some youth there. They are monitored carefully by the ministry as well as by the child advocate. We have also reduced the monies to the appropriate level of youth in the facility.

Mr Kormos: Minister, you're spending $600 a day to keep a young offender in that facility, three times what you were spending before the strike.

Look, these same workers have given you evidence that suggests there may be some serious accounting problems, accounting of government funds by Syl Apps. Financial statements show that they received $12.5 million, but Syl Apps management claims to have received only $10.3 million. This is a privately owned facility funded by public dollars. Some $12.5 million is what your ministry's figures indicate they received; $10.3 million is what they say they got. Why aren't you initiating an independent audit to ensure that there are no improprieties and to satisfy yourself, us and the public that there are no inappropriate savings and profiteering by the private operators of Syl Apps?

Hon Mrs Bountrogianni: I won't comment on the specific case but just tell you that in situations like this, all of the concerns brought forward to my ministry are addressed. We have, in the case of Syl Apps, gone in many times, as well as the child advocate going in, and we are reassured that there aren't any concerns outstanding.

HYDRO GENERATION

Mr Shafiq Qaadri (Etobicoke North): On behalf of the people of Ontario, I ask this question of the Minister of Finance, the Honourable Greg Sorbara. Minister, the McGuinty government is in the midst of turning around our energy infrastructure and generation capacity after years of sorry and sordid neglect. I understand the government is encouraging the development of alternate sources, including clean wind generation through the tax system. Could the minister inform the House about these initiatives?

Hon Greg Sorbara (Minister of Finance): Might I just say parenthetically on wind generation how pleased the government was with the overwhelming response to the request for proposals that my colleague the Minister of Energy put out. Wind generation is going to become an important part of our overall energy system in Ontario. There's no doubt about that.

The way in which the Ministry of Finance helps, and what we have done, is to create a fixed assessment rate, a land assessment rate for land used for wind generation. That allows generators to work with a somewhat lower tax base than what the land might carry for any other use. This will inspire new wind generation and provide an economic environment where proponents are able to go forward with their proposals. I'll await the member's supplementary.

Mr Qaadri: As with any structural change, there is always an adjustment challenge. Could you inform the House now how the government is responding to the concerns of municipalities about this particular tax structure initiative?

Hon Mr Sorbara: That's the other important part of the equation. The previous administration—I'm not going to completely trash the road they were going down—was going to completely exempt lands used for wind generation. An interesting proposal, but it denies municipalities the revenues they need from their tax base. We're working with municipalities to make sure this level of fixed assessment is both low enough to encourage the wind generation we need, on the one hand, and to provide municipalities with a stable tax base, on the other. I think we're pretty much there, and I really appreciate the member raising the issue.

CANCER TREATMENT

Mr Tim Hudak (Erie-Lincoln): A question to the Minister of Health concerning his management of the health care system: Niagara's residents are older, sicker and poorer compared to the rest of Ontario. Cancer mortality rates in Niagara are about 14% higher than the provincial average. As the minister knows, Niagara has been slated to receive a three-bunker cancer centre. Without this cancer centre, 1,000 patients a year will need to continue making the long trek to Hamilton or the even longer journey, all the way to Toronto. In the past few weeks, officials at the Niagara Health System have been told that those spaces are on hold and that the Ministry of Health and Cancer Care Ontario are revisiting this project and are considering moving Niagara's cancer care centre to Hamilton. Is this truly the minister's plan? Is he going to move Niagara services to the city of Hamilton?

Hon George Smitherman (Minister of Health and Long-Term Care): I found it interesting that the honourable member started by questioning my management of the health care system. I would have thought he would appreciate that I was the guy—after all the verbiage and rhetoric that he used—who actually delivered the cash for the land ambulance in Niagara.

On the issue related to future development of our cancer treatment facilities, we depend on the advice of Cancer Care Ontario. The ministry has certainly been very dependent on their expertise in this matter. It takes into consideration, of course, not only the needs of localized communities, but our capacity to properly support any capital project with the people inside it who actually do the work. This is Cancer Care Ontario's role. It was a role that was established by your government and it has seen no change under our government. Whatever work they might be doing, we're looking forward to receiving it.

I will say on the issue that I've had the opportunity to be in contact with many municipal officials and my parliamentary colleagues from Niagara with respect to the issues of hospital development in Niagara. We're working very hard on these issues, and I think the honourable member would be the first to admit that when you want to look at management of the health care system in Niagara, in eight and a half years you guys did a pretty lousy job.

1510

Mr Hudak: Families of cancer patients in Niagara are going to find no comfort whatsoever in that minister's

political rhetoric. They know these three things: They know you're taking $1,000 a year out of the pockets of Niagara's working families, they know the cancer treatment centre in Niagara is a needed and valuable service, and they know when a minister is using weasel words to avoid making the right decision when it comes to cancer care in the Niagara Peninsula. You're the minister. I know it's also an issue for my colleagues from Simcoe, with the Royal Vic. You, sir, make the calls. Come clean today. Stand in your place and tell the people of Niagara that you're not taking their long-awaited cancer centre and moving it up the QEW to Hamilton. Stand in your place and say you're committed to the Niagara cancer centre.

Hon Mr Smitherman: He's nearly as good at this as the other member, from Oak Ridges.

Long-awaited? The member himself, I believe a former parliamentary assistant to a Minister of Health, used the phrase "long-awaited." I suspect that's exactly what the people of Niagara are feeling, because on this issue, like so many others across the province, they trotted out their fake cheques and they made their announcements, but when we arrived, the cupboard was not just bare but overspent.

The issue, with respect, is this: Cancer Care Ontario continues to provide the government of Ontario and the Ministry of Health with their best-informed advice with respect to the location and need for future cancer treatment facilities in the province of Ontario. If they have made any decision to reconsider this, to look at this or to review it, they have done it of their own accord. As always, I look forward to the advice that Cancer Care Ontario provides, because that's the role that was created for them by your government.

STEEL INDUSTRY

Ms Andrea Horwath (Hamilton East): My question is to the Premier, in the absence of the Minister of Economic Development and Trade. Today we learned from steel industry sources that Stelco is at threat of being taken over by OAO Severstal, Russia's largest steelmaker, in fact perhaps the largest steelmaker in the world.

The people in my riding of Hamilton East are extremely worried about the impact this may have on our employees in the city of Hamilton. They're worried about their jobs. They're worried about their pensions. They're worried about the very future of our community.

Your government has been completely invisible since Stelco went into bankruptcy nine months ago. Can you tell me what concrete steps your government is taking to protect the interests of Hamilton and its steelworkers? What role are you playing in these talks of a foreign takeover as my community stares down the threat of massive job losses every day?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): I know this is an issue of tremendous concern to the people of Hamilton and the surrounding community. The member opposite knows that Stelco is operating with creditor protection at this time under the CCAA, and talks with the parties are ongoing. It's premature to discuss any particular details.

I would say that I was on an open-line radio show in Hamilton. It is really important that the parties come together and talk about this in an earnest and honest fashion. I'm concerned that that dialogue has not been continuing to this point in time.

We have a representative, James Arnett, who's been following it very closely. We understand the nature of the challenge and what has been happening to the steel industry throughout North America. We remain hopeful, but we are placing at this time, frankly, a very heavy weight on the shoulders of the parties involved, that they pursue a constructive and positive dialogue.

Ms Horwath: Thank you, Mr Premier, but you're just not quite getting it. Stelco is in bankruptcy for nine months now, and the people of Hamilton quite frankly feel betrayed by your government. They feel the provincial government has gone completely AWOL on them. They feel that the provincial government should actively be at the table, doing whatever is necessary to ensure that the jobs are preserved and that pensions are protected. But that's not what's happening. You are nowhere to be seen in this discussion.

I'll ask you once again: What role is your government taking in the foreign takeover of one of the province's most important industrial concerns and the potential loss of jobs in Hamilton, which, by the way, is in Ontario?

Hon Mr McGuinty: Obviously, I simply do not accept the member's categorization or her representation of how the people of Hamilton view this particular issue. It is serious. It is something that demands that the parties involved in particular set aside their differences wherever possible and work together in a positive, thoughtful and constructive way.

We have a contingent liability connected with this issue. One of the big reasons that this particular business is in the lurch is because of the irresponsible approach taken by the member's party when they formed the government. They relieved the industry of the responsibility to continue to invest in the pension. As a result, we've now exposed pensioners and workers to potential losses. Once again, we are stuck in a position where we have to clean up the mess because of irresponsible actions taken by that party.

PETITIONS

CHIROPRACTIC SERVICES

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I have a petition to the Legislative Assembly of Ontario, and it reads as follows:

"Re: support for chiropractic services in Ontario health insurance plan:

"Whereas elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

"Whereas those with reduced ability to pay, including seniors, low-income families and the working poor, will be forced to seek care in already overburdened family physician offices and emergency departments;

"Whereas the elimination of OHIP coverage is expected to save $93 million in expenditures on chiropractic treatment at a cost to government of over $200 million in other health care costs; and

"Whereas there was no consultation with the public on the decision to delist chiropractic services;

"We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province."

I support the petition.

OPTOMETRISTS

Mr Howard Hampton (Kenora-Rainy River): 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 therapeutic pharmaceutical agents to optometrists will help relieve the demands on ophthalmologists and physicians who currently have the exclusive domain for prescribing therapeutic pharmaceutical agents 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."

This is signed by a number of my constituents, and I have affixed my signature as well.

EYE EXAMINATIONS

Mr Kim Craitor (Niagara Falls): I'm pleased to present this petition to the House on behalf of the residents from my riding of Niagara Falls.

"Whereas the 2004 provincial budget was not clear on whether adult optometry patients who have or who are at risk for medical conditions, such as diabetes, glaucoma, macular degeneration and clinically significant cataracts would continue to be covered through the Ontario Health Insurance Plan; and

"Whereas Ontario's optometrists strongly feel that Ontario seniors, those under 20 and those with chronic sight-threatening diseases must continue to receive primary eye care services directly from Ontario's optometrists; and

"Whereas forcing patients to be referred to optometrists through their family physicians ignores the years of specialized training optometrists undertake to detect, diagnose and treat eye conditions; and

"Whereas almost 140 communities across the province have already been designated as underserviced for family practitioners and the government's approach will only exacerbate the problem unnecessarily;

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

"That the Ministry of Health and Long-Term Care immediately clarify that the eye examination services they provide to patients at risk for medical conditions will continue to be covered by OHIP and the coverage for these services is not dependent on a patient being referred to an optometrist by a family physician."

I'm pleased to sign this petition.

1520

VOLUNTEER FIREFIGHTERS

Mr Jim Wilson (Simcoe-Grey): "To the Legislative Assembly of Ontario:

"Whereas the fire departments in Simcoe-Grey are strengthened by the service of double-hatter firefighters who work as professional, full-time firefighters and also serve as volunteer firefighters on their free time and in their home communities; and

"Whereas the Ontario Professional Fire Fighters Association has declared their intent to 'phase out' these double-hatter firefighters; and

"Whereas double-hatter firefighters are being threatened by the union leadership and forced to resign as volunteer firefighters or face losing their full-time jobs and this is weakening volunteer fire departments in Ontario; and

"Whereas Simcoe-Grey MPP Jim Wilson has supported Bill 52, the Volunteer Firefighters Employment Protection Act as introduced by Waterloo-Wellington MPP Ted Arnott, which would uphold the right to volunteer and solve this problem concerning public safety in Ontario;

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

"That the provincial government express public support for Bill 52 and willingness to pass it into law or introduce similar legislation that protects the right of firefighters to volunteer in their home communities on their own free time."

I of course agree with this petition and have signed it.

PROPERTY TAXATION

Ms Andrea Horwath (Hamilton East): I present this petition to the Legislative Assembly of Ontario.

"Whereas recreational trailers kept at parks and campgrounds in Ontario are being assessed by the Municipal Property Assessment Corp (MPAC) and are subject to property taxes; and

"Whereas owners of these trailers are seasonal and occasional residents who contribute to the local tourism economy, without requiring significant municipal services; and

"Whereas the added burden of this taxation will make it impossible for many families of modest income to afford their holiday sites at parks and campgrounds;

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

"That these seasonal trailers not be subject to retroactive taxation for the year 2003; and that the tax not be imposed in 2004; and that no such tax be introduced without consultation with owners of the trailers and trailer parks, municipal governments, businesses, the tourism sector and other stakeholders."

I present this petition and attach my signature thereon.

CHIROPRACTIC SERVICES

Mrs Maria Van Bommel (Lambton-Kent-Middlesex): I have a petition to the Legislative Assembly of Ontario.

"Re: support for chiropractic services in Ontario health insurance plan:

"Whereas elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

"Those with reduced ability to pay, including seniors, low-income families and the working poor, will be forced to seek care in already overburdened family physician offices and emergency departments;

"Elimination of OHIP coverage is expected to save $93 million in expenditures on chiropractic treatment at a cost to government of over $200 million in other health care costs; and

"There was no consultation with the public on the decision to delist chiropractic services;

"We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province."

The Speaker (Hon Alvin Curling): Petitions?

Mr John O'Toole (Durham): I have the pleasure to present thousands of petitions on behalf of the riding of Durham. Where do I start here?

"To the Legislative Assembly of Ontario:

"Re: support for chiropractic services in Ontario health insurance plan:

"Whereas elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

"Those with reduced ability to pay, including seniors, low-income families and the working poor, will be forced to seek care in already overburdened family physician offices and emergency departments;

"Elimination of OHIP coverage is expected to save $93 million in expenditures on chiropractic treatment at a cost to government of over $200 million in other health care costs; and

"There was no consultation with the public on the decision to delist chiropractic services;

"We, the undersigned, petition the Legislative Assembly of Ontario to reverse the"—nasty—"decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, the patients, the health care system, government and the province."

I'm pleased to sign this and endorse it on behalf of the many chiropractors in my riding.

OPTOMETRISTS

Ms Shelley Martel (Nickel Belt): I have a petition addressed to the Legislative Assembly of Ontario. It reads as follows:

"Whereas the last funding agreement between the Ministry of Health and Long-Term Care and the Ontario Association of Optometrists expired March 31, 2000; and

"Whereas the optometric fees for OHIP-insured services remain unchanged since 1989; and

"Whereas the lack of any fee increase for 15 years has created a crisis situation for optometrists; and

"Whereas fees for OHIP services do not provide for fair or reasonable compensation for the professional services of optometrists in that they no longer cover the costs of providing eye examinations; and

"Whereas it is in the best interests of patients and the government to have a new funding agreement for insured services that will ensure the most vulnerable members of society are able to receive the eye care they need;

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

"That the Ministry of Health and Long-Term Care resume negotiations immediately with the OAO and appoint a mediator to help with the negotiation process in order to ensure that optometrists can continue to provide quality eye care services to patients in Ontario."

I agree with the petitioners, and I have affixed my signature to this.

GO TRANSIT SERVICE

Mr Bob Delaney (Mississauga West): I'm pleased to present a petition to the Ontario Legislative Assembly from the Churchill Meadows Residents' Association. It reads:

"Whereas the city of Mississauga has, within a generation, grown from a linked collection of suburban and farming communities into Canada's sixth-largest city, and tens of thousands of people daily need to commute into and out of Mississauga in order to do business, educate themselves and their families and enjoy culture and recreation; and

"Whereas gridlock on all roads leading into and out of Mississauga makes peak period road commuting impractical, and commuter rail service on the Milton GO line is restricted to morning and afternoon service into and out of Toronto; and

"Whereas residents of western Mississauga need to commute to commute, driving along traffic-clogged roads to get to overflowing parking lots at the Meadowvale, Streetsville and Erindale GO train stations;

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

"That the government of Ontario, through the Ministry of Transportation and highways, instruct GO Transit to allocate sufficient resources from its 2004-05 capital budget to proceed immediately with the acquisition of land and construction of a new GO train station, called Lisgar, at Tenth Line and the rail tracks, to alleviate the parking congestion, and provide better access to GO train service on the Milton line for residents of western Mississauga."

As a resident of Lisgar, one of those who would take that GO train, I'm sure I join with all of my colleagues in the House, and I sign this.

LESLIE M. FROST CENTRE

Mr Norm Miller (Parry Sound-Muskoka): I have a petition to save the Leslie M. Frost Centre. It reads:

"To the Legislative Assembly of Ontario:

"Whereas the Leslie M. Frost Centre is Ontario's leading natural resources education, training and conference centre, aimed at fostering an understanding of natural resource management, with a focus on ecosystems and how they can be sustained for future generations; and

"Whereas the McGuinty government refused to consult with municipalities and other user groups before taking this drastic action and continues to operate in a clandestine manner; and

"Whereas this move will hurt the people and economies of Muskoka and Haliburton, especially those in the local tourism industry; and

"Whereas the Frost Centre is a valuable resource for elementary, secondary, post-secondary institutions, as well as a variety of other groups;

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

"That the McGuinty government reverse the decision to close the Leslie M. Frost Centre."

I support this petition and affix my signature to it.

HEALTH CARE SERVICES

Ms Shelley Martel (Nickel Belt): I have a petition that has come to me from constituents both in my riding and the Sudbury riding. It reads as follows:

"Whereas the McGuinty Liberal government is cutting provincial funding for essential health care services like optometry, physiotherapy and chiropractic care;

"Whereas this privatization of health care services will force Ontarians to pay out-of-pocket for essential health care;

"Whereas Ontarians already pay for health care through their taxes and will be forced to pay even more through the government's new regressive health tax;

"Whereas the Liberals promised during the election that they would not cut or privatize health care services in Ontario;

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

"We demand the McGuinty Liberal government keep its promises and guarantee adequate provincial funding for critical health services like eye, physiotherapy and chiropractic care."

I agree with the petitioners. I have affixed my signature to this.

1530

HEALTH CARE FUNDING

Mr Tim Hudak (Erie-Lincoln): I have a petition I am pleased to present with respect to the delisting of chiropractic care. It reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas the Dalton McGuinty Liberals promised a health care system that gives us all the care we need when we need it; and

"Whereas chiropractors, optometrists and physiotherapists provide the necessary health care to the people of Ontario to maintain healthy and active lifestyles;

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

"The Dalton McGuinty Liberals should keep their promise to invest in health care and restore funding to cover optometry, physiotherapy and chiropractic care under OHIP."

Beneath are the signatures of Tara Wallace and Tom Lewis of Ridgeway and Crystal Beach. I affix my signature in support.

HEALTH CARE SERVICES

Ms Marilyn Churley (Toronto-Danforth): I have a petition that reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas the McGuinty Liberal government is cutting provincial funding for essential health care services like optometry, physiotherapy and chiropractic care;

"Whereas this privatization of health care services will force Ontarians to pay out-of-pocket for essential health care;

"Whereas Ontarians already pay for health care through their taxes and will be forced to pay even more through the government's new regressive health tax;

"Whereas the Liberals promised during the election that they would not cut or privatize health care services in Ontario;

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

"We demand the McGuinty Liberal government keep its promises and guarantee adequate provincial funding for critical health services like eye, physiotherapy and chiropractic care."

These signatures are from my riding of Toronto-Danforth, and I will affix my signature because I fully support the petition.

NOTICE OF DISSATISFACTION

The Speaker (Hon Alvin Curling): Pursuant to standing order 37(a), the member for Oak Ridges has given notice of his dissatisfaction with the answer to his question given by the Minister of Education concerning the cost of the hard cap to class sizes. This matter will be debated at 6 pm.

BUSINESS OF THE HOUSE

Hon Dwight Duncan (Minister of Energy, Government House Leader): Pursuant to the standing orders, I have the orders for next week.

Monday, October 18: afternoon, Bill 106; evening, Bill 100.

Tuesday, October 19: afternoon, Bill 82; evening, Bill 106.

Wednesday, October 20: afternoon, opposition day; evening, Bill 100.

Thursday, October 21: afternoon, Bill 96; evening to be confirmed.

ORDERS OF THE DAY

BUDGET MEASURES ACT, 2004 (NO. 2)
LOI DE 2004 SUR LES MESURES BUDGÉTAIRES (N^{O} 2)

Resuming the debate adjourned on October 12, 2004, on the motion for second reading of Bill 106, An Act to implement Budget measures and amend the Crown Forest Sustainability Act, 1994 / Projet de loi 106, Loi mettant en oeuvre certaines mesures budgétaires et modifiant la Loi de 1994 sur la durabilité des forêts de la Couronne.

The Speaker (Hon Alvin Curling): Further debate?

Mr Gilles Bisson (Timmins-James Bay): Mr Speaker, I would ask for unanimous consent to stand down our lead on this particular bill.

The Speaker: Do we have consent? Agreed.

Mr Bisson: Thank you, Speaker, and thank you to members of the House. Just so people who may wonder what that's all about understand, today we're supposed to be doing the energy bill, and as whip of our party I scheduled my finance critic somewhere else. Now we have a change of order and I'm not able to get him into the House, so here we are.

I want to speak to this bill. I'm going to be taking my 20 minutes, and I know my colleague from Hamilton, Andrea Horwath, also wants to speak to this bill. I want to speak to two different parts of the bill. I want to speak to the part of the bill that amends the Crown Forest Sustainability Act. I also want to speak to the section in regard to the health tax itself.

Let me start with the Crown Forest Sustainability Act changes. Before I do that, I just want to say, « Stéphanie, si tu regardes la télévision, je vais t'appeler à quatre heures et quart. » That's all about a radio interview I have to do at 4:15. I will be there.

My point is this: Section 1 of this particular bill deals with making amendments to the Crown Forest Sustainability Act. I want to read from the preamble to the bill so that people understand what we're talking about. It says, "An amendment to section 54 of the Crown Forest Sustainability Act, 1994 removes a requirement that a person have a sufficient supply of forest resources before the Minister of Natural Resources is permitted to issue a forest resource processing facility licence to the person." To most people, that probably doesn't mean a heck of a lot. Most people would see that bill and say, "Somebody wants to build a mill somewhere in Ontario and they don't have trees to process through the mill. Market forces will dictate and they can just build the mill. It's their money. It's not an issue. Who cares?"

I, however, have a whole bunch of questions around this particular clause. I, along with others, served in this House in 1994, when we passed the Crown Forest Sustainability Act, and the whole premise of the bill was this: Yes, we have to manage our forests and harvest our forests in a sustainable manner, obviously, by the title of the bill. But one of the things we said in the bill was that a company will be issued a licence to harvest the trees in the forests they're given a licence to, and the minister will reserve the right to redirect the trees to any other mill facility or any other user if that particular licensee does not have a use for the wood.

The other thing is that we tied the forest to the local community; we said the other thing you have to take into consideration is that if, for example, the plant in Timmins, called Tembec, has a licence to harvest wood in the Romeo forest licence, that wood has to go to the Tembec mill in Timmins. The reason we did that is that we didn't want to get into the practice that a mill situated in Timmins takes wood from its local forests and ships it to Manitoba, Quebec or anybody else who may want to

process the wood. We took the approach that the trees cut in Ontario forests (a) have to be processed in Ontario mills when it comes to crown wood—we're not talking about private land but about crown land—and (b) that the licence is tied to the local community and the minister must take into account the socio-economic impact on the community if it tries to move the wood out of the community.

I want to remind members that about two years ago Tembec tried to shut down the Kirkland Lake mill. There's a sawmill in Kirkland Lake, and Tembec, as part of its reorganizing and dealing with the American softwood lumber issue, basically said, "We're going to have the following approach: We're going to take the trees from our various licences for our various mills"—they had a licence for trees in the Kirkland Lake area, they had a licence for trees in the Timmins area, Cochrane, Kapuskasing, Opasatika and Hearst. They said, "We want to be able to ship trees across our licences. We want to be able to take the large-diameter trees and ship them to the mill in Timmins and take the small-diameter trees and ship them to the mill in Cochrane and shut the mill in Kirkland Lake."

At that time, when the government tried to do this—the Conservative government in that case was giving Tembec permission to do it—Howard Hampton, my leader, and I got up in this House, went to Kirkland Lake and did the things we needed to do to point out that there is a law in Ontario called the sustainable forestry development act that says the trees are tied to the local community and that Tembec should not be allowed to take trees in the Kirkland Lake area and move the trees from Kirkland Lake over to Timmins, shutting down the mill in Kirkland Lake.

As a result of our intervention and the work of IWA 2995 and all the workers of the mill and the mayor of Kirkland Lake, Bill Enouy, we managed to get the government to back down because they had to follow the law. The law said the trees belong to the local community, and you have to take into account the socio-economic impact on the community if you're going to transfer wood from one licence to another licence, even if it's within the same company.

That's the way the law is, and it's a good law. Most people recognize that our forests are there for the people of Ontario and that we should benefit from the forests. If we're going to harvest the trees, it should be for the benefit of the local communities.

Now, I look at this particular amendment. The amendment is basically saying that to get a mill licence, a licence to operate a mill to cut trees, you no longer have to have an adequate supply of wood. Some people will say, "What does that mean?" Well, I'll tell you a couple of things it might mean. I turn back to the whole argument that the Americans made on the softwood issue. They took the position that Ontario and Canada should take the position that trees should be put on the open market and the highest bidder gets the trees, and if the local mill loses out in that process, "Too bad, so sad, you lose."

Clearly, in Ontario and Canada we have a much different approach to managing our forests than they do in the United States. We're much more sustainable, but we're also taking into account that the forest is there for the local community. You can't ship the trees out and ship the jobs out to other communities or ship them out of the province or out of the country, for us to lose the processing jobs.

1540

This amendment to the Crown Forest Sustainability Act has some possible impacts. I'll tell you, there's no way in heck I'm going to allow this part of the bill to go by without some serious debate about what it really means, because it could mean a couple of things. I'll use the example of Tembec. Tembec, under this clause, could now say, "Trees are no longer tied to the mill. Because they're not tied to the mill, we can take the Kirkland Lake trees and send them to Cochrane and we can take the Kirkland Lake trees and send them to Timmins." Timmins and Cochrane will benefit; Kirkland Lake is gone. They could go and say, "The mill in Opasatika is shut down and the trees are going to be shipped to either Hearst or down to Cochrane," or, "We're going to shut the mill in Kapuskasing." That's one of the interpretations of what this could mean. I want to hear very clearly from the minister, in the responses to my speech or later on in his particular time to debate, if indeed this legislation would give the ability to a company to ship trees from one mill to the other.

C'est clair que les arbres dans nos forêts sont là pour le bénéfice de la communauté. On ne peut accepter nulle part dans la province, dans des communautés comme Hearst et Kapuskasing, que les arbres dans la forêt à Hearst soient envoyés soit à Kapuskasing soit à Timmins, au Québec ou au Wisconsin pour être « processés » dans un autre moulin quelque part. Ce n'est pas acceptable.

Je veux savoir clairement, pour le ministre dans le débat, est-ce que ce projet de loi donne l'habilité à une compagnie de dire, « On va envoyer les arbres, sous notre licence de notre forêt, à un moulin autre que le moulin auquel la forêt est attachée »? C'est quelque chose dont je voudrais parler directement avec les opérateurs des moulins et autres pour savoir exactement ce que cette section-là veut dire.

The other thing is that it might have an implication for what we had in the softwood lumber dispute between Canada and the United States. Everybody will know we just went through a heck of an ordeal yet again, where Canada was warned before the tribunal that it was not protecting its lumber industry, and the Americans had to withdraw the countervailing duty they had put on lumber in Ontario. Companies, communities, governments, everybody fought very hard to make it a reality that we hold our sovereign right to manage our own forests, and that the Americans were being unfair in putting that countervailing duty.

I want to remind people that the American government, the American administration of George Bush, was very clear that they wanted Ontario and Canada to

change the way we deal with the management of our forests. They wanted to see our forest timber go by way of open tender. We have opposed that in Ontario and Canada because we know what it means. There's a real danger that mills outside of Ontario may be able to bid in the processing of those logs, to the detriment of communities in Ontario. That's what the Americans wanted.

I look inside this budget bill, and I want to quote what it says under subsection 1(1): "The minister may issue a forest resource processing facility licence in accordance with the regulations." That is pretty loosey-goosey when it comes to saying that the trees are no longer tied to the mill, and if the trees are no longer tied to the mill, that's a difficulty.

I also want to speak to the issue of value-added abilities. For example, in Mattice, Ontario, il y a la communauté de Mattice qui essaye de débuter avec un projet de cèdres pour faire la valeur ajoutée dans cette communauté. Une grosse difficulté que les frères Duval ont eue, pour s'organiser avec cette entreprise, était d'avoir accès au bois de qualité. Quand ils ont fait la demande pour leur licence, ils ont été pris dans une situation avec la licence pour opérer leur plan. Leur plan était beaucoup moins grand que ce dont ils avaient besoin pour être plus viable quand ça vient à l'économie du plan lui-même.

Si le projet de loi veut simplement dire qu'on va donner l'habilité, dans ces circonstances, de donner une licence un peu plus supérieure, on peut avoir ce débat. Il y a des positifs puis des négatifs là-dedans. Il y a les deux bords de la médaille dont on a besoin de parler. Mais clairement, cela a besoin d'aller en comité pour regarder en détails ce que ça veut dire. Est-ce que ça veut dire que les frères Duval auraient pu avoir une licence supérieure quand ça vient à « processer » dans leur moulin? Si oui, possiblement ce n'est pas une méchante affaire. Mais si ça veut dire, j'ai peur, que les arbres sont plus attachés à la licence de l'usine en question, ça veut dire quelque chose de très dangereux.

On that particular one I just want to put the government on notice that this bill will clearly have to go to committee. We'll have to have some pretty clear discussion about what that section means.

I want to say again, if it's only about saying the Duval brothers of Mattice, who tried to get a cedar mill going, failed because they couldn't get a licence to operate a large enough facility, that's a debate; there are pros and cons to that. There's a pro side that says, "Let the entrepreneur do what he or she needs to do." The con side says, "What do you do if you haven't got the trees, and how do you deal with that in the confines of the Crown Forest Sustainability Act?" That's a debate we could have in committee. That's not a bad one. But if it's about saying, "Hey, the market is open; the trees are no longer tied to the mill," and the forestry company can send the trees anywhere it wants, to another facility it owns, or sell the trees to another facility, that is a disaster for northern Ontario. It will shut communities down, and I say that upfront.

I'm hoping I'm wrong. Please prove my wrong. We'll see when we get to committee and once we've heard from experts if in fact the interpretation of that is what I think it is.

Cellphone ringing.

Mr Bisson: That's not mine. I don't know who the heck that is. Somebody's cellphone was ringing but it wasn't mine. Oh, hell, it is mine.

I've got to tell you the story: The only person who has that number is my wife. Murielle, I'll call you back after the debate—unbelievable. I don't give anybody that number. My wife has that number. My Lord, it must be important if my wife calls me. Or she sees me on television and she's saying, "I'm going to give him a razz." Fine, dear, that was a lot of fun. I just lost my BlackBerry; I'll have a good weekend. That means I won't have to work this weekend.

The other part of the bill that I want to speak to is around the Income Tax Act. Simply put, that is the regressive tax that this government promised it was not going put in place. I remember before the last election Dalton McGuinty said, "Vote for me and I won't raise your taxes," and immediately upon being re-elected, what did he do in his first budget? He gave Ontarians the largest tax increase I've ever seen. Bob Rae would be shaking in his boots, watching the God-darned increase that he gave; my Lord. I've got to say that this particular tax increase—unbelievable. This is a government that promised it was not going to do a tax increase, and here they did it.

They do this because, they say, "Oh, the bad old Tories left us a deficit. Oh, Lord, they left us a deficit and we didn't know. Poor us. We made all these promises and we had good intentions. It's the bad old Tories." Come on, give me a break. I remember sitting on the estimates committee with Gerry Phillips, the then-critic of finance. I want to read a couple of quotes that I heard from Gerry, specifically in estimates—not finance—prior to the last election.

Mr Garfield Dunlop (Simcoe North): It was in May.

Mr Bisson: It was in May, as my good friend was just saying. In the estimates committee on June 3, 2003, Gerry Phillips said, "I therefore take it that there is a $5-billion risk in the budget.... So, Minister, I say to you again, I do think your budget is high risk." He knew there was a $5-billion deficit. To all of a sudden say, "Oh, God, we didn't know. We're so sorry, Ontario voters, we have to raise your taxes because the bad old Tories told us they had a balanced budget and we believed them"—come on. I didn't believe them and neither did Gerry Phillips. The reality is, Gerry Phillips knew.

I want to read another quote from Gerry Phillips. This was just on the eve of the election, August 13, 2003. Actually, it was my good friend Monte Kwinter, the Solicitor General. He said specifically, "...accused the government of hiding the fact it has a growing deficit that could reach $5 billion," in the Canadian Press on August 13, 2003. Now we have two members of cabinet—

Mr John R. Baird (Nepean-Carleton): Senior members.

Mr Bisson: —senior members of cabinet, who prior to the election knew there was a deficit. It was no sur-

prise to anybody. And all of a sudden they're all saying, "Oh, God, I got amnesia during the election. I didn't know there was a deficit. That's why we have to raise taxes."

1550

Listen, all we're saying on this side of the House is, be straight. If you think you have to raise taxes to provide for better health care, say so before an election. That's a clean debate. I'm prepared to have the debate. In fact, we had the debate in the last election. If any political party wants to stand up and say, "We think a major investment has to be made in health care and we need to raise your taxes," that's a fair debate. Let the voter decide. But when voters go out and give the government a majority on the basis of their promises, which includes no tax increases, I would say they're being—I can't say less than truthful because that would be unparliamentary. I can't say they lied because that would be unparliamentary. I can't say they deceived because that's unparliamentary. I'm out of acronyms. I don't now what to call it. But I can tell you that it's different than what they promised in the last election.

The last part of this is the other interesting part. They zap Ontarians with one of the largest increases we've seen in a whole long time in this Legislature. The Premier goes on radio and runs the following ad. The ad reads, "I'm Dalton McGuinty, and I want you to know that every penny of Ontario's new health premium will go to health care. It means shorter waiting lists for radiation and chemotherapy, nine new MRI sites, home care for 95,000 more Ontarians, meningitis vaccination for children, 8,000 new full-time nursing positions. Together we're going to build a health care system we can all be proud of. Trust me. I'm Dalton McGuinty. I make promises and keep them."

Listen, guys, in your own budget document, the last budget document, you guys took $200 million out of the health tax you put in and what did you do? You put it into the Ministry of the Environment to pay for water and sewer, and then said, "It's a health care expenditure."

I'm sorry, I go back to—what's his name again?—Dalton McGuinty, Premier of Ontario. "I'm Dalton McGuinty, and I want you to know that every penny of Ontario's new health premium will go to health care." Is that health care? That's the Ministry of the Environment. If you want money for the Minister of the Environment, (a) find the money somewhere within existing expenditures, or (b) be clear with voters and raise their taxes and tell them why. The part voters don't like isn't so much the fact of the tax increase. That's a political issue. What really galls them is that you said one thing in the election and you did completely the opposite. Then you get elected and you say, "I'm going to spend every dime in health care," and then you go out and put it in the Ministry of the Environment.

We're saying, listen, guys, you've had a year now. You've found your feet in being the government. You have supposedly got a head of steam. I hope you guys, in your second year of what's going to be a four-year term, are smarter than you were in your first, because the first year has been a disaster. You've broken 80% of the promises you made to the voters of Ontario.

Mr Tim Hudak (Erie-Lincoln): What would you give them, A to F?

Mr Bisson: I give them an F minus. Eighty per cent have been broken. Here we are in the second year and you don't seem to be starting on a better foot, as we debate this bill and take a look at what you're promising.

I say to the members across the way that you should basically do what you said you were going to do in the last election and hold to those promises. We, as New Democrats, support many of the things you had in your platform because you stole them from ours. We would be willing to vote for them. But don't start breaking all of your promises now that you're the government. People see that as being less than honest, and I don't know how that serves Ontarians or this Legislature well.

The Acting Speaker (Mr Joseph N. Tascona): Questions and comments?

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot): I was going to comment on the member opposite's excellent comments on the lumber industry and protecting the north. I want to take a couple of moments on that and say, for the record, that there's nobody on this side of the House who is sitting here plotting any kind of pending disaster for the communities in northern Ontario. In fact, to the extent that the concerns raised with respect to regulations are legitimate, I want to give assurance to the member opposite that we certainly want to look at those.

I understand quite well why the sustainable forestry development act would add benefits to the live-work relationship in having trees used, shaped, cut and what have you in the communities they are in, because we want to protect workers in the communities they live in.

With that having been said and with that commitment given, I want to talk a little bit about the health care issue that was raised. The late, great Sterling Hunt gave me two pieces of political advice years ago. First, tell people what's broke and how you're going to fix it. The second was even more precious: Always deal with the cards you've been dealt, not the hand you wish you had. The simple reality is that we were dealt a pretty nasty hand. I remember in the election campaign talking about issues and suggesting a potential $2-billion shortfall, and the Tory candidate I was running against at the time wanted to know what I was smoking, what planet I was from and when I was going to quit my fear mongering. It's pretty clear that we weren't fear mongering.

Mr John O'Toole (Durham): I also want to respect the comments made by the member for Timmins-James Bay on Bill 106, because he does know of which he speaks and he does an admirable job of defending a very important resource in the riding of Timmins-James Bay. In fact, I think the response by the Liberal government is somewhat weakened because it's clear they're not sure what's in Bill 106. It has just been demonstrated by the previous speaker.

I will not attempt to update anything that has been said by the member for Timmins-James Bay except on the first go-round on this bill. It's clear that it does affect the licensing process of what they call "processing facilities." That means they can harvest trees in other areas, bringing them to a central processing area. But more importantly, it increases tax. There are a couple of sections here, if you read the preamble of the bill, that are no surprise. If you look at any government bill, by and large it outlines what they're going to do and how they're going to pay for it.

Here's a forestry bill, which they're talking about, and in the same bill there are amendments to the Income Tax Act. I'm not cutting down trees to print cheques, but here it is. It's quite hidden in a bill that some would read—if you read the title of this bill it's called An Act to implement Budget measures and amend the Crown Forest Sustainability Act, 1994, which was an NDP bill. When I look at this bill, I'm disappointed. I might put on the record here that today's order of the day was Bill 100, which is the electricity bill. They've stuck it on to discussions for next week at night. The point there is that they're trying to hide it from the mainstream viewer to talk about electricity when the lights are out. They want to keep it in the dark, because I can tell the taxpayers that there are tax increases in this bill. Your electricity bills are going to be higher, and taxes as well.

Ms Andrea Horwath (Hamilton East): It gives me great pleasure to commend my colleague from Timmins-James Bay on his comments on Bill 106, particularly because I think he has really taken the time to look at pieces of the bill that perhaps would have gone unnoticed by others and, in doing so, has admirably represented the interests of the riding he represents, particularly the jobs and the livelihood of workers in that riding. As you know, it's quite a diverse riding, a huge riding where small, obscure pieces of a bill like this can have huge impacts that, without his strong advocacy, could very well go unnoticed as bills like this get passed. The reason they could go unnoticed is because, quite frankly, we all know that voters in Ontario, as well as ourselves in the third party and in the official opposition, have focused mainly on the extremely regressive health tax that is implemented by Bill 106.

I want to say that Mr Bisson not only has an extremely competent and capable understanding of the issue but also keeps his eye on the ball to make sure that every time there's a possible threat to his community, he's able to stand up with passion and vigour to defend the interests of, particularly in this case, the forestry industry and the pulp and paper mills that are so apparent in his community. I think the important thing he raised is that the devil is often in the detail, and unless you're explicitly stating exactly what your goals are when you bring legislation such as this, it's left wide open. That's where the risk lies, and that's where Mr Bisson has done such an excellent job in making sure that people are aware of this. From the comments of the member from the government side, perhaps it will go to committee for further discussion.

1600

Mrs Maria Van Bommel (Lambton-Kent-Middlesex): I would also like to comment on the comments that were made by the member from Timmins-James Bay. I am not going to get involved in or discuss the issues around the Crown Forest Sustainability Act. I'm not going to pretend to have any expertise in forestry, but I did enjoy the member's attempt to impersonate the Premier of Ontario in his comments, and I'd like to discuss that whole comment about how every penny of the Ontario health premium will go to health care.

I should point out to the member that, in the act—

Interruption.

Mr Bisson: This time it's hers. Never throw stones. You never know when it's going to come back to you.

Mrs Van Bommel: That's right. You never know. Absolutely.

I have handed my BlackBerry over, and I apologize to the assembly for that. That is quite a sound when it comes across the mike—no question about it.

As I was saying, I want to point out that section 11 of Bill 106 very explicitly tells us what's going to happen and how we will deal with the whole issue of accountability around the revenue we receive from the Ontario health premium.

I'm going to quote from that: "The public accounts for each fiscal year shall include information about the use of the revenue from the Ontario health premium." Not only does it do that, but it also says, "A standing or select committee of the Assembly shall be appointed to review the Ontario health premium within four years after this section comes into force." So there is going to be accountability by this government for—

The Acting Speaker: Thank you. Reply from the member for Timmins-James Bay.

Mr Bisson: I want to guarantee the member from Lambton that it wasn't my wife calling you. I've got to tell you, she doesn't have your number, so it couldn't have been her, and it wasn't me because I lost my BlackBerry. That is really funny the way these things go off sometimes.

I want to thank all the members for their comments. To the member from Ancaster, I hear what you're saying but it really comes down to what the member from Hamilton East said. The devil is in the detail. I've been around here and you've been around here long enough to know that when you have a piece of legislation that doesn't clearly state what the intended goal is, as the member from Hamilton East says, it really makes you wonder.

In addition, we're giving the minister the power to make regulations on the bill, and that worries me a bit because I know the kind of pressure the minister is under to do exactly what I talked about, and that is to open it up so that forestry companies can move trees from one licence to the other. I know they've been wanting to do that for a while, because they see this as an opportunity to make more money. They say that if they can increase production in one central mill facility somewhere, rather

than having two or three mills in different communities, they can make more money.

I know my good friend Mr Ouellette actually worked with us. I've got to say, in fairness to that debate around Kirkland Lake—I failed to say that in my debate, but it should be said—it was a meeting in my office with then, Minister Ouellette that basically stopped Tembec from doing what they were trying to do. I failed to say that, now that I look over at him, because I don't even think he knew what the ministry was up to, what they were trying to do. The local bureaucrats were trying to give Tembec that ability to move the trees out of Kirkland Lake, and they hadn't even told the minister. I want to thank Jerry Ouellette, who's here now, because there was a meeting late one night in my office and we had everybody together.

I want to thank all members for the debate. I look forward to this debate. As I said, we need to get this section off to committee, because it's very serious business for northern Ontario. It better not mean what I think it means.

The Acting Speaker: Further debate?

Mr Brad Duguid (Scarborough Centre): Let me begin by assuring you that my BlackBerry should not go off. I don't believe my wife would be watching anyway.

It's my pleasure to stand up and talk about some of the changes that are inherent in this act, in particular the changes to the Income Tax Act. It has now been a year since we've been in office and this decision, the health premium decision, was one of the most important decisions and in fact one of the toughest decisions that I think we had to make. But we had to make that decision in order to address the revenue shortage we were facing, in order to address the structural deficit that we inherited.

We all know, when we look back to the Magna budget—I guess it's over two years ago now—when we look back to the income tax projections, the provincial sales tax projections, the asset sales projections, they were not a little bit off; they were three or four times less than was projected. That was part of the structural deficit we had to deal with, but there are other aspects of it as well. This wasn't something we could wish away. It was something that was going to require some tough decisions on our part, something we had to face up to.

Our choices were stark. We could cut back in the big expenditure areas in government to deal with that $5.6 billion that we were short, in places like health care and education. We could have looked at running a deficit, running that structural deficit, and, frankly, running the finances of this province into a hole.

We rejected both of those because, number one, we knew the people of this province did not want us to reduce our expenditures, did not want us to reduce our commitment to health care and to education. Number two, we knew that the people of this province want to see it managed in a fiscally responsible way. They don't want to see the burdens of today thrust upon the generations of tomorrow. So we decided that we would phase out that deficit. We couldn't continue to run a structural deficit in this province. We looked at the problem and we decided we were going to have to face up to it. We recognized the need for additional revenues. We recognized the firestorm it would create when we made this decision, but we felt it was the right thing to do. We chose the third option. So we will phase out the deficit, we will improve health care and education, we will live within our means, but to do this, we have to implement this health care premium.

I want to speak just a little bit about the leadership of our Premier through all of this, because it's something that I think each and every one of us on this side of the House is extremely proud of. Our Premier has had to weather a storm that began way back, subjected to personal insults unlike any leader I can recall in the history of this province, both before the election, during the election, and in facing up to the aftermath of this budget. It's been tough, but he has weathered that storm. He has stood tall. He's been resilient. Frankly, he's shown what leadership is all about, and that is making the right decisions, standing up for what we believe in, doing the right thing for the people of Ontario.

And the people of this province are beginning to recognize that. More and more every day, I'm receiving compliments on the way the Premier has handled himself. We've seen, in the last three days here in question period, question after question to the Premier. He hasn't even raised a sweat in swatting away those questions. This Premier is standing strong, standing proud, and we're proud of the job that he's done for us.

I haven't even mentioned the health care accord with the federal government. We all know that would never have happened had it not been for this Premier's supreme negotiating skills, had it not been for his determination in Ottawa in getting the federal government to come onside and begin providing more funding for health care. We're very proud of the work he did there. My time is winding down, but we're starting to see the results already.

My time is going to be shared with the member from Mississauga—East?

Mr Bob Delaney (Mississauga West): West.

Mr Duguid: Mississauga West. But in my remaining 30 seconds, I just want to say the results are coming in already. Some 21,000 more people this year alone will have improved home care—an investment of $73 million this year. Over time, it will rise to 95,700 Ontarians who will get improved home care. Some 8,000 more Ontarians this year will receive improved social services that will help them stay in their homes, things like Meals on Wheels. We're seeing improvements in primary care, community mental health and long-term care, improvements in education. The relationship between cities and the province has never been the same; it has never been as good as it is today, probably in the history of this province, certainly in this generation. We're making great progress.

I'm going to pass it over now to my colleague the member from Mississauga West.

1610

Mr Delaney: Just before I add my comments to this bill, I'd like to add something personal.

Earlier this fall, our opposition elected a new leader, and while our party leader has properly congratulated the new leader of the Progressive Conservatives, I'd like to say on my behalf, and echo the sentiments of some of my members in caucus, that two sitting members of the opposition party, the member from Oak Ridges and the member from Whitby-Ajax, put their lives, their careers and their beliefs on the line. While we do not agree with all they stood for, we recognize the sincerity of their feelings and commitments and we applaud them for reflecting the feelings of those who believed in them. As their colleague, I say to them well done. We are, as your colleagues, proud of you.

One year ago, Ontarians voted to change the way things were done in Ontario. Most especially in health care, Ontarians said the status quo was not acceptable and that creeping privatization by the former government was even worse than the status quo. However, what neither Ontarians nor their incoming government knew in mid-October 2003 was that the previous government had left us a legacy deficit of an eye-popping $5.6 billion.

So the first task of Ontario's new government was to dig itself out of a $5.6-billion hole, mindful of our commitment to Ontarians to achieve a balanced budget. We had hoped to get to that balanced budget from year one, but with a $5.6-billion hole to climb out of, the choices were to either slash and burn facilities, services and lives or to find some of that missing revenue elsewhere, to reallocate our spending and our priorities and to attain a balanced budget by the time of our next election in 2007.

We were motivated by our commitment to Ontarians to restore and rebuild the things that Canadians considered to be part of our Canadian fabric and our Canadian identity: publicly funded, publicly delivered health care and publicly funded, publicly delivered education, along with the framework of programs and services that make it possible for Ontarians of modest means to dream big dreams and to attain them.

We chose to go to the well and ask Ontarians for a health care premium. Oil-rich Alberta has a health care insurance premium. British Columbia, whose government oscillates periodically between a left much further than our Ontario third party and a right that might cause our opposition to recoil, also has a health care premium.

What's important to Ontarians? Ontario wants its government to get to a balanced budget, keep its budget balanced and begin to pay down its accumulated $124-billion debt—$124 billion in debt. Some $30 billion of that debt came on the watch of the previous government. This party only managed to do a paper balance by unloading Ontario's finest assets at fire sale prices—$30 billion on their watch. On the watch of the third party, Ontario plunged more than $50 billion deeper in debt. The fiscal mismanagement of the two previous governments ran up two thirds of all of Ontario's public debt in only 13 years.

These people should never be allowed near money. That's why Ontarians asked us to not merely fix our public services but to keep them fixed by maintaining Ontario's finances, by keeping them sustainable with a budget where revenues and expenses balance year after year without fire sale asset disposals. That is exactly what this government will do.

That's why Ontarians realize that our health insurance premium is a responsible and sustainable approach to achieving a balanced budget and averting the type of sacrifice that all that bad money management forced on Ontarians for the last 13 years.

The Acting Speaker: Questions and comments?

Mr Ted Chudleigh (Halton): The member from Scarborough Centre continued the apology to the people of Ontario for not doing what they said they were going to do. The previous speaker from the NDP talked about their standing in front of a TV camera and saying, "I won't raise your taxes." Even though Gerry Phillips knew well in May two years ago that the budget was at a $5-billion risk—and with the power blackout and all the evils that descended on Ontario in that terrible summer, even with all of that, he still knew that the budget was at risk—he continued to go about preaching to the people of Ontario during the election campaign that he would not raise their taxes, knowing full well that he would have no option but to do that.

When we inherited the government in 1995, Bob Rae was talking about a $6.3-billion deficit. And what did that deficit come in at? That deficit came in at $11.2 billion—from a $6.3-billion promise.

What did we do in 1995? Did we wring our hands, raise taxes and say, "Oh, my goodness, we can't continue with this"? No. We rolled up our sleeves and got to work. We didn't spend an extra $4.1 billion, which your government had done in the last half of that fiscal year. No; we brought in a mini-budget on July 26. After being elected on June 8, we brought in a mini-budget on July 26, which cut $2.1 billion off that $11.2-billion deficit. We rolled up our sleeves and got to work, something that this government will go down in history as not having done.

Interjection.

Ms Horwath: Thank you, Mr McMeekin. That's a promise kept. Go figure. Too bad it wasn't a promise kept when it came to the budget.

It gives me great pleasure to comment on the speeches of the members for Scarborough Centre and Mississauga West. I think the most important thing that was raised in their discussion was that it was a difficult and important decision for the government to make. The decision they made was to stick it to moderate-income families in Ontario.

In the speeches today we'll see once again, and we have been seeing once again, the excuse-making that this government has become famous for in their short term in office so far. They're laying their decisions at the feet of a previous government. They're talking about all kinds of alternatives, although the most important alternative, which they rejected, was to have a fair tax, if they needed to put a tax in. Instead, they decided on a regressive tax.

Although they talk about the fact that they had to make that decision because the other decision was cuts, we're seeing day after day in this Legislature cuts coming forward; in fact today, transportation costs for school boards across the province. We're seeing cuts raised by members of the opposition and the third party in areas of health care. We saw cuts to coverage in OHIP premiums, things like chiropractic, vision care and physiotherapy. Although they're claiming that the decision was between cuts and tax increases, in fact we got both and we got promised neither.

I'm quite confused about the way these members get up to defend Bill 106. I look forward to my opportunity in a couple of minutes' time to make some comments of my own, because this is the bill that sticks it to the moderate-income people in Ontario. It's the implementing bill to stick it to Ontarians.

Mrs Liz Sandals (Guelph-Wellington): I'm pleased to be able to respond to the comments of my colleagues from Scarborough Centre and Mississauga West on Bill 106, which among other things amends the Income Tax Act.

I'd like to tell you about a conversation I had in my home riding, Guelph, this week. I was speaking to somebody who's on the board of one of our health care providers. This board had sat down with the Liberal health platform. They were looking at what we had promised in our platform and what we have done in the year in which we have had a Liberal government. What they reported back was, "We were really very impressed with the degree to which you have responded to your platform. You said in your platform that you would do a bunch of things and you did exactly those things. You kept your promises."

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This was a board of health care providers sitting down and looking at what we said we would do, and they found we had kept our promises. We've provided additional funding for home care; we've provided funding for community mental health; we've provided additional funding for long-term care; we've provided funding for additional midwives in the community; we've provided funding for more full-time nurses in our hospitals. They went down the list of our promises and they said, "You have been keeping your promises."

How have we been able to keep our health care promises? We made a very difficult decision. We looked at the $5.5-billion deficit that even Mr Tory is now admitting this party ran up, that this Conservative government ran up and we said, "If we are going to keep our health care promises, we have to be able to pay for them." I support the Ontario health tax.

Mr Jerry J. Ouellette (Oshawa): I very much appreciate the opportunity to stand and speak about Bill 106, and I hope I have a full opportunity later on to expand on it.

I wanted to expand on some of the remarks of the member from Timmins-James Bay regarding the impacts of the changes to the Crown Forest Sustainability Act. It certainly appears in there that it is to deal somewhat with the softwood lumber deal. What came forward with the previous government was called a "changed circumstance review." One of the concerns the US government brought forward at that time was that the lumber was tied to the mills and that it should not be allowed.

The problem with that is that the entire softwood issue is not very well explained to the average person in Ontario. To give it a brief summary, effectively they've taken the crown stumpage fees that we charge in Ontario and compared them to fees charged in, say, Michigan. The difficulty is that in Michigan, for example, the crown, or in that place the state, pays for things like the construction of roads into the forest area to do the harvesting. It also pays, for example, for the replanting of trees and a large number of other things that take place in those areas, whereas Ontario—

Interjection: A subsidy.

Mr Ouellette: Yes, it's effectively somewhat of a subsidy. The actual companies that do the work are the ones that pay those fees here. They're saying that our stumpage fees were too low, but they weren't comparing apples to apples in that case. One of the issues they were concerned about was that the lumber was tied to specific mills and they wanted that removed.

I know the previous government said it loud and clear, stood by the industry and said that we wouldn't move forward with the changed circumstance review but we would look at other areas.

There were a number of other areas, such as the cedar mill and the value-added mill that the member from Timmins-James Bay spoke about. I hope later on to get into a lot more details about the potential impact of the Crown Forest Sustainability Act changes.

The Acting Speaker: The Chair recognizes the member from Scarborough Centre in reply.

Mr Duguid: Thank you to all the members—the members from Oshawa, Hamilton East, Halton, Mississauga West and Guelph-Wellington—for your interventions in this debate.

I listened closely to all the members, particularly the member from Halton when he spoke about rolling up his shirt sleeves and fixing the problem that the Tories inherited when they took office many years ago. Admittedly, it was a fiscal mess that they inherited. There's no question about that at all.

They did roll up their shirt sleeves. The difference is in how they dealt with the problem. They dealt with it by sticking it to the municipalities through downloading, sticking it to people on social assistance, sticking it to people in long-term-care facilities by reducing the quality of care, by reducing standards in those facilities, sticking it to people who relied on clean water and clean services through the Ministry of the Environment, and sticking it to our kids in our education system, which was totally falling apart and in chaos.

Our approach is different. In the last year, through this budget and through other initiatives, we're dealing with the vulnerable in our society. We've raised the minimum

wage. We've increased the premium for ODSP. It's the first time in eight years that that's been done, if not longer. I think it's actually a dozen years.

We've provided a rent bank of $10 million. We're investing over half a billion dollars this year alone in our long-term-care facilities, increasing the standards in those facilities. We're investing in our cities as well: a $1-billion transit deal with the federal government and the municipal government in Toronto, and $90 million that we gave to Toronto to help them out.

There's a new era of co-operation with municipalities, something that that government didn't bring. In education, already 40% of our schools across this province are seeing the benefits of the change in government as they see reduced classes. We are making a difference already.

The Acting Speaker: Further debate?

Mr O'Toole: It's my pleasure today, and I might say a surprise today, that I'm speaking on Bill 106. In fact, the order paper today shows that we were supposed to be discussing Bill 100, the electricity bill. Why we're not on that remains a mystery, but in the interest of completing the discussion on Bill 106, most of it, even listening to the speakers today—the members from Mississauga West and Scarborough Centre—and the responses to their comments, has been about health care. It's not surprising, because even buried in this bill on—

The Acting Speaker: The member from Durham—can we set the clock? It should be at 20 minutes. Thank you.

Mr O'Toole: Thank you very much for intervening there, Speaker Tascona. I don't think the government had any role in trying to limit my time to speak on this, but just to get it on the record. I want to bring some responsibility and sincerity to my remarks today by first acknowledging the member from Oshawa, who was trying to clarify some of the technical sections in his role as the former Minister of Natural Resources, a person who, in his work before coming here, knows a lot of which he speaks, which is the Crown Forest Sustainability Act—as does the member from Timmins-James Bay. I would never attempt to compete with those persons, who know a lot more about that topic and its importance to Ontario's economy.

I can say—if you want to recall some of the relationships with the forest industry and its importance to Ontario and, more specifically, northern Ontario—that in the presentations made on Bill 100, which we'll be speaking about on Monday, the industry itself is very concerned about the increased costs of electricity. The Bowater group made a presentation, on which I'll go into more detail on Monday. If you'd like to stay tuned or call my office, I'll send you a copy of my remarks. They said the impact on their operating costs could be as much as 35% because of the high cost of electricity in the use of mills and operations.

The pulp and paper industry, the petrochemical industry, the auto industry and the steel industry are waiting with some anxiousness, looking at the situation at Stelco, about the imminent increase in the price of electricity. It's not a question of if, but when and how much.

So I will reserve those remarks for later on, but I always think, of all legislations, how it affects my constituents in the riding of Durham. I think of how it affects people in Blackstock, in other communities like Courtice and Newtonville. These are rapidly growing communities, in many cases, that are struggling under a government that has incessantly increased taxes and reduced services. That's really what they've achieved to date. In fact, I'd like to capture it more or less in two words: It comes down to trust and confidence in their leadership. Those are the two words that encapsulate most of which I'll be speaking about in the limited time I'm allowed today.

Trust can be briefly presented. The arguments that demonstrate that trust has been broken were the 231 promises, which everyone here knows, including the government. They've acknowledged it and admitted it. But I think we should be asking a question, because I think there are more than 231 promises. It became eminently clear when we started to review the 60-page secret document, which I've obtained a copy of. Well, we forced them. In fact, John Baird, Frank Klees and Jim Flaherty, as well as our new leader, John Tory, argued quite strongly about the release of this secret document on the costing of the election promises.

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When I looked through the election promises, I was looking specifically for my ministry, the ministry that I'm critic for. In a positive way, they haven't even costed some of the Ministry of Energy promises. They're not even costed. The Ministry of Natural Resources promises, if you go through here, aren't even costed. So it's not just the number, the $18 billion or so that is in here; it's probably more than that.

The trust argument goes like this: If you say something to the people of Ontario to get elected—a promise, a commitment, a pledge—the people of Ontario put their trust in you and they vote for you. They voted for real change. It was a catchy phrase, and the people of Ontario fell for it. If they wanted to know the truth, they should have looked at the NDP document. At least they tell the truth. I think that trust was broken, and some would say it's not reversible. That trust is not reversible, because they have gone through a litany. Right from the opening day of the session, they announced a number of changes that will affect the pocketbook of every one of the people working at General Motors or Hydro. Our public sector people, teachers, my own family, children working in the hospitality industry, and young students are all going to be affected. They're going to pay more, not just for gasoline but for auto insurance. They're now going to pay to have their eyes tested. Everything—their taxes, their licences—is going up. The fee for a fishing licence or a driver's licence is going up.

There's one thing you can always be assured of understanding with a Liberal government, be it in Ottawa or here, and that is that they will tax and spend money recklessly. Look at the ad scandal in Ottawa. It's a good signpost to remind you of what's to come. They've only

been here a year, so there's no litany of disasters except the broken promises, as of yet, but wait until the cat gets into the henhouse.

I believe I've established that the people of Ontario should be very leery, if not completely untrusting, of the Liberals. Now, I'm not talking Ottawa. They have a dynasty there, and I understand Paul Martin had written a letter to get his buddy Serge Savard some more money, and he'll blame it on some staff person. Here, Greg Sorbara will probably blame it on one of the backbenchers, whether it's Wayne Arthurs or one of the others. They will blame it on someone, because they will not deliver what they promised.

Today we watched the Minister of Health skating and stumbling around what the OMA deal dealt with. We're not sure how much money. Even though they said they disclosed the information, we're not sure how much. What I'm dealing with is this: They have not just broken the trust, they have terrified seniors and people on fixed incomes, because the instructions I'm hearing are that doctors are being encouraged to not prescribe medicines. Persons on dialysis or with life-threatening lifetime ailments who are dependent on medications may—and I stress the word "may"—be in a situation where their access to proper drug therapy treatment, whatever, might be at risk.

I am concerned, and in my own riding I pay very close attention. In fact, I met with Brian Lemon and Anne Wright, the CEO and chair of Lakeridge Health—the volunteer board chair, a very committed person. I was quite aware of their concerns about the health care dollars the minister has been talking about in the last couple of weeks here in the House. Here are the real numbers. It has been published in the Canadian Statesman and all of the Durham papers. It's a full two-page ad. I'm not using a prop, Mr Speaker, I'm reporting a public document here. It's on October 13 in the Canadian Statesman. It says, "Lakeridge Health's Service Plan: A Work in Progress." It's frightening, actually. It says, "In 2004-05, Ontario hospitals on average received"—you've got to watch that word "average"—"a 4.1% increase." And that's what the minister keeps saying. However, "Lakeridge Health received less than 1%."

Here we have a community servicing Ajax, Pickering, Uxbridge, Clarington, Scugog and Whitby. All these communities are rapidly growing. They're great places to live, with young families, people retiring to Lake Scugog. There's high demand, escalation of growth, over 500,000 people in Durham, young families. Emergency rooms—the hospital itself is going under a major rebuild. Lakeridge Oshawa is about a $400-million project, I believe, with the cancer centre as well, which we announced, and announced the funding as well.

But it's 1% on their operating budget. "However, with health care inflation of about 8%, the hospital sector is experiencing extreme financial pressures. This deficit widens in future years if action is not taken immediately to reduce costs, including the movement of services to less expensive, more appropriate areas offered within the community."

Now if you're getting therapy after you've had a hip replacement, and you're taking physiotherapy, you're going to pay for it. If you're taking chiropractic services, you're going to pay for it. Not only that, but it's been made very clear here today that most people are going to be paying a health care premium of anywhere from $300 to $900 a year. I've already established that you are going to be paying more for everything: gasoline, insurance, licensing for the car. Everything is going up at a time when governments should be responding to the pressures on the individual, the working family and persons on fixed income. That's the reality. Somehow the tax-and-spend Liberals just don't get the stress that the average working family is under. They're going to tax you more. You can count on it. If you can spell "Liberal," you can spell "tax increase." It rhymes, I think.

What I'm most concerned about is that you're paying more and getting less. They're talking about efficiencies. They're talking about moving services out of the hospital. They are simply asking to be treated fairly, as was made clear by the member for Nepean-Carleton this morning in his argument about his hospital. I sympathize with him; they got 0.6%. I wouldn't like to cast any suspicion but I would like to find out, and will spend some time on this, if some of the hospitals in government-member-held ridings may have got more. We heard today the suggestion that they were moving a cancer centre that was promised from Erie-Lincoln to Hamilton, which is Liberalheld for the most part.

Also, the member for Oak Ridges made the point very passionately, professionally and respectfully today that there is politics in his hospital as well. Greg Sorbara has moved it off. They shuffled the question. Mr Klees did not really get a proper answer, I didn't feel. I thought he should have had a late session with the minister to come clean and get the answer that—

Interjection.

Mr O'Toole: Yes, in fact it is a matter of record that the Minister of Finance became quite animated. I'm surprised the Speaker didn't remove him from the House. I do go off a bit. I'm trying to stay focused here on two issues. The issue of trust: The trust issue fits into the other part of the discussion here. The other part of trust is competence. We saw the Minister of Finance today pretty near flip out. Maybe that's not parliamentary, I don't know. Mr Klees simply asked a question about a hospital that services both his riding and Mr Sorbara's riding, and it was clear by the animation and the ill-tempered response by the Minister of Finance—let's leave it at that.

It's all hospitals. We know the OHA, the Ontario Hospital Association, by and large is livid. They are ticked. This means that nurses and front-line workers, whether it's in maintenance or food services or other patient services, are going to be under a great deal of stress. There are not enough operating dollars to take care of people appropriately. This should cause even government backbench members a lot of concern.

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I can recall when Elizabeth Witmer, as Minister of Health, had such a compassionate relationship with the

nursing association, and for the most part with hospitals and doctors. Let the record show, let's put it right on the record: What did we actually do in health care? It's $10 billion, if I recall, and I think you should really spend some time thinking about that. It was $17.4 billion in 1995, and I believe it moved close to or over $28 billion.

It had been neglected, and we could go on. The NDP: There were empty beds all over the place. We implemented the Health Services Restructuring Commission under Duncan Sinclair, I believe it was, who was the dean of medicine at Queen's. I think there were 230 hospitals at the time. They looked at governance models and mergers and redevelopment. But I look around and I say, "What does it mean to my constituents in the riding of Durham? What does it mean to my adjacent ridings?"

I see a new hospital, up and operating in Northumberland, thanks to Elizabeth Witmer and her predecessors as Minister of Health. I look at Peterborough. There's a great plan there that's been well developed and well supported by the community. I look in my own area of Durham, and I see Lakeridge Health Oshawa.

I haven't seen a thing move since this group took over. As I've just outlined, in this two-page article the great stress—in fact, the current deficit at Lakeridge is $19.4 million, and the deficit going forward for next year, without severe service cuts to the people who elected this government, is going to be $23 million on an operating budget of about $200 million. It's a multi-site operation and now they're talking about moving services out of other hospitals under the Lakeridge governance model.

I want to look at then and now. When I look at the work I did when I was parliamentary assistant in health with Tony Clement, we instituted and started the building of the first new medical school in Ontario's history. They're going to take credit for producing more doctors. We built the infrastructure for that to happen. We instituted, working with the College of Physicians and Surgeons of Ontario, the recruitment and training and transition of foreign-trained physicians—25 a year, 50 a year, and we had increased it; these are foreign-trained professionals—to be able to work in the health care field.

Funding that medical school, we increased medical school enrolment. Mr Smitherman is talking about solving the problems by giving them more money. Sometimes with medical professionals money is not the only object. What they need are adequate facilities, MRIs and CT scans and other diagnostic support equipment.

One of the things we did that I think should be on the record is the Smart Systems for Health, which we put billions of dollars into. It's now building an information infrastructure, and that infrastructure is called Smart Systems for Health. It's best demonstrated with the North Network at Sunnybrook hospital. The North Network is a fully linked facility with other health care destinations, mostly in northern Ontario, but in other parts of Ontario and North America, where they can do rehabilitation therapy on-line, real-time, with a person in Timmins who has had a hip replacement, for example, with their doctor in attendance, and the orthopaedic surgeons and the physiotherapist in Toronto at Sunnybrook.

They're working out. We developed that infrastructure. We call it Telehealth, we call it distance health, we call it the North Network. Smart Systems was the record-keeping part, really, the data warehousing, if you will, of medical records so that hospitals, laboratories and doctors' offices could all share records. Long-term-care facilities could be linked with community care access centres. Building that technology infrastructure was forward-thinking, it was good management, and it was the right thing to improve access to health care.

These are just a few of the things that Elizabeth Witmer, Tony Clement and others had worked on to provide improved health care.

If you looked at long-term care, there had not been one long-term-care facility built in Ontario. We committed to 20,000 beds in long-term-care facilities.

So they should not talk about health care without making reference to the good work that's been done. The work they've done in health care is starting off with a very vulnerable position, as announced yesterday and the questions asked today. All they've done is increase the health tax on people and delist services. Stay tuned to pay more and get less.

We're talking about a Liberal government. Just look to Ottawa. Give this current McGuinty government time. You're going to pay a lot more for everything and get a lot less of any satisfaction.

I'm limited in the time I wanted to speak, but I boil it down to the idea of trust, which has been broken, and competence. I think I've demonstrated that the bulldog Minister of Health we have today and the Minister of Finance and their reactions are over the top. They're almost arrogant. But we will hold their feet to the fire as the loyal opposition, and we'll do it respectfully. But the people of Ontario have to know what we're dealing with. It's like trying to catch a snake.

The Acting Speaker: Questions and comments?

Ms Horwath: It's my pleasure to make a few comments on the debate brought forward by the member from Durham, Mr O'Toole. I think he spent a good chunk of time outlining what some of the problems are from his personal perspective but also from the perspective of the people he represents. I think that's really what the government's not hearing.

Mr O'Toole spent some good discussion time on the specifics of what is disappointing the people of Ontario, the things that are causing them to feel betrayed, to feel that the promises of the government have been broken. He outlined for us, in a very articulate way, how the budget bill, Bill 106, the implementing bill, actually takes the theories of the budget and puts them into practice, attacking of course not only the pocketbook of middle-income and average-income Ontarians but also reflecting the fact that the government is prepared to do that while at the same time cutting services and reducing our ability as a province to meet the health care needs of the people of Ontario.

Mr O'Toole has done an excellent job in outlining these issues. I think his comments were right on the

money when it comes to the way this government has disappointed the residents of Ontario, the way the Liberal government has pretty much reversed the promises they made in their campaign, how they turned around and broke those promises and brought not only increased premiums for health care but did it in a way that hits the most vulnerable, the least able to pay, in a much higher way than it does those who have the most ability to pay.

I look forward to speaking on those issues further.

Mr Mike Colle (Eglinton-Lawrence): It's just interesting to hear this revisionism from our colleague from Oshawa. He doesn't talk about the fact that it was his government that closed 28 hospitals in this province. Three of them were in my riding. I'll name the three that the people of Eglinton-Lawrence lost. Remember Northwestern Hospital? Closed. Doctors Hospital? Bulldozed, closed. Branson Hospital? Closed. Three emergency wards gone from the heart of my riding. People used those services. That's your legacy. You don't want to talk about your sad legacy.

Nurses: I remember Mike Harris standing here saying, "We don't need nurses any more. They're like Hula Hoop workers." They fired 8,000. They all voted for it. All of them sitting there said, "That's great, Mike. We don't need nurses any more." That's their legacy.

Now we're proposing to put doctors back in communities. The NDP obviously doesn't support it and the Tories don't support it because they did nothing about it. The reality is we've got 120 communities in Ontario without a family doctor. We're trying to put doctors back in communities. They're against that. Why? We can't fathom it. We need doctors servicing people in every community.

It is a disgrace that in the province of Ontario we have 120 communities without doctors—the legacy of the Tories and the NDP, who shut down the teaching spots in our medical schools. That is an outright disgrace, an absolute disgrace. We're doing something about it.

Talk about the Tory health policy. Do you know what it was? It was the fake cheque circuit. They went everywhere with these rubber cheques and said, "Here's a cheque for so many dollars to build a hospital." There was no money in the account. That was their health policy.

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Mrs Elizabeth Witmer (Kitchener-Waterloo): I'm certainly pleased to join this debate. I want to begin by congratulating my colleague from Durham. I do know that during my tenure as Minister of Health he was a passionate advocate for more services for the people in his riding. It's as a result of his advocacy and the hard work of so many people within our party that our party was able to expand access to care in this province.

When our party came to office, people had to go to the major centres for cancer care, for cardiac care. Our policy was to make sure we delivered the services and make sure they were available to people throughout the province. We now have cardiac services and cancer services in communities that didn't have them before: up in Newmarket, in Oshawa, in Mississauga, in Kitchener-Waterloo. We built a new hospital in Thunder Bay. We developed a good relationship and introduced nurse practitioners. So we expanded.

In fact, I'm pleased to say, as I take a look at the report, that the hiring of full-time nursing positions in about 129 of our hospitals increased in three years from about 19,000 in 2001 to about 25,000. That's thanks to the initiatives we introduced. We set up a task force with nurses. They told us what they wanted and we implemented every one of those recommendations. We set up the task force to make sure there were going to be more doctors in Ontario. We increased enrolment in the medical schools. We introduced programs with incentives to attract the doctors to underserviced areas. We have a proud record. We can only hope that this government doesn't destroy the health care system, as they're prone to do.

Mr Wayne Arthurs (Pickering-Ajax-Uxbridge): It really is a pleasure to be back here after a little bit of a break for the summer, although I must appreciate the member from Durham's—the social circuit and the community circuit. When I get back in the House here, it absolutely astounds me that he can spend 20 minutes defending the actions of his government over eight years, having served as a parliamentary assistant in health, speak to all the wonderful things at the same time that we have situations in his community, in my community, throughout Durham region, as an example of underserviced areas. I believe that every municipality has passed resolutions and sent off correspondence to the province identifying the fact that they're underserviced areas. They've encouraged the region of Durham to take a proactive stand on behalf of all the municipalities. So the situation in his own community is as desperate as it is in many other communities throughout Ontario.

He took the time early on to talk about his former leader and the former Premier. He talked about matters with our leader and the matter of trust. I have to tell you, in the recent election, a year ago, I had a chance to review a videotape of the 1990 campaign in which my opponent, in seeking re-election, stood in front of the camera and said, "Re-elect me as a government member and I'll deliver your hospital. I've had four or five years; just give me one more term and I'll deliver the hospital." Well, that member is no longer here and the hospital still isn't there.

The accomplishments of the last government, whether in delivering on hospital care—and it's not as though that member was a backbencher; she was a formidable member of the cabinet across the floor in that government. But the hospital's still not there; the doctors still aren't there. In spite of all of the policy initiatives, we're left with a legacy of a lot of challenges over the next three, four and five years.

The Acting Speaker: The Chair recognizes the member from Durham in reply.

Mr O'Toole: Again, I do thank the member from Hamilton East, Eglinton-Lawrence, Kitchener-Waterloo and Pickering-Ajax-Uxbridge.

Just a couple of comments: I want to be on the record as saying that the member from Hamilton East does a formidable job. In the by-election, she defeated the Liberals there single-handedly because of her stand for faith in community. They knew they could trust her previous experience on council. She had demonstrated that.

But if I go to the member from Eglinton-Lawrence—who's been here long enough to know that most of what I said is accurate. The health restructuring commission set about—and these were health care professionals; these were not politicians—and said that the capacity and fairness about access and services closer to home was why Elizabeth Witmer and others set about to improve the infrastructure in health care.

I know that not just the nursing association, but Mrs Witmer, in her time as minister, visited and really paid attention to the issues not just in Durham, but across the province. Her work on the nursing task force is widely respected and went a long way to building the confidence that you try to demean.

The member from the Pickering-Ajax-Uxbridge riding talked about the underservice. When he was on council and mayor of Pickering, I wrote to the chair of Durham region, because I was on the underserviced application committees—one in Scugog, which is Port Perry, one in Clarington and also one in Oshawa. I shared that duty, of course, with the member from Oshawa, Gerry Ouellette. It came to me that there were all these committees spending all this time and resources. I wrote to the region and said to Dr Robert Kyle, the medical officer of health, "You have a problem in the region. Why does the region not step in and take a leadership position?" You, as a member of that council at the time, should have recognized that we did under-service, but what we did do was listen to the people that we were representing. We just didn't treat them disrespectfully.

The Acting Speaker: Further debate?

Ms Horwath: I wanted to start by framing a little bit of the comments that I want to make, and I want to frame them around what I consider to be a document that basically would make the Artful Dodger blush in terms of the way it implements the pocket-picking that this government has decided to do in its first budget.

I guess the thing that is really difficult for me to fathom is—I'm new here, on the heels of a by-election. Before this budget was actually brought down, the by-election in Hamilton East took place. So the government had five days to get the signal, five days after that by-election happened and before this budget was tabled, to realize that they were headed in the wrong direction. The people of Hamilton East were already quite aware that they were headed in the wrong direction, but in a very callous fashion, they decided to ignore that loud and clear message and continue to bring down a budget that is, in fact, extremely regressive and that only serves to really pick the pockets of middle-income and lower-income people of Ontario.

What the government did in that budget is basically put together a tax system, a tax regime, a new tax, a health tax premium that, in a way, affects those least able to pay in the most dramatic fashion. Not only was it clear that the middle-income earners needed to hide their wallets before that budget came out, but they also needed to recognize that the promises the government made around how that money was going to be spent were also going to be broken, as well as promises around the way the government was going to move forward in areas that people thought were sacrosanct. People thought that in fact there was going to be real change—real, positive, progressive moves in several areas in this province. In fact, the disappointments have been massive.

I want to talk a little bit in more specifics around the regressive nature of the bill, but first I want to talk a little bit about how the government refuses to acknowledge, refuses to admit, refuses to come clean with the people of Ontario about the fact that they did know what the finances of this province looked like. In fact, there are quotes we have from various meetings that took place prior to the government even being elected. In estimates committee, for example, on June 3, 2003, Gerry Phillips said this: "I therefore take it that there is a $5-billion risk in the budget.... So, Minister, I say to you again, I do think your budget is high-risk." This was Gerry Phillips, to the then minister of the previous government.

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So it's really apparent and really obvious—these Hansards come back to bite you—that the government knew very well. It's not only a matter of the fact that they claim they didn't know, but it's in black and white that they did know. I think it's more important and impressive and it bodes well for a government to gain the trust of the electorate if they actually admit and come clean when these things are promised and then they have to backtrack because they break their promises. Had they just said, "Yes, we knew that was going to be the case, but we decided that we would perhaps address it in a different way"—unfortunately, they didn't give the respect to the taxpayer, to the voter, that they could have given and should have given.

In his speech a little earlier on, Gilles Bisson talked about some of the similar quotes from Monte Kwinter around the $5 billion, so I won't bore you with those details again. But the bottom line is that, quite frankly, although the government continues to blame the previous government for not coming clean on what the fiscal reality was in the province, I think everyone around this table knows very well that—perhaps not to the penny and perhaps not to the dollar, but certainly the ballpark figures were well known by everyone. It's in not acknowledging this that I think they lose a lot of credibility and a lot of respect from the electorate.

The other issue is not only around whether they came clean or they didn't, whether they knew or they didn't, whether they broke promises or they didn't—but then as we go through the budget and how the expenditures are going to be spent and, again, the Premier was quite clear that health care dollars were going to be spent on health care. I clearly remember sitting in this Legislature when

those promises were made. I clearly remember hearing on the radio ads, which the Premier brought forward, that those premiums were going to be spent on health care.

In fact, the NDP called for the Premier to commit to establishing a dedicated fund. If you're going to say, "We're going to spend every dime of those premiums on health care services," then set up a dedicated fund and restrain yourself from raiding those dollars for other uses.

But in fact no dedicated fund was set up, and what do we see? We see in the very first budget that the government was bringing in about $200 million more than they were spending in health care. So they had to cobble together some other things to spend it on. In fact, we all know that instead of spending some of that money on health care, it was spent on infrastructure initiatives like sewer and water pipes.

If you go to page 70 of the budget, which lists the revenue, it's very clear that $726 million in health care transfers from the federal government is there. Then you tack on the $1.635 billion that you take from the moderate, middle-income families through the health tax, and that works out to $2.361 billion of actual health care spending. But there wasn't enough on the other side in expenditures to spend all that money, and so the $200 million of sewer and water pipe and other initiatives are being purchased with that $200-million difference in intake versus health care expenditures.

Not only that, but when you look at the specifics around how the tax is implemented—and again, Bill 106 is the implementing document. It's the document that puts together the changes to the Income Tax Act to fulfill the broken promise of a health care premium—what we see is that by the time this plan is completely rolled out, we end up with a very regressive system.

We keep saying that. We keep saying it's regressive. We keep saying that it hits lower- and moderate-income families more than it does high-income families. And people say, "What exactly do you mean by that?" Well, if you look at the figures, if you do the math, what that means is that someone making an annual income of between $20,000 and $36,000 a year will pay $300 in health care premiums, whereas somebody making between $72,000 and $200,000 pays $750, and individuals making more than $200,000 pay $900. At $25,000, this surtax is 1.2% of your income. At $200,000, the surtax is less than half a per cent of your income. That's what we mean by regressive. We mean that the lower-income people are paying a higher proportion of their income on the tax than the higher-income people, who pay a lower proportion of their income. That's just backwards. That is just the opposite of something that would be considered a progressive tax.

Even if the taxpayers of this province, even if the voters, who were so callously treated by the broken promises of this government, understood and decided, "You know what? I care about health care. I'm prepared to pay," then the very least this government should have done was to bring forward a tax that's progressive, a tax where those who are more able to pay, pay more, and those least able to pay, pay less or not at all. Unfortunately, the government loses on both sides because people don't buy the health care tax, don't buy its necessity, and further to that are devastated by the fact that this Liberal government would bring forward such a regressive tax, the worst tax this province has seen in decades.

That's not only it. As some of the previous speakers mentioned in this debate, although this bill specifically speaks about the income tax issues, the premium, people will know that this budget overall has caused huge hardship in the province. I can tell you that prior to that budget coming out, as I mentioned before, during the by-election people were already worried about the rising cost of living and the reduction in their standard and quality of life. I talked to people, and many volunteers on the campaign talked to people, and what we were hearing was that people are sick and tired of having to claw, claw, claw their way through life just to maintain a decent standard of living. In fact, most of them were losing that battle. We talked to people who literally had parked their cars because they couldn't afford the price of gas. Then, on top of that, with the rising cost of auto insurance, people were parking their cars and were giving up on things like insurance for their homes. They no longer insured their homes because they couldn't afford the costs of those premiums either.

That's not all. We see that everything is going up: the price of gas, the price of hydro; all the costs are going up. Then we get a budget where the moderate- and lower-income people, the very ones who are on the brink, the very ones who could possibly be falling over the edge into poverty when regressive taxes like this come out—in fact, that's what has happened. People have actually lost the battle and they are now struggling for basic survival—never mind struggling for an increased quality of life, never mind struggling to have a future that's rosier, but struggling just to keep themselves out of poverty. In a province like Ontario, that's a sad commentary. After a huge campaign where the people of Ontario were told that it was time to choose change, all they got was the change from their pockets being picked by this government.

I want to talk a little bit about the claims the government has about how wonderful their expenditures are on the health care side. They're saying, "Yes, we've got this premium. We were committed to increasing the standard of health care in this province."

I can tell you that this week, just yesterday, I was speaking to some people from Hamilton who are extremely concerned because their hospitals are going to have to cut services. The hospitals are being told that they have to balance their budgets within the next year and a half or so. They're looking at their budgets and they're seeing that their own hydro costs are up, their own labour costs are up, their own overhead costs are up, so when they look to how they are going to meet these requirements of the government, they have to look at cutting services. Hamilton Health Sciences Centre, for

one, is going to come back to the government with a request, in fact, to reconsider the cuts this government is asking them to make. The same thing is happening with St Joseph's hospital. They are going to request that the government reconsider the fiscal restraints they are being asked to undertake.

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So I asked myself, what is different about this government? We saw hospital closures in the previous government. The people of Ontario chose change, and what are they getting? They're getting hospital cutbacks. They're getting cutbacks to services. They're getting threats that their communities are going to lose vital services right out from under them in the health care sector. I can tell you, that is not what people chose when they went to the ballot boxes about a year ago. What they did think they were choosing, I suspect, was a government that was going to be more sensitive to the needs of the average person in Ontario, a government that was going to understand the reality of the erosion of quality of life in our communities, one by one, across this province.

I think people are extremely disappointed in the performance of this government, and I suspect that if the government were being clear in their own discussions, they would know that that disappointment, that betrayal, that sense of having one put over on them has not gone away. People are really quite disappointed and they fear that the government that made so many promises has only succeeded in tarnishing the sense of public trust that governments can possibly have.

I would say that if you look at this Bill 106 and take it within the context of all the other broken promises this government made, you will know that the people of Ontario are going to be far worse off as a result of the implementation of the tax measures in the budget and some of the other measures that are here.

Even today we had a press conference with a number of parents from schools that, again, are being faced with cutbacks. People expected investment in education, people expected investment in health care, and instead they're seeing a government that is only doing the exact same thing as the previous government did, which is to bring them cutbacks and restraint. Kids in our communities, children, are being forced to walk greater distances to school. In fact, one family had a child who was on the bus, on their way to school, and the new policies were brought into place. The board didn't have enough money for transportation because of the cuts that are coming down, enforced by this government. What happens is that the one child gets put on the bus, so she goes to school with her friends. The mother then puts the other child in the car and drives behind the school bus to take the other child to school. That was one example, and there were two other families there to talk about that. The claim from these families was that in this particular board in Durham region, there were 600 to 1,000 families that were so affected.

Again, what I have to say is that not only is the health tax that is implemented in Bill 106 an extremely regressive tax, and one that is going to affect low- and moderate-income families quite seriously, but when you take that together with the other pieces to the budget—and I'm not even talking about some of the other areas of restraint, where 15 ministries are flatlined or are getting less for the next four years, including ministries that people in Ontario are very concerned about, like natural resources, northern affairs, tourism and recreation, agriculture and food, and culture. Those ministries are important, particularly the Ministry of Culture.

In Hamilton we're seeing the results of that restraint. We're seeing it in this government's refusal to do the right thing by the Royal Botanical Gardens. They're not financing that facility in the way they should and in fact are now suggesting that it's the mismanagement of the board, when it's really a lack of commitment by this government to fund that agency at a level that other, similar agencies in the province are funded at.

I can tell you that people are tired. They're tired of getting hit. If my colleague Rosario Marchese were here, he would say they're tired of being whacked, and in fact they are. I think they really did expect a lot more from this government. I think the levels of disappointment are extreme, and I suspect that over the next several weeks, as the government continues to cut back and refuses to start looking toward other places to gain some of the dollars they could possibly be gaining to deal with some of these health taxes—I think it's quite a sin.

In fact, the employer health tax: There's some room there. There are some loopholes that can be closed so that the corporate sector can begin to pay their fair share. There are some opportunities that the government simply ignored in this effort, and in fact they need to start looking at a more fair way of running this province. It shouldn't always be low-income people. It shouldn't always be the vulnerable. It shouldn't always be Main Street instead of Bay Street that the government is going after.

I think the government ran an election campaign based on promises that it would be Main Street that would be benefiting from this government, as opposed to Bay Street, as people were not happy with the way things were happening with the previous government. In fact, the disappointment, the sense of betrayal, the lack of trust in the government's ability to fulfill its promises is something I hear loud and clear on a regular basis in my community.

Just to recap some of the things that I think are important around this bill—and similar to the previous debater, I'm not going to talk about some of the issues that my colleague from Timmins-James Bay, Mr Bisson, raised. He's quite knowledgeable on the Crown Forest Sustainability Act and the way this bill affects that act, so I'll stay away from that completely and thank him again for raising it.

But I do want to say that the regressive nature of the Ontario health premium, the way that this government has again chosen to attack and to whack and to stick it to moderate- and low-income families in this province is

unacceptable. And then you juxtapose that on the health care cuts, whether it's chiropractic cuts or vision care cuts or physiotherapy cuts from OHIP, whether it is cuts to the hospitals that are vital in our community, whether it's threatening the hospitals to reduce important services, whether it's cuts to education and transportation funding that are rolling out over the next little while. You can't have it both ways.

You promised you were not going to raise taxes. You were going to start progressing in a positive way and rebuilding this province. In fact, you've broken your promises on two fronts. Not only are you raising taxes in a most regressive and draconian way, but you're also making huge numbers of cuts to the very services and the very areas that I think the people of Ontario were quite clear that they wanted to see a rebuilding in.

That, unfortunately, Mr Speaker, is the allotted time that I have to make my comments, and I thank you for the opportunity.

The Acting Speaker: Questions and comments?

Mr Lorenzo Berardinetti (Scarborough Southwest): It's a pleasure to have an opportunity to comment on the remarks made by my colleague from Hamilton East.

I just wanted to say that I really don't think this premium that we're discussing today is regressive in any nature or in any way whatsoever. It's been made quite clear by a number of previous speakers that this is based on income. We're not the first province to introduce this health premium. Other provinces have done so already, and when they've done it, they've done it in a different fashion.

In Alberta, for example, a single individual pays $528 per year, and a family of two or more pays $1,056. British Columbia has a similar type of premium, where a family of two pays up to $1,152. The Ontario premium is based on a progressive system, and that means that 43% of all Ontario tax filers and 48% of Ontario senior tax filers pay no premium at all. I think that's quite significant, and it's something that should not be overlooked.

We have brought this in because of the mess that was left by the previous government of over $5.6 billion. This deficiency is something that we had to address very early in our mandate. We could have said, "No, we're not going to introduce this health premium." But I see at the door, through campaigning and, subsequent to that, as an MPP, that people want health care and education and the environment looked after in this province. And we, as a government, are attempting to do that.

When we received the books, when the Premier and the auditor looked over the books, they saw that there was a $5.6-billion deficit. That had to be dealt with, and the appropriate way to do so was by introducing this health premium. I'm supportive of it, and I think it's the right way to go. In the end, I think people in Ontario—

The Acting Speaker: Thank you. The Chair recognizes the member from Simcoe North.

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Mr Dunlop: I'm pleased to rise to make a few comments on the speech by the member from Hamilton East.

One of the things I wanted to mention very early, and I don't know if everyone has noticed it, but I want to put this on the record in the House: Has anyone realized that the Speaker's office and the Legislative Assembly has done a fantastic job on the air conditioning in this building? I don't know if you're aware of it, but there are all these tracks of air conditioning, and a lot of people may not even realize what that is. But I think it's a great job and I hope it stays comfortable throughout the year, when we're sitting in the winter as well as in the summer months. I just want to pay a compliment to the Clerk's office and the Speaker's office on that. I can tell you, we've had some days in here—I always remember the time we came back for the garbage strike and it had to be 200 degrees in this place. People were standing in their golf shirts, sweating, and it was unbelievable. So this is a really nice change. Apparently the carpet hadn't been taken up for a hundred years or something; they found old newspapers and that sort of thing.

I want to make a few quick comments on the member's speech. What's important here is that she spent some time on the health premium, and of course that's an issue that I think will haunt Dalton McGuinty and the Liberals for the next three years. You campaigned on one thing, on one set of rules, and Mr McGuinty wanted to be Premier so badly that he told everybody whatever they wanted to hear. Obviously he got elected and the people tossed us out, but now they're stuck with higher taxes after being promised that he wouldn't raise taxes.

So that's the crux of this bill. It's the crux of what the Liberals will hear for the next three years. Again, I'm pleased to make a few comments, and look forward to further debate on this bill.

Mr Bisson: I just want to—

Mrs Van Bommel: Is your BlackBerry there now?

Mr Bisson: The BlackBerry's there. My wife already called me. It's OK. Everything's fine. She wanted to know if I was making the 5 o'clock flight or the 9:30 flight. I've been happily married for 28 years now and that's why I answer my wife. We all know. Anyway, I digress.

I just want to say to the member from Hamilton East in regard to her issue around busing that I hear exactly what she's saying. I've had all the boards contact me within the riding of Timmins-James Bay. The effect of the policy, if enacted, is a bit wonky. Let me give you an explanation. The city of Timmins, before amalgamation of these boards and the creation of the new boards by the Tories, was the first area where school boards had decided to work together toward in-common busing. So rather than the separate board and the public board each having their own busing system, they decided they were going to pull together the resources and have one bus go down the road. It made lots of sense. If you pick up this kid who's in a separate board and the kid across the street is in a public board, it made more sense to throw them in the same bus. The buck goes a lot further.

So they've been basically pooling their money together for a while. Then along come the Tory changes.

The Tories create four boards, so some boards have a surplus, some boards have a deficit in their busing envelopes. So what they did was pool all their money together and they were able to provide an in-common service to all students, no matter which of the four boards they happened to be in, in whatever city they resided.

This particular change in regulation, as far as the funding formula goes, is going to have the effect of the boards not being able to co-operate anymore. For example, the English Catholic board, which was going to see, I believe, a 37% decrease to their transportation budget, will no longer be able to be subsidized by, let's say, the French Catholic board because there won't be any surpluses. The money those boards get is not going to be able to be interchanged, so the effect is we're cutting the ability of boards being able to co-operate together, and I think that's contrary to what we want.

Mr Mario Sergio (York West): To make my contribution in this very short couple of minutes of time, I would like to say that health care was front and centre prior to the election, during the election and has been occupying the most important part of this government during the past one year in office. I think that is what we have said in the past and what the people are saying now. They are expecting sweeping changes such as those we have brought forth in this first year.

We understand that the government has many other priorities and pressure from all other sources, but we have to deal with the most important issues that we are faced with. And I believe that the government has initiated very sweeping changes to bring some much-needed improvement to our health care system.

When we say "health care," we don't mean solely hospital or emergency services and stuff like that. We all know and we all share in the particular predicament that our large populace, the seniors in our society, shares by living in the many nursing homes or retirement homes in our province and the very positive changes that have been brought already and the various recommendations from our Minister of Health.

So our leader, Mr McGuinty, and the Liberal government are already dealing with the most important issue facing our health care system and, together with all the other requests from the various departments and stuff like that, which the people want us to enact as well, we are already delivering on a very important promise. Just to say some of the things that we have delivered in the health department alone, we have already started funding 2,400 full-time nursing positions, 21,000 more are receiving home care this year, there are 1,600 more front-line staff for long-term care, nine new MRI machines—

The Acting Speaker: Thank you. The Chair recognizes the member for Hamilton East in reply.

Ms Horwath: I wanted to thank the members for Scarborough West, Simcoe North, Timmins-James Bay and most recently York West for their comments. I think it's clear that the members from the government side are still making excuses about whether or not they knew about the $5 billion. I think they are still trying to claim that they have no knowledge or understanding of the difference between a progressive and regressive tax, and that saddens me. I think that when push comes to shove, when you look at the balance sheet at the end of this fiscal year, you're going to see that there were far more broken promises than there were promises that were fulfilled. So far there are 231 broken; I don't know what the scorecard is on the fulfilled, but I'm sure the government's keeping score of that. I guess they have a couple of years to try to regain some confidence from the public, but my understanding from the people that I talk to is that confidence is not building in any quick way.

I want to thank my colleague Mr Bisson again for raising some of the details around what education transportation cuts mean in his particular community. As I mentioned, 31 out of 66 school boards are going to be cut. Almost 50% of school board transportation budgets are going to be cut by 2005-06 if the government goes forward with what was suggested in their discussion document that was recently published. So boards are concerned, parents are concerned and children are concerned. And that's just another broken promise when it comes to sustaining funding for education systems.

Again, I wanted to thank Mr Dunlop for his kind words in regard to my comments. I want to just complete my final comment by saying that I thank the government for giving us such a good opportunity to raise these issues with the public.

The Acting Speaker: Further debate?

Ms Laurel C. Broten (Etobicoke-Lakeshore): I'm pleased to stand and speak on Bill 106, Budget Measures Act, 2004 (No. 2). I'll be sharing my time this afternoon with my colleague for Pickering-Ajax-Uxbridge.

Amongst other things, Bill 106 amends the Income Tax Act to legislate the Ontario health premium. The health premium is an integral part of our government's strategy to transform health care, to make Ontarians the healthiest citizens in our country and to expand primary care and community-based care with the establishment of family health teams for 24/7 care, enhanced home care, community mental health services, among other important improvements.

But what does transformation mean, and the focus on health care? What will that mean in my own riding of Etobicoke-Lakeshore and for the citizens in my community? Over the past several months, I've had an opportunity to talk to many of the citizens in Etobicoke-Lakeshore and to visit many of our health care providers. I want to talk about what a transformation of health care and a government which is now focusing on health care will mean in our community.

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I have two community health centres, LAMP and Stonegate, which both provide innovative care in Etobicoke. They keep Ontarians healthy and they look at some of the broad aspects of health determinants. LAMP and Stonegate, in this year, have had an increase in their budget for the first time in a decade. So the users of those fantastic health care facilities in Etobicoke know what it

means to have a government that is focused on making sure we transform health care and reinvest in our primary care.

I've also had a chance to visit long-term-care facilities. We have many fantastic long-term-care facilities in Etobicoke. While the whole examination of long-term-care facilities was being undertaken in the province, I took it upon myself, with my staff, to visit those facilities. I went back recently when the government announced increased funding for long-term-care facilities.

Again, what does it mean for a resident in Etobicoke-Lakeshore to have increased funding in health care? It means we're going to have a better accountability system, it means we're going to freeze the copayment, it means they're going to be able to have a regular bath and it means increased funding again for those long-term-care facilities.

I've also had an opportunity over the last number of months to talk to nurses who are the backbone of our health care system, nurses who for the first time in a decade are feeling like they are part of a province where the government respects what they do. One of the focuses our government has brought as part of our transformation of health care is providing a focus on home care and expanding the home care services in this province. In Etobicoke, what that means is over $3 million in new funding for the Etobicoke-York CCACs. That home care funding cannot be underestimated when you have the opportunity to talk to families, as I have, who tell you about the benefits of increased home care funding and increased resources to community-based agencies that provide assistance to families like Storefront Humber.

Earlier today, I had an opportunity to talk about the Dorothy Ley Hospice and the palliative care they give in our community of Etobicoke-Lakeshore and the end-of-life respite care for families. Again, organizations like the Dorothy Ley Hospice have also benefited from increased funding from our government.

So to talk about the transformation of health care and say that the premium is part of our transformation of health care is not underestimating the fact that it was a difficult decision. We face very serious fiscal challenges in this province. It was very sobering in the days following the election to reach the determination of how badly this province was in deficit. We already knew our health care system was failing us. We knew that social services had been cut so badly that they needed to be reinvested in. We knew about the problems in the education system. We knew about those things because we could see them. What we did not know was how serious and drastic the problem was in the financial resources because we had not seen it. We did not know that we would have $5.6 billion in deficit that we would have to cope with.

But we did know what we had to do. We had to roll up our sleeves and we had to do what each and every Ontarian would do to make a tough decision to reinvest in something that one of their family members needed. If it was your grandmother and you wanted to make sure she had an extra bath a week, you would make the decision to do what it took to invest in a health care system to keep her safe and comfortable in a long-term-care home. If you had a child who needed home care, you would do what it took to reinvest and make the decision to put the necessary resources into making sure your child could get chemotherapy in their home when it was too traumatic to take them to the hospital.

That is the very brave decision the Premier and this government made when we took what was a tough decision, which was a difficult decision to say, "We need to transform health care, we need to reinvest in that system, we need to ensure that we have the necessary resources to make sure that we can balance our books, that we can reinvest in health care and rebuild solid foundations so that this province can go forward in the future with healthy Ontarians and a strong health care system in the years to come."

Those are many of the reasons that all of us in this government want to be here to make sure that we can rebuild the health care system. As difficult a decision as it was, all of us know that we will ensure that through the public accounts committee that many of us sit on, we will account for every dollar of this health care premium and demonstrate to the people in this province—and I will show that to the people in Etobicoke-Lakeshore—that we have used that money to improve the health care system. I know that they will see real benefits in the community of Etobicoke-Lakeshore.

Mr Arthurs: It gives me pleasure to spend just a couple of minutes to speak on an act to implement budget measures. I want to look at it from the very broad context of not only what the issues are around the act, but to speak to why it's there, why this particular measure of a health premium, a health tax is put in place. It needs to speak to our government's intention, the vision of this government that Ontarians will be the healthiest of Canadians. We want to ensure in the longer term that we're not just healthy in the most prosperous of provinces, but that we set a standard for health across this country.

To complement the health measures act, there are provisions within the overall budget and framework for initiatives such as 2020 under the Minister of Tourism and Recreation to provide programs and initiatives for young people to reinforce the need for young people and families and individuals to pursue their own health agendas, so that in addition to the need for health premiums to deal with disease, to deal with health care, to deal with seniors and homes for the aged and nursing facilities, we all take individual responsibility to ensure, as part of a broader, long-term vision, that we are the healthiest of all Canadians.

Part of the decision-making with respect to matters such as our budget and the health care premium is showing leadership. During the past number of months under the leadership of Premier McGuinty, leading the other Premiers in council, there was the Premiers' conference in July in Niagara-on-the-Lake when they began to set out a framework for negotiations with the federal

government. That was followed up just this past month, in September, in a conference with Prime Minister Paul Martin. If we hadn't taken the initiative to put money on the table, to put our money where our mouth is, to say that we were prepared to go to our taxpayers to raise the funds necessary to meet the needs in this province, I don't believe that the federal government or the Premiers in the other provinces would have seen that we were serious. I don't think that the Prime Minister would have seen that we were serious about the needs of this province and the needs of the provinces across the country for the level of funding that was committed in that accord. The province of Ontario will see, I believe, in this year, some $825 million as a result of that accord, and the accord will put some $7 billion into the health care system across the country in additional money from the federal government.

So there is a need in having a vision of not only where you want to get to and what you want to be, but a need to show some leadership with regard to drawing your partners in, particularly the federal government, in the funding of health care in a very substantive way. The news yesterday that the federal government is sitting, in this fiscal year now, on a $9.1-billion surplus will auger well for continued negotiations on matters of importance to the province of Ontario and of importance to the country where it requires federal co-operation.

I was pleased to hear from my colleague about the work that we have done on public accounts because I wanted to comment on the issue of accountability. It's not just a tax bill, it's not just raising dollars to do health care during the year, it's not just about the rhetoric in the House on both sides, but it's about the level of accountability and the process that the public can depend upon as part of ensuring that their dollars are being well spent. So there really are two principal methodologies in the bill that will ensure that will happen.

The public accounts for each fiscal year will include information about the use of the revenue from the Ontario health premium. Now, if that revenue stream is identified in the public accounts, there are opportunities for members on all sides, from all parties to question, to challenge the expenditures.

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Finally, there's a provision for a standing or select committee of the Assembly to be appointed to review the Ontario health premium. This is being put in place for a period of time that's absolutely necessary and critical, and there's a provision within the act for a firm review of that within a four-year period. So there are provisions for accountability directly within the act that the public can depend on.

I appreciate the few minutes to speak on this and look forward to the balance of the debate on the motion before us.

The Acting Speaker: Questions or comments?

Mr Dunlop: I'm quite pleased to rise again for a couple of minutes to speak on Bill 106 and the comments made by the two members opposite.

I think, as we go through this piece of legislation and get more debate on it—I was obviously very pleased the other day with our leadoff on it. I thought Mr Flaherty, who started out with our leadoff speech, did a remarkable job and showed what a great finance minister he actually was. I think anybody on either side of the House who wanted to take notes on a piece of legislation or the performance of a government could read the one-hour leadoff speech that Mr Flaherty gave on that piece of legislation.

I think it's important to note too that this bill, called An Act to implement Budget measures and amend the Crown Forest Sustainability Act, 1994, is a piece of legislation that obviously we on this side of the House will not be supporting whatsoever, particularly the budget bill.

Yesterday, I spoke for a few minutes on the bring-your-own-wine bill that Mr Watson had introduced. Obviously, that's a bill that's controversial, and our members on this side will be debating it in one way or the other. Some will support it and some will oppose it.

But our caucus will be completely opposed to this bill, because basically what we're saying is that we took the government in one direction for eight and a half years. We think we did a really good job of that—had a strong economy, left a really good economy for you folks to inherit, a million new jobs—and now we're slowly watching the deterioration of all the work we had done. We're watching it go downhill, and we think that Ontario's in trouble. Time will tell, and in three years when we're re-elected as the government, I think we'll know that a piece of legislation like this bill today that we're speaking about was a wrong move.

I appreciate this opportunity and look forward to further debate.

Ms Horwath: I thought it was really interesting to hear the comments of the government side on the bill. In particular, there were a couple of things that I noticed that I wanted to touch on.

One was the member from Etobicoke-Lakeshore and her way of characterizing this bill and talking about how it's going to implement a transformation of health care. The biggest transformation I see is the transformation of taking from the poor and giving to the rich in regard to the way that this regressive tax is being implemented. But never mind that.

The other thing that I thought was very interesting is the description of the very sober way that the government had to look at things once they won the election. So they drunkenly promised the sky, and when reality hit after the election, they very soberly had to realize that they were going to have to break most of their election promises that they made during a drunken binge with the public during the election campaign. So they're in the situation now where they're breaking their promises and they're making excuses—

Mr Baird: And the taxpayers get the hangover.

Ms Horwath: And the taxpayers get the hangover. Thank you very much, Mr Baird.

Similarly, some of the comments by the member from Pickering-Ajax-Uxbridge were quite interesting, particularly when he spoke about the public accounts committee. Really, what the government wants to suggest is that this is where accountability takes place. But, in fact, this government was not being accountable and was not being transparent in the secret deal that they had with the doctors. It took the pressure from the opposition and the pressure from the media to finally force the government, force the minister, force the Premier to make that document public only, I believe, yesterday afternoon.

So here we go again. On a daily basis, there are opportunities to be accountable to the public. It doesn't take the public accounts committee; it takes commitment from this government to be transparent and accountable every day.

Ms Kathleen O. Wynne (Don Valley West): I want to pick up on a couple of comments made by my colleagues from Pickering-Ajax-Uxbridge and Etobicoke-Lakeshore. The first one is the issue of community health centres. It's interesting to me that the member for Hamilton East talked about our plan as taking from the poor. It seems to me that the transformation we're trying to implement has everything to do with dealing with the community, has everything to do with people in the community who cannot access health care at this point.

Community health centres are a perfect example of that. There are two community health centres that deal with people in my riding, in Flemingdon Park and in north Toronto, and they are exactly the kind of interdisciplinary, broad-based institutions that deal with all comers, that deal with people who are very needy and need access close to where they live. That's the kind of investment we're making. The point the member from Etobicoke-Lakeshore made is that we're investing in those models, and that is exactly what we mean by the transformation.

The other point I wanted to pick up on was the issue of the bravery of the decision we made. I think it's absolutely clear that when we were confronted with the reality of the mess that was left to us by the previous government, we had to take responsible action, and that is what we did. We looked at what was in front of us and we took the responsible decision. In fact, we are leading the way. The point that the member from Pickering-Ajax-Uxbridge made is that we're leading the way in terms of the premium, and we're leading the way on our investments. The OMA deal, as the Minister of Health said today, is a landmark deal. It is going to change the face of primary care in this province. There hasn't been a government in decades that's been brave enough to change the way we deal with primary care.

Mr Ouellette: Just to continue from where I left off a little bit earlier on—

Interjections.

Mr Ouellette: I see I'm not going to get a chance to speak.

I'm going to continue on the crown forest sustainability aspect in regard to this Bill 106. A number of things were brought up that the member for Timmins-James Bay was probably wanting to get out, such as the fact that most people don't realize that the companies in Hearst, for example, have planted over 100 million trees in that particular area.

Mr Chudleigh: A hundred million?

Mr Ouellette: Over 100 million. Not only that, but so has the community of Hearst. They've got large numbers.

He also spoke, and it was brought forward, about the impact of the legislation on the cedar mill that was mentioned. One aspect about it is that governments should not decide whether a company can or cannot make money. It should be that company's decision. When they decide to move forward with the cedar mill, if they think they can secure enough of the fibre out there, as it's called, or the wood, then they should be able to move forward. I would like to get more details with regard to the changes that are coming in and what the intent is with that.

Some of the other parts that need to be discussed—he mentioned the value-added products. The difficulty there was that the company he was referring to was actually trying to take a by-product of another company that was sending it to somebody else. They felt they could make two-by-fours and other aspects from wood pieces of two-by-fours that were left over. They call that a value-added product. They had a mill that was going to splice these pieces together, but the difficulty was that those pieces were being allocated, chipped up and utilized in another process.

In other words, government should not be deciding how businesses are going to do business-to-business relations. That's part of the problem. One of the concerns here is that if somebody feels they are chipping up the waste material to be used in a pulp plant, then that's where they should go. It shouldn't be decided because government says that somebody else can make a better profit while utilizing that. The main thing about that whole aspect is to ensure that there are jobs being found in northern Ontario.

The Acting Speaker: The Chair recognizes the member from Pickering-Ajax-Uxbridge in reply.

Mr Arthurs: On behalf of myself and my colleague from Etobicoke-Lakeshore, I want to thank the members from Simcoe North, Hamilton East, Don Valley West and Oshawa for their comments on the bill.

I can't help but agree with the member from Simcoe North that the economy has been in good shape over the past few years. The private sector and public sector should be complimented on that. Even over the past year, Minister Cordiano made reference to some 80,000 additional jobs added in the past year. I think we're all anxious to see the economy continue to roll along.

1750

I must say, though, much like the legislation we passed, normally it's referred to—if the legislation is passed, he may want to phrase his consideration of re-election as a government in the same way in three years, rather than assuming something at this point in time.

To the member from Hamilton East, it was sobering when we found a $5.6-billion hole in the bottom of the well. The money had run out of it. First, we have to plug the hole before one can put anything back into it that one can draw on in the future.

We're working on a four-year transformation plan. It's not a one-year plan; it's part of a broader mandate. We are focused on driving health care into the community. We are focused on family health care at the community level. The local integrated health networks that the minister has announced and is moving forward on will help to achieve that. Not only do we find a need to put money into the system at this point, but the transformation of health care will provide opportunities for improving health care by reducing the dependence on certain elements of our system. Ideally, it will allow us to avoid some of the future investments that might otherwise be necessary and to use those dollars in the best possible way for the best possible health care that one can provide. I look forward to the continuing debate and, ideally, the passage of this bill.

The Acting Speaker: The Chair recognizes the member from Nepean-Carleton.

Mr Baird: It's my—I won't say "pleasure" to speak to this bill, because this is not a good bill. This bill has three parts. I listened with great interest to the former Minister of Natural Resources talk about the Crown Forest Sustainability Act amendments, so I'll skip that and I'll confine my remarks to two sections.

The first is the third section, the Trust Beneficiaries' Liability Act, 2004. I believe it's for extending liability to those folks who invest in an income trust. I want to tell the members that I support this section of the bill. It looks a lot like Bill 35, which was brought in by the member for Nepean-Carleton last year. I'm just pleased that the Chair of Management Board saw my private member's bill and felt so strongly about it that he wanted to include it in a government bill. I want to thank him for that. It's much appreciated.

This section of the bill was in a budget bill previously that the Liberals had voted against, but we're glad that they are back on board, providing extended liability to the investments of the income trust.

Hon David Caplan (Minister of Public Infrastructure Renewal): Are you on board?

Mr Baird: I'm on board for this section of the bill. If they want to segregate it off, the opposition will pass it tonight. We offered to pass it in June and we offered to pass it in December, in conversations with the Minister of Finance, who then had responsibility for it. But if they want to take it off and pass Bill 35 tonight, we in the opposition would also shelve this part of the bill so that it could be law before 6 o'clock, if that's what the will of the House was. As usual, the official opposition is trying to be helpful.

Hon Mr Caplan: On a point of order, Mr Speaker: If the member would move unanimous consent to pass Bill 106 tonight, the government would be happy to entertain it.

The Acting Speaker: If you would take your discussions outside, we'll continue with the debate.

Mr Baird: I was talking about the third section of three-part bill. If you wanted to segregate that off, we'd pass it tonight. If you want to do that, we'll stay late.

I would like to ask for unanimous consent to pass Bill 35 on second and third reading, Mr Speaker.

The Acting Speaker: Is there unanimous consent? Hearing none, continue.

Mr Baird: There you go: another broken promise. Another broken promise from the member for Don Valley East.

OK, so I've said enough nice, supportive things about the McGuinty government. I do regularly stand up and acknowledge when they get things right, and I think that's important. And section 3 of this bill is right. I don't necessarily attribute that to the man whose name is on the front, Mr Sorbara; I attribute that to the great wise helmsman of the Liberal cabinet, Gerry Phillips. He has done his job in encouraging the minister prior to the budget to put this in the budget and the accompanying budget bills, so I'll acknowledge his good work in this regard. I wish we had passed it in December or June, but later is best.

I am going to speak against section 2 of this bill. Let me read the explanatory note that they put on the inside cover of the bill, the idiot's guide to the bill. It tells you exactly what's in it in plain English language. Let me read what it says. "The Income Tax Act is amended to impose"—their words, not mine—"a tax"—a tax; they want to impose a tax—"called the Ontario health premium." If that doesn't put an end to the debate about whether this is a premium or a tax, I don't know what does. Right in their own language they use the word "impose." I checked under this. Where is the referendum they promised they would have before the tax increase kicked in? No referendum is planned.

They're going to impose a tax. It's going to go to support health care, we're told. With this new tax, in my riding the average household will pay between $600 and $900 per household, on average, to support this. For the single mom on welfare—sorry, the single mom off welfare, got into work, who's making $35,000 a year, it's a 24% tax increase.

What's she going to get for that? She's going to get fired nurses at the Queensway-Carleton Hospital. The Queensway-Carleton Hospital is getting a 0.6% budget increase. Tomorrow—the cat will be out of the bag—the good folks at the Queensway-Carleton will have to submit their plan to deal with the small increase they got and they're going to have to do two things: They're going to have to lay off nurses and they're going to have to increase patient waiting times for procedures, and that's too bad. It is unfortunate because the team at the Queensway-Carleton do an amazing job. The president, Tom Schonberg, and the board chair, Jeff Polowin, have done a phenomenal job. The nurses, the administrators, the volunteer board, the workers there and the volunteer foundation do a good job.

The Ottawa Hospital, which we spoke about earlier today, is getting a 1.8% budget increase. When we know that this government's deal with the doctors is giving, on average, a 24% increase, all they could do for the Ottawa Hospital is 1.8%.

We had a bill that we debated this morning on this issue. You would think the Ottawa members would be fighting to speak up and stand up for their constituents. North Bay isn't in Ottawa. None of the members for Ottawa would speak to this bill. The member for North Bay spoke, the member from Markham spoke, the member for Thornhill spoke, but where were the members from Ottawa? They were not on their feet. They were not speaking and defending our local hospital. But if Dalton McGuinty won't defend our local hospital, I will.

To those folks over at the Ministry of Health, Jason Grier, Ken Chan and company, all we're asking for is to get the same deal the doctors got. The nurses at the Ottawa Hospital just want the same deal you gave the average physician. But, alas, that is not to be. I was very disappointed that not one member from Ottawa would have the guts to get up and speak and vote in favour of the motion.

I presented an Electricity Act and all the Liberals voted for it, including the member opposite.

Interjection.

Mr Baird: I appreciated the honourable member from Dundas voting for my bill on electricity.

The Acting Speaker: Pursuant to standing order 37, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

CLASS SIZE

The Acting Speaker (Mr Joseph N. Tascona): The member for Oak Ridges has given notice of dissatisfaction with the answer to a question given on October 13 by the Minister of Education. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

Mr Frank Klees (Oak Ridges): I regret keeping you beyond the normal appointed time, but I had no option with my question to the Minister of Education, which I consider to be extremely important because it goes to the heart of the credibility not only of the Minister of Education, but really to the heart of the credibility of this government in terms of their ability to manage the affairs of government. It relates to a policy that really is a cornerstone—as it has been referred to by the Premier as well as the minister—of this government, and that is to put a hard cap on class sizes from junior kindergarten to grade 3.

1800

My question to the minister during question period was very straightforward. It related to a discrepancy of some $600 million between what the Liberal Party indicated this policy would cost in its full implementation and what a document prepared by ministry staff projected the cost to be. Some $375 million is what the minister has indicated it would cost. We have a document that was prepared by ministry staff in preparation for the incoming new government, and that document puts the cost of implementation of this policy at in excess of $1 billion.

The purpose of this House is to ensure that in matters of public policy, we collectively, as a Legislature, understand what the implication of policy really is going to be, particularly given the tentative financial circumstances that the Minister of Finance refers to constantly.

I asked the minister in a very straightforward way, "Will you today stand in your place and tell us whether the real cost is $375 million, as you say, or whether it is $1 billion-plus? Who do we believe in this place?"

I didn't get an answer. I look at Hansard, and again, in response to the initial question, which was very straightforward, as I say, the Minister of Education waxed eloquent around many other issues. The best that he could do was to say, " ... over four years, and at the price tag we talked about," which you'll admit certainly doesn't answer my question.

I again attempted in supplementary to get the minister to come on record. Again he did not give me a straight answer as to why the discrepancy between the ministry document that is prepared without political interference—these are bureaucrats, civil servants, who have a responsibility to serve this place and to serve government, who have placed the cost at $1 billion-plus. The minister continues to refer to $375 million.

So we're here tonight. I'm not sure where the Minister of Education is. I was hoping he would stand in his place tonight and give me that explanation: why this discrepancy between the work that ministry officials have prepared objectively, without interference or spin by the minister or by the politicians in this place, an objective assessment of what this policy would cost—over $1 billion.

We continue to have the political rhetoric. I suppose the parliamentary assistant is going to stand in place for the minister and attempt to make an explanation. I challenge members of the House and those who are observing to listen very carefully as to whether or not they will in fact have an explanation as to this discrepancy of $600 million. I say to you, if there is such a discrepancy in this one policy issue, what does that say to the many other areas of this government and their ability to manage? I suggest to you that it goes to the heart of their credibility and their trustworthiness.

The Acting Speaker: The Chair recognizes the parliamentary assistant to the Minister of Education from Don Valley West.

Ms Kathleen O. Wynne (Don Valley West): Right off the top, I want to just establish that there is not a credible, sanctioned document that talks about the number that Mr Klees, the member for Oak Ridges, has mentioned. So what I'm going to talk about is what our

policy is on class size, what we have already done, and ask why the member for Oak Ridges would be opposed to lowering class size in the early years.

The first thing I want to say is that for this school year alone, we are investing $90 million for reduction in primary class sizes, and of that $90 million, in York region there is $6.7 million being invested to lower class sizes in the schools in the riding that Mr Klees represents. I guess the question is, has Mr Klees gone to those schools and asked the teachers who are benefiting from that investment whether they are upset about that, whether they are worried about the fact that there are more teachers in their schools and that the class sizes in kindergarten to grade 3 have gone down? My guess is that they are not worried about that.

My experience as a parent, as an activist and as a school trustee suggests to me that the teachers in this province, across the province, are very pleased that repair work is beginning, and certainly in my own riding, that's the case. There are schools in my own riding where I know there have been additional teachers, and that has lowered the class sizes. There are 1,300 schools in this province where additional teachers have been hired, so that is thousands of children who are already benefiting from this policy.

I think the issue of credibility is one we have to really think about in relation to the previous government's record on education. We have watched over the last 10 years as resources were stripped out of our schools and maintenance was not done. Human resources were taken out of every sector, whether it was caretaking, whether it was teachers, whether it was guidance counsellors—all of those people. We've lost vice-principals. In this province, we have lost thousands of education workers. What we are trying to do in this government is to rebuild that sector.

Class size: The class size cap, which we will implement over the four years of our mandate, is part of a whole strategy. The implementation of our strategy is not just about a class size cap. I understand that the previous government had a lot of trouble with that kind of complex idea. They want simplistic thinking, and that's not what we're in the business of delivering. We want to demonstrate that we understand how complex the education system is.

As well as smaller class sizes, which we know allow for higher student achievement, which we know allow for teachers to do other things in the classroom—they allow for other possibilities. Smaller class sizes have lasting effects. If you invest in the early years, there are fewer interventions as you go along. I know the member for Guelph-Wellington has served on expulsion and suspension hearings. As a trustee, many times you hear stories about kids who needed help early on. Had that help been there early on, those kids wouldn't have been suspended, they wouldn't have been expelled and they wouldn't be out of the system.

What we're trying to do is invest in special ed, invest in smaller class sizes, invest in those resources that are going to keep our kids in school, invest in the arts so that our kids have a well-rounded education. That's our strategy. It's a complex strategy. It's not a simple strategy, so I'm not surprised the member from Oak Ridges doesn't understand it.

The other thing I think we have to remember is that this is—

Mr Klees: On a point of order, Mr Speaker—

The Acting Speaker: There are no points of order during the late show. Continue, member.

Mr Klees: I just want to say—

The Acting Speaker: There are no points of order. Continue.

Ms Wynne: This is a member who believes in two-tiered medicine. He said that in his leadership campaign. My suspicion is that he believes in two-tiered public education. Really what this is about is that he thinks we should be taking money out of the public education system, putting it into the private education system and letting our public schools die on the vine.

That is not what we're about. We're not going to do that. We got elected to repair the damage that's been done. Class size cap is part of that. We're moving on it, we will implement it, but it's part of a whole strategy.

The Acting Speaker: There being no further matter to debate, I deem the motion to adjourn to be carried.

This House stands adjourned until 1:30 pm next Monday afternoon.

The House adjourned at 1810.

Continued from overleaf

ADJOURNMENT DEBATE

OTHER BUSINESS

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Jeudi 14 octobre 2004

PREMIÈRE LECTURE

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