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of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 18 October 2004

Lundi 18 octobre 2004

Speaker
Honourable Alvin Curling

Président
L'honorable Alvin Curling

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 18 October 2004

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 18 octobre 2004

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

MÉTIS NATION OF ONTARIO

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

On October 14, the Métis Nation of Ontario gathered on the French River for a ceremonial gathering and special hunt. This gathering marking only one of the contributions that the Métis Nation of Ontario makes to the diverse cultural heritage to our province.

Unfortunately, the MNO has become a victim of this government's record of promise-breaking. On July 7, the Métis Nation of Ontario thought they had entered into an agreement about hunting and fishing rights with the Minister of Natural Resources. The agreement was consistent with the Supreme Court Powley ruling respecting Métis hunting and fishing rights.

Without notification, the Minister of Natural Resources broke the agreement he had made with the Métis Nation of Ontario. Instead of notifying the Métis Nation of Ontario of his decision to withdraw from the agreement, the Minister of Natural Resources sent out a media release on the eve of the hunt.

What we see demonstrated by the Minister of Natural Resources is something that is becoming all too familiar in this province. What the Métis Nation of Ontario has experienced is a complete lack of respect for their traditions and, worse still, a complete disregard for the commitment made to them by the Minister of Natural Resources.

First they broke their promise to taxpayers and introduced a regressive and punitive health tax. Now they are breaking their commitment to the Métis Nation of Ontario. Who knows where that will end?

KNIGHTS' TABLE

Mr Vic Dhillon (Brampton West-Mississauga): I rise today to call attention to a very important institution that is being forced out of their location in my riding of Brampton West-Mississauga. The Knights' Table has been serving over 250 meals a day to the less fortunate for over 14 years in downtown Brampton. They serve a wide spectrum of clientele from all different ages and demographics.

Nilda Patey, the executive director of the Knights' Table, stresses correctly that it isn't just single homeless men who use the Knights' Table. Increasingly in our affluent community, we find that it is working people with families and single mothers with children who frequent the Knights' Table. A few weeks ago, I visited the Knights' Table and met with the youngest client of the kitchen: a one-month-old baby.

Lower-income families are struggling to make ends meet in Peel region. Over the past 10 years, homelessness has increasingly become a problem. Places such as the Knights' Table are vital in providing a warm, comforting meal and environment to the most vulnerable members of our community.

I have been actively working with the Knights' Table and local business owners in finding a location near the Brampton downtown core. We have also been working in providing more stable operating funding from various government grant programs so that the growing need in the community will be met by the Table and other organizations like it.

If anyone wishes to be the shining knight for the Table, please contact the Table at 905-454-8725. The Table will remain a warm, friendly and caring place where all are welcome and none need to leave hungry.

ARCHIVES OF ONTARIO

Mrs Julia Munro (York North): I was shocked to learn on the weekend that—

Applause.

Mrs Munro: Thank you very much.

I was shocked to learn on the weekend, while reading the paper, that the Chair of Management Board has cancelled a deal to move the Ontario archives to a new location. This puts at risk millions of documents that represent our cultural and historical heritage. The minister denies that killing the move is a cost-cutting measure, attributing the closure to a legal opinion that he refuses to release.

Why do the archives need a new space? A report several years ago said that the current space is unsafe, unhealthy and that the preservation of documents is at risk. The collections are starting to develop mould and the second floor is sagging. Visitors and staff face security risks in a space that has little capacity for electronic surveillance, poor line of sight for guards and dangerous hidden alcoves where individuals can loiter. Historical documents and photos are at risk of theft or damage, and

thefts have already been reported. Documents as old as 200 years are at risk in this space that stores everything from birth, death and marriage records to native treaties and watercolours by Governor Simcoe's wife, Elizabeth.

Our government had a plan to secure and improve the archives. This Liberal government has dithered for an entire year, and then cancelled our plan. It hides an obvious budget cut behind a legal opinion it is keeping secret from the public.

SCHOOL BUS SAFETY

Mr Michael Gravelle (Thunder Bay-Superior North): As we begin School Bus Safety Week in the province, I appreciate the opportunity given to me today to explain to all members of the Legislature why the safety of our children has a special resonance for all my constituents in Thunder Bay-Superior North.

This past February, four-year-old Allyceea Ennis lost her life while riding on a school bus en route to St Margaret school. While the circumstances surrounding Allyceea's tragic passing remain unclear and the regional coroner has not yet determined whether he will hold an inquest related to this tragedy, Allyceea's passing forced all of us to look more closely into how we can make travel on the province's school bus routes safer.

Melanie Perrier, the mother of this beautiful four-year-old child, has fought through her deep and unending grief to launch a multi-faceted campaign to ensure that no other parent experiences what she has gone through. While Ms Perrier supports the government's recent initiatives in this area, she believes much more can be done. In that regard, I will be officially launching her petition campaign later this afternoon in the Legislature.

One aspect of Ms Perrier's campaign relates to child safety restraints for children under 50 pounds in weight. Transport Canada, which is responsible for regulating safety standards on school buses, has completed a study which verifies the clear benefits of these special restraints. What they have not done is to enact the necessary regulations to make these restraints mandatory. While I know that our Minister of Transportation has written the federal minister to ascertain when we can expect this, I would like to ask Minister Takhar today to press his federal counterpart to move more quickly to get this regulation in place.

To properly honour Allyceea's memory and to move forward on any improvement that could reduce injuries and even avoid a future tragedy such as Allyceea's passing, we can surely do no less than see this vital safety device put in place.

1340

HEALTH CARE FUNDING

Mr Jim Wilson (Simcoe-Grey): Today, the McGuinty government started bragging about getting results for health care in its first progress report since coming to office a year ago. Dalton McGuinty is trying to

get our minds off his numerous broken promises and record-breaking tax hikes, but it simply won't work.

I have constituents waiting up to 10 months for MRIs and CT scans. Some, like Roger Lockhart of Collingwood, just don't want to wait. Because of this outrageous delay, Mr Lockhart travelled to the United States to get an MRI. He couldn't get timely care here in Ontario. Mary-Lou Brown of Duntroon was told that her Aunt Muriel will have to wait up to two years for a coronary transplant because the Toronto Western Hospital doesn't have the money to fund operating room time past two or three hours a week.

The Liberals also talk about improving access to cancer care, but they seem to have forgotten that they cut \$2.5 million from the Ontario breast screening program in this year's budget. In my area of the province, cancer incidence is increasing 25% quicker than the Ontario average and cancer mortality is increasing 42% above the provincial average, and we don't even have a cancer centre.

Recently, we learned that Sick Kids Hospital is facing a \$45-million budget shortfall that's going to force them to either lay off nurses or reduce and eliminate necessary services.

I don't know how this government can have the gall to talk about hiring 1,000 new nurses when they're cutting funding to Ontario hospitals. They talk big about boosting hospital budgets by \$385 million last year, but this year they're cutting \$200 million from those same hospital operating budgets. No one should believe this government. No one should trust this government. They're certainly not getting better results for the people of Ontario.

GOVERNMENT'S RECORD

Mr Peter Kormos (Niagara Centre): Today, Dalton McGuinty gave himself a B. That's exactly why we don't let school kids grade themselves. Is Mr McGuinty the kind of person who, when he was a kid, would forge his parent's signature on the report card so he didn't have to show it to them? It looks like Dalton has taken a red pen to make a B out of a big fat F.

Down in Hamilton-Niagara, where I come from, people flunked the Liberals, failed the Liberals for their incompetence, excuses and broken promises. In the last year, ordinary Ontarians have learned that Dalton can't read. He can't read his election promises sufficiently well to keep them. They have learned that Dalton can't write. He's not doing the right thing every time he breaks yet another one of his promises. Who knows arithmetic well enough to count up all of the Liberal broken promises?

Clearly, on promise after promise, Dalton and the Liberals simply don't make the grade. Just today, Dalton broke another promise. Before the election, he promised to ban partisan political advertising. Then he released this expensive, glossy report in Liberal colours that reads word for word like the Liberal election platform, minus the broken promises. And who is paying for it? Tax-

payers. If a page comes up here, I'll send you this glossy, very partisan bit of fluff produced on the taxpayers' tab. I'll table with the Clerk evidence of the Liberals' disregard.

Liberals and promises: It's like they make them to break them. I say it's time to teach the Liberals and their promise-breaking Premier a lesson. Let's send these guys to promise-keeping boot camp and in three years, let's expel them.

PUBLIC LIBRARY WEEK

Ms Caroline Di Cocco (Sarnia-Lambton): I'm pleased to rise in the House today to announce Ontario Public Library Week, which begins today and runs until October 24. The theme of this year's Public Library Week is Community Heartbeat @ Your Library.

During this week, we celebrate the contributions made by public libraries across the province. Public libraries are important hubs that help to build strong and healthy communities. I'm proud to say that Ontario has one of the best public library systems in the world. Ontario Public Library Week is a great way to celebrate the cultural, educational and economic contributions our libraries make. They are the trusted source of community information across the province, providing free and accessible services to 96% of all Ontarians. Last year, 69 million people visited our public libraries, circulating more than 100 million items.

This week, the Minister of Culture will be announcing funding initiatives, a new program for children and the details of support for small libraries from the Ontario Trillium Foundation.

I encourage all Ontarians to visit their local libraries this week to take part in the celebrations.

PIERRE ELLIOTT TRUDEAU

Mr Mario G. Racco (Thornhill): Today is a special day. Few have had as much impact on the Canadian consciousness as the Right Honourable Pierre Elliott Trudeau, who was a passionate leader. Today marks his birthday and we celebrate a continuing legacy and reflect on his acts of proud service, both large and small, and his ability to bring people together.

Canada's vibrant society is enriched by the cultural diversity of its people, who have the inalienable right to participate fully and equally in the life of the country, regardless of race, sexual orientation, gender or disability.

The late Prime Minister inspired people to stand up for our democratic rights and be proud to be Canadian. Pierre Elliott Trudeau's motto was "reason over passion." But it was his passion for Canada that defined him. It was his dream of a just society that captured the imagination of our country and made the entire world take notice. He inspired so many people to public service. That forever changed many generations of Canadians.

In recognition of our late Prime Minister, Pierre Elliott Trudeau, I, along with community members from Concord and Thornhill, worked to raise money to build a man-sized bronze statue of the late Prime Minister in Thornhill. The statue was unveiled today, which marks the day of his birth, and will allow people an opportunity to come and visit the statue for years to come and remember what a great Canadian and Prime Minister he truly was.

LONG-TERM CARE

Mr Kim Craitor (Niagara Falls): I'm pleased to rise in the House today to tell you that the people in my riding of Niagara Falls know our government is proceeding in the right direction and that change is working.

I'd like to read to the House from a copy of a letter I received addressed to the Honourable George Smitherman, Minister of Health and Long-Term Care, from the seniors living at the Bella Senior Care Residence, a long-term-care service provider in the village of Chippawa in my riding.

It reads as follows: "On behalf of the 160 residents and 148 staff at Bella Senior Care Residence, we wanted to take this opportunity to express our appreciation for the operating fund increase effective October 1 and the commitment for additional increases.

"We also want to let you know that the decisions to increase the comfort allowance and not to increase the resident copayment this year are also appreciated by our residents and their families."

In closing, these seniors wanted to let the minister know that they are very encouraged by his view of the role and potential of the long-term-care sector in the ministry's transformation agenda, and are looking forward to continuing to work with the minister to ensure that Bella Senior Care is able to realize these opportunities.

This is proof positive that change is in the air for our seniors under the excellent guidance of the Minister of Health. This House and the people of Ontario owe the minister a round of applause.

LEGISLATIVE INTERNS

The Speaker (Hon Alvin Curling): With us today in the Speaker's gallery are the 2004-05 Ontario Legislative interns. We have Timothy Culbert, Nicola Hepburn, Audrey Lemieux, Adam McDonald, Kaila Mintz, Ben Rossiter, Rebecca Sciarra and Rebecca Scott. Will all members join me in welcoming the interns here today.

VISITORS

Mr Mike Colle (Eglinton-Lawrence): On a point of order, Mr Speaker: In the east members' gallery I have my granddaughter Lucia and my daughter Kristen.

The Speaker (Hon Alvin Curling): That's not a point of order, but it's a good point.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Mr Pat Hoy (Chatham-Kent Essex): I beg leave to present a report on the five-year review of the Securities Act from the standing committee on finance and economic affairs and move the adoption of its recommendations.

The Speaker (Hon Alvin Curling): Mr Hoy presents the committee's report and moves the adoption of its recommendations.

Does the member wish to make a brief statement?

Mr Hoy: I want to thank all committee members and, most certainly, all persons who made submissions before the committee.

I move adjournment of the debate.

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

1350

INTRODUCTION OF BILLS

CITY OF OTTAWA ACT (LICENCE COMMITTEE), 2004

Mr McNeely moved first reading of the following bill:
Bill Pr8, An Act respecting the City of Ottawa.

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

Mr McNeely?

Mr Phil McNeely (Ottawa-Orléans): I have no comment, Mr Speaker.

PHYSICAL FITNESS DAY ACT, 2004

LOI DE 2004 SUR LA JOURNÉE DE L'APTITUDE PHYSIQUE

Mr O'Toole moved first reading of the following bill:
Bill 127, An Act proclaiming Physical Fitness Day /
Projet de loi 127, Loi proclamant la Journée de l'aptitude physique.

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

Mr O'Toole?

Mr John O'Toole (Durham): The bill proclaims the first Friday in September each year as Physical Fitness Day. Numerous medical studies consistently show that a moderate amount of physical activity is one of the keys to a long and healthy productive life. Prevention is the best medicine.

MOTIONS

HOUSE SITTINGS

Hon Dwight Duncan (Minister of Energy, Government House Leader): I move that, pursuant to standing

order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on Monday, October 18, 2004; Tuesday, October 19, 2004; Wednesday, October 20, 2004; and Thursday, October 21, 2004, for the purpose of considering government business.

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

All those in favour of the motion, say "aye."

All those against, say "nay."

I think the ayes have it.

Call in the members. There will be a five-minute bell.

The division bells rang from 1353 to 1358.

The Speaker: Mr Duncan has moved government notice of motion number 171. All those in favour, please rise one at a time.

Ayes

Arthurs, Wayne	Fonseca, Peter	Peterson, Tim
Barrett, Toby	Gerretsen, John	Phillips, Gerry
Bartolucci, Rick	Gravelle, Michael	Pupatello, Sandra
Bentley, Christopher	Hardeman, Ernie	Qaadri, Shafiq
Berardinetti, Lorenzo	Hoy, Pat	Racco, Mario G.
Bountrogianni, Marie	Jackson, Cameron	Ramsay, David
Bradley, James J.	Jeffrey, Linda	Rinaldi, Lou
Brown, Michael A.	Klees, Frank	Runciman, Robert W.
Cansfield, Donna H.	Kwinter, Monte	Ruprecht, Tony
Caplan, David	Leal, Jeff	Sandals, Liz
Chambers, Mary Anne V.	Levac, Dave	Smith, Monique
Colle, Mike	Marsales, Judy	Smitherman, George
Cordiano, Joseph	Martiniuk, Gerry	Sterling, Norman W.
Craitor, Kim	Matthews, Deborah	Takhar, Harinder S.
Crozier, Bruce	Mauro, Bill	Tascona, Joseph N.
Delaney, Bob	McMeekin, Ted	Van Bommel, Maria
Dhillon, Vic	McNeely, Phil	Watson, Jim
Di Cocco, Caroline	Meilleur, Madeleine	Wilkinson, John
Dombrowsky, Leona	Miller, Norm	Wilson, Jim
Duguid, Brad	Munro, Julia	Wong, Tony C.
Duncan, Dwight	O'Toole, John	Wynne, Kathleen O.
Dunlop, Garfield	Oraziotti, David	Yakabuski, John
Flaherty, Jim	Ouellette, Jerry J.	Zimmer, David
Flynn, Kevin Daniel	Peters, Steve	

The Speaker: All those opposed, please rise.

Nays

Churley, Marilyn	Marchese, Rosario	Prue, Michael
Kormos, Peter	Martel, Shelley	

The Clerk of the Assembly (Mr Claude L. DesRosiers): The ayes are 71; the nays are 5.

The Speaker: I declare the motion carried.

1400

PERSONS DAY

Hon Dwight Duncan (Minister of Energy, Government House Leader): On a point of order, Mr Speaker: I believe we have unanimous consent for each party to speak for up to five minutes in celebration of the 75th anniversary of Persons Day in Canada.

The Speaker (Hon Alvin Curling): Do we have unanimous consent? Agreed.

Hon Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): Today it would be absurd to ask a woman if she thought of herself as a person, and I particularly would

like to point out the number of young women we have in the House today and ask them if there was ever a time in history that we would have had a conversation about whether women were in fact persons.

But in the early 1920s this was a hotly contested issue. Women were officially considered non-persons and were ineligible to be appointed to the Senate. In fact, British common law stated that they were “persons in the matter of pains and penalties, but not in the matter of rights and privileges.” It wasn’t until October 18, 1925—75 years ago—that women were formally considered persons under the law. On that day, the Judicial Committee of the Privy Council of England overruled the Supreme Court of Canada’s definition of a person with the words, “and to those who ask why the word ‘persons’ should include females, the answer is, why should it not?”

Today is the 75th anniversary of that ruling, which is known as the “persons” case. It was a huge victory for all Canadian women. The “persons” case is the inspiration for this year’s theme for Women’s History Month: “Yes! Women are “Persons!” / Oui, les femmes sont des « personnes! »

For the past 12 years, Canada has marked October as Women’s History Month, to celebrate and recognize the many achievements and contributions of women in the development of our great country.

The “persons” case ruling in 1929 helped pave the way toward equality and participation of women in all aspects of Canadian society. Emily Murphy, Nellie McClung, Irene Parlby, Louise McKinney and Henrietta Muir Edwards, better known as the Famous Five, fought for 13 years to make it possible for women to serve in the Senate and become fully participating citizens. A few months after the ruling, on February 15, 1930, the first woman in Canada’s history, the Honourable Cairine Reay Mackay Wilson, of Ontario, was appointed to the Senate. She was also the first woman appointed Chair of a Senate standing committee.

However, this was not the first victory for women in their quest for equal rights. Women won the right to vote in federal elections in 1918, after years of intense and imaginative campaigns to make the public aware of the voting rights issue. They won the right to vote in Ontario elections in 1917. Women’s participation in public life has grown significantly since then, with representation on municipal councils, provincial Legislative Assemblies and as members of Canadian Parliaments. Women have achieved success and influenced social change in leadership positions as heads of political parties, chairs of royal commissions, as Prime Minister and as Governors General of Canada.

There are outstanding women throughout Ontario who have made significant contributions to their communities, such as Agnes Campbell Macphail, the first woman member of the Canadian Parliament and one of the first two women elected to the Ontario Legislature; the Honourable Sheila Copps, the first female Deputy Prime Minister; and in our own midst, Lyn McLeod, head of the Ontario Liberal Party; people like Frances Lankin, who

ran for the New Democratic Party; and Elizabeth Witmer, who ran for the Progressive Conservative Party. These women are role models and we applaud them, not just here in Ontario but across Canada.

My government understands that ensuring equality for women is essential to building stronger, more vibrant, inclusive communities across the province. Today, 33 women serve in the Canadian Senate and 65 women serve in the House of Commons. Four women, including newly appointed Rosalie Silberman Abella and Louise Charron, preside on the Supreme Court of Canada, the largest number of women in any comparable court in the world. In this room, there are 24 women serving the people of Ontario as MPPs.

Ontario can be very proud of all its women. This month provides us the opportunity to honour their remarkable contributions.

However, much remains to be done to enable women to fully participate in our society. We need to continue to address women’s safety in their homes, workplaces and communities, and ensure equal opportunities for education and training, particularly in high-growth areas where women are underrepresented.

It’s my hope that today’s young women will be able to look back at our generation the way I look back at the Famous Five, and that we can do so and they can do so with pride. Thank you.

Mrs Elizabeth Witmer (Kitchener-Waterloo): Today I am very pleased to speak on behalf of the PC caucus to recognize Persons Day. As we’ve heard, it was 75 years ago that the British Privy Council decided that women were persons under Canadian law. We certainly owe that landmark ruling to five outstanding, determined and very persistent women who took their fight all the way to the Privy Council in England, the highest court in Canada at the time.

These Famous Five—Emily Murphy, Louise McKinney, Irene Parlby, Henrietta Muir Edwards and Nellie McClung—changed the lives of women of their generation and of all future generations. These women opened the door of potential political opportunity to women who would take the challenge.

Persons Day falls in October, during Women’s History Month. It is a time for all of us to celebrate the contributions of women, past and present, who have shaped Canada in so many ways. In business, in the arts, in politics and in sports, women have increased their presence and their influence and demonstrated that they can excel in non-traditional fields.

Since this declaration, women in this province and Canada have made great strides. Canadian women have served as justices in the Supreme Court, heads of corporations and even as Prime Minister, Kim Campbell. We also have had our first leader, Lyn McLeod.

More women than ever before are pursuing post-secondary education, thus increasingly becoming economically independent. More women today are owners and operators of very successful small businesses. In all areas of life, women are working extremely hard toward

Independence and self-sufficiency. Certainly today we salute and recognize all of these outstanding women.

However, although we have made very great strides forward, I think it is also important that there are still challenges ahead and still barriers to overcome. In fact, one of the biggest barriers that we need yet to overcome, according to Doris Anderson and others, is getting more women into higher levels of elected office in Canada. That is one of the next barriers that we need to overcome.

Certainly, if we are to meet this challenge and some of the other challenges that lay ahead for women, it is extremely important that all people in this province, indeed all of our colleagues on all sides of this House, work together. We need to ensure that women in this province and women in this country continue to make progress in achieving full equality in all areas of our lives. That is the legacy I want to bequeath to my son and daughter.

1410

Ms Marilyn Churley (Toronto-Danforth): I'm honoured to be able to stand here today as a full person because of the work of these five women. I'm honoured to pay tribute to the 75th anniversary of the "persons" case and the Famous Five, who won this landmark ruling for all Canadian women. They challenged and defeated the status quo, which saw women as secondary citizens and strived to keep them from entering the arena of political decision-making. They wouldn't even let them vote.

I recently saw a bumper sticker that said something like, "Docile women seldom make history." Well, I may not make history, but nobody in this place can accuse me of being docile, I think. The Famous Five—Emily Murphy, Henrietta Muir Edwards, Louise McKinney, Irene Parlby and Nellie McClung—definitely exemplify this adage, as well as many other women: the CCF's very own Agnes Macphail; Shirley Carr from the labour movement. I'm sure we could all go on and on about women who have led the way.

Their challenge to the interpretation of the term "persons" opened the door for women to take their rightful place in Parliament and in all aspects of public life. Isn't it absolutely incredible to believe that a mere 75 years ago, women were deemed less than full persons? We were merely chattels, the property of men. This is in my mother's lifetime. I want to underscore here that they did it by working individually and collectively—again, a testimony to the strength women have when we work together. Occasions like today remind us of this important lesson that we women, in recent years, at times seem to overlook.

I and my peers would not be where we are today had it not been for these five women coming together. Thanks to their legacy, we can now point to a stunning record of women's contributions to this province and, indeed, to this country.

Commemorating this watershed moment in Canadian political history is also particularly important in current times, when the declining representation of women in

Legislatures like ours is a telling reminder that we can never become complacent.

Part of the democratic deficit that underlines voter cynicism and declining voter turnout is the lack of diverse representation in Legislatures. Canada, once a leader in electing women to public office, now ranks 36th in the world among democracies in terms of women's representation in the national Legislature. Provincially, this slide is also all too visible. In Ontario, 28 women—still not enough—sat in the assembly when we were in government. The figure declined to 19 when the Tories took over, 18 in their second term, and currently we've moved up again, but not to the full 28. There are 23 women members. So after gaining some ground, the number of women in elected office today has not just declined but is in danger of rescinding more.

So while the five who came before us won one battle, a very important battle, there are many fronts left for us to fight and glass ceilings to shatter. The New Democratic Party of Ontario, indeed of Canada, is committed to ensuring parity of representation in the Legislature. That is one of the reasons we're calling for the introduction of a form of proportional representation, as recommended by organizations like Equal Voice, an action group that is tackling, in a very public fashion, the underrepresentation of women in Legislatures across the nation and in Ottawa.

Research undertaken by this group and by Fair Vote Canada, another partner in democratic renewal, shows that democracies with proportional representation have an average of twice as many women in public office. At the rate we're going now, I believe they have calculated it will take over 100 years to even achieve parity. That is not good enough. I've recommended that Attorney General Bryant pay attention to this point as we all await the unveiling of the Liberal's plan for restoring public faith and participation in politics.

Again, I am pleased to represent the Ontario New Democratic Party today in paying tribute to these five women who changed forever the lives of women in Canada and, indeed, in Ontario.

ORAL QUESTIONS

HOSPITAL FUNDING

Mr Robert W. Runciman (Leader of the Opposition): My question is for the Minister of Health. Last week, I asked Premier McGuinty about your government's backdoor efforts to redefine medicare in Ontario by forcing hospitals to decide what services to cut as you strong-arm them to balance their budgets by creating two classes of patients: those receiving protected services and those who fall outside your priorities; for example, emergency room services. As usual, the Premier refused to provide a helpful response.

We've also contacted a number of hospitals to gauge the impacts that will result from your ultimatum, but the culture of fear you've engendered in the sector has them literally afraid to speak out. Minister, in last year's election you promised that health care services would be provided to all who need them when they need them. Are you now breaking that promise?

Hon George Smitherman (Minister of Health and Long-Term Care): There is obviously lots of evidence that abounds that hospitals are very engaged in the public discussion with respect to the challenges of operating within available resources. I would seek to remind the honourable member of two points which I think are very helpful in this discussion. The first is that our government is spending \$700 million more this year on hospitals than the amount of money allocated by your government in the Magna budget for this fiscal year. Since coming to office just about a year ago, we've invested nearly \$1 billion in operating at Ontario hospitals and acknowledged a further \$721 million in debts that are essentially the unpaid operating bills from when your party had the privilege of providing services in the province of Ontario. We recognize, of course, that there are difficult challenges, but I think the sustainability of our health care system does very much dictate that we operate within our means and that we move beyond the day where deficits could be run up and forced upon government in the final days of the fiscal year.

Mr Runciman: Although hospital administrators are afraid to publicly criticize the Liberal government, we did learn this weekend about some of the deficit projections facing a number of hospitals and some of the impacts.

We know the Sault Area Hospital is cutting 75 jobs; the Campbellford Memorial, east of Peterborough, will close 19 beds and lay off 21 people; the Huron-Perth Healthcare Alliance will close 47 beds; and at Sick Kids in Toronto, where the vice-president of child advocacy has mysteriously disappeared after speaking out publicly, there will be reduced patient care and longer waiting lists. Instead of enhancing health care services, as you promised, you're making it impossible for patients to get timely, adequate care.

Minister, explain to the people of Ontario why they are paying a new health tax yet getting less access to crucial hospital services. Why is that?

Hon Mr Smitherman: The honourable member would be well advised to be reminded of the actions of his party on the subject of hospitals while in government. Was it in their second year that they actually cut hospital funding by 3.5%? Was it in their third year in government that they cut hospital funding by 4.4%? It had the effect of reducing the amount available to our hospitals by \$557 million.

1420

In contrast to the argument the honourable member brings forward, what have we done as a government? Early on, upon our arrival, we invested \$385 million in base funding for hospitals; in this year's budget, 469.5

million new dollars for Ontario hospitals, and a comprehensive and unprecedented investment in community-based care to assist our hospitals in diverting traffic so they can focus on the things they are best able to do.

We acknowledge that our hospitals have challenges. None of these changes that the honourable member has referenced have occurred to date. Hospitals are working through a process with our government, and the first piece of that is the expectation that hospitals will produce balanced budgets—not on an immediate basis, but by the end of 2005-06, because that's the relief Ontario hospitals sought and obtained from our government. We're working with them. There are difficult issues to be resolved for sure, but our determination to create a sustainable health care system is at the basis of this challenge.

Mr Runciman: Minister, you and your Premier have failed to address the impact of interim agreements you're strong-arming and intimidating hospitals into signing. You don't want to talk about the cuts these agreements will require to important services like chemotherapy, diabetes and arthritis clinics or emergency room services. We've already heard of a firefighter having to lie on a park bench outside an emergency room—an alarming and disturbing scenario, but an indicator of even worse to come from your ham-fisted government.

Minister, will you end your war on hospitals, stop your bully-boy tactics and release details of these interim agreements so that people will finally understand the effects of your attempts to transform the health care system in Ontario? Will you do that?

Hon Mr Smitherman: I think the people of the province of Ontario fully recognize that the legacy of that party after eight and a half years in government was these difficulties that we experience in health care in Ontario. We've invested \$2.161 billion already this year in the most comprehensive expansion of community-based care, designed to assist our hospitals by diverting traffic. We've invested nearly a billion dollars in new operating funds as a government since taking office. And we've acknowledged \$721 million in operating debts, sir, that your government directed Ontario hospitals to bury in their books so the province could claim the books to be balanced.

So I do fully acknowledge the challenge associated with this difficult file—it is the largest line in the government's books—but our determination to work with hospitals to get them in balance and to keep them in balance on a sustaining basis is a fundamental issue and one which we're dedicating quite a lot of time to. I continue to look forward to working with the honourable member to resolve these issues to the benefit of Ontarians.

The Speaker (Hon Alvin Curling): New question. The member for Nepean-Carleton.

Mr John R. Baird (Nepean-Carleton): My question is to the Minister of Health. Minister, last week we on this side of the House showed you the dire crisis facing the Ottawa Hospital. Today we learned that it is not only the Ottawa Hospital, but that you and your government's mismanagement and incompetence have literally started

a fiscal fire across virtually every hospital in Ontario. Last week we learned the details of the 35% increase that you gave to the OMA for our physicians. Two days later we learned another thing: Sick Kids faces a \$45-million cut. Minister, isn't it time that you stop this crisis you've created? Isn't it time that you admit this is all your fault? Won't you tell us right here and now what you plan on doing to fix this problem you've created?

Hon Mr Smitherman: I appreciate the opportunity that the member's question provides to read a quote from a very interesting person. This is former Minister of Finance Janet Ecker, who said on Friday night, with respect to our agreement with the Ontario Medical Association:

"But I think this agreement has great potential. I think it is trying to take new money and it's trying to incent the kind of behaviour everybody says we need in the health care system if we're going to finally get a sustainable system. And so, if this agreement can go through and if it is a workable agreement, it might well make positive change."

The point is that the situation we inherited from that party—their legacy is clear. It was one that dissatisfied Ontarians. We're working very hard to develop better quality health services in the province of Ontario, we're making unprecedented investments to do so, and I believe we're on the right track.

Mr Baird: Sick Kids Hospital is in your constituency. You neither seem to be an advocate—

The Speaker: Order. The member for Nepean-Carleton, you've been using that prop. I ignored it the first time, but could you put your question without props, please.

Mr Baird: You're not prepared to stand up for the hospital in your own riding and neither are you prepared to stand up and be an advocate for any public hospital in Ontario. It's not just the crisis that you created in Ottawa or Toronto.

Let's look at the headlines from around the province: "Cuts Could Leave the Stratford General Hospital with 18 Fewer Beds"; "Campbellford Hospital to Cut Jobs to Balance Budget"; Nearby Peterborough Regional Health Centre Announced Plans to Cut \$12 Million in Spending"; and the "Cornwall Community Hospital Will Need to Cut \$7.1 Million Worth of Services." These are headlines from right across the province. Virtually every hospital is in a fiscal crisis.

For the first time in the history of the province of Ontario we don't seem to have a minister, a caucus or an advocate for public hospitals in Ontario. Will you stand in your place and now admit that this crisis is wrong—it's hurting patient care—and will you back down and fund our hospitals properly? Will do you that?

Hon Mr Smitherman: Just a few facts that might be helpful to the honourable member: We have not cut one dime. Every hospital in Ontario is receiving more money this year than last. We have, as a government, invested nearly \$1 billion, not yet our one year anniversary in government. We're investing \$700 million more in our hos-

pitals this year than that party, while in government, proposed.

The Speaker: Final supplementary.

Mr Baird: Going back to the question made by the leader of the opposition, not only do we not have an advocate for public hospitals in Ontario, we seem to have a bully government and a bully minister leading the charge against our hospitals. I want to ask you very directly, are you aware that the Sick Kids spokesperson Cyndy DeGiusti was forced to resign this afternoon, after your ministry put pressure on the hospital board over her comments in Saturday's Star? Will you admit that, and will you stop this bullying of the hospital community?

Hon Mr Smitherman: On the issue of an advocate for Ontario's hospitals, I'll put the record of our government up against the record of your government that I've enumerated this afternoon. Nearly a year in office, and we've invested nearly a \$1 billion of new operating funding in our hospitals. In two years, that party while in government reduced hospital funding by \$565 million. We're funding them to the tune of \$700 million more than their own Magna budget proposed for Ontario's hospital. I think this makes the point: We're working very hard in Ontario to create a health care system for once—

Mr Baird: You're fired.

Hon Mr Smitherman: —that recognizes the reality—

Mr Baird: Donald Trump—

Hon Mr Smitherman: —that community—

The Speaker: Order. The member for Nepean-Carleton, please stop shouting across. I'm not having an opportunity to hear the minister. I think you were completed, Minister.

Hon Mr Smitherman: Completed, Speaker. Thank you.

The Speaker: New question.

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Health. Last week we learned that you were giving some physicians a 35% pay hike. Over the weekend we started to see the consequences of that. The Hospital for Sick Children said clearly that your health care decisions will mean a \$45-million reduction to health services for some of our sickest and most vulnerable children. Your Premier seems to think this is progress; I call it making a crisis.

Will you commit today that crucial children's hospital services won't be placed in jeopardy because of your deal with the doctors and your failure to properly fund our hospitals?

Hon Mr Smitherman: I note that the honourable member seeks to reference our historic agreement with the Ontario Medical Association. I had the opportunity on Friday to hear from a former Health Minister of Ontario, Dave Cooke, who said, "I think this, on the surface, looked like a very innovative agreement." The Toronto Star in an editorial said, "Deals with Doctors Good for the Province of Ontario." Communities all across the province, many of them in that member's own riding, have seen their fate in the hands of those two parties

while in government and it has been a fate of family doctors, disappearing from local communities.

I stand firmly in favour of a process that will once again renew family practice and restore vitality to it, and see doctors return to communities in Ontario. That will be important for providing services to children as well.

1430

Mr Hampton: The question was, will the minister guarantee that crucial health and hospital services for children won't be reduced? It's interesting. He did everything possible to avoid answering the question. That is the issue, Minister.

You hand physicians a 35% pay increase and then hospitals like Sick Children are facing a \$45-million reduction. They are very clear about what that means. It means a reduction in services for children. It means longer waiting times for children who need services. It means children's acute care beds being reduced, outpatient clinics being reduced, surgical beds being reduced.

Minister, I'm going to ask you the question again: Will you guarantee that crucial hospital services for sick children, children's acute care and rehabilitation beds won't be cut as a result of your failure to properly fund our hospitals?

Hon Mr Smitherman: I'll remind the honourable member what I said a moment ago in answer to the other party's questions, and that is that every hospital in Ontario is receiving more money this year than they did last year. I think this is important.

With respect to the specific issue he raises, the member should know that the process we're involved in is not one that is to be resolved on the basis of a newspaper story but rather on Ontario hospitals working through a process which has been established with them, which is that first they must submit proposals with respect to balanced budgets. We'll work through these issues with them, including, as may be necessary, assisting them with turnaround teams that would involve professionals from other hospitals who have had success in creating balanced conditions.

We acknowledge that there's lots of work to be done in working with Ontario hospitals to get them in balance and to create a sustainable system, and we will do that. I remind the member that these issues he chooses to use for research, issues in the newspaper, are not the final word on the subject. We're working very closely with all Ontario hospitals to resolve these matters.

Mr Hampton: Once again, the question was, will you guarantee that these important hospital services for sick children won't be cut or reduced? Twice you failed to answer the question. You claim to be a know-it-all on health care; then answer the question.

Bloorview MacMillan Children's Centre is also facing serious cutbacks. Right now, they are looking at cutting outpatient services, food services and housekeeping services. You and your Premier call that progress. Once again, I call it your broken promises and letting our children down. These are human costs, the costs of our chil-

dren who are suffering. So I'm going to ask you again: Will you guarantee that these important hospital services for sick and vulnerable children will not be reduced as a result of your failure to properly fund our hospitals?

Hon Mr Smitherman: I want to tell the honourable member that of course we recognize the extraordinary value of hospitals like Sick Kids and Bloorview MacMillan. While he seeks to suggest that I have no emotional commitment or attachment, I would simply tell the honourable member that as one who spent four months in Sick Kids Hospital, I have a very strong attachment to that hospital. That's where I went to celebrate my 40th birthday, with a contribution to their foundation. They do extraordinarily good work there.

Obviously, budgets must be established in our province on the basis of what is available and of the sustainability of our health care system. I repeat the message, and I remind the honourable member of two things: The first is that every hospital in the province of Ontario received more money this year than last, and that we have a process established with Ontario hospitals to get them in balance over a period of 18 months. That does provide us the necessary time to work through these very specific challenges that are being brought to the attention of the Legislature today.

The Speaker: New question?

Ms Marilyn Churley (Toronto-Danforth): My question is to the Minister of Health. Today, the Premier gave himself a B when he was grading your government, but when it comes to protecting health care for women, you don't make the grade at all, because you're putting unique health care services for women on the chopping block. The Ontario Hospital Association and Women's College Hospital tell us that your proposed budget formula for hospitals means deep cuts for women's health programs. You call that progress; hospital officials call it cuts to gynecology, obstetrics, breast care, birth control, fertility and abortion.

Will you guarantee today that you'll make sure none of these critical health care services for women will be cut?

Hon Mr Smitherman: I appreciate the opportunity to address a question about another of the valued health care services that is located in the riding of Toronto Centre-Rosedale. I have long been a supporter of the excellent work done at Women's College Hospital. The assurance I can give the honourable member is that we've invested more money in hospitals—almost \$1 billion since we came to office. We look forward to the opportunity of working through these challenges with Ontario's hospitals over the course of the next 18 months or so, and I can assure the honourable member that there will be no sign-off on these changes that have been predicted so far in newspaper stories. We're working to ensure that the provision of these essential health care services is there for the people of Ontario.

Ms Churley: I want to make it clear to the minister that I have met with front-line workers from the hospital. This is not just from a newspaper story; they told me what's going on there.

You say that you're making progress on health care. Let me give you more specifics about what is happening at Women's College Hospital, Ontario's leading women's health centre. The 24-hour urgent response centre is no longer open at night; the pelvic pain clinic is gone; there are just a few surgical beds left; the environmental health centre is disappearing; whole corridors are already empty; offices are vacant; equipment is mothballed. And the worst is yet to come: You're forcing Women's College Hospital to cut its budget by 25%. Hospital supports say you're turning the hospital into a ghost hospital. I'm asking you again specifically, will you guarantee that you'll make sure none of these critical health services for women will be cut?

Hon Mr Smitherman: It seems a little bit interesting to get a lecture from a member of a government that closed 8,000 beds while she was part of the government.

On the issue of Women's College Hospital, I repeat what I said a moment ago in answer to the member's question earlier: It's an important facility. We recognize its very special role for women's health. I'm a very strong supporter of Women's College having a strong role in this regard. Obviously, like other hospitals in Ontario, they are submitting some information related to the challenges they must confront in reducing their budgets. We, as a government, are working with them to encourage them to take advantage of all those reports which have indicated hundreds of millions of dollars in savings in non-clinical areas that have not yet been taken advantage of.

I remind the member that she seeks to turn this into a crisis point of this afternoon but that we have an opportunity over the course of 18 months to bring hospitals in Ontario into balance and sustainability.

Ms Churley: Minister, it's not me trying to turn this into a crisis; you've turned it into a crisis. The front-line workers are coming to see me, telling me that they're already in crisis, and you're making it worse. Dr Bev Richardson, former chief of medical staff affairs at Women's College, says this about your progress: "This organization will not survive." It will be the last of a thousand cuts after what the previous government did to it.

You have a duty, Minister, to ensure that women get access to crucial and unique health services that we need. Your actions so far show that you think women's health services are dispensable. But it's not too late to do the right thing, and I have a recommendation for you: Will you commit today to take those services off of the cuts list and put them on the protected services list, where they belong? They are not on the protected services list, Minister. Will you agree to put all those services on that list so they won't hit the chopping block?

Hon Mr Smitherman: It's interesting that the honourable member thinks that spending more money makes things worse. The fact of the matter is that Women's College, with Sunnybrook, is part of a very significant and important hospital in Ontario. They're obligated, in the same way that other Ontario hospitals are, to file in-

formation with the ministry with respect to the initiatives they would undertake to get their budgets in balance. We have the opportunity to work with all Ontario hospitals to make sure that the things they're offering in terms of change are focused toward non-clinical areas. As I've said a few times in the House today, we have this opportunity over the course of the next 18 months and I look forward to working through these challenges with all Ontario hospitals.

1440

At the end point, what is clear is this: We're investing more money this year in Ontario hospitals. That party, while in government, reduced hospital beds by 8,000. That party, while in government for two years, reduced hospital funding by \$565 million. Our record is clear: less than one year in office, one billion new operating dollars for Ontario hospitals and acknowledgement of another \$721 million in the form of working capital deficits. This represents a very significant commitment on our part to making sure that our hospitals are performing their important role.

The Speaker: New question, the member for Kitchener-Waterloo.

Mrs Elizabeth Witmer (Kitchener-Waterloo): My question is for the Minister of Health. About one year ago, you went to the OHA convention and you promised a new approach to solving problems. You can imagine their disappointment when, without any consultation, you introduced Bill 8, which shifted authority from the hospitals to the Ministry of Health, and you made them agree to specifics or run the risk of penalties or sanctions. That was the beginning of the intimidation, the threats and the fear that we see today.

Then you had your budget, which underfunded hospitals to the tune of about \$600 million. We know that these cuts are going to hurt the London hospitals. We see in the paper there are going to be service cuts, there are going to be staff cuts. Cliff Nordal, the president, says there are going to be longer waiting lines. Smaller rural hospitals might have to close their emergency departments. There are going to be service cuts.

I ask you, Minister, can you commit that no emergency rooms will close and that no nurses will lose their jobs?

Hon Mr Smitherman: You know it's going to be an interesting day at the Ontario Legislature when that member stands in her place and raises issues about nurses. This is the member who, as part of a government, fired thousands and thousands of them and then paid \$400 million to try to mask that.

The facts are very clear: a new government, one year in office, \$1 billion in new investment in our hospitals, \$721 million in working capital deficits acknowledged, the single largest community-based investment in those services designed to divert traffic from our hospitals so they can be left to focus on only the things they are best built and suited to do.

We're working through these matters with Ontario's hospitals. The Ontario Hospital Association asked us for

an extension to get these books in balance in Ontario hospitals. We've granted that. That gives us a window of opportunity to work through these on a case-by-case basis, and that is exactly what we're doing.

Mrs Witmer: Despite his rhetoric, I would like this Minister of Health, that person, if he chooses to refer to people in that way, to know that our government added 12,000 new nursing positions. You have promised to hire 1,000 more, and we now learn that hospitals across this province are threatening to fire nurses. There will be more than 1,000.

I would also say to you, despite your rhetoric, hospitals are not happy. They're not working with you in a co-operative manner; they do it only under the threat of intimidation, fear and anything else you or your staff are throwing at them.

I'd like you to acknowledge, at the least, that you can't expect hospitals to sign these accountability agreements in the absence of knowing their allocations for 2005 and 2006 or the impact of upcoming labour negotiations.

Hon Mr Smitherman: The honourable member makes an interesting case about her party's record while in government related to nurses. I think what most people will remember is that your government fired them by the thousands and your former Premier compared them to Hula Hoops, saying that nurses in our province were as out of date as the Hula Hoop.

I'm very proud of the initiatives we've launched with respect to nurses, and I'm very proud to say that in the work we're doing right now with Ontario hospitals the issue of the stability of the labour force, particularly around nurses, is one of those priority areas that we seek to emphasize.

I do acknowledge that we have a lot of work to do. The fact of the matter is, we've given ourselves an appropriate time frame to work through these things with Ontario hospitals.

I would just say a word to the honourable member. I had the opportunity earlier today to be in contact with a hospital's CEO. That hospital's CEO expressed no hostility toward me. In fact, that hospital's CEO is very pleased with the relationship we have. Many hospitals in the province are working through their difficult issues. We're doing that together.

LONG-TERM CARE

Ms Shelley Martel (Nickel Belt): I have a question for the Minister of Health. You'll know that there is a crisis facing alternate-level-of-care patients in the community. Last week, I asked you to consider temporary funding of long-term-care beds or temporary beds at the Sudbury Regional Hospital to try and avoid sending long-term-care patients to Manitoulin Island, Espanola or even Chapleau.

It's clear that funding temporary long-term-care beds at a local facility is an option. On Wednesday night, city council heard that as a result of a redevelopment project at our local home for the aged, some 30 beds could be

created on a temporary basis to resolve this crisis. That's why, on Wednesday night, city councillors passed a resolution urging you to fund 30 temporary beds at Pioneer Manor as soon as possible.

My question is this: Will you fund these beds and do it as soon as possible?

Hon George Smitherman (Minister of Health and Long-Term Care): I do want to comment to the honourable member. In fact, both members from the Sudbury area have been very forceful advocates on behalf of their constituents, as is appropriate. I'm not in a position today to tell the member that the resolution that's been proposed is one that we can move forward with, but I expect to be in a position within the next few days to be able to take advantage of some of the opportunities that do exist, recognizing, again, that it is a very, very significant challenge for people to be asked to move beyond their communities, particularly given the travel distances in northern Ontario and that winter is on the short horizon there. So I would hope, before the week is out, to be able to offer tangible evidence of progress on this very, very crucial issue.

Ms Martel: I think that Pioneer Manor offers an excellent short-term opportunity for these temporary beds, but I also think it offers real opportunity for long-term-care beds so that this crisis of a shortage of beds in our community will not continue.

As a result of the capital redevelopment, it's clear that there's a new opportunity to convert B and C beds to A beds. That could be done with minimal capital adjustments, much less than what would be required to actually build 30 new A beds right from the start.

So, Minister, as you consider funding temporary beds at Pioneer Manor in the short term to avert this crisis that's upon us, will you also have your ministry review what might be possible in the longer term at Pioneer Manor to convert existing space into new A beds?

Hon Mr Smitherman: The short answer is yes, but I wouldn't limit it to that option. I would say to the member, as I believe I acknowledged in my answer last week, that the allocation of beds in northern Ontario does seem to have provided significant challenge, not only in the Sudbury community. It's been a very, very significant issue in Thunder Bay and Timmins, as I think the member would be very well aware, and in other communities. We do think that there is a short-term point and also a longer-term resolution which is necessary. At the heart of that would seem to be overall bed capacity in northern Ontario. So we are taking a look at that longer-term issue, with a view toward trying to address it. But I hope to be able to demonstrate progress on the short-term issues before week's end.

SMALL BUSINESS

Ms Judy Marsales (Hamilton West): My question is for the Minister of Economic Development and Trade. Small businesses form a very vital part of Ontario's overall economy. In my riding of Hamilton West, many small businesses, such as the Locke Street Bakery,

Skinner Opticians, Pasword Communications or even Hill's TV, contribute greatly to our region's overall economic prosperity. These businesses hire from our local communities, purchase goods and services from our local communities, and thus contribute immensely to the overall economic success and growth of our Ontario communities.

Will the Minister of Economic Development and Trade confirm to the Legislature the importance of small business in Hamilton West and Ontario's overall economy?

Hon Joseph Cordiano (Minister of Economic Development and Trade): Let me thank the member for the question. I'm proud to stand up today to tell the Legislature that October is officially Small Business Month in the province of Ontario. The member is right: Small business plays an extremely vital role in Ontario's economy. In fact, small businesses generate 60% of all new jobs in Ontario; 94% of all small businesses employ fewer than 50 employees; nearly 75% of these businesses employ fewer than five people. So it is extremely important to our economy.

1450

Let me just cite a report that was brought forward by CIBC, entitled Canadian Small Business: Back in High Gear. The report says that Ontario will lead the country in small business growth: 90,000 new firms in 2004-05 will be created, and an expansion of 6% for the year 2004-05. So this is good news for Ontario's economy.

Ms Marsales: Thank you very much, Minister. I'm glad to see you understand the vital role that small business plays in our economy, and certainly all the women who are participating in these small businesses. Could you please tell me what we are doing to help these small businesses achieve greater economic success?

Hon Mr Cordiano: We are diligently working on the creation of a small business agency. With the help of my parliamentary assistant, Tony Wong, who has consulted with the small business community, we're going to make access to government programs easier and decrease the amount of paperwork that small businesses have to do through the use of a one-window, Web access portal, working with my colleague Jim Watson.

Also, we lowered our small business income limit to \$400,000 through the help of the Minister of Finance—thank you very much.

We are also increasing the number of apprenticeships, working with my colleague the Minister of Training, Colleges and Universities, Minister Chambers.

We're also bringing forward a northern Ontario strategy through the good work of my friend Rick Bartolucci.

This McGuinty government is working together to ensure that we have a very positive business climate for all businesses in Ontario, particularly small businesses.

WOODSTOCK GENERAL HOSPITAL

Mr Ernie Hardeman (Oxford): My question is to the Minister of Health. As you heard in my statement last

week, the lack of approval of Woodstock General Hospital is wasting taxpayers' money because a full year of construction has been lost. The sidewalks are installed, the pre-grading is complete and the fundraising is well underway. The people of Oxford don't understand how the hospital could be so close to completion and then stall like it has. They have been questioning your motive for the delay. Minister, will you assure the people of my riding that this delay is not politically motivated by signing off on the approval immediately?

Hon George Smitherman (Minister of Health and Long-Term Care): I appreciate the work of the people in this community, and I know that they've gone through a lot. But the thing they should understand is that any delay is motivated by the very clear reality that your government made a lot of promises that it didn't leave enough money to back up. We're working through those challenges, therefore, to be able to make sure that we move forward with the construction of hospital capital in a fashion which is consistent with the fiscal realities we're facing.

I want to repeat what I said right at the get-go: There's lots of recognition of the incredibly hard work and community support that exists around this proposal, and I just want to reassure the community of that.

Mr Hardeman: Not only does this delay waste time and taxpayers' money, it sends a signal to our doctors in the area that they are not valuable enough to be provided with a modern facility in which to work. While you were out last weekend negotiating billion-dollar deals with Ontario's doctors, you were ignoring the facilities these doctors need to practise. I appreciate that we should value our doctors' services, but do you not also want to provide them with the proper medical facilities?

Show the doctors in Oxford that you understand their profession and how much they need this new hospital. Minister, will you assure the doctors in my riding that you value their services by signing off on this hospital?

Hon Mr Smitherman: Any doctor in the province of Ontario reading the current negotiated agreement we've made would have no doubt about the extent to which we think they are essential for the provision of good-quality health care.

I would simply remind the honourable member that in the life of his government, the government that he was part of, communities in this province went from 60 to 132 designated underserved. The gentleman beside him was a lobbyist for that designation in his community.

I just want to make the point that not all doctors who provide essential services to Ontarians practise in hospitals.

I stand by the comments, of course, that I made in my earlier question. I look forward to being able to work with the local community and move forward on their health priorities. But I would just remind the honourable member that in the run-up to elections, many things were said and many great big oversized cheques were presented, but on presentation to the bank, the legacy of your government was that too many of those cheques were NSF.

SCHOOL TRANSPORTATION FUNDING

Mr Rosario Marchese (Trinity-Spadina): My question is to the Minister of Education. Last week, many parents joined my NDP colleagues to protest your plans to cut transportation funding for 30 school boards across Ontario. Tonight, parents will be at the Durham District School Board to fight the cutbacks to busing.

Trustees say they have to cut services because your government is cutting funding. These cuts will mean almost 1,000 children have lost seats on their school buses. These cuts leave children walking beside busy highways or walking to school alone. These cuts make children less safe.

The question to you is, will you tell these parents today that you are scrapping your current plan and that you will develop a real student transportation plan that offers reinvestment instead of cutbacks?

Hon Gerard Kennedy (Minister of Education): We really appreciate the member opposite giving us the chance to address the question here in the Legislature, because he wouldn't want those parents or anyone to misapprehend what's happening in education today. Things are getting better in every board. In fact, this year transportation funding increased by a minimum of 2% for every board, by an average of 5% across the board. We're the first government to actually open up a dialogue with the boards on how transportation should be funded in the future.

I'm sure the honourable member opposite will not perpetuate a misconception. In fact, this is a discussion of a draft document that may happen in terms of a formula for transportation funding that will ask boards one thing and one thing only: to be fair with the way they transport their kids, to not have an advantage over other boards and to maintain a high standard.

It just so happens that in Durham region the two boards aren't collaborating as much as they could. We're giving them an amount of money today that covers all of their needs, plus an increase. We're saying that for their future years, we want them to consider becoming more effective. We think that's a good thing to do because it allows us to take care of all the needs we have in the future to meet some of the needs across the province that have more challenges. In fact, over two thirds of the boards face significant increases.

We have a discussion, as past governments sometimes forgot, with the people affected, because they are the ones who are going to make sure that students and their parents have the comfort of knowing they get the transportation they need.

Mr Marchese: Minister, you've already ditched support for school bus funding. In fact, your claim that this is only a discussion paper—your so-called Equitable Allocation Through a New Funding Model for Student Transportation document, the one I'm holding in my hands, which is available on your Web site, goes into detail about where you plan to cut education funding. It also shows clearly that this new funding model is being phased in this year. Minister, if this is a draft plan, why

are you implementing it right now and why don't you admit that it's a bad plan and scrap it today?

Hon Mr Kennedy: I guess I should be a little more generous. I thought the member opposite would join with us right away. Maybe after the supplemental, he'll join with us to make sure we develop the best transportation funding formula.

I guess I shouldn't be shocked, but the document he has in his hands says at the top—and maybe we can get his help here—"draft" funding formula. I know the member opposite intended to include that.

What we're saying is a reasonable thing—something they're not used to after eight years in the wilderness and four or five years of confusion before that—which is that they should be part of the answer. They should be part of drafting a better transportation formula. We invested \$33 million more in transportation this year. We would ask for all of the boards to be part of moving forward with the best way to make sure that kids get safely transported.

I look forward, after this further explication, to having the member opposite join with us, making sure that everyone knows there have been no cuts at all. There is no implementation of anything this year. This formula can be improved on, but only if all the members of this House undertake to get good, accurate information out there, which I know the member opposite will now do.

IMMIGRANTS' SKILLS

Ms Kathleen O. Wynne (Don Valley West): My question is for the Minister of Training, Colleges and Universities. It's certainly not a secret to anyone in this House that providing access to professions and trades for internationally trained professionals is vital to our workforce and our economy. Since we formed government, I know we've done substantial work on working with Ontario's regulatory bodies and by providing several bridge training programs to provide our internationally trained with Canadian work experience.

But about 70% of the residents of the neighbourhoods of Thorncliffe Park and Flemingdon Park in my riding are recent immigrants to Canada. Many of them received approval for their applications to immigrate to Canada specifically because of the points they got for their professional credentials, but when they got here, they discovered that their credentials aren't the ones Canada's regulatory bodies accept. More than that, they're frustrated by the fact that the process to appeal an accreditation decision by a regulatory body varies widely among the professions and trades, with no common standard.

Minister, could you talk about what steps our government is taking to address this issue?

1500

Hon Mary Anne V. Chambers (Minister of Training, Colleges and Universities): We are closely committed to improving the access of internationally trained individuals to professions and trades in Ontario. With regard to the process for accreditation and licensure, many refer to that process as being confusing and arbitrary.

I do want to say that I've been working with the regulators over the past several months, and many of them are making really good progress. But it is a fact that the processes vary greatly from one regulatory body to another. Very recently I appointed former Ontario Justice George Thomson to review all these processes and the appeals opportunities that go along with these processes. I have asked him to recommend to me an appropriate process for independent appeals.

Ms Wynne: Minister, the review of the appeals process is a strong step, and it indicates that we're committed to continuing to work with our internationally trained individuals. However, I know that many newcomers to our province have been caught off guard by the requirements they must meet in their chosen profession and have also been unaware of the demands of their respective trade or profession in Ontario's labour market.

At a recent town hall meeting in Thorncliffe Park, this is the refrain that MP John Godfrey and I heard over and over again: On average, it takes two years from the time of first contact to immigrate to Canada. Given good information about the requirements they must meet to practise in their field of expertise, those two years could be spent getting ready to come and work in Ontario.

Minister, what steps will our government take to better inform our internationally trained individuals in Ontario's labour market climate of the requirements they need to practise and the programs our government offers in order to prepare them?

Hon Mrs Chambers: The fact that individuals come here feeling that their credentials have been accepted is a very reasonable expectation they would have, because they're in fact assessed on the basis of their number of years of post-secondary education and their number of years of work experience, and then they arrive here and find that's not valued to the extent they think it should be.

I'm working with my colleague Minister Bountrogianni on this, and she's working with the federal government on this as well. We think it's absolutely essential that prospective immigrants and all who are interested have a good sense of what the labour market forces are in this province. Recently, we actually launched a Web site. This is part of the government of Ontario Web site. You click on "economy" and it will take you to "career maps" and labour market information by profession. I know this is the kind of information that individuals will be interested in having even before they leave their home countries so they can work toward effective integration into our workforce.

HOSPITAL FUNDING

Mr Norm Miller (Parry Sound-Muskoka): My question is for the Minister of Northern Development and Mines. In Thunder Bay and Sudbury, the hospitals are receiving 80% funding for their construction projects. Why has the McGuinty government refused to provide

equivalent funding for the new hospital project in North Bay?

Hon Rick Bartolucci (Minister of Northern Development and Mines): Speaker, I know that the Minister of Health would like to respond to that.

Hon George Smitherman (Minister of Health and Long-Term Care): Because the proposed project in North Bay also includes the transfer of a psychiatric facility, I can confirm for the honourable member that the government of Ontario's contribution is, I believe, 79.3% in total.

Mr Miller: I'm pleased to hear that the minister is increasing the funding, but the mayor of East Ferris does not feel that way. He suggested that the province is treating municipalities served by the North Bay regional hospital like second-class citizens. Councillors in North Bay and East Ferris say that they face the same tax assessment challenges and construction costs as Thunder Bay and Sudbury. East Ferris's share of the cost will be little more than a million dollars, a significant amount for a small municipality.

Taxpayers in East Ferris are already paying for health care through your new health tax. Why are you discriminating against the people of the North Bay Regional Hospital?

Hon Mr Smitherman: I'm very pleased to report to the honourable member the same thing I had the opportunity to say to the mayor on a face-to-face basis, and it was simply this: If I were to go with him to visit the Sudbury hospital, which is the regional centre, which provides for trauma and tertiary care and the like in northern Ontario, we would see residents from East Ferris. If I were to take the mayor of Sudbury to North Bay, the likelihood of seeing residents of Sudbury in the North Bay hospital is much reduced.

It really makes the point that in northern Ontario there are two regional hospitals that are asked to provide services to a much broader piece of territory than just the communities nearest to them. While all hospitals, of course, draw people in from farther afield, these two hospitals in northern Ontario are essential to the proper functioning of the health care system.

The fact of the matter is that under the funding formula, and the way your government was moving forward, both of these hospitals were being compromised by multi tens of millions of dollars of deficit related to the construction of their hospitals that only had one outcome, if not resolved in this fashion: that it would further imperil their ability to provide the supports that the people of East Ferris and everywhere else in northeastern Ontario are depending upon the Sudbury Regional Hospital to provide.

RURAL EDUCATION FUNDING

Mr Howard Hampton (Kenora-Rainy River): My question is for the Minister of Education. On December 12 last year, you announced a moratorium on school closures. At the same time, you promised a new funding formula for rural schools by March this year. You

promised as well an additional \$177 million in funding for rural schools. Minister, March is long since past and we haven't seen the new \$177 million for rural schools. As a result, the Lakehead District School Board in Thunder Bay is set to close 19 schools, many of them rural.

Minister, you said to the people of Ontario, "Choose change." You promised a moratorium on school closures. You promised the \$177 million of new funding. Where is it?

Hon Gerard Kennedy (Minister of Education): Again, I'm still working on the accuracy of some of the information coming from the third party. The member opposite must have taken notice, because he cares about this issue, that we did deliver an extra \$33 million for transportation, part of our rural initiative. He would have noted as well, very closely I'm sure, because it affected very significantly some of the riding he represents, the \$31 million that we provided directly to rural schools not very long ago.

In fact he knows, because I happened to see him in the airport lounge, that I was up in Thunder Bay on Friday and met with the school board there. He may wish to talk about schools closing.

They're interested in talking about what is the best school system. They were interested in knowing about the number of things we're working on right now that will affect their decisions there—every single one of them an improvement. One part already announced is that \$2 billion is going to fixing up some of the schools that the past two governments let crumble, let get past their best-before dates, let them go down because maintenance and support weren't there.

We've delivered on this and more, Mr Speaker, and I look forward to telling you more about it in my supplementary.

Mr Hampton: The question was about the \$177 million in new funding that the McGuinty government promised, which hasn't appeared yet. As a result, the Lakehead District School Board is set to close 19 schools, many of them rural schools. But what was amazing: When the minister went to Thunder Bay, he must have grabbed a Conservative policy book, because the Thunder Bay Chronicle-Journal says, "Education Minister Gerard Kennedy Has Changed His Tone."

"Rather than urge the Lakehead District School Board to slow its course toward school closings, the minister now commends the board for its 'forward-thinking' approach."

This is what the Conservatives used to say. Where's the change that was promised? Where's the \$177 million in new funding? What's going to happen to these kids who are already being bused for an hour and 15 minutes to rural schools when those schools close and they have to be bused even farther? Where's the change you promised the people of Thunder Bay and people across this province?

1510

Hon Mr Kennedy: It's very interesting. The leader joins his critic in this supposition that isn't founded in

fact. We have put forward \$65 million. We talked about a \$177-million commitment. We've already engaged a very large part of it. There is more to come.

In fact, what he should pay close attention to—and if he or his critic or anyone in his caucus wish to talk to the board, they'll find the board is now looking at what improvements they can make. They made a plan based on the dark days, based on the kind of rules and assumptions that came from the government opposite. They know now very clearly, as does that entire community, that those days are behind us. We have started to put together the kind of support there should be for rural and northern school boards.

I would say that board and all the boards I met with—I met with northern Ontario education leaders—know that we have delivered increased funds for rural schools, that we have delivered increased funds for transportation; and new guidelines and other support for them are forthcoming.

Again, I invite the member opposite to work with us on the improvements that are happening. Get your head out of the sand and see that it's already underway.

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr Pat Hoy (Chatham-Kent Essex): My question is to the Minister of Community and Social Services. Minister, on September 9, your ministry strengthened support for people with developmental disabilities by investing in community supports and launching a major new review of the developmental services system. Can you please explain to the House what exactly that announcement entailed and what it means for the developmental services sector in Ontario?

Hon Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): On September 9 we did, in fact, make a very significant announcement, probably the most significant announcement, that signals a huge shift in retooling of policy in developmental services, something that is long overdue. In that announcement, we also said in the next five years we would be closing the three institutions which still exist in Ontario. That would happen over the next five years. Combined with the closure of those three facilities is the investment in the next four years of \$110 million in this sector so we can properly lay the groundwork for the thousand people who still live in these institutions and will be moving into the community.

As you know, we have to continue funding in the developmental services sector to help all families be certain that those individuals will move into community when the community is ready to receive them. I recognize that there are some who have significant issues, families with great concerns, and we are taking great care to be certain those families will be comfortable with what happens with their individuals.

Mr Hoy: Minister, indeed in that same announcement, you set the date for the closure of three institutions that

remain here in the province, and that included southwest regional centre in my riding. My constituents have expressed a concern about this announcement. Can you please clarify for the families and staff what this move means for the developmentally disabled who live in these facilities?

Hon Ms Papatello: It is important that on the day we made that announcement we took great care to have an opportunity to speak with families in advance. Ministry staff and personnel spoke to virtually every family that has an individual in the institutions, and we took the time to talk to staff people in advance of making the announcements, because we recognize how difficult and challenging it can be for some people affiliated with this.

I want to say that every single government since 1987 has supported the movement to close these facilities. We believe it's the right thing to do. We have to be very mindful of how difficult and challenging it is for some and take care that we make this change gradually and that we do it well. These are individuals who are our most vulnerable citizens, and we owe our most vulnerable citizens to take the time to do it properly.

Let me also say that in the communities where these facilities are located, we are taking great pains to ensure we speak across ministries of this government, as well as other levels of government, so we can bring people in to talk about the redevelopment, the potential for economic development in these areas.

ARCHIVES OF ONTARIO

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): My question is for the Chairman of Management Board. As stated by my colleague from York North today, we were shocked to hear your decision to cancel the move of the Archives of Ontario. This decision puts the historical records of our province and its people at great risk. The current location is simply no longer suitable. Will you do the right thing now, stop hiding behind the legal opinion which you will not release and restore the funding for this vital project, or will you just play politics with our history?

Hon Gerry Phillips (Chair of the Management Board of Cabinet): The first thing I would say is I want to assure the people of Ontario that we clearly will ensure that we protect these important documents. We've done a couple of things. One is that you're probably aware that 80% of the archives are moving into a new facility that is being built in the north of Toronto—80% of them will be handled there. The second thing we're doing is to look at a significant long-term plan for housing the archives. I would say that when we came into government a proposal was there and all the legal advice we got was that we were unable to accept it. And if you want to know what we do, we take these legal opinions seriously. We're not going to put at risk the taxpayers of Ontario. I just want to assure everyone we will come forward with a plan for ensuring that we have a long-term, viable option to make sure that our archives are properly protected. We will do that, we'll do it in a fiscally responsible way and we'll do

it in a way that ensures we don't run into significant legal risks.

The Speaker (Hon Alvin Curling): That's the end of oral questions. It's time now for petitions, but there's so many people standing, I'm not sure if I can recognize anyone. I'll recognize you all.

PETITIONS

HEALTH CARE SERVICES

Mr Bill Murdoch (Bruce-Grey-Owen Sound): I have a petition to the Legislative Assembly of Ontario and many more like it from a lot of people right across Ontario

"Whereas the Liberal government has announced in their budget that they are delisting key health services such as routine eye exams, chiropractic and" psychotherapy "services,

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

"To reverse the delisting of eye exams, chiropractic and" psychotherapy "services and restore funding for those important and necessary services."

I have also signed it.

The Speaker (Hon Alvin Curling): I'm having difficulty with so many people standing. I don't know if they are wanting a petition or they're leaving the Legislature. But I will easily recognize the member for Beaches-East York.

CHIROPRACTIC SERVICES

Mr Michael Prue (Beaches-East York): I have a petition here that reads as follows:

"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;

"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 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 am in agreement and would sign my name thereto.

1520

SCHOOL BUS SAFETY

Mr Michael Gravelle (Thunder Bay-Superior North): I am beginning the petitions put forward by Melanie Perrier, the mother of Allyceea Ennis regarding school bus safety. The petition reads:

“To the Legislative Assembly of Ontario:

“Whereas the Ontario Ministry of Education requires district school boards to ensure that classes, ‘on average for each board, do not exceed ... 24.5 in elementary overall (junior kindergarten through grade 8)’;

“Whereas the Ontario Ministry of Education states, ‘For safety and discipline purposes, a school bus is regarded as an extension of the classroom’;

“Whereas a full-size school bus has 24 seats and can carry up to 72 children, far more than a teacher is allowed to supervise unassisted;

“Whereas the Ontario Ministry of Transportation states, ‘Police can charge drivers with careless driving if they do not pay full attention to the driving task’;

“Whereas school bus drivers, no matter how diligent, cannot adequately supervise up to 72 children and safely navigate a multi-tonne bus through busy traffic and changing road conditions;

“Therefore, all elementary school buses should have a trained adult supervisor on board in addition to the driver.

“Whereas the Ontario Ministry of Transportation regulates deployment of safety equipment unique to school buses;

“Whereas Transport Canada recommends that, ‘depending on their physical characteristics, children up to the age of four or five be restrained on school buses using the same restraint system recommended for a passenger vehicle’;

“Therefore, school buses require the proper installation and use of appropriate child safety restraint systems for all junior and senior kindergarten students.

“Whereas the Ontario Ministry of Transportation is responsible for establishing rules and regulations pertaining to driver qualifications and licensing; and

“Whereas the Canadian Council of Motor Transport Administrators recommends that commercial vehicle drivers take a first aid course that includes respiratory emergencies, artificial respiration and accident scene management;

“Therefore, all school bus drivers should annually pass mandatory instruction and testing in first aid, CRP and emergency situation management, as a requirement of Ministry of Transportation licensing.

“Therefore, we, the undersigned, remember Allyceea and petition the Legislative Assembly as follows:

“That the Legislature pass a law:

“(1) requiring all elementary school buses to have a trained adult supervisor on board, in addition to the driver;

“(2) requiring the proper installation and use of appropriate child safety restraint systems on school buses for all children under 50 pounds or 23 kilograms; and

“(3) requiring all school bus drivers to annually pass mandatory instruction and testing in first aid, CPR and emergency situation management, as a requirement of Ministry of Transportation licensing.”

Thank you for your patience. It’s a very important petition signed by—

The Speaker (Hon Alvin Curling): Further petitions.

CHIROPRACTIC SERVICES

Mr Jerry J. Ouellette (Oshawa): I need to say happy birthday, Mum.

Applause.

Mr Ouellette: Thank you.

This petition reads:

“To the Legislature 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;

“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 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 affix my name in support.

PHYSIOTHERAPY SERVICES

Mr Dave Levac (Brant): This is a petition that is written to the Legislative Assembly of Ontario.

“Whereas seniors and other qualified patients require the continued provision of physiotherapy services through schedule 5 clinics to promote recovery from medical conditions and continued mobility and good health;

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

“The patients of schedule 5 physiotherapy clinics request the continued support of the Legislative Assembly of Ontario for provision of OHIP-covered physiotherapy treatment to qualified seniors and others in need of these vital health care procedures.”

I’ll sign my name in this corner.

LANDFILL

Mr Toby Barrett (Haldimand-Norfolk-Brant): I have just come from a meeting concerned about the expansion of the Edwards landfill.

“Whereas the new Adams Mine Lake Act, as of June 17, 2004, amends the Environmental Protection Act to prohibit waste in the lake; and

“Whereas in the act, ‘lake’ results from human activities, and directly influences or is directly influenced by groundwater; and

“Whereas Edwards landfill is to be 15 acres excavated 29 feet and a wetland/slough forest;

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

“Halt the Edwards landfill site excavation.”

These petitions are being published in the Haldimand press, and I affix my signature to them.

TEACHING ASSISTANTS

Mr Michael Prue (Beaches-East York): I have a unique petition. It reads as follows:

“Whereas the Minister of Children and Youth Services, Dr Marie Bountrogianni, has stated that it is the policy of the Ontario government to ‘help children and youth with autism’ (press release from ministry, March 26, 2004); and

“Whereas, despite this stated policy by the ministry, it has come to the attention of parents with children attending Gledhill public school that the number of teaching assistants designated to Gledhill public school will be reduced from four to two, in spite of an increase in the number of children with learning disabilities attending the school; and

“Whereas all of the children attending the school benefit from the presence of teaching assistants to assist children with learning disabilities, including autism and autism spectrum disorders, in that their presence allows the teachers to share their time among all students equitably as the TAs provide the additional supports needed to assist students with special needs;

“Therefore, we, the undersigned parents of children attending Gledhill public school, demand that Minister Bountrogianni along with the Minister of Education ensure that the Toronto board of education is instructed to at least maintain the present level of teaching assistants designated to Gledhill public school and all other schools in the system, and that they ensure that adequate funding is in place to make this attainable in order to ensure equal opportunity and the safety of children with learning disabilities.”

I am in accordance, and would sign my name thereto.

CHIROPRACTIC SERVICES

Mr Kim Craiton (Niagara Falls): The petition is to the Legislative Assembly of Ontario:

“Whereas elimination of OHIP coverage will mean that” millions of “patients who use chiropractic” services “will no longer be able to access the health care they need;...

“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;...

“We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced” on May 18 and to reinstate the coverage for OHIP.

CHILDREN’S HEALTH SERVICES

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I’m very pleased to present a petition to the Legislature of Ontario. It reads as follows:

“Whereas there are approximately 23,000 children and youth in Simcoe county and York region who have special needs; and

“Whereas approximately 6,000 of these children have multiple special needs that require a range of core rehabilitation services; and

“Whereas children with multiple special needs (and their families) throughout the province access ongoing rehabilitation services that are critical for their development at children’s treatment centres in their area; and

“Whereas there is no children’s treatment centre in Simcoe county or York region. For families that can travel, the closest services are in Toronto; and

“Whereas Simcoe county and York region is the only area left in the entire province that does not have access to children’s treatment centres services in their own area; and

“Whereas, the Ministry of Health and Long-Term Care provided funding to the Simcoe York District Health Council for implementation planning for an integrated children’s rehabilitation services system in December 2001, and

“Whereas the implementation plan was submitted to the Minister of Health and Long-Term Care in December 2002; and

“Whereas the proposal was reviewed and approved by the appropriate ministries in 2003 and, in August” of 2003, “the Ministry of Health advised the Simcoe county and York region district health council that the funding had been committed and would be available shortly;

“We the undersigned petition the Legislature of Ontario to release the funding for the children’s treatment centre in Simcoe county and York region so that core rehabilitation services can be delivered to the children and youth in Simcoe county and York region.”

I affix my signature.

IMMIGRANTS’ SKILLS

Mr Dave Levac (Brant): This is a petition to the Legislative Assembly of Ontario:

“Whereas Ontario enjoys the continuing benefit of the contributions of men and women who have chosen to leave their country of origin in order to settle in Canada, raise their families, educate their children and pursue their livelihoods and careers; and

“Whereas newcomers to Canada who choose to settle in Ontario find frequent and unnecessary obstacles that prevent skilled tradespeople, professional and managerial talent from practising the professions, trades and occupations for which they have been trained in their country of origin; and

“Whereas Ontario, its businesses, its people and its institutions badly need the professional, managerial and technical skills that many newcomers to Canada have and want to use;

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

“That the government of Ontario, through the Ministry of Training, Colleges and Universities and the other institutions and agencies of and within the government of Ontario, undertake specific and proactive measures to work with the bodies regulating access to Ontario’s professions, trades and other occupations in order that newcomers to Canada gain fair, timely and cost-effective access to certification and other measures that facilitate the entry or re-entry of skilled workers and professionals trained outside Canada into the Canadian workforce.”

I sign my name with full support to this petition.

1530

GASOLINE PRICES

Mr John O’Toole (Durham): “To the Legislative Assembly of Ontario:

“Whereas gasoline prices have continued to increase at alarming rates in recent months; and

“Whereas the high and unstable gas prices across Ontario have caused confusion and unfair hardship to Ontario’s drivers while also impacting the Ontario economy in key sectors such as tourism and transportation;

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

“That the provincial government consider an immediate gas price freeze for a temporary period until world” crude “prices moderate; and

“That the Dalton McGuinty provincial government petition” their “federal Liberal” cousins “to step up to the plate and lower gas prices by removing the GST on gasoline products and fix the federal Competition Act to ensure consumers are protected and that the market operates in a fair and transparent manner.”

I’m pleased to sign this on behalf of my petitioners, Shirley Kuipers and others.

LESLIE M. FROST CENTRE

Mr Norm Miller (Parry Sound-Muskoka): I have received more petitions to save the Leslie M. Frost Centre. I shall read it.

“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.

EVENING SCHOOL BUS SERVICE

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

“Whereas Dalton McGuinty has promised to make the needs of students a priority for his government and that students deserve to have a bright future with a good education; and

“Whereas Dalton McGuinty has promised not to give up on students or Ontario’s public school system;

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

“That the provincial government work with the Simcoe Muskoka Catholic District School Board to establish an evening bus route from St Joan of Arc High School in Barrie to the outlying communities. This would allow students to participate in extracurricular activities and help them to fulfill their potential, secure a bright future and receive the best educational experience possible as promised to them by the Premier.”

I agree with this petition, and I’ve signed it.

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 14, 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.

Mr John R. Baird (Nepean-Carleton): Mr Speaker, I'd ask for unanimous consent to stand down my 13 minutes to follow the New Democratic Party, the next speaker.

The Deputy Speaker (Mr Bruce Crozier): Agreed? Agreed.

Mr Michael Prue (Beaches-East York): I understand that this is considered to be the leadoff speech and that I have a whole hour to address the assembled crowd here.

Interjection: We are so honoured.

Mr Prue: I'm glad you're so honoured.

This bill is Bill 106. It is the Budget Measures Act, 2004. It contains, within the body of this budget, really only three things. The first is the Ontario health premium, which I intend to speak solely and exclusively on, but it also contains provisions of the Crown Forest Sustainability Act that I understand my colleague Gilles Bisson, the member from Timmins-James Bay, spoke on earlier in this session, and as well the Trust Beneficiaries' Liability Act.

I intend to speak only about the Ontario health premium because it is perhaps the most controversial aspect not only of this bill, not only of this budget, but I would arguably state the most controversial measure that has been undertaken by this government in its first year in office. It is a most regressive measure. It is a measure which is not designed, in my respectful submission, to help the people of this province; particularly, it is not designed to help those who are of moderate or fixed income, those who are at the middle or lower-middle economic strata in Ontario and those who daily struggle to try to find the monies necessary for themselves and for their families.

It is a most singularly regressive measure, and it is a measure that was clouded in some forms of secrecy in the first few days. I remember the Minister of Finance standing up and, first of all, calling it a premium because he didn't want to call it a tax. Then, when he was pressed on the issue, he admitted it was a tax and not a premium when he found out that if it was a premium, there would be many collective agreements, including the collective agreements of the Ontario government's own employees, that may kick in and force the companies that were responsible for those collective agreements or who had to pay for those collective agreements to actually pay.

Having said that, there are three things wrong with this premium.

The first is that the costs are borne disproportionately by the poor and by those of middle income.

The second thing is that it is unlike the rollback of the OHIP premiums in 1989. It's not simply a reinstatement of those—that would be a bad measure in and of itself—but this is even worse, because in 1989, more than half of the people who had their OHIP premiums paid had them paid by the employer. In the 15 years that have passed since then, of course, no one has had those premiums paid, because there were no premiums by the employer.

Last but not least, the third reason is that, although anyone can argue and anyone should argue that the dollars were probably necessary for medical services in this province, medical services that had once been the pride of this province and of this country but that are now sorely in need of cash infusions—they would be hard-pressed to stand here and tell this House or the people who are watching on television that the money was not needed for hospitals, for doctors, for nurses, for chiropractors, for the thousand other things that our medical industry is able to give to the people of this province. However, having said that, the \$2.4 billion that is going to be raised by this regressive tax could have and should have been raised more equitably by those people who could better afford to pay it than our working poor.

If I may continue, how does this bill operate? Well, there is an appendix at the back of the bill that sets out how people are going to pay these OHIP premiums, and I would just like to go down how these premiums are going to be paid and how they are going to be borne most disproportionately by those who are of limited income.

The government, in this first fiscal year, 2004-05, is going to raise \$1.635 billion by the measures that were introduced. Next year, in the year 2005-06, it will raise some \$2.35 billion through this OHIP premium. When it's fully rolled out, this is what's going to happen: Individuals earning between \$20,000 and \$36,000 a year will be forced to cough up \$300. Individuals earning between \$36,000 and \$48,000 a year will have to pay \$450. Individuals earning between \$48,000 a year and \$72,000 a year will have to pay \$600. Individuals earning \$72,000 to \$200,000 a year will pay \$750. Individuals earning more than \$200,000 will pay \$900.

The premium is absolutely regressive, because you can see that people who earn \$200,000 pay only some three times as much as those who earn \$20,000—10 times more income coming in, but only three times more that you have to pay on this regressive tax. The premium is extremely regressive, with lower-income folks paying a higher proportion of their income than those who have high, high income.

1540

In fact, as a percentage of income, the premium figures also show how regressive this is. At \$25,000, the surtax is 1.2%. By the time you make \$70,000, that declines to 0.86%. If you're lucky enough, one of those rare individuals in this province who earns \$100,000, the surtax has gone down to three quarters of 1%. If you earn \$200,000—and here we're only looking at about 1% of the population—the surtax is down to 0.45%. At \$500,000, if you are one of the extremely rich CEOs of the major corporations or you have all kinds of money from however it is made, the surtax is down to 0.18%. Therefore, 1.2% for those poor people who earn \$25,000 a year, and 0.18%, about one sixth of that, for those who earn above \$500,000. This is the inverse of our tax system. Our tax system, which is designed to be fair, taxes those who can most afford to pay it. This regressive tax taxes those who can least afford to pay it, and then says it's a premium.

The premium substantially increases the provincial income tax payable for low- and moderate-income earners as follows: Those individuals earning \$30,000 a year end up paying 24% more provincial income tax; those earning \$50,000 a year will pay 16% more provincial income tax; those making \$100,000 a year pay only 7% more provincial income tax; and those people who make lots of money—the \$200,000-a-year people—pay only an additional 3%. So if you earn a modest income—\$30,000 a year—you pay 24% more on provincial income tax than you paid last year. If you earn \$200,000, it's a pittance; you're only going to pay 3% more, so I guess you can really afford that. But it shows you again how regressive this tax is.

No matter how the tax is calculated, it's regressive. If it's on the basis of dollars alone, it's regressive. If it's on the basis of a percentage of what you're paying, it's regressive. If it's on a percentage of the income tax you pay to the province of Ontario, it's regressive. There is nothing good to be said about this particular tax.

I'd also like to talk about people who are poor in this province. There are a number of key determinants of what causes poverty. It's caused by a whole range of things from housing to education to opportunity to the place where you live. There are those who would say that visible minorities tend to be poorer than non-visible minorities. There's a whole range of things done to assess that. But the one that is universal, the one that is used by this government, by the federal government, by the governments of the municipalities—indeed, universally across the province—is the low income cut-off figure arrived at by Statistics Canada. That figure says who is poor and who is not. If you earn above the level established, you are considered no longer to be poor; if you earn below that, you are said to live in poverty.

The figures, of course, are different for various parts of the country. They are different in rural places as opposed to urban ones, where rents tend to be higher. They are different in small cities as opposed to large cities. They are different in Toronto than they are in Halifax. But in Ontario, in the large cities like Hamilton, Ottawa and Toronto, a low income cut-off figure, which determines when a person lives in poverty, for a family of three is \$28,560. That is, a single mother with two children who has a job and who earns \$28,560 is said to live in poverty in the city of Toronto, in Hamilton or in Ottawa. But that same individual, under the formula of this bill, will be forced to pay a premium. That same individual will be taxed approximately an additional 20% in provincial taxes this year. Although that individual lives in poverty, that individual will be forced to pay, under the provisions of this bill.

If we look as well at somebody who lives in a small urban region—we can look at the city of Kingston or we can look at Cornwall or St Catharines, cities that are smaller around the province—the low-income figure is \$22,635. So an individual living there, that same mother with a modest job, two children, who earns \$22,635, would as well be required to pay some amount of money

under the provisions of this bill. She lives in poverty, her children live in poverty, and she is further placed in poverty by the provisions of this bill, which force her to pay a premium when she does not have the necessary money.

I would also remind the members of the Legislature of one final number, which I think is kind of interesting. For a person, again, in a large urban area like Toronto, Hamilton or Ottawa, a single wage earner in a family of five—and let's say the mother is the single wage earner and the father's the stay-at-home dad, because these things are starting to happen, and there are three children. The family, in order not to be in poverty, must earn \$38,646. If that family has one earner who earns that much, they have to pay \$450 under your plan. Think for a moment about what you are doing. You are taking money from people who are living in poverty. You are taking it from the wage earner, you are taking it from his or her family, and you are taking it from the children.

This is one of the reasons that we are opposing your bill. We are not opposing the bill because the money is not needed. The money is needed. I will state categorically, and we have said this from the beginning: The money is needed for the hospitals; it is needed for the doctors, for the nurses; it is needed for health care; it is needed for public health; it is needed for 1,000 very good reasons. But it is how you are getting the money that is wrong. You are taking it from people who cannot afford to pay it and you are taking it, in the end, from people who live at or near the poverty level. You are taking it disproportionately from the working poor and from those who are not at the higher income levels enjoyed by many in our society.

We go on to health and where the money is going to be spent. As I've just said, there are many good places you're spending the money. I would even agree on some of the inoculations, although not necessarily that you took the money away from chiropractic services, from optometry or from physiotherapy. But the money is being spent in some very good places. I have to tell you that you're taking it away and you're spending it in ways that cannot be justifiable in terms of this particular tax. There's the whole issue about money being spent on sewers. That was quite the debate here in the Legislature—

Hon David Caplan (Minister of Public Infrastructure Renewal): It's not true.

Mr Prue: As you know, Mr Caplan, it is very true. It is absolutely true that some of the money is being spent on areas outside what one would normally classify the health system. I'll get to that in a minute. But what's particularly galling, I think, in terms of this bill is that all the money that's being raised—the money that this government is getting from the federal government and the money that this government is getting from this particular tax; we're looking this year at about \$2.5 billion in extra revenues, and we're looking next year at probably \$3.5 or \$4 billion in extra revenues—at the same time this money is being collected, there are services that are being cut.

I speak first to the chiropractic services. This is a biggie. This is some \$104 million that's being taken out of the system for this year, and it's being taken out this very month. People are now going to have to pay \$104 million for chiropractic services that they had not counted on at the beginning of this year, and indeed do not count on even now, and will be forced to pay out of their own pockets.

1550

We are looking at the delisting of optometrists. This is going to save some \$39 million and will take effect next year. For physiotherapists, it is going to save only some \$16 million, and it too will come out next year. That money is being taken out of the system at the same time there is more and more money available for this government and how it is able to raise funds.

We have seen that the government has some options, and I'll go to those options in a minute. But where is the health care premium going? We have a two-year total here. Let's look at 2004-05 first. When you add the increase in federal health transfers, which is enormous—a billion bucks—to the \$1.635 billion in new revenues from the McGuinty health tax, you get about \$2.6 billion of extra health-related revenue. This is a lot more than you are spending. This is a lot more than is contained in the budget book. If you look through that budget book, there's about \$200 million or \$300 million more than what you are spending in the health ministry. That's why—and I come back to it—we are very suspicious that other parts of the government are having their revenues increased, including the whole provision around sewers.

I remember the questions from last year. I remember the Premier and the Minister of Health standing in this House defending that sewers were part of health: If you don't clean the water, then people are going to get sick. But that is not the way the public sees this, nor is it the way the public should see it. This is infrastructure-related money that is being siphoned off from the health tax. People who pay the health tax expect that the money will be spent on health-related issues, so that they, in turn, can enjoy the best health system in the country, and possibly the best health system in the world, and in fact that is not where the money is going. It's why the government, I would suggest, has had to pad its so-called health-related spending with another \$200 million worth of projects, much of it sewer and water pipe.

For the year 2005-06, I would suggest it gets even worse. Page 12 of the budget states that health care spending will increase by only \$600 million between this fiscal year and next fiscal year. The government is raking in \$600 million more next year than it will this year on this health tax alone. In fact, their own figures show it's some \$800 million. That does not even go toward what the federal government is kicking in or what other revenues might be had by better times in income tax or government revenues. The reality is that the money will not be spent in health itself in the next fiscal year.

When I questioned the Minister of Finance in estimates the other day about the \$600 million and was

the money only going up \$600 million for next year, he reassured me that that is the projection, that's what he thinks is going to happen. Of course, the budget can change, and I acknowledge the budget can change. I'm telling this House that the budget should change. If you are taking this money from people who cannot afford it and are taking it for what they most desire—that is, a decent and good health system—you should at least have the courage to spend it on what the money was taken for in the first place. I do not see that that is going to happen, and this is what is very wrong with this regressive health tax. It pays for a whole plethora of goods and services and political initiatives that this government wants to take, but it does not lend itself directly to what the people are expecting from their health dollars. This is a real credibility gap and will continue to be a credibility gap for this government.

If you want people to believe that their health dollars are being spent wisely, if you want them to believe, when they see the monies coming out of their paycheques starting this July, if you want them to believe, when they are doing their income tax next February and March and see the actual amounts for all those who do not have a weekly pay envelope, who are either privately employed or who get their money from other sources, that their money is being spent wisely, I would suggest that you spend it on health-related issues, that you get away from sewers, you get away from water, you get away from those programs into which you are diverting the money at this time.

You might ask, and I think fairly, because I would if I were on the government side, "What is the alternative to this health care premium? We need the money. The hospitals are in dire straits. Doctors need a raise. We need to attract more nurses. Our children need to be immunized. Where do you get the money?" I'll tell you, there was a reasonable way to get it, but you were not interested in looking at it. You were more interested in taking the money from people who could not pay and who should not pay than you were in looking at other alternatives.

I would suggest that if you were making, in the last number of years, \$25,000 in Ontario, you had two governments in power at that time which were pretty much the same. You had the Harris government in Ontario, that wanted to cut everything, and you had a Liberal government, led by Jean Chrétien at the time in Ottawa, who wanted to cut everything as well. If you were around in those days, you got a 45% tax decrease from the Harris Conservatives and an 18% tax cut from the Martin Liberals. You might have thought that was all well and good at the time, and I guess it was more money in your pocket, but you're rueing the day, now that the schools are in collapse, hospitals don't have enough money, you're having to pay on the 407, the 100,000 other tax increases that you're going see on everything and user fees to boot.

For the average person making \$25,000 a year, that translated to about \$733 from the provincial Conserva-

tives and \$527 from the federal Liberals. That means you got a \$ combined 1,200 gift in all those years of Mike Harris and Jean Chrétien. If you earned \$100,000, though, you were a whole lot better off—wow, were you better off if you earned \$100,000—because you got a 35% tax cut from the Harris Conservatives and an 18% tax cut from the Martin Liberals. That was \$5,100 from the Conservatives and \$4,500 from the Liberals, so you got \$9,600 in those years. If you were really rich—I'm going to get richer and richer—if you earned \$125,000 as an individual, you did really well too. You got a 30% tax cut from Harris and a 16% tax cut from Paul Martin, and that totalled \$11,500. If you earned \$150,000, you got a 28% tax cut from Mr Harris and 15% from Mr Martin, and that added up to a \$13,150 gift. If you earned \$200,000, then you took a 25% tax cut from Mr Harris and 13% from Mr Martin, and combined that's \$20,000 that you got in tax reductions.

The reason I'm giving all these figures is just to show who has disproportionately benefited by tax cuts and the whole regime that preceded the government opposite me today. The people who benefited the most from all that weren't the majority of our citizens; the people who benefited most from all that were those who earn a lot of money, those who can truly be classified as rich, those who are able to look after themselves, those who are able to buy what they need, those who are not, by any stretch of the imagination, facing or living in poverty every day.

1600

What would we have done? What would we have done that was different? Quite simply, we would have gone back and looked at those tax regimes to see where the money should be taken. If people got a \$20,000 tax cut—and I don't think they were that badly off eight years ago in this country—then they should be the ones who are paying a little bit more, not capped at \$900, which this bill does. They should be paying a little more. Whether that be \$2,000, \$3,000 or \$5,000, I leave to the accountants, the actuaries and the people who could actually look at the numbers. But certainly they were able to pay far better than the welfare mother, far better than the person living below the low-income cut-off figures, far better than a family of four which doesn't have the money and far better than those who rely on food banks. That's what you have failed to grasp. You have taken the money from the people who can least afford to pay it, and you have let off those at the upper end virtually scot-free.

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot): I made the same argument.

Mr Prue: I'm glad to see the member opposite here say that he made the same argument. I wish he had been a little more forceful in his caucus with that same argument. Had he been more forceful, we wouldn't have had such a bad bill in front of us here today.

This is not in their financial plan. That's why I'm not going to vote for this particular financial plan. I have to tell you, I don't think they're very proud of their financial plan anyway. I looked; I tried to find out when the

Liberals dreamed this one up. Did they dream it up when they talked about Affordable, Responsible Change? I read through all this. There isn't one single line in this Affordable, Responsible Change where they were going to raise a health premium. Not once did they talk about the necessity of taking money from the poor. Not once did they talk about changing the tax rates that would arrange for more money. They said they didn't need any more. They even had some accountants and people who said that this was structurally sound, which I find a bit of a laugh. They had Mr David Hall from Vista Economics, who said that this was all going to work; they had Warren Jestin, who said it was all going to work; and Jack Marmar, who said it was all going to work. And yet, it survived about one day of their new government when they discovered that there was a deficit. The whole thing sort of fell apart. But when they were out there a year ago on the hustings, nowhere did they say that they were going to have to raise \$1.6 billion this year or \$2.4 billion next year in regressive taxes.

I would think that they aren't very proud of what they have done or why they've had to do it. Today I got this little booklet, *Getting Results for Ontario*. I had to smile because it's all full of pap and feel-good things that they think they have done.

Mr Garfield Dunlop (Simcoe North): Would you call it government advertising?

Mr Prue: I would absolutely call it government advertising.

Interjection.

Mr Prue: I don't know. I looked through this. It talks about getting results for Ontario, it talks about success for students. Then I turn to better health. We all want better health. We all know that better health is needed. I've said it before and I'll say it again in the same speech: The hospitals, nurses, doctors, programs and MRIs, all of the things that the people of this province need, they expect to be delivered. But nowhere in this very glossy and expensive publication on the first anniversary of this government does it say a single word about this bill. Nowhere does it say, "We raised \$1.6 billion of your money this year, \$2.4 billion of your money next year, and the money we raised is equitable, fair and needed to be done." That's nowhere in this entire booklet of major accomplishments. And yet, this is the singular accomplishment that people will talk about years and years from now, that what this government was famous for was this very regressive health tax. That is the issue that is still out there on the streets. It is still the issue that is being debated. It is still the issue that worries people about whether this government is or is not keeping its promises.

It says throughout here "better health," "shorter waiting times," "more family access," but it doesn't say anywhere who's paying for it. It doesn't talk about the disproportionality of your bill. It doesn't talk about people on low-income cut-off figures paying more than they should. It doesn't talk about tax holidays for the rich. It doesn't talk about corporations not paying their fair share

of taxes. It doesn't talk about corporations in Ontario that in fact do not pay any income tax this year, that did not pay any income tax last year. In fact, you can go back for some 10 years and you will find very large corporations in the province of Ontario that have not put one dime into the coffers of this province. That's what it doesn't talk about. It talks about the programs you deliver, but it doesn't talk about how you're paying for them.

That is why I think this government is not at all proud of this bill. If you were proud of this bill, you would be standing up everywhere and telling people that the money you're taking from them is fair, that the money you are taking from them is not disproportionate, that the money is being used for exactly the purposes they want. You would be telling them that you could do everything, with all that money you're getting from the federal government, to save chiropractic services, physiotherapy services, optometry services. None of that is in this book—none of it, not a thing. If you think people are going to be talking about the feel-good, positive health care results you have in here and not the negative things, I think you are sorely mistaken. It's not in your financial plan. It's not in your progress report.

What is happening? I had to smile this morning when I saw this newspaper article. It's fairly new. It came from Canada NewsWire. It came out over the weekend, October 17, 2004. Mr Speaker, with your permission, I'd just like to read what is starting to happen as a result of this regressive legislation, and I quote from this Canada NewsWire. It's from a little town: Mitchell, Ontario.

"Members of United Steelworkers of America Local 719 have ratified a new three-year collective agreement by 84% with Cooper Standard Automotive Canada Ltd in this community about 60 kilometres north of London.

"The agreement provides general wage increases of 70 cents per hour plus quarterly cost-of-living adjustments over the three-year term. There is also an additional \$1.05-per-hour increase for skilled trades employees. The agreement also provides substantial improvements in pension and health care benefits and one additional paid holiday per year."

Up until this point, this sounds like your standard agreement that is probably ratified 100 times around the province of Ontario. Every worker expects that they're probably going to get a raise. Every worker bargains for a 2% or 3% increase. Every worker looks for another paid holiday or whatever is contained within the collective agreement. But then we get right to the whole nub of the issue. It goes on to say:

"To offset the damage inflicted by the McGuinty government's regressive budget, each employee will receive an annual lump sum payment of \$200 to offset the cost of the Ontario health tax. The employer will also pay \$40 toward the cost of eye examinations, which are no longer covered by OHIP."

Then it goes on to quote union official Doug Brown:

"If employers want to bankroll the right-wing political parties and their slash-and-burn health care agenda then it is only right that they pay for the hardship caused

to our members and their families,' said ... representative Doug Brown."

What is happening is precisely what we said in this Legislature last spring was going to happen. When the collective bargaining process starts to work, when collective agreements are negotiated, people will be asking again that the companies for whom they work, by whom they are paid and with whom they have a contract get involved in the same kinds of payments that used to be made for OHIP prior to 1989. This is the first, I'm sure, of many bargainings that are taking place in the province of Ontario. The United Steelworkers are in the forefront on this issue, and they have ensured that their members get back \$200 of the amount of money that they are being forced to pay and \$40 toward eye examinations. They are only the first of many such collective agreements that are going to be signed this year and next.

1610

What does that do to the economy of the province that this government talked so much about all the time? What is it going to do when wage costs in these locations start to spiral? It may be small potatoes to them that it's only \$200 plus \$40 in a collective agreement, but that is an additional \$240 which this company, Cooper-Standard Automotive Canada Ltd, is now going to have to pay as a cost of doing business in Ontario. That is \$240 per employee more than they had to pay prior to this round of collective bargaining. It is a cost which they are going to have to pay and, I would suggest to you, every employer is probably going to have to pay within the next couple of years as collective bargaining starts to take hold on this issue.

The province of Ontario has tens of thousands of employees. Most of those employees are covered under collective agreements, and the majority of those are members of OPSEU. I would suggest that this is going to be a bargaining demand that this very government is going to have to look at, and it is a bargaining demand that is going to be, I think, pushed very hard in the upcoming bargaining that this province is going to do with its unionized workers.

This was suggested last spring in this Legislature and, I think, was pooh-poohed on the other side. I'm glad to see that the Minister of Finance has come in to hear the last little part—

Hon Greg Sorbara (Minister of Finance): I'm sorry I missed the first part of your remarks, but I'll watch them later.

Mr Prue: OK. Maybe you'll change your mind.

This is what is happening out there. People are starting to look very much at how they have been affected by this particular bill, Bill 106, which has been regressive to poorer people, to middle-income people, to unionized people, to those people who can no longer afford the costs of medicine in Ontario. In fact, they have started, through their union and collective action, to say, "If we are going to have to bear these costs through this regressive tax, then we are going to make sure the money comes from our employer."

I thought it was kind of cute. They said, and I want to quote that again: "If employers want to bankroll the right-wing political parties and their slash-and-burn health care agenda, then it is only right that they pay for the hardship caused to our members and their families."

Hon Mr Sorbara: Michael, you don't believe that rhetoric, do you?

Mr Prue: I liked it. I like it a lot. Obviously, you don't like it one bit, and I don't expect you to like it one bit.

People are fighting back, and I invite them to continue to do that, because this government is now a year old. This government has come out with this little piece of pap here today, telling us how good everything is and how good everything is going to be. They're talking about everything except the real issue, and the real issue is the economy of the average person, the tax rates of the average person, how the money is collected from the average person, and how it is being spent—not always wisely—on their behalf.

I think the government has a great deal to learn on this issue. I don't expect that the Minister of Finance, who has come here to listen to the last portion of my speech, is going to change his mind very much. He certainly did not do so in estimates when I was questioning him about the \$600-million increase for next year in health care, which is dwarfed by the amount of money that will be coming in from this health tax and from the monies from the federal government and, I suppose, slightly from the improving economy.

Let me say in conclusion—and I guess I'm not going to use my whole hour here—

Hon Mr Sorbara: Aw.

Mr Prue: You want me to use my whole hour? I don't want to repeat myself. I've always prided myself on saying exactly what needed to be said, but what you've done in your first year has certainly not been enough. What you are continuing to do and what you will continue to do to the people of this province with this regressive bill will be remembered long after this first year and your honeymoon is long over.

This is a regressive piece of legislation. It ought not to be passed. It should be withdrawn. If you need \$2.4 billion in extra revenues, be honest about it. Take it from those who can afford to pay it. Do not take it from those least able to pay. Certainly, do not take it from those people who live below the poverty line and those people who need every single penny they can get in order to look after themselves and their children.

Hon Mr Sorbara: I know you'll want to revisit this.

Mr Prue: I don't want to revisit one word, Minister, because you have it wrong. If you won't listen to me, then please, start listening to the people of Ontario. They have spoken to you many times on this. I don't think you've gotten very many letters congratulating you for gouging them on this tax. I would like to see even one: "Thank you very much, Mr Minister, for gouging me on this tax." "Thank you very much, Mr Minister; I live below the poverty line and I'm having to pay hundreds of

dollars more." I don't think I'm going to see any letters like that, and until you can start producing those, I don't believe there are such people out there.

Having said that, I think I've spoken enough on the issue. I will leave the whole issue of the Hospital for Sick Children and other hospitals to other speakers. I wanted to just talk to the one issue, and that is, how the health premium is raised, how unfairly it is being raised, how regressive it is, and how this government, if they want to stand up for the majority of Ontarians, can do so much better.

The Deputy Speaker: Questions and comments?

Mr Pat Hoy (Chatham-Kent Essex): I'm pleased to join this debate. The member opposite spent quite a bit of time speaking about the health care premium and, indeed, it was an important part of our budget.

I think it's important for people to know that there's a group in Ontario known, affectionately, as the baby boomers. One wonders why they call them baby boomers when they are actually an aging group, but that's a different debate. But that group is a large group in Ontario's economy and in our dynamic. They are in excess of some three million persons.

Generally, baby boomers are characterized as having been born between 1947 and 1964. There are over three million of them. They will soon, in some cases, and at not too late a date, be accessing our health care system for one reason or another. We have to prepare ourselves for that huge number of persons. They actually represent 40% of the current workforce in Ontario. That's a lot of persons. In the baby boom years, they represent 25% of our total population.

I want to say to the member opposite, though, that nearly four million Ontarian tax filers, or about 43%, including about 815,000 seniors, will not pay any premium, and about 37% of Ontario families will not pay any premium. So it's not that everyone is going to be paying. We have to remember and remind persons that it's on their taxable income, not their income, that this premium is assigned to. I think it's very important that those making up to \$20,000 of taxable income will pay nothing.

Mr Dunlop: I'd like to compliment the member for Beaches-East York on his leadoff.

Hon Mr Sorbara: There's a love affair across the aisle.

Mr Dunlop: The fact of the matter is, he zeroed in on a very serious problem, and that's the health premium, the health tax. This is a government that went all through the provincial election and promised "no tax increases." We've said this in the House before, but I remember somebody named Dalton McGuinty on the TV screen, promising to millions of people, "I will not raise your taxes." Then he turns around and puts this huge tax burden on the citizens of the province of Ontario. Mr Prue has every right to bring forth in his comments everything that he actually said because, as far as I'm concerned, there was nothing that he said that was wrong in his comments. So I thank him for that.

Interjection.

1620

Mr Dunlop: Well, the one thing is, he made his comments as clear as he possibly could. Mr McGuinty did not make his comments clear to the citizens of Ontario. We all know that. He broke a major, major promise when he put in the health premium. It's as simple as that.

It's amazing, when you start talking about broken promises in this House, that all of a sudden the members of the government start to yell and scream and heckle you. It's amazing; I can't believe it. As soon as you say it's a tax increase, they don't seem to want to co-operate. I wasn't heckling anybody through these speeches today, and I get up for a two-minute hit and all of a sudden I'm heckled because I talk about this large tax increase that the Premier brought forth against the will of the citizens of Ontario.

I thank the member from Beaches-East York for his comments. We in the Progressive Conservative caucus obviously don't agree on a lot of things with the New Democratic Party, but I can tell you that we certainly agree on this one, and I think the citizens of Ontario will agree with us as well.

Mr Speaker, thank you for the opportunity to say a few words at this point.

Ms Shelley Martel (Nickel Belt): Last week, it looked like I was going to have to speak on this bill; somebody said, "You have to say a few remarks this afternoon on Bill 106." So I pulled out the bill and looked: An Act to implement Budget measures and amend the Crown Forest Sustainability Act. I remember that act, of course, because it was passed by our government, and I'm looking for references to that act. Lo and behold, I go to the explanatory note and the thing that pops out is, "The Income Tax Act is amended to impose a tax called the Ontario Health Premium."

If this was such a good little bit of business, how is it that the government camouflages—hides—that particular premium and uses the small measures that are being made with respect to the Crown Forest Sustainability Act as the title of the bill? If it was so good, get out there, trumpet it, have a bill that talks about it very clearly. Don't try to hide it in the explanatory notes and make it appear as if what the bill is really about has something do with the Crown Forest Sustainability Act.

I guess, if I were a Liberal, I'd try to hide it too. The fact of the matter is that this new tax that Mr McGuinty brought in, after he promised in the election that he wouldn't impose any more new taxes, is terribly regressive. It attacks modest- and middle-income families overwhelmingly. These are the folks who are paying the overwhelming majority of the \$2.4 billion this government is going to raise through this measure. I wouldn't want to talk about it either, if I were a Liberal.

I also wouldn't want to talk about the fact that in the budget we get to divert some of this premium money and spend it on sewer pipes and advertising for the Ministry of Tourism. I'll bet that's not highlighted in the glossy little book the government just put out about this.

This tax is very regressive. It hits modest- and middle-income families. Some of the money is even being diverted for non-health care services. What a shame.

Mr Mario Sergio (York West): I'd like to add to the comments made by the member from Beaches-East York and, most appropriately, the statements made by our colleague from Chatham-Kent Essex with respect to a very large seniors population here in Ontario.

We have over 1.5 million seniors in our province, which represents about 12.6% of the population, or 40% of the seniors population. I have to say that I haven't heard anything when it comes to speaking positively with respect to those people in need, with respect to the less fortunate. When the member speaks about health care, it's not only emergency services, quality of services and the number of beds, nurses and doctors. It addresses everything with respect to providing total health care, especially to those who can't speak for themselves.

Since taking over the government a year ago, we can be proud of the record we have and the positive changes we have made to the health care system. We have, for example, some of the very positive—and don't forget that we had to make some major changes after eight or nine years of Conservative government. We are changing the standards for seniors in every nursing and retirement home. We have given free vaccine to all our kids in Ontario and \$469 million more to reduce wait times for various emergency services. This is all money that has been allocated for the benefit of the health care system in Ontario in the past year alone. And on top of that, we have improved care for women with cancer by providing more MRI machines in Ontario, where they have a right to get health care services.

The Deputy Speaker: The member for Beaches-East York has two minutes to reply.

Mr Prue: I would like to thank the member from Chatham-Kent Essex, the Conservative Party member for Simcoe North, my colleague from Nickel Belt and, finally, the member from York West.

A few of the comments that were made—you know, you can speak for 45 minutes but they don't often listen to what you have to say. The first speaker concentrated on the fact that people with under \$20,000 income don't pay anything. Not once did I ever suggest, nor do I believe, that people under \$20,000 pay. They shouldn't pay. I'm glad they don't pay. But I don't think that people at \$25,000 should be paying either or that people below the poverty line should be paying. That was the gist and the import of my speech. I'm trying to tell this government that you have set the standard far too low. If people living under the low-income cut-off figures are still being forced to pay, then this is a regressive piece of legislation, and that's what it is.

I comment on my colleague from Simcoe North: Yes, the Premier in fact stood in this very House trying to defend this bill. He did so, and with much consternation I have to tell you, and the press was not very happy outside throughout this entire affair last spring. He tried to hide that it was a tax measure, and it wasn't until we actually

saw the fine print on Bill 106 that it was a tax measure. At first, they were trying to say it was a health premium. Then my colleague said they're trying to hide this very exemplary thing, and she went on to talk about the little one-year booklet.

Last but not least, the last speaker, from York West: There's no question that health care is needed. There's no question that health care is beyond hospitals and doctors. It is in every facet of what we do. But the question of this bill, and this bill alone, is how do you pay for it? And when you end up paying for it in such a regressive way, then it is not a good bill, no matter how laudable the end is.

The Deputy Speaker: Further debate?

Mr Baird: Mr Speaker, I understand right now the government House leader has asked for a meeting. I was wondering if I might ask for unanimous consent to stand down my remaining 13 minutes to another time during this debate.

The Deputy Speaker: The member for Nepean-Carleton has asked for unanimous consent to stand down his 13 minutes until some time further in the debate. Do I have unanimous consent? Agreed.

Mr Kevin Daniel Flynn (Oakville): I have the honour and pleasure today of speaking to this Legislature about one of the priorities of our government and what I think is certainly a priority of the people in my riding of Oakville and the people of our province, and that's the issue of health care.

We're talking about a very substantial investment on behalf of the people of Ontario: \$1.6 billion in this fiscal year, \$2.3 billion in the next year and up to \$2.6 billion by the fourth year. I think it's important that all members of the House understand how this premium will work. I've heard a lot of opinions as to how it will work. Maybe we should deal with the facts of how it will work.

The Ontario health premium is deducted from employee pay and pension cheques through the income tax system. Individuals with a taxable income of more than \$20,000 a year would pay the premium, meaning that any individual in Ontario with an income under \$20,000 would pay no premium at all. The full-year premiums would range from \$60 a year all the way up to \$900 a year for people with a taxable income of \$21,000 or more. The premiums we've implemented for 2004 would be half of those amounts.

This will provide us with the income we need to help fund the \$2.2 billion of additional investments that are being made by the Ministry of Health and Long-Term Care on behalf of the citizens of Ontario this year. It'll contribute \$1.6 billion of that extra \$2.2 billion.

1630

What are we trying to do? We're trying to shorten wait times, we're trying to expand primary and community-based care and we're trying to increase the number of doctors and nurses and try to do something about the shortage we've inherited when it comes to services for people of Ontario in the number of doctors and nurses we have. We're trying to deliver results in a much more cost-

effective manner, ensuring that our system has the resources it needs.

As I mentioned earlier, individuals with a taxable income of \$20,000 or less pay absolutely not one cent for the health premium. That means that 43% of all Ontario tax filers and over 48% of Ontario senior citizen tax filers would pay absolutely no premium at all. Also built into the legislation is a provision for a review of the premium within five years. There is also a provision that would require the public accounts process to report on how the revenue is being used to invest in health care in Ontario.

When taken together with the benefits and credits for lower-income individuals and families, income tax rates that rise with income, and surtaxes, Ontario will still have one of the most progressive tax systems in all of Canada, even when you take this premium into account. For example, if the premium were fully implemented this year, the overall effective tax rate in Ontario, including the premium, for a single individual with no dependents would be under 15% on taxable income of \$25,000, just over 22% on taxable income of \$55,000 and almost 40% on taxable income of \$250,000.

In conclusion, I would remind members that health care and education are both priorities of the people of this province and of our government. As has been previously noted, health expenditures in this province amount to some 45% of total program spending. The cost of health care in this province is growing at approximately 7% a year. This health premium provides \$1.6 billion of that \$2.2 billion in additional investment.

What do we want to see over the next four years? What do we think this province needs to see to bring the type of health care that we need? We intend to hire 8,000 more full-time nurses, we intend to provide home care for over 95,000 additional Ontarians, long-term-care beds for more than 3,700 people, nine new MRI and CT scan sites and the delivery of 150 family health teams, health costs to 75% from 50% by 2007 in our funding of the public health care system and also free chicken pox, meningitis or pneumonia vaccinations for children, which were costing families more than \$600 a year per child. We'd also like to provide funding for an additional 9,000 cataract surgeries each year and for nine new MRI and CT sites by 2005.

In conclusion, what I'm saying is I don't think we anticipated having to bring in a health care premium. When we discovered what was truly in the books after we formed the new government, we realized that it was something we would have to do and something we needed to do to invest in our priority, which is health care in this province.

The Deputy Speaker: Questions and comments?

Interjection.

The Deputy Speaker: One second. I didn't hear a request to split time, so you may want to ask.

Mr Flynn: Mr Speaker, I apologize. I was taken aback by the member—

The Deputy Speaker: Just ask the question that I think you might want to ask.

Mr Flynn: I would like to inform you that I'm sharing my time with the member for Guelph-Wellington.

The Deputy Speaker: The member has asked for unanimous consent to share the time with the member for Guelph-Wellington. Do we have unanimous consent? Agreed. The member for Guelph-Wellington.

Mrs Liz Sandals (Guelph-Wellington): Thank you very much, Mr Speaker. You sort that out so beautifully.

I'm pleased to speak this afternoon on Bill 106. My copy of this bill is titled An Act to implement Budget measures and amend the Crown Forest Sustainability Act, 1994. I'm not sure about the copy the member from Nickel Belt is looking at, but mine certainly identifies that this is an act to implement certain budget measures, and certainly the health tax or health premium, whichever you wish to call it, is prime among the issues that are addressed in this bill.

When we look at the way the government of Ontario spends money, 45% of the money we spend on programs goes to health care. That has been growing at a rate of 7% a year. That is simply unsustainable. If we were to project that sort of growth rate out, we would be having health care consuming 50%, 60%, 70%. We have an unsustainable situation in Ontario. It is for that reason that we are bringing in the health premium, to make sure that we have adequate funding to supply health care to the residents of Ontario. We expect this measure will raise \$1.6 billion of the \$2.2 billion in additional investments that our government is making in health care this year. By the fourth year, this health tax or premium will raise up to \$2.6 billion of the \$4.8 billion in additional investments that we plan to make in health care.

It's important for people to understand what this health premium is going to bring them. It's going to bring more full-time nurses. It's going to bring additional access to home care for our seniors. It's going to improve health care in our long-term-care homes. It's going to provide additional vaccinations for our children. It's going to give us access, give us the ability to set up 150 family health teams, local community health teams where doctors, nurses, nurse practitioners and other health care workers can work together to deliver health care at the level where we can do it most effectively and most conveniently for our residents, which is in the community setting.

Over the length of this mandate, we will be providing Ontario's hospitals with \$11.3 billion in operating support this year, increasing at an average rate of 3.4% for each of the next several years. We will be providing \$600 million more to support primary care; that is, care provided by family doctors in the community. We'll be increasing spending on public health. We will be expanding community mental health services. We will be providing mental health services for an additional 78,600 patients by 2007-08. We will be continuing to look at expanding our public health system.

What I hear from people in my community is that they are so pleased that we are finally addressing home care, long-term care, community mental health and public

health services, because while there has been additional money that has gone into hospitals in some years of the previous Conservative government's mandate, what has been missing is increased funding for home care, for long-term care, for community mental health and public health, those things which are critically important to our citizens. There has been a lack of focus on primary and community care and community health teams.

These are the things we will be able to do with the health premium. I am very pleased that we are going to be able to bring better services to Ontarians.

1640

The Deputy Speaker: Questions and comments?

Mr Dunlop: Thank you very much, Mr Speaker. Sorry, I got caught off guard. I thought the member was going to use all of her time up.

My colleagues and I were just talking here about some of the serious things that are happening today. I wanted to put on the record and have kind of a rebuttal to what the minister said today in response to a question from the member from Chatham-Kent, and that's to do with the closure of the three remaining hospitals in the province of Ontario dealing with very high-needs people.

It has come as a bit of a shock to our community. I know it's a cost-saving measure; there's no question about that.

In the city of Orillia and the district there's about a \$29.1-million payroll with the 680 employees who work at the Huronia Regional Centre. It appears that what the minister has done—and I was at her press conference and heard some of the comments from some of the stakeholders—it appears that what has happened in that particular cost-saving measure is that she's planning on closing the facility without a plan. We don't know what's going to happen to the close to 400 residents—people with very special needs, very high needs, and these are people who are very aged in many cases. What I'm getting back from my constituents is that it is a cost-saving measure. We don't know what we're going to do with the people residing in these facilities. Although it has been a plan since David Peterson's day, since 1987, to fully integrate them into society, the people with very special needs have a serious problem, and we don't know and the government doesn't know right now what will happen to those folks.

I wanted to make sure I got that on the record tonight, because I think this is something that's a long way from over. She might have made a quick announcement, but that's not dealing with the folks that live at the Huronia Regional Centre in Orillia.

Ms Martel: I'm always interested when I hear Liberal members say or infer that they have to take this measure, this new regressive health tax that hits modest- and middle-income families, because of the debt, as if they didn't know anything about the debt before they went ahead and made the kind of promises they did during the election campaign—about 231 promises, if I recall correctly. It's probably worthwhile reminding the Liberals that of course they knew about the magnitude of the debt

and the problem that was coming, but that didn't stop them from making the promises they did.

In the estimates for the Ministry of Finance in June 2003—estimates which are very public, which are on the record, and there were a lot of media at the estimates on those days because we were reviewing Madame Ecker's budget—Mr Phillips, who was the Liberal finance critic, a long-time member of this assembly, well-established as a finance critic, was very clear. He talked about a \$5-billion risk in the budget of the former Progressive Conservative government. He said, "I therefore take it there is a \$5-billion risk in the budget.... So Minister, I say to you again, I do think your budget is high-risk." Well, he's not kidding.

He wasn't the only one who made comments about a \$5-billion problem before the election, because another long-serving MPP from the Liberal party who is now in cabinet, Monte Kwinter, said this in August 2003 to Canadian Press: "Liberal MPP Monte Kwinter ... accused the government of hiding the fact it has a growing deficit that could reach \$5 billion."

Look, folks, the Liberals knew full well that we were in big trouble—about five billion dollars' worth of trouble—but that didn't stop you from making the promises, and you shouldn't fund those promises on the backs of low- and modest-income families.

Mr Tim Peterson (Mississauga South): It's a pleasure to rise today to speak to health care. Our health care premium was not an easy decision for our government, nor for each of us individually as politicians.

Mr Cameron Jackson (Burlington): Then why did your brother cancel it?

Mr Peterson: If you can remember back to 1987 and the great leaders in those days, Cam, we'd like to have that debate with you.

The Deputy Speaker: Through the Chair, please.

Mr Peterson: It was done with a great revelation of fiscal mismanagement, which not only included the budget deficit which was withheld from us—the member close to me has indicated that we knew about this. We thought it was a possibility; it was not a fact. There was a runaway increase in hospital spending and health care spending of 8% a year, with undisclosed deficits in probably all the hospitals, because the government had set a tone of non-disclosure, of non-transparency of the deficits in each of the hospitals. This was not the good Tory fiscal management we were used to in the 1960s and 1970s. This was not the party that had fiscal responsibility and fiscal concern.

I've had complaints in my own riding about the health care premium and about the reduction of services, but we have a sea change in government here. We are taking a long-range plan and we are looking at things on a non-political yearly basis. We have set a four-year plan between elections. We have said we'll eliminate the deficit in four years and have laid out a plan to do so. We have taken away all government-paid partisan advertising. We have released more information and have brought in new transparency laws so the deficits and the status of our fiscal position will be apparent to everyone.

If you wish to look at one of the greatest political icons in our country and their view on the deficit, ask Hazel McCallion. She said it was necessary, it was needed and it was the right thing to do.

Mr Jackson: It's interesting, on the one-year anniversary of this new government, that according to media reports they're up to 30 or 35, depending on your point of view, broken promises out of their 231 election promises.

The one that gives me the greatest concern is the fact that the Liberals promised a universal publicly funded health care system that gives us all the care we need, when we need it. That's what they promised. Then they go out and cause this health tax to raise \$1.2 billion more. They delist chiropractic and physiotherapy services and a few other services in moderation. They have more money than ever before in history for health care, and yet they have our hospitals on a starvation budget of fiscal restraint.

It's interesting, having sat in this House and listened to the Liberals for the last nine years—well, a total of 20 years. The health minister criticized the Tories in opposition for not spending enough on hospitals. Now he's saying publicly for the record, in estimates last week, that they inherited a culture the Tories helped to create which basically suggests of Ontario hospitals that whatever they would spend in excess of what was allocated would be paid off. That was our legacy. We paid our bills with our Ontario hospitals. This group seems to feel that for some reason all of these needs of people in hospitals are subject to a bottom line. Well, the bottom line is patient care.

The member from Guelph-Wellington made a comment about her government funding 3,400 long-term-care beds. I can assure her that her government hasn't approved one single long-term-care bed. These are the beds that were approved by the previous Mike Harris government, paid for in last year's budget, that you keep talking about with this deficit but that you seem to be wanting to take credit for now. That is double-dipping, double accounting and doubletalk to the taxpayers of Ontario.

The Deputy Speaker: The member for Oakville has two minutes to reply.

Mr Flynn: Our goal here is quite simple and it's quite bold. We're trying to make Ontarians the healthiest Canadians. It's that simple. Other parties have had a try at this. The New Democrats in the early 1990s and the Conservatives during the last term of government showed what they were capable of, and you were driving us and the health care system into bankruptcy. Somebody had to do something about that, and we're prepared to do something about that.

We know the province still faces some enormous fiscal challenges directly as a result of the previous government. We know what needs to be done. The decisions are difficult, the logic straightforward, and you could have applied it during your term of government. We've got to transform spending, we've got to balance the books and we've got to stick to our plan, or we simply risk the future prosperity of this province and the health care needs of our citizens.

By providing people with access to a range of health professionals at the right place and the right time, we will be able to transform health care in Ontario. Take a look at what we've been able to do this year, which previous governments simply were unable to do. We've already funded almost 2,500 full-time nursing positions, 1,600 more front-line staff for long-term care, nine new MRIs—as I said earlier, three more of them have been repatriated. Community mental health investments: Where were they during the terms of the two previous governments? Simply nothing.

Interjection.

Mr Flynn: You didn't put a penny into them, Cam, you know that. You didn't put a cent into mental health programs when you had the opportunity. Free vaccines for kids. It's easy to sit over there and say, "We'd do this and we'd do that." You had the chance to do that. You almost drove this province into bankruptcy, and you almost drove our hospitals into bankruptcy.

1650

The Deputy Speaker: Further debate?

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): It's my pleasure to speak on Bill 106 today. We call it the health tax bill. I've got a copy of it here somewhere, but it's buried in amongst these other papers.

What did we hear last summer? "I will not raise your taxes." How many times did we hear it? Over and over and over again. Dalton McGuinty campaigned and made this unequivocal promise to the people of Ontario: "I will not raise your taxes." We didn't even have a budget and he lifts the cap on hydro rates. He rolls back the private school tax credit, retroactively. He eliminates the hydro rate and promises to keep that in until 2006. But probably the one broken promise—we're up to somewhere in the 30s now—that seems to have resonated the loudest across this province, from Windsor to Moose Factory, is the broken promise about raising taxes when it came to a health care tax. Nothing that has ever happened in this government's term has quite upset people the way this measure of this government has. This health care premium hits working Ontarians right where they can least afford it, right in the pocketbook, and it is an absolute—you know what.

I'm going to give you some of the comments that are here on this new tax. One person says, "Are there any recall measures in Ontario similar to those in the US?"

"This is totally unacceptable. If they campaigned on raising taxes in order to fulfill campaign promises, then at least they would have been honest about it." But no, they never told people they were going to raise taxes. They weren't honest about what they were going to do in their platform in very many ways, a platform that they insisted over and over again was independently verified and carefully costed. We now find out that that platform would cost the taxpayers of Ontario more than three times what they said it would cost in their election campaign.

By the time it is fully implemented in 2007, this health care tax will be raising this government \$2.6 billion a

year. This at a time when their hydro rates have gone up, property taxes have escalated considerably and the cost of gas in this province is much higher than it was at the time this government was elected. On top of all those things, this government in the May budget instituted a health tax. First they tried to say it was a premium, and then they realized that by law they had to call it a tax because they are collecting it by way of the Income Tax Act. We're trying to find some truth in anything they've said here, but it is seemingly impossible to do.

What did they say they were going to do with this tax? They were going to deliver better, more improved, broader health care services. What do we find out about a week after the budget? They're putting this money into sewer pipe and other kinds of infrastructure programs. There's no question that you can stretch it and say that there's a relationship—and there is a relationship between health and clean water—but there is not a relationship between telling the people that you're going to be putting health care dollars into an infrastructure program. We have ministries that look after infrastructure. We even have a public infrastructure ministry. We have an environment ministry, a transportation ministry and all the other ministries that look after the infrastructure of the province. It is not the job of the health ministry, other than in the building of health-related facilities, to be dealing with infrastructure dollars. But what were they going to do? They were going to take this money and put it into sewer pipe across this province, and they felt that was justified. That was just another underhanded way of taking your money and spending it where they see fit to do so. That is simply not acceptable to the people of Ontario.

That, in essence, is probably what people will find the most difficult about what this government has done, and that is having broken faith with the people of Ontario and saying they were not going to do something and then doing exactly that or, conversely, saying they would do something and not doing it.

I have an article here from a gentleman who writes for Osprey news services. It actually has a little bit about my riding, Renfrew-Nipissing-Pembroke, in there as well. He talks about not having voted for me, and he really regrets it now. Yes, he really regrets it. I don't think it's personal, but he regrets having voted Liberal. He uses the three-letter word that begins with "L" and ends with "E," but I can't use it in here. He uses it over and over and over again when describing the Liberals' first year in office:

"This brings me to the health care premium, which is a new tax. It's a dedicated tax. The rich are annoyed by it, the poor won't pay it and the middle class get it in the ear again. And, oh, yes, it's for health care, and our hospitals," and blah, blah, blah, and it will make your whites whiter and sparkle your smile.

He talks about how the people of the province of Ontario—as I said, the title is, "To Err Is Human; To Forgive Is Unlikely." That's exactly what is happening across Ontario. The people of the province of Ontario

realize—now, he's speaking of himself. He's the one who's erred. This government has broken faith. He erred by voting for them, but he will not forget it, he will not forgive them, and in 2007, he will be exercising his democratic franchise in a different fashion. If he's still living in Renfrew-Nipissing-Pembroke, I trust that will be for yours truly.

The other thing they said is that we are going—I heard the now Premier McGuinty talk about reducing wait times and I've heard the Minister of Health go on ad infinitum about all the improvements they've made and how they're eliminating wait times. What did they do? They bought, with our money, this health care premium—they took it out of our pockets—MRIs that were working quite well and servicing the people of the province. They got on this fixation: “We've got to own the MRIs. We can't just let someone else own them and allow the public and the government and the taxpayers to pay for the service.” People want to know that health care services are there. They're less caught up as to whether or not a private individual delivers the service, so long as it is paid for, publicly accessible and funded by the province. But, no, they took our dollars that could have been put into new and better health care and bought existing health care. That's false economy and it's just to try to keep in step with their philosophy, but it's not delivering better health care.

1700

I have a constituent, Maureen Reid, who got tired of Minister Smitherman's shorter waiting times, so she decided she had to go to Laval, Quebec, to have her hip replaced. Is that delivering health care for the people of Ontario when and where they need it? That's his answer to reducing waiting times: Send them to the province of Quebec or some other jurisdiction to have the procedures done. That will reduce waiting times here in Ontario. We'll have somebody else doing it. That's really delivering health care. The leading province in this country, the province that people look to for leadership in this country, and that's what they do: “Oh, we've got to reduce waiting times. Send them to some other province to get their health care.” That's the answer of this government.

Another thing about this premium has me and over 4,000 people in my riding particularly upset. I think it has people all over Ontario upset, particularly the members of the Canadian Armed Forces stationed at CFB Petawawa: What a shock to them when they found that a service they don't even receive from Ontario, health care, will still be taxed on their paycheques. That is so unfair and regressive, and it is clearly a manifestation of what this government is. It is insatiably addicted to taxation and will do anything, by any means, to get into your pockets and remove anything of worth. So the men and women of the Canadian Armed Forces, whose health care is the sole responsibility of the federal government, are now paying this health care tax to Ontario. That is a shame. It's despicable. That policy should be reversed immediately. This government just doesn't seem to have any idea of the difference between right and wrong, and that is wrong.

Mr David Zimmer (Willowdale): That's a logical statement.

Mr Yakabuski: We have to point it out to them because they certainly can't figure it out themselves.

They had these big meetings back in the summertime about how Paul Martin was going to fix health care for a generation or whatever he termed it as, a long time anyway, and Mr McGuinty came out there and made this historic agreement. Ontario is now getting about \$1.3 billion in additional funding from the federal government for health care—new money. They didn't count on that new funding when they tabled this budget. Are they now saying to the people of Ontario, “Hey, we've got a new income source”? I suspect that we're going to see more money from the federal government. They're wallowing in money: \$9.1 billion in surplus and already over \$4 billion this fiscal year. I would certainly expect that the government of Ontario, through no sound management of their own, is going to have some more money in their hands to deal with. It's a shame that low-income working families and seniors in Ontario are going to continue to pay this tax even though they are not—the government of Ontario has secured new sources of revenue and this should be reversed immediately.

On top of all that we're paying more, but yes, you guessed it, we're getting less. On top of this new premium or new tax that they're gouging out of the people of Ontario, we're now getting less services: delisting chiropractic services and physiotherapy, eliminating eye examinations for some individuals.

I want to talk a little bit in my remaining time—because the clock does tick down here, it seems, very fast when I'm speaking—about hospital funding. What about hospital funding? They're taking all of this money. Look at the revenue projections for the government, the province in general. They're way up. They're taking all of this money. What are we doing about hospital funding? I just saw today that they're talking about a \$45-million cut at Sick Kids in Toronto. I see hospitals in my riding—the Deep River hospital—whose increase in funding is about 1%. The Ottawa Hospital, which is one of the main tertiary care centres for people in my riding, is getting less than 2%. But the minister tells them, “I expect you to deliver more services.” Well, it doesn't compute. You've got to give these hospitals the tools they need to work with if you expect them to deliver more services.

It's a one-way street for this minister. He's running the ministry like a dictatorship almost. He's got these accountability agreements. Hospitals aren't really sure what's expected of them at this point, in any detailed way. They're being told in no uncertain terms that they're going to be expected to toe the line, but they don't know where that line is going to be.

Another thing, and it's particularly painful in rural Ontario, is what this government has done in the last year to rural Ontario. They're talking about passing on the gas tax to the city of Toronto; or perhaps any city that has a public transit system, I guess, is the criterion they're

using. What about all of those municipalities elsewhere in Ontario that have the same—do we have five million people in the city of Pembroke? No, we don't. Do we have the same infrastructure issues on a different scale? Yes, we absolutely do. Where is the gas tax for municipalities across the board in Ontario? Even the federal government has said that if there is going to be a gas tax for municipalities, it will be available to all municipalities, not those with a public transit system. This is punitive and patently unfair to rural people. Where is the rural focus of this government? Where is the heart for rural people in this government? It doesn't seem to have any concern or care at all for rural people.

What about the municipal drainage funding that the Ministry of Agriculture pulled this year?

Mr Michael A. Brown (Algoma-Manitoulin): It's still there.

Mr Yakabuski: Pulled it. And when somebody actually told them what a bad idea it was, they brought in interim funding. To even think that it would be a worthy consideration to pull that funding shows that this government is out of step and out of touch with rural Ontario, and it needs to be brought back into focus.

The Premier, even on BSE funding—down at the plowing match and he's got no money for BSE: "Can't help you. Sorry, we've got nothing for you." But, all of a sudden, they come up with \$30 million. Where did they take it from? What are they doing with it? How many weeks have passed now and we still haven't heard a word about how that is going to filter down to the people in the agricultural industry.

This government is lost. It's lost. I think the compass fell into one of the manholes that they were fixing with health care dollars back in the spring, because they just don't seem to have any idea of what's going on in rural Ontario.

Now I want to talk a little bit more about some of the comments from people. Here's one from the president of the Ontario Chiropractic Association: "There's a great concern that a number of people will not be able to get effective care for their musculoskeletal disorders that they're getting right now." Delist chiropractic services, and what do you get? You get problems.

1710

How about this? "That is going to eat into household budgets to a considerable extent. It's part of why we ratcheted our growth forecast downward to 2.5%. That combined with higher oil prices." Yes, higher oil prices, which have been consistently over \$50 a barrel in this last little while, are having a tremendous negative effect on people's ability to pay their bills. On top of this, on July 1 they get hit with health care tax. We're only one year into this government and it's already the straw that's going to break its back. People are not going to forget it or forgive it. This government will fail in its commitment, and that was to bring better health care to the province of Ontario.

The Deputy Speaker: Questions and comments?

Ms Martel: I appreciate what the member had to say. I think the point I want to focus on actually has to do

with the new federal money he referenced. I think there was certainly some expectation out there that with the new federal money that's coming into Ontario, this government would be in a position to reverse some of the very difficult and unfair decisions it has made with respect to health care—for example, the decision to cut people's access to chiropractic, optometry and physiotherapy services—or, better yet, a decision to reverse or end the very unfair, unbalanced, regressive health care tax that has been imposed by the government.

I was at a scrum that was held with the Minister of Health a day after the accord was reached. It was held right at the east door at 3 o'clock the day after. Mr Smitherman was asked by the media if he could guarantee that the new federal health money coming from the Liberals was going to be used for health care in Ontario. I was astonished to hear Mr Smitherman say he could not guarantee that, that it was going to be a decision that would have to be made by Ontario's Minister of Finance.

Can you imagine? Here we are getting new federal money that is supposed to be for health care services, and the Minister of Health in the province of Ontario tells the media—and I stood there and listened to him say it twice—that he could not guarantee that that new federal money for health care would indeed be used for health care. Why should I be surprised? After all, this is a government that used the money from the health tax to pay for sewer pipes this year and to pay for advertising at the Ministry of Tourism. So the track record is already in place and the precedent has already been set, and it's going to be very interesting to see just where those new federal health dollars actually end up.

Mr Brown: I'm always interested in the comments by the member from Renfrew-Nipissing-Pembroke.

I want to talk a little bit about what my constituents expect from the health dollars that are spent every year in the province. In the long-term-care sector, we've seen in Algoma-Manitoulin—and I suspect in most parts of rural Ontario and across Ontario as a whole—increased funding of almost \$900,000 to our long-term-care facilities to ensure that we have nurses around the clock in those facilities. We have seen a provision that makes sure that the clients—residents in long-term-care facilities—will receive, at a minimum, two baths a week. That does not seem to me to be a waste of health care dollars. It seems to be something that my constituents are very happy with.

I was out recently, as many members would do, with the people serving Meals on Wheels in Elliot Lake. I was out with the good volunteers at Huron Lodge: Marg Rekmans and Fred Mann, as a matter of fact. I was told afterwards by the manager of Huron Lodge that for the first time in many years they have seen a real increase in the amount of money that Huron Lodge will receive in terms of their annual budget. Gil Contant was very appreciative of that. So I think when the member for Renfrew-Nipissing-Pembroke wants to talk about rural Ontario, he should discuss all of these matters.

Mr Frank Klees (Oak Ridges): I'm pleased to comment on the debate by my colleague from Renfrew-

Nipissing-Pembroke. As always, he goes to the heart of the issue.

With regard to health care spending particularly, and the effect of this government on people right across this province in the health care portfolio, Speaker, you'll recall that in question period this past week, in response to a question from myself, rather than answer the question, the Minister of Health stood in his place so arrogantly and referred to me as "the member from two-tier." Well, what the minister, of course, doesn't want the people of this province to know is that in the first budget of this government, he and the Minister of Finance created the sixth tier of health care in this province. The fact of the matter is that he privatized three health care services that up until then were largely covered by OHIP: chiropractic services, optometry services and physiotherapy. That's a shame, so much so that literally thousands of people are presenting petitions in this House that talk about the some 1.2 million people in this province who no longer can afford chiropractic services and optometry services and physiotherapy services and that talk about the arrogance of a government that on the one hand provides the spin to people that they care about health care and then simply throws out a lot of people in this province who depend on those basic health care services. With this budget, they have disenfranchised those people and relegated them to privatized services without any help from this government.

Mr Prue: It is always a pleasure to listen to the member for Renfrew-Nipissing-Pembroke—not that I agree with him in everything he says, but he certainly brings a different perspective to a guy from the big city when he talks about small-town and rural Ontario.

But a couple of the things he did have to say struck home, and that is that people of low and modest income and seniors are very upset about this budget. I heard some of the members opposite use figures like 30% of low-income people aren't going to have to pay anything and 48% of seniors aren't going to have to pay anything, but the reality is that 70% of the population of this province is affected by this tax, most of them in a very negative way. There are very few people who earn salaries of \$150,000 to \$200,000 and more, who are going to pay a pittance. The majority of people who are going to be forced to pay are those who are in the \$25,000 to \$45,000 range, because that's where the bulk of the monies are. It is the same for our senior citizens. Quite frankly, although a lot of them have incomes that are at \$20,000 or less, there are certainly a great number of senior citizens who have struggled all of their lives to make sure they were financially capable to look after their needs by the time they retired, and they too are going to be hit by this regressive tax. If they only have an income of \$30,000 a year, they are going to pay, and if there are a husband and wife who are fortunate enough to still be together after they have become seniors and they each have an income of that amount, then they are going to pay double. It is a time of life when there are higher costs for everything: higher drug costs, higher premiums to pay on

insurance. This is just another indication that this government is not knowing or caring about these people as much as they should.

The Deputy Speaker: The member for Renfrew-Nipissing-Pembroke has two minutes to reply.

Mr Yakabuski: I appreciate the comments from the members for Nickel Belt and Algoma-Manitoulin, my colleague from Oak Ridges, and the member for Beaches-East York.

I did want to touch a little bit on the member for Nickel Belt's comments about the federal money. She's bang on. There is the money, and the Minister of Health cannot even categorically state, when we're talking about health care being the priority of this government, that that new federal money is even going to health care. Now, that's a shame.

1720

The member for Algoma-Manitoulin talked about the money going into long-term care. Well, that money has yet to flow and, according to what went on in estimates on October 5, the regulation with regard to the number of baths has not even been dealt with by cabinet at this point, so I think we're a little premature on that. But it's nice that the government does recognize that there are some things that can be improved in health care and there is a lot that can be done, and we encourage them to do that. But we don't think you have to break everybody's bank on an individual basis in order to do so.

This government has consistently said one thing about, "We will be judged on what we do in those two key areas of health care and education." The people have already rendered some judgment with regard to the implementation of this health care tax, and how regressive and punitive it is to certain members of our population. They will be judged, and I can tell you that the people of the province of Ontario are looking forward to the opportunity on October 4, 2007, when they will be passing judgment on this government. This health care tax will be a situation that they will wish they didn't have to deal with, but they will be dealing with it that day, I can assure you.

The Deputy Speaker: Further debate?

Ms Martel: It's a pleasure for me to participate in the debate. Let me begin by reinforcing the fact that, yes, the Liberals did know that there was going to be a deficit and, yes, they did know that that deficit was going to be extremely significant. So we play a bit of Pinocchio politics when we have the Liberals get up and say, "Oh my God, we have to bring in this new health tax because we have a deficit that we didn't know anything about and it's the only thing we can do to raise the kind of money we need to make good on the promises we made."

Now, I think it's worth, again, for the record, just repeating what some Liberals who would know had to say about the deficit before the election and before the 231 promises that were made. Let's start with Gerry Phillips, because you know that Gerry Phillips is a long-serving Liberal member. He is now in cabinet. He was the finance critic for the Liberal Party for many years, a well-respected finance critic, I might add.

Gerry Phillips was down in the estimates committee for the Ministry of Finance in June 2003 before the election was called. The committee that day was dealing with the estimates that had been tabled as a consequence of the budget that had been outlined by the previous Conservative government. Mr Phillips was in his rotation, asking questions of Madam Ecker, asking about the fiscal situation and what appeared in the estimates, and Gerry Phillips was really clear. He said, "I therefore take it that there is a \$5-billion risk in the budget.... So, minister," that is, Madam Ecker, "I say to you again, I do think your budget is high risk."

Well, it was, and he knew that and, as a consequence of being the finance critic, the Liberal Party knew it too. And it was very clear, because of course this was on Hansard. It might have been in room 151, so it might have even been televised, but it certainly was captured on Hansard. And it was very clear that the finance critic for the Liberal Party was putting forward his concerns at that time, before the election, that there was going to be a \$5-billion deficit.

Now, he was followed up on that by another of his colleagues, a long-serving Liberal member, someone else who is now in cabinet in this House, and that is Mr Monte Kwinter. Mr Kwinter said to the Canadian Press on August 13, 2003, and I will quote: "Liberal MPP Monte Kwinter (York Centre) accused the government of hiding the fact it has a growing deficit that could reach \$5 billion." There's another long-standing Liberal member, who is now in cabinet, who was very public about his concern that there was going to be a very significant deficit when all the dust settled. He was, of course, quoted, and any number of us saw that particular quote, which is why I use it here today.

Mr Phillips also talked about some of that deficit that was piling up off-book. I heard some other references about that today as well, that not only do we have the deficit that came from the budget itself, but we also have all of this other deficit that has flowed from all of this being off-book.

Gerry Phillips said on June 7, 2002, the following: "Billions of dollars of off-book debt are piling up on school boards, hospitals, universities, colleges and nursing home owners. The province has guaranteed to pay the principal and interest, but there is at least \$5 billion of fairly new debt that does not show up on the province's books." So there again, long before the election, Mr Phillips, the Liberal finance critic, was making comments first about the deficit that he was dealing with as a result of Madam Ecker's budget, but even before that, the debt that was piling up through hospitals, schools and other public institutions. So it was, frankly, very well known to the Liberals before the election that the province was staring a \$5-billion problem in the face. That's what we were looking at, but it didn't stop them during the election campaign from making about 231 promises to the people of Ontario.

It's really difficult now to listen to the Liberal backbenchers say, "We had no choice. We had to bring for-

ward this premium because we didn't realize the magnitude of the deficit. We were taken by surprise." Nobody was taken by surprise, least of whom one Mr Phillips, who was the Liberal finance critic and was quite vocal about the magnitude of the problem before the election ever occurred. So, please, let's not pretend that this has anything to do with dealing with a deficit that you didn't know anything about. It may have everything to do with trying to finance your promises, but you certainly knew about the debt, and if you didn't think you could deal with that, you shouldn't have been making those kinds of promises with those kinds of price tags during the election campaign.

The second person I want to quote is Dalton McGuinty, because what we are dealing with today is a budget measure that will bring in a new tax. Speaker, you will recall that during the election campaign, Dalton McGuinty did a press conference with the taxpayers' federation here in Ontario. During that time, he was asked to—and indeed he did—sign the taxpayers' pledge, which was essentially to say that if elected, he would not raise taxes. So there he was in the middle of the election campaign with the taxpayers' federation signing the pledge saying he wasn't going to bring in any new taxes, and yet here we are today, as we deal with this bill, seeing the government do exactly that. That is very clearly a broken promise, one that I think will have some very serious repercussions for this government for a long time to come. If he knew what the magnitude of the deficit was and he still went out and made 231 promises, how could he ever imagine that he wouldn't have to raise taxes to pay for those promises? Of course he was going to have to raise taxes to pay for those promises, in light of a \$5-billion deficit. Of course he was going to have to. So what was he doing signing that pledge?

I'd have to argue that he was trying to buy votes, and it seemed to work very well. But here we are, a year later, dealing with a tax measure that is probably the single biggest tax increase the province has ever seen in one fell swoop. So much for that election promise.

But what else did he say? He also had lots to say about a health premium before the election, and he had a lot to say about this when this was a focal point during the Tory leadership campaign—not the most recent one, but the one before—to replace Mike Harris. This is January 25, 2002, on Canada NewsWire. Here's what it says:

1730

"Ontario Liberals oppose the return of OHIP premiums because they are a tax hike on working families," says leader Dalton McGuinty. "Tory leadership candidates Ernie Eves and Chris Stockwell may want to raise taxes by charging families an additional \$1,000 a year for health care. I do not," McGuinty said today. "Families are already paying for health care with their taxes. Pay more for health care, pay twice for health care, but get less health care. That's the Tory plan. It's certainly not the Liberal plan."

Well, tell it to the people who have just seen their chiropractic care being cut or their eye care or physiotherapy care.

But, wait, there's more: "If Eves were Premier, you'd pay at least three times"—catch this—"with your taxes, with your premiums, and if you have the cash, out of your own pocket to get premium service."

Well, what do you think we have now under the Liberal scheme? You pay once for health care through your taxes. You pay again for health care through this new tax, and if you can afford it out of your pocket, you might be able to pay for the chiropractic care that this government cut off or the eye exams this government is reducing or the physiotherapy services that this government has cut off too. Isn't that interesting?

Here's his last quote: "Instead of looking for ways to make Ontarians pay more"—here we are dealing with a bill that's going to make Ontarians pay \$2.4 billion more in a health tax—"we must look for better ways to invest the precious dollars Ontarians already gave us."

Well, what happened to Dalton McGuinty since January 25, 2002? Here is the Liberal leader who said he wouldn't bring in a premium of \$1,000 per family. Guess what? This premium sure does mean \$1,000 per family, if you've got two income earners in that family. In fact, in some cases it's going to mean \$1,200 per family, not just \$1,000. Yes, you're going to pay three times under the Liberals, because you pay for health care through your general taxes, you're paying for health care again with this new premium and now you get the pleasure of paying for those services that this government has delisted or has privatized as a result of its budget, namely, chiropractic services, eye exams and physiotherapy services. Is Dalton McGuinty looking for better ways to use the money that Ontarians already give him for health care? No. Through this measure, the government's going to bring in an additional \$2.4 billion, a huge hit on modest- and middle-income families.

So, clearly, that was then and this is now, and I don't see much of a difference. In fact, I don't see any difference at all between what Mr McGuinty is now doing and what was proposed in January 2002 by Ernie Eves and Chris Stockwell, no difference at all.

Now, I heard the member from Oakville say that it was time this afternoon to really tell people how this is going to work, and he's right. So let's just do that. I said earlier that this new tax is highly regressive. It really overwhelmingly affects modest- and middle-income families, in terms of how it is set up. Let me give you an example. This new tax means that someone who is making \$30,000 a year—let's say a single mom who is making \$30,000 a year—as a result of this new tax, is now going to pay 24% more in income tax, while someone else who is making \$200,000 is only going to pay 3% more. Where, I ask you, is the fairness in that?

Let's look at it from the perspective of what those high-income earners were already getting. It's clear that a person who is receiving \$200,000 in income and is only going to pay 3% more as a tax under this particular scheme is already doing very well, thank you very much.

Let's give a different figure: \$100,000. An individual in Ontario with an income of \$100,000 got a 35% tax cut

from the former Conservative government, and then that same individual got an 18% tax cut from the federal Liberals. That's a combined tax gift of \$9,600. An individual with an income of \$125,000 got tax cuts of 30% from the Conservatives and 16% from the federal Liberals, a combined tax gift of \$11,500. Meanwhile, a couple who are making \$49,000 each are going to pay \$1,200 in the new health tax, while someone with an income of \$125,000 pays only \$900. That is how this tax is structured, and those are the kinds of costs that people pay.

What is clear from the structure is that modest- and middle-income families get whacked the most. They, by and large, are paying the overwhelming majority of this new tax, not the people who can afford it the most, not the people who got the biggest benefit under the former government's tax giveaways and the federal Liberal tax giveaways. No, the people who are paying the most and raising the most money for this new tax are, by and large, modest- and middle-income Ontarians, and there is nothing fair about that.

When the government brought this new tax in, in order to try to make it more palatable for average Ontarians, the Liberal Party ran a series of radio ads. Premier McGuinty said the following in the radio ads: "I'm Dalton McGuinty, and I want you to know that every penny of Ontario's new health premium will go to health care." Well, do you know what? What is just not true. If you go to page 44 of the Liberal budget, you will very clearly see that in fact this year that money is going to pay for sewer pipes and advertising. If you look on page 44 of the budget, you will see there is more money coming in from the new health tax than is going out in the Ministry of Health in all their line items. About \$200 million more is coming in this year that is not accounted for under the Ministry of Health estimates and all their programs.

What is very clear is that the government is in fact paying for other services with the excess money that's coming in from the health tax. Page 44 makes it clear: About \$113 million dollars from the so-called health tax is going to pay for watershed and waste-water projects under the Ministry of Municipal Affairs, the Ministry of the Environment and the Ministry of Natural Resources, and another \$3 million is going to promote exercise under the tourism and recreation ministry. The Premier said very clearly that every penny would go to health care. I don't think that most average Ontarians would consider sewer pipes as health care. I don't think that most average Ontarians would consider ads at the Ministry of Tourism to be health care, and frankly they are not.

What's interesting is what's going to happen next year. It is awfully clear that next year even more money is going to come in through the health care premium than is actually allocated under the Ministry of Health. If you go to page 12 of the budget for fiscal year 2005-06, it is clear that the government will take in \$1.6 billion more in dedicated health taxes and revenue from the federal

government but will only invest \$600 million more in the Ministry of Health estimates. So next year you have \$1 billion of additional revenue, and I guess it will be interesting to see what will be the health items that the government will spend that money on. Perhaps it will be roads that ambulances use to get to hospitals. I don't know; the government is going to have to be awfully creative. But it's clear that this year \$200 million more comes in, which is why it's being spent on things that are not truly health-related, and next year it will be even more interesting to see what the government does with the extra revenue that comes in, \$1 billion dollars in that case.

1740

Do you know what's also interesting? In the same budget where we really whack modest- and middle-income Ontarians, there is a provision for a capital tax break for the banks that will mean a loss of \$1 billion to the treasury at the end of 10 years. So imagine, in the same budget with a regressive health tax, we also have a help measure that will result in the banks essentially paying the treasury \$1 billion less at the end of 10 years. That's \$1 billion that could go to health and education, and I'll tell you, that's \$1 billion that the banks could well afford and should be paying.

A final point on the radio ad: In the radio ad, Mr McGuinty said that the new health care premium was going to pay for meningitis vaccines for children. I confirmed in estimates two weeks ago that every penny of the new vaccination program is federal money. Every single penny of the new vaccination program for the next three years is federal money. There is not one red cent of new premium money in that. You can go to the Hansard from the estimates committee to see that that is just the case. So again, some of what was said was just a little not correct.

It is clear that the government could have made other choices. They knew there was going to be a problem—they had made the promises—and there were some other things that could have been done. I regret that the government didn't look at some of those other choices. What is clear to me is that the money that is coming in overwhelmingly comes in on the backs of modest- and middle-income families, those same families that are paying more on their hydro bills, because this government changed the rate cap—this government has not given a 10%, and another 10% reduction on hydro rates—more on their auto insurance premiums and probably a whole whack more in new fees and services that are yet to come.

The Deputy Speaker: Questions and comments?

Mr Mike Colle (Eglinton-Lawrence): The question I still haven't got an answer to from my friend from Nickel Belt, or any of the NDP members, is, if they are so concerned about the fact that there aren't enough tax dollars to help pay for education, to help pay for health care, why did her party vote along with the Conservatives—I know why the Conservatives did—against our government Bill 2? Do you remember Bill 2? That

was the rollback of the corporate tax cuts and the tax cuts to the wealthiest Ontarians, worth \$2.3 billion. Corporate tax cuts were supposed to go ahead for the wealthiest Ontarians—\$2.3 billion. I know why the Conservatives voted against our rolling that back. They thought that was a good part of their platform. But here is the NDP, that wants to suck and blow at the same time, and when it came to putting their money where their mouth is, to walk the walk, do you know what they did? They, along with the member for Nickel Belt—she has to explain this to us—voted not to roll back the corporate tax cut of \$2.3 billion that we have put into education, health care and the environment. They did not think that was a good idea. They wanted to keep that corporate tax cut in the pockets of the big corporations, the banks she just slammed. Yet she voted to give them that corporate tax cut.

She has the gall to stand up in this House and say that the banks shouldn't have been given some break. She voted to give the banks a break of \$2.3 billion. I encourage her to stand up in this House and explain that rationale to the people watching and to the members in this House.

Mr Yakabuski: I'm pleased to comment on the presentation by the member for Nickel Belt. It was interesting to listen to her. It was almost humorous to listen to what Dalton McGuinty said in 2002, and to listen to what we have been saying today about what this government is doing: Families are already paying for health care with their taxes—pay more for health care, pay twice for health care but get less health care. That's exactly what this government is doing. And this is what Dalton McGuinty, in 2002, so vociferously spoke against: a speculation that there may be some kind of a premium tax. And then of course this year, after the implementation of that tax, the Liberal Party takes out a radio ad, and there you hear Dalton McGuinty saying, "I'm Dalton McGuinty, and I want you to know that every penny of Ontario's new health care premium will go to health care." We find out very shortly after that that simply isn't the truth, simply wasn't the case.

The saddest commentary of all—and this is what really hits the people of the province of Ontario—is they have already come to the conclusion that they can't believe a single word this government tells them. On key issues like health care, a pillar of our society, they know that this government cannot be trusted. The people have lost faith, and that is a sad commentary on democracy. It is a disservice to all the fine men and women who have served in this House previously and to all the people who have built this province that a government, in the eyes of the people of Ontario, simply cannot be trusted on anything it says.

The Deputy Speaker: Questions and comments?

Mr Prue: I listened with great interest to my colleague from Nickel Belt. She had a great many things to say. Impeccable research. She had done a lot of work and the reasoning was sound.

After hearing that, I had to listen to the member from Eglinton-Lawrence and his diatribe, his political diatribe

of complete nonsense and puffery about something that had nothing to do with this bill at all. With the greatest of respect, if you want to know why the members of our party did not vote for Bill 2, it is because you put nine different acts in the bill and you taunted us to vote against all of it or to support all of it. We didn't support all of it and we voted no. I'm proud to say that we voted no, because if you want to do that kind of political puffery and nonsense in this House, you can expect not to get the kind of support. If you want a bill passed, you should put the bill forward, not nine bills at once. And if you want to act decently and honestly, I think the member from Eglinton-Lawrence knows a whole lot better than what he's doing here today.

Interjection.

Mr Prue: If the member from Eglinton-Lawrence wants to tell the people in this House, wants to tell the people who are watching that he has all the answers, then let him stand up and actually make a speech. Let him stand up and actually defend what he is trying to do in this particular bill that is before this House. If he wants to talk about something that happened a year ago that was all manipulated and that he helped to manipulate, then stand up and talk about your manipulation and how you're not even addressing the issue before us today.

Interjection.

Mr Prue: And if he wants to continue to speak while he's not there, Mr Speaker, I would suggest that you're allowing him a pretty good job to do it.

The Deputy Speaker: Well, I'll certainly be the judge of that.

The member for Ottawa-Orléans.

Mr Phil McNeely (Ottawa-Orléans): I'm pleased to speak on Bill 106, a bill to implement the budget measures. This bill includes the implementation of the health premiums. Forty-three per cent of all Ontarians filing taxes will not have to pay premiums. Forty-eight per cent of seniors will not be paying premiums. We are fortunate in this country, compared to our friends to the south where over 40 million people do not have that security of health care. Health care south of the border can be catastrophic for families.

Revenues in this province were left well below expenses, and the only Tory I have heard acknowledge that, that the Tories had left the \$6-billion debt, was the new leader. Everyone else denied it.

So we have embarked on a program where we are shortening waiting times, expanding primary and community-based care, increasing the number of doctors and nurses, delivering results in a more cost-effective manner and ensuring that the system has the resources it needs.

I was pleased to be in my own community of Fallingbrook 10 days ago when a new MRI arrived there. We had a new MRI that opened service at the Queensway Carleton Hospital about a month ago. MRIs in the Ottawa area, the waiting times were so bad—and I believe a minister from Nepean-Carleton was there during that period—the number of MRIs was less than half per capita than in Toronto. That was under another

regime. We have two new MRIs now. Ottawa is up to the same level as the rest of the province. I'm very pleased with that.

I'm pleased that we've had to enact these tough budget measures, which are going to reward us with better health care in the years ahead.

1750

The Deputy Speaker: The member for Nickel Belt has two minutes to reply.

Ms Martel: I want to reply to the member for Eglinton-Lawrence. It's not often that I would support an omnibus bill. I usually find with them, after 17 years in this House, that there are pieces of legislation or bills in them that you don't want to support.

The case in point in Bill 2 had to do with the clawing back of funds that already had been granted by a previous government to parents who were sending their children to private schools. I don't support private schools, I never have, and this party has a long tradition of never supporting private schools. But the former government actually did put money out the door and into the hands of those families. And you, through Bill 2, forced them to pay it back. I thought that was unfair. I thought it would have made sense to cancel the tax and never pay out that enhancement to those families again. I thought it was grossly unfair to go back to those families, some of which have a modest income, who'd already paid the tuition fees, and demand that that be clawed back. If faced with a vote again, I would do that again, because I thought that was wrong. That was the reason I voted against that budget bill that also included the change in the tax rollback.

Interjections.

The Deputy Speaker: Excuse me. I feel a little left out of the debate. The remarks should be through the Chair.

The member for Eglinton-Lawrence, it would be right if you listened.

Ms Martel: My finance critic at the time made it very clear that we were voting against the bill because of that clawback from those families that had already been given a benefit by a previous government. You wanted to continue to do that to those families. We thought that was wrong.

I also remember that my colleague suggested at the time that if you withdrew that particular clause, the retroactivity of clawing back, we would be supporting that bill. But your government did not want to do that. So again, I've never supported private schools but I didn't think what you did to families retroactively was very fair at all, and I continue to feel that way.

The Deputy Speaker: Further debate?

Mr Jeff Leal (Peterborough): I'll be sharing my time with the member from Sarnia-Lambton.

First of all, I think it's important that I get on the record that on July 15, 2004, 2,000 millilitres fell on the communities of the city of Peterborough, the townships of Otonabee-South Monaghan, Douro-Dummer and Smith-Ennismore-Lakefield. That created a serious

flooding situation in the city of Peterborough and surrounding municipalities. I want to thank many members from all sides of the House who took the opportunity to contact me to find out what the situation was truly like in our community during those days.

I particularly want to thank the Premier of the province of Ontario, Dalton McGuinty, who changed his schedule to be in Peterborough on Friday, July 16, to take a tour of all those areas that were devastated by the flood. Indeed, many ministers from this government came to Peterborough. The Minister of Municipal Affairs and Housing, the Minister of Natural Resources, the Minister of the Environment and the Minister of Community Safety and Correctional Services came to the city to really get a first-hand view of the situation we were faced with during those days.

I want to compare the response. Twice in two years the Peterborough area got hit by the 100-year storm. In 2002, when it hit, we waited eight to nine months to get a response from the provincial government during that time. During this particular situation, this past July, our government was there immediately. We didn't sit around to plan, we didn't sit around to analyze; we were there right away to assist the citizens of Peterborough and those surrounding municipalities that indeed lost everything. I can speak for my own neighbours on Maniece Avenue, where some had six feet of water in their basements, and indeed they lost the family albums of kids growing up, playing hockey, and lost their wedding albums, things that are irreplaceable. Now, with the support of this government, we are well on the road to recovery in Peterborough.

I want to take an opportunity to speak about Bill 106 and the budget measures. We heard a lot about the risk that was in the budget. We know that our member, Mr Phillips, the then Liberal Party finance critic, indeed was pressing the then Minister of Finance, Minister Ecker. But every time we raised the issue about whether there were some risks in their budget, Madam Ecker replied that indeed that was not true, that the budget was balanced.

When we developed our platform documents leading into the election of last October, we assumed there was going to be a \$2-billion deficit. In fact, we've had notable economists actually certify that with a \$2-billion deficit we would be able to implement the major components of our platform.

What happened was that when we got there we had Erik Peters, a very distinguished former Provincial Auditor, do an in-depth analysis of the state of Ontario's books. It really upset me to hear members from the official opposition questioning the integrity of the former auditor, Erik Peters, when he provided us with the information that clearly indicated we were headed for a \$5.5-billion deficit.

Just to look at some of the highlights, I know that the health care premium was a bit of a controversy, but I

spoke to a lot of groups in my riding and explained to them exactly what we're doing with those dollars: 8,000 more full-time nurses for Ontario, increased home care—as a matter of fact, in my riding of Peterborough, \$1.2 million went to the CCAC for home care.

I'm in the process now of getting a report from our local manager of the CCAC, who tells me that the waiting list that existed under that government when they were in power, that group when they were in power, has now vanished because we've deployed those new resources into community care. I said quite publicly that we can place the money that's been generated by the health care premium or tax into increased services that are in our community, and people are prepared to accept that.

The other great thing I want to talk about is public health. When I was a former municipal politician, we were downloaded when the Honourable Al Leach was Minister of Municipal Affairs and Housing in the first Harris government. They brought forward that omnibus bill that dumped a whole smorgasbord of responsibilities on to municipalities in Ontario. It's great to see that this government has finally realized that we have to lift some of those responsibilities, and one of them is going to be the area of public health care.

I could go on and on, but I want to give some time to my good friend the member from Sarnia-Lambton.

Ms Caroline Di Cocco (Sarnia-Lambton): One of the crucial aspects of this bill, probably, is that it is all about accountability and about what the public really wants to know about this health care premium. In the explanatory note it states very clearly: "The new section 29.1 of the act specifies that the public accounts for each fiscal year shall include information about the use of the revenue from the Ontario health premium. The new section 29.2 provides for a review of the Ontario health premium by a committee of the assembly."

What does that mean? We are going to account for every penny of the health premium, that it goes into health care. Basically that is what the public wants. They are tired of governments that take revenues that then go into a black hole. The reason we did it this way is so that the money could be directed specifically to health care because that is something we said we would rebuild.

Moral decision-making is about making decisions based on the information you have at the time you're making the decision. We had no choice, in spite of the rhetoric that we hear. On the other hand, we have put into place a check and balance so that the money that is being collected is going to be directed where the public expects it to be.

The Deputy Speaker: It being 6 of the clock, the House is adjourned. We will resume at 6:45 of the clock this evening.

The House adjourned at 1800.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
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Guelph-Wellington	Sandals, Liz (L)	Nipissing	Smith, Monique M. (L)
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Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

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Ted McMeekin, Khalil Ramal, Kathleen O.Wynne
Clerk / Greffière: Anne Stokes

CONTENTS

Monday 18 October 2004

MEMBERS' STATEMENTS

Métis Nation of Ontario	
Mr Tascona	3427
Knights' Table	
Mr Dhillon	3427
Archives of Ontario	
Mrs Munro	3427
School bus safety	
Mr Gravelle	3428
Health care funding	
Mr Wilson	3428
Government's record	
Mr Kormos	3428
Public Library Week	
Ms Di Cocco	3429
Pierre Elliott Trudeau	
Mr Racco	3429
Long-term care	
Mr Craitor	3429

REPORTS BY COMMITTEES

Standing committee on finance and economic affairs	
Mr Hoy	3430
Debate adjourned	3430

FIRST READINGS

City of Ottawa Act (Licence Committee), 2004, Bill Pr8, Mr McNeely	
Agreed to	3430
Physical Fitness Day Act, 2004, Bill 127, Mr O'Toole	
Agreed to	3430
Mr O'Toole	3430

MOTIONS

House sittings	
Mr Duncan	3430
Agreed to	3430

ORAL QUESTIONS

Hospital funding	
Mr Runciman	3432
Mr Smitherman	3433, 3434, 3435, 3436, 3440
Mr Baird	3433
Mr Hampton	3434
Ms Churley	3435
Mrs Witmer	3436
Mr Miller	3440

Long-term care

Ms Martel	3437
Mr Smitherman	3437

Small business

Ms Marsales	3437
Mr Cordiano	3438

Woodstock General Hospital

Mr Hardeman	3438
Mr Smitherman	3438

School transportation funding

Mr Marchese	3439
Mr Kennedy	3439

Immigrants' skills

Ms Wynne	3439
Mrs Chambers	3439

Rural education funding

Mr Hampton	3440
Mr Kennedy	3441

Services for the developmentally disabled

Mr Hoy	3441
Ms Papatello	3441

Archives of Ontario

Mr Yakabuski	3442
Mr Phillips	3442

PETITIONS

Health care services

Mr Murdoch	3442
Mr Ouellette	3443

Chiropractic services

Mr Prue	3442
Mr Craitor	3444

School bus safety

Mr Gravelle	3443
-------------------	------

Physiotherapy services

Mr Levac	3443
----------------	------

Landfill

Mr Barrett	3444
------------------	------

Teaching assistants

Mr Prue	3444
---------------	------

Children's health services

Mr Tascona	3444
------------------	------

Immigrants' skills

Mr Levac	3444
----------------	------

Gasoline prices

Mr O'Toole	3445
------------------	------

Leslie M. Frost Centre

Mr Miller	3445
-----------------	------

Evening school bus service

Mr Wilson	3445
-----------------	------

SECOND READINGS

Budget Measures Act, 2004 (No. 2),

Bill 106, Mr Sorbara

Mr Prue	3446, 3452, 3459, 3462
Mr Hoy	3451
Mr Dunlop	3451, 3454
Ms Martel	3452, 3454, 3458, 3459, 3463
Mr Sergio	3452
Mr Flynn	3453, 3455
Mrs Sandals	3454
Mr Peterson	3455
Mr Jackson	3455
Mr Yakabuski	3456, 3459, 3462
Mr Brown	3458
Mr Klees	3458
Mr Colle	3462
Mr McNeely	3463
Mr Leal	3463
Ms Di Cocco	3464
Debate deemed adjourned	3464

OTHER BUSINESS

Legislative interns

The Speaker	3429
-------------------	------

Visitors

Mr Colle	3429
----------------	------

Persons Day

Ms Papatello	3430
Mrs Witmer	3431
Ms Churley	3432

TABLE DES MATIÈRES

Lundi 18 octobre 2004

PREMIÈRE LECTURE

Loi de 2004 sur la Journée

de l'aptitude physique,

projet de loi 127, M. O'Toole

Adoptée

3430

DEUXIÈME LECTURE

Loi de 2004 sur les mesures

budgétaires (n° 2),

projet de loi 106, M. Sorbara

Débat présumé ajourné

3464