No. 25

Nº 25

ISSN 1180-2987

Legislative Assembly of Ontario

Second Session, 38th Parliament

Assemblée législative de l'Ontario

Deuxième session, 38e législature

Official Report of Debates (Hansard)

Journal des débats (Hansard)

Tuesday 29 November 2005

Mardi 29 novembre 2005

Speaker
Honourable Michael A. Brown

Clerk
Claude L. DesRosiers

Président
L'honorable Michael A. Brown

Greffier
Claude L. DesRosiers

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Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 29 November 2005

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 29 novembre 2005

The House met at 1330.
Prayers.

MEMBERS' STATEMENTS

TORNADOES

Mr. Ted Arnott (Waterloo–Wellington): Today I am standing up once again on behalf of the townships of Centre Wellington and Mapleton, the county of Wellington and the Grand River Conservation Authority to demand additional financial assistance from the government to help with the losses we have incurred as a result of the August tornadoes.

In this House, I have characterized the amount of provincial assistance announced to date as insufficient. Here is what Centre Wellington township's mayor, Russ Spicer, now says of the government: "I am requesting that you reconsider the financial burden that must be borne by Centre Wellington and its six municipal partners, which were included in our original submission to you." Mayor Spicer has correctly complained about the fact that the Minister of Municipal Affairs has arbitrarily reduced our grants by 4% of the municipalities' "taxation for own purposes," which cuts Centre Wellington's allotment by a whopping $234,000.

In 2004, this government boasted about its generosity to the city of Peterborough when it granted over $20 million to help that community respond to a flooding disaster. But did they cut back Peterborough's grant by 4% of its "taxation for own purposes"? No, they did not.

Clearly, the minister has discretionary power to determine the dollar figure of a special assistance grant. If the minister fails to increase tornado assistance to the communities in Waterloo–Wellington, then his treatment of my municipalities will be nothing short of mean and miserly.

Again I call upon the Minister of Municipal Affairs to meet with officials from the townships, the county and the GRCA and give them the financial assistance and respect they need and deserve.

HOLIDAY ACTIVITIES

Ms. Monique M. Smith (Nipissing): Today I would like to tell you about the fact that the holiday season has come to Nipissing. The holiday spirit is alive and well in the district of Nipissing and particularly in the communities of North Bay, Mattawa and Powassan.

Last Sunday, thousands of North Bay residents, young and old, enjoyed the Disney Santa Claus parade. The crowd was entertained by 45 floats. I would like to thank the downtown improvement area for hosting the mayor; our federal member of Parliament, Anthony Rota; and I on their It's a Small World float. Thanks to Jeff Serran, Pat Kenzie Diegel and the students at E.W. Norman Public School, with their teacher Betty Brown, for organizing and decorating such a fabulous float.

This past Friday, we celebrated the lighting of the downtown Christmas tree in North Bay, and the downtown merchants hosted thousands of visitors at the downtown Christmas walk. My constituency office was delighted to host hundreds of constituents with hot drinks and Christmas cookies and festive music. It was a real community celebration.

Congratulations again to Jeff and all the downtown merchants. What a way to welcome the holiday season to our area.

This Friday, December 2, the town of Mattawa will be hosting its twilight Santa Claus parade. I want to thank the Mattawa volunteer firefighters for taking care of me on Friday and making this parade possible.

The town of Powassan began its Dickens Christmas celebration this past weekend, and I will be enjoying the Dickens country craft fair this coming Saturday. There will also be church teas, singalongs and a big skating party.

Congratulations to all the organizers who ensure that the residents of Nipissing celebrate a very festive holiday season.

PHYSIOTHERAPY SERVICES

Mrs. Elizabeth Witmer (Kitchener–Waterloo): Yesterday we learned that the McGuinty Liberal government is crippling physiotherapy care to seniors and disabled persons. Despite the promises of "enhancing physiotherapy services for highest-need Ontarians," the McGuinty government has cut funding to OHIP-funded physiotherapy for seniors and disabled persons, leaving thousands of Ontario long-term-care residents cut off from further OHIP-funded physiotherapy this year.

The government has cut the overall budget from approximately $75 million at the end of 2004 to approximately $52 million this fiscal year. Decreased access to physiotherapy treatment for seniors and disabled persons:

It has been lowered from the annual maximum of 150 treatments to 100. Also, they are now saying that they are going to further cut the funding level for long-term-care residents in 2006, and they are proposing to pay for an average of only 49 treatments per bed in long-term-care homes.

The government is doing by stealth now what it did not do overtly in April. First, they delisted optometry services. They're going to be delisting chiropractic services. We now know that the physiotherapy cuts are causing hardship for the most vulnerable people—our seniors and the disabled.

RESEARCH AWARDS

Ms. Deborah Matthews (London North Centre): I'm delighted to tell you about the McGuinty government's continued commitment to research and innovation in this province. Under the new early researcher award program, our government is providing $6.4 million to universities across the province to assist gifted researchers and their teams of students on some innovative new research projects.

In my riding of London North Centre, $900,000 has been allocated to researchers at the University of Western Ontario. I'd like to tell you a little bit about one of the researchers.

One researcher who will benefit is Dr. Kristy Tiampo. Dr. Tiampo is leading a team that will compile data on small earthquakes and changes in the earth's surface. Using powerful computers, this team will develop a large-scale model of fault lines. Using the data they've found, they'll be able to get an indication of when and where earthquakes are likely and how strong they might be. The findings from this project will improve the ability to forecast earthquakes worldwide, saving countless lives.

Some other researchers receiving awards are Dr. Donglin Bai, Dr. Brian Corneil, Dr. Frederick Dick, Dr. Kathleen Hill, Dr. Wei-Ping Min, Dr. Xingfu Zou, Dr. Richard Rozmahel and Dr. Juan-Luis Suarez.

I would like to congratulate all these recipients from the University of Western Ontario on their excellent work.

Investments like this reaffirm the importance our government places on strengthening Ontario as a leading innovation-based economy and society.

1340

TAXATION

Mrs. Julia Munro (York North): In the 2003 election, Premier McGuinty signed a pledge not to raise taxes and to abide by the Taxpayer Protection Act. We all know the Liberals broke their promise in about six months, instituting the largest tax hike in Ontario's history, known as the health tax. Now they want to break their promise again by eliminating any requirement for the people to be consulted if the province allows a municipality to charge a new tax.

What does this mean for taxpayers? If the McGuinty Liberals let municipalities charge you a sales tax, you will have no say. If they allow a local income tax, you will have no say. If they allow any other kind of new tax, people across Ontario will have no say.

Ontarians are already upset at rising income taxes, property taxes and hydro rates. They don't want any more taxes from any level of government. We all know that this bill is a leadup to giving new taxing powers to the city of Toronto. This government should be on notice that our party will continue to stand up for the taxpayers of Toronto and the taxpayers of Ontario. They are already paying too much.

NORM McINTOSH

Ms. Shelley Martel (Nickel Belt): Last Tuesday night I was thrilled to be present to see Norm McIntosh, a music teacher from my riding, win MusiCan's music teacher of the year award. The award is a new initiative of CARAS, the Canadian Academy of Recording Arts and Sciences. It pays tribute to dedicated music teachers across Canada, but recognizes one in particular who has positively influenced his or her students, advanced music in the community, and who exemplifies MusiCan's mandate to enlighten, empower and elevate.

The new award is sponsored by the legendary rock band the Rolling Stones. After Norm McIntosh, the Stones were the highlight last Tuesday night, with their video congratulating Norm on his work and wishing him well in the future.

Norm McIntosh is a fabulous music teacher and a great believer in young people. Twenty-six years ago, when he started teaching music at Confederation high school in Val Caron, he was told, "Make it work, or there will be no music in the school." With 24 students and a very small array of instruments, he created the school's first rock band.

The music program grew, so did the band, and both followed him to whatever school he went. Now back at Confederation, he has 150 students in the music program, a touring rock band called Evolutionary, a full stage crew and, as of this year, students recording in a new, professionally soundproofed music room.

Everything Norm has done has been about the kids, supporting and promoting their love of music and their performing, recording and technical talents. Congratulations to Mr. Mac, who so clearly deserves this award, and many, many thanks for making such a difference in the lives of these young people.

OTTAWA POLICE SERVICE

Mr. Phil McNeely (Ottawa–Orléans): I'm pleased to rise in this House and announce that our city, including my riding of Ottawa–Orléans, has received funding for 95 new positions for police officers. There will be 55

new positions, including 18 in areas that support the province's six targeted priority areas and 37 to support community policing. We're also receiving retroactive funding for 40 existing positions, of which 35 will be in areas that support the province's six targeted high-priority areas, two will be in an area that promotes efficiency in the justice system and three will support community policing. There will also be two additional case managers.

Improving efficiency in the justice system has been the goal of the Ottawa Police Service for the past two years. The additional funding for these 95 positions will further increase community safety by putting new officers on the street and by targeting specific areas of concern. With the addition of the new case managers, there will be improved resolution rates and we'll have more management on criminal files. As well, we'll have more officers on the streets.

To quote our very own police chief, Vince Bevan, "We could not be more delighted with this announcement by the provincial government. For years," under a previous government, "our service did not receive its fair share of provincial funding. This announcement rights those past wrongs. Today we can all say that the city of Ottawa received its fair share. We can now move forward and manage our growth in a proactive way that responds to a clear and growing community need in Ottawa."

Clearly, our police organizations are in favour of this change. We're proud that these new officers will soon be patrolling our streets, ensuring that our communities are safe.

YORK REGIONAL POLICE

Mr. Mario G. Racco (Thornhill): Yesterday, along with York Regional Police Chief Armand LaBarge, Police Services Board Chair David Barrow and Regional Chair Bill Fisch, I announced that the York Regional Police force will receive 100 officers as a result of the McGuinty government decision to put 1,000 officers on the streets. In the 905 region, 281 officers have been allocated. The Toronto police board received 250 officers.

With the surge in gang violence that has troubled our cities since the summer, it is obvious that we need more officers. Our government has responded to this need with a number of initiatives; notably, the gun amnesty program, the guns and gangs task force, and by fulfilling its commitment to put 1,000 officers on the streets.

While much of the gun violence has occurred in Toronto, the 905 region is not immune to crime. Gun violence is not the only problem plaguing our cities. Our communities are also dealing with marijuana growing operations, illegal drug use and illicit massage parlours. A boost to police forces will help to catch the people responsible for these crimes so that the people of Ontario can feel safer in their communities.

I commend our government for moving swiftly to put these officers on the street and for investing in the safety of our communities.

YOUTHLINK

Mr. Lorenzo Berardinetti (Scarborough Southwest): I rise today to congratulate Youthlink, a successful youth counselling agency located in my riding of Scarborough Southwest. Youthlink has recently been awarded grants from the Ontario Trillium Foundation totalling $225,000 for renovation completion of their main building on Warden Avenue and for program support.

Youthlink was created in downtown Toronto in 1914 under the name Big Sister Counselling Service, offering a wide range of programs for young women. The agency eventually began offering services to both women and men, and—due to lack of services, increased poverty and the growing youth population of Scarborough—moved to its current location in Scarborough Southwest about two and a half years ago to better serve its core constituencies.

It is agencies like Youthlink that contribute to youth making positive life choices. Youthlink does this by identifying and reducing barriers to self-sufficiency, healthy sustenance and constructive behaviour and by helping youth help themselves.

Youthlink has grown into a diverse multiple-service agency. In 2004-05 alone, Youthlink assisted 491 individuals with counselling services, 605 individuals with community outreach services, and 5,180 individuals with inner-city street outreach services. Further, Youthlink is equipped to deliver service to Caribbean, Sri Lankan, Indo-Canadian and Cantonese clients.

Again I congratulate Youthlink on receiving needed funding from the Ontario Trillium Foundation so that they can continue serving my constituents and young residents across the city.

REPORTS BY COMMITTEES

SELECT COMMITTEE ON ELECTORAL REFORM

Ms. Caroline Di Cocco (Sarnia–Lambton): I beg leave to present a report on electoral reform from the select committee on electoral reform and move the adoption of its recommendations.

The Deputy Speaker (Mr. Bruce Crozier): Does the member wish to make a brief statement?

Ms. Di Cocco: I'm pleased to report to the House that the select committee on electoral reform has tabled its report.

First of all, I want to thank Larry Johnston, the researcher, and Anne Stokes, the clerk, for all of their work, as well as the committee members for their valuable discussion and contribution to the process.

The report looked at various electoral systems and the current system. The systems we looked at were STV, MMP and the AV system. It based its analysis on actual systems, not theoretical ones. We found that no system is a panacea to addressing voter turnout, youth engagement

and gender representation. We also found that each jurisdiction has local, cultural and jurisdictional uniqueness that varies each system. Electoral reform must also take into consideration the Legislature, the parties, and the values of stable government. We looked at BC and other areas to learn from their experiences.

I'm pleased that we were able to table the report today. Hopefully, it will be valuable reading for all.

The Deputy Speaker: Does the member wish to make a motion?

Ms. Di Cocco: I move adjournment of the debate.

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

1350

STATEMENTS BY THE MINISTRY AND RESPONSES

UNIVERSITY AND COLLEGE FUNDING

FINANCEMENT DES UNIVERSITÉS ET COLLÈGES

Hon. Christopher Bentley (Minister of Training, Colleges and Universities): Today is an important day for colleges and universities in Ontario. I am pleased to tell the House that this morning our government announced the first allocation in its new quality improvement fund. It is a fund set up to promote excellence at our post-secondary institutions.

Grâce aux fonds pour l'amélioration de la qualité, le gouvernement mettra plus de $ 211 millions à la disposition des collèges et des universités pour qu'ils puissent prendre des mesures immédiates et mesurables pour améliorer la qualité. Il s'agit d'un nouveau financement de plus de $ 211 millions, qui est disponible cette année.

Through the quality improvement fund, the government will make more than $211 million available for colleges and universities so they can take immediate, measurable steps to improve quality. That is more than $211 million in new money, and it is available for this year. It is a tangible sign of our government's commitment that students in Ontario will get the very best education possible. This fund is part of a 14% increase in operating grants to colleges and universities this year under Reaching Higher, our plan to rebuild the foundations for learning by investing $6.2 billion in post-secondary education.

How will students see their education improve by the quality improvement fund? Today, the Premier, myself and the MPP for Don Valley West visited the Glendon campus of York University. York is receiving $9.8 million from the quality improvement fund. It is using the money to hire 50 more full-time faculty. This will improve student-teacher ratios, allow the university to renew curriculum offerings and enable it to develop new programs. It is using the money to improve accessibility. A new on-line service will make sure eligible students know about, and are considered for, financial assistance. It is using the money to help students with special needs: More staff and technological resources will be made available for testing and exam requirements to make sure everyone has an equal opportunity to succeed. And it is using the money to support its unique character: One of York's specialties is interdisciplinary programs. Over 20 faculty will be hired for these programs.

In the coming weeks, I expect many more allocations from the quality improvement fund to be announced. These allocations will draw upon three different pools in the fund to target specific needs. First, there is the advancing quality fund. It will support hiring new faculty and support staff, acquiring additional learning resources for students and developing better student supports. Next, there is a supporting excellence fund. It will support each institution as it works to achieve excellence in its particular area of specialty or fulfill its unique mission. Finally, there is the change fund. It will support cross-institutional or system-wide improvements.

There is another important aspect of the quality improvement fund. So far I've spoken only of inputs and desired goals. We're investing more than $211 million to improve quality for students. How will we know if the results are being obtained? How can we be sure that every dollar results in quality improvement for students and that the money is well used? Prior to the release of these funds, each institution will sign an accountability agreement with the government. These agreements will set out how the money is to be spent and what the anticipated results will be. This government is committed to working with publicly funded colleges and universities to achieve results for taxpayer dollars. Achieving accountability requires clear roles, responsibilities and expectations. Results, to be meaningful, must be measurable. In short, we want to make sure that every dollar flows to the benefit of students.

These agreements will also encourage our post-secondary institutions to strive for excellence and sharpen their focus on quality. Study after study has found that education is the key to future prosperity, both for the individual and society as a whole. Indeed, virtually every job created today requires some level of education or training beyond that of high school. For that reason our government is determined, through the Reaching Higher plan, to make sure that everyone has the opportunity to get the education they need to succeed. The quality improvement fund will help ensure that higher education in Ontario is the very best possible.

QUALITÉ DE L'EAU

WATER QUALITY

L'hon. David Ramsay (ministre des Richesses naturelles, ministre délégué aux Affaires autochtones): Je suis heureux de prendre la parole aujourd'hui pour informer les députés que ce matin, la ministre Broten et moi-même avons annoncé un investissement provincial

considérable dans le cadre de la protection des sources d'eau.

This investment is part of the McGuinty government's ongoing efforts to ensure a safe, reliable supply of drinking water for all of the people of Ontario.

Tous les habitants de l'Ontario ont droit à une eau propre. Nous avons tous et toutes la responsabilité de la protéger.

Protecting water at the source is the first step in making sure Ontarians can turn on their taps with confidence.

This morning, we announced that the government is providing grants and funding totalling more than $67 million to conservation authorities and municipalities to ensure that local communities have the science, knowledge and capability they need to protect their drinking water sources. This investment will help municipalities and others map watersheds, analyze water quality and quantity in watersheds and identify potential threats; enable municipalities to assess threats to drinking water sources; and ensure that conservation authorities have the staff, resources and information necessary to continue to work with local communities in developing source water protection plans.

Last year, through similar initiatives with municipalities and conservation authorities, the McGuinty government began to lay the foundation for strong and effective source water protection across the province. The further investment we are making today will build on that foundation and ultimately build Ontario's overall capacity to better understand and manage our source water resources.

Our government understands that to keep our drinking water clean, we need to keep pollution from seeping into our streams, lakes and rivers. This investment will help us strengthen the prevention component of what Justice Dennis O'Connor calls a "multi-barrier approach" to clean water protection.

The first barrier is to protect contamination at the source, which requires the kind of local water protection planning capability we are supporting with today's announcement. Over the past two years, this government has made excellent progress putting a number of other barriers in place. We've set tough training requirements for those who operate municipal water systems; we've hired more inspectors; we've increased the frequency of inspections for municipal water systems and the labs that test our drinking water; and we've introduced environmental penalties, along with a community cleanup fund to guard against industrial spills affecting drinking water and the environment.

The McGuinty government knows that ensuring a safe, reliable water supply for the people of Ontario is an obligation, not an option. Minister Broten and I continue to work with the municipalities and conservation authorities to meet that obligation and to support our government's goals of a cleaner environment, healthy, prosperous communities and a better future for all Ontarians. Merci.

CULTURAL FUNDING

SUBVENTIONS CULTURELLES

Hon. Madeleine Meilleur (Minister of Culture, minister responsible for francophone affairs): Ontario's cultural and entertainment industries have become world leaders in a broad range of sectors, including television production and children's literature. They employ more than 45,000 people and contribute over $7.7 billion per year to Ontario's economy. They promote our identity as a people and a province, celebrating our achievements and reflecting our values.

Ontario has the vision, talent, expertise and determination required to produce international hits. Take the example of the Degrassi series of TV shows. I recently had the opportunity to visit the Degrassi set upon the occasion of their 25th anniversary. Starting with The Kids of Degrassi Street through to its latest incarnation, Degrassi: The Next Generation, this series has been honoured with two international Emmys, 14 Gemini Awards, two Prix Jeunesses, as well as other honours at festivals around the world. Degrassi: The Next Generation is so popular that when an episode dealing frankly with the issue of teenage pregnancy and abortion was prevented from airing on US networks, thousands of young American fans signed petitions to protest the decision.

1400

As Linda Schuyler, the series executive producer and a former high school teacher herself, has said, "If they're talking about it in the schoolyard, we should be able to talk about it on television." People have been talking about Degrassi for 25 years now, and the show is more popular than ever.

Linda Schuyler is with us today, accompanied by her father. Please stand up.

To mark this 25th anniversary, I would like to greet her and to extend our most sincere congratulations to her, her partner, Stephen Stohn, and her all-Ontario crew.

Merci, Linda, et bravo pour les succès.

Notre gouvernement prend des mesures pour renforcer les six secteurs des industries culturelles et des divertissements en augmentant les crédits d'impôt. Il s'agit de la production cinématographique et télévisuelle; de l'édition de livres et de revues; de l'animation et des effets spéciaux informatiques; des médias interactifs numériques; et de l'enregistrement sonore.

One year ago, the Minister of Finance and I jointly announced a $48-million enhancement to film and television tax credits. Industry sources have reported that this helped to boost production activity over the past year. Film and television production in Ontario generates $2 billion per year and employs 20,000 people.

The 2005 budget features enhanced tax credits for interactive digital media, including computer animation, book publishing and sound recording, as well as a $10-million strategic investment in the Canadian Film Centre for new programs.

Les industries culturelles et des divertissements de l'Ontario améliorent notre qualité de vie et véhiculent nos histoires et nos idées auprès d'un public mondial. Ces activités méritent que le gouvernement les soutienne. Les mesures que prend notre gouvernement témoignent de son engagement envers le développement culturel de l'Ontario et des industries qui sont le fruit de nos activités.

FAMILY RESPONSIBILITY OFFICE

Hon. Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): What we don't do as often as we should is to recognize the good work done on behalf of Ontarians and improvements in customer service. Today I'm very pleased to have the opportunity to tell the House about the great work that is happening at the Family Responsibility Office.

Shortly after our government took office, I took a drive up to FRO, and what I saw really took me by surprise. The systems there were downright antiquated compared to what we see in most businesses today. I remember in particular that it was such a paper-based system that the staff actually wore white gloves to protect their hands from all the paper cuts from managing, handling and re-handling paper. To this day, I have a pair of those white gloves in my desk drawer to remind me of how things used to be.

In February 2004, we announced initiatives aimed at improving services at FRO to help families get the support they are entitled to. Last week I had another opportunity to visit FRO and talk to the people who are making such a difference in the lives of their clients. Each week since February 2004, the customer service unit has diverted up to 3,500 calls from enforcement agents so that these agents can focus on enforcement instead of routine questions. Taking the less complex calls away from the enforcement staff has shown impressive results: The FRO handled over 600,000 calls between April 2004 and March 2005, more than a 70% increase from the same period two years ago; average call centre wait times have decreased from 13 minutes to eight minutes; and there has been a 75% increase in the number of callers who are able to get through on their first attempt.

We know we have miles to go, but I want to say a very heartfelt thank you to the people at FRO who work so diligently.

Customer service has also been improved thanks to more than 180,000 personal ID numbers that have been issued to clients to help them access their case information through the automated phone system 24 hours a day, seven days a week. Since February 2005, clients have been able to get information on the last five payments made to their case. You can't do that at your own bank machine.

An arrears file review project was launched in November 2004, with an ambitious goal: cleaning up almost 39,000 cases representing $639 million in arrears. Since that time, 23,500 of these cases have been reviewed, $13 million has been collected on cases where no money was ever received prior to the arrears file review, and there has been a $41-million arrears collection.

Then there's my personal favourite: the trace-and-locate initiative, or, as I've been known to call it, CSI Downsview. FRO's ability to track down defaulting payers has significantly improved thanks to this team's success in using every available resource to track down obsolete addresses and phone numbers and keep payers' information in our database current. Trace-and-locate exceeded everyone's expectations, handling more than 2,500 pieces of mail each month, and had a search success rate of over 55%. As a result of this team's effort we've been able to tighten up enforcement and collection and are better able to help more payers meet their support obligations.

How about that credit bureau initiative? This is where we said, "Who would have thought that simply letting people know they were going to be reported to the credit bureau would result in over $157 million collected?" And that's just since January 2004. Way to go, FRO. Overall, FRO's collections have gone up 3% in 2004-05 over the previous year, and the compliance rate—those are the cases that are in good standing—is at 68%. That is a big hand that goes to FRO for such a tremendous job.

The great work that's happening at FRO is being praised by clients across my ministry. It's also being recognized for excellence in customer service and client satisfaction, receiving a bronze award at this year's Public Sector Quality Fair. We went there specifically to say "congratulations" for that bronze award.

We'll continue to build on the successes I've already told you about. We're well on our way to moving to a brand new, proactive case management approach at the FRO, and we're bringing in technology to support it. This is technology that will finally bring FRO into the modern era—no more white gloves, no more pre-Industrial Revolution technology. Thanks to the support of this House and, may I say, supported by all members of this House, our new legislation is going to help us strengthen the FRO's enforcement powers, make further improvements so that the FRO works as efficiently as possible, and help make the system fairer for the parents who do honour their obligations and responsibilities to their families.

I want to recognize the hard work of all the staff at FRO, because these successes are the product of their hard work. Recently, FRO came together to create a vision statement that will guide their work into the future. It says, "Our vision is to work together with our clients and partners to ensure support responsibilities are met. We do this by developing constructive relationships, addressing challenges and treating everyone with fairness and respect."

As my office has moved forward to contact all the members' offices here in all the 103 ridings, we have also heard from your staff, who have told us that the calls to your offices are down. The calls we are still getting have

become quite complicated, which tells us that there is more work for us to do. But I can say, on behalf of all members of this House, how proud I am, through the directorship of Sharon van Son, of all the staff people at FRO, many of whom may be here watching today, because we want to say thank you, something that we don't do nearly enough with our civil service. We have tremendous staff; we can show great progress. Thanks to the support of this House and the Premier and the budget process, we are able to go even further to helping parents meet their obligations and taking care of their families. On behalf of all members of this House, thank you to the people at FRO.

UNIVERSITY AND COLLEGE FUNDING

Mr. Cameron Jackson (Burlington): I thought that today the Minister of Training, Colleges and Universities would have announced the agreement with the off-campus work for international—

Interjections.

The Deputy Speaker (Mr. Bruce Crozier): Order. There are a lot of conversations going on around. It's difficult for me to hear.

Member for Burlington.

Mr. Jackson: —would have announced part of the off-campus work for international students, but then when I read the federal government's press release today it says, "Implementation of this program will begin once federal government funding is approved." Seven months ago, the minister was in this legislative chamber announcing the quality improvement funds. We now find that it's taken him seven months to pull this together, and we still do not have the details of your agreements.

1410

It's a matter of record, Minister, that your predecessor cancelled the multi-year faculty renewal funding that the previous government had approved and budgeted and had begun flowing. The fact is that she surrendered her cabinet post in favour of your being there, but the truth is that you haven't provided it for the last two years, and now, with four months left in this fiscal year—you've passed the September window for hiring new faculty; you're going to pass the window for faculty renewal for the second semester—we'll be fortunate if we can get this money out the door in such a short time.

WATER QUALITY

Mr. Norm Miller (Parry Sound–Muskoka): In the short time I have to respond to the Minister of Natural Resources' announcement of $67 million for water assistance with technical studies to assist municipalities, I would say that part of that announcement was $51 million over five years. I wish they'd just stick to the next two years, because beyond that, hopefully there's going to be a change of government.

I would like to point out that certainly the quality of our water is so important to all of us, and it's very important for me, representing a riding like Parry Sound–Muskoka, where our very quality of life is connected to the quality of our water. We have had problems in recent years—this year, with Three Mile Lake, and in other years on Georgian Bay with Sturgeon Bay.

I would say that the municipalities I've talked to would like to see more assistance from the Minister of the Environment in particular. They feel frustrated that they don't get assistance when they're actively trying to do something to improve the water quality.

If I have a suggestion for the Minister of the Environment, it would be that they become more proactively involved in developing new septic systems that make new technologies available for people to use, and approve new technologies so that we can use those technologies to protect our lakes.

CULTURAL FUNDING

Mrs. Julia Munro (York North): First of all, in commenting on the minister's statement today, I want to recognize the many talented people we have in the province, and the opportunity to be able to flourish in the province through the very many areas we have. I'd certainly like to recognize Linda Schuyler as well, and appreciate the long history and the success of the Degrassi heritage, I'd almost say.

In the comments the minister made, she referred to the fact that it was a year ago that she was able to join the Minister of Finance and make an announcement with regard to film tax credits. I'd remind the minister that that came after our leader, John Tory, pushed the government to act. You may recall that the then Minister of Finance said he didn't want to participate in the unhealthy bidding war, upping and upping tax credits. Our leader then called a news conference with members of the film industry to demand action from the Liberal government, and demanded that the Liberals keep their promise to increase film tax credits. So I certainly think that while we recognize the importance of enhancing the tax credits, let it be known that it was at some instigation on this side of the House.

FAMILY RESPONSIBILITY OFFICE

Mr. Gerry Martiniuk (Cambridge): I never thought I'd see the day when Minister Pupatello would boast about a 68% compliance rate. That mark wouldn't get you into any university in Ontario. Imagine boasting about 32% of spouses and children waiting for their support and never receiving it. I would suggest that you leave your white gloves in your desk, roll up your sleeves, get them dirty and get helping these vulnerable lives.

Interjections.

The Deputy Speaker (Mr. Bruce Crozier): I'd like some order. I'd like to hear what the members are saying, and I'm not getting much co-operation on it.

We'll all listen to the member for Beaches–East York.

Mr. Michael Prue (Beaches–East York): For more than 20 years, before I became an elected public official full-time, I, too, was a public employee. What I learned in all that time being a public employee is that when the public employees did good work, when they showed initiative, when they really got things going, it was the politicians who stood up and tried to take the kudos.

I salute the public employees who have done a remarkable job here, but I have to tell you that they have sometimes done so with the very lack of commitment that this Legislature has given them.

I'd like to look at some of the statistics here. The average call centre wait times have decreased by some 40%. That's fine, but the waiting time is still far too long. If we are committed to the public, that waiting time should be zero, not just down 40%. There should be no waiting time.

It says here that there has been a 75% increase in the number of callers who are eligible to get through on their first attempt. Since we go back to that time when less than 10% could get through on their first attempt, I can only assume now that 15% are getting through on their first attempt, which means that most people—the overwhelming majority—cannot get through to this line in spite of the improvements.

Last but not least, it says that the arrears file review project was launched in November, 2004, cleaning up 39,000 cases. But I want to tell you, of the 39,000 cases, only 23,500 have been reviewed, which means that 15,500 cases are sitting there and haven't even been opened more than a year later.

I want to tell you that I salute the people who work there. They need more resources. If the minister truly believes that these people have done such a tremendous job, just think how much more money and resources and how many more public employees, dedicated as they are, could really improve this situation and have the people of Ontario proud of it.

CULTURAL FUNDING

Mr. Rosario Marchese (Trinity–Spadina): The Minister of Culture states, "Ontario's cultural and entertainment industries enhance our quality of life and bring our stories and perspectives to a global audience." No disagreement. Then she says, "The measures which our government is undertaking demonstrate its commitment to Ontario's cultural development and the industries our creativity has spawned."

I wondered whether the minister might want to comment on the fact that their government—her ministry—is forced to sustain a 7% cut. Given your commitment to Ontario's cultural development and given all that blah, blah, blah about how important you think that is, did you ever bother to fight the cuts that you have sustained in your ministry, and how do the 7% cuts in your ministry help to sustain cultural development in our province? It's a question to think about.

UNIVERSITY AND COLLEGE FUNDING

Mr. Rosario Marchese (Trinity–Spadina): Mr. Bentley made an announcement today. It was clearly pointed out that the $200 million will only flow once the federal government funding is approved. It makes it appear that they're putting in their own money and that this money will flow immediately, only to discover that the money will only flow once the federal government gives it the money. How strong is the provincial desire and commitment to put in its own money to bring about the kind of quality that we're all looking for at the post-secondary level?

It reminds me of the $6.2-billion promise this government is making around the improvements they want to make in the post-secondary sector. The $6.2 billion will only arrive by 2009-10. Very little is front-loaded; most of it is back-loaded, and it's back-loaded in a year where this government may or may not get elected. How can they make a promise about something that reaches beyond their own mandate?

Quite frankly, I am getting tired of Liberal governments, federal and provincial, making big announcements about dollars to support our institutions. They are not dollars within their own mandate, but expended beyond their mandate. I've got to tell you that it's tiring me, it's tiring some of your Liberal staff and it's tiring a whole lot of Ontarians who are sick and tired of it. If you want to make a commitment around post-secondary education, make your commitment for this year and for the next, and only up to the point that you're elected. Don't give me any money beyond that mandate, because we don't know whether that money will flow. We don't even know whether you're going to get elected. So I'm getting awfully tired of your announcements.

1420

VISITORS

Mr. Cameron Jackson (Burlington): On a point of order, Mr. Speaker: I'm very proud of my page from Burlington, Katherine Wilson, who led your procession today. As page captain, she follows in the footsteps of her sister Lauren, and is joined in the Legislature today by her parents, Rick and Susan Wilson, and by her grandparents, Bill and Bette Wilson. Please welcome them.

The Deputy Speaker (Mr. Bruce Crozier): That's not a point of order, but we certainly welcome you.

ORAL QUESTIONS

TAXATION

Mr. John Tory (Leader of the Opposition): My question is to the Premier. On September 11, 2003, you signed the following pledge: "I, Dalton McGuinty, leader of the Liberal Party of Ontario, promise ... that I will not raise taxes or implement" any "new taxes without the

explicit consent of Ontario voters....” Further, “I promise to abide by the Taxpayer Protection and Balanced Budget Act.” Premier, why did you sign this pledge?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I can only divine from that question that what the leader of the official opposition is getting at is the Respect for Municipalities Act, and in particular our party's and our government's support for the city of Toronto. I assume that's what he's getting at.

There is no doubt about it: We are strongly in favour of doing everything we reasonably can to put the city of Toronto on a stronger footing, because we understand on this side of the House that a strong Toronto makes for a stronger Ontario. The leader of the official opposition may not be in favour of that. He may choose to disregard that reality.

We are working hard, and I'm proud to say we're working well with the city of Toronto. We've had in place a process that has been very effective. It has culminated in a very substantive report, which we're now carefully considering. Shortly, we'll be introducing new legislation that will have the effect of putting the city of Toronto on a stronger footing.

Mr. Tory: Of course we all support the need for a strong Toronto, but that was not the question.

You have introduced, at the last minute, your so-called Respect for Municipalities Act, which really should be called the disrespect for municipal taxpayers act, and you are removing, through that bill, one important test that was to precede the introduction of new taxing powers given by the provincial government. You supported that test in writing when you said you would support the Taxpayer Protection Act.

Your new bill will give to municipalities the right to raise taxes on top of the $2,000 in new taxes and charges and fees and hydro bills that have been brought in by the McGuinty Liberal government. When I asked about this issue two week ago, your minister refused to rule out any municipal tax hikes on your watch, and we now see why. Are you prepared to look taxpayers in the eye, then, and say that you were wrong to sign the Taxpayer Protection Act pledge in 2003? Were you wrong to do that?

Hon. Mr. McGuinty: It is hard to determine just on which side of the City of Toronto Act Mr. Tory stands, because he's not prepared to do what is absolutely essential to recognize their distinction as a mature, responsible level of government that we're prepared to work with and put on a stronger footing. He's not prepared to recognize that, although on May 7, 2004, he said the following: “We have to re-examine completely the relationship between the municipal and provincial government to give city governments more latitude to raise some of their own revenue if they choose to do so.”

I agree with the statement made by Mr. Tory then. Perhaps he would stand up and tell us why he has now decided that he's not prepared to support the city of Toronto in putting that city on a stronger footing for the benefit of all Ontarians.

Mr. Tory: The question was why you signed the Taxpayer Protection Act, saying that you would submit any proposed new taxation power to a referendum before it was done—why you did that. The question was not whether or not I supported the reform of the relationship between Toronto and the provincial government.

At least one city councillor in Toronto has talked, even today, about raising taxes for people in this city thanks to the powers you're giving to them. He had this to say: “I've never been worried at being first at the trough,” and, “If you can afford to drive a car, you can afford an extra five bucks or so”—in taxes—“to go to public transit.”

This bill was introduced in a hurry, your people are telling us you want to get it through in a hurry, and you're about to strip away something you signed up for, which was to give individual taxpayers the right to have their say before you gave this power to municipalities. I'm only asking if you're prepared to take away the meaning of your own signature. Would you at least guarantee some hearings so people could come and be heard on this piece of legislation and on what you are doing, which goes back on what you signed?

Hon. Mr. McGuinty: I would ask the leader of the official opposition to reflect upon the conversation he would have had with Mayor Miller, wherein he indicated he would be supporting the new City of Toronto Act. He might want to give some thought to that. But in case he's forgotten, I'll quote from a letter that Mr. Miller sent to me. He said, “Toronto's fiscal sustainability is in part related to the new revenue tools at its disposal. It would be regrettable indeed if a bold, visionary initiative of your government is hamstrung by the ongoing impact of the actions of the previous government. I would like to encourage the provincial government to take action to eliminate the impediment to reform of Ontario's enabling legislation and future option for Toronto's overall fiscal framework.”

I say to the leader of the official opposition that he cannot have it both ways. We've decided to do what is essential to ensure that the city of Toronto is put on a stronger financial footing. We're prepared to do that because we believe in Toronto and we believe that a stronger Toronto makes for a stronger Ontario.

POLICE OFFICERS

Mr. John Tory (Leader of the Opposition): That was a lecture from the master of having it both ways who signed the Taxpayer Protection Act.

Again to the Premier: Why has your government been steadily cutting back on enrolment at the Ontario Police College since you took office?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): The Minister of Community Safety.

Hon. Monte Kwinter (Minister of Community Safety and Correctional Services): The Ontario Police College has the capacity to take in new recruits, and they have not been cutting back on it. They have been taking them in as they come. Not only have we not been cutting back but, in anticipation of the 400 officers who are

going to be hired between September 23 and March 31, 2006, we asked the police college to hold open spaces so those particular officers in fact can get in and we can get them out on the streets as soon as possible.

Mr. Tory: That's very interesting. Let's look at the facts. According to the registrar of the Ontario Police College, the facility that trains the new officers, in 2003, 1,113 new recruits were trained. In your first full year in office, that number dropped to 954. This year the number has dropped again, to 906 in the training program. That is a 19% reduction. The Ontario Police College has a capacity, as you well know, of 1,440 training spots. They've had that capacity since the previous government doubled the number back in 1997. If you are really as serious about putting more police officers on the streets to fight violent crime as you say you are, why have you allowed a 19% reduction in those spaces at that college to take place on your watch?

Hon. Mr. Kwinter: The Leader of the Opposition raises issues he truly doesn't understand. Just so you will know, we do not have any control over what officers are sent to the police college. The police services hire recruits and send them there. In some years they don't hire as many, and in other years they hire more.

What we have done as a result of our initiative to put 1,000 police officers on to the streets of Ontario during our mandate is to make sure we've accommodated those who have already been hired, to get into the police college. We specifically made sure spaces would be available for them. That is just the way the system works. We do not determine who goes to the police college; the police services themselves send their recruits to the police college.

1430

Mr. Tory: The minister well knows that people can't attend the college if there are no spots for them there, and I can tell you what I do understand: that there's a 19% reduction in the number of spots at the police college.

The story only gets worse: I have a memo sent by your assistant deputy minister notifying all chiefs of police of a 40% increase for the cost of basic constable training at this college. If you were committed to getting these 1,000 police officers on the streets by, say, the end of 2006 instead of at the end of 2007, because they are needed now in communities across this province, then you would deal with this 19% reduction that you have brought about in the enrolment there and you would deal with the 40% fee increase you have imposed on the police services of this province.

My question is, will you guarantee that the Ontario Police College will operate at capacity this year to get your police officers on the street by the fall of 2006 instead of by the fall of 2007, as you announced?

Hon. Mr. Kwinter: The Leader of the Opposition contradicts himself. He says they have capacity, and he says that capacity is not filled. Then he says, "Can you guarantee that there will be capacity?" Which way does it go?

The other thing you should know—and if you do your homework, you might find out—is that there used to be no charge at all for recruits to go to the police college. Your government—the Progressive Conservative Party of Ontario, when they were the government—instituted the first fees for officers going to the police college.

HOSPITAL FUNDING

Mr. Howard Hampton (Kenora–Rainy River): My question is for the Premier. On Saturday, November 26, the Oxford Health Coalition held a community-wide plebiscite asking citizens in Woodstock and surrounding communities if they wanted a new hospital that is 100% publicly owned, publicly operated, publicly funded and not-for-profit. Over 7,000 people voted, and 97% said yes to a real public hospital and no to the profit-driven, privately financed P3 hospital of the McGuinty government.

My question is, will you listen to the people of Woodstock and the surrounding communities?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I want to lend some comfort and reassurance to those people who may have voted on this particular matter and let them know that we are absolutely committed—in fact, as much as they are—to ensuring that our new hospitals are publicly owned, publicly controlled and publicly accountable; we're absolutely determined. I would encourage my friend opposite to pass that information along so that these people may have their concerns allayed.

The fact of the matter is that we are doing exactly what Ontarians want us to do. They want to get their hospitals built as quickly as they can. They understand that in many instances we're talking about plant that is 40 years old. They want us to take advantage of every possible opportunity by way of financing to get those hospitals up and running, but they want us to ensure that those hospitals remain publicly owned, publicly controlled and publicly accountable, and that is what we will do.

Mr. Hampton: This is Dalton McGuinty a couple of years ago. You referred to P3—private financing, profit-driven—hospitals as "creeping privatization of health care." You said, "I stand against the Americanization of our hospitals." You said that "private, American-style, two-tier health care" will result. The people in Oxford county know that.

But I want to ask you about the people of North Bay, 9,000 of whom voted in the North Bay Health Coalition's hospital plebiscite. Again, 97% of voters said they want a real public hospital, not the private financing, profit-driven hospital of the McGuinty government. They know, as you used to say, that this leads to two-tier health care. If you won't listen to the people of Oxford county, will you at least listen to the people of North Bay?

Hon. Mr. McGuinty: My response to the people of North Bay is the same as to the community raised earlier by the leader of the NDP. I know he wants to fan the flames and foment discontent, but the fact of the matter is that we are very much committed to ensuring we are

building new hospitals in Ontario. My friend opposite may not see that as an important issue, but we see it as a very important issue. We do intend to take advantage, where it makes sense to do so, of private capital, but the important thing is—because that helps us achieve a public end, which is a new, publicly owned, publicly controlled and publicly accountable hospital. Our objective remains the same, but the problem is that the leader of the NDP fails to understand that we've got a responsibility to take advantage of any new opportunities, including the teachers' pension plan, for example, that they want to invest by way of financier for these kinds of new hospitals. But, again, they will be publicly owned, publicly controlled and publicly accountable.

Mr. Hampton: I swear I heard Ernie Eves answer that last question. In fact, you know that the former Conservative Minister of Health, when he looks at the McGuinty private financing model, says, "Well, that's exactly the same as the Conservative private hospital financing model."

I want to ask the Premier about the Niagara Health Coalition's plebiscite, where more than 12,000 people voted and 98% said yes to a real public hospital and no to the Ernie Eves private financing, profit-driven P3 hospital, and no to the Dalton McGuinty private financing, profit-driven P3 hospital. Premier, will you listen to the people of Niagara, who want a publicly funded, publicly operated and publicly administered public hospital like Dalton McGuinty promised?

Hon. Mr. McGuinty: I've had the good fortune of visiting Niagara region recently, and I can tell you that the people there are absolutely overflowing with enthusiasm for their new hospital, their new regional cancer centre. They are looking for us to proceed as quickly as we possibly can. And I can tell you that they are more and more enthusiastic as they understand more and more that we're talking here about a hospital that's going to serve the needs of the people of the community and, more than just that, it's a hospital that is publicly owned, publicly controlled and publicly accountable. That's exactly what the people Niagara are looking for, and that's what they're getting.

WITNESS PROTECTION PROGRAM

Mr. Peter Kormos (Niagara Centre): I have a question for the Premier. Premier, Todd Petahtegoose provided Ontario's police with critical evidence and information around 10 gangster and biker murders. He testified for the crown at the murder trial of Satan's Choice president Michael Dubé. He did this because he was assured by the ministry of the Attorney General and the police that he, his wife and 13-year-old daughter would be safe in the province's witness protection program. But now your ministry has decided that, as of November 30, Mr. Petahtegoose, his wife and his 13-year-old daughter are going to be dumped, they're going to be turfed and they're going to be tossed aside, no longer a part of the witness protection program and left to fend for themselves. They are sitting not in the chamber because of security, but behind that wall in the members' lounge, watching you on television. Tell them that they will not be abandoned on November 30 by you and your government.

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I refer this to the Attorney General.

Hon. Michael Bryant (Attorney General): The member knows that he is referring to a matter involving a civil claim that is currently before the court, so I can't comment on that claim.

Secondly, I'm sure all members understand and accept that, due to the confidential nature of the witness protection program, we never, ever comment publicly on matters relating to its administration. We neither deny nor acknowledge who is participating in the protection program. We do that to protect the witnesses who are involved and the important confidence that they vested in the state.

Mr. Kormos: The point, Minister: You've already, in writing, told Mr. Petahtegoose and his family that they're no longer going to be protected. I wrote to you on November 17 this year, telling you that this matter was occurring on November 30 and that it was critical. Mr. Petahtegoose's life is in danger. You see, outlaw bikers don't take kindly to being informed on or to being testified against in murder trials.

Minister, after months of violence and murder here in Toronto and your frequent references to the witness protection program and how you're going to use it to encourage witnesses to come forth, how does your abandonment of Todd Petahtegoose and his family reassure any other witness that you're going to secure their safety?

Hon. Mr. Bryant: I have utmost confidence that police officers who assist protected witnesses appreciate the difficult situations these witnesses are encountering. I seriously question the judgment of identifying the location and identity of people who are participating in the witness protection program, so I am simply not going to entertain debate on this particular issue any further, in the name of the witness protection program and the safety it provides to the many courageous people who participate in it.

1440

Mr. Kormos: Minister, your witness protection program promised Todd Petahtegoose and his family new identities, medical coverage, health cards, a safe place to live and an allowance to do that with. You have delivered none of that, and now you have turned Mr. Petahtegoose and his family loose with no protection. I say to you, Minister, that it's incumbent upon you to stand up, here and now, and tell this Legislature and that family that you will reverse the decision of your ministry that directed Mr. Petahtegoose that he is going to be relieved of any support from Ontario's witness protection program as of November 30. That's your responsibility.

Hon. Mr. Bryant: Again, I've said that on the particular matter the member is referring to, we just simply

do not get into the identity of the people or the details of the witness protection agreement that's been entered into.

I will say that the witness protection program generally in the province of Ontario, which is the oldest witness protection program and the largest witness protection program in the country, has recently been expanded to not only deal with very serious matters involving entire identity and location changes, but also to improve short-term protection to make it more responsive for those people who want to participate in a criminal investigation but don't necessarily want to undertake the very significant changes that can happen under the witness protection program. We're also removing significant barriers and much of the red tape involved in obtaining a new identity and expediting admission to the program.

Again, I have full confidence that the police officers and the witness protection program itself are operating exactly as they should be.

SECURITIES INDUSTRY

Mr. Tim Hudak (Erie–Lincoln): A question for the Minister of Government Services pertaining to the Securities Act: Minister, as you know, when insider trading occurs, insiders get rich and retail investors like seniors and working families suffer harm. There's increasing concern and speculation surrounding highly unusual trading activity related to Finance Minister Goodale's announcement with respect to income trusts. Under section 3.8 of the Securities Act, you have the authority to request information from the OSC on matters regarding their activities. What contact has your ministry had with the OSC to ensure the government of Ontario is taking this issue seriously?

Hon. Gerry Phillips (Minister of Government Services): The member and the public should be aware that the Ontario Securities Commission is an organization that's well regarded and very well run that clearly has the responsibility for monitoring the markets—this is their job—to make sure that nothing untoward or unfair has gone on. This is why we have them. The last thing, in my opinion, that we want to do is have any political interference in that. I strongly recommend that this is a matter that is legitimately before the Ontario Securities Commission. It should be a matter that they handle. They do a fine job for us. I would suggest that we should not entertain any suggestion of any political interference in the operation of it. It is a matter to be left to them.

Mr. Hudak: With respect to the minister, we are seeing no evidence that the province of Ontario has shown concern over the serious and growing allegations of insider trading. The minister well knows there is a significant spike in trading around income trusts. Some high dividend-paying stocks like BCE had their biggest gain in four years. You, sir, have the responsibility, ultimately, of maintaining the integrity of Ontario's markets for our investors, like seniors and working families. There is concern that has been expressed about previous cases like Placer Dome, Hollinger and the Rankin case that were referred to the OSC from outside jurisdictions. Sure, these allegations today are serious. I know they do involve the federal Liberal finance minister, and that is why we should go beyond caution to ensure that integrity in the markets is maintained.

Minister, you also have section 15 of the act that enables you to order an investigation. Will you utilize the Securities Act to make sure this issue is addressed immediately?

Hon. Mr. Phillips: You are treading on very dangerous ground here if you are suggesting that the government of the day should be telling the Ontario Securities Commission what cases they should investigate and, dare I say, what cases they shouldn't investigate. You should be aware that that power has not been used for decades, for good reason: The Ontario government, I think of all political stripes, has said that the Ontario Securities Commission's reputation is at stake. We should do nothing that would indicate that they are responding to political pressure.

I would strongly advise the Conservative Party to be careful on this question. The securities commission has the responsibility for this. They monitor the markets, they do their job, and they should not be subject to the kind of political pressure that you are suggesting we should influence here. So I would say to the public that we have this organization, well run and well regarded, that monitors the market. They will do their job. If anything untoward happened, they would take the appropriate action. And we should leave it there and not be exerting political pressure on that organization.

TAXATION

Mr. Michael Prue (Beaches–East York): My question is to the Premier. Sadly, yesterday I watched as you broke another election promise. After promising to abide by the provisions of the Taxpayer Protection Act, you broke your promise and raised taxes by $2.4 billion. Now you have broken that same promise by giving authority to municipalities to levy taxes. I'm not going to cast any aspersions on that, because maybe they need to. But my question to you is very simple: Will you admit today that you have no intention whatsoever of honouring your signature to the Canadian Taxpayers Federation?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): To the Minister of Municipal Affairs.

Hon. John Gerretsen (Minister of Municipal Affairs and Housing): I must admit I find this question rather puzzling from an individual in this House who served as a mayor of parts of this municipality, in East York, at one point in time. He well knows that in the 21st century we are in now, it's absolutely essential that municipalities, including the city of Toronto—and most of all, the city of Toronto, which, after all, is the economic engine of this province—have the capacity and the ability to look after their own affairs. That's what we are trying to accomplish with the City of Toronto Act.

The mayor has asked for these powers. AMO has endorsed these kinds of powers. The task force that was set up between the ministry and the staff at city hall asked for these powers. The external review board that the mayor set up to give him advice has asked for these powers. We think this is the right thing to do, and if the member doesn't like it, then maybe he should say why he's against the city of Toronto having the types of powers it needs to function properly in the 21st century.

Mr. Prue: What this member doesn't like is your party and your leader trying to have it two ways: signing the Taxpayer Protection Act and then doing something to the opposite. You have to choose which side you are on. You can't be part of this and then part of that; you have to be one or the other. You can't have a happy, smiling face with the Canadian Taxpayers Federation and a happy, smiling face with the mayor.

I have to repeat my question to you: Do you admit that you were wrong in signing to the Canadian Taxpayers Federation, and do you promise not to abide by what you promised them in September 2003?

Hon. Mr. Gerretsen: I think the much more relevant question is whether or not that member over there, as a representative here in the city of Toronto, supports the people of Toronto and supports the city of Toronto in wanting a new City of Toronto Act. That's what it's all about in the long run. The people of Toronto want to know where you stand as their representative in this city as to whether or not you believe that the city of Toronto should have more powers, both at the fiscal end and at the legislative end, in order to restructure itself—

Interjections.

The Deputy Speaker (Mr. Bruce Crozier): Order. Minister, thank you. I would like to hear the reply as well as the question, so it will be helpful if you'll do that.

1450

CLEANUP OF BROWNFIELDS

Mr. Dave Levac (Brant): My question is for the Minister of Municipal Affairs and Housing. I want to raise the issue of brownfields with you. I know you are well aware of the difficulties created in my riding by these challenging and sometimes orphaned sites. Property values in neighbouring areas are diminished and these sites are often targets of dangerous acts of vandalism. Neighbouring residents face an increased risk of crime and negative health and environmental impacts. Clearly, this is an economic issue as well as a health and safety one, and something most certainly needs to be done. Unfortunately, the city of Brantford and municipalities across this province are the ones left to initiate and cover the costs of the cleanup or the destruction of those abandoned buildings that are left on the site.

Minister, I know our government takes this issue very seriously. Can you please tell us what your plan is to help us clean up those brownfields once and for all?

Hon. John Gerretsen (Minister of Municipal Affairs and Housing): Let me first of all congratulate the member for being so consistent on the redevelopment of brownfields. He has brought this issue to the foreground over at least the last couple of years.

We all know there are brownfield sites in all our communities, basically abandoned industrial sites, that have in many cases lain vacant for the last 50 years. It is through initiatives like the provincial policy statement, the greenbelt and the growth plan that our government has demonstrated the important role that brownfield development can play in preventing sprawl and preserving green space while addressing our growth management challenges.

Last year, in October, the Ministry of Finance introduced a brownfield incentive program that allows municipalities to give municipal property tax assistance for the purposes of redeveloping these sites. Our ministry is taking the lead in coordinating the brownfield initiatives for this government. We meet monthly in order to develop a one-window approach so that we can finally start dealing with something that has been ignored by governments in the past, and that's the redevelopment of the brownfields.

Mr. Levac: Thank you very much, Minister. You're getting there. We've got some more work to do. I know you acknowledge that it's a very important issue in all of our municipalities. In the platform you and I both ran on, we said we wanted to develop brownfields. I'm pleased to see that we've got these acts so far and the commitment to continue to do more.

Our Places to Grow strategy, through managed growth in the greater Golden Horseshoe, shows Brantford as one of those growth notes. I know our commitment to cleaning up the brownfields will play an integral part in assisting my community to grow, as it will others. Brantford has put in the business case of working together with the federal, provincial and municipal governments. In my view, Brantford has been ahead of the game on brownfield redevelopment, but we need your help.

Minister, could you outline for the House some of the benefits to municipalities of having a brownfield strategy and how the McGuinty government might get us there, because we desperately need this help?

Hon. Mr. Gerretsen: I can tell the member that not only am I getting it but our government is getting it, because we absolutely have to do something about brownfields. They represent an opportunity for neighbourhood revitalization; the creation of jobs and housing, quite often in the downtowns of our communities; the enhancement of public health and safety through the cleanup of contaminants; and strengthening the municipal property tax base, which is extremely important as well. They also provide a unique opportunity for intensification, something that our government has identified as a priority, as we expect an additional four million people to settle in this province over the next 30 years.

Our government is currently in the midst of developing a work plan that will tackle some of the barriers to brownfield development dealing with liability and taxation issues. The end result will be that municipalities will be able to take advantages of the results of our

consultation. It's certainly this government's hope that a brownfield strategy that will look after all of these sites will be developed and—

Interjections.

The Deputy Speaker (Mr. Bruce Crozier): The question has been answered. I might say that I have the time well under control and I don't need any help from the opposition.

OBSTETRICAL CARE

Mr. John Yakabuski (Renfrew–Nipissing–Pembroke): My question is for the Minister of Health. Three general practitioners working out of the Pembroke Regional Hospital have recently announced they will no longer deliver babies after December 15 if the unacceptable situation they find themselves in is not addressed. Under your watch, the Pembroke Regional Hospital, which delivers between 600 and 700 babies a year, is down to one obstetrician. This minister is forcing some people in my riding of Renfrew–Nipissing–Pembroke to travel as much as 250 kilometres to Ottawa while in labour to have their baby delivered. Is this reduction in services to rural Ontarians what they can expect? Even in spite of your punitive health tax, is this what they can expect in Dalton McGuinty's Ontario?

Hon. George Smitherman (Minister of Health and Long-Term Care): One really has to question the tone of a member whose riding itself has been the recipient of a wide variety of community-based investments, with several quotes littering my House book—positive quotes—from the honourable member about our government. Why is it that he comes to Queen's Park and says one thing, but when he's in his riding with me, he says such very nice and positive things? I just don't understand it.

On the issue at hand, which is a very serious one, obviously there has been a real trend away from the provision of obstetric services. Fewer doctors all the time have been inclined to provide these services, and it does create a particular challenge in smaller communities. I don't think it's an acceptable circumstance by any stretch that people should have to travel this distance.

I'll undertake to work with the honourable member and our local health integration network and the leadership of the Ottawa Hospital, which plays a crucial backup role for higher-risk births, to see what can be done about this. I know the Ottawa Hospital has been very helpful in stabilizing a program at Winchester hospital and—

The Deputy Speaker (Mr. Bruce Crozier): The answer has been given.

Mr. Yakabuski: The minister has indicated I'm a very good host when ministers visit my riding. I'm in his riding now. I expect to be treated well here.

Minister, a lot can go wrong in a three-and-a-half-hour drive to Ottawa while someone is pregnant and ready to deliver a baby. A lot can go wrong in the middle of winter, in freezing temperatures in my riding of Renfrew–Nipissing–Pembroke. It is not good enough to talk about nice things we say about what you're doing in my riding. We appreciate any help we get. However, this is a serious situation. I would ask that you would address this before we read about some terrible event in the newspaper because there was a terrible tragedy between, say, Whitney and Ottawa because obstetrics were not being provided at the Pembroke Regional Hospital. You're the minister. You must address this. Do so.

Hon. Mr. Smitherman: It's fine and dandy for the honourable member to stand across the way and point his finger and pretend that local hospitals don't have any role and responsibility related to the provision of care in their communities. The only problem with the strategy is that it's not true.

The circumstances are clear: Pembroke Regional Hospital has received more than $16 million in additional funding from our government since it came to office. But I have undertaken with the honourable member to work with him on this issue, which has only just come to my attention a few minutes ago. I agree that it's a serious one. I said in my earlier answer that I think that is a very long stretch to be dealing with. Accordingly, I will work with the honourable member to have this addressed. I've already indicated to him that I think the Ottawa Hospital, which plays such a critical role for backup, particularly as it relates to higher-risk births, can be helpful. I'll be relying on their good offices to assist us in addressing the situation, which I think all members very clearly would agree is a serious one. I will undertake it on that basis.

AUTISM TREATMENT

Ms. Shelley Martel (Nickel Belt): I have a question to the Minister of Children and Youth Services. In 2004-05, your ministry allocated $55.9 million to the preschool intervention program for children with autism. The program pays for IBI treatment for children with autism. Given the wait list for IBI treatment, how is it that in 2004-05, $2.7 million from this program was not spent by your ministry and was directed to child welfare instead?

Hon. Mary Anne V. Chambers (Minister of Children and Youth Services): I'm happy to address the question, even though I know that the member knows the answer. The reality is that those dollars, while originally allocated to support teachers for the provision of consultants in the schools, were not spent on that because there weren't enough consultants to allocate those funds to. The dollars instead were assigned to child welfare, because I think you would want to agree that the importance of protection of our kids, whether they be in special-needs programs, whether they be in schools or whether they be in our child protection system, should be a priority for all of us.

1500

Ms. Martel: If I might, Minister, the information you've provided to the House is not correct. The allocation of $55.9 million was for the preschool program—the very program that pays for IBI treatment for autistic

children aged two to five. This has nothing to do with the hiring of consultants for something else.

At the same time as the ministry was sending autism treatment money somewhere else, there were 287 children waiting to be assessed to see if they would qualify for IBI treatment. There were 399 children who had already qualified for treatment who were languishing on a list, waiting for treatment to begin. Hundreds of parents faced, and continue to face, financial ruin, trying to pay for IBI out of their own pockets while you diverted $2.7 million of treatment money somewhere else.

I ask you again, Minister: When there were 399 autistic children on a waiting list praying for treatment, how could you ever have diverted $2.7 million somewhere else?

Interjection.

The Deputy Speaker (Mr. Bruce Crozier): Just before you get up, Minister, would the member from Renfrew–Nipissing–Pembroke please be a little more discreet?

Minister.

Hon. Mrs. Chambers: The member knows that our government is committed to not just caring for all kids who have autism spectrum disorder, but we are also committed to increasing the capacity of the continuum services that we have to support these children and families. We have introduced a new college-level program which will graduate, starting next year, 100 additional therapists for this program, and by the year 2008 there will be 200 more therapists enrolled in this program.

We know there's a lot more to be done. We would like to assess everyone and treat everyone quickly. We have improved the assessment time and we're working now on improving the time it takes to get these kids into therapy, and we will continue to do so.

ANTI-TOBACCO ADVERTISING

Ms. Caroline Di Cocco (Sarnia–Lambton): My question is to the Minister of Health Promotion. Last week, the Centre for Addiction and Mental Health released results of the 2005 Ontario student drug use survey. Results showed that the prevalence of students smoking in grades 7 to 12 is at its lowest rate since 1977: 14%. However, in this same report, 57% of students indicated that it would be easy or very easy to get cigarettes. Minister, how does our smoke-free Ontario campaign address this issue of access and the problem of youth smoking?

Hon. Jim Watson (Minister of Health Promotion): I'm very proud of the McGuinty government's record on this issue and the decisions we have made to discourage young people from starting to smoke or help them to quit smoking, in particular our award-winning Web site, which just won two more awards last week. Stupid.ca, which is an innovative, interactive site that has been designed by and for students, had received in the last year 842,000 visits, which is a record for this kind of site.

Also as part of our $50-million smoke-free Ontario campaign, we have allocated $5.6 million for youth-oriented programs such as the Youth Action Alliance.

I also want to commend the member from Ottawa–Orléans for being very involved with the exposé program in Ottawa that was started by the public health unit.

These youth-oriented programs that have been designed by young people, for young people and supported by our government are going to have a wonderful impact to encourage more and more people not to smoke in the first place.

Ms. Di Cocco: Last week, Premier Dalton McGuinty received the smoke-free award, presented jointly by the Association of Local Public Health Agencies and the Ontario Public Health Association. The award recognizes the commitment by the Premier and this government toward a healthier, smoke-free Ontario.

It's both a contrast and puzzling that some members of this House are promoting smoking by supporting Mychoice.ca. I was surprised to find that a member of the Conservative caucus came to my riding to chair a meeting for Mychoice.ca, which supports smoking. How is the medical and scientific community viewing our efforts to encourage smoking cessation, which in turn will save lives?

Hon. Mr. Watson: I, too, was shocked when I read in the Sarnia Observer that a member of the Conservative Party was actually out chairing a meeting of the pro-tobacco industry in Sarnia, Ontario. I would challenge the Leader of the Opposition to rein in the right-wing renegades in his caucus and tell them that it is not their responsibility to be in the back pocket of the tobacco industry.

What a contrast between our leaders: Last week, our leader was honoured by the public health agencies for the work he's done for a smoke-free Ontario; the leader of the Conservative Party allows members of his caucus to be pawns for big tobacco.

Last year in this province, 16,000 people died of respiratory diseases as a result of smoking—44 people a day. That party over there should be ashamed of themselves. Exactly one half of them either didn't show up to vote for smoke-free or voted against it—

The Deputy Speaker (Mr. Bruce Crozier): Thank you. New question.

Interjections.

The Deputy Speaker: Order. Stop the clock for a second. Order. I'd like to hear the question.

AGRICULTURE INDUSTRY

Mr. Toby Barrett (Haldimand–Norfolk–Brant): To the Minister of Agriculture: Minister, for months now you've claimed to be working with the federal government on both CAIS and companion funding. We've seen billions of federal dollars promised but less than 120 million federal dollars for Ontario grain and oilseed farmers, nothing for beef, nothing for tobacco and nothing for horticultural crops. Could you explain to the House, Minister, what went wrong?

Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs): I will say to the honourable member that while I am not in a position to comment on the reason or the rationale that's behind any federal government announcement, I'm very happy to stand in my place today and say that the McGuinty government continues to work with agriculture stakeholders in this province and with representatives from United Voice. We have made it very clear to them that we are prepared to consider their proposals to this government. They have made it clear that they believe that the resolution to the very serious issues that you have identified requires a longer-term plan as well as a more comprehensive plan, and we will continue to work with them.

There's no question that the federal announcement last week does require us to go back to that table and assess our options, but make no mistake: Our government continues to be committed to the agriculture industry in the province of Ontario.

Mr. Barrett: Well, Minister, and I do quote from your government's speech from the throne: "Ontario is working with the federal government to improve our system of safety nets." However, Ontario Federation of Agriculture president Ron Bonnett, United Voice, says, "This does not even begin to recognize the hurt experienced by Ontario farmers."

Minister, is this the deal: 40% of less than $120 million for cash crop, 40% of nothing for beef, 40% of nothing for tobacco and 40% of nothing for horticultural crops? Is this the deal, Minister? If not, what is the deal, or, as you say, are you just going to continue working with the federal government on this?

Hon. Mrs. Dombrowsky: I think it's important to clarify that the comment Mr. Bonnett made was with respect to the announcement made last week by the federal government. If the honourable member very carefully reviewed what United Voice has been saying about the work that they are doing with our government, he would find that the response has been very positive and that they continue to look forward to working with us. We—both United Voice representatives and this government—recognize that if there is to be a meaningful, long-term solution for agriculture issues, it is going to require the participation of all three.

The federal announcement last week, you would know—I sent out a release—was disappointing. It was not as comprehensive or as long-term as we had hoped. We will continue to work with our agriculture stakeholders to have the federal government understand why it's in the better interests of this industry that those points are considered and addressed.

1510

HYDRO RATES

Mr. Howard Hampton (Kenora–Rainy River): My question to the Premier. It is the McGuinty government's stated policy to remove the revenue cap that applies to Ontario Power Generation's non-regulated assets at the end of this year—a move that experts say would result in a drastic increase in hydro rates on April 1, 2006. On almost a weekly basis, companies are making decisions to close paper mills and cut thousands of jobs because of your government's stated policy of removing the Ontario Power Generation revenue cap.

My question is this: Will you stop the loss of thousands more jobs, particularly in the pulp and paper sector, by announcing that you're going to keep the revenue cap for at least two more years and stop another drastic increase in hydro rates?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): The Minister of Energy.

Hon. Donna H. Cansfield (Minister of Energy): I thank the member for the question for the seventh time. I have been saying all along that we are in discussions on this issue, and those discussions are ongoing. That's the answer.

Mr. Hampton: Minister, while you dither over there, here is the result: 525 jobs at Cascades in Thunder Bay last week; 40 jobs at Weyerhaeuser the week before that; another six paper mills and, beyond that, some sawmills, with thousands of jobs at stake.

Companies are making decisions now, so I think it's time for the McGuinty government—are you going to extend the revenue rate cap and save thousands of jobs in vulnerable communities, or don't you give a damn? What's it going to be? If you're going to extend the rate cap, will you announce it now so that those jobs can be sustained and those companies won't make decisions to close paper machines and lay off thousands more workers? What's the decision going to be?

Hon. Mrs. Cansfield: I find it fascinating that this gentleman, whose party closed 14 sawmills, suddenly has a great conscience. As a matter of fact, just recently Domtar closed a mill, and the mill was in Quebec. If you look at the reasons, they are: downward pressure on prices; growing fibre supply costs; yes, energy costs; transportation costs; the strengthening of the Canadian dollar; and labour costs that exceed those of their competitors. That was in Quebec.

We are going to build new generation that has brought $3 billion worth of business into this province, we are maximizing our existing generation and transmission, and we are creating a culture of conservation. Combined, we are making a difference in this province, unlike the government that cancelled all of those programs.

OCCUPATIONAL HEALTH AND SAFETY

Ms. Judy Marsales (Hamilton West): My question is for the Minister of Labour. I know that the health and safety of Ontario workers is a top priority. In fact, our government has demonstrated its commitment to the workers of this province by promising to hire 200 new occupational health and safety inspectors. Our government has demonstrated leadership in working with Ontario's companies and Ontario workers to support their competitiveness in the global economy. The health and

safety of Ontario workers is an important component of our success in building the best workforce on the globe.

Our government has proven it believes in the importance of workplace safety by nearly doubling the number of inspectors. However, given that there are almost 300,000 workplace-related injuries every year, with about 100,000 serious enough to require people to miss work, the need to realize this promise is painfully evident. Minister, can you tell this House when the government plans to achieve its promise to hire 200 new health and safety inspectors?

Hon. Steve Peters (Minister of Labour): The health and safety of the workers in this province is the number one priority for the Ministry of Labour, and I'm extremely proud of that. I'm extremely proud, too, that we've been able to move forward on the front of bringing new health and safety inspectors forward. When we took office, there were 230 inspectors looking after health and safety in Ontario. We made a commitment to move forward and hire an additional 200.

I'm pleased to tell you that by the end of March 2006, we will have 430 health and safety inspectors in this province. Our goal is to ensure that Ontario workplaces are the safest in the world. But more importantly, the initiative helps reduce unnecessary human suffering. To date, we've hired 131 of those 200 inspectors, and I would let everyone know that the job advertisements have been placed to hire those additional 69, so that very soon—as I say, by the end of March 2006—200 additional inspectors—

The Deputy Speaker (Mr. Bruce Crozier): The question has been answered.

Ms. Marsales: This is a proud achievement, and I'm certain my constituents and all of Ontario will be happy to hear that the government is fulfilling its commitment to hire these 200 new health and safety inspectors. These injuries add costs to the Ontario economy. They place a substantial burden on Ontario's health care system.

Minister, I know that these occupational health and safety inspectors are well-trained, dedicated professionals. But could you tell us more about what the new inspectors will do, and how bold investment will benefit Ontario?

Hon. Mr. Peters: I think we need to recognize that this is an investment in future prosperity here in the province of Ontario. As well, business needs to look at this as an investment that's being made to help them reduce their costs. We have a very ambitious goal in place to reduce workplace injuries in this province by 20% by 2008, and we're well on our way to doing that. By reducing workplace injuries, we ensure that we have a more productive workforce, but as well, that saves business money. We need to ensure that we find every way that we can to find savings for those businesses but, as well, protect the health and safety of our workers. So certainly one of our important focuses is on the enforcement of the Occupational Health and Safety Act, because we want to make sure that we have quality, safe workplaces in this province. We want to work toward reducing work-related injuries, and deaths as well.

Another important aspect, and something we all need to be conscious of, is the work that they're going to be doing in enforcing health and safety for our young workers. These are our future, and we need to make sure they get started—

The Deputy Speaker: The question has been answered.

EDUCATION

Mr. John O'Toole (Durham): My question is to the Premier. I would like to draw your attention to a looming crisis in our school education system. I'm referring to an article in the Toronto Star and other media that states that the Dufferin-Peel Catholic District School Board has launched a public postcard campaign to pressure you, Premier, to fix the $17-million shortfall in their budget. You would know that 80% of their budget is about wages and benefits. Annie Kidder, for example, from the advocacy group People for Education, is quoted as saying, "There are few places left to borrow from and most boards have used up their reserves."

In the past, you've really had a secret dome agreement, the silence of the agreement that you've got with the boards, to not speak out that their financing problems—

The Deputy Speaker (Mr. Bruce Crozier): Question.

Mr. O'Toole: Minister, could you simply tell me today, and the Catholic board in Peel, what you're going to do about this current salary gap you have with the educational system in Ontario?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): The member opposite raises a real concern, and I know that the Minister of Education is addressing this. I know that they're working with the board. My understanding is that the minister may even have made the agreement to meet with the board. But I know it's a real issue. It's something where we will work with the board in order to find a way that we can together address this.

Mr. O'Toole: Thank you for that very cogent response, Premier. I'll just say, this is just one of many looming challenges that appears under a mismanagement plan of Dalton McGuinty. You tried to build this era of confidence and cordiality, but I'm just going to mention a few more items that are looming crises in education. One is special education; we've heard today from both opposition parties that special education is a challenge. Another one, Premier, is transportation. The shortfall in busing in education is another challenge, but a new one has emerged. The Kawartha-Pine Ridge board, in Jeff Leal's riding, is experiencing a 23% increase in the cost of energy, a further deficit of $1.3 million.

1520

Premier, just stand and tell the people of Ontario that you're going to fix it. Tell them how you're going to fix it and when you're going to fix it, because this is affecting the safety and future of our children in this great province of Ontario.

Hon. Mr. McGuinty: If there is one area in particular for which I feel a tremendous amount of pride in terms of the efforts made by our government, it is in the area of education. There was an interesting report put out recently; in fact, they talked about it in today's paper. I had a copy of the report pulled for me. Interestingly enough, it said, among some things, that 87% of parents are saying that reducing class sizes is an effective way to improve the quality of education. Seventy-four per cent of Ontarians gave our public schools an A or B grade. The report in today's paper was that we were rated the highest in Canada, together with Alberta.

I think we have gone a long way toward restoring confidence in public education. We've gone a long way toward helping all Ontarians understand that the single most important way that we can improve our prospects for growth and prosperity so that we can improve the strength of our democracy, so that we can enrich the quality of enjoyment of individual Ontarians' lives, is to continue to invest in and support—

The Deputy Speaker: Thank you. The time for oral questions has expired.

PETITIONS

REGIONAL CENTRES FOR THE DEVELOPMENTALLY DISABLED

Mr. Norman W. Sterling (Lanark–Carleton): I have a petition from people who want to save Rideau Regional Centre, which is a home to people with developmental disabilities.

"To the Legislative Assembly of Ontario:

"Whereas Dalton McGuinty and his Liberal government were elected based on their promise to rebuild public services in Ontario;

"Whereas the Minister of Community and Social Services has announced plans to close the Rideau Regional Centre, home to people with developmental disabilities, many of whom have multiple diagnoses and severe problems that cannot be met in the community;

"Whereas closing the Rideau Regional Centre will have a devastating impact on residents with developmental disabilities, their families, the developmental services sector and the economies of the local communities;

"Whereas Ontario could use the professional staff and facilities of the Rideau Regional Centre to extend specialized services, support and professional training to many more clients who live in the community, in partnership with families and community agencies;

"Therefore we, the undersigned"—115 people—"petition the Legislative Assembly of Ontario to direct the government" of Ontario "to keep the Rideau Regional Centre open as a home for people with developmental disabilities and to maintain it as a 'centre of excellence' to provide specialized services and support to Ontarians with developmental needs, no matter where they live."

I have signed that. I'm in full support.

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr. Peter Kormos (Niagara Centre): On behalf of Howard Hampton, the member for Kenora–Rainy River, I present the following petition:

"To the Legislative Assembly of Ontario:

"Whereas, without appropriate support, people who have an intellectual disability are often unable to participate effectively in community life and are deprived of the benefits of society enjoyed by other citizens; and

"Whereas quality supports are dependent on the ability to attract and retain qualified workers; and

"Whereas the salaries of workers who provide community-based supports and services are up to 25% less than salaries paid to those doing the same work in government-operated services and other sectors;

"We, the undersigned, petition the Legislative Assembly of Ontario to address, as a priority, funding to community agencies in the developmental services sector to address critical underfunding of staff salaries and ensure that people who have an intellectual disability continue to receive quality supports and services that they require in order to live meaningful lives within their community."

Howard Hampton has signed this, and I affix my signature as well, with full support.

CANCER TREATMENT

Mrs. Carol Mitchell (Huron–Bruce): "Whereas Ontario has an inconsistent policy for access to new cancer treatments while these drugs are under review for funding; and

"Whereas cancer patients taking oral chemotherapy may apply for a section 8 exception under the Ontario drug benefit plan, with no such exception policy in place for intravenous cancer drugs administered in hospital; and

"Whereas this is an inequitable, inconsistent and unfair policy, creating two classes of cancer patients with further inequities on the basis of personal wealth and the willingness of hospitals to risk budgetary deficits to provide new intravenous chemotherapy treatments; and

"Whereas cancer patients have the right to the most effective care recommended by their doctors;

"We, the undersigned" 850 "petition the Parliament of Ontario to provide immediate access to Velcade and other intravenous chemotherapy while these new cancer drugs are under review and provide a consistent policy for access to new cancer treatments that enables oncologists to apply for exceptions to meet the needs of patients."

I add my signature to this petition.

The Deputy Speaker (Mr. Bruce Crozier): Member for Durham.

JUSTICE SYSTEM

Mr. John O'Toole (Durham): Thank you very much, Speaker, for the instant recognition.

"Whereas the Honourable Michael Bryant, Attorney General of Ontario, is elected to safeguard our justice system on behalf of the people of Ontario;

"Whereas the ministry of our Attorney General may not be aware of the serious and important issues facing individuals involved in areas of the justice system even though the Attorney General's ministry is continually monitoring" the situation;

"Therefore we, the undersigned, ask the Honourable Michael Bryant, Attorney General, for his in-depth investigation of the Ontario judicial system and [to] make the public aware of his findings immediately."

I am pleased to sign this, certainly on behalf of Bert Werry, being one of my constituents.

MANDATORY RETIREMENT

Mr. Tony Ruprecht (Davenport): This petition is addressed to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas existing legislation enforcing mandatory retirement is discriminatory; and

"Whereas it is the basic human right of Ontario citizens over the age of 65 to earn a living and contribute to society; and

"Whereas the provinces of Alberta, Manitoba, Prince Edward Island, Quebec, Yukon and the Northwest Territories have also abolished mandatory retirement in various forms; and

"Whereas ending mandatory retirement is a viable means of boosting the Ontario labour force and accommodating the growing need for skilled workers;

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

"The Ontario government should act by abolishing mandatory retirement in the province of Ontario. This is best achieved by passing Bill 211, An Act to amend the Human Rights Code and certain other Acts to end mandatory retirement."

Since I agree, I'm delighted to sign my name to it.

ANTI-TOBACCO LEGISLATION

Mr. Toby Barrett (Haldimand–Norfolk–Brant): These people want more consultation on the Liberal Smoke-Free Ontario Act:

"Bill 164 Deserves Additional Hearings."

"To the Legislative Assembly of Ontario (legislative committee on finance and economic affairs):

"Whereas House leaders negotiated four days of hearings on the Smoke-Free Ontario Act, but 225 people and organizations applied to testify; and

"Whereas 137 people/associations have not had an opportunity to testify; for example, Avondale Stores Ltd., Ontario Minister of Health, Imperial Tobacco, Ontario medical officer of health, Taps Tavern, Toronto Councillor Frances Nunziata and the Centre for Addiction and Mental Health;

"We, the undersigned, request that the Ontario government consult with the remaining 137 applicants and, subsequently, that this Legislative Assembly committee hold additional hearings."

I agree with this and sign it.

SERVICES FOR THE DEVELOPMENTALLY DELAYED

Mr. Howard Hampton (Kenora–Rainy River): I have a petition to the Legislative Assembly of Ontario:

"Whereas, without appropriate support, people who have an intellectual disability are often unable to participate effectively in community life and are deprived of the benefits of society enjoyed by other citizens; and

"Whereas quality supports are dependent on the ability to attract and retain qualified workers; and

"Whereas the salaries of workers who provide community-based supports and services are up to 25% less than salaries paid to those doing the same work in government-operated services and other sectors;

"We, the undersigned, petition the Legislative Assembly of Ontario to address, as a priority, funding to community agencies in the developmental services sector to address critical underfunding of staff salaries and ensure that people who have an intellectual disability continue to receive quality supports and services that they require in order to live meaningful lives within their community."

This has been signed by several people from my constituency, and I have affixed my signature as well.

1530

Mr. Khalil Ramal (London–Fanshawe): "To the Legislative Assembly of Ontario:

"Whereas, without appropriate support, people who have an intellectual disability are often unable to participate effectively in community life and are deprived of the benefits of society enjoyed by other citizens; and

"Whereas quality supports are dependent on the ability to attract and retain qualified workers; and

"Whereas the salaries of workers who provide community-based supports and services are up to 25% less than salaries paid to those doing the same work in government-operated services and other sectors;

"We, the undersigned, petition the Legislative Assembly of Ontario to address, as a priority, funding to community agencies in the developmental services sector to address critical underfunding of staff salaries and ensure that people who have an intellectual disability continue to receive quality supports and services that they require in order to live meaningful lives within their community."

Mr. Ernie Hardeman (Oxford): I have a petition here similar to the ones being read. I think it's because there are so many people in the province who think this is such a critical issue.

"Whereas, without appropriate support, people who have an intellectual disability are often unable to partici-

pate effectively in community life and are deprived of the benefits of society enjoyed by other citizens; and

"Whereas quality supports are dependent on the ability to attract and retain qualified workers; and

"Whereas the salaries of workers who provide community-based supports and services are up to 25% less than salaries paid to those doing the same work in government-operated services and other sectors;

"We, the undersigned, petition the Legislative Assembly of Ontario to address, as a priority, funding to community agencies in the developmental services sector to address critical underfunding of staff salaries and ensure that people who have an intellectual disability continue to receive quality supports and services that they require in order to live meaningful lives within their community."

I affix my signature, as I agree with the petition.

PROPERTY TAXATION

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

"To the Legislative Assembly of Ontario:

"Whereas property assessment now occurs on an annual basis;

"Whereas the Mike Harris government created the Municipal Property Assessment Corporation (MPAC) to deflect criticism of property assessment methodology from the province;

"Whereas the McGuinty Liberal government promised to create a fair and equitable system of assessment; and

"Whereas property values are not related to the cost of municipal services or to the ability of taxpayers to pay,

"Therefore we, the undersigned, petition the Legislature of Ontario to immediately create a new system of property assessment that provides property and business owners with fair and equitable assessments that are stable and transparent that a property owner will clearly be able to understand."

I'm in agreement and would affix my signature thereto.

MACULAR DEGENERATION

Mr. Kim Craitor (Niagara Falls): My petition is addressed to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas the government of Ontario's health insurance plan covers treatments for one form of macular degeneration" known as wet; "there are other forms of macular degeneration," known as dry, "that are not covered,

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

"There are thousands of Ontarians who suffer from macular degeneration, resulting in loss of sight if treatment is not pursued. Treatment costs for this disease are astronomical for most constituents and add a financial burden to their lives. Their only alternative is loss of sight. We believe the government of Ontario should cover treatment for all forms of macular degeneration through the Ontario health insurance program."

I'm pleased to sign my signature in support of this petition.

PUBLIC LIBRARIES

Mr. Norm Miller (Parry Sound–Muskoka): I have a petition to the Legislature of Ontario, and it reads:

"Whereas the $700,000 cut in funding to the Ontario Library Service budget ... will have a significant impact on the delivery of public library service across the province in areas such as:

"—reductions in the frequency of inter-library loan deliveries;

"—reductions in the Southern Ontario Library Service's consultation services and the elimination of a number of staff positions;

"—the elimination of province-wide research on library and socio-demographic trends that all libraries need for their own planning;

"—the reduction of consortia/charitable purchasing, a service that provides economies-of-scale discounts to libraries on a variety of goods and services; and

"—a reduction in the amount of material that is translated for OLS French-language clients;

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

"To restore funding to the Ontario Library Service (OLS) in order to signal support for the Ontario public library system."

I support this petition.

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr. Bill Mauro (Thunder Bay–Atikokan): A petition to the Legislative Assembly of Ontario:

"Whereas, without appropriate support, people who have an intellectual disability are often unable to participate effectively in community life and are deprived of the benefits of society enjoyed by other citizens; and

"Whereas quality supports are dependent on the ability to attract and retain qualified workers; and

"Whereas the salaries of workers who provide community-based supports and services are up to 25% less than salaries paid to those doing the same work in government-operated services and other sectors;

"We, the undersigned, petition the Legislative Assembly of Ontario to address, as a priority, funding to community agencies in the developmental services sector to address critical underfunding of staff salaries and ensure that people who have an intellectual disability continue to receive quality supports and services that they require in order to live meaningful lives within their community."

CELL PHONES

Mr. John O'Toole (Durham): It's my pleasure to read a second petition today on behalf of my constituents.

"To the Legislative Assembly of Ontario:

"Whereas the safe operation of a motor vehicle requires the driver's undivided attention; and

"Whereas research has shown that the operation of devices such as cell phones detracts from a driver's ability to respond and concentrate on the task at hand; and

"Whereas approximately 40 jurisdictions around the world have already passed legislation to restrict the use of cell phones while driving;

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

"That the Legislative Assembly of Ontario enact legislation to curtail the use of cellular telephones, as proposed in the private member's legislation introduced by John O'Toole, MPP for Durham."

I'm pleased to present this to Alex and have the table enter this as a document.

RESIGNATION OF MEMBER FOR WHITBY–AJAX

Mr. Jim Flaherty (Whitby–Ajax): On a point of privilege, Mr. Speaker: As you know, I intend to stand for election to the House of Commons in my home riding of Whitby–Oshawa. It has been a privilege to serve the people of Whitby, Oshawa and Ajax here for more than 10 years. It's also a privilege to have been elected three times and to leave this place voluntarily.

As required by law, in order to seek a seat in the House of Commons, I resign as the member of provincial Parliament for Whitby–Ajax.

The Acting Speaker (Mr. Ted Arnott): To the member for Whitby–Ajax, we accept your resignation and wish you well in any future undertakings.

ORDERS OF THE DAY

LOCAL HEALTH SYSTEM INTEGRATION ACT, 2005

LOI DE 2005 SUR L'INTÉGRATION DU SYSTÈME DE SANTÉ LOCAL

Mr. Smitherman moved second reading of the following bill:

Bill 36, An Act to provide for the integration of the local system for the delivery of health services / Projet de loi 36, Loi prévoyant l'intégration du système local de prestation des services de santé.

The Acting Speaker (Mr. Ted Arnott): I recognize the Minister of Health for his leadoff speech.

Applause.

Hon. George Smitherman (Minister of Health and Long-Term Care): I always say that applause is to be earned, and accordingly I hope that my colleagues are still clapping at the end of 30 minutes and that their enthusiasm doesn't wane, nor our government's enthusiasm to bring about sensible and long, overdue reform of our health care system.

We're continuing, more than two years into our privileged run as the government in this province, to advance reforms that are challenging reforms, but they are reforms that, at their very heart, have associated with them the necessity of delivering on the word "system."

Interjections.

Hon. Mr. Smitherman: Excuse me, Mr. Speaker: Could I gain your assistance? It's a bit challenging to have this scrum in front of me.

Mr. Speaker, we have taken a further—

The Acting Speaker: Take your seat, if you wish.

The Minister of Health has the floor. I would ask all members to assist me in my responsibilities so I can hear him.

The Minister of Health.

1540

Hon. Mr. Smitherman: Thank you very much, Mr. Speaker.

When our government came to office in this province more than two years ago, one of the things we sought to confront was the reality that in our province, where we use the word "system," there is sometimes little evidence that in fact we have a system. Patients have expressed in a wide variety of ways the frustration that sometimes occurs for them as they try to make their way from one part of our health care system to the other.

This conversation was often framed in the context of what was referred to as silos: this idea that one piece of the health care structure might work reasonably well on its own. But as patients sought to make their way across what in health care we reform as continuity of care, there were challenges that they were forced to confront. Accordingly, we thought it was important to do for Ontarians something that was, as I said a couple of times, long overdue. At the heart of it is the desire, in a certain sense, to give real life and meaning to the word "system," and to give patients the opportunity to influence the way care evolves in their communities.

Ours is a government that, on very many occasions, has had the privilege of sharing with Ontarians a vision which is a made-in-Ontario vision. Every other province in our country has moved forward with one form or another of what is often referred to as the regional co-ordination of health care delivery. We're moving forward in a way that is deliberately different from other provinces. We're continuing with the tradition in Ontario of community-based governance, and in fact the principal theme of community-based governance is not only supported in this legislation but it's dramatically advanced.

For people who are looking in from home, some of them will recall that an earlier Conservative government took community care access centres—which had evolved as a community-owned service, if you will, one that had local community governance—and stripped that away by bringing those powers and responsibilities for community care access centres right into the government, where the

government was making all of the appointments with respect to that. We've sought to give strong assurances to the literally hundreds and hundreds of different organizations, from hospitals to long-term-care homes, from community health centres to those 600 or so agencies that are delivering mental health and addiction services right there at the community level, that a fundamental principle that we base our efforts on, this made-in-Ontario solution to the development and real life and meaning of the word "system," was founded on the principle that community-based governance must be there. We're moving forward on that basis.

This piece of legislation, this Bill 36 that is before us, responds to the frustration of patients and it responds on, I think, some very sound, what I would call common sense, principles. The principle that I think we all need to do a better job of accepting is that we're all in an environment with respect to health care. This is in a certain sense some honest talk that maybe some people have ducked too often. But I believe it's fundamental that we acknowledge that as we undertake our work in health care, all of us who do that at the Ministry of Health, all MPPs who express an interest, the hundreds and hundreds of community-based organizations that we have, and perhaps most especially the quarter of a million women and men, 250,000 people working in health care every day in our province, who in their work contribute not just care—they're not just involved in medicare, what we like to refer to in our government as the best expression of Canadian values; they're not just involved in a delivery; it's not just about the provision of a service; it is that, alongside any such provision of service, comes an incredibly powerful contribution of love.

What we've been seeking to do over the last couple of years is encourage people who are involved in the health care sector to recognize that we are all operating in an environment where we will have fewer resources than we would all prefer, and accordingly our government believes that it's just common sense that in any such environment we ask local people, people from local communities who are closer to the action, to help prioritize what local priorities must be established and which things must be funded first.

Not everybody likes to conduct a discussion on health care that acknowledges the limitation on resources, and I had the chance to serve in opposition once too. But I think the reality is clear for Ontarians, and that is, you cannot have health care as a bottomless pit. You cannot have a health care circumstance where health care costs can be allowed to run so far ahead of the pack that they continue to outstrip and outmuscle other important priorities. Accordingly, I'm incredibly proud to be part of a government which has signalled its very, very strong commitment to health care with very steady investments and continual growth in the sector, with specific investments that are done in a strategic way. But we've done that as a government alongside a very high-stature investment in post-secondary education, because we want to be a government that reflects, while it's crucial to provide good-quality services now and forever into the future, we must recognize that if we crowd out all of those priorities, like the education of our people, then this high quality of life that we have been able to garner through the quality of the people in Ontario, through the strength of their ability to be productive, through their vitality that is expressed through their capacity to add value through knowledge—accordingly, I am proud to be part of a government which believes fundamentally in medicare and which is putting our province on a path to ensure that this medicare system, this great gift to Canadian values, can be maintained for generations to come.

But we do so not in a world where we pretend away our problems, not in a world where we pretend that there are not serious challenges that have to be met head-on. There are previous governments that have come to many of the same conclusions, but it was necessary, in a system that has grown to be $33 billion large, to stop pretending that you can appropriately micromanage a $33-billion operation from head office.

There was a question in the Legislature today that indicated this rather well, that we have community-based governance. We install a significant degree of power and influence and responsibility in hundreds of community-based organizations all around the province. Sometimes in this place, as is appropriate—all members should express the views of their constituents—there is a tendency to expect that all things that challenge us in health care—even that smallest, most remote operational issue—can be resolved by the minister's office across the way, at 80 Grosvenor Street on the 10th floor. I just ask Ontarians this, those who are looking in and MPPs who are in this chamber today: Does anyone seriously believe that it is possible to well manage a $33-billion operation from head office?

I want to talk about the principle that is behind that question. It is the principle of equity. There must be an honest acknowledgement among members here. I have offered it on very many occasions. We use the word "system" a lot, and I believe that one of the fundamental outcomes of a system ought to be the delivery of an equitable result. We have a public health care system. It's a public asset. Inherent in that are the understanding and the clear expectation that because it is owned by the people of Ontario, it should produce for them an equitable result.

But we do not have a health care system that is producing an equitable result. I think what we have to do in order to create an equitable result is to ask people from the local community, who can analyze the population health data and can understand community and work with patients at the community level. They are in a much better position than government, however well-intentioned, from Queen's Park to solve every challenge, and to do so in an equitable way.

As an example, if a government is in a position to make an allocation of community-based mental health resource—and I use that example because it's one that I'm proud our government has been able to make. There was a long time in this province—12 years, over the suc-

cession of two different governments—that community-based mental health resource was not increased; not one iota, not even for those expenses that we all know go up, like our rent and our employment costs. For 12 years, those organizations got no resource. Our government has put $100 million more into community-based mental health services to expand those services.

But we assume, in making the expansion of services, that the platform that had been developed before that for community-based mental health services—450 different organizations across the province. But as we do a better job of collecting data and analyzing it well, we know that in a wide variety of areas there has not been equitable access to services in Ontario.

1550

Until our government came to life two years ago, Ottawa, the second-largest city in Ontario, had one operational MRI machine—one—for 700,000 people living in the city of Ottawa, not to mention the broader catchment area that we call the Champlain Local Health Integration Network. Since then, because as Liberals we believe fervently in the principle of equity, we have added two more MRI machines and expanded the hours of the one that was existing when we first came to office. As a result, the people of Ottawa have been given evidence by our government, through the work we're doing on wait times, that in some areas where they have not had equitable access to the resource, we have sought to make equitable allocations.

Our government's wait time strategy, where we've invested in 250,000 additional procedures, has been one where we have sought not just to collect data and analyze what wait times were but to make allocation of new resources consistent with our learning. We know that for hips and knees, the Champlain district, which includes Ottawa, has trailed behind other parts of the province. Accordingly we've made larger investments in that community, to address the problems people were experiencing with wait times on an equitable basis.

I drive home the word "equity" because it is the principle that underscores so much of what we're doing here. We believe that if we are to get equity, then we must ask well-informed, well-engaged and well-intentioned people of community interest to be involved in making more of those decisions, because they understand the local ground in a way that well-intentioned people at Queen's Park never can and never will. I drive that point home because it's a critical one.

Interjection.

Hon. Mr. Smitherman: Only a few more minutes to go.

The bill that is before the Legislature, if passed, will move Ontario forward with a remarkable degree of long-overdue reform, as has been said by ministers of health from previous governments of a variety of different political stripes. I want to speak just a little bit more about some of the particular elements that are in this bill.

First, there is the legislative creation of local health integration networks. I want to respond head-on to criticism that has come, because there is an attempt to characterize these as some new order of bureaucracy.

I was given the privilege on Thursday, in a scrum outside of this place, to answer a yes-or-no question that I think is at the heart of that matter of another layer of bureaucracy. I was asked a pointed question by Mr. John McGrath of CBC Radio. For those around this place, he's well known for asking good, strong, pointed questions. The question he asked me was, "As local health integration networks have come to life, will we have more employees working in this element of health care administration?" The answer was, "No, we will not have more."

Already the down payment for local health integration networks has been made by the work we've done with district health councils. We're going to roll in that resource, which was costing more than $20 million—too often, good-intentioned work that had no connection to the power we're giving local health integration networks, the power to actually act out a planning decision.

What our government is bringing together are all of those elements that people who have looked at the system for a long time had been lacking, in one place, under public eyes, because local health integration network meetings will be open to the public, taking place in local communities. It will be a transparent decision-making process that brings together the responsibility and capacity for planning, with decision-making around the integration of services and a decision related to funding.

I stand before you proud to say that I am a Minister of Health who is involved in the devolution of $20 billion worth of spending authority to local communities, where interested local people will have a much greater opportunity to influence the important health care questions of the day.

Municipal leaders have come forward to me, and sometimes they say, "I had a representative on the district health council, and I don't have a direct appointment on the local health integration network board." I say a few things. Firstly, I say, "What did that appointment get you over the years?"

We've got to be a bit honest about this. We know a lot of good work was done by people working on district health councils, and we sought to make sure that we have captured all the learning they had. All the planning and all the reports they produced will remain there as a back-up, if you will, for the planning work that local health integration networks will undertake. But too often, those good-intentioned folks working in district health councils did so in complete anonymity, if you will, with no connection whatsoever to make impactful the planning work they did, with no real, meaningful capacity to influence the outcome of health care delivery in their local communities.

What I say to those local mayors is, "Imagine a circumstance that you wake up and local health integration networks have come to life, and you look down the list at the nine people from local communities who have come forward and said, 'We will exercise these

important decisions in a transparent way.' What's the reasonable prospect that you're going to be on a first-name basis with some of those people?"

Compare that with the prospect a mayor might now have of getting a meeting with the Minister of Health. I take a lot of meetings and try to be accessible, and I travel around the province of Ontario. But we must not pretend that the current system, the status quo that the opposition and the unions may seem to be so impossibly wedded to in the next little while—that status quo is not performing for the patients of the province of Ontario, and that status quo is a very difficult one to influence.

I told a story in the Legislature the other day. Mr. Tory asked me a question and said, "Give me but one example of how a patient will be positively impacted by the work of local health integration networks." I told him that on a recent visit to Bramalea for the launch of our local health integration network for central west, including Peel and Dufferin, which Mr. Tory represents, two people came together and said to me, "Mr. Smitherman, we work for Hospice of Peel and Hospice Dufferin. For eight years now, we have had an issue about $20,000 in annualized funding, where there is an historic inequity in the funding between our two organizations."

These are communities the Speaker will well know, because they're not far to the east of the area he represents. These two communities have a lot in common. These two communities have a line that divides them; it's a municipal boundary line or upper-level boundary line. But way more barriers have stood in their way. The barrier that has stood in their way is the current apparatus of the Ministry of Health and Long-Term Care. I'm sure that other well-intentioned people can tell similar stories, where they have had unresolved issues for decades. By turning more of the attention, more of the capacity and more of the power to the community level, we believe fundamentally that issues like that, which have been allowed to fester at unnecessary cost in the form of frustration at the community level, can be resolved in a fashion that is beneficial to patients.

We don't present these as a panacea. We don't pretend that creating a different order for the way that health care is coordinated will resolve all the challenges. But we do believe that when you move forward with a regional structure that brings Ontario 14 distinct areas, where within those areas on a consistent basis you take a look at the population health needs and work hard to marry up the way services are delivered, Ontarians will be the beneficiary. We fundamentally believe that when you're spending $33 billion, there are opportunities to spend it better. We fervently believe it's inappropriate that over the last number of years, as we've all relied so heavily on the word "system," all the mental health organizations in Niagara had never had an incentive, had never had an occasion, had never in all the years they've been around been drawn together to ask themselves, "Are there opportunities for us to look at the way we deliver our service and perhaps address some gaps that might be occurring?" These things have not happened. But since local health integration networks have been announced, even before this legislation was brought forward, they have demonstrated how powerful they are, and here are the ways they've done it.

1600

They're changing the discussion about health care in this province. They're taking this really complex health care conversation and presenting it in a way that is consistent. They're making sure that that conversation takes place at the community level, so that if my mom is interested in knowing more about how health care delivery is taking shape in the community where she lives, a little place called Ravenna in the eastern end of Grey county, then she will have a mechanism to be able to do that, one that unlocks the health care conversation for her in ways that have never been available to her before.

It gives her the opportunity for influence too, because Norm Gamble, the chair of the local health integration network for the area that my mom represents, comes from Meaford. There's a reasonable chance, Mr. Speaker—I think you and I both might agree—that she's going to run into him at the scarecrow festival in Meaford, or maybe at the IGA in Thornbury. But the point simply is that people in Ontario—patients in Ontario—are being given an opportunity to influence the play in a way that they never have before.

Already, before local health integration networks have come to life, the CEOs, the board chairs and the other two representatives who have been appointed to date have been out there and have been involved in an unprecedented level of engagement right at the community level: site visits to so many of our agencies that have never seen anyone in a powerful position, the position of being able to exercise power, who have never visited those places before.

Look to the words "local health integration networks," founded on the principles that I've just discussed: equity, community governance and transparency. What we seek is to give people value for their money. I'm an Ontarian and I am a taxpayer, and I believe fervently that our system of medicare is a great system. I believe fervently that it delivers a good result. But I am not one of those who pretends, as the NDP does, that the only way to improve a result in health care is to pour more money into it. I am one of those who believes in strategic investments, and we've been making them in a wide variety of areas. But those people who pretend that the resource to fund our health care system is unlimited—and they have their place in this Legislature and they have their home in the New Democratic Party—remain committed; they grasp, they hold firm to this view that the only answer that ever works for health care is to pour more money into it.

I'm one of those who believes in the principle of continuous quality improvement, and that people from local communities, acting in good faith and with an understanding of those communities, can do a better job of coordinating, of knitting together that vast array of

services we have right now. This legislation is designed to give the people of Ontario more of an understanding of the value they're getting for their $33 billion.

Roy Romanow said that accountability was the missing sixth principle of medicare, and we agree. That's why we've moved forward to create more accountability in a variety of ways. One of the ways that we will demonstrate the benefit of the work that we've done is by creating a body called the Ontario Health Quality Council, and that body will have the responsibility to report to Ontarians, not in the typical health care way where there are more acronyms than you can get your head around, but in a clear and concise way to give Ontarians apt demonstration of where improvement is being made. In those areas where we're falling short or where perhaps our performance is in decline, those areas will stand out, and Ontarians will have a new tool of accountability, one that they have missed for a long time.

Last week, at the introduction of our local health integration networks, Roy Romanow said this:

"This is another positive step forward for Ontario's important leadership in health care reform. Proper health care reform must be integrated—not piecemeal—and the LHIN legislation is part of the kind of collaborative systems change and integration needed if patients are to feel the full benefits of reform." I think that makes the point very well.

We believe that community care access centres are an important community asset, and I spoke of them right off the top. Consistent with our views, this legislation guides us for a return to community governance of community care access centres, not in a wild way, for sure, but in a way that is studied and that ensures that we create very good, strong local capacity for this. We believe that if we're creating a body of local health integration networks to give us the capacity to help to plan and integrate, we should have community care access centres that operate on the same geographic basis. Accordingly, this bill, if passed, will help to support a consolidation of the number of community care access centres we have at the very highest end.

Before anybody says it in a way that is inaccurate, let me say this clearly and for the record, and if I have to repeat it, I will. What we have been clear to say—and I've raised this very, very directly with the unions, I've raised it very directly with the lead administrators in community care access centres and I've raised it with those from the community who are serving as appointees on community care access centres—is that Ontario has 209 distinct offices, some of them retail-level offices and some maybe a floor or two off the main floor. These 209 offices will not close. Those people who are involved in case management, who are involved in direct client work, who are involved in direct client relationships, will see absolutely no reduction in their employment as a result of our initiatives from community care access centres. We will need to adjust some bargaining units, and that work will be guided by long-standing practices that are respectful of employees and respectful of unions. What we make sure of with respect to community care access centres is that we maintain a high degree of respect for the very simple idea that community care, those two words, and access, should be locally based, and that the decision-making should be locally driven.

We also believe that there are opportunities to move forward and create a broader role for community care access centres. Other government ministries have wondered—and we will work on this as a government; we will seek input on this—whether it might not be possible to use community care access centres not just as a place that's branded, if you will, related to the Ministry of Health, but with a broader service role. Taking a look at other community programs that are delivered by sister ministries, like the Ministry of Children and Youth Services, the Ministry of Community and Social Services and even the Ministry of Education, we believe that very often one patient or client asks or seeks services or gains services from more than one government ministry. That need not create a circumstance where that person has to deal with a wide variety of people, or even worse, is perhaps drawn into going to a wide variety of different locations. We believe we can create a more seamless capacity, a better customer service orientation, where we deliver more of those community-based services under one roof. There's more work to do on this, but that vision is contained in this legislation. It's something about which we want to talk to people more and more.

In closing, I want to talk about another important element of this piece of legislation, and it operates on this simple principle. I'm just waiting for someone to try to rally the troops, wave the flag and support the status quo. Supporting the status quo, as relates to back office transformation, is standing up, putting up your hand, waving your flag, stamping your feet and saying, "Here in Ontario we want to be a high-cost provider of transactional services." This isn't about client care. When you have a $12-billion operation—that's our hospitals, really: $12 billion in government funding and a couple of billion additional dollars from research and a series of other places—when you have an operation that big, there's the odd transaction going on. Big organizations benefit from lower transactional costs, but not health care. The opposition, as they embrace the status quo, will be embracing the idea that we ought to have 155 different hospitals doing their own payroll services; that we ought to have unique functions in each of these places, rather than recognizing that if we bring some of those services together, we can dedicate more of those precious dollars to local health services. This piece of legislation says that if an efficiency is found through an integration or a consolidation, all of those dollars remain in the hands of the local health integration network to reinvest in the important patient priorities that they deem to be the most important priorities in that local health integration network.

This is created in a fashion that builds on understanding what kind of labour solutions work. We have taken the advice of labour who told us that they're very familiar with the provisions in a bill previously known as

PSLRTA and, accordingly, we've adopted them here. On that, I wish to thank you and encourage members to support Bill 36.

The Acting Speaker: Questions or comments?

Mr. Gerry Martiniuk (Cambridge): I listened with interest to the suggestions made by the Minister of Health, as I always do. One thing that troubles me is the expense of setting up these LHINs. We were discussing it with my colleague the member for Parry Sound–Muskoka, who has three community care access centres. We have one in Waterloo. These are public-spirited citizens who work for no money. They are volunteers. They work extremely hard and do an excellent job.

1610

In Muskoka, they have three community care access centres. Those three boards of directors, who all work as volunteers, for no wages, will be eliminated. They will be replaced by a paid board of directors—one, not three, as I understand it. I understand that each of these directors shall be paid a stipend which is no less than $60,000. I don't know the size of the new LHIN, but assuming it's 10, we're talking about an increased cost in that locality of some $500,000 to $600,000.

I keep looking at the Fraser report. This was a report done some time ago, a couple of years ago. Of all the countries in the world that have publicly funded health care, Canada spent third in the world, only beaten by Iceland and Switzerland, and yet when you look at the number of doctors per capita in Canada, we ranked 19th. Surely that $600,000 could have been used for hiring more doctors.

Ms. Shelley Martel (Nickel Belt): I'm going to be doing our leadoff this afternoon. I'm going to go back to much of what I focused on in my response to the minister's statement that he made on Thursday. I do that because, as people look at this bill, the question they are going to raise is, "What is this going to do for me in terms of the access I require to the health care system? What do these changes mean for me?"

I said on Thursday, and I'll say it again, because the minister has said the LHINs are supposed to respond to that question that people have about their health care system: What patients are asking, when they look at Ontario's health care system, is, are they getting the health care they need, themselves personally? Are they getting it when they need it, in a timely fashion? Are they getting the health care they need in a timely fashion as close to home as possible? Finally, if they are able to access care in a timely fashion as close to home as possible, is there some continuity around the provision of that care?

I think people who are watching this debate in the general public are concerned about those issues. Talk to them about silos and integration and LHINs and their eyes glaze over, because what they are interested in are these fundamental questions and the government's response to them. Like it or not, government policies, funding for the whole system, the availability of health care providers, the location of health care services, the human resources available to deliver those high quality services, are part and parcel of a government's response and government direction and government funding.

It is those very singular issues about, "What is this going to do for me?" that people are interested in. They won't see much change as a result of this LHIN legislation.

Mr. Khalil Ramal (London–Fanshawe): I am honoured and privileged to stand up this afternoon to speak in support of Bill 36 on local health integration network services. I want to commend the minister, who is doing a wonderful job on behalf of every one of us in this place, and also on behalf of all Ontarians, especially as he represents one of the biggest ministries ever in this province, an almost $33-billion ministry. It's huge: many employees, many people working everywhere across the province of Ontario.

There are some important things about this bill. To give the local authority some kind of authority and permission to move on their issues, on the local issues, is very important, instead of coming back to Toronto, instead of coming back to the ministry to deal with certain issues.

The important thing is to give local people the right to discuss, to implement and to talk to their people, because the people from the local places know better about their issues and can help their communities. Also, it's important to restore the respect and the dignity of some agencies and communities across the province who are trying to do good for us, trying to help us, to be a part of the health service network instead of consulting on a daily basis with the Ministry of Health in Toronto.

As we mentioned, this ministry is huge. It cannot deal with micromanaging all the issues across this province. I believe it's a very good step in order to manage our spending. As we've been listening to many people in this place, they think by spending more money in health care, we can fix health care. It's not by spending more, but also by managing health care, managing our spending, because one of the pieces of the spending you also have to have is to manage the money you spend. You spend it in the right places and in the right direction. That's what we believe. It's the right bill to manage our money, and I hope it will lead to fixing health care in this province.

Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford): I'm going to be speaking on behalf of our party within minutes with respect to the Minister of Health's statements today as we debate Bill 36.

I think what I've gleaned from the minister's comments is that he's taking an approach which is strictly a financial approach, a transactional approach in terms of what he calls local health system integration. It's sort of like a code word for saying, "We're going to downsize the health care system within each one of these 14 regions of the province to make sure we have better control from the provincial end. We're going to use this mechanism to downsize and, in essence, restrict health care access and opportunities within the local communities."

My area is LHIN number 12, which is North Simcoe-Muskoka. It's a fairly big area, covering all of Simcoe

county and the district of Muskoka. The object of the exercise is basically to find ways to integrate, in the minister's words, the services. Really, what he's looking for is to get rid of any overlap. He wants to make sure that the transactions that are involved in the health care area, whatever the type, whether it's payroll—he mentioned payroll for hospitals, or it could be payroll for other types of health care providers. He wants to see if there is a central group that can provide that so we can save money. No one's against it in terms of dealing with a pure accounting exercise, in terms of saving money, when you're dealing with a non-health-care matter. What worries people is in terms of what he's going to do to restrict health care access.

The Acting Speaker: That concludes our time for questions and comments. The Minister of Health has two minutes to reply.

Hon. Mr. Smitherman: I want to say to the honourable member from Cambridge that quoting the Fraser Institute isn't a particularly interesting approach, given Mike Harris's involvement there. Maybe you should stand up next time and acknowledge that, as a government, you waited for more than three years to increase the size of medical schools after the NDP reduced them significantly. If you want to look for the daddy of the orphan patients in the province of Ontario, then your caucus room wouldn't be a bad place to start, I say to the honourable member.

He was wrong when he alleged that CCACs will have paid membership for those people who govern them. In fact, we're returning them to the community. This is where they were in about the year 2000, when that member's government took them from the community and insisted that they be related to order-in-council appointments.

I'm hoping that the member from Nickel Belt, at a certain point in this debate, might actually talk about the bill, because so far she's mostly repeating what we know from the NDP, which is that they believe health care can be an endless pot of money in the province of Ontario. She said again in her two-minute statement that she believes there should be an unlimited supply of cash for health care. The interesting thing is her record as a minister, where her ministry was reduced by $350 million to $200 million—a strong degree of respect for her power, apparently, not to mention the fact that her government and the Conservative government are the only parties in this Legislature that actually reduced funding to hospitals. Together, they cut hospitals to the tune of about a billion bucks. We haven't done that. We've only increased hospital funding by $2.35 billion.

1620

We seek to have a ministry that can rise up and assert itself more appropriately at a strategic level. You're so involved in the day-to-day, I can assure you, that it's hard to get off the issue-management track and spend as much time as we should on helping to create the direction for health care.

I just want to say to the honourable member for Barrie–Simcoe–Bradford that he's seen the investments our government is making in his area. He knows there's nothing coming but more resources for health care.

The Acting Speaker: Further debate?

Mr. Tascona: Mr. Speaker, I understand we have unanimous consent to defer our leadoff until the next sessional day that this bill is debated.

The Acting Speaker: Is there unanimous consent to defer the leadoff speech from the opposition? Agreed.

Mr. Tascona: I'm certainly pleased to join in the debate with respect to Bill 36, which is a very important bill and a huge undertaking on behalf of the Minister of Health in the health care sector. This is no small exercise in terms of the reorganization he's trying to bring about and the amount of money he's dealing with, because we're talking in the billions in the health care budget. It's been delayed significantly because of the fact that replacing the district health councils with local health integration networks is such a major undertaking. There have not only been missed deadlines for the creation of the LHINs; there have been missed deadlines for the creation of the wait times Web site.

There really is no timeline for the implementation of this legislation, and the reason is because it's such a major undertaking. In my words, it's going to be a work in process, not only for the term of this government, which will end at the next election, October 4, 2007, but it will be ongoing. It may be for the next generation in terms of how we work out dealing with the LHINs and how they apply in different areas. I think this is just basically scratching the surface of moving into dealing with health care services.

I'll be the first to admit that, coming from the area that I represent—Barrie, Innisfil and Bradford—there are great challenges with respect to providing the best services you can. The member for Parry Sound–Muskoka knows that, in terms of the constituents he has coming down to Royal Victoria Hospital to receive cancer care treatment, kidney dialysis treatment and other services. In my riding of Barrie–Simcoe–Bradford, the people of Barrie and the surrounding areas of Springwater and Essa, and also the northern part of Innisfil, would go to RVH and to Barrie for a lot of their services; whereas people in the southern part of my riding, in Innisfil and Bradford, would go to Southlake Regional Health Centre, which is in Newmarket and which also serves a number of other areas in terms of hospital service, let alone dealing with community care access centres.

I was involved with this process quite extensively, because I sit on the standing committee on government agencies, and the board of directors who make up these LHINs—and there are 14 in the province—are order-in-council appointments, through the Premier, which our committee has an opportunity to review. In fact, we did a number of those and we worked with the Minister of Health to make sure that he got his appointments through so he could get this initial stage of the process going, because they had already discontinued the district health councils. I believe that was March 31, 2005, if I have the date correctly, in anticipation of the LHINs being created

for April 1, 2005. In fact, the deadline was missed and the first LHINs were not created until June 2, 2005. The fact of the matter is, they didn't have any people to sit on them because nobody had been appointed.

What we found from the interviews of the people who were being suggested for appointment by the Liberal government was that they didn't really know what they were supposed to do and what was going to be involved in these LHINs. They had no idea. They were picked to go on to these LHIN boards, and I guess they would learn as they went with respect to how to provide health services within the 14 areas of this province.

This has been a slow start for such an important piece of health care reform, which was a part of the Liberal platform when they were running for election back in 2003. Here we are, almost in 2006, and we really haven't seen any of the LHINs up and operational in terms of what they are going to do, yet we've already discontinued the district health councils; they no longer exist.

As everybody knows, there is going to be significant reduction in community care access centres, which were a major initiative of the Tory government in the 1990s. Community care access centres are also going to be fundamentally restructured in two major ways: The number of community care access centres is going to be reduced from 42 to 14, and the appointments are not going to be by order in council. They're going to be appointed in a different way, which will not be subject to government agencies review, and that's kind of disturbing because it takes away the power of the committee in terms of dealing with appointments.

Everybody knows the fundamental role community care access centres play in a community, not only in terms of referrals to nursing homes but also in terms of providing at-home service for people who need it. I know it's going to affect my area. We have the Simcoe county community care access centre, and there's also one in my friend Norm Miller's riding in Muskoka, which is going to be combined with the Community Care Access Centre Simcoe County, so they will be going from two to one. That's a huge geographical area and certainly a significant population. The challenges they have are going to be significant in terms of how they're going to structure themselves to best serve those areas and move into providing the best care and service we can possibly have. It's a major challenge in terms of people as they age, whether they're aging and have physical problems or whether they have dementia, and the services we need to provide in our area. There's a huge challenge.

We see that we're moving into this particular area, and I think the minister has been up front. He sees this as a sort of transactional approach to dealing with health care. I don't think he really believes that this is to deal with improving access to health care, because that's a separate issue. What we are dealing with is an integration network. If we're talking about the Local Health System Integration Act, "integration" suggests that the system isn't integrated. You're going to have to deal with all those organizations out there that are providing health care services and integrate them to provide the model—we don't know what that model is because it hasn't really been fully thought through, because as I said, it's a work in process in terms of what will end up being the health network that is going to provide those services.

At the end of the day, it is not going to be the LHINs that make those decisions, financially or from an authority point of view. The power still rests with the Minister of Health with respect to making the final decision, and the power still rests with the Minister of Health with respect to providing the funding that's necessary to provide the health care services within that particular LHIN area.

1630

What we have here in LHINs is really only an advisory board to the Minister of Health. Their role is to negotiate with service providers and make recommendations to the minister, who has the final and real decisions with respect to what health care services will be provided.

This sort of strikes me: The way the minister characterized it is, "Why would you have five hospitals providing payroll services? They could be combined and they could have one payroll provider." Well, that's a fairly common sense approach. Who's going to object if it's something that can be done that benefits, has a savings and provides proper service? But that's not a health care service; that's strictly an accounting exercise.

The other side of the coin, which we've all been experiencing, whether it's the education sector, is buying groups—you know, bringing them all together so they can get the best price possible by bringing the might of the public sector together, which us something that has happened in the past. These buying groups came together to ensure that they could get the best price for the public sector dollar. That had nothing to do with education in the real direct sense. It was strictly a financial accounting transactional exercise, which made common sense. If you can get together as a buying group and buy the goods cheaper than if you bought them alone, why wouldn't you do that? No one would argue with that.

But what we're dealing with here are real lives and access to health care services that people will need. They should not be part of any accounting exercise. The mechanisms and the health care providers out there—this is not an issue that we're trying to maintain the status quo. What we're trying to do is make sure that the health care services that are being provided are not deteriorated or lessened in any way because of this approach to integrating the health care system within a particular LHIN.

Now, the statement is that we're paying more and getting less through this exercise. Up to $100 million in costs will be related to community care access centre closures. As I said earlier, there are 42 community care access centres in the province and those will be reduced to 14. There's a leaked Management Board document that speculates $50 million for severance, $14 million in legal costs and $25 million in wage harmonization, and this does not take into account costs associated with

delays. Then there's $16 million in district health council closure costs, which is $11 million in severance costs and $5 million in physical plant costs. So when you look at those two initial moves by the provincial government to get rid of district health councils on March 31, 2005, the monies that were out there were strictly to deal with the shutdown of a particular service and the costs that would relate to the people who were employed by them.

They next move into the exercise of reducing the CCACs, which they haven't done yet, but they will go from 42 to 14 in terms of reducing administrative costs and reducing personnel as they combine, in my area, two organizations into one. As I said earlier, "integration" is probably a code word for downsizing. They're saying, "You're going to get better health care service," but really what they're after here is an accounting exercise in terms of bringing as many organizations that are out there that may be providing similar services into one. I don't really believe that patient access and better access to health care is a part of that equation, because at this point in time I don't think anyone could say that that would be what's going to happen out there.

LHINs will be much more expensive than the district health councils. Estimates show that $39 million is allocated to run LHINs in 2005-06. The ministry had requested $52 million for 2005-06 and Management Board would only approve part of the request. LHINs will have 560 employees to operate three times what the DHCs had. So here we have these organizations that are being set up. Certainly they're going to have to be staffed properly, because really their job is to basically sift through all the other health care service providers out there in the area. What really is counterintuitive is that you're creating a layer of bureaucracy that is going to be bulked up and much more expensive to run than the DHCs. They will have no more power than the district health councils in terms of financial clout and decision-making clout, yet they are being bulked up, and obviously the money that goes to the LHINs will take money out of the health care services that need to be provided in the areas, because the LHINs are basically going to be the coordinator.

It is just another situation in the school board sense. You have the schools out there providing the education to the young students at the same time as you've got the board out there, with their heavy bureaucracy and everything, sitting back and taking resources away from the schools because they need to bulk up in terms of planning how they are going to deliver services. I get the sense that we're into the same type of exercise that has failed us with respect to education in terms of making sure that the resources get out to the schools as opposed to staying at the school board.

The other part of it is, what do we get? We get a high-priced advisory panel with no teeth and not a penny spent on patient care. Quite frankly, that's what is going to happen here, because this is a model designed to set up these LHINs, which are going to basically be the sifting organization to see where they can remove organizations providing health care services and get that stamp of approval from the provincial government through the Minister of Health. If they don't do what the Minister of Health wants, the minister has the power to restrict funding with respect to the LHINs and the services that will be in that area.

So initially the Minister of Health is taking away the pressure for the decisions that will be made in a local area. The minister can stand back and say, "That's the decision they made; that was in their best interest." Meanwhile, he has the club over them in terms of, if they don't co-operate, he's not going to provide the funding and he'll probably take away some of their decision-making powers.

In terms of this exercise, the McGuinty government claims that the development of LHINs is to better plan, coordinate and fund the delivery of health care services at the local level. Under this legislation, the Liberals will download approximately $21 billion worth of spending authority from the Minister of Health to the LHINs. The claim that LHINs are bringing health planning closer to the community is belied by the fact that some of the LHINs are so large as to, in the case of the central east LHIN, stretch from Victoria Park Avenue to Algonquin Park.

The creation of the LHINs is really the creation of a new layer of bureaucracy, in which there is anywhere from $39 million to $55 million that we spend on bureaucrats rather than front-line patient care, which is my argument that you are taking money from patient care and putting it into this bureaucracy that is basically an organization to find savings for the minister within a particular area, not necessarily to find better health care and access within an area.

As part of the plan to create the LHINs, the government will be consolidating the number of community care access centre corporations in the province from 42 to 14. As I said earlier, the consolidation costs are more likely to be closer to $100 million in doing this basic downsizing exercise with respect to CCACs, because that's basically what it is; there is no other way to look at it.

The geographic boundaries that I said are out there cross over current municipal regions and political boundaries. In my area, North Simcoe-Muskoka, which is number 12, the combination of Muskoka and Simcoe county is obviously—I don't argue that it is not a good fit in terms of the fact that they border on each other, but it is a pretty large area. You've got a mix of city, a mix of rural and a mix of an area that's moving into the north—I know the member is our northern member—combined with the city of Barrie at its southern limit.

I could tell you that this exercise is a work in progress, and it's difficult to understand where the end-game is going to be with respect to making sure we know what services are going to be provided.

1640

To be fair, I certainly have worked hard to bring in the best health care services that we can in Barrie, Innisfil and Bradford in terms of cancer care treatment at both

RVH and Southlake, improving services for children at the children's health centre that's going to be operational—

The Acting Speaker: Thank you very much. I apologize. Questions and comments?

Interjection.

The Acting Speaker: Your time was up. Thank you very much for your comments.

The member for Nickel Belt.

Ms. Martel: In response to the comments made by the member from Barrie–Simcoe–Bradford, two points, because he talked about being on the government agencies committee and being in a position of having to deal with some of the appointments that came later than they should have.

What's interesting about the legislation is that at the end of the day those individuals who serve on the LHINs are accountable back to the government, not to the communities they serve, because they are not going to be elected by their communities; they are going to be put in place by the government through orders in council. I asked the ministry staff about this during the briefing I had on the LHINs and was told this was another measure of an accountability mechanism. As the talk is about these folks being responsive to the community, why is it then that they aren't, at the end of the day, responsive to the community? They do the bidding of the minister. That's who does the appointments. That's whom they're accountable to at the end of the day.

Compare that to the change that the government says it's finally going to bring through with respect to the community care access centres. When the previous government brought in Bill 130, both opposition parties opposed that legislation. We were very concerned that the government of the day, at that time the Conservative government, was essentially taking over those community care access centres, was appointing the executive director, was appointing the board members; changes with respect to meetings so that those were not public any more.

It appears that the government is going to bring back a model of local control and local accountability for CCACs. I wonder why that same model doesn't apply to the LHINs. If these are the folks who are supposed to be making major decisions about major health money, whom are they really accountable to? I don't see that it's the local community, because there's no mechanism for them to be accountable back to the local community with respect to any kind of election or a process of nomination at the local level.

Ms. Jennifer F. Mossop (Stoney Creek): I'm pleased to speak in support of this Bill 36. One of the biggest concerns I heard for many, many years around health care was that there seemed to be this huge monolith down in Toronto, this big monolith that was trying to micromanage and dictate things that were happening in very diverse and far-flung regions of this province, and that there was always the frustration at the local level of trying to make Toronto, this monolith, understand the needs. What the LHINs proposal does very effectively is that it takes that monolith, breaks it down, breaks it apart and spreads it around the province.

I can speak about my own LHIN. The headquarters is going to be located in Grimsby. We had an announcement. The chair is a tremendously passionate, grass-roots advocate for health care and home care. She has a team working with her so far that includes a nurse, that includes a health care administrator—a lot of experience being brought to the table. These are people who live in those communities. They are people who work in those communities. They are people who love those communities, who are naturally more sensitive and able to make the decisions around the needs that are there. When you live and work in a community, you are automatically, just by nature of that, more accountable to the people you live and work with.

People talk about politics, that when you get further up to federal, there is less of a sensitive touch or responsiveness to local needs. I was president of my ratepayers' association, and nothing is more political, and you're not held more accountable, than when you're dealing with your neighbours. That's why these local people, who are experienced in these areas, working, living in those communities regularly, are really the best people to be helping us make the right investments and the right decisions with regard to health care.

Mr. John O'Toole (Durham): It's a pleasure to respond to the member from Barrie–Simcoe–Bradford. This bill does concern me, because last Friday I had the privilege of meeting with Marion Saunders and Brian Lemon with Lakeridge Health. The expert panel report just committed that this is an independent—John Reid and Sister Elizabeth Davis and Ruth Robinson—they said that they cannot balance their budget, a $14-million operational budget deficit, without cutting patient services.

Right after that meeting, we went to meet with Durham Access to Care's Janet Harris and Howard Hall. They said there was really virtually no savings. I wouldn't want to misrepresent in any way what they said, but my impression is that there's no real savings.

What I see here is an attempt by the government to off-load, as has been said, around $20 billion in direct funding to the hospitals, and they're going to make them even more remote. Instead of having the district health councils that we have today, which they've abandoned, as well as the local voice which would be the volunteer boards on our hospitals—when you put Bill 8, which was the funding model, the balanced budget legislation from the ministry, as well as the LHINs, together with the Bill 36 legislation, the one we're debating today, these boards will be rendered completely redundant, in my view. The LHINs will give them the money. If there's a question in the House about a program that's been cut, a patient service that's been cut, they're going to say, "We can't interfere with the operation of the LHINs; they're at arm's-length of government"—no accountability. It's going to be harder to get to this level of bureaucracy.

The LHIN in our area, the central east LHIN, actually stretches from Queen's Park to Algonquin Park. It's

unreasonably large and inaccessible to provide what is the most important service in the province of Ontario, indeed in the country: its health care services—both in your community, in your home and in your hospitals.

I think this is a very bad piece of prescriptive Liberal legislation that will do nothing to solve the issues of—

The Acting Speaker: Thank you. Further questions and comments?

Hon. Mr. Smitherman: I'm interested to have the opportunity to comment on several of those that were made. It's interesting that the member from Durham just spoke plainly against the facts. The facts are very, very clear that the circumstances we inherited in Ontario were not producing an equitable result for Ontarians. So those who speak against this bill are wrapping their arms around the status quo, but the status quo they're wrapping their arms around was producing an unequal result. Do you want to use the words "public health care system"? I think the principle that the same services are delivered by community care access centres no matter where an Ontarian happens to live is an important principle, and that's one that's being advanced here.

It's interesting that the member from Nickel Belt is in this blank cheque mode. This is the NDP starting and end point. It's the one that gets you into the $12-billion and $14-billion deficit world. And it's the one that suggests that you just ought to have a blank cheque out there because the work that you're doing is so important, without any regard for the reality. This is the NDP problem: no regard for reality. Because they're the ones that operate—different when they were in government, when they cut everything. They cut drug funding, they cut hospital funding and they cut public health funding. But when they're in opposition, they revert to their instinct, which is that health care can be a place where unlimited amounts of money are required and should be obtained.

It was interesting that Leah Casselman takes a different approach. It's odd that these two groups are on a different track. She said that this is about the province ducking accountability. The reality is neither of those. It's a bit of a new paradigm, if I could use that word, that I think folks need to get their heads around a bit. We're all in this together: government, health care providers. We're not going to agree on every point every single day, but the simple premise at the heart of this is, let's end the shenanigans, where we pretend that it's always up to somebody else, and let's recognize that we're all in it together.

The Acting Speaker: Further debate? Oh, I apologize. The member for Barrie–Simcoe–Bradford does have two minutes to reply.

Mr. Tascona: Thank you, Mr. Speaker. I'd like to say thanks for the comments made by the members from Nickel Belt, Stoney Creek and Durham, and by the Minister of Health.

Certainly, we're in it together. I agree with the Minister of Health, but as I said before, I don't know where we're going. I think that just because we speak about the bill doesn't mean we support the status quo. Obviously, everybody here knows that the minister has taken some time in attempting to get to the point where he's got a framework here. That's really a challenge in itself.

1650

The member from Durham's position is pretty clear: He thought that the LHINs were going to be a bureaucracy buffer for the Minister of Health. The member from Stoney Creek doesn't necessarily agree with that, but the member from Nickel Belt looks at the appointment process: The appointment process to the LHINS is orders in council, which are through the Premier, and the accountability is to the minister. That's about as direct as you possibly could be, because their appointments depend on the minister, and their reappointment will depend on the minister in that particular area.

I still go back to the point that—I know what we are trying to do here, but when you speak of integration, you're talking about downsizing and you're talking about an accounting exercise here, which is a lot of what this is about. I don't think anyone is disputing that, and I think the minister has been fairly frank about that. But when he talks about a new paradigm, I don't know where we're going here, because the fact of the matter is that nobody does. It has taken quite a while. I don't even know whether we'll really be starting up on where we're going before the end of this particular term, because this is, as I said, a major undertaking. Hopefully, we're going to get this challenge right because we're all in it together.

The Acting Speaker: Now, further debate? The member for Nickel Belt.

Ms. Martel: It's a pleasure for me to participate in the debate this afternoon. I will be doing the leadoff for our party, so I will probably take this close to 6 o'clock.

I want to begin by starting where I was on Thursday, because that's where most Ontarians' heads are at as they look at the health care system, and they're going to look at it even more during the next number of weeks as we enter into a federal campaign, where I'm going to assume health care will be a topic of consideration and where politicians will be making promises about the same.

As I look at what people are thinking about health care, I can tell you that top of the mind is not LHINs—most people wouldn't even know what that acronym is; top of the mind is not silos and getting across them or breaking them down; and top of the mind is not integration or consolidation—except in some specific cases that I'm going to raise in northern Ontario—because I can tell you that when people hear about consolidation of service, to them, that translates to mean they're going to travel longer to get the health care services that they need.

When people hear this debate that we're having, frankly, I think their eyes glaze over. I don't think they're terribly interested, because I don't think they believe that this is going to impact them positively one way or the other. The fact of the matter is, I think they're absolutely right.

You see, I think the people are concerned about a couple of very basic, key issues with respect to health care. I focus on these because the minister has said on

more than one occasion that this LHIN legislation, this idea of having more decision-making in the community, is supposed to respond to what people want with respect to health care. Well, what people want with respect to health care are the following:

(1) They want the health care that they need as Ontarians, whatever that health care service may be.

(2) They want health care—that service—when they need it. They want it delivered in a timely fashion.

(3) They want the health care service that they need when they need it, and they want that to be delivered as close to home as possible, because when you're ill, you don't want to have to be travelling several hundred kilometres to access health care services.

(4) Finally, if they can get through all that, they want to be assured by somebody that there's going to be continuity in the care that's delivered to them and that there are not going to be disruptions in service.

Those are the things that I think people who are watching this debate, and people out there who are hearing something about LHINs, are really concerned about. At the end of the day, do I think that this legislation before us is going to do much to improve those four things that people need? No, I do not. I do not, because at the end of the day, regardless of what the minister might say and what Liberals are going to say when they get up, responding to people's needs with respect to health care is a function of a couple of things: first, the overall pool of money that is available for health care in this jurisdiction, which really determines what services are available and what services are not; second, the ability to have those human resources, those health care providers, actually deliver the services that people need; and third, government policies, because if there is anything that determines people's health care these days, it is the government's policies related to the provision of those services.

The LHINs are not responsible for government policy. They will not be recommending changes, they will not be responsible for making changes; they will be implementing whatever the government policy of the day is.

Secondly, the LHINs will deal with whatever budget this minister or this government decides to give them. They're not going to have some new pool of funding that they can make unilateral decisions about with respect to services being provided; they're going to deal within the envelope they are given, and that's going to be decided by this government.

That's really what people need to know: that what they need, what they want, getting it in a timely fashion, getting it as close to home as possible is a function that is totally reliant on how much money is available in any given year for health care services, and the government policies that direct the provision of those services. The LHINs aren't going to be able to do anything about those two things—nothing at all—because they are beholden to the government both for the policies they have to implement and for the funding that will be transferred to them to deliver services at the local level. Those are the facts.

Let me deal with the health care they need. There are many Ontarians today who would argue that the health care service they need is access to chiropractic treatment or access to eye exams or access to physiotherapy clinics. Those are the things they really need; those are the things that will maintain them. Well, this is a government that cut access to those services in its first budget. They did that after, in the same budget, bringing in a new health care tax which they promised they wouldn't. They're now taking about $2.4 billion out of people's pockets and, at the same time, in the same budget, they made cuts to important health care services that people had access to and wanted to continue to have access to, but too many can't afford them.

I've got to tell you, there is nothing in the LHIN legislation, nothing about these boards, nothing about consolidation or anything else that's going to change that. The fact of the matter is, this government made a policy decision in last year's budget to cut access to these essential health care services and there isn't any LHIN in Ontario that's going to bring those services back to the people who need them. That is a function of government policy in determining who gets access to services and it's also a function of how much money is available in the pool to provide services.

Secondly, we had cancer patients here about 10 days ago who clearly need access to life-saving chemotherapy drugs that have already been approved by Health Canada but still remain under review here in Ontario. Those cancer patients who have run out of other options with respect to other life-saving chemotherapy drugs are being told by their oncologists that they need access to Velcade or Erbitux, for example. We had people in the gallery—and I raise their case here again today because there is nothing in the LHIN legislation that's going to respond to that, that's going to fix that, that's going to deal with that, that's going to make sure that those patients who need access to life-saving chemotherapy drugs can get access to them. That's a policy decision that will be made by the government of the day. That decision has yet to be made, and these patients wait.

1700

Someone like Jim Leslie, if he were here today, would be arguing that the health care he needs is access to life-saving chemotherapy drugs, particularly Erbitux. He was diagnosed with cancer in 2002. He has had a number of surgeries, a number of chemotherapy treatments. Regrettably, his cancer returns in different places in his body. It's now found in his ribs. His oncologist at Sunnybrook has said to him that the only thing left for him to try, the only thing that might work, is Erbitux, which has been approved by Health Canada but is still under review in this province.

So Jim Leslie, a Toronto police officer who has been on leave from the service since 2002, and his wife are going to the States. They're going to have to purchase Erbitux in the United States, and they're going to have to

pay for treatment in the US. Some of his colleagues on the Toronto police force have held a number of fundraisers to raise money for him to do that, because it costs $15,000 a month for him to undergo the treatment, and he's going to need six months of treatment.

That's a really expensive proposition for Jim Leslie, who needs access to this life-saving drug. He needs access and can't get it because we don't have a system in place in this province whereby you can get an exemption under special circumstances—under life-saving circumstances—and actually get access to a drug that has been approved by Health Canada but still hasn't been approved through the drug review process here in Ontario.

If Jim Leslie were here, he'd say to me, "I don't know much about the LHINs, but I can tell you that I sure need this government to change its policy with respect to my getting access to cancer treatment drugs. I need this government to do something pretty dramatic pretty soon so that I can get coverage for Erbitux and don't have to bankrupt my family in order to do it."

He's not the only one. Just after we raised his case, we got a call and then a letter from a physician out of Ottawa, and Dr. McPhail has said we can use his comments. I just want to raise them here:

"As I write this, I'm a 68-year-old retired vascular surgeon with 35 years of experience as a medical practitioner and I am dying of cancer." This particular gentleman, Dr. McPhail, has multiple myeloma and requires Velcade, which again has been approved by the federal government but has not been approved here in Ontario.

In his letter, where he writes of his experience as a patient, he talks about finding out about his cancer in October 2002. He talks about his transfer to Princess Margaret, the additional treatment that was done, the bone marrow transplant that was done in 2003, the fact that he went into remission, but then, by Christmas 2003, the myeloma was back.

The first relapse began. He was back to Princess Margaret, involved in a randomized trial of an experimental drug in April 2004. He had to go between Toronto and Ottawa several times a month for that treatment. He recovered a little bit, but by fall 2005, the medication was starting to lose its effectiveness. He was discharged by Princess Margaret and is back in Ottawa for further treatment. He has been effectively told by the folks in Ottawa that he needs Velcade and that he needs it now. If he doesn't get it, he will not have longer than six months to live.

I just want to quote this: "I am fortunate. I have savings to deplete, a home I can remortgage, but there are many Canadians who do not have these options. As a cancer patient facing the end of my life, and as a physician with a full grasp of the clinical knowledge of what awaits in the months ahead, I have to ask, if Health Canada has approved Velcade, then why is the Ontario government refusing to fund it? ...

"Personally, I've devoted my entire working life to trying to make our public system work, but that public system is now utterly failing me and others facing the grim reality of cancer when we need it so badly. It is outrageous to force cancer patients to draw down their retirement savings in order to purchase essential drugs. My wife of 46 years will ultimately have to depend on what remains of these funds. And what of those patients who do not have the choice, those who lack adequate savings, who do not own a home, those whose life is literally more than they can afford? Cancer patients do not have the luxury of time to wait while another pre-election debate rages, while there remains no adequate pharmacare in place, and a $42-billion agreement signed a year ago between the Prime Minister and the provincial Premiers to 'fix' health care is not producing meaningful results, not at least for people like me."

I've got to tell you, neither will the LHINs produce the meaningful results that Dr. McPhail needs, or Jim Leslie or any number of cancer patients who were here last week. LHINs won't change this situation, because at the end of the day, it's government policy that is going to make the decision about who gets access to these services, not the LHINs.

Let me give you another example. There are many in Ontario who would like to use home care but can't because of the restrictions that were put in place under the former government that regrettably remain in place even though the Liberals promised in the last election to get rid of these restrictions to home care. There are two that I want to focus on, and I focused on these in health estimates as well.

Under the Conservatives, two changes were made to regulations for home care. One, a person is eligible to receive homemaking services if—and this is section 2 under regulation 386/99—"(a) the person requires personal support services along with the homemaking services."

What it means is a restriction on who is eligible to receive home care even when they need it. That restriction is that unless you can prove to the CCAC that you have a personal care need—that you need someone to come in and bathe you, for example—you are not eligible to receive homemaking services: help with laundry, help with cleaning, help with your dishes and help with your groceries. You can't receive any of that help, even if it would maintain you in your own home and allow you to live independently in your own home for a longer time, because one of the changes made by the Conservatives, and kept in place by the Liberals, was that you had to have a personal care need in order to qualify for both. That makes no sense.

The second restriction that was imposed by the Conservatives and remains in place under the Liberals is a maximum number of hours of homemaking and personal support services that you can receive. Under that same regulation, there is a restriction on the number of hours of homemaking that you can receive in a given 30-day period: 80 hours in the first 30 days that follow the first date of service; 60 hours in a subsequent 30-day period. For families, for example, that have special-needs children, who have a high level of care, that are trying to

keep those children at home, this restriction on home care fails them entirely, but it is a restriction that remains in place. It hasn't been changed by the Liberal government despite election promises to do so.

The end result, I can tell you, in our community when the changes were brought into effect was that hundreds and hundreds of primarily seniors—some disabled individuals—who were receiving home care services were arbitrarily cut off. Some of them could afford to pay privately to access the services; many could not. The upshot was that in our community, people who otherwise would have been able to live independently if they could have received the home care services they needed in the hours they needed them were forced into long-term-care homes prematurely because they couldn't pay for the services they really needed. That makes no sense.

Part of the debate here is talking about doing things more effectively. Looking for those changes, I have to tell you, the government could save a whole lot of cash if they just rescinded these two regulatory changes, and they don't need LHINs to do it. If this government actually lived up to the election promises it made to rescind these two regulations and provided homemaking services and home care services to seniors and the disabled when they needed them for as long as they needed them, they could save a very significant amount of money by forgoing the costs associated with those people having to move into long-term-care homes because they can't get what they need in their own homes and remain there and live independently.

I've raised this in the estimates committee. I've asked the government when they're going to make these changes. The changes still haven't been made. You don't need LHINs to make those changes. In fact, LHINs can't make those changes. If the government wanted to have some savings, wanted to keep people in their own homes longer, wanted to ensure that they remained in their own homes with some dignity, all they'd have to do is make those two changes, and home care providers would be able to support so many more seniors, so many more people who are disabled in their own homes, for so much longer and forgo the very expensive costs of long-term-care facilities. But those changes haven't been made, and those changes, which are required in policy, aren't going to be made under the LHINs. For those many people who contact my office to say that they can't get the home care they need for as long as they need it, LHINs aren't going to make one bit of difference in terms of their getting the health care services they really need.

Let me deal with the second point: people getting the health care they need when they need it. I said last week, and I'll say again here, that the ability of Ontario residents to get the health care services they need when they need them really is a function of a couple of things: first, availability of health care providers in the system itself, their sheer numbers, the human resources required to actually deliver the front-line services. Secondly, it's a function, for example, of the availability of operating times in hospitals. It's also a question of the availability of hospital beds, long-term-care beds and community services. It's the availability of all these things that make the difference between someone getting care when they need it and someone waiting for that care—and waiting a long time for that care.

1710

There's nothing in the LHIN legislation that is going to do anything to change that, because there's nothing in the LHIN legislation that speaks to what needs to be happening with respect to human resources personnel; there's nothing that deals with effective operating time in our hospitals; there's nothing that deals with more long-term-care beds or more community-based services. It's a function, again, of this government, its policies and the funding available for the system. Nothing in the LHIN legislation is going to change that, and yet in my community that's a really serious concern. Let me deal, for example, with what has been happening for well over a year now for people in our community who are in the hospital system because there is no bed available for them in the community, either in a long-term-care home or, frankly, no treatment or bed available for them in an addiction agency.

Well over a year ago, the Ministry of Health in our community had to put in place what is called a crisis one designation. This means that in our community someone who needs a bed in a long-term-care home has to go to the first available bed in the community, regardless of whether or not it's their first choice. What it also means is that if there is no available bed in the immediate community, that is, the city of Greater Sudbury, those patients who don't need to be in the hospital any more but who are waiting for a long-term-care bed can now be sent to Espanola or Manitoulin Island, and in about the last three weeks a decision was made to now send those patients, if they have to, to a long-term-care home in Parry Sound.

The family members I have talked to about this—there have been two in the last two days who have specifically called me about concerns because their parents are facing this issue right now. This is hardly health care when their parents need it. Their parents need to be able to move out of the hospital because the hospital is not the place for their needs to be met. They need to be able to move into the community, and they can't do that. There has been no long-term, comprehensive strategy to deal with this crisis, and it has been an ongoing crisis for a year. It's been a very public crisis for well over a year.

Last October, Pioneer Manor, which is a municipally run long-term-care home, in the face of this crisis and in the face of it becoming public went to the ministry and said, "We have space for 30 alternative level of care beds in our home. Can you make funding available for 30 alternative level of care beds? That will ease some of the pressure in the hospital, of those patients who are in the hospital and can't get out because they don't have a place to go." The ministry responded by funding 10 of those beds, even though the need was clear, it was for 30, and even though they had done more beds in Timmins and

even though it was very clear that those 10 beds were going to be filled up pretty quickly and that we were going to have an ongoing crisis. That's exactly what happened. The ministry funded 10 beds and the crisis hasn't gone away.

The crisis exploded in the media this summer and exploded in the media again in the last couple of weeks, because what's also happening is that many patients who are coming in for operations, those who live in the city and those who live outside of the city, are having their operations cancelled because there are no beds for them to go to when the surgery is complete.

Now we have the scenario that city council, in an emergency vote this week, is now trying to arrange a meeting with the Minister of Health to discuss what they are calling a crisis in long-term-care homes in the city. This comes on the decision that was made public a couple of weeks ago to now send long-term-care patients to Parry Sound if there was not a space available for them in our city. The city's delegation is supposed to consist of the mayor, David Courtemanche, and councillors Ron Bradley and Ron Dupuis. From Councillor Callaghan, who represents seniors' issues at council: "It's almost reached the absurd now," said Callaghan. "They're shipping people from Sudbury to somewhere else while they ship people from other places back into Sudbury. One of the goals of hospital restructuring in the province is to ensure that long-term-care resources would be improved, but I think it can be said this has not been the case."

We have a serious problem in our community. We've got any number of patients who for reasons beyond their control are going to be asked, and have been asked, and have been going to Manitoulin or Espanola and now Parry Sound for care in a long-term-care home. This is not service when they need it.

We have other people in the hospital who need addiction treatment, who need access to services in the community to deal with their addiction. There are not enough services in the community for that and there hasn't been an increase, except for a rate-of-inflation increase, in those services for far too long.

When you ask those families, "What do you need and when do you need it?" they say, "We need it now." But our ability to access the health care we need is directly related to a lack of available long-term-care beds, a lack of available addiction support services, and there is nothing in the LHIN legislation that's going to respond to that. They've got no authority to respond to that, no mechanism to respond to that. It is clearly a function of government policy, and this government has got to get its head around this matter and bring in some policy that's finally going to respond to this ongoing crisis in the community.

Let me give you another example. I raised it on Thursday and it's appropriate to raise it again. I said that people's ability to get the health care they need when they need it is also very much a function of the availability of the health care providers in the system. We had some examples last week—very public again—of crises happening in emergency departments right across the province. On Monday, November 21, the media made it very clear that a group of emergency room physicians was in the process of filing a complaint with Ontario's Ombudsman, Mr. Marin, that the government of Ontario is not living up to its responsibility to provide timely access to emergency care; namely, personnel and beds.

Dr. Brockway, a physician who works mostly in Woodstock but also at a number of other hospitals in southern Ontario, said the following in the Globe and Mail: "'The government is failing the people of Ontario by not providing timely access to emerg. care,' Andy Brockway said yesterday, 'and what we want the Ombudsman to do is to make the government live up to its responsibility.'"

The article cited four cases cited by Dr. Brockway in the last two months. Of two patients who came to emerg., one went home and died later that evening, and one was told that he was going to need surgery in a teaching hospital, but the hospital had no beds and the patient was sent home. Four days later he returned to emerg. and died.

There were two other cases where individuals came to the emergency department. One was very ill, too ill to be sent home. She did go home and came back in the morning, suffered a heart attack on the operating table, and is alive but on life support. A fourth arrived at emergency with chest pains. He came because he knew there was something wrong but could not be seen in a timely fashion and so has suffered more damage than he should have if access to life-saving care had been available when he needed it in that emergency room.

These are the four cases that I assume have already been provided to Mr. Marin.

The point that needs to be made is that the legislation that we're debating here today isn't going to do a thing for the five million Ontarians who access emergency rooms every year in Ontario. It's not going to do a thing. It's not going to change their ability to access life-saving care in the emergency department by one iota, because that is very much a function of government policies regarding emergency care and overall funding for the system.

It's interesting that Dr. Alan Drummond, who is the chair of public affairs for the Canadian Association of Emergency Physicians, on November 24 put a letter to the editor of the Toronto Sun and made it very clear himself, saying, "Make no mistake about it, the solution to ER overcrowding is purely political. The Ontario provincial government has the opportunity and the expertise to address ER overcrowding and solve it. They apparently have chosen not to do so....

"The Ontario Liberal government promised in its election platform to introduce 1,500 new acute care beds to restore system capacity. They have yet to do so.

"The Ontario government, within the framework of the national wait times reduction strategy, has had the opportunity to place a priority on the issue of ER wait times but has chosen not to do so.

"The Ontario government commissioned a study to address the issue of ambulance offloading in the GTA, which is another effect from ER overcrowding. Even though that study was completed in March, it is now November and the report has yet to be released; another questionable political decision."

1720

I raise this because, for those five million Ontarians who access emergency departments across the province every year, timely access to care is pretty critical. Frankly, timely access to life-saving care is urgent for them. ER wait times are not one of the five priorities of this government. If you look at the wait time strategy, the waits in emergency departments across this province aren't mentioned. They're not a priority. The government is not focusing on them. The government is not making significant changes to deal with them. I think that's clear both from what has been said by the emergency room physicians and the fact that they felt compelled to even lodge a complaint with Ontario's Ombudsman about Ontario's failure to provide timely care.

Is that going to change with this bill? Is there anything the LHINs can do about this particular situation? Regrettably, the answer is no. The answer is no: The LHINs aren't going to be able to do anything about what is going on in emergency departments. That's a function and a responsibility and a decision that has to be made by this government. Whether it's a decision about adding more beds to the system, like they promised in the last election campaign, 1,500 new acute care beds; whether it's a decision to add wait times in emergencies to the government's wait time strategy, which so far has not been done—the LHINs have absolutely no control over those issues. It's not their responsibility. They have no mechanism to deal with it. They have no decision-making authority to deal with it. It goes back to the government of the day.

For those folks who are waiting in emergency rooms, sometimes waiting for life-saving care and not getting it, the fact that we're dealing with this bill today isn't going to change their experience in the ER one bit. It's not going to make one bit of difference to their wait, to the wait of family members or to the wait of those five million other Ontarians who need to access and who do access care in emergency rooms across our province every day.

Let me deal with the third point that I raised: Patients want to get their health care as close to home as possible. Getting health care as close to home as possible really is a function of having the human resources available to give the care when that care is needed. Folks who are trying to get that care as close to home as possible really have to rely on whether or not there are the broad range of health care providers in the system as close to home as possible to provide them with the care that they need when they need it. Here again, the LHINs will have no opportunity, no ability to make any changes with regard to human resources personnel. Those are decisions that the ministry will continue to be responsible for making.

For those patients in my community, for example, who get discharged from hospital and who require physiotherapy care through the home care system and can't get it, there isn't anything that the LHINs are going to be able to do about that. That's a function of a shortage of physiotherapists in our part of the world. That's reinforced in Timmins; it's reinforced in Kapuskasing; it's reinforced across northwestern Ontario. The ability of those folks to get the health care they need as close to home as possible is a function of whether or not the health care providers are available. In that example in our community, physiotherapists, who people need after they have hip operations—there isn't anything the LHIN is going to be able to do about that. It's not going to change that one bit.

Secondly, let's deal with nursing services, because nurses in this province are on the front lines in our hospitals, they're on the front lines in our long-term-care homes, they're on the front lines in public health. They are an essential component of the health care system. Nurses have made it very clear that there is a shortage. They've called on this government to live up to the commitment that this government made in the last election when it promised 8,000 new, additional nurses during the course of its mandate.

I want to quote again some comments that were made by Linda Haslam-Stroud, who was at Queen's Park for a press conference on November 16. It was a press conference that focused on a report that was released by the Ontario Federation of Labour looking at health care providers in the province: the stresses they were under, the shortages they were facing, the concerns they had as professionals with respect to the kind of care they could provide to their patients. Let me just quote some of her speech she read into the record that morning, because it's very clear that this idea of needing more nurses is not one that's going to be able to be resolved by LHINs anywhere in the province. It is entirely up to this government whether or not they live up to the election promise they made, and it will then determine whether or not we have those nurses in those front-line places to actually provide the care they do want to provide.

Let me look at what Ms. Stroud, president of the Ontario Nurses' Association, had to say.

"I want to speak today about the impact of not enough nurses on patient care, on the health and safety of nurses who provide that care and on keeping our nurses in the profession.

"Every day nurses in Ontario face difficult conditions in their workplace: too few qualified front-line staff caring for sicker patients, with fewer resources. This is happening in our hospitals, in our nursing homes and in the community.…

"We all know that the current government came to power in this province promising to hire 8,000 new nurses.

"While the Minister of Health and Long-Term Care has made a series of one-time funding announcements for nurses, and the government says it has hired more nurses,

our nurses have not seen any significant improvements on the front lines in our workplaces.

"Neither the patients nor the nurses in nursing homes, emergency rooms, home care and public health units have seen more nurses to help them with excessive workloads.

"The government says it has created more than 3,000 full-time nursing positions. But a closer look reveals that 1,000 of these are three-month temporary contract positions in hospitals …. too few nurses and poor working conditions are burning out our profession and putting quality patient care in jeopardy.

"We as nurses cannot triage or reassess patients in the emergency department in accordance with the standards and more importantly in accordance with our patients' needs.

"We do not have enough staff to appropriately plan our patients' discharges so that they receive the follow-up in the community that they require and deserve.

"Public health nurses are striving each and every day to provide preventive care to the community. This includes our preparation for the upcoming flu pandemic. Our nurses tell me that they are not even able to provide minimal care for mandatory programs in public health, never mind trying to be proactive in assisting with prevention of disease.

"Our long-term-care nurses are left trying to coordinate and plan care for over 100 residents at a time.…

"Ontario's lack of nurses not only means stressed-out, burned-out nurses, it means that when Ontarians need quality care, it is being compromised.

"In a province like Ontario, it's a disgrace that the nurse-to-patient ratio has fallen to the second lowest in the entire country."

I raise those comments because, as I said earlier, people's ability to get care as close to home as possible really is directly related to those health care professionals who are available in place to provide it. The president of ONA just 10 short days ago made it really clear that nurses in this province have not seen a change in their workplaces and don't feel they are in a position to provide the quality care they want to. They are very concerned about what's happening in all the workplaces where they provide care, and they are very concerned that they haven't seen, and neither have their patients, an increase in those health care professionals, those other nurses, who are desperately needed to provide care.

Is the bill we are dealing with today going to change any of that? Is it going to allow the LHINs to make more nurses available in our long-term-care homes, in public health, on the front lines in the hospital system? No, the bill will not do that at all. It goes back to the government to make those decisions, to see that those kinds of things happen. The LHINs have no say, no ability, no mechanism to do any of that.

1730

Let me deal with long-term care, because also last week the Ontario Association of Non-Profit Homes and Services for Seniors was here. They were joined by a number of seniors' groups at the press conference, including Canadian Pensioners Concerned, Concerned Friends of Ontario Citizens in Care Facilities, the Ontario Association of Residents' Councils, Ontario Society of Senior Citizens' Organizations, and United Senior Citizens of Ontario. They were here because they made it very clear that despite the funding announcements that have been made by the government, the actual increase to base budgets of long-term-care homes, which would allow them to increase staff and subsequently enhance care to the residents whom they are trying to serve—the actual amount of money that's gone into the base budgets—is far less than what the government has announced: about $144 million versus an announcement that was over $400 million.

They came to make that very public because they are very concerned that those residents whom they are trying to look after can't get care that they need when they need it and as close to home as possible, because there just aren't the staff in long-term-care homes to allow that to happen. Their staffing levels are directly related to the amount of money this government provides for them to be able to enhance patient care.

Donna Rubin, who is the executive director, made it very clear that as a result of the difference between what the government has announced for long-term care and what has actually gone into base budgets to allow for an increase in staff, residents are falling further and further behind. She said,

"Residents now receive just over two hours of nursing and personal care over a 24-hour period. OANHSS believes that this level is unacceptable and should be closer to at least three hours;

"More personal support workers are needed. Currently, these front-line staff each care for about 10 residents, and they are stretched to the limit trying to meet residents' basic needs;

"Homes are not able to provide anywhere near the level of rehabilitation and restorative care that residents need"; and finally,

"Only a small fraction of residents currently receive professional mental health services, even though 65% have Alzheimer disease or some other form of dementia."

Is the bill that we're dealing with today, the bill that's before this Legislature, going to change any of that? No, it's not, because the LHINs have no responsibility in this regard. The LHINs have no ability to ensure that the funding that was promised by the government actually gets to long-term-care homes so that they can hire the staff that they need to enhance the quality of care for residents. It's not in their mandate; it's not within their ability. So those folks in long-term-care homes who really were looking forward to increased care as a result of increased staffing aren't going to see any of those changes when the LHINs go into effect. That's directly related back to government policies about who's going to get money and how much money is actually going to be flowed. Make no mistake about it.

In my neck of the woods, those folks who want care as close to home as possible are particularly concerned

about the size of the LHINs. In our LHIN geographic area, there are at least four major regional hospitals and then there's a smaller community hospital in Parry Sound, so five hospitals in the geographic LHIN area that we're already dealing with. People's ability to get health care as close to home as possible really is a function of where those resources are allocated for that care. That's the same whether you're talking about a cancer treatment centre, whether you're talking about dialysis, whether you're talking about long-term care etc. Most people, I think, when they are ill, want to be as close to that support network as they can, and many times that's in the community where they're from.

When patients in our part of the world hear terms like "consolidation" or "integration" and they hear that LHINs are going to be given the authority to integrate programs and services, and then they take a look at our LHIN boundary, the reaction from our part of the world is people, patients, seeing a future where the health care services they need are going to be centred in a big community versus a small, or they're going to be in a regional hospital at the expense of a community hospital, and they are going to be left to be travelling long distances in order to get the care that they need. I can tell you that that concern in northeastern Ontario is a concern that has been shared with me in northwestern Ontario as well, where people hear talk about consolidation and integration and see Thunder Bay, with its regional hospital, as now becoming the centre for all kinds of hospital services, at the expense of people who live in smaller communities and who now are now currently able to access services in some of those smaller communities.

I know the minister has talked about the consolidation of backroom services. But I was at a press conference that the minister was at a number of months ago where he wasn't just talking about access to backroom services and consolidation of backroom services; he was talking about—well, he used the example of cataract care. He referenced specifically eye care in Toronto and said it didn't make sense for any number of hospitals to be providing cataract care, eye surgery, when you could do that perhaps at one facility. You could increase volumes, and you could shift that work that was being done from other hospitals into either a single hospital or, in this case, he was essentially talking about a new facility where that would be done. We're not just talking about some backroom services, even though the minister has referenced that today. He was very clear to talk about cataract surgery.

When I look at the part of the world I come from, and when I look at the fact that in my LHIN there are at least four hospitals—five: a community hospital in Parry Sound—I say to myself, "Well, is what's going to happen here that the LHIN is now going to go out and decide that we're going to consolidate cataract surgery at, for example, the Sudbury Regional Hospital in my community?"

To have increased volumes, we're going to shut down the cataract surgery that's being done, for example, in Sault Ste. Marie, Timmins or North Bay, and we're going to centre all that in Sudbury. People from across northeastern Ontario already come to Sudbury. For cardiac care, trauma, cancer and neonatal services, they come to the regional centre.

Do I think that people from northeastern Ontario who can currently get cataract surgery in their own community should have to come to Sudbury too? No, I do not, even though our community might benefit from that. I don't think so. I don't think people should have to travel three and a half hours from Timmins to come to Sudbury. I don't think they should have to travel four hours from the Soo to come to Sudbury, one and a half hours from North Bay or two hours from Parry Sound to access that type of surgery if those services are currently available in their hospitals. I don't see the fairness in that. I don't think that makes any sense.

I think people in northeastern Ontario are travelling far enough and long enough to access services at the regional centre. They shouldn't be asked, and they shouldn't be expected, to travel even more because the LHINs are going to consolidate some of these services in one particular centre. That comes at the expense of their community hospitals. That comes at their expense when they have to be on the road far from home, trying to access health care services out of their community. When we see consolidation, when we see integration and when we look at the LHIN boundaries, that's exactly what people from our part of the world are concerned about.

They have similar concerns in northwestern Ontario when they look at Thunder Bay and think that the LHIN is going to be responsible for determining how many services can come out of community hospitals in Red Lake, Fort Frances, Dryden etc. to be centralized in Thunder Bay so that they have to travel even farther and even longer for services that they can now access in their community.

I'm not going to be in favour of that, and I come from a community that might benefit. I say that because it's hard enough now for people to travel to Sudbury from northeastern Ontario for their services. We should not be asking and indeed we should not be expecting or wanting them to have to come to Sudbury even more for other services that the LHINs might want to centralize at the regional hospital.

The final point I want to make with respect to all of these services—because I've talked about people wanting the health care services they need, when they need them, as close to home as possible—also has to do with the patient's desire to have continuity of care when they can actually access that care.

If you look at the health care system, there has been nothing that has been more disruptive to patients with respect to continuity of care than the cut-throat bidding process we have seen in home care that was instituted under the previous Conservative government and has been kept in place under this government. There has been nothing more disruptive to patients than this particular process. Patients who have been involved with particular

caregivers through home care develop a very trusting and intimate relationship with those caregivers, and there is very significant upheaval for those patients when contracts in home care have changed.

1740

My very significant concern, as I look at this legislation and recognize that at some point in the future funding will be devolved to LHINs to purchase or acquire or get or obtain services at the local level, is that if the model the LHINs use is the competitive bidding model out of home care, then we will see massive disruption of patients and massive disruption to their services at the local level. If the LHIN decides, for example, with respect to community mental health services in my community, that instead of having a number of agencies continue to provide community-based mental health services, they are going to put out an RFP in order to have one agency deliver those services—if that's the model that's used—I can tell you that there will be massive disruption to clients, there will be significant loss of employment to those agencies that now deliver care and, just like the example in home care, you will see a driving down of the wages and salaries in that sector and you will also see an increased shift to private, for-profit agents of delivery, just like you have seen in home care.

Let me give some examples with respect to what has happened in home care in terms of contracts lost. This report goes back to February 2004. "Competitive bidding has resulted in massive and regular disruption of continuity of care. The impact of competitive bidding on the continuity of care for users of the system cannot be overstated. Each time a contract is lost, clients face a change of caregivers and the manner in which their services are delivered. Instability in the sector contributes to poor working conditions and means care workers are leaving the sector, exacerbating poor continuity of care. Competitive bidding has a disruptive and turbulent impact on the continuity of care received by care recipients. In recent months, over 22,000 clients have been affected by the loss of contracts through competitive bidding: 600 in East York, 1,700 in Niagara, 1,300 in Ottawa, 15,000 in York region, 1,200 in Kingston, 2,700 in Sudbury-Manitoulin, 1,000 in Wellington-Dufferin."

Frankly, in the case of Sudbury-Manitoulin, when the VON lost the contract to Bayshore—they lost the contract because the CCAC at the time said the benefits package for the VON was too expensive—not only did they lose the nursing contract they had, but because that nursing contract was a significant portion of their overall work in the city, they ended up going down altogether. So a not-for-profit community organization that had been providing services for over 80 years in our community was lost entirely. That was a great loss in our community.

It's very clear that there's disruption to clients through this process, and it's very clear that competitive bidding in home care has resulted in major disruption to thousands and thousands of clients across the home care system. But that's not the only disruption there has been. There has very significant disruption to workers themselves through this process. For example, the Ontario Community Support Association reported that, prior to the introduction of competitive bidding, there were 24 small, non-profit agencies servicing local markets in Ontario. Only three are left today. There has been a major downsizing in terms of the support staff they were providing to go into the homes of clients to provide home care services.

There have been a number of dislocations of other workers as well. Let me give you a snapshot of some of these. In Haldimand-Norfolk, the nursing contract was lost by the VON to Comcare, resulting in the layoff of 140 full-time and part-time nurses and nurse practitioners by the time the contract ended in October 2004. In Brant in the summer of 2004, a contract held by the Red Cross for more than 50 years was lost to Comcare, resulting in 115 full- and part-time workers being laid off.

VON and SEN have lost contracts in Niagara Falls to care partners in Saint Elizabeth Health Care, with at least 110 VON nurses and an estimated 50 SEN nurses being laid off by their contract's end in September 2004. VON had provided service in the area for 85 years.

The Visiting Homemakers Association, VHA, health and home support, laid off 200 nurses and home workers in Ottawa in August 2004 when they lost their contract. They had been providing services in Ottawa for nearly 50 years.

In August, Community Care East York lost its contract to VHA Home HealthCare and Spectrum, affecting 50 to 70 staff. They had been providing service for 20 years.

Kingston VON lost its nursing contract to ParaMed, Allcare and Red Cross, forcing it to lay off at least 70 staff in April 2004. VON had provided community nursing in the area for over 100 years. In the same community, Allcare staff was laid off when their contract was lost to the Red Cross and ParaMed.

Not-for-profit SEN Community Health Care in Hamilton lost its Halton and Niagara contracts in March to Windsor-based for-profit Care Partners, which had no history in the Niagara-Halton region.

Then there's the VON in Sudbury, and finally, in December 2004, Community Home Assistance to Seniors—CHATS—lost their personnel support contract in York region, forcing the layoff of 350 home care workers.

A cut through a bidding in home care has had a really significant negative impact on clients. It's had a really significant impact as well on those home care providers providing service. If that's the model that we're going to use through the LHINs in the community as they purchase, obtain or get services at the local level, I can tell you, the destruction that we've seen in one small sector will be magnified a thousandfold across the entire health care sector.

It's not only that, because what has happened with the opening up of home care to competitive bidding has been a significant shift in the makeup of home care in Ontario.

We have moved essentially from a system where most of the providers in the system were not-for-profit providers to a system where now, at least as of 2001, almost 50% of those providing care and home care are for-profit agencies. Let me just give you a little bit of background:

"Prior to the introduction of competitive bidding, the home care sector was served predominantly by not-for-profit agencies with deep roots in the community and a long tenure of operation, in some cases lasting more than a century. The introduction in 1996 of competitive bidding has transformed the culture of the sector resulting in an influx of the for-profit home care industry. Over time, small, community-based agencies have lost contracts to larger for-profit as well as non-profit companies. The culture of the home care sector has changed due to the expansion of for-profit companies and the consolidation of the 'market' in the hands of a few large providers creating a market oligopoly. Now, large companies, for-profit as well as not-for-profit, travel around the province making bids to secure market share. These corporations often do not exist in any tangible way in the communities they seek to serve."

That was certainly the case when Bayshore applied for the nursing contract in Sudbury. They didn't even have an office in our community, not to mention not having any staff in the community either.

"Not-for-profit providers have been forced to emulate for-profit providers in order to compete and have adopted a number of negative practices.

"The most reliable and recent figures show that the percentage of home care nursing market share provided in Ontario by for-profit service providers increased from 18% in 1995, two years prior to the introduction of competitive bidding, to 48% in 2001."

Given the examples that I've used with respect to changes in contracts where many for-profit agencies won those contracts, I suspect the composition is even higher now in terms of for-profit service providers in the system.

When the for-profit providers are in the system, it means funding that should be going directly into home care, into patient care, instead has portions of that money diverted to the profits of the home care providers. This government, which has talked about wanting to stop the creeping privatization of health care services, has not changed the Conservative position with respect to cutthroat bidding in home care. Indeed, cutthroat bidding remains in Ontario, first under the Conservatives and now under the Liberals. You would think that the government, which claims to be concerned about creeping privatization of health care, would be concerned about the increasing privatization of home care and the fact that so much of the money that should go to patient care ends up being diverted into the profits of these providers, but the government has done nothing about that. I tell you, if the home care model, the cutthroat bidding home care model, is applied to the LHINs, if that's the model they use for the disbursement of funds, we haven't seen anything yet in terms of disruption to clients, disruption and loss of workers, driving down of wages and salaries of workers in that sector, and increasing money that should be going into patient care instead being diverted into the profits of those for-profit providers.

1750

The legislation is silent on what mechanism the LHINs are going to use in order to make decisions about purchase or acquisition of services. I raise this concern because we've already seen what's happened with respect to home care. Any model that emulates that at the LHIN level, for a broader basket of health care services, for a broader range of health care services, will be absolutely devastating to clients in the system, to workers in the system, and it will certainly end any effort by the government to stop creeping privatization. On the contrary, you'll see greatly increased privatization.

As I wrap up, let me go back to what I said at the beginning, that patients watching this really are concerned about a couple of things: They get the health care they need when they need it, as close to home as possible, and that there is continuity with respect to that provision of care. The health care they need, when they need it, how they get it and continuity are direct functions of the pool of money available for health care and the government policies that affect the provision of the same. There is nothing, absolutely nothing, in the LHIN legislation that's going to change any of that.

The Acting Speaker: Questions and comments?

Hon. Mr. Smitherman: To anyone who has just tuned in for the last hour here at Queen's Park, I just want to let you know, that Fear Factor is still running in its normally scheduled time. What you had was the NDP version of Fear Factor. The NDP version of Fear Factor could be wrapped up in a couple of other words: It's called the status quo.

For an hour there, an honourable member has chosen, instead of actually addressing the heart of the bill and addressing the idea that what we're doing is taking a whole lot of power that's currently exercised here at Queen's Park, taking that power and giving it to people at the community level—not on the view that the NDP panacea will ever hold true. The NDP panacea: their every day, everything that they do is based on this one simple—to them, at least—thing, the idea that there will always be an endless pot of money. It's the NDP end of the rainbow. It's a pot of gold, just in time for Christmas. This is what the New Democratic Party is offering.

Unfortunately, the member goes to such extraordinary efforts to try and sow fear amongst Ontarians that she does nothing to recognize the fundamental power and capacity to contribute that Ontarians have on offer. At the heart of this bill is a sense of optimism that cannot be found anywhere in today's NDP, an optimistic view that when people of good conscience, with commitment to community, come together, they can find within them the capacity to do things differently, and that "differently" doesn't need to mean worse.

The honourable member talks about changes, and she says change is bad. She wants the status quo, but at the same time Ontarians have told us that the status quo is

not getting the job done. When the people in northwestern Ontario seek to grapple with the wait times challenges that they have on hips and knees, it doesn't mean that they consolidated all services to Thunder Bay Regional; rather, they got Dryden involved in the act of actually performing hips and knees. This is the capacity of community to unlock good solutions, and that's what LHINs are about.

Mr. Robert W. Runciman (Leeds–Grenville): I didn't agree with everything that the member for Nickel Belt offered in this debate this evening, but I think the main theme, as I understood it, that patients want the service when they need it and where they need it, was an important one and certainly one that I agree with.

The minister talks about the fear, and I think there is a legitimate right to be concerned about this legislation on the part of people who will require health care services in this province in the future. I think there are a lot of question marks surrounding this legislation, unanswered questions. The member talked about certain elements of the legislation being silent, the purchase and acquisition of services, but there are many other, to say the least, grey areas. I think it is a legitimate concern.

If you look at a particular service, and I'll use my riding as an example, Prescott looks to Brockville General Hospital for a variety of services. If in that community, in that area, those services are deemed to be ones that will be centralized out of Belleville, for example, it's an hour-and-a-half to a two-hour drive in good weather. They don't talk about those kinds of decisions, which potentially and in reality will be taken by the local health integration networks.

The problem: We talk about people watching this. I doubt that too many people are watching it, and of those who are, how many will really understand what LHINs are all about? I call this legislation a bit of a stealth bomber, because if you look at when this is actually going to start to impact the residents of this province, it's not going to be until after the next provincial election. That's when we're really going to see the impacts start to flow across the province, and that's certainly regrettable. They can continue to fool people with respect to the beneficial impacts without talking about the negative impacts.

Mr. Wayne Arthurs (Pickering–Ajax–Uxbridge): It's a couple of minutes before we adjourn for the day, I suspect. The whole discussion is around having service where and when they need it. I'm going to take two examples over the past year.

About a year ago, there was a mother who had been hospitalized for some treatment for an extended period and was in a position to go home, but needed to have a treatment called VAC—vacuum assisted closure. I don't know how the technology works particularly, but I get the idea that this mechanism allows people to be serviced more effectively, in the hospital or the home, to allow the wounds to cleanse more effectively and to close up quicker, and people to be back on their feet. Unfortunately, she was in the hospital and they couldn't send the vacuum they had at the hospital home with her, so she couldn't go home. Thus, they turned to the CCACs, but they didn't have enough of the units available to provide her with the service, so she had to stay in the hospital. The CCACs weren't talking to each other in the capacity to borrow one from the other effectively. As a result, the media got involved. She was stuck in the hospital. With the media engagement, they found a solution. That was pre-LHIN, pre-engagement of the public.

Recently, I sat in on a meeting, for the first time ever in my time in public life, in which we had three hospitals, the CCAC, a range of political folk and some other community organizations talking about how these community organizations and hospitals were going to begin to work more effectively together. They were laying out some things they were already doing, some back-office activity for efficiencies, beginning to put together communication networks that didn't exist. But it was a clear indicator that things like the CCACs and hospitals were going to be talking, needed to talk and understood the need to talk, but they needed the LHIN framework to make them do that, to encourage them and provide the mechanism for them to be able to achieve those results.

Mr. Norm Miller (Parry Sound–Muskoka): It's my pleasure to add some comments on the speech made by the member for Nickel Belt to do with LHINs, the local health integration networks. My concern with the LHINs relates to my own riding. We have a unique situation where the two CCACs—community care access centres—that service most of the riding are integrated into the hospitals.

I was in Mattawa, touring the hospital there, and I might add that Mattawa is desperately in need of a new hospital and they're waiting for the government to act on starting their new hospital. There I met with the board of the Mattawa hospital and they advised me that if you want to look at the integration of health care services, you should look at the model in Parry Sound, because in Parry Sound you have the hospital, long-term care and the CCAC all integrated together in one unit, and that really works in rural Ontario.

I hope we don't lose that integration with this new LHIN model we're moving toward, which is supposed to be bringing decisions closer to the community, more to the local level, yet in the Parry Sound side of the riding, we will go to a local health integration network that goes from Parry Sound to James Bay. It's just an immense area. So I am concerned about losing the model we have in Parry Sound–Muskoka.

On the Huntsville-Muskoka side, we have what's now the Muskoka-East Parry Sound health service. Once again, we have the CCAC connected to the hospital board and long-term care all integrated. That's a model that seems to be working very well in our area. I think it's one the government should be expanding across the province instead of this model of these huge LHINs they're talking about.

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

Ms. Martel: Thank you very much, Speaker. I know it's late.

Let me go through this again. For those Ontarians who think that the access to health care they need is access to a chiropractor or an eye exam or a schedule for a physiotherapy clinic, is the LHIN going to do anything about that? No, they will not.

For the cancer patients who were here last week trying to get access to life-saving drugs, is their LHIN going to do anything about their access to life-saving drugs? No, the LHIN will not.

For those many seniors who need home care but need the government to lift the restrictions on hours of care and what kind of services can be obtained, will the LHIN in your community do anything about that? No, it will not.

For those folks who are backed up in the ER, who need life-saving treatment in the ER, is the LHIN going to be able to do anything about them getting life-saving treatment?

Mr. Richard Patten (Ottawa Centre): Of course.

Ms. Martel: Of course the LHIN will not.

For those seniors in long-term-care homes who need more personal support workers, who need access to behavioural management, who need access to services regarding dementia, will the LHINs be able to provide those services? No, they will not.

For the many patients in hospitals, in public health units, in long-term-care homes, who need access to a front-line nurse and can't get that access, are this legislation and the LHINs going to be able to do anything about that? No, they will not.

For people in my community who are stuck in the hospital getting care they don't need, unable to access a long-term-care bed or addiction services, is the LHIN in my community going to do anything about that and respond to their need? No, the LHIN is not.

For all the examples, the reason the LHIN will not is because, at the end of the day, no matter how much the minister and Liberal members want to pretend, getting service you need when you need it is a function of the pool of money that's available for health care and government policy, and the LHINs have nothing to do with either of those.

The Acting Speaker: It being past 6 of the clock, this House stands adjourned until tomorrow at 1:30 p.m.

The House adjourned at 1803.

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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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CONTENTS

Tuesday 29 November 2005

TABLE DES MATIÈRES

Mardi 29 novembre 2005