



No. 28A

N° 28A

ISSN 1180-2987

Legislative Assembly
of Ontario
Second Session, 38th Parliament

Assemblée législative
de l'Ontario
Deuxième session, 38^e législature

**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 5 December 2005

Lundi 5 décembre 2005

Speaker
Honourable Michael A. Brown

Président
L'honorable Michael A. Brown

Clerk
Claude L. DesRosiers

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**

Monday 5 December 2005

**ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO**

Lundi 5 décembre 2005

*The House met at 1330.
Prayers.*

**INTRODUCTION OF MEMBER FOR
SCARBOROUGH–ROUGE RIVER**

The Speaker (Hon. Michael A. Brown): I beg to inform the House that the Clerk has received from the Chief Election Officer and laid upon the table a certificate of the by-election in the electoral district of Scarborough–Rouge River.

The Clerk of the Assembly (Mr. Claude L. DesRosiers):

“Mr. Claude DesRosiers
“Clerk of the Legislative Assembly
“Room 104
“Legislative Building
“Queen’s Park
“Toronto, Ontario
“M7A 1A2

“Dear Mr. DesRosiers:

“A writ of election dated the 26th day of October, 2005, was issued by the Honourable Lieutenant Governor of the province of Ontario, and was addressed to George Tang, returning officer for the electoral district of Scarborough–Rouge River, for the election of a member to represent the said electoral district of Scarborough–Rouge River in the Legislative Assembly of this province in the room of Alvin Curling who since his election as representative of the said electoral district of Scarborough–Rouge River has resigned his seat. This is to certify that, a poll having been granted and held in Scarborough–Rouge River on the 24th day of November, 2005, Bas Balkissoon has been returned as duly elected as appears by the return of the said writ of election, dated on the second of December, 2005, which is now lodged of record in my office.

“John L. Hollins

“Chief Election Officer

“Toronto, December 5, 2005.”

Mr. Balkissoon was escorted into the chamber by Mr. McGuinty and Mr. Bradley.

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): Speaker, I have the honour to present to you and the House Bas Balkissoon, member-elect for the electoral district of Scarborough–Rouge River, who has taken the oath and signed the roll and now claims the right to take his seat.

The Speaker: Let the honourable member take his seat.

Applause.

MEMBERS’ STATEMENTS

NUCLEAR POWER FACILITY

Mr. John O’Toole (Durham): The citizens of my riding of Durham and Clarington are riding a roller coaster of speculation about possible expansion of the Darlington nuclear generating station.

First, there was a Broadcast News report on December 1 that said there’s word the inaugural groundbreaking for “an expansion of the Darlington nuclear site” could start very soon. However, a report in Clarington This Week on November 25 quoted an energy ministry spokesperson as saying, “It’s premature to assume there will be a new nuclear plant, let alone where it will be.” In another article on December 1, Clarington Mayor John Mutton was quoted as saying, “(More reactors) in Durham region will be the single most prolific economic development Durham region has seen for some time.”

Many of us had hoped that the future of Darlington’s new reactor would be clarified when the OPA report was made public on December 1. However, now we learn that the supply mix report from the OPA will be delayed until December 9.

I hope the speculation about the nuclear station proves to be true. Our community is the powerhouse of Ontario. We have a skilled workforce, a viable site and a growing educational resource for the energy sector at the University of Ontario Institute of Technology.

Durham region and Clarington council have both passed support for the capacity expansion at Darlington. However, our community needs a more definitive response from this government. We’re asking the Premier for certainty and leadership on this and a number of issues. Please provide a clear timeline for announcements on the future of Darlington. This will ensure everyone is kept informed and in the loop. I’m simply asking for clarification on an important issue for my riding under this government and that it’s seen to be forthcoming.

1340

ALLAN WATERS

Mr. Tony Ruprecht (Davenport): I would like to commemorate the passing of a true pioneer in the Canadian broadcasting industry, Allan Waters. I hear he died peacefully in his sleep in the hospital on Saturday morning, surrounded by family, including his wife of more than 50 years, Marjorie.

Allan Waters was a trailblazer in the broadcast industry. Waters began his broadcasting career in 1954 when he bought 1050 CHUM in Toronto, which went on to become Canada's first Top 40 radio station. He was on the CHUM board of directors until October, after half a century in the broadcasting industry. He also served as chairman and president of CHUM until 2002.

This past half-century has brought many innovations in broadcasting and the popular media. From the original radio shows like *The Shadow*, which aired until 1954, to the ever-popular *Hockey Night in Canada* and now on to the Internet, the format of broadcasting has evolved with the times with people like Allan Waters at the helm. Allan not only embraced the radical changes and innovations in media over the past half-century; he led them. He was at the forefront when he took CHUM from radio to TV, then into specialty channels.

Needless to say, his great success has been admired by many, if not most of all by his son Jim, who is now the chairman of CHUM.

GOLDEN HAWKS FOOTBALL TEAM

Mrs. Elizabeth Witmer (Kitchener–Waterloo):

Today is a proud and happy day in my community of Kitchener–Waterloo as residents savour Saturday's victory for our Golden Hawks. I want to extend on behalf of the province our sincere congratulations to the Wilfrid Laurier University Golden Hawks football team, who won the 2005 Vanier Cup this past Saturday at Ivor Wynne stadium in Hamilton.

Saturday's game marked the first match-up in history between the Golden Hawks and the Saskatchewan Huskies, and the Hawks defeated the Huskies 24-23 in what can only be called a very, very thrilling game. With Saskatchewan up 23-15 in the fourth quarter, Laurier scored a touchdown with only two minutes and 53 seconds left, cutting Saskatchewan's lead to only 23-21. And with only 19 seconds left, the Golden Hawks booted a 32-yard field goal, sealing Laurier's victory.

I want to congratulate the Golden Hawks quarterback, Ryan Pyear, who was named most valuable player and who completed 20 of 30 passes for 254 yards and three touchdowns in Saturday's game.

The game was a great end to a great season. Laurier went into the Vanier Cup game having won all 11 of its games and has now ended the season undefeated. This victory is proof that hard work, practice, persistence and teamwork do pay off. So on behalf of everyone, I say congratulations to our Golden Hawks on a great season.

DAVID HILLEN

Ms. Andrea Horwath (Hamilton East): The city of Hamilton lost a legend last week. Hamilton champion David Hillen passed away at the age of 64 on November 26. A city builder, teacher, mentor and communicator extraordinaire, David was a beloved member of our community. His regular columns in the *Hamilton Spectator* consistently extolled the virtues of our city, especially

Hamilton's downtown, where David and his wife, Janet, made their home. On behalf of this Legislature, I extend our condolences to Janet and family.

David was a positive presence in everything he did. As an English teacher, he inspired his students to be bold, creative and independent thinkers. As a poet and writer, he engaged us with his gift of words and delighted us with his talents.

As a role model and volunteer, he was a champion of bringing people together and undertaking important community projects like the "Cannon-Can" Street beautification project. I'll never forget the day he approached me with this great idea to metamorphose this residential pocket of a largely industrial-type section of street into an oasis of greenery and blooms. He managed to pull together the volunteers, the donations of plants and materials, and the goodwill and spirit. I took care of making sure the city was a partner.

That first summer, the weather was perfect, and the project was a great success. If in the summer you drive down Cannon Street in Hamilton between Mary and Catherine and see an oasis, you'll know it was David's doing.

David always drew out the best in people. The passion he had for the downtown and its wonderfully diverse and complex neighbourhoods was something that made us quick allies and friends.

A passionate community and family man, David Hillen will be greatly missed. I am proud to have known and worked with David as a friend and colleague. Our city is much better for having been touched by this wise and gentle man.

FERRIS LIONS CLUB

Ms. Monique M. Smith (Nipissing): On this, the International Day of the Volunteer, I'm pleased to advise the House that on Saturday, November 26, I was delighted to join members of the Ferris Lions Club and other local Lions Club members as we celebrated the 50th anniversary of the Ferris Lions Club.

President Don Beddage welcomed members from our entire district as we celebrated 50 years of community service. This club has contributed tremendously to our community and internationally by providing bursaries to our high school students, funding to our Girl Guides and Boy Scouts, and by their focused attention to eye care, both locally and internationally.

Recently, this club partnered with another club in Sri Lanka in an effort to help with tsunami relief. The Ferris club raised \$50,000 in our community, and with those funds has sponsored the construction of 10 family homes in Sri Lanka. The 10th is being completed as I speak. What a great way to celebrate their 50th anniversary.

At the celebration on the 26th, Dr. Yosh Kamachi received the Helen Keller Award for his untiring service and for living the Lions' creed: service to others.

As well, the Lions who were gathered were advised that the area Lions Clubs had so far raised \$180,000 toward their \$250,000 commitment to the new North Bay

Regional Health Centre, which should have shovels in the ground this spring.

Congrats to Lion Don, Lion Yosh and all the Ferris Lions for all your hard work and community service to our area, our province and around the world over the last 50 years, and here's to 50 more.

GEORGE PETRUNAS

Mr. Cameron Jackson (Burlington): It is with great sadness that I rise in the House today to pay tribute to my friend George Petrunas of Burlington, who passed away at the age 50 on Thursday, after waging a courageous 10-year battle with multiple myeloma cancer.

Those of us who were privileged to know George appreciated him greatly for the kind-hearted gentleman, loving husband and adoring father that he was. A tireless volunteer, he gave so much of himself to his community, especially through his participation on the St. Mark's school parent council, and to thousands of young people as a convener and coach for the Burlington youth soccer club and MBAB basketball. His team members always looked to George for the tremendous example of the great sportsman and dedicated citizen that he set for them and for which they will always remember him.

When George was diagnosed with cancer, he responded to it as only George knew how: He was going to fight it every step of the way. And fight it he did, as the editor of the multiple myeloma newsletter and as an active lobbyist for coverage of the cancer-fighting drug Velcade under the Ontario drug benefit program. In September, with his strength failing, George insisted I bring him to Queen's Park to attend a meeting on Velcade coverage. Toward that end, George wanted this drug to be available to all suffering from multiple myeloma in our province.

On behalf of my leader, John Tory, and all members of the PC caucus, I wish to extend our heartfelt condolences to George's wife, Lidia, his children, Michael and Amanda, and his many relatives and friends at this difficult time. May God rest the soul of a great and beloved man who was also a courageous hero to all of us whose lives were enriched for having known him as our friend.

VOLUNTEERS

Mr. Ernie Parsons (Prince Edward–Hastings): As we approach a holiday season that is renowned for family time and joy, we need to recognize that for many in our community, this is a time of challenges and stress. Christmas can be perhaps the most difficult season for many.

As I think of my community, there are families that will not have the capability of buying toys for their children. Volunteers from the firefighters, Belleville professional firefighters, have come forward and run a toy drive each year to address those needs.

There are children in our community who do not have winter clothing. Volunteers from the police and the

media have come forward and purchased clothing each year, with support from the public.

There are individuals who will spend Christmas Day alone, perhaps in their home with no family. A number of churches—the Salvation Army—volunteers there have sponsored dinners on Christmas Day to ensure that these citizens are not only fed but have fellowship with others.

There is a shortage of food in some homes. Volunteers who operate a food bank on a year-round basis ensure that people in our community have food to eat.

For those who have lost a loved one over the past years, this can be a very, very difficult time of year. Yet, there are those in our community who provide counseling and support through this very difficult season.

There are those who want to party but want to do it in a safe way. Volunteers operate Operation Red Nose to ensure that everyone in our community remains safe during the season.

On this, the International Day of the Volunteer, on behalf of this Legislature, I would like to thank the volunteers in my community and in this province for the difference they make. I cannot imagine our province without them.

1350

CITY OF CORNWALL

Mr. Jim Brownell (Stormont–Dundas–Charlottenburgh): Last evening, I attended a special event in the city of Cornwall. The dramatic reading of CBC Radio's A Christmas Carol performed by the St. John's Presbyterian Church was a tremendous success. I congratulate producer Kathleen Hay, director Ron Sullivan and all the performers and volunteers who dedicated their time and energy to provide this delightful event to the people of Cornwall and area; an event whose proceeds supported the Cornwall Community Hospital Foundation.

I also wish to extend my pride in the people of Cornwall. Despite the hard times they are facing, they embraced this community event, filling the church to capacity. With this and similar actions, the people of this city are voicing their message that the spirit of community and co-operation that has always been the hallmark of Cornwall will go on.

I thank this government for its commitment to support the city in this. As Kelly Egan, a reporter from the Ottawa Citizen familiar with Cornwall, wrote in an article on Sunday: "Cornwall is a cool place. I don't care what anybody says ... the loss of 900 jobs ... will not kill the city, for Cornwall is too resilient. It is, if you will, unkillable." He is right. Egan also said, "There is something so Canadian about Cornwall," in reference to its prominent bilingualism, the diverse makeup of its population and the forces that have moved its economy. He is right in this as well. The people of Cornwall reflect the identity of this country in all its glory and spirit.

It is with absolute certainty that I tell this House that the spirit of Cornwall, much like the spirit of Christmas in Dickens's tale, will never die.

ECONOMIC OUTLOOK

Mr. Phil McNeely (Ottawa–Orléans): I rise in the House today to recognize the provincial and federal Liberals, as well as the Canadian employers, who have been successful in reducing Canada's unemployment rate, which dropped to a 30-year low this month. The unemployment rate now sits at 6.4%, with 30,600 new jobs created across the country. This month, full-time employment rose by 50,200, providing meaningful, quality employment to Ontarians and Canadians alike. In manufacturing, 6,800 net new jobs were created. As Buzz Hargrove said on the weekend, "If you look at the record, and every Canadian should agree, this government, this minority government, deserves to go back to Ottawa with even bigger numbers." As a member of provincial Parliament in Ontario, I agree with Mr. Hargrove.

The rising value of our dollar and global competition will continue to affect our manufacturing sector. In anticipation of these fluctuations, our province and our country will continue to make strategic investments like those made in our automotive sector in order to maintain our economic strength.

We all sympathize with those who have lost their jobs in the automotive and forestry industries due to the effects of globalization and cheap labour. In order to show our support, we must all work together in Ontario and in Canada to share our wealth with those who have suffered losses. Finally, we must support efforts to lower the \$23-billion gap so that Ontarians can continue to contribute to a strong Canada.

VISITORS

The Speaker (Hon. Michael A. Brown): With us today in the Speaker's gallery are visiting parliamentary interns from Ottawa. We have: Joshua Bates, Maxime Bernard, Jordan Hatton, Marion Laurence, Francesca Reinhardt and Shannon Wells. Welcome.

INTRODUCTION OF BILLS

CLEAN WATER ACT, 2005

LOI DE 2005 SUR L'EAU SAINE

Ms. Broten moved first reading of the following bill:

Bill 43, An Act to protect existing and future sources of drinking water and to make complementary and other amendments to other Acts / Projet de loi 43, Loi visant à protéger les sources existantes et futures d'eau potable et à apporter des modifications complémentaires et autres à d'autres lois.

The Speaker (Hon. Michael A. Brown): Is it the pleasure of the House that the motion carry? Carried.

Does the minister have a brief statement?

Hon. Laurel C. Broten (Minister of the Environment): I'll make a statement during ministerial statements.

MOTIONS

CONSIDERATION OF BILL 16

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): Speaker, I believe we have unanimous consent to move a motion without notice.

The Speaker (Hon. Michael A. Brown): Agreed? Agreed.

Hon. Mr. Bradley: I move that the November 28, 2005, order of the House referring Bill 16, An Act respecting the Duffins Rouge Agricultural Preserve, to the standing committee on general government be discharged and that the bill be referred instead to the standing committee on the Legislative Assembly.

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

HOUSE SITTINGS

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I move that, pursuant to standing order 9(c)(i), the House shall meet from 6:45 p.m. to 9:30 p.m. on Monday, December 5, 2005, for the purpose of considering government business.

The Speaker (Hon. Michael A. Brown): Mr. Bradley has moved government notice of motion number 47. Is it the pleasure of the House that the motion carry?

All in favour will say "aye."

All opposed will say "nay."

In my opinion, the ayes have it. Call in the members. This will be a five-minute bell.

The division bells rang from 1357 to 1402.

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

Ayes

Arthurs, Wayne	Hoy, Pat	Peterson, Tim
Balkissoon, Bas	Jackson, Cameron	Phillips, Gerry
Bartolucci, Rick	Jeffrey, Linda	Pupatello, Sandra
Bentley, Christopher	Klees, Frank	Qaadri, Shafiq
Berardinetti, Lorenzo	Kular, Kuldip	Racco, Mario G.
Bountrogianni, Marie	Kwinter, Monte	Ramal, Khalil
Bradley, James J.	Lalonde, Jean-Marc	Ramsay, David
Broten, Laurel C.	Leal, Jeff	Runciman, Robert W.
Bryant, Michael	Levac, Dave	Ruprecht, Tony
Cansfield, Donna H.	Marsales, Judy	Smith, Monique
Caplan, David	Matthews, Deborah	Smitherman, George
Chambers, Mary Anne V.	Mauro, Bill	Sterling, Norman W.
Chudleigh, Ted	McMeekin, Ted	Takhar, Harinder S.
Colle, Mike	McNeely, Phil	Tory, John
Cordiano, Joseph	Meilleur, Madeleine	Van Bommel, Maria
Crozier, Bruce	Miller, Norm	Watson, Jim
Delaney, Bob	Milloy, John	Wilkinson, John
Dombrowsky, Leona	Mitchell, Carol	Wilson, Jim
Duguid, Brad	O'Toole, John	Witmer, Elizabeth
Flynn, Kevin Daniel	Ouellette, Jerry J.	Wong, Tony C.
Fonseca, Peter	Parsons, Ernie	Wynne, Kathleen O.
Gerretsen, John	Patten, Richard	Zimmer, David
Hardeman, Ernie	Peters, Steve	

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

Nays

Hampton, Howard Marchese, Rosario Prue, Michael
Horwath, Andrea Martel, Shelley

The Clerk of the Assembly (Mr. Claude L. DesRosiers): The ayes are 68; the nays are 5.

The Speaker: I declare the motion carried.

**STATEMENTS BY THE MINISTRY
AND RESPONSES**

**WATER QUALITY
QUALITÉ DE L'EAU**

Hon. Laurel C. Broten (Minister of the Environment): I am pleased to stand before my colleagues, in particular Minister Dombrowsky, my predecessor, all of our special guests in the visitors' gallery, among them Peter Krause, chair of Conservation Ontario, and Bruce Davidson, vice-chair of Concerned Walkerton Citizens, and the many others too numerous to name to make an announcement we consider historic. It concerns our drinking water, an invaluable asset of our province.

In Ontario, we are blessed with an abundance of drinking water. From the Great Lakes to the Thames River, Lake Nipissing to the Kawarthas, the Bay of Quinte to the St. Lawrence, and streaming through the rivers and aquifers that run beneath us, it's a priceless resource, from its source to our tap.

Today, our government is taking decisive action to protect the sources of our shared water, because in doing so we protect the health of our families, the quality of life in our communities, and ultimately our future prosperity and environment.

Aujourd'hui, notre gouvernement prend une mesure décisive pour protéger les sources de l'eau que nous partageons parce qu'en ce faisant, nous protégeons la santé de nos familles, la qualité de vie de nos collectivités et, en fin de compte, notre prospérité future et notre environnement.

Today we are entering a new era of source water protection. I am proud to tell you that today our government has introduced the Clean Water Act, unprecedented legislation that would set above all else the concept of prevention as the first principle in the safeguarding of the province's drinking water.

If passed, the Clean Water Act would empower each of us to protect our drinking water sources in watersheds across Ontario, including the Great Lakes. It is time for Ontario to establish itself as the leader in the protection and delivery of clean, safe drinking water. Today we are doing just that by creating the most comprehensive sys-

tem in Canada, designed to preserve our most precious natural resource.

Everyone has a right to clean water, and we all have a responsibility to protect it, but trust is where it all begins and ends. We must be able to trust the water that comes out of our taps; we must be able to trust the source.

What happens when this trust is lost? None of us can or should forget Walkerton. At the same time, those painful memories must serve to ensure that our province meets and exceeds a standard of measure second to none. Today and into the future, Ontarians should be fully confident that their water is reliable, clean and healthy.

We took very seriously the recommendations of Justice Dennis O'Connor. We learned fundamentally that prevention is key. To protect, we must prevent. Justice O'Connor called it the first barrier in a multi-barrier system of drinking water protections. Our government is implementing all of Justice O'Connor's recommendations.

Our government is taking action because it is the right thing to do. We have taken action to improve how water in Ontario is treated, how water systems operators are trained and how water systems are inspected. We have introduced environmental penalties and a community cleanup fund to guard against industrial spills affecting drinking water.

The Clean Water Act, if passed, would be the most vital link in the chain of safeguards protecting our water from source to tap. The legislation would require plans to protect drinking water in watersheds across Ontario. The Clean Water Act would ensure that our approach to water protection is based on good science, greater vigilance and more foresight.

La Loi sur l'eau saine apportera l'assurance que notre approche de la protection de l'eau se base sur des données scientifiques solides, une vigilance et une prévoyance accrues.

For the first time, we will know where our sources are, how much there is, and what threats endanger it.

1410

Here's how the Clean Water Act would work. It would require municipalities and conservation authorities to form committees to develop source protection plans. These plans would scrutinize any activity that could potentially threaten the quality or quantity of water and take action to reduce or eliminate that threat. Source protection committees would consult with municipalities and stakeholders in the affected area and publish their proposed plans. These proposed plans would be submitted by the local source protection authority to my office, along with any comments received during consultation. Public consultation is central to this legislation. If amendments are required to fortify the effectiveness of a given plan in addressing a threat to water quality, my office would have that authority.

Our legislation would provide an extra level of protection as well. If local authorities become aware of a discharge that could result in an imminent water health hazard, my ministry would be notified. These immediate

actions would prevent serious contamination of drinking water.

This legislation covers more than just those parts of Ontario that have a conservation authority. Municipalities would be able to enter into an agreement with my office if they choose to prepare a source protection plan in an area that is not under conservation authority jurisdiction. The act would also empower local authorities to take preventive measures before threats to water can develop into real problems. This means not only threats originating within a community, but also those outside its boundaries.

This is critical to our success. We can no longer expect that water can be managed by many separate plans that don't align. Threats to our water do not respect boundaries, and neither should our response. The Clean Water Act is a new and innovative approach that would count the public as full participants. It would ensure that entire communities would work together to find strategies to protect the quantity and quality of their drinking water.

If passed, the Clean Water Act will support the implementation of no less than 22 recommendations of the Walkerton inquiry.

Si elle est votée, la Loi de 2005 sur l'eau saine appuiera la mise en oeuvre de pas moins que 22 recommandations du rapport d'enquête sur Walkerton.

It will increase municipalities' ability to protect their own water supply. It will give the public better information about threats to drinking water and how they will be assessed. Most importantly, it will prevent our water supplies from getting contaminated in the first place. After all, water that starts clean stays clean. We believe the people of Ontario deserve nothing less. They deserve a sustainable supply of clean, safe drinking water. They deserve the knowledge that our most valuable resource is protected no matter what the source. This is the commitment of our government. This is why we need the Clean Water Act.

HIGH-OCCUPANCY VEHICLE LANES

Hon. Harinder S. Takhar (Minister of Transportation): Let me start by welcoming the member for Scarborough—Rouge River to this House. Welcome.

I rise in the House today with great news for commuters. High-occupancy vehicle lanes, normally known as HOV lanes, are about to open for the first time on two Ontario highways: 403 and 404. We all know that during rush hour, traffic is often backed up on some of the busiest commuter routes, but many vehicles carry only one person: the driver. Imagine how much faster carpoolers would move if some of those people doubled or tripled up. HOV lanes will do that.

Our government is the first in Ontario's history to deliver HOV lanes, and we are proud of that fact. Only vehicles carrying at least two people or buses will be allowed in these lanes. That means that commuters who carpool or use public transit will save time by passing congestion in the general lanes of traffic.

We are doing everything we can to make public transit and carpooling a better option for people. It's simple: The more people who leave their cars at home, the fewer cars we will see on the road. That means we are making better use of our road space. That means cleaner air in our communities. And when traffic moves faster, our goods can get to market on time.

HOV lanes have been in use in other jurisdictions for about 30 years now. We have used that experience in designing Ontario's HOV lanes.

Our government invested a record \$1.2 billion in highways in the last budget, but in the GTA, we cannot simply build our way out of traffic congestion. We must make better use of the roadways we've already got and encourage more people to use public transit.

For example, during the morning rush hour, about 7,000 vehicles an hour travel on Highway 403. Most of them carry just one person, the driver. That means about 20,000 empty seats. One bus can take as many as 57 cars off the road. HOV lanes will ease congestion by moving more people in fewer vehicles. Once people start to see that HOV lanes are less congested and move faster than the regular lanes of traffic, they will start forming car pools or make the move to public transit.

HOV lanes are an important part of our government's plan to invest in a reliable, efficient infrastructure and strengthen Ontario's economy. My understanding is that today the CBC conducted a quick poll, and 90%-plus of the people who responded to the survey gave their support to the HOV lane concept.

Some \$1.2 trillion worth of goods are carried on Ontario's highways every year. We simply must do what we can to keep these goods moving.

HOV lanes will help to improve the quality of life of Ontarians by getting people to their destination and to their families faster. A safe and efficient transportation network is not only key to our prosperity; it's crucial to our quality of life. I know all members will agree that HOV lanes will benefit Ontario's greatest asset: our people.

TEAM ONTARIO ÉQUIPE ONTARIO

Hon. Jim Watson (Minister of Health Promotion): Today, I had the pleasure of hosting, along with Premier Dalton McGuinty and my parliamentary assistant, Peter Fonseca, a reception honouring the great achievements of Team Ontario. In attendance at the reception were athletes, coaches and managers who did this province proud by winning the Canada Games flag, earning a total of 158 medals at the Canada Summer Games in Regina this past August. I was especially pleased that the parents, friends and supporters of our Team Ontario athletes were at the reception to celebrate achievement of these fine ambassadors for our province.

I'd like to take a moment to acknowledge the Team Ontario athletes, and the artists, coaches, managers, parents and supporters who attended the reception and

are here with us in the gallery. I'd ask that they stand or wave and be acknowledged up there and up there and up there.

Many of them were not able to come with us to the Legislature, but we had close to 200 people at the reception in the Macdonald Block, and it was great to see a number of people. Let me point out a couple: Evan Lewis, who was our flag bearer at the opening ceremonies and did us very, very proud—thank you, Evan, for being here—and our youngest athlete, Isaiah Christophe, who was 11 years old and who participated and came in fifth in wheelchair sports. Isaiah is right up there as well.

In fact, this is the ninth time that Team Ontario has brought home the summer games champion flag, an outstanding achievement that we're very proud of. Our athletes won 63 gold medals, 45 silver medals and 50 bronze medals, for a whopping 158 medals. That's something we can be very proud of. That total medal count included Team Ontario's double gold in basketball, the men for the third time and the women for the first time.

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Le gouvernement McGuinty, par l'intermédiaire du ministère de la Promotion de la santé, investit dans le sport amateur, car nous sommes conscients du rôle important que joue le sport dans nos collectivités et de sa contribution à la santé physique et mentale de la population.

This year, our government is allocating \$12.7 million for amateur sport. This represents an increase of more than \$2 million over last year's funding and a 61% increase in funding since 2001-02. This investment sends a clear signal to the athletic community that we are back in the business of supporting amateur sport. In fact, Chris Rudge, the CEO and secretary general of the Canadian Olympic Committee, noted that Ontario's "Liberal government has made some refreshing commitments to recognize the important role of sport and physical activity in promoting a healthier Ontario."

Part of this renewed commitment came two weeks ago, in a federal-provincial bilateral agreement I signed in Ottawa. The Sport for More program will provide \$6.1 million over the next four years to physical activity programs aimed at children, youth, low-income families, minorities, women, aboriginal communities and the disabled with more opportunities to participate in sports. We will continue to work with our provincial and multi-sport organizations to develop our athletes from the playground to the podium, and provide resources and training opportunities to coaches and sport leaders.

Nous voulons rendre l'activité physique agréable et accessible à tous. Je suis fier des mesures que prend ce gouvernement pour augmenter la pratique des sports amateurs dans l'ensemble de la province, mais nous sommes conscients qu'il reste encore beaucoup de travail à accomplir.

These athletes in the gallery and those who were with us at the Macdonald Block, their coaches, their managers

as well and those who could not be with us today have all made us very proud of our province and of our young people. At an early age, these young people and their supporters dedicated themselves to the pursuit of high-level physical performance and excellence. They are here today as role models to all of us and champions in their own right.

I want to take a moment to congratulate Dr. Gene Sutton, a constituent of my friend Mr. McMeekin who is the chef de mission, and all the volunteers. You know and the athletes themselves know that we couldn't have the success of capturing the Canada Games flag and the medals around these young people's necks if it weren't for the volunteers and parents who get up early in the morning to bring their kids to swimming practice, skating, baseball or sailing. The parents are an important, integral part of the support system of our athletes.

I was very proud on that day in Regina when I took the salute for the Canada Games flag for Ontario. I want to thank these athletes, these young people. At the reception today, Premier McGuinty encouraged them to go into schools, Boys and Girls Clubs and the Y to talk to young people; inspire them about physical fitness, about eating well and about living healthy and active lives. These young people with us today are great role models for future generations. I wish these athletes, their coaches, their trainers and the artists who played an important part in the artistic component of the Canada Games the very best. We look forward to the Canada Winter Games in two years' time, which will be taking place in Whitehorse, and wish those young athletes the very best as well.

The Speaker (Hon. Michael A. Brown): Responses?

HIGH-OCCUPANCY VEHICLE LANES

Mr. John O'Toole (Durham): It's a pleasure to respond to the Minister of Transportation today, and I would put clearly on the record that the opposition is in support of the entire concept of high-occupancy vehicle lanes. In fact, you might say it's the first admission by this government of the real underlying problem here of gridlock. That's really the problem. It impacts on our environment and on our economy, and some would say it's too little, too late.

I also want to draw to the minister's attention, and indeed to members' attention, that it was Frank Klees in 2003, as then-Minister of Transportation, who introduced the smart transportation bill, which not only included conceptual and policy decisions to allow high occupancy, but indeed committed capital funding to begin the rapid bus routes as well as the expansion of the lanes necessary. We support the whole idea; it's simply the right thing to do.

I want members to recognize that there will be some implementation issues that need to be monitored and fine-tuned. I'm disappointed, Minister, because there's no room here for innovation. Think of the motorcycles and the contribution they could make. You have dis-

missed the option of vehicles that are highly fuel efficient.

Mr Speaker, there are other issues in other jurisdictions that you may be aware of. The incidence of accidents in these lanes is well known: as much as a 58% increase in some jurisdictions. There needs to be enforcement and monitoring of these issues.

I also draw to your attention the issue of the points and the fine: \$500 is fairly expensive on the way through as you implement a program. I think you need to monitor that carefully and make sure you don't penalize drivers. How are they going to intercede when there is an incident in one of those lanes—for vehicle or police enforcement issues—stopping the progress? Gridlock is going to take all of us working together.

What I find more troubling is that in most Liberal announcements the devil is in the details. We are in support, but we want it monitored going forward.

TEAM ONTARIO

Mr. Norman W. Sterling (Lanark–Carleton): I would like to add our congratulations to Team Ontario athletes for their performance in the last Canada Summer Games. It's hard to think about summer games at this time of the year.

WATER QUALITY

Mr. Norman W. Sterling (Lanark–Carleton): In response to the Minister of the Environment's report, and in the absence of our critic, we do not find it surprising that this act is introduced today, given that the Auditor General will be reporting to the Legislature tomorrow and that at this time in 2004 the auditor was very critical of this government's performance in creating a ground-water management strategy. That's in the auditor's report of 2004, for members who would like to read it.

Notwithstanding that, we are proud of the work we did to respond to Justice O'Connor's recommendations when we were in government, having implemented 50 of his recommendations while we were there. This government has responded to 10 more of those recommendations, according to the Web site of the Ministry of the Environment this morning, and we read in this report that 22 more will be answered.

This act is wide-ranging in scope. It takes away from municipalities certain planning powers and devolves them on appointed committees, whose chairs are appointed by the Minister of the Environment—the provincial government. It will be interesting to see what the response of our municipalities across Ontario will be when they react to the fact that the province is taking away from them primary governance with regard to the whole Planning Act process. The act clearly says that this committee and the plan they present will have precedence over zoning bylaws and official plans of the municipalities.

More importantly, though, this whole notion of water source protection and planning to protect our water sources across the province is being devolved on to municipalities' shoulders. This act doesn't point out where the resources, with regard to making these plans, will come from for the costs, which will be very, very high in determining what the technical capabilities of the land are and what the resources will be.

We will read and debate this act because it's a very, very important subject, not only for the government but for all members of this Legislature.

TEAM ONTARIO

Ms. Shelley Martel (Nickel Belt): On behalf of the New Democratic Party, I want to add my voice in congratulating those Team Ontario members for their accomplishment at the 2005 Canada Summer Games.

As one who regrettably always hoped to have more athletic ability than I ever did, I'm always a little bit jealous but also very moved by the dedication, perseverance and, above all, the ability of our athletes, both those who went and won medals and those who went and were able to participate. We congratulate all of them. After all, it really is the skill, talent, ability and dedication of those athletes that resulted in the tremendous success Ontario had. That's the success we're celebrating today, and it is in very large part due to their dedication, skill and commitment.

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I also want to thank very much the parents who support their children in their athletic efforts. This comes in the form of very significant financial support from time to time, as they pay to try and meet those dreams, including the cost of equipment, coaching, skills etc. There's a very significant time commitment for parents who are driving their children to practices early in the morning, at night and on weekends, to meets and competitions, sometimes very far from home. And there's tremendous emotional support that parents provide to their children, not only when they are winning, but when they are struggling to keep everything together—their education commitments, their athletic commitments etc.—and they are struggling to meet that next milestone.

I also want to thank all those coaches and managers who work with young people to help them pursue their goals. It's their encouragement, their patience and their sharing of their own skills that is instrumental in providing young athletes with the best possible opportunity to excel in their fields.

In closing, on behalf of all New Democrats, our congratulations to these members. We wish all of them the best in their pursuit of their next athletic goal.

WATER QUALITY

Mr. Michael Prue (Beaches–East York): I'm happy to stand today and to talk in, I guess, my first critic's job for the Minister of the Environment. We are very pleased

to see this legislation, and I want to commend her for bringing it forward, but I also want to remember my former colleague from Toronto–Danforth, who championed this cause for so many years in this House.

It's a good thing to see, but there are three things that I want the minister to take heed of.

The first one is that the five-year development plan might simply be too long. We do not want to see this process take five years because, quite frankly, it need not take that long. There is much already in place, there is expertise in place, and I would suggest that a three-year period would be much better, and that's what we will be trying to do in committee.

The second thing is to check to ensure that the legislation proposes to take immediate action with respect to high-risk activities and uses, until source water protection plans are developed and implemented. That needs to be done, and it needs to be the cornerstone of this particular piece of legislation.

The legislation must also apply charges or levies to water-taking activities, with the revenue from those charges being entirely allocated to the source protection system. This is what Mr. McGuinty in fact promised in the lead-up to the election. I'd like to quote some of what he said:

"We will stop allowing companies to raid our precious water supplies.

"Companies that want to take oil from the ground or trees from the forest have to pay for that privilege. The quantity of resource they can extract or harvest is regulated in line with provincial needs and environmental protection.

"But when companies want to bottle our water or export it as part of other products, the Harris-Eves government gives it to them free and without any consideration of the impact on local aquifers.

"One company alone wants to ship more water out of Ontario annually in the form of industrial slurry than the entire country exports in all beverages.

"We will end this reckless giveaway."

I would think that this needs to be included in the legislation as well.

Thirdly, we need to properly fund municipalities. There is nothing that I have seen in this legislation, the minister's speech today or the briefing that I was given an hour or so ago that indicates at all that the municipalities will have the wherewithal, the financial incentives, to put this kind of process in place. Sure, it will be possible for large cities to find the money, although they too are hurting, but it will be nearly impossible for many smaller towns and cities to have the necessary expertise or funding to do so.

Last but not least, I think we need to talk about the McGuinty government's very sorry record when it comes to the environment to date. We need to talk about the big pipe. We need to talk about the road through Pine Valley bisecting Boyd park. We need to talk about the Milton quarry extension, which is under active consideration. Those are things that need to be addressed equally and seriously in this House.

ORAL QUESTIONS

VIOLENT CRIME

Mr. John Tory (Leader of the Opposition): My question is for the Premier. Today's papers are again filled with news of yet another shooting, yet another murder due to illegal guns. This time, a 20-year-old man is charged with the second-degree murder of a car salesman. What's particularly offensive about this case is that the accused was on bail, having already been charged with gun crimes.

Premier, given our repeated calls and your recent comments in which you said you were in favour of tougher sentencing and more stringent bail restrictions, especially for those crimes involving a gun, what kind of a system do we have that could allow this man out on bail on gun charges less than a month ago, only to see him charged with murder a few weeks later? What kind of system is that?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I appreciate the question. I want to begin by offering my condolences to the family and friends of the individual who lost his life during the course of this past weekend, yet another in a series of very unfortunate tragedies occurring within this community.

The member raises a very good point, and will understand that criminal law falls entirely within the purview of the federal government. We look forward to the federal government moving ahead, after the election, with commitments made by at least two parties at this point in time with respect to toughening up provisions relating to gun-related offences.

Mr. Tory: The police report from the accused's first arrest on November 5, exactly a month ago today, included the following charges: carrying a concealed weapon, unauthorized possession of a firearm, possession of a restricted firearm with ammunition, possession of a firearm obtained by crime, assault on a police officer and escaping lawful custody. The accused, it is said, was in possession of a loaded 45-calibre semi-automatic gun that had one live round of ammunition in its chamber, with the hammer cocked, ready to be fired—this from the police report.

Premier, can you confirm that the crown opposed bail in this case and, in the absence of the much-discussed legislation from Ottawa, that the Attorney General has indeed issued a directive to all of Ontario's crowns to oppose bail in all cases involving guns?

Hon. Mr. McGuinty: The Attorney General can speak to this.

Hon. Michael Bryant (Attorney General): I know the member wouldn't want to politicize the position taken in court by crown counsel; I know that isn't his intention. I can assure the member that the practice and policy of crowns on all matters involving alleged gun crimes is not only to ensure that we prosecute them to the

full, but indeed that we try to ensure that people who ought to be detained are detained.

I can tell you as well that our government—Ontario—was front and centre in the federal-provincial-territorial justice ministers' meeting to try to make changes to the bail rules such that you would have a reverse onus for bail on crimes involving guns. It is something the federal government indicated they were going to be pursuing after the election.

Mr. Tory: Of course my question was meant to deal with the meantime and was fairly simple as to whether or not the crown had opposed bail in this case, but I'm sure that will be revealed very shortly.

Premier, the final supplementary: Each day that passes, more tragedy and more loss of life takes place, as you've said, and I think it's fair to say as well that confidence in our justice system erodes. In view of the minimal impact of the minimal measures taken to date, are you willing to consider appointing an Ontario crime reduction commissioner to get all the governments and all the police services working together with the crowns and with the court administration to see if we can finally do something to break the back of this epidemic that is affecting so many communities across Ontario and causing so much loss of life and so much tragedy? Would you consider that suggestion?

Hon. Mr. Bryant: Because the question was referred here, it's going to have to stay here. The member may wish to take it up in additional questions.

I think it's important for the member and the House to know that last week the Premier met with the chief of police for Toronto, Ontario Provincial Police Commissioner Gwen Boniface and the chief prosecutor for the province. The purpose was to find out what more we can be doing to do what the member is talking about, in the sense that we are trying to get every part of the justice system together; in addition to the work that the Premier and his parliamentary assistant Caroline Di Cocco are doing to deal with prevention issues, enforcement issues, to see what more we can do in addition to the changes we made with the guns and gangs task force and a number of other initiatives I won't be able to address in the time I have. The Premier has directly engaged himself in this very important issue. I can say it was a very productive and hopeful meeting, and we hope to be making even more changes in the days to come.

AGRICULTURE FUNDING

Mr. John Tory (Leader of the Opposition): My question is again to the Premier. According to a recent Statistics Canada report, farm incomes in Ontario during your first year in office were 72% below the average for the past five years. Nationally, those numbers tell a far different story: Farmers saw a decline in incomes of only 3.5% during that period.

Premier, what specific action is your government taking to address the farm income crisis that is affecting

so many farmers, so many families and so many communities across Ontario?

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

Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs): I think it's important for the people of Ontario to know that our government has signed the agriculture policy framework with the federal government that has enabled this government to access some \$1.7 billion in agriculture subsidies. We also recognize that we have encountered a rather unusual time in terms of agriculture crises with BSE, and with grains and oilseeds prices that have been unusually low.

We continue to work with our agriculture stakeholders to identify, number one, with the federal government where the CAIS program is not working well. We are committed to ensuring that for the second round of the agriculture policy framework their concerns and these issues are in fact considered, so as we move forward we will have a safety net program that will meet the needs of our agriculture producers in this province.

Mr. Tory: Let's discuss one of those examples of working with the stakeholders you talk about. Last week, we saw reports of farmers in eastern Ontario—in fact, farmers from the minister's own riding—who were shocked to learn that they were entitled to zero dollars in insurance payouts for the year's unusually hot and dry growing season, which resulted in a poor crop. You've almost acknowledged as much in your answer.

According to an Environment Canada rainwater collection site in Centreville, there were only 143 millimetres of rain in parts of Lennox and Addington county this past summer. Yet Agricorp, your government's crop insurance company, claims that over 250 millimetres of rain fell, thus making the farmers ineligible for payouts under the insurance program.

Premier—and through you to the minister, if it's been referred—farmers pay into this insurance program to cover exactly this kind of situation: poor weather conditions that lead to below-average crops. Your insurance arm is quibbling over rain while the farmers struggle. What kind of work is that with stakeholders, and what are you going to do to see that farmers get the help they deserve at a time when it's been an unusually dry summer?

Hon. Mrs. Dombrowsky: It's an important question, and I would like to say to the Leader of the Opposition that the Ministry of Agriculture and Food, because these concerns have come to light, has held public meetings in those areas where there have been problems. We have informed those producers that have purchased insurance that would say that this program is not working for them, and particularly this year when they need it the most, when they say they would not have received the rainfall to produce the crop that they need to feed their animals. We have shared with them, number one, that going forward we want to look at the program to see what will make it work better, and we've also asked them to write to us so that we can assess those situations where they

believe that in fact they do deserve a payout and one is not forthcoming.

Mr. Tory: Your meetings and your letters aren't going to put food on the table or help them pay the loans back to the banks.

Here's what one farmer from your own riding had to say, and I'll quote from his comments in the Kingston Whig-Standard: "This is the worst year I've ever had in 22 years on this farm. I have to pay \$15,000 on hay right now and everybody's in the same boat. And then they're trying to tell us that they're going to fix the program. What does that do for us now? Absolutely nothing. [It's] like taking insurance out on your car and the only place you can get coverage is if you get hit in Toronto, not Kingston."

These farmers are appealing the decision of your corporation, but according to the Whig-Standard, members of the appeal board have let it be known to the farm community that 2005 is a write-off. So much for the farmers. Is the best you've got to tell the farmers of this province, "Better luck next year"? Is that the best you can do with your letters and your meetings? When are you going to do something for them?

Hon. Mrs. Dombrowsky: I would say that it's absolutely irresponsible for the member of the opposition to suggest that when there is an appeal underway, they've already determined what the outcome of that appeal is. There is an appeal process. Farmers have been encouraged to bring their issues to that body and that is what they are doing. I'm happy that they are, and I can assure them that they will have fair consideration at that appeal board and they should not be listening to this kind of fearmongering and suggestion that their important issues are not being considered fairly by the appeal board.

GOVERNMENT CONTRACTS

Mr. Howard Hampton (Kenora-Rainy River): I have a question to the Premier. Does the Premier think it's appropriate for the McGuinty government to pay back a high-ranking Liberal insider by giving a company he's lobbying for billions of dollars in government contracts?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I very much look forward to receiving the supplementary, when I'm sure the member opposite will want to provide us with greater detail.

Mr. Hampton: Media reports indicate that Atomic Energy of Canada Ltd. is lobbying for a multi-billion dollar contract to build two new nuclear reactors at Darlington. On September 2, Atomic Energy of Canada hired a new lobbyist to influence government energy policy. Who is that new lobbyist? One David MacNaughton, Dalton McGuinty's former principal secretary, the number two person in your office, Premier.

I ask you again, do you think it's appropriate for your government to pay back a high-ranking Liberal insider by giving a company he's lobbying for billions of dollars in government contracts?

Hon. Mr. McGuinty: The leader of the NDP is somehow suggesting that the fact that Atomic Energy of Canada is looking to build more nuclear plants in Ontario comes as some sort of a surprise. It does not. He's suggesting that the fact that Mr. MacNaughton is working on behalf of AECL is a surprise. That is not a surprise.

Another element of reality here that I will acquaint the leader of the NDP with is the fact that Mr. MacNaughton is prohibited from lobbying and interacting with my office, and he has in fact not done so. He is abiding by the rules and regulations that govern his activities as a lobbyist connected with AECL.

Mr. Hampton: Premier, here's the reality: As the number two person in your office, the Minister of Energy used to report to him, the Minister of Finance used to report to him, infrastructure renewal used to report to him. Anybody who might have anything to do with the awarding of this kind of contract used to report to him.

I just want to read from this: "His responsibilities as principal secretary included a particular emphasis on energy,..." So here's your right-hand person, who while he was in your office dealt with energy. Now he's out there lobbying on behalf of a company, lobbying the very people who used to report to him, and you, Premier, seem to believe that's OK. Will you table all of the documents that pertain to your government's planning around possible new nuclear reactors so we can see exactly who's getting what here?

Hon. Mr. McGuinty: The member will know that we have established the Ontario Power Authority, which has specific responsibility to provide our government with unvarnished advice with respect to meeting our energy needs over the course of the coming years. We are very much looking forward to the release of that report, which we expect to come out very shortly. When we have received that report, of course that report will be made public. We will take the time to carefully consider the advice found therein and then we will move forward.

It's no secret that we are at least eight years late in this province when it comes to building new generating capacity. We have grabbed the bull by the horns. We will make the necessary decisions. We will ensure that the people of Ontario, whether we're talking about hospitals, homeowners or industry, have an adequate supply of clean, safe electricity.

The Speaker (Hon. Michael A. Brown): New question.

Mr. Hampton: Premier, I want to quote you in a question: "Premier, you will be aware, as I am, that senior staffers are privy to highly sensitive and confidential information. They not only know what you're going to do tomorrow, but they know what you're going to do next week and in many cases they know what the government is going to do next month and even what it's going to do a year away. That information can be exceptionally valuable to people who want to do business with the government." You were the one who was calling for tighter rules so this couldn't happen.

Here's the situation now: The person in your office to whom virtually all other political staffers reported, to

whom even ministers reported, who had a special emphasis on energy, is now out there lobbying on behalf of a specific company that hopes to get billions of dollars of government contracts. You used to say that this was not OK. Can you tell me what changed such that, for Dalton McGuinty, it is now OK?

1450

Hon. Mr. McGuinty: Again, just so that we have all the facts before us here, it's pretty clear. It is no secret that the Atomic Energy of Canada folks want to build new nuclear plants in Ontario. That's hardly a secret. It's no secret that Mr. MacNaughton used to work for me. It's also not a secret that he is prohibited by way of the rules governing former employees from lobbying my office.

I can also say that the additional new element here that the member is inquiring about is the fact that we have established the Ontario Power Authority. We are placing our confidence in the Ontario Power Authority. We are going to take the necessary decisions to do whatever we have to do to ensure that the people of Ontario have a reliable supply of safe, clean electricity.

Those are the facts. I know that the leader of the NDP would like to lend a different complexion to them, but the facts are pretty straightforward.

Mr. Hampton: Here are the facts, Premier: You used to go through the roof when the former Conservative government had this kind of insider relationship—

Hon. Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): No, that was me.

Mr. Hampton: And you too. But now, when it's your staffers, it's OK. You say that he's not lobbying your office. Well, in fact, he has an accomplice, one Hillary Dawson. Hillary Dawson served as executive assistant to the Honourable David Caplan from 1997 to 2003. She is a well-known and well respected Liberal activist. She served for six years in senior staff roles in the Ontario Liberal Party, and was considered one of the best organizers for the Premier. What's her role in this? She is Mr. MacNaughton's accomplice: She lobbies your office.

I want to get this straight: Would it be your position that Mr. MacNaughton and Ms. Dawson don't talk? They're both lobbying for the same outfit, they're close associates, but you say he's not lobbying your office?

Hon. Mr. McGuinty: The member, in part, makes reference to a very serious issue, and the issue is that we have to renew, refurbish or replace some 25,000 megawatts of electricity over the course of the next 15 years, and we only have about 31,000 megawatts of installed capacity. That's a very serious issue. I can tell you that it's something by which we are very much seized; it weighs heavily on our minds. We are considering all the options. We very much look forward to receiving the recommendation and the objective advice of the Ontario Power Authority, and we will do what we think is in the greater public interest.

The member opposite may allege that somehow some people are exercising some kind of influence in my

office, and I can tell you point-blank that that is not true. We will do whatever is in the public interest.

Mr. Hampton: You promised to put the public interest ahead of rewarding political cronies; that's something you were very clear on. But for someone looking at this from the outside, this looks exactly like the kind of thing that goes on with your federal cousins in Ottawa: looking after political cronies instead of looking after the public interest. You also promised a full, open public debate on nuclear power, but what this looks like is an inside job. People who used to work in your office, people who used to work in other cabinet ministers' offices, people who were directly responsible for the energy file are now out there lobbying on behalf of companies who expect to make billions of dollars, and Dalton McGuinty says, "It's all OK."

What happened to your promise to protect the public interest? What happened to your promise about a full, open public debate about nuclear power? Did they lose out to the money interests?

Hon. Mr. McGuinty: I'm not sure how much more I can add to the line of questioning being pursued by the leader of the NDP, but remind him that the rules of conflict that were established were not created by ourselves. They are upheld by the conflict commissioner, who is an independent, objective third party who operates at arm's length from the government. That is Mr. Justice Osborne's responsibility.

I can assure this House that Mr. MacNaughton has not contacted my office with respect to the future of nuclear power in Ontario, and I will reassure the leader of the NDP, and more importantly the people of Ontario, that we are very much seized of this very important issue; that is, a shortage of generating capacity in Ontario. We very much look forward to the independent report to be submitted by the Ontario Power Authority, and I can assure you we will act in the public interest.

AUTISM TREATMENT

Mr. Frank Klees (Oak Ridges): My question is to the Premier. Families of autistic children from across the province gathered in front of the Legislature today to send you a message. The message was that they're appealing to you to keep a promise you made to them and to hundreds of families across the province in September 2003 that if you were elected Premier you would "support extending autism treatment beyond the age of six."

Some of those parents are here in the galleries today. Others are watching from across the province. They want to know from their Premier, first of all, will you stand in your place and admit that you made that promise, and second, will you keep it?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): Let me say that I'm very proud of the progress we've been able to make to date with respect to increasing the number of services available for children with autism and their families. We have

made this particular issue a priority since we first earned the privilege of serving Ontarians as their government. We've increased investment so that we can reach more children; 36% more children are receiving service so far. We're hiring more therapists for younger children. In fact, we hired 110 new therapists in the last year and we're now expanding capacity so that we can train more. Beyond that, we have created a new program for school-age children that has been embraced by every school board. Teachers and education assistants have access to 170 new autism spectrum disorder consultants to help them support students in the classroom. We haven't done as much as we would like, but I can tell you we are making progress and will continue to make progress to help out families with children who are affected by autism.

Mr. Klees: The Premier is not answering the question, which is to admit that he made the promise and commit that he would keep the promise. Premier, you must realize that not only have you not kept your promise, but you've instructed your Attorney General to appeal a court decision that directs your Minister of Education to provide treatment and support for autistic children. All the data you quote to us is not helping these parents in the gallery or the autistic children across the province who need help today.

Premier, will you stand in your place and tell these parents that you will first of all direct your Attorney General to cease and desist from this appeal, and instruct your Minister of Education and your minister responsible for children to come to the support of these children, just as you promised?

Hon. Mr. McGuinty: To the Attorney General.

Hon. Michael Bryant (Attorney General): I want to address the question about the appeal in a second, but I just want to make clear that this Premier does not instruct any crown attorney or any Attorney General about the position we take before the courts. That is not an appropriate role to play, because that would be politicizing the decisions made by the independent crowns and courts. I understand that members of the other side know that.

Interjections.

The Speaker (Hon. Michael A. Brown): Order. The Attorney General.

Hon. Mr. Bryant: We are before the courts to defend the ability of this Legislature and the government to provide the best services we possibly can for autistic children and their families, period. We say it is the government and the Legislature that are in the best position to provide those services, and not counsel and courts to make those decisions on an individual basis. We feel that that is in the best interests of the public. We feel that is in the public interest. It was in the name of that, because we felt so strongly about that issue, that not only did we appeal the decision but we took the extraordinary step of offering and paying for the costs of the appeal for the respondent families in advance of the appeal taking place.

The Speaker: New question.

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Ms. Shelley Martel (Nickel Belt): I have question to the Premier. Premier, your government is in court today trying to overturn Justice Kiteley's decision on autism. Her decision made it clear that the government—your government—is discriminating against autistic children over six, and the Ministry of Education—your minister—is violating the Education Act by refusing to put in place the supports that would allow children to learn in school.

Before the election, you said you would end the discrimination against autistic children over six, and you would work with school boards to ensure children would get the treatment they need in schools. Why are you appealing a court decision that forces you to do exactly what you promised to do?

Hon. Mr. McGuinty: I've already indicated what we've done by way of improving services for families with children who have autism. But just so Ontarians and the families themselves better understand the extent of our commitment with respect to assisting children with learning needs, Dr. Rozanski recommended that when it came to special education funding, we should increase that funding by an additional \$250 million. Our government said that that was not enough, and we've invested an additional \$365 million in special education. We are now investing \$1.9 billion in special education in Ontario.

The fact is, 2.8% of Ontario school children are receiving high-needs services, which makes our jurisdiction, to our knowledge, the jurisdiction which does more to help children with high needs than any other, as I say, of which we are aware.

Ms. Martel: You see, Premier, the parents of autistic children are questioning your commitment to their kids, because in the last election this is what you promised: "I also believe that the lack of government-funded IBI treatment for autistic children over six is unfair and discriminatory. The Ontario Liberals support extending autism treatment beyond the age of six." Then you went on to promise to work with school boards so that autistic children could get the IBI treatment they need in school so they could truly learn.

Justice Kiteley's decision would force you to do what you promised in the last election. Instead of doing what you promised to do, instead of responding positively to that decision, you're using taxpayers' dollars to fight this decision, these parents and these children one more time in court.

No more excuses, Premier. When are you going to end your discrimination against these children, fund IBI in the schools, and ensure IBI treatment for all autistic kids who need it?

Hon. Mr. McGuinty: To the Minister of Education.

Hon. Gerard Kennedy (Minister of Education): I welcome this opportunity to remind the member opposite what she already knows, which is that \$140 million is being provided directly to assist 7,000 students in education over the age of six—over the age of six. I'll say to the member opposite that we are working now with the

school boards to make sure that the assistance that's available is whatever is in the best educational interests of those students.

I say to the member opposite that she's aware of that. It's not politically convenient for her to acknowledge that, but it is important for the families and the children in this province to understand that.

The Attorney General has made clear the public-interest reasons by which a legal decision is being made, but I can assure the member opposite that, quite distinct from her government, quite distinct from the government that went before ours, we are working with families, working with schools to make sure that the best educational outcome will be obtained.

Interjection.

Hon. Mr. Kennedy: And no amount of shouting, no amount of denial, no amount of misbehaviour on the part of the member opposite—

The Speaker: Thank you.

Interjection.

The Speaker: The member for Nickel Belt.
New question.

TRADE DEVELOPMENT

Mr. Tony C. Wong (Markham): My question is for the Minister of Economic Development and Trade. I read an article written by the member from Halton in regard to our recent successful business mission to China. In the article, Mr. Chudleigh essentially said that we are wasting our time with China and that we should not promote Ontario as a place for Chinese investment, especially in the auto sector.

I am curious to know why the Tories do not want Ontario to do business with China. Minister, can you comment on this, please?

Hon. Joseph Cordiano (Minister of Economic Development and Trade): This is an important question, because what we want to know is, is this the official position of the Conservative Party of Ontario? Mr. Chudleigh, the member for Halton, seems to suggest that we should shut our borders to Chinese investment and ignore one of the fastest-growing economies in the world. Can you imagine that?

I ask the leader of the official opposition to make it clear for the member for Halton that that's not his position, if indeed that is not his position, because this government clearly welcomes foreign direct investment from China. In fact, we embrace it; we encourage it.

As you know, Ontario is made up of 500,000 Ontarians of Chinese descent, and their contacts to China are very important. We intend to utilize those contacts to strengthen the ties that we have with China, and I hope that the Conservative Party supports this view.

Mr. Wong: Minister, it is disappointing to see that Mr. Tory and his party would want to close off Ontario's border to Chinese investment.

Since our government is keen on expanding our investment and trade with China, can you please tell us what Ontario's current relationship is with China?

Hon. Mr. Cordiano: China is one of the fastest-growing economies in the world, and has now become Ontario's second-largest trading partner. In the article, the member for Halton seems to suggest that we should ignore the half a billion dollars' worth of auto parts that are exported to China. He dismisses it, as if it were unimportant.

There was a survey conducted by the Asia Pacific Foundation of Canada that said the top three industrial sectors of Chinese companies looking to invest in Canada are looking at the automotive, food and beverage, mechanical and electrical sectors. These are important connections that we've made to China. We look to further expanding our relationship with China—two-way investment. We think it's very, very important. I wish the member would think that as well.

HOSPITAL FUNDING

Mrs. Elizabeth Witmer (Kitchener-Waterloo): My question is for the Minister of Health. The residents of Ajax-Pickering were surprised and shocked to learn that as of December 14 the obstetric and pediatric services at the Rouge Valley Ajax-Pickering hospital in Durham region are going to be closed and moved to the Scarborough Centenary site. This is despite your \$2.4-billion tax hike and more federal funding. Health services in Ajax-Pickering are being cut.

I want to read you a quote, that "the agreement reached in the fall of 2004 between the federal government and the provinces, which provides an additional \$41.2 billion over 10 years ... should result in an improvement of local health care—not further cuts to services." Minister, that's Liberal MP Dan McTeague, quoted in today's Sun in a letter addressed to your Premier.

Minister, will you commit today to provide the funding to Ajax-Pickering hospital so that it can keep the obstetric and—

The Speaker (Hon. Michael A. Brown): The question has been asked.

Hon. George Smitherman (Minister of Health and Long-Term Care): I think the first thing I'll do is send Dan McTeague a letter and remind him of the fact that the \$41.2 billion is a grossed-up number that includes a significant outlay of equalization dollars to pretty well every other part of the country. Ontario's share of those resources, regrettably, is a bit more limited.

1510

On the issue of the change in the services, I think it's important to note that Ontario continues to have community-based governance. The board—of which Janet Ecker, as an example, is the vice-chair—has made a decision to temporarily transfer a service from one hospital to another, citing safety reasons related probably very much to the fact that while that honourable member served as health minister in this province, they didn't do a very effective job of producing more doctors.

I understand this to be temporary, but I agree and have conveyed to the mayors in the local communities that

they should be raising this issue locally with those at the Rouge Valley Health System.

Mrs. Witmer: This minister's continual blaming of another government does not sit well with people like expectant mother Danielle Deveaux. She is nervous about what this service cut means for her. She will now have to travel 23 kilometres to the Centenary site, a hospital to which she has no connection.

I have received other e-mails from expectant mothers, including Kimberley Fenton, who lives in Durham and who has had no family doctor. She writes this: "I called Oshawa General, and I do indeed need to see a new OB to deliver there. Only one is taking patients. I called Markham Stouffville Hospital to see what I needed to do to register. I was told that they aren't taking any patients from other hospitals. So my question is 'now what?' I don't want to change doctors after eight months, and I certainly think it's best to deliver in a hospital. At this point I'm ... terrified."

Minister, will you ensure that people like Danielle and Kimberley will get the services they need—

The Speaker: The question's been asked. Minister?

Hon. Mr. Smitherman: The honourable member, I think, would be well placed to stand in her place and acknowledge that the issue is not, as she pretended, about money. And frankly, this is a member of a party that, while in office, over two years cut hospital spending by \$557 million.

The circumstances at Rouge Valley Health System are that since our government came to life, we've increased funding there by \$25.5 million, just in this one health care provider.

I agree with the honourable member and with the questions that are raised in those e-mails, which is why I ask, in an era where we support community-based governance, why is it the honourable member's inclination to believe that every decision that has been taken has been taken here? It has not. It's been taken by people in the local community, who presumably had some options in front of them, and they chose this one. As I've said to the mayors in those local communities and to the honourable members from those communities, they should be in touch with their local hospital, which is governed by people from the community, because those are the people who made this decision.

Mrs. Witmer: On a point of order, Mr. Speaker: The minister has repeatedly said—

The Speaker: No, that is not a point of order. You know it's not a point of order.

New question.

PUBLIC HEALTH

Mr. Howard Hampton (Kenora–Rainy River): A question to the Premier. Today, an investigation into the recent outbreak of legionnaires' disease at Seven Oaks Home for the Aged in Toronto has revealed serious gaps in Ontario's public health system. An expert panel says that front-line health staff did the best they could under

trying circumstances, but they say the province's central public health laboratory is "severely underresourced." Seven public health units still don't have full-time public health officers. They say this does not bode well for the province's ability to tackle future serious outbreaks.

Premier, 21 seniors died at Seven Oaks Home for the Aged. When are you going to start funding public health services adequately?

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

Hon. George Smitherman (Minister of Health and Long-Term Care): I appreciate again the opportunity to express the sentiments of the government with respect to any of those who have lost their life in this circumstance. I think they are poorly served by the way the question is placed, in the sense that Dr. Walker's report, which did of course comment on areas where we must do better—we take those seriously, and we will—also mentioned many, many areas of progress where investments in public health have served us well. I believe the report was clear as well on the comments with respect to the public health lab: that it did not have an impact on those individuals, that the care they received was exemplary and was appropriate in the circumstance. But the report did show us very many areas where we have been working hard but we have more progress to make, including and especially at our central public health lab capacity. I can assure the honourable member, and all people of the province of Ontario, that our efforts to improve this circumstance will continue and will go forward in a very significant way.

Mr. Hampton: Dr. Walker is very clear that the central public health lab is not up to standards and that that may have played a role here in taking so long to determine what was going on. But he also points out that there are seven health units in this province who frankly really don't have anyone in charge. In Brant, Chatham-Kent, Elgin, Haldimand, Lambton, Oxford, Simcoe, Muskoka and Timiskaming, there is no medical officer of health, despite your Premier's promise that full-time medical officers of health would be put in place.

So I'm asking you again. Dr. Walker says that 21 people died here. What's it going to take before the McGuinty government lives up to its promise and adequately funds public health protection?

Hon. Mr. Smitherman: I think a couple of points are very important to repeat. First, the honourable member has tried again to tie the individuals who lost their lives to a slow response from the lab in terms of testing. But the report is very clear to say that the issue of care that was offered to those patients was not related to the public health piece. It's not to explain away or to be satisfied that the tests look longer than they should, but it is to be very clear about this distinction that the honourable member is unwilling to acknowledge.

To say we don't have anyone in charge in those areas is absolutely wrong. The question of full-time people is a serious one that we must address. The honourable member makes this all about money, which is the NDP way. But the reality is that the circumstances that we face in

terms of rebuilding the public health capacity relate very much more to the fact that public health, over a period of a couple of decades, has been run down in our province. It has made filling these very important roles challenging.

We have more work to do. Under the leadership of Dr. Basrur, I feel very confident that the people of Ontario will see the progress that they very much desire and deserve.

GRIDLOCK

Mr. Mario G. Racco (Thornhill): My question is for the Minister of Transportation. Minister, all the honourable members in this House are familiar with the congestion on our highways around the GTA. It is a growing concern. I have heard from countless constituents that the time spent battling congestion to and from work is negatively affecting their quality of life. We also know that, in this era of just-in-time shipping and delivery, it's affecting our economic viability.

A few years ago, a study was done that concluded that we are wasting \$2 billion a year in the GTA because of gridlock. What can I tell my constituents of Thornhill and Concord that this government is doing to try and ease the congestion?

Hon. Harinder S. Takhar (Minister of Transportation): Let me thank the member from Thornhill, first, for asking this question. The problem with congestion is a real, serious issue, especially in the urban areas. Let me tell you what our government is doing.

First, we are trying to promote public transit culture in this province and we are spending \$800 million in order to encourage public transit. In addition to that, we are also trying to make use of the maximum capacity on our roadways. I was very pleased this morning to make an announcement about the HOV lanes to address some of the issues that the member is raising. We need to get our goods from one place to another quickly and efficiently, and HOV lanes will create more space on our highways so that we can move some of those goods. I will be pleased to answer in further detail how the HOV lanes will address some of the congestion issues.

Mr. Racco: I certainly want to thank the minister for his leadership in introducing these new lanes. Ontario drivers have never had HOV lanes on our highways.

I also wish the minister success in his dealings with the federal government and the city of Toronto in trying to get the subway to York University and beyond.

Minister, can you please explain to the House how these lanes will reduce congestion, and if there are any restrictions on them?

Hon. Mr. Takhar: I'm very proud of the fact that ours is the first government in Ontario that has introduced HOV lanes. This is not a new concept. It has been around for 30 years, and we have learned from all over North America how to design them so that our HOV lanes work effectively.

1520

I just want to tell the member that the HOV lanes are designed to move people around with two or more people

in the car. It will help ease congestion this way, because they can carry more people. At the same time, it will reduce the number of cars on the highway. In addition to that, it will improve the quality of life of people because there will be less emissions, and it will also save people money. I feel the HOV lanes do all that. They will help us address the congestion issue but, at the same time, quality of life, and also provide savings to the people of Ontario.

FREDERICK BANTING HOMESTEAD

Mr. Jim Wilson (Simcoe-Grey): My question is to the Premier. Premier, you'll know that the Frederick Banting Homestead Preservation Act passed unanimously in this place on November 17. The Sir Frederick Banting homestead and its buildings, the whole 100 acres, was bequeathed by Edward Banting some six years ago to the Ontario Historical Society, and since that time, the Ontario Historical Society has presided over the deterioration of the buildings. In fact, the roof blew off three weeks ago, at the time we were passing the bill in this Legislature.

If this bill is to go anywhere, Mr. Premier, it's going to need your support. The heritage act has been considered and dismissed by the local municipality. We need to preserve the birthplace of Sir Frederick Banting, so I ask you, will you expedite public hearings and third reading of the bill, and will you do everything you can to help preserve this not only provincially significant historical site, but nationally and internationally significant historical site?

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

Hon. Madeleine Meilleur (Minister of Culture, minister responsible for francophone affairs): I want to thank my honourable colleague for his interest in protecting the Banting farm's conservation. I can assure him that we are all very interested, and the parties are working together with the town of New Tecumseth and the Ontario Historical Society. They are all working together, and we hope that there will be a resolution very soon.

Mr. Wilson: To the Premier: Those certainly aren't the facts at all. The last time the parties worked together was December of last year. The parties haven't had a meeting in one year. We've tried to get them together. You dismissed the former deputy minister who was doing the negotiations, Terry Smith. She was doing an excellent job. You've done nothing for the last year. I didn't want to bring forward a private member's bill in this regard, but I brought it forward because the Ontario Historical Society simply wants cash for the property. They're not looking after the property.

Premier, my bill is the best way to preserve this property. There's some urgency to the matter, as the buildings are falling down. We want to make this a diabetic camp for children. It's simple: Get up today, give your personal commitment, and then your minister will get off her duff

and do what she has to do to help support the preservation of this property. Why can't you, Premier, have a backbone, stand up and say you support Sir Frederick Banting, Canada's hero?

Hon. Mrs. Meilleur: I'm pleased to see that the member is very interested in protecting this farm. When they were in power, they just did nothing, you know. There was quite a lot of work done—

Interjections.

The Speaker (Hon. Michael A. Brown): Order. Minister.

Hon. Mrs. Meilleur: There were quite a few attempts to amend the Ontario Heritage Act, and nothing was done. When we came into power, we acted on it and passed the amendment. The city of New Tecumseth has the power to protect the farm, and I am confident that both parties will be able to reach an agreement.

Mr. Wilson: On a point of order, Mr. Speaker: I'll file the necessary papers, but I just want to express my—

The Speaker: This isn't the appropriate time to say that. New question.

VIOLENCE AGAINST WOMEN

Ms. Andrea Horwath (Hamilton East): This question is for the minister responsible for women's issues.

Interjections.

The Speaker (Hon. Michael A. Brown): Stop the clock. Order. We had been doing reasonably well. I can wait, and will. Order.

Ms. Horwath: My question is for the minister responsible for women's issues. In December 2004, you announced a domestic violence action plan and promised to end violence against women. Since then, 22 women in Ontario have been murdered by men with whom they were intimately involved.

Lori Dupont, a Windsor nurse, was murdered while at work, after seeking protection through the courts. She died after waiting eight months for her peace bond application to be heard. Minister, why the deadly delay? When are you going bring in legal measures to protect women's safety in the workplace?

Hon. Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): I very much appreciate this, as we come near the one-year anniversary of the Ontario Liberal government's tabling of the domestic violence action plan, the most comprehensive plan that Ontario has ever seen, with a \$66-million investment over this term, all to protect women. In particular, I want to say to the Dupont family, whom I had an opportunity to sit down with on Friday evening—all the family, all of Lori's family, so I could hear first-hand the kind of experiences they've had coping with their daughter's death, which is one of the greatest tragedies in Windsor's history. I can tell you that the Dupont family knows that this government is committed today to protecting women and doing whatever we

have to so that issues like this will never, never happen again.

Ms. Horwath: But Minister, when there's an eight-month delay in having a peace bond issued to protect a woman's life, when breaches of family court restraining orders are not treated as enforceable criminal offences, when women are harassed and assaulted in their workplaces, then violence against women is still not being treated seriously in this province. Your government is not doing enough, and that's common knowledge.

As NDP critic for women's issues, I'll be reintroducing our bill to protect women from harassment in the workplace. Will you and the McGuinty government commit right now to support that bill?

Hon. Ms. Pupatello: Since Lori's tragic death in Windsor, I can tell you this: The Attorney General has called an investigation; the coroner's office is still looking into the circumstances to determine whether or not they will call an inquest. We are anxious for that. Not only does the Dupont family have questions around the death of Lori, a death that should never have happened, but we in this House have questions. We want to know the circumstances that surrounded this absolute tragedy, the death of this young woman who left a young girl motherless. We will not rest until we have those answers. We believe that these investigations may point to government needing to do more in the area of prevention, more in the area of community supports, more in the area of justice, more in the area of training. Those, in fact, are the pillars of the domestic violence action plan.

NORTHERN ONTARIO HERITAGE FUND

Mr. David Oraziotti (Sault Ste. Marie): My question is for the Minister of Northern Development and Mines. As you are well aware, tourism is a \$1.6-billion industry in northern Ontario. Last Friday, I was pleased to announce in Sault Ste. Marie, on your behalf, \$350,000 for equipment and maintenance for Searchmont ski resort. Searchmont is the only resort of its kind in northern Ontario and, as a result, represents an important segment of the winter tourism market in Sault Ste. Marie and surrounding area. Our investment in this sector will assist in maintaining operations at Searchmont this winter and is another significant example of our government's commitment to the north.

Minister, it has been less than a year since you announced the six new Northern Ontario Heritage Fund Corp. programs that will help revitalize the economy in northern Ontario. Can you tell us how these new programs are working to improve the economy of the north?

Hon. Rick Bartolucci (Minister of Northern Development and Mines): Before I answer the question, I do want to thank the member from Sault Ste. Marie for his incredible advocacy for the people he represents.

The six new programs that northerners advised us to develop under the refocused northern Ontario heritage fund mandate have provided new opportunities for north-

ern Ontario youth, new opportunities for young northern entrepreneurs, new opportunities for northern business owners and new opportunities for northern communities and certainly the public-private partnerships that have been developed.

There was a Northern Ontario Heritage Fund Corp. board meeting on Friday, and I am pleased to say that from October 2003 to the present the Northern Ontario Heritage Fund Corp. has approved \$122 million toward 464 projects in northern Ontario, leveraging 406 additional—

The Speaker (Hon. Michael A. Brown): Thank you. Supplementary.

1530

Mr. Oraziotti: Thank you, Minister. Speaker, I want to commend the minister for his efforts and his advocacy for northern Ontario and for helping to make a difference in Sault Ste. Marie, a riding that was certainly ignored by the past two governments for many years. As you know, the economy in Sault Ste. Marie and that of northern Ontario has, in general, experienced significant challenges. In my community, like others, we're working to create a brighter future to retain our youth and to secure new job opportunities. Unlike the previous two governments, we're listening to northerners and investing in programs and policies that they support. As a result, we've had some great local successes recently through the NOHFC such as the Sutherland Group communications centre, the new melamine lamination plant and the wind-power training program at Sault college, as well as a number of other projects that we're working on to make a reality in Sault Ste. Marie and northern Ontario. Minister, can you please tell us how many additional jobs our government has created through the Northern Ontario Heritage Fund Corp.?

Hon. Mr. Bartolucci: Our 2005 budget renewed our annual contribution of \$60 million in support of the Northern Ontario Heritage Fund Corp. This represents the largest annual contribution to the north, through the Northern Ontario Heritage Fund Corp., ever, when you consider the new, redefined northern Ontario. I am pleased to say that with this commitment our government will help create 2,929 jobs in the north. With the money approved, I also look forward to future announcements allocating these funds to important community projects.

WATER QUALITY

Mr. Bill Murdoch (Bruce-Grey-Owen Sound): My question is to the Minister of Natural Resources. Last week, I had a chance to ask the Premier this question, and he didn't seem to understand it and sent it on to the parliamentary assistant for environment. Of course, you know his answers are pretty disastrous, so I'd like to ask the Minister of Natural Resources.

You sent me a letter a week ago. In the letter, it basically indicated that stream erosion was not in your mandate any more. I was wondering if you could explain

to the House when that was taken out of your ministry, that you didn't look after stream erosion.

Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs): I'd like to commend the member for all the work he has done. I have a series of his letters to the ministry, and I have a response back here that says, "I would suggest that the local conservation authority and your municipality consider making a joint application for funding to the Ontario small town and rural development initiative (OSTAR)," and this was signed by the previous minister of the previous government, Jerry Ouellette.

Mr. Murdoch: That isn't the question I asked the minister. If he can't answer the questions, why does he sit in here to get questions? This is a problem we seem to have. If you'd only answer the question, we would get somewhere.

I agreed with you when you mentioned in your letter that conservation authorities were much better able to handle this than your ministry, but I think the minister understands that conservation authorities get their money from the Ministry of Natural Resources. What I'd like him to commit to today, then, is: If the conservation authority, the Saugeen conservation authority, applies for this project, will you finance them in doing this project?

Interjection.

Hon. David Ramsay: I certainly will, Mr. Whip.

What I want to say to the member is, as you know, you're getting a very consistent answer from me, as you got from your colleague the ex-Minister of Natural Resources. What we're saying to the municipality, because this is an infrastructure issue, is that now you should be applying to the modern program we have today called COMRIF. We're asking the municipality to do that. This is an infrastructure challenge and not a river challenge, as you want to keep saying.

I want to say to the member that you need to work with the local municipality to make sure that happens. You know that any sort of crisis is not imminent here; we know the engineering studies have said that it's at least two years. We have lots of time to plan for this. We're saying that you should be applying now. Just like your minister said to you and the municipality a couple of years ago, you should have been applying back there to the old OSTAR program.

Mr. Murdoch: On a point of order, Mr. Speaker: I'm not satisfied with that, so I will file—

The Speaker (Hon. Michael A. Brown): We will need the proper documentation.

VISITORS

The Speaker (Hon. Michael A. Brown): Members, I would like to draw your attention to the members' east gallery, where we have a former member, David Smith from Lambton, who served in the 33rd and 34th Parliaments. We also have Vince Kerrio, who was the member for Niagara Falls in the 30th through 34th Parliaments. Welcome, gentlemen.

PETITIONS

CANCER TREATMENT

Mr. Cameron Jackson (Burlington): “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, 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” their “patients.”

This has my signature of support.

DIABETES TREATMENT

Mr. Jeff Leal (Peterborough): I have a petition today to the Legislative Assembly of Ontario, primarily from the good citizens of Peterborough riding but from some others across the province of Ontario.

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

“We are suggesting that all diabetic supplies as prescribed by an endocrinologist or medical doctor be covered under the Ontario health insurance plan.

“Diabetes costs Canadian taxpayers \$13 billion a year and increasing! It is the leading cause of death and hospitalization in Canada. Many people with diabetes cannot afford the ongoing expense of managing the disease. They cut corners to save money. They rip test strips in half, cut down on the number of times they test their blood and even reuse lancets and needles. These cost-saving measures often have tumultuous and disastrous health consequences. Persons with diabetes need and deserve financial assistance to cope with the escalating cost of managing diabetes.

“We think it is in all Ontario’s and the government’s best interest to support diabetics with the supplies that each individual needs to obtain optimum glucose control. Good blood glucose control reduces or eliminates kidney failure by 50%, blindness by 76%, nerve damage by 60%, cardiac disease by 35% and even amputations. Just think of how many dollars can be saved by the Ministry

of Health if diabetics had a chance to gain optimum glucose control.”

I’ll attach my signature to this petition.

SERVICES FOR THE DEVELOPMENTALLY DISABLED

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

Mr. John O’Toole (Durham): Thank you very much, Mr. Speaker. I’d also like you in the future to recognize the member from Leeds–Grenville. He’s been waiting for weeks.

“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.”

I’m pleased to sign this and pass it on to Andrew and to the table.

1540

CANCER TREATMENT

Mrs. Carol Mitchell (Huron–Bruce): This petition has over 900 signatures on it.

“According to the Ontario Ministry of Health and Long-Term Care, a mistake was made when Velcade was approved for use by a patient suffering from multiple myeloma in May 2005.

“The government’s review process has created a gap in care in Ontario for many people suffering from multiple myeloma. Velcade is available to patients in every jurisdiction but Ontario, forcing many multiple myeloma patients to leave this province and seek treatment elsewhere.

“Please make Velcade available immediately to those patients who require the treatment while the product is under review by the Ministry of Health and Long-Term Care.”

I affix my signature to this petition.

BROCKVILLE GENERAL HOSPITAL

Mr. Robert W. Runciman (Leeds–Grenville): I have a petition signed by several hundred people.

“Whereas the Brockville General Hospital is the only primary care hospital in the Brockville area, and it is essential to maintain all current services;

“We, the undersigned, petition the Ontario Legislature as follows:

“Proposed cuts to the Brockville General Hospital budget would lead to room closures, staff reductions and the loss of lab services for outpatients. We are not in favour of budget cuts to reduce or eliminate services at the Brockville General Hospital.”

I’m affixing my signature in support of this petition.

SERVICES FOR THE DEVELOPMENTALLY DISABLED

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.”

I’ve affixed my signature to it.

FREDERICK BANTING HOMESTEAD

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

“Whereas Sir Frederick Banting was the man who discovered insulin and was Canada’s first Nobel Prize recipient; and

“Whereas this great Canadian’s original homestead, located in the town of New Tecumseth, is deteriorating and in danger of destruction because of the inaction of the Ontario Historical Society; and

“Whereas the town of New Tecumseth has been unsuccessful in reaching an agreement with the Ontario Historical Society to use part of the land to educate the public about the historical significance of the work of Sir Frederick Banting;

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

“That the Minister of Culture endorse Simcoe–Grey MPP Jim Wilson’s private member’s bill entitled the Frederick Banting Homestead Preservation Act so that

the homestead is kept in good repair and preserved for generations to come.”

I want to thank Mr. Bill Smith of Essa township for collecting the signatures on this petition.

MACULAR DEGENERATION

Mr. Bas Balkissoon (Scarborough–Rouge River): I’m pleased to join my colleague from Niagara Falls with this petition.

“To the Legislative Assembly of Ontario:

“Whereas the government of Ontario’s health insurance plan covers treatments for one form of macular degeneration (wet), there are other forms of macular degeneration (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 affix 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 (OLS) 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 affix my signature to this petition.

PROSTATE CANCER

Mr. Bob Delaney (Mississauga West): It’s my pleasure to rise today in support of a petition drafted by

my colleague from Niagara Falls. It's to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas the government of Ontario's health insurance plan does not cover the cost of PSA," which is prostate-specific antigen testing, "as an early method of detection for prostate cancer in men;

"Whereas mammogram tests for women are fully covered by the Ontario health insurance plan for early detection of breast cancer and PSA testing for men is only covered once the physician suspects prostate cancer,

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

"We support Bill 201. We believe PSA testing should be covered as an insured service by the Ontario health insurance" plan. "Prostate cancer is the most commonly diagnosed cancer in Canadian men. At least one in every eight Canadian men is expected to develop the disease in their lifetime. Some five million Canadian men are currently at risk in their prostate cancer risk years, which are between the ages of 45 and 70. For many seniors and low-income earners, the cost of the test would buy up to a week's worth of groceries for some individuals."

It's my pleasure to sign this to show my support and to ask page David to carry it for me.

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr. Tim Hudak (Erie–Lincoln): I'm pleased to bring forward a petition on behalf of my constituents like Debbie Edmunds from Fort Erie and Bobbie Broughton from Port Colborne, which reads as follows:

"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."

I affix my signature in support of my constituents.

CANCER TREATMENT

Mrs. Carol Mitchell (Huron–Bruce): A petition to the Parliament of Ontario:

"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 can apply to the drug benefit plan for a section 8 exception, giving them access to new cancer drugs that are still under review, no such exception policy exists for intravenous cancer drugs that are administered in a hospital; and

"Whereas this is inequitable, inconsistent and unfair, creating two classes of cancer patients; and

"Whereas access to new intravenous chemotherapy is just as urgent as oral chemotherapy; and

"Whereas the lack of the exception policy for intravenous cancer drugs creates further inequities; and

"Whereas the first is directly related to personal wealth. Some cancer patients have the option of paying for treatment out of their own pockets. They may be fortunate and have a private benefit plan that cover 50% to 100% of the drug costs; and

"Whereas the uninsured portion of the drug and the treatment administration plus months of potential accommodation and meal costs must, at great expense, be paid by the patient, but many other patients without drug benefits must pay the total cost of their treatment; and

"Whereas families are being forced into debt or forced to sell their assets, homes, retirement funds or their children's education savings; and

"Whereas this is inequitable, inconsistent and definitely unfair; and

"Whereas the second inequity results from the willingness of individual hospitals to risk a budgetary deficit; and

"Whereas the decision to provide new intravenous chemotherapy treatments to cancer patients is now dependent on the financial ability of the treating facility; and

"Whereas the availability of cancer treatment in Ontario is now inconsistent and inequitable; and

"Whereas cancer treatment in the province of Ontario should not be like this; and

"Whereas people who are battling cancer in a fight for their lives have the right to the best care available. Their treatment should not depend on the availability of the benefit plan, their assets or where they live;

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

"Fill the gap in care by providing 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 allowing oncologists to apply for exceptions to meet human needs."

I affix my signature to this petition.

1550

DIABETES TREATMENT

Mr. Garfield Dunlop (Simcoe North): "To the Legislative Assembly of Ontario:

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

“We are suggesting that all diabetic supplies as prescribed by an endocrinologist or medical doctor be covered under the Ontario health insurance plan.

“Diabetes costs Canadian taxpayers \$13 billion a year and increasing! It is the leading cause of death and hospitalization in Canada. Many people with diabetes cannot afford the ongoing expense of managing the disease. They cut corners to save money. They rip test strips in half, cut down on the number of times they test their blood and even reuse lancets and needles. These cost-saving measures often have tumultuous and disastrous health consequences. Persons with diabetes need and deserve financial assistance to cope with the escalating cost of managing diabetes.

“We think it is in all Ontario’s and the government’s best interest to support diabetics with the supplies that each individual needs to obtain optimum glucose control. Good blood glucose control reduces or eliminates kidney failure by 50%, blindness by 76%, nerve damage by 60%, cardiac disease by 35% and even amputations. Just think of how many dollars can be saved by the Ministry of Health if diabetics had a chance to gain optimum glucose control.”

I’m very pleased to sign this and present it to Brenna to present to the table.

ORDERS OF THE DAY

LOCAL HEALTH SYSTEM INTEGRATION ACT, 2005

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

Resuming the debate adjourned on November 29, 2005, on the motion for second reading of 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 Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mr. Phil McNeely (Ottawa–Orléans): I’m very pleased to speak to An Act to provide for the integration of the local system for the delivery of health services. I think that as this government moves forward with the transformation of health care in this province, the LHINs, the local health integration networks, are going to be keys to providing the health care that we as Ontarians want and need. Taking the planning and setting of priorities down to the local level is really important if we’re going to change health care with the resources that we have, if we’re going to be able to deliver the health care we need.

The \$23 billion spent on health care in this province is now effectively run from Queen’s Park, from the Ministry of Health and Long-Term Care. When this change is

in effect, when this is complete, we will have 14 LHINs across this province, looking after approximately \$2 billion of health care each. You won’t have that bureaucracy that we have in health care now that is concentrated in one area. The decision-making and priority-setting will be within the community.

I’m very pleased that at our health integration network, which is the Champlain one, the CEO has been named. Dr. Cushman, who I worked with for three years at the city of Ottawa, is an excellent health professional. One of the things that Dr. Cushman did while he was in Ottawa was to get the no-smoking bylaw, to reduce smoking. That was just one of the things he did there. He was very effective with public health, and certainly, as a councillor for those three years, I was proud to be working in the city of Ottawa with Dr. Cushman, who did so much.

The chair of the board has been selected as well. The chair of the board in our case is Michel Lalonde. He very successfully ran a hospital in Hawkesbury for many years. He has that ability to make the decisions. What we’re going to get will be a large area, it’s true. Ottawa will be the core of it, but it will stretch a couple of hundred kilometres west and 100 kilometres east to take in Prescott-Russell, but it will certainly be a group of people who will be able to make the decisions to the benefit of the people in the Ottawa area.

We’re going to have a lot more transparency in the system and we’re going to have equity in the system. Equity is very important. Just to talk about equity a bit, I’d like to talk about the Ottawa situation; that’s the one I know. I talked to the member for Lanark–Carleton, and John Baird, the former member of this House, who were part of the government in the last few years, and I talked to a reporter of the Citizen who covers Queen’s Park here.

It was evident when the information started coming out—the first good information we had on how different areas of this province compared was the ICES report, Access to Health Services in Ontario, April 2005. That report came out just seven or eight months ago, but we knew during the last election that per capita, Ottawa had less than half of the MRIs that other areas of the province had, and as a result, people were buying MRIs in Quebec and Gatineau just across the river for \$700, \$800, and they were going to the US for MRIs. If you didn’t want to wait the nine to 12 months, you could also probably get an MRI in Kingston in three months.

That was the legacy of the last government, a government which closed hospitals in Ottawa: closed the Grace Hospital, closed the Riverside Hospital, tried to close the cardiac unit at CHEO and underfunded diagnostic and medical equipment. There was no way of finding out how we rated across this province. Once the ICES report came out, and now that we have a Web site, we can see how we rank and what the wait times are across this province.

So you’ll have your local health integration network, you’ll have Dr. Cushman representing you, Michel

Lalonde representing you, that full board, the best people we can get in our community to run that. They're going to know how we're doing with other parts of the province.

That's one of the things, equity, but we also have to look at the best use of services—we call them silos—and not working with each other. I was in Ottawa about six months ago with Minister Smitherman, and we were announcing the transition beds for people who were able to come out of the hospital after an operation and were either going to long-term care or going home. There was that period in between, but it was just impossible to get them—they had to stay in the hospitals much too long. I think it was 70 transition beds we got that are going to be great.

This was a pilot project started with the former government and was extended. It was very successful. Your LHINs are going to be able to look at that. LHIN will talk to LHIN, I'm sure, across this province, and we'll have the best solutions for health care communicated between the various areas. You'll have a group of professionals who will be strong enough—the LHINs will be strong enough to talk to the hospitals, they'll be strong enough to talk to the CCACs and they'll be able to make the best decisions for our patients and for the taxpayers of Ontario.

Just one health caregiver, a long-term caregiver in my area—it was the SCO that was getting 18% less for the same service as a long-term-care institution in another part of the province—couldn't meet their budget requirements; they couldn't run it. They were going to have to lay off staff and cut their beds. They could not get a resolution of that, and that was just straight inequity across borders. It shouldn't occur, and it won't occur in the future. These LHINs will be given their budgets, and they will be given those budgets on the basis of their needs. This will make for a lot better use of taxpayers' dollars and better service to the people of Ontario.

We have the LHINs taking over the hospitals, divested psychiatric hospitals, community care access centres, community support service organizations, community mental health addictions agencies, community health centres and long-term-care homes. Those are all going to be under this direction. Whoever can provide the care in the best fashion will be providing the care. We won't be looking at long-term agreements or traditional funding where, basically, you got so much this year and you're going to get so much more next year. That doesn't work.

1600

The areas that will not come under the LHINs—it makes sense; it's province-wide—are public health, which is through the municipalities to a great extent, dealing with physicians, ambulance services, laboratories, and provincial drug programs.

So it's what's going to be good. We'll have meaningful dollars in the \$2-billion range that can be looked at by the local health integration networks and it's going to really give us what we need to manage health, to make the changes to improve the quality of health care in our

communities. Micromanaging the \$33 billion has not worked in the past. We're going to have a system of responsibility and transparency. We'll have audits of these LHINs. We're going to have a system that works for Ontario.

The criticism that these are going to become other bureaucracies—well, there are dollars involved in changing this and in changing the CCACs, but those dollars are going to come back to taxpayers in Ontario many times. They're going to come back in the form of a reduction in health costs and the provision of more health care. All in all, the provision of the LHINs is going to be the transformation in health care that we so badly need in Ontario, transformation that is hard to do, transformation that causes dislocation, but transformation that is in the interests of the people and the taxpayers of Ontario.

I am pleased to support this legislation. I think it goes a long way in going where we want to go, where Minister Smitherman wants to go with health care. I'm very pleased to be part of the government that is bringing this forward.

The Deputy Speaker: Questions and comments?

Mr. Norm Miller (Parry Sound–Muskoka): I'm pleased to comment on the speech made by the member from Ottawa-Orléans to do with local health integration networks.

I have some concerns about the implementation of local health integration networks as it affects Parry Sound–Muskoka. In particular, we have a unique situation in Parry Sound–Muskoka in that we do have integrated health care connected on both sides of the riding, in Parry Sound and in Huntsville, where we have two of the current 42 community care access centres in the province, which are tied in with the hospitals, so both in Huntsville and Parry Sound. From what I understand, that system works very well, where you have the hospital connected with the community care access centre, also tied together with long-term care. It is, in a rural model, working very well as an integrated method of delivering health care. In fact, when you go from 42 CCACs to 14, you're actually taking health care farther away from the people. That's the opposite of what is supposed to be happening with this bill, so I do have concerns with this situation as it affects Parry Sound–Muskoka.

I've travelled the province in my role as northern critic. I've visited Mattawa, where they desperately need a new hospital. They have a situation right now where they're using portables; it's an awful situation. They're waiting for approval from this government. But when I visited with the members of the board at Mattawa hospital, they pointed to Parry Sound and said, "That's the model the government should be looking at for integrated health care, particularly in rural areas." So I hope this government will not throw away what is working in both Parry Sound and Huntsville as they implement this local health integration network program.

Mr. Gilles Bisson (Timmins–James Bay): It's kind of apropos that we're in this debate this week, because just last Friday I had in both my Kapuskasing office and

my office in Timmins workers from across the health care services, mostly CUPE, who were out doing an information picket at my constituency office. They raised a number of issues that I think are important ones that we need to address.

One of them is that with the competitive model the government put forward in this bill, will this particular legislation lead to the possibility of yet more privatization within our health care services? I think that's a very real concern, one the government is going to have to respond to. They're also saying that the creation of these LHINs really creates a buffer between the funders, being the province, and those people at the local end receiving the service. One of the people on the information picket was telling me the other day that it's a little bit like the creation of the large school boards we had under the Conservatives, where we ended up removing farther away from individuals the ability to have an influence over decision-making. They worry that the LHINs are going to do that by sheer fact of the large geographic areas they're going to be covering, especially in northern Ontario.

One of the things that troubles me is what we are doing, in conjunction with this legislation, to community care access centres. We now have community care access centres in our communities. By and large they're working fairly well. They're probably a little bit larger geographically than they need to be, but they're somewhat functional. I look at the CCAC in the Cochrane district, and whenever somebody in Hearst, or Kap or Timmins or Smooth Rock calls me and says, "I have a problem getting services in my home through the CCAC," you can call the local person in Timmins or Hearst or wherever it might be and you're able to get a response to the problem and try to find solutions. We're now going to make CCACs as big as these newer LHINs, which means the decision-making is going to be in Sudbury or North Bay—not that I have anything against those communities, but it's pretty far away from the areas where the services are delivered. That's one of the things lacking in this legislation.

Mr. Bob Delaney (Mississauga West): The former member for Nepean–Carleton often urged government members to—to use his own words—"stand in your place and do the right thing."

That's why it's a special privilege for me to stand in my place and to say to Ontarians that local health integration networks, or LHINs, are the right thing to do at the right time in Ontario history, in the right place, which is in our local communities and not in the labyrinthine halls of the Ministry of Health.

The right thing is to build Ontario's health care system around the needs of our patients and communities. That's why Ontario's government is implementing LHINs.

The wrong thing is to perpetuate a decades-old, haphazard system that delivers results in a haphazard manner. That's what the former government did, and that's why they will be the opposition for years to come.

The right thing is to manage our investment in health care to preserve the economic advantage that the effici-

encies and economies of publicly run health care give to businesses all across Ontario. That's why Ontario's government is implementing LHINs.

The wrong thing to do is to pull \$2.4 billion annually out of health care. That's what the opposition party has pledged to do, and that's why they will be in opposition for years to come.

The right thing to do is to take the time and to do the consultations required to design a robust and forward-looking made-in-Ontario health care solution. LHINs are that solution. That's why Ontario's government is implementing LHINs.

The wrong thing to do is to dive for cover behind the status quo, to be timid and afraid of change. That's the position of the opposition party, and that's why they will be in opposition for years to come.

Mr. Norman W. Sterling (Lanark–Carleton): John Diefenbaker said a long time ago about one of his backbenchers and one of the members of—I think his name was Reilly from Ottawa West. Anyway, he called him a johnny-one-timer.

That's what I gathered from that last speech, that somebody who has been here for two years has gained such wide and sufficient knowledge to predict how long we're going to languish here in opposition.

One of the greatest misrepresentations that has been put upon this assembly is that somehow we're going to cut \$2.4 billion out of the health care budget. What a joke. I mean, this is what the Liberals would like the public to believe we have said. We haven't said that. It is a big—I can't say the word, Mr. Speaker, because the House rules deny me the opportunity to say that. But it is not a position of this party and never has been a position of this party. I wish the Liberals would portray what their position is and not try to stick us with a big, fat—I can't say the word.

The Deputy Speaker: The member for Ottawa–Orléans, you have two minutes to reply.

1610

Mr. McNeely: I wish to thank the members for Parry Sound–Muskoka, Timmins–James Bay, Mississauga West and Lanark–Carleton for their comments.

This is really important to me. Finding myself elected, one month after that election I ended up in a boardroom down on Rideau Street in Ottawa with about 20 bureaucrats around the table who were going to brief me on where health care was in Ottawa. The member from Glengarry–Prescott–Russell was there as well. I'm not sure if there were other members there, but we were being briefed.

I knew as much after I came out of the meeting as when I went in about health care—that wasn't much—but it really pleases me to see that we're going to get dollars, measurable dollars, in the \$2-billion range—still very large. That's the same budget as the city of Ottawa, to compare, but we're going to have budgets that are manageable. They're not going to be \$33 billion micro-managed, which just doesn't work. It didn't work in my business. We had to give the decision-making to the local

offices. It doesn't work in health care in Ontario. So I'm glad we're going in that direction.

We're not going to get into the situation where you have hospitals and CCACs that were bargaining with Queen's Park, all of the caregivers trying to present their case to Toronto on funding and the traditional funding, which wasn't fair. We're going to have local people making the decisions, and they are going to be good people, like Dr. Cushman and Michel Lalonde. They're going to be people who understand business, understand government and understand giving Ontarians the best results for the dollar that they possibly can.

I look forward to the transition. It's the right thing for health care in Ontario. I think there are going to be growing pains and certain people will be hurt during the transformation, but it's the right place to go, and I'm very pleased that we're going in that direction.

The Deputy Speaker: Further debate?

Mrs. Elizabeth Witmer (Kitchener–Waterloo): I'm very pleased to speak to the Local Health System Integration Act, 2005, otherwise known as Bill 36, which was introduced by the health minister on November 24, 2005.

I want to begin by stating that our party does support a coordinated and integrated health system that is accessible—

The Deputy Speaker: Excuse me, member for Kitchener–Waterloo. The question should be clarified: Are you doing the lead?

Mrs. Witmer: I am.

The Deputy Speaker: You are. Thank you.

Mrs. Witmer: Let me continue. Our party does support a coordinated and integrated system that is accessible, efficient and effective. However, we do question the process that has been put in place by this government to achieve that end. In fact, we know that there are many, many unanswered questions. We also know that there was little or no real consultation with the stakeholders in the province of Ontario. As a result, I am finding that, as each day goes on, we are now hearing from health stakeholders who have some grave concerns about this legislation and the power that it gives both to LHINs and to the minister.

As I say, we support a coordinated, integrated system. In fact, it was our government that put in place the Health Services Restructuring Commission. The intent of that commission was to make sure that we integrated and coordinated our system and that we started to put in place a continuum of care for people in the province of Ontario. That continuum that we put in place began with an emphasis on wellness promotion and illness prevention. It went on to make sure that we expanded access to primary care. We put in place many initiatives to increase the number of physicians in the system, such as expanding medical school enrolment and improving the process for foreign-trained doctors to have access into the Ontario system.

We then set in place, as you know, primary care reform. We were the very first province in Canada to take

a look at establishing family health teams. We originally had seven pilot projects in place where the concept was introduced whereby you would have a family health team that included not just doctors but also nurses, pharmacists, social workers and dieticians. In other words, we wanted to make sure that people in this province, no matter where they lived, would have the access to a family doctor and the other health professionals that they so desperately need.

After that, of course, we made sure that we took a look at our hospitals. We wanted to make sure that our hospitals had the facilities and the staff that they needed to respond to the needs of people in this province. We expanded cardiac care centres. We built many new ones. We built many more cancer centres. We expanded dialysis services. We also expanded the number of MRIs and CT scans in the province.

We did this in order that people in this province could have services closer to home. The expectation in the past had been, "OK, we're going to expand the cancer centre in Toronto," and everyone was expected to come here. But we believed, and we continue to believe, that patients in this province deserve strong services within their home communities, as close to home as possible. I can tell you from personal experience, in my own community we now have MRIs; we now have a cardiac centre; we have a cancer centre. The one thing I hear over and over again is the appreciation for having these services close to home so that people can be closer to their family and friends.

As we continued to expand that continuum of care, we realized that for many years in this province, under both the Liberals and the NDP, there had been no expansion of long-term-care beds, and yet we had a growing older population. So our government committed the funding for 20,000 new long-term beds. We also decided to renovate the older ones in order to make sure that all of our older citizens who required this accommodation—and also other people, because today the fact is that many people who are living in our long-term-care facilities are also younger people. We wanted them to be able to live in a home that had all of the qualities that one would want to find in their home, and so we did that. We also expanded community services.

This bill today builds on the continuum of care, the restructuring that we put in place. As I say, we support a move toward a more coordinated, integrated system, but we don't support the process that has been put in place in this case to achieve that end.

Now, this particular act is going to require that amendments be made to 14 other acts, including—and I am just going to name a few, not all 14:

- the Commitment to the Future of Medicare Act, 2004—we referred to that as Bill 8;
- Community Care Access Corporations Act, 2001;
- Long-Term Care Act, 1994;
- Nursing Homes Act;
- Pay Equity Act;
- Personal Health Information Protection Act, 2004;
- Public Hospitals Act;

—Public Sector Labour Relations Transition Act, 1997;

—Social Contract Act, 1993; and

—Tobacco Control Act, 1994.

Now, it's interesting to note that two of the 14 bills that are going to have to be amended were brought forward by this government, and those are the Commitment to the Future of Medicare Act and the Personal Health Information Protection Act. This certainly demonstrates that this government didn't have the foresight to recognize that when they introduced this bill, it was going to have an impact on those other acts, and I think it speaks very loudly and clearly about this government's lack of a clear plan for health care.

I want to now begin addressing some of the concerns that we have heard about this legislation. We have heard these concerns from people within the system, individuals or health stakeholders. We hear over and over again about this one concern: "This bill does not focus on the patient." True. The reality is, LHINs and the legislation we have here are focused on system structure and organization and they create 14 new bureaucracies. This bill has little or absolutely nothing to do with improving the experience of individual patients within our system. The bill does not focus on the people who use the system.

1620

I can tell you, as a former Minister of Health, I recognize that the system is all about people. It's all about the people who use the system and it's all about the dedication and the skill and the compassion of the health care professionals and other individuals who work within the system.

So again, this bill is not about patients, and it doesn't focus on patient needs. There's no accountability here to patients. In fact, I would say that most people in this province today are not aware of the introduction of this legislation, because it simply does not have what they perceive, at the present time, as any impact on improving access to care in the province of Ontario. We need to make sure that when we introduce legislation, it is responsive to the needs of the people within the system. We know that this is important; we hear this every day. The Ontario Medical Association talks to us about the need for people to have more family doctors. We don't have enough of them in the province. Nurses tell us about the need for people to have greater access to nurses. They tell us we don't have enough. Emergency doctors recently told us about the fact that they're not able to respond to the needs of patients within emergency rooms because they don't have the budgets. The government has forced them to balance the budgets. As a result, they don't have enough nurses and they don't have enough beds to respond to the needs of patients.

The concern that we have heard time and time again is that this bill lacks a focus on patients. In fact, for the record, when the minister introduced the legislation in the House in his speech, the word "system" appeared 19 times; the word "patient" appeared only five times. The legislation itself uses the word "system" over 100 times while "patient" appears less than 20 times.

If we go back to the fact that this bill is not patient-focused, one of the concerns we've heard from the Ontario College of Family Physicians supports this. They say that there is a need to be taken into account that, as LHINs are established, there is an integration with primary care if the system is to truly be patient-focused. So they have also identified the fact that, as the legislation currently exists, there is no focus on the patient. As you know, not only does the LHIN legislation specifically exclude doctors, but it also excludes the drug programs from the LHINs.

The college has a further concern, and that is the fact that there needs to be a process to give a voice to the public, especially their patients; there is not, within the LHINs legislation. So I ask the government, where are the patients in the LHINs legislation?

I want to go on and talk about another concern that has been expressed, and I think this is one we're going to continue to hear about when people finally recognize what's taking shape in the province of Ontario as we begin the change and we put into place 14 new LHINs or 14 new bureaucracies: the size of the LHINs. The one thing we keep hearing is about the boundaries: How and why were these boundaries selected and why are they, in so many cases, so large? For example, my colleague who represents Parry Sound, and his constituents, are in the same LHIN as a person who lives up in James Bay. Folks, we are not bringing the decision-making any closer to people in these communities than we were before. I think that this is going to become a growing concern. Also, somebody living in Owen Sound, up near the tip of Lake Huron, Georgian Bay, is going to be in the same LHIN as someone living in St. Thomas or London. If you take a look at all of the little communities in between, you've got Goderich, Clinton, Walkerton, Exeter, Crediton; Centralia, you've got Hensall, you've got Zurich, you've got St. Joseph, and the list goes on and on and on. Again, I can tell you, people in those communities are not going to have a voice. They will not know the people who are the directors. It's not going to make any difference.

Again, let's take a look at somebody living in Pickering. They're in the same LHIN as somebody in Haliburton. Furthermore, a community care access centre today that is currently serving 380,000 Halton residents is now going to become one of the new LHINs serving Hamilton, Niagara, Haldimand-Brant that will serve a population of 1.3 million. So despite the fact that the minister talks about bringing decision-making closer to home, the fact that we're going to reduce the number of CCACs from 42 to 14 and make them the same as the LHINs means that you are actually reducing the amount of community involvement in the whole process.

Last Tuesday, the minister stood in the House and he said, "We asked local people, people from local communities, who are closer to the action, to help prioritize what local priorities must be established." Well, I don't know how you can appoint a board that is going to fairly address the health care needs of communities such as

Pickering and Hamilton, communities such as James Bay and Parry Sound, and everything in between. If this is the minister's definition of a local community, I think there are a lot of people in this province who would disagree with him. The reality is that the size configuration of the LHINs is going to make it impossible for health care decisions to be made closer to home or to meet the individual needs of communities as diverse as James Bay and Parry Sound, or Owen Sound and London, and Exeter and Zurich and Clinton. I think the concern is going to grow about people's lack of ability to have any real input in decision-making in their particular LHIN. It's not driving decision-making closer to home.

The Ontario College of Family Physicians, in their paper *Local Health Integration Networks: A Means Not an End*, says that one of the issues that they have raised is this notion of equitable access for all. It's simply not there. In fact, if you take a look at this whole notion of equitable access, size of the LHINs, we have to remember that in some other jurisdictions this whole process of regionalization has actually had a negative effect on rural communities. What I mean is, in other provinces.

I think rural communities in other provinces were probably as hopeful as people in the province of Ontario—at least those few who know about the LHIN legislation—that regionalization would improve their access to care. However, I regret to inform this House that based on the data, centralization of resources in larger centres has had the opposite effect. As a result, in many northern rural communities today, where they've gone through a similar process, more than 50% of the health care dollars are now spent on travelling to find care, as opposed to having the care close to home.

Again, in other rural communities the array of services provided locally has decreased. We saw an example of that even today. I raised an issue in the House today about the Rouge Valley Ajax-Pickering hospital. That community was shocked and surprised to learn that come December 14 their obstetric and pediatric services were going to be closed and they would have to travel to the Centenary site in Scarborough. I can tell you that many expectant mothers who are going to give birth in December are very, very distressed. This means not a drive of a few minutes, but a drive of 30 minutes, 45 minutes, as they make their way back into the city.

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So here is this community, Ajax-Pickering, losing those services. We've also heard speculation that the plan is—and certainly this is quite possible if you take a look at the LHIN legislation—that eventually this hospital may become a geriatric care centre and it will no longer be a community hospital. Again, this is very possible through the LHINs legislation. I'm going to be talking to that a little bit later, about the power that this legislation gives to the minister, the ministry, the government and the LHINs.

The college goes on to say that there's going to be a need for LHINs to support rural communities by ensuring

that there's strong representation from small rural communities on their boards. There are going to have to be committees to give voice to all citizens and to address the inequities in funding amongst the various communities.

So there is a real need for this government to recognize that the introduction of these LHINs can have the unintended consequence of removing services from rural communities, forcing people to travel distances, and it's going to have a negative impact.

The other concern we continue to have, and it really builds on what I've just said about the size of LHINs and the impact, is the whole lack of community involvement. You know what? This bill, contrary to what the minister said in the House last week that community-based governance is going to be increased, actually steals local autonomy away from the people in the local communities. Take a look. I would ask the minister, where is the community voice? There should be an obligation on the part of the LHINs to consult with the public. There should be a process. There is not in this legislation. There is no process for community engagement. Despite the fact that they say there should be, there is not one.

We also have to remember that all of the appointments to this board are political appointments. They are not community appointments. These people have not been elected or selected by the community. These are appointments that have been made by the government through cabinet, the minister and the Premier, and it's these political appointees who are now going to be making decisions on behalf of all the people in the province of Ontario. So there is no community voice. Of course, this is different than hospital boards.

There should also be an appeal process when a community disagrees with a LHIN decision, and that's not there. These LHINs are being given tremendous power. They are being given the opportunity to make decisions about amalgamating hospital services and programs. In fact, they can even make a recommendation to eliminate a hospital or eliminate community services. Again, there is no opportunity for a community to disagree. There is no formal appeals process for the community.

This bill totally eliminates any accountability to the local community. The LHINs are accountable to the minister. It eliminates local autonomy. There is no formalized process for input whatsoever.

I would encourage the government—and I hope the government is going to put some amendments in place—to put in place a mechanism for appeals, that they clearly spell out how the community can be engaged and involved in providing input; otherwise, this legislation today is going to give a great deal of power to very few politically appointed people.

The minister also spoke about transparency and making decisions in a transparent way. This is from a government that is not only forcing hospitals to balance their budgets but to do so by cutting patient services. If you look at the steps in the plans, steps 6 and 7, they're also forcing hospitals—talk about transparency and the

lack of it—to sign confidentiality agreements forbidding the hospital to release information about which services are going to be cut. So the community doesn't even know. This government is not transparent. In fact, we know there was no transparency with the development of this LHIN legislation. Rather, the government called people in from time to time and said, "This is what we propose to do." The legislation was drafted in secret—we've heard that from the health stakeholders—and I would just stress that there were only artificial gestures of consultation but no opportunity for real input.

Another concern there is with LHINs is the fact that we're establishing new bureaucracies: 14 to be exact. Contrary again to what the minister said about returning health to local communities and local decision-making, what we have is the creation of 14 new bureaucracies. These bureaucracies have a minister-approved CEO and nine board members who are political appointments.

There's a huge amount of money. Unfortunately, the government has never given us the details, despite the fact that we have asked for some information about the cost of implementation of this plan: how much it's going to cost to create the 14 new bureaucracies. We've seen figures like \$100 million. We know it cost almost \$20 million to eliminate the district health councils. We would really appreciate, on behalf of taxpayers, if this government would come forward and provide us with a cost analysis as to what is going to be involved as we create 14 new bureaucracies. Again, despite our requests, the minister has failed to provide us with one.

We already know, and of course legal firms are telling us now, that there are going to be huge legal costs for union harmonization, severance, legal fees and many other costs. This ministry again has not shared with the taxpayers of this province what those costs are going to be. There are many people who suggest that this money could be better spent on patient care.

We ask, "Where is the \$2.4 billion from the health tax going?" Let's not forget that this government promised not to raise taxes, and the first thing they did was introduce a new health tax to the tune of \$2.4 billion. To this day, people are not seeing improved access to care or a reduction in wait times, and they question how this government is spending their money.

Let's take a look at CCACs. Again, we know there is no returning power to the community. Whether it's LHINs or CCACs, this whole bill is really stealing decision-making from the communities.

We also know that the government started eliminating hospital boards through the Commitment to the Future of Medicare Act. In some respects, this LHINs bill is continuing to take more power away from those local hospital boards which, by the way, have the support of their local communities. They are, I would say, people who are prepared to work and who are trusted.

Another concern here is about the timelines. There is no timeline for implementation. This government is great; they love to make announcements. However, they cannot operationalize or implement their announcements.

We only have to take a look at the family health teams. Sixty-seven were announced; we know there is only one that is fully operational. This government is simply unable to follow through or have a plan of implementation, and I guess that's why the minister can't tell us how much it's going to cost. In fact, we know from a Management Board document that he wasn't even able to tell his colleagues how much this whole exercise is going to cost.

So we don't know when they are going to be implemented, we don't know what the timeline is and we don't know what it's going to cost the taxpayers of Ontario. These are some of the concerns we have heard generally from health care providers and patients.

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Let's take a look at what we are hearing from some of the law firms in the province of Ontario. I want to begin by taking a look at the analysis of this bill that has been done by Cassels Brock. I am going to quote directly.

The Ministry of Health and Long-Term Care proposes to give itself and local health integration networks—LHINs—far greater powers under Bill 36 than were previously granted to the ministry under either Bill 26, the Savings and Restructuring Act, which we introduced, or the Commitment to the Future of Medicare Act, Bill 8, which this government introduced in 2004. They go on to talk about far greater powers to restructure the publicly funded health care system without cabinet approval.

I don't even think the people on the government benches know about the consequences of this bill as they stand up to support it. If you take a look at what the reaction of this government was when our government introduced Bill 26, how enraged they were—in fact, I bet I could dig up a few quotes about how this government felt about Bill 26.

I've got two pages here. I know you're all anxious to be quoted, and I do appreciate that. But Cassels Brock is saying that your bill, Bill 8, gives more power to the people than ours did.

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I'm not going to vote for it, then.

Mrs. Witmer: You'd better not vote for it.

This is what Dwight Duncan said: "My first ... recollection"—this is back on November 17, 1997—"in the two years of the life of this Parliament was Bill 26, the bully bill, the omnibus bill, which gave sweeping new powers to the Ministers of Health and Municipal Affairs and to the cabinet."

Then, of course, we've got David Caplan on September 29, 1997, saying: "Why is this government centralizing power in the hands of a minister by regulation? Why have they done that in Bill 26 with health care?" Well, we're just seeing now that, according to Cassels Brock, you have given yourself the same power.

Dalton McGuinty said, on September 18, 1997, "Only a short while after that we had Bill 26, when we were forced to bring the Legislature to a halt because this government was trying to sneak in powers of an unre-

cedented nature in order to grab hold and bring about change in this government, which we are continuing to experience.”

In 1997, your Premier thought it was OK to bring in a bill that had unprecedented powers. We now learn, according to Cassels Brock, that this bill you've introduced has far greater powers than Bill 26 and allows the restructuring of the publicly funded health care system without cabinet approval.

Interjection.

Mrs. Witmer: I don't know that I've got a quote from you.

Hon. Mr. Bradley: You've got to find one, Liz.

Mrs. Witmer: I don't have one. I am so sorry.

John Gerretsen made an interesting point on December 3, 1997. He said, about Bill 26, “that ministers were given substantial regulatory powers of the kind and nature that they had never had before.” Then he says, “Government by regulation is a government that decides issues away from the Legislative Assembly, away from the general public, so that people will not have an opportunity to see what is actually being changed. That's the concern we have about this bill and about any bill that talks excessively about regulations.”

I would say to the members of the government that if you take a look at this bill—and I doubt if many of you have read the bill; it's not terribly exciting—you will see that it gives tremendous regulation-making power, and most of the decisions that are going to be made are not going to be made as a result of cabinet approval. For the backbenchers in the government side, you will not have any opportunity to express your concerns.

So, the proposed powers—I go on quoting Cassels Brock—would allow LHINs and the Minister of Health and Long-Term Care to restructure the publicly funded health care system in the goal of achieving a system that is more accessible, effective and efficient. We have no cause for concern, of course, with that. This is what is happening with the power that's being given to the LHINs.

They go on to say that one of the ways the minister would exercise his authority is by issuing integration orders. If necessary, court orders could be sought to enforce LHIN integration decisions or minister's orders. Talk about going further. LHINs and the minister could require health service providers to integrate services horizontally, vertically or by outsourcing the delivery of these services to the private sector. Can you believe this? This is a government that talks about no two-tier, anti-private anything, and this bill is going to allow the minister to require the health service providers to even outsource the delivery of services to the private sector.

The Lieutenant Governor in Council's regulation-making authority will be limited to prescribed non-clinical services such as payroll, purchasing inventory, food and maintenance. This will allow the minister to unilaterally—listen to that word, “unilaterally”—without the input of you on the government benches representing people in this province or those of us on this side of the

House—In other words, the public's not going to have any input. It'll allow the minister to unilaterally expedite the integration of a hospital's non-clinical services by transferring non-clinical services to a prescribed person or entity on a prescribed date.

I think you can see that there is enormous power being given to the minister; unprecedented power; power that this government was concerned about when we introduced Bill 26. According to Cassels Brock, this legislation goes far beyond Bill 26.

I have a few more quotes from Liberal members, but I still can't find yours here. I don't think I have one.

Mr. John Milloy (Kitchener Centre): Do it from memory.

Mrs. Witmer: I can't remember what was said at that time, back in 1997. I just know that there was a lot of wailing and gnashing of teeth and—

Interjection.

Mrs. Witmer: That's right.

Dwight Duncan—this is interesting. He says this—it's funny: “It's clear to us now, after having read the bill, why the Conservatives had wanted to rush it through without public input. The Conservatives know that if the public knew what was in the bill, if their own backbenchers knew what was in the bill, there's no way their own backbenchers would let them get away with it.

“This ... allows the Minister of Health to single-handedly close any hospital. It gives the minister access to confidential health records.”

Then he goes on to say, “Bill 26 and the way the Tories introduced it remind me of an old Christmas story:

“'Twas the week before Christmas and all through the House,

“Tory backbenchers were stirring, wondering what Bill 26 was about.”

You know what? We could go on and write a little bit of a story about the bill we've got in front of us today. Then he ends with saying,

“Now all we have in Ontario are policies that are mean.

“Bah, humbug, and shame on all of you.”

It doesn't rhyme, but it was a Christmas story.

Here's a quote from Tony Ruprecht. He talks about the “imperial presidency or this imperial cabinet,” and he talks about the need to disagree with the changes. Then he asked if the government benches have been consulted. Of course, he answers the question himself by saying, “I might ask them.... Have you been consulted?” There is great power for the minister to do things.

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Let's now take a look at some of the other top issues that have been raised by some of the legal firms in this province. There's a big question about the whole issue of community engagement. Nobody quite knows what it's going to look like, how they're going to be involved, how they're going to be consulted with respect to decisions. I talked about that before. Again, this bill does leave a lot to regulation. That whole issue of community engage-

ment is going to be left to regulation, to be addressed at a later date.

If the minister's stated purpose for introducing Bill 36 is to move toward community-based care and to enable communities to determine local priorities, I believe personally that this whole matter of community engagement should be dealt with in the legislation, and I would trust that the government would make some amendments. They shouldn't be leaving it to the less scrutinized regulation-making process. We need to know, people in this province need to know, what does community engagement look like? It needs to be front and centre in Bill 36.

Interjection.

Mrs. Witmer: I know that Mr. Levac, a great representative for his riding, agrees with me.

Number two—and this is going to be an issue that is going to attract a lot of interest and concern: This bill, according to legal firms, does interfere with contractual rights. Subsection 19(3) will allow the minister to assign his rights and obligations to LHINs under all or part of agreements between the minister and health service providers, including agreements to which non-health service providers are parties. In the case of such an assignment, the minister could terminate all or part of the agreement prior to the date set out in the agreement. Again, you can see the power. This provision will give the minister the statutory authority to interfere with the contractual rights contained in the assigned agreements by terminating the agreements in a manner that may be contrary to the termination provisions agreed to by the parties. I think this one is going to cause a lot of noise and angst, and I think we'll be hearing from the unions.

Another concern is the health service provider obligation to identify integration opportunities. Bill 36 will impose a statutory obligation on health service providers to identify integration opportunities both separately and in conjunction with LHINs. This is in section 24. While there are no penalties for failing to identify integration opportunities, it is unclear whether there could be any financial repercussions—that is, through funding—for health service providers that fail to do so.

Number five: Concern about ceasing to operate as a public hospital. Part VIII, the consequential amendments, would amend section 44 of the Public Hospitals Act—PHA—to reflect a LHIN's ability to make an integration decision “under which a hospital will cease to operate as a public hospital.” This has to be of tremendous concern to people in the province of Ontario: The fact that there can be a decision made under which a hospital will cease to operate as a public hospital.

We heard today about the Ajax-Pickering Hospital losing its obstetric and pediatric services. We heard from some of the people in that community that there was a plan to convert that public community hospital to a geriatric care centre. So again, the question is asked: Does this mean, for example, that while a LHIN will not have the power to order the hospital to cease operating or carrying on business, it will have the power to make an

integration decision that could change the hospital's role to something else, such as a community health centre or a long-term-care facility, which I've just spoken about?

Another concern that's being raised by legal firms: the provision of services contrary to religion. It seems that the deference that has previously been shown to restructuring religious health care organizations may be eroded under Bill 36's provisions. In my own community, I have St. Mary's Hospital. LHIN integration decisions and minister's orders are restricted from “unjustifiably”—I quote that word—requiring a health service provider that is a religious organization to provide a service that is contrary to the religion related to the organization. That's in sections 26 and 28. The use of the word “unjustifiably” suggests that LHINs and the minister may be entitled under Bill 36 to require health service providers to provide services that are contrary to the organization's religion when it is justifiable. For example, where a religious health service provider is the only hospital in a community, it might be argued that in order to improve access in the community it is justifiable to require it to provide family planning services. So again, we anticipate that religious health service providers will take the view that the word “unjustifiably” must be deleted from section 26.

Another concern is the devolution of powers, duties and functions. The Lieutenant Governor in Council may devolve any of the minister's—or person appointed by the minister or the Lieutenant Governor in Council—statutory powers, duties or functions under any statute or any regulation to a LHIN. Unbelievable—the power that is going to be given to these organizations that, again, are political appointments.

Another concern is the short time frame for reconsideration requests. A very short time frame will be afforded to health service providers for requesting reconsideration of LHIN integration decisions and minister's orders. Health service providers will only have 30 days to request reconsideration and make submissions about the decision. There would be no extensions of the 30-day period and there is only one kick at the can. Once the decision had been reconsidered, if the decision was amended, there would be no further right to ask for reconsideration of the decision.

The procedural rights afforded under the Statutory Powers Procedure Act will not apply to either integration decisions or a minister's orders in sections 25 and 28. Essentially, this means that there would be no requirements for procedural fairness, such as the right to demand to see the evidence the LHIN is relying on in making its decision.

Applications for judicial review of integration decisions and orders could be brought under the Judicial Review Procedure Act in section 35, but these applications will provide only a very limited scope of challenge.

Again, the legal firms have now started to identify the scope of the minister's powers as well, and they emphasize that under the Public Hospitals Act the minister already has the power to make directions ordering hos-

pitals, which were issued directions or notices of intention by the HSRC, to cease operating as public hospitals or to cease to provide services. However, Bill 36 now goes a step further, and it is proposing to apply these powers to all health service providers, even for-profit nursing homes. So this legislation is going to significantly extend the government's powers over the health service providers. It is going beyond the hospitals. It is moving into areas such as for-profit nursing homes, where it can issue directions.

I'm going to highlight now and review the list of powers this minister has given himself through this bill, despite the fact that the minister, day after day after day when asked questions, claims to the contrary. This is what the Ontario Hospital Association tells us about the powers the minister has given himself.

Some LHIN board bylaws may require ministerial approval. The board is also required to establish committees that the minister specifies by way of regulation.

Again, everything in this bill is done by regulation—no public scrutiny.

They go on to mention another power: The salary of the LHIN CEO is set by the board—these politically appointed people—but must fall within the salary and benefit ranges established by the minister.

The minister may also direct an audit at any time. Section 12: The LHINs will be required to submit an annual report to the minister at the end of each fiscal year.

Another power: The minister shall develop a provincial strategic plan for the health system that includes a vision, priorities and strategic directions for the health system—section 14.

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The minister may fund LHINs on terms and conditions that the minister considers appropriate. There's no definition as to what is deemed appropriate. It gives a lot of power to a Minister of Health. That's in section 17.

The LHINs must enter into multi-year accountability agreements with the minister which set out performance goals, objectives, performance standards, targets and measures, reporting requirements, a plan for spending within the allocation received, a progressive performance management process, and other items prescribed by regulation. Again, you can see that this bill is all regulation. If no agreement is reached, by the way, the minister may set the terms of the agreement for the LHIN. So talk about the fact that the minister continues to have huge, huge power, despite what the minister says to the contrary.

In section 18, it also says the LHIN will be required to provide information that the minister needs to administer the act in a manner and time frame determined by the minister.

The minister may assign to a LHIN "the minister's rights and obligations under all or part of an agreement between the minister and a health service provider, including an agreement to which a person or entity that is not a health service provider is also a party." That's section 19.

Upon advice from the LHIN, if the minister considers it in the public interest to do so, he or she may order a provider to cease operating, dissolve or wind up operations, amalgamate with one or more providers, transfer all or substantially all of its operations, or take any other action necessary to carry out the previous activities, including a transfer of property. This pertains not just to hospitals. We're now talking about other community groups, service providers, long-term-care facilities. Then it goes on to say, however, that such orders cannot unjustifiably require a provider that is a religious organization to provide a service that is contrary to the religion related to the organization. This seems to be a contradiction.

So there is tremendous power being given to the minister. All of the accountability is from the LHINs to the minister. The accountability is not to the local community.

It also says here that ministerial powers under part III of the Commitment to the Future of Medicare Act respecting health service providers are transferred to LHINs, except the provisions dealing with hospital CEO compensation, which will continue to rest with the minister and are now explicitly applicable to hospital CEOs only. You can see that there is a lot of power being given to the minister.

Another issue of concern is the repayment of excess funding. The Lieutenant Governor in Council, under the regulation-making authority, could make regulations requiring health service providers to institute a system for reconciling the funding they receive from LHINs, including requiring health service providers to pay any excess payments of funding and allowing the LHINs to recover excess funds by deducting the excess amounts from subsequent payment to the health service providers. Again, folks, there's a lot of power being given to the minister. I think we just need to recognize that this is certainly reason for concern—a lot of power, a lot of changes that are going to be made through regulation.

Another issue is the whole issue of labour. I think we are going to see difficulty as there are attempts made to merge all or part of the operations or administration of two or more employers. As we see substantial restructuring of two or more employers who operate hospitals, there will be controversy. I'm sure there are going to be some huge costs involved. The OLRB will potentially have vast discretion to combine bargaining units, order votes and require the dovetailing of seniority among separate bargaining units. This is obviously going to cause some disruption within the system—huge power—and certainly a lot of people are going to be impacted.

I want to go on now and talk about the word "service." If we take a look at this bill, the word "service" is very broadly defined. It includes direct services or programs, support services or programs and functions that support the operations of the person or entity that provides a direct or support service or program. Services in this bill appear to include everything from patient programs to clinical support—laboratories, pharmacies—to non-

clinical support—laundry and dietary—to back office administration and operations.

“Integration” is broadly defined in this bill as including coordinating services and interactions; partnering for services or operations; transferring, merging or amalgamating services, operations, persons or entities; and starting or ceasing to provide services and ceasing to operate, dissolving or winding up the operations of a person or an entity.

As far as integration by the minister is concerned, if the minister considers it to be in the public interest—and by the way, “public interest” is not defined in this bill—the minister will have the authority to order funded health service providers to cease operating, dissolve or wind up; to amalgamate with one or more health service providers; to transfer all or substantially all of their operations to not-for-profits; and to take any other necessary actions to carry out the above, including the transfer of property.

What this bill does not address are some of the issues that really matter to people in the province today. People in this province are concerned about timely access to health care, the waits for diagnostic services, surgery and emergency room care, and the fact that they don’t have a family doctor. The woman in Ajax–Pickering whom I talked about today hasn’t had a family doctor for seven years. All these issues are not going to be addressed in this LHIN legislation, so we continue to see increasing pressure being exerted on our hospitals, our government and our physicians in order to ensure that medically necessary care is provided in a timely manner.

We know that this government said they were going to develop evidence-based benchmarks for medically acceptable wait times in five priority areas—cancer, cardiac care, diagnostic imaging, joint replacements and sight restoration—by December 31, 2005, as part of an effort to achieve meaningful reductions in wait times by March 31, 2007. However, it now appears that those evidence-based benchmarks will not be fully achieved in those five areas by the end of this year, and that again looks like it could well be a broken promise.

The one area where we have seen this successfully done is the Cardiac Care Network. It was established in 1990 in response to the fact that patients were dying while awaiting cardiac surgery. Our government established a provincial patient registry for cardiac surgery in 1999. We expanded the registry to include cardiac catheterization and coronary angioplasty. I will tell you that the CCN was able, during our term in office, from 1996 to 2003, to reduce waiting for cardiac surgery by 50%. Regrettably, during the tenure of this government, in the past two years, we have actually seen wait times increase, and that is of real concern to people in this province.

The reason you have wait-time problems—as Dr. Val Rachlis, president of the Ontario College of Family Physicians, said, the biggest problem is the shortage of doctors and nurses to treat patients. Confirmation that there is a shortage of nurses comes from the Ontario Nurses’ Association. They have launched a new Web site

to pressure this government to invest in the 8,000 promised nurses, since they assert there are too few nurses to provide care, and that’s putting patient care in jeopardy. The RAO says that the number of RNs working in Ontario is not keeping pace with the province’s population growth, and this will impact the level of care. In fact, Joan Lesmond, the president, said in a statement on October 26, 2005, that Ontario will not be able to reduce wait times or respond adequately to health emergencies without enough nurses and other health care professionals. These are all issues—long wait times, not enough doctors, not enough nurses, not enough beds, not enough operating time—that matter to people in Ontario, and these are issues that are not being addressed through this LHIN legislation.

We need to recognize that we are about 7,000 nurses short. Despite what the government says about having hired 3,000 more, the nurses tell us it’s probably only about 1,000. The OMA recently told us that the doctor shortage is worsening. We are in the midst of a deepening physician resources crisis. We are 2,100 physicians short, and 10% of the population have no family doctor. They also tell us that under the term of this government, this problem is going to get worse. It’s going to grow “to a staggering 1.4 million Ontarians without a physician in 2006.”

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So again, we have a problem in this province when it comes to doctors and nurses and the inability to reduce wait times. In fact, wait times have actually increased from 7.1 weeks overall in 2003 to 8.7 weeks this year. It’s a significant trend that is going in the wrong direction for patients in the province of Ontario.

We have this LHIN legislation before us today, and regrettably it is not going to give us more doctors or nurses, and it’s not going to ensure equitable access for all Ontarians. I think it’s going to particularly hurt, according to the Ontario College of Family Physicians, those in northern Ontario and rural communities. Also, this government needs to recognize that when people like the emergency doctors come forward and say there’s a problem, they need to be responsive and not try to marginalize those individuals who are concerned about the pain and suffering of people in this province.

I conclude my remarks by saying that although we support and began the undertaking of moving toward a coordinated, integrated system of health with the Health Services Restructuring Commission, although we support efficiency and recognize there is a need for innovation and change, we do not support the process that has been put in place. We are very concerned about the tremendous power given to the minister and about the fact that so much is left to regulation-making. I hope there will be public hearings, and I hope the public will give us amendments that we can incorporate, and that they will be accepted by the government.

The Deputy Speaker: Prior to responses, I’d like to draw members’ attention, in the west gallery, to former

member Gary Stewart, member for Peterborough in the 36th and 37th Parliaments.

I also draw your attention to the east gallery, where we have Walt Elliot, former member from Halton North in the 34th Parliament. Welcome.

Questions and comments? There being none, we go to further debate.

Mr. Rosario Marchese (Trinity–Spadina): The reason I didn't stand up to do a two-minute response was because there was an agreement to get some folks out so they could get to another meeting. But I wanted to say to the member from Kitchener–Waterloo that it was a brilliant critique of this bill; so good that I thought you would say in the end, “and that is why we can't support this bill.”

Mrs. Witmer: We're not.

Mr. Marchese: It appeared that you would, based on what you were saying. The member from Kitchener–Waterloo says she's not, and I'm heartened to hear that, because the analysis she gave, in my humble view, as a person who is a critic for education and not health, was brilliant. I want to review—

Hon. Mr. Bradley: She'd never vote for the government.

Mr. Marchese: No. The critique from the Tories is lukewarm, generally speaking, on a number of fronts, but on this one it was thorough, sharp and, I think, very relevant to the debate on Bill 36. I'm convinced that a number of the doctors who are on the Liberal benches must have been squirming as she spoke about some of the concerns this raises. If they're not squirming, I wonder why.

But yes, the government wants to reform the delivery of health care in the province by creating these local health integration networks and by empowering them beyond belief, as the member from Kitchener–Waterloo talked about. I'll try to get to it.

I'm sure the folks at home are excited to follow this debate. We're on live, by the way, David. It's 5:15. I welcome folks to this political forum. I hope they follow the comments from the member from Kitchener–Waterloo, because this will indeed engender a tough debate on this bill. Otherwise, many of you might be sleeping throughout this whole process, not getting any good sense of what we're doing here today.

Yes, the government is creating local health integration networks, otherwise known as LHINs, for those of you who don't follow acronyms very well. This is a problem of government members on the whole, but it includes opposition members. We often refer to acronyms, and the people watching have no clue what we're saying. People say “LHINs,” as if somehow everybody understands what LHINs are, but they don't. My immediate assumption is to think, “Oh, Lynn. They're talking about some woman who's about to restructure health care in Ontario.” It's got nothing to do with any woman changing our health care system. It's got to do with LHIN standing for “local health integration network.” I think we have an obligation as government

members to spell it out and not use acronyms, which are incomprehensible not only to members in this place but to the people watching.

These local health integration networks are going to fund hospitals, psychiatric hospitals, community care access centres, community support service agencies, mental health and addiction agencies, community health centres and long-term-care homes.

Health care, in other words, will be regionalized. “Regionalized” might appear to some of you to mean local, but “region” in this province is big. Some of the regions in northern Ontario are bigger than some countries in Europe, so we're not talking local as if we mean downtown Toronto. In the north, when you talk local, it means huge countries. That's what regionalization means, and I want to touch on that later on. But regionalization is not local; it's big. I suspect the folks from the north will comment on this much more clearly than I in terms of the implications it has on them, more than it might on some others.

The purpose of this legislation, Mr. Smitherman says, is to provide community-based governance of health care. It sounds harmless and it sounds like, why not, if that's what it means? He goes on to say that this is about breaking down silos in the health care system. In appearance, superficially, breaking down silos sounds good. He also says this will ensure continuity of care and give communities the opportunity to influence the way care is managed.

But I'll refer to the member from Kitchener–Waterloo, who talked about the fact that communities are not going to have much of a say. It will be the local health integration networks that will have a tremendous, powerful, concentrated say, but it won't be the community, unless you think the local health integration networks are representative of the communities and therefore that's community influence. As the member from Kitchener–Waterloo indicated, communities are not consulted in this. Quite frankly, given the fact that the local health integration networks' members are appointed by the government, one is left to wonder whether or not this is indeed representative of community interests or the interests of those who are appointed by the minister.

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So the purpose appears to be consolidation of services, breaking down the silos. But there's something else he made mention of in his speech, where he says, “You cannot have health care as a bottomless pit.” What this suggests, in my mind, is that the creation of local health integration networks may have nothing to do with the express purpose that he indicated earlier on, but rather, it has to do with savings, saving money. If we continue in this way, he argues, it will crowd out other priorities such as education. Interesting. Is it about breaking down the silos, or is it about saving money? Is consolidation about saving money, or is it about providing best-quality care? The minister is going to say, of course—and he argues, as the others—that it's about both. My humble, limited reading of this is that it's about saving money.

Now, the minister today, in answer to a question from our leader, when he was asking a question about public health and the fact that in many of our communities we don't have a public health officer—the response of the minister was, “There's the NDP way. The NDP way is to spend and spend.” The Liberals across the way are probably shrugging their shoulders, saying, “Yes, isn't that true?” Well, I remember, before 2003, a whole lot of Liberal candidates running for election around the province promising 250 or so commitments, promising billions and billions and billions of expenditures, and when they get into government, of course, they argue, “Oh, health care is not a bottomless pit, or ought not to be a bottomless pit, and we can't continue to spend the way the New Democrats say.” But it's not about what I said or what I'm saying, it's about what you, Minister Smitherman, said. It's about what you, McGuinty, said when you were in opposition. It's about what you said before getting elected. It's about promising to increase services and not increase taxes, as if somehow this miracle could come into being on the basis that, given that you're Liberals, you can make it happen.

It is incredible how Liberals could have the power of magic before the election, and once in office, they lose the magic wand: “We don't have it any more. We're in power now.” But when in opposition, George Smitherman, the Minister of Health, had no problems promising the world and promising to spend on so, so, so many things. Now he comes, along with all the fellow Liberal travellers, and says, “Oh, we don't have any money. It's not a bottomless pit.”

I'm amazed that, given the intellectual rigour of this minister and so many other cabinet ministers, they would not have had the omnipotent knowledge to understand that prior to the election, you shouldn't be making a whole lot of promises you can't keep, because there's no money and you had no money and you have no money now. That's why you had to break your promise of not raising taxes and introduced the health tax as a way of raising \$2.4 billion.

Mr. Richard Patten (Ottawa Centre): You've told us this so many times.

Mr. Marchese: But you've got to repeat it, because I get the impression you guys just don't get it or it doesn't sink in very well. I make assumptions about some limited skill levels here in this place. I make assumptions about some limited, base, skill intelligence levels that the Liberal members have. I do that, with all due respect, but sometimes I don't get it.

“If we continue this way, we'll crowd out other priorities,” says Minister Smitherman. He also said the following: “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 ... to help prioritize what local priorities must be established and which things must be funded first.”

My friends, what this tells me is that you are downloading your responsibilities, you are downloading

decision-making, you are downloading the cuts that you are too afraid to make, and you just don't want to say it. You know you get attacked for any cuts you make, so you devise the system and make it sound pretty and make it sound like this regionalization is simply going to get local people to come together and take smart decisions about what should be funded and what shouldn't be. This is the shedding away of your responsibility because you're too afraid to make the cuts on your own. So you've appointed the local health integration network people to do your dirty work. This is what this is about.

I've got to say that having already appointed people to head these local health integration networks is reprehensible. You haven't even passed the bill yet. How could you be appointing people to head these local health integration networks and you haven't even passed this bill? How could you dare to assume that you could start, without having the approval of this Legislature and without having gone for hearings—dare to assume that it's already passed? How could you assume such arrogance and power?

I guess that, because you're Liberals, it's OK. Tories were evil but Liberals are nice. If Liberals decide, “We're going to appoint local health integration networks now without passing a bill,” that's OK because what Liberals do is simply so good, it's beyond reproach. Should any other party have done it, it would have been wrong, it would have been evil and it would have been reprehensible, but not for Liberals. It's OK for Liberals to do it. You all know how much like pussycats they are. They wouldn't hurt a fly—except maybe get rid of bulldogs, but you know how nice they are.

Mr. Patten: Pit bulls.

Mr. Marchese: Pit bulls, that's right. They're listening, you see. Do you see how they listen? They're awake. They're listening to what we members have to say on this side. God bless, thank you.

Mr. Patten: It's important.

Mr. Marchese: It's important; that's right.

They want to consolidate services. I know why they want to consolidate services. They want to consolidate services to save money. They don't want to do it on their own and get whacked as a result of doing it; they want the local health integration networks to do it so they can get whacked when they make the cuts. It sounds conspiratorial, do you think?

Mr. Patten: Too cynical.

Mr. Marchese: So cynical we are in opposition. I remember when you boys were sitting right beside us and we were fighting it together. That was then. We weren't cynical then, were we? But now that you're in government, only we are cynical; you are good.

The member from Kitchener–Waterloo raised some very important issues that I want to talk about in the brief five minutes that I have left. She says, “Is it written anywhere in this bill that there indeed will be community consultations?” No. No. There are no community consultations.

Mr. McNeely: We've had a lot of consultation.

Mr. Marchese: My good friend the member from Ottawa–Orléans says that we already had a lot of consultations. God bless you, Ottawa–Orléans. You talk about having to give the decision-making back to the community, and all you're doing is giving it to the local health integration network. You're not giving it to the community.

Mr. Jim Brownell (Stormont–Dundas–Charlottenburgh): Yes, we are.

Mr. Marchese: The member from Stormont–Dundas–Charlottenburgh—it's a big place, isn't it? Man, oh, man. You've got to remember so many places.

The community doesn't have a say. As far as we know, local health integration networks have a say. The member from Kitchener–Waterloo says, "Is there going to be any appeals process?"

Interjections.

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Mr. Marchese: There's no appeals process inherent in the bill. The two ministers across the way say yes, but they haven't read the bill, so they wouldn't have a clue. There are no appeals processes built into the bill. There are none. That means the local health integration networks can do what they like. But some of the backbenchers are saying that's OK, because they've already consulted; that's OK because they are consulting. But they're not.

Mr. Brownell: We have, and we will continue.

Mr. Marchese: OK. The rump behind me says they've already consulted and they're continuing. The bill gives no hint of this and there's no place where it does so.

Remember, these are government-appointed members. In my humble view, most of them will do the bidding of government. I could be wrong, but generally speaking that's why they are put there, and generally speaking most of them are Liberals. That's the way it is.

The member from Kitchener–Waterloo mentioned that hospitals must sign confidentiality agreements regarding services that will be cut. That's OK, isn't it, because we've already consulted the community. When they sign confidentiality agreements regarding any cuts they make, we don't have to worry, because Liberals are good people.

Interjection: That's the second time.

Mr. Marchese: Yes. You go trust the Liberals on this, and if you trust the Liberals on this, then remember the health tax they increased—clearly illustrated by McGuinty, prior to the election, saying, "We will not increase your taxes." Remember that funny image? He looks really funny when it's played over and over again. If you believe that, then you'll believe in the fact that McGuinty will never raise your taxes.

Hospitals must sign confidentiality agreements regarding any services they cut.

Implementation timelines: There are none. When are we going to do this? We don't know. Is the government going to do this? We have no clue. When will they do it? Will it be before the election? I'm not sure. The rump and the members on the other side are going to be so

worried about the conflict arising out of this that I'm not sure they're keen on making sure this is implemented very quickly.

As we know, of the 67 health teams that have been put together, 50 or so were brought here by the Conservative government and the others brought in by this government, but only one is fully operational. When will they be implemented? We don't have a clue. But the government, through Smitherman, answers as if somehow we're just doing it every day; it's rolling out.

Will these networks be given sufficient funding or simply be used to deflect the criticism when hospitals face budget shortfalls? Yes, they will not be given adequate funding, and yes, they are there to deflect criticism from the Liberal government when shortfalls are the order of the day—and trust me, they will be.

In remote parts of the province, will regional boards force patients to travel long distances to access treatment? I guarantee they will, but that's what this is all about.

Mr. Patten: No, it's the reverse.

Mr. Marchese: Mon ami, c'est comme je te dis. In the north, people are going to have to—

Interjection: That's what they are there for.

Mr. Marchese: You call regionalization providing services to them where they live? No, mon ami. Get up and do your two minutes, because that's not what this is all about.

Hon. Jim Watson (Minister of Health Promotion): Faster, Rosie.

Mr. Marchese: Regionalization is about making sure that in the north people are going to have to travel long distances, Jimmy, to get the health care they need.

Boy, are we keen on having community meetings out there. We want this bill to get out. We want people to have a say and we want a whole lot of people to come, and they will. We don't want this government to shrug it off after one day of hearings. We want lots of hearings on this particular bill, because this bill is not what it seems and it's not what this government claims. It's about saving money, it's about downloading their responsibility to the local health integration networks, and it's about giving them power they never dreamed of, more power than Bill 26 gave them. I'm looking forward to those hearings.

The Deputy Speaker: Questions and comments?

Mr. Dave Levac (Brant): As always, the animated member from Trinity–Spadina gives us a very lively explanation of what he believes a LHIN is. He's warning people to be careful of it and that it's going to come and bring doom and gloom into the province of Ontario.

I do remind him that there is a specific response I want to give him, and maybe he can look inside the bill and he can respond to this one. He needs to read subsection 16(1), because it's very specific that community consultations are required.

The Deputy Speaker: Member for Brant, I'm sorry to interrupt, but could you take your seat. We're having a problem with the clock.

Interjection.

The Deputy Speaker: I knew you would. The table will time it, so go ahead. Sorry to interrupt.

Mr. Levac: Thank you, Speaker; I appreciate that. Let me repeat that one more time: Please look up in the bill subsection 16(1). Inside the bill, it makes it quite clear that there are going to be community consultations required. So please, when you do say that those things are not going to happen, reference the bill, and I'm now giving you the opportunity to check that. It's very important to the people who understand that this is a consultation process. Speaking of the consultation process, we started to work on this before the legislation, not making the assumption of the legislation until it has passed. Consultations have been going on since October 2004: 14 workshops, attracting over 4,000 people, have been consulted about the creation of the LHIN; and the LHIN boards and the CEOs who have been assigned have initiated 1,444 more consultations, meeting and greeting these people and explaining what the LHINs are all about to the stakeholders.

So when he's telling the people of Ontario in these debates that consultation is not on, I think he needs to be very clear that (a) the bill says it and (b) there have been consultations going on. I will assure him of one thing as well, and that is very simple: We will be having hearings and asking stakeholders to step forward again to make sure the people of Ontario understand what's happening with the bill.

The Deputy Speaker: Further questions and comments.

Mr. Cameron Jackson (Burlington): I want to commend the member for Trinity–Spadina. He brings a lot of enthusiasm to the debate, and a lot of depth of understanding. I can't underscore how important it is that we get across several points here; one is that the accountability that Ontarians have come to rely on in their health system is about to dramatically change. It's going to change forever. The notion of regionalization as it has worked in other provinces has been a record where services have been rationed and not increased. They become more efficient—I'm not suggesting that the regionalization won't do that—but quite clearly, it rations services in a very dramatic way.

I think the point that my colleague made earlier bears repeating. That is the issue of the government implementing this strategy with taxpayer dollars before they have legislation. I recall a former Speaker, Mr. Stockwell, who had a ruling because the opposition parties were apoplectic about the fact that the government, in the midst of its consultation, once completed, would begin implementing the Who Does What legislation. Quite frankly, this is far more invasive and has a far greater degree of downloading on to regional boards the decisions that would occur within the Ministry of Health. Right in this very legislation, Bill 36, there is an entire section devoted to the transferring of provincial Ministry of Health civil servants, their assets and their properties, over to the local LHINs. Now, this will have very serious consequences to the delivery of service.

But what is most distressing is the fact that there will be no elected people held accountable. The minister has created a firewall, with this legislation, for some of the most invasive decisions that will be made about health care over the next decade. I recall in debate after debate in this House, when the local hospitals were deciding to transfer some of the pediatric services at St. Joseph's hospital in London, that the politicians got up and screamed bloody murder that this should not happen. As a consequence, decisions were changed. All that will go out the door with this legislation.

Someone asked me, "Can you give me a contemporary example of this?" This is what happened when the government of the day decided to change forever workers' compensation so that individual cases could never be raised on the floor of the Legislature. That's what health care is going to be like under Bill 36.

Mr. Delaney: It was a pleasure to listen to my colleague from Trinity–Spadina. His party, going back to Bill 8—which gives me a sense of déjà vu, even having been here only a short time—said that even something like Bill 8 was the start of the slippery slope toward some dark netherworld full of grasping entrepreneurs who extract the life savings of widows and middle-class families, but it wasn't. Bill 8 and its successor legislation made it possible for my community in Mississauga West to get started, to use a specific example, on phase 2 at Credit Valley. Before and after that particular piece of landmark legislation, Credit Valley was and remains and will be publicly owned, publicly funded, publicly accountable and publicly run.

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So now it's time to keep moving on the change that Ontarians chose two years ago. People in western Mississauga don't want to see a warmed-over version of a status quo that isn't working the way we want it to work. We need a made-in-Mississauga solution for our high-growth-area problems. LHINs allow a made-in-Mississauga solution that looks at problems that we have, problems that need to see such things as non-invasive surgery, perhaps, moved to an off-site location. I'm running ahead of where our hospital is, but that's one alternative. LHINs allow a community like Mississauga to consider just such an alternative.

LHINs allow local control instead of bringing our problems right back here to Queen's Park, moving them up the line, running into an intransigent bureaucrat and finding out that for months or years you ask and you ask and you ask, and based on some technicality, you're going nowhere. That's not what we need. We need the structure brought in by LHINs. Mississauga is an area that's growing rapidly. Mississauga needs solutions that we can implement quickly. LHINs allow us to do it. That's the solution we need.

Mr. Garfield Dunlop (Simcoe North): I'm very pleased to rise to make a few comments on the speech made by the member from Trinity–Spadina. What I sensed most from his speech was caution. He laid out in his comments some important messaging in the fact that

this government has proceeded along the LHINs path without legislation. We know that's a fact of life. We've got people in position today, but this House is just now debating the bill, and the public has not had an opportunity to comment on this, as the member clearly brought forward.

I look forward to those committee hearings in that, if there's ever going to be an opportunity for this province to listen to committee hearings that actually influence everybody in the province, we should travel this bill to all of the different areas where the new LHINs are being set up. I think that would be the only fair way. We certainly wouldn't want to see everything held just here at Queen's Park when the LHIN areas are being affected in every region of this province.

I can tell you there are some areas of concern. Many of the individual health care stakeholders whom I've talked to, including even people in the municipal field, are concerned that the areas in question are too large. If it's setting up another bureaucracy, that would be my concern at this time, that that's the direction we're going in. It's one more level of bureaucracy that will be able to put a wall between the stakeholders and the Ministry of Health. I think it's the largest ministry anywhere in North America right now as far as the health field goes. That is a concern that I have. I look forward to further debate on this as well.

The Deputy Speaker: Member for Trinity–Spadina, you have two minutes to reply.

Mr. Marchese: I thank the members for their comments. I know that the government members need to have faith in what they're doing and need to believe in it strongly. I understand that. They talk about having one big bureaucracy at Queen's Park and make it appear as if the 14 local health integration networks are not going to be bureaucracies. I wonder if they have any doubt about whether or not, instead of one big bureaucracy at Queen's Park, we may indeed be creating 14 regional bureaucracies that may be just as difficult to deal with, or possibly unwieldy, or possibly unable to connect with, as one big bureaucracy at Queen's Park. They don't raise that as a serious doubt.

None of them comment on the fact that some people have already been nominated as CEOs to some of these boards. That is, in my humble view, reprehensible before having passed the bill. None of them talk about the fact that the hospitals must sign confidentiality agreements regarding services that will be cut. None of them have spoken to this, as if it doesn't really matter. I find it troublesome, and so should you.

Community consultations: Are local health integration networks going to be consulting communities before they make decisions? I don't know. I don't think they are, but let's wait and see. Mr. Levac comments that maybe there will be, and I'm not sure. We have a different understanding of when consultations are going to happen. I don't know whether the local health integration networks are going to consult before making a decision.

I'm not convinced that the government appointments are going to be all neutral and that they will have the

public interest at heart. They may be, but they will be, by and large, Liberals.

I don't know about outsourcing. We will outsource payroll, we will outsource maintenance and we will outsource food, and that's a no for us and for many of the unions we support and many of the workers we support. We have a lot of questions, and the hearings will bring this out.

The Deputy Speaker: Further debate?

Mr. Brownell: I'm pleased to have some time this afternoon to speak on Bill 36, An Act to provide for the integration of the local system for the delivery of health services, otherwise known as the LHINs bill.

Mr. Delaney: An outstanding bill.

Mr. Brownell: An outstanding bill; you are absolutely right.

I've had an opportunity this afternoon of hearing fairly lengthy presentations from the member from Kitchener–Waterloo and the comments from my colleague just down in the front here from Trinity–Spadina. One aspect of both presentations that really bothers me is their comments about no community engagement or consultation. I'm going to tell you that I had the opportunity this past year to travel back to Ottawa, as the member from Stormont–Dundas–Charlottenburgh, to meet with an auditorium full of those people who are continuing to provide health services in our ridings throughout eastern Ontario. I'll give you an example: I'll never forget walking into the room. I had absolutely no idea at all that Lori Emmell, who just retired but was the administrator at the South Stormont Seniors' Support Centre in Ingleside, was going to be there. But I can remember what she said afterwards. She thanked me and said to pass that word along. She thanked me and the government for giving her that opportunity to be there. She said, "I really didn't know what it was all about. I knew that it was going to be a process of giving greater opportunities for local areas to have a say in how health care is delivered." She said that to me. And I thought that that's exactly what this is all about. Over 4,000 people were involved throughout this province in those opportunities, and I believe it was since last October. That was just one opportunity in the local area.

The comment was made by the member from Trinity–Spadina that we have not been saying words about the people who have already been appointed to positions. It certainly has been expressed here in the House this afternoon. The member from Ottawa–Orléans, sitting right down in front of me here, talked about Dr. Cushman, the CEO, and talked about the chair of the board, Michel Lalonde: Two fine, fine members of the Champlain district who will serve in those capacities. They have certainly taken up the excitement of what LHINs will do for our province and also what this legislation will do.

I also want to say that at the time these individuals were appointed and we indicated that there would be these individuals placed around the province, we met with at least 1,400 stakeholders in meet-and-greet exercises. I remember that I went over to the University of

Toronto campus on one occasion. I also had an opportunity of going up to Orillia and meeting and being introduced to the CEO and the chair, and at that meeting, at that opportunity, there were many people from the community who were there who represented the stakeholders. I also went down to Belleville. I remember going down to that area and the Picton area and, once again, meeting with those people who would be leading the charge with regard to LHINs and the set-up in the 14 areas. This was a great opportunity to get to have the stakeholders meet with those officials who will be helping us as we move this forward and get the LHINs established here in the province.

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I also have to say that I'm very pleased that the member from Brant made the comment about community engagement. He referred to subsection 16(1). Right; the bill has an explicit requirement for community engagement at all steps of the decision-making process. He presented this, and I'm going to emphasize it once again: There is another opportunity for the stakeholders and people engaged in this process to have their say and have their opportunity to be a part of consultation along the way.

As well, subsection 9(3) of this bill indicates that board meetings will be open to the public. This is public engagement. This is the public having that opportunity to come to the board meeting, perhaps having opportunities to present ideas, to comment on different aspects of the delivery of health care in the region etc. But these are opportunities for engagement in communities and consultation.

I'd like as well to comment on the boundaries: that the boundaries make no sense.

Mr. Murdoch: You got that right.

Mr. Brownell: This is what I heard from the opposition, but I want to indicate that I think the member from Ottawa–Orléans made it very clear this afternoon, and he spoke from experience, about the opportunities that there may be in other areas of the province that we may not have had with regard to health care delivery and opportunities in the Champlain district. I know of these things being said to me. But the boundaries have been based on science. We have statistics with regard to referral areas, referral patterns and whatnot, and this is what we're working with. It's also allowing for equality around this province with regard to those services that are going to be delivered. I think, with regard to boundaries making sense, they do.

I think we're also learning and understanding that in other provinces they did have problems when they had boundaries which were too small. In British Columbia, for example, they had to go through quite a painful consolidation process in trying to resolve the problems that they had experienced with the same thing that we're trying to set up here. With regard to boundaries, I think that we do have boundaries that are based on information, on science, that there is information on statistics and whatnot, and I'm pleased about that.

I do know that the member from Kitchener–Waterloo commented about patients, and that the minister, when he was speaking, referred to “system” about—I can't remember; she said nine or 10 times. She commented that the word “patients” was only used once. I can tell you that every time I've had the opportunity of hearing the minister talk about LHINs, he talks about rectifying a problem in this province with regard to a system. He said there really isn't a system; it's broken. He wants to create a system where the silos that have been there in the past and those silos that have caused problems for people trying to move from one area of health care to another—take, for example, an individual trying to receive the help at home required after an operation. Those opportunities will be there with the tearing down of those silos.

I think that patients will see better clinical outcomes because care will be done in appropriate settings throughout the province. We are not tearing down the deliverers of the health care that will be required in each of these LHINs. We will still require all of those different sectors that deliver health care. This is what I said.

I had an opportunity on Friday, as I think many members in this House did, of having members of the community that delivers health care show up at our constituency offices. We had a chance to talk to them, and I made the same comments I'm making here this afternoon, that we are concerned about patients, we are concerned about duplication of services and taking money that might be found in this duplication in administration and moving it back into the system for care of patients. That's what it's all about.

I also heard in the debate this afternoon that we don't know the cost. It's printed in the public accounts: \$39.9 million this year. It's in the public accounts. We have that information. We also have information that the cost of this will be partially offset by savings from closing the district health councils. This information is there. This is information that people know and understand.

Certainly there will be many other opportunities—the member from Brant commented that there will be engagement and consultation at committee. This will go to committee. Obviously it will go to committee, just as Bill 8 went to committee and we had long consultations around this province. I know the minister is anxious to get out, bring the stakeholders to the table and hear from the stakeholders. I'm sure he will be able to express many of the ideas that my colleagues—I know that my esteemed colleague from Ottawa–Orléans commented today about the equity he did not find in Ottawa–Orléans but saw in other parts of this province. What is in other parts of this province should be in Ottawa–Orléans and should be in Stormont–Dundas–Charlottenburgh. That's why I'm speaking on this. I think there has to be this opportunity throughout the province.

I want to see the best bang for the buck when it comes to what patients will get in service out of this. I was listening to the debate this afternoon and heard a comment by the member from Kitchener–Waterloo—the reference was to wait times—that we are not saving

money; we were not making the best use of dollars. I can tell you that when I went to the Cornwall Community Hospital and presented a new CT scanner to the community, I was proud that day. The individual who operates that CT scanner indicated to me that they have increased their output by 30%. If they've increased their output by 30%, is this not reducing wait times and getting the best bang for our buck? You bet. It did cost us to get that CT scanner in, but now we're seeing the results of it. That's health care coming down to the community.

I want to say one other thing. I know the member for Kitchener–Waterloo made a lot of comments about lawyer involvement and whatnot and arguments with regard to information: who knows about it and whatnot. I can tell you that the comments made by the member regarding lawyer involvement and involvement by individuals who might understand what this is all about—you can get your information from many sources, or you can get your information from one source. I know that I had

some information from the Internet. The presentation I make here is not from one source; it's from many different areas.

In concluding my comments, I think the most important thing I can indicate here this afternoon, as I said to the people who were at my office on Friday, is that many Ontarians have had the opportunity throughout the process—I talked about Ms. Emmell from Ingleside going to Ottawa, but many other people from my riding went back there. They've indicated to me that this is what they wanted, what they got and what they hope to see in the future. I think the legislation gives that very thing: It gives Ontarians that opportunity to speak.

Thank you very much. I'm glad to have had the opportunity to speak.

The Deputy Speaker: It being 6 of the clock, this House is adjourned. We'll return at 6:45 of the clock.

The House adjourned at 1800.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
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Bentley, Hon. / L'hon. Christopher (L)	London West / London-Ouest	Minister of Training, Colleges and Universities / ministre de la Formation et des Collèges et Universités
Berardinetti, Lorenzo (L)	Scarborough Southwest / Scarborough-Sud-Ouest	Deputy government whip / whip adjoint du gouvernement
Bisson, Gilles (ND)	Timmins–James Bay / Timmins-Baie James	Chief New Democratic Party whip / whip en chef du Nouveau Parti démocratique
Bountrogianni, Hon. / L'hon. Marie (L)	Hamilton Mountain	Minister of Intergovernmental Affairs, minister responsible for democratic renewal / ministre des Affaires intergouvernementales, ministre responsable du Renouveau démocratique
Bradley, Hon. / L'hon. James J. (L)	St. Catharines	Minister of Tourism, minister responsible for seniors, Government House Leader / ministre du Tourisme, ministre délégué aux Affaires des personnes âgées, leader parlementaire du gouvernement
Brotten, Hon. / L'hon. Laurel C. (L)	Etobicoke–Lakeshore	Minister of the Environment / ministre de l'Environnement
Brown, Hon. / L'hon. Michael A. (L)	Algoma–Manitoulin	Speaker / Président
Brownell, Jim (L)	Stormont–Dundas– Charlottenburgh	Parliamentary assistant to the Minister of Health and Long-Term Care / adjoint parlementaire au ministre de la Santé et des Soins de longue durée
Bryant, Hon. / L'hon. Michael (L)	St. Paul's	Attorney General / procureur général
Cansfield, Hon. / L'hon. Donna H. (L)	Etobicoke Centre / Etobicoke-Centre	Minister of Energy / ministre de l'Énergie
Caplan, Hon. / L'hon. David (L)	Don Valley East / Don Valley-Est	Minister of Public Infrastructure Renewal, Deputy government House leader / ministre du Renouvellement de l'infrastructure publique, leader parlementaire adjoint du gouvernement
Chambers, Hon. / L'hon. Mary Anne V. (L)	Scarborough East / Scarborough-Est	Minister of Children and Youth Services / ministre des Services à l'enfance et à la jeunesse
Chudleigh, Ted (PC)	Halton	Deputy opposition whip / whip adjoint de l'opposition
Colle, Hon. / L'hon. Mike (L)	Eglinton–Lawrence	Minister of Citizenship and Immigration / ministre des Affaires civiques et de l'Immigration
Cordiano, Hon. / L'hon. Joseph (L)	York South–Weston / York-Sud–Weston	Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
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Crozier, Bruce (L)	Essex	Deputy Speaker, Chair of the committee of the whole House / Vice-Président, Président du comité plénier de l'Assemblée législative
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Di Cocco, Caroline (L)	Sarnia–Lambton	Parliamentary assistant to the Premier / adjointe parlementaire au premier ministre

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Duguid, Brad (L)	Scarborough Centre / Scarborough-Centre	Parliamentary assistant to the Minister of Municipal Affairs and Housing / adjoint parlementaire au ministre des Affaires municipales et du Logement
Duncan, Hon. / L'hon. Dwight (L)	Windsor–St. Clair	Minister of Finance, Chair of the Management Board of Cabinet / ministre des Finances, président du Conseil de gestion du gouvernement
Dunlop, Garfield (PC)	Simcoe North / Simcoe-Nord	
Flynn, Kevin Daniel (L)	Oakville	Parliamentary assistant to the Minister of Labour / adjoint parlementaire au ministre du Travail
Fonseca, Peter (L)	Mississauga East / Mississauga-Est	Parliamentary assistant to the Minister of Health Promotion / adjoint parlementaire au ministre de la Promotion de la santé
Gerretsen, Hon. / L'hon. John (L)	Kingston and the Islands / Kingston et les îles	Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement
Gravelle, Michael (L)	Thunder Bay–Superior North / Thunder Bay–Superior-Nord	
Hampton, Howard (ND)	Kenora–Rainy River	Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Hardeman, Ernie (PC)	Oxford	
Horwath, Andrea (ND)	Hamilton East / Hamilton-Est	
Hoy, Pat (L)	Chatham–Kent Essex	
Hudak, Tim (PC)	Erie–Lincoln	
Jackson, Cameron (PC)	Burlington	
Jeffrey, Linda (L)	Brampton Centre / Brampton-Centre	Parliamentary assistant to the Minister of Children and Youth Services / adjointe parlementaire à la ministre des Services à l'enfance et à la jeunesse
Kennedy, Hon. / L'hon. Gerard (L)	Parkdale–High Park	Minister of Education / ministre de l'Éducation
Klees, Frank (PC)	Oak Ridges	
Kormos, Peter (ND)	Niagara Centre / Niagara-Centre	New Democratic Party House leader / leader parlementaire du Nouveau Parti démocratique
Kular, Kuldip (L)	Bramalea–Gore–Malton–Springdale	Parliamentary assistant to the minister responsible for democratic renewal / adjoint parlementaire à la ministre responsable du Renouveau démocratique
Kwinter, Hon. / L'hon. Monte (L)	York Centre / York-Centre	Minister of Community Safety and Correctional Services / ministre de la Sécurité communautaire et des Services correctionnels
Lalonde, Jean-Marc (L)	Glengarry–Prescott–Russell	Parliamentary assistant to the Minister of Economic Development and Trade / adjoint parlementaire au ministre du Développement économique et du Commerce
Leal, Jeff (L)	Peterborough	Parliamentary assistant to the Minister of Energy / adjoint parlementaire à la ministre de l'Énergie
Levac, Dave (L)	Brant	Chief government whip / whip en chef du gouvernement
Marchese, Rosario (ND)	Trinity–Spadina	
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Martel, Shelley (ND)	Nickel Belt	
Martiniuk, Gerry (PC)	Cambridge	
Matthews, Deborah (L)	London North Centre / London-Centre-Nord	Parliamentary assistant to the Minister of Community and Social Services / adjointe parlementaire à la ministre des Services sociaux et communautaires
Mauro, Bill (L)	Thunder Bay–Atikokan	Parliamentary assistant to the Minister of Northern Development and Mines / adjoint parlementaire au ministre du Développement du Nord et des Mines
McGuinty, Hon. / L'hon. Dalton (L)	Ottawa South / Ottawa-Sud	Premier and President of the Executive Council, Minister of Research and Innovation / premier ministre et président du Conseil exécutif, ministre de la Recherche et de l'Innovation

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
McMeekin, Ted (L)	Ancaster–Dundas– Flamborough–Aldershot	Parliamentary assistant to the Minister of Government Services / adjoint parlementaire au ministre des Services gouvernementaux
McNeely, Phil (L)	Ottawa–Orléans	Parliamentary assistant to the Minister of Transportation / adjoint parlementaire au ministre des Transports
Meilleur, Hon. / L'hon. Madeleine (L)	Ottawa–Vanier	Minister of Culture, minister responsible for francophone affairs / ministre de la Culture, ministre déléguée aux Affaires francophones
Miller, Norm (PC)	Parry Sound–Muskoka	Chief opposition whip / whip en chef de l'opposition
Milloy, John (L)	Kitchener Centre / Kitchener-Centre	Parliamentary assistant to the Minister of Intergovernmental Affairs / adjoint parlementaire à la ministre des Affaires intergouvernementales
Mitchell, Carol (L)	Huron–Bruce	Parliamentary assistant to the Minister of Agriculture, Food and Rural Affairs / adjointe parlementaire à la ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Mossop, Jennifer F. (L)	Stoney Creek	Parliamentary assistant to the Minister of Culture and the minister responsible for francophone affairs / adjointe parlementaire à la ministre de la Culture et ministre déléguée aux Affaires francophones
Munro, Julia (PC)	York North / York-Nord	
Murdoch, Bill (PC)	Bruce–Grey–Owen Sound	
O'Toole, John (PC)	Durham	Deputy opposition whip / whip adjoint de l'opposition
Oraziotti, David (L)	Sault Ste. Marie	Parliamentary assistant to the Minister of Natural Resources and minister responsible for Aboriginal Affairs / adjoint parlementaire au ministre des Richesses naturelles et au ministre délégué aux Affaires autochtones
Ouellette, Jerry J. (PC)	Oshawa	
Parsons, Ernie (L)	Prince Edward–Hastings	Parliamentary assistant to the Minister of Community and Social Services (Disabilities) / adjoint parlementaire à la ministre des Services sociaux et communautaires (Personnes handicapées)
Patten, Richard (L)	Ottawa Centre / Ottawa-Centre	Parliamentary assistant to the Minister of Training, Colleges and Universities / adjoint parlementaire au ministre de la Formation et des Collèges et Universités
Peters, Hon. / L'hon. Steve (L)	Elgin–Middlesex–London	Minister of Labour / ministre du Travail
Peterson, Tim (L)	Mississauga South / Mississauga-Sud	Parliamentary assistant to the Minister of Tourism / adjoint parlementaire au ministre du Tourisme
Phillips, Hon. / L'hon. Gerry (L)	Scarborough–Agincourt	Minister of Government Services / ministre des Services gouvernementaux
Prue, Michael (ND)	Beaches–East York / Beaches–York-Est	
Pupatello, Hon. / L'hon. Sandra (L)	Windsor West / Windsor-Ouest	Minister of Community and Social Services, minister responsible for women's issues / ministre des Services sociaux et communautaires, ministre déléguée à la Condition féminine
Qaadri, Shafiq (L)	Etobicoke North / Etobicoke-Nord	
Racco, Mario G. (L)	Thornhill	
Ramal, Khalil (L)	London–Fanshawe	Parliamentary assistant to the Minister of Citizenship and Immigration / adjoint parlementaire au ministre des Affaires civiques et de l'Immigration
Ramsay, Hon. / L'hon. David (L)	Timiskaming–Cochrane	Minister of Natural Resources, minister responsible for Aboriginal Affairs / ministre des Richesses naturelles, ministre délégué aux Affaires autochtones
Rinaldi, Lou (L)	Northumberland	Parliamentary assistant to the Minister of Public Infrastructure Renewal / adjoint parlementaire au ministre du Renouvellement de l'infrastructure publique
Runciman, Robert W. (PC)	Leeds–Grenville	Opposition House leader / leader parlementaire de l'opposition
Ruprecht, Tony (L)	Davenport	
Sandals, Liz (L)	Guelph–Wellington	Parliamentary assistant to the Minister of Community Safety and Correctional Services / adjointe parlementaire au ministre de la Sécurité communautaire et des Services correctionnels
Scott, Laurie (PC)	Haliburton–Victoria–Brock	

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Sergio, Mario (L)	York West / York-Ouest	Parliamentary assistant to the minister responsible for seniors / adjoint parlementaire au ministre délégué aux Affaires des personnes âgées
Smith, Monique M. (L)	Nipissing	Parliamentary assistant to the Minister of Health and Long-Term Care / adjointe parlementaire au ministre de la Santé et des Soins de longue durée
Smitherman, Hon. / L'hon. George (L)	Toronto Centre–Rosedale / Toronto-Centre–Rosedale	Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Sorbara, Greg (L)	Vaughan–King–Aurora	
Sterling, Norman W. (PC)	Lanark–Carleton	
Takhar, Hon. / L'hon. Harinder S. (L)	Mississauga Centre / Mississauga-Centre	Minister of Transportation / ministre des Transports
Tascona, Joseph N. (PC)	Barrie–Simcoe–Bradford	Second Deputy Chair of the committee of the whole House / Deuxième Vice-Président du comité plénier de l'Assemblée législative
Tory, John (PC)	Dufferin–Peel–Wellington–Grey	Leader of the Opposition / chef de l'opposition
Van Bommel, Maria (L)	Lambton–Kent–Middlesex	Parliamentary assistant to the Minister of Agriculture, Food and Rural Affairs (Rural Affairs) / adjointe parlementaire à la ministre de l'Agriculture et de l'Alimentation (Affaires rurales)
Watson, Hon. / L'hon. Jim (L)	Ottawa West–Nepean / Ottawa-Ouest–Nepean	Minister of Health Promotion / ministre de la Promotion de la santé
Wilkinson, John (L)	Perth–Middlesex	Parliamentary assistant to the Minister of the Environment / adjoint parlementaire à la ministre de l'Environnement
Wilson, Jim (PC)	Simcoe–Grey	Deputy opposition House leader / leader parlementaire adjoint de l'opposition officielle
Witmer, Elizabeth (PC)	Kitchener–Waterloo	
Wong, Tony C. (L)	Markham	Parliamentary assistant to the Minister of Research and Innovation / adjoint parlementaire au ministre de la Recherche et de l'Innovation
Wynne, Kathleen O. (L)	Don Valley West / Don Valley-Ouest	Parliamentary assistant to the Minister of Education / adjointe parlementaire au ministre de l'Éducation
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Zimmer, David (L)	Willowdale	Parliamentary assistant to the Attorney General / adjoint parlementaire au procureur général
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Vice-Chair / Vice-Président: Mario G. Racco
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Wayne Arthurs, Caroline Di Cocco,
Kuldip Kular, Norm Miller, Richard Patten,
Michael Prue, Monique M. Smith,
Norman W. Sterling, Kathleen O.Wynne
Clerk / Greffière: Anne Stokes

These lists appear in the first and last issues of each session and on the first Monday of each month. A list arranged by riding appears when space permits.

Ces listes figurent dans les premier et dernier numéros de chaque session et du premier lundi de chaque mois. Par contre, une liste des circonscriptions paraît si l'espace est disponible.

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