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(Hansard)**

**Journal
des débats
(Hansard)**

Wednesday 22 February 2006

Mercredi 22 février 2006

Speaker
Honourable Michael A. Brown

Président
L'honorable Michael A. Brown

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 22 February 2006

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 22 février 2006

The House met at 1330.

Prayers.

MEMBERS' STATEMENTS

ELECTRICITY SUPPLY

Mr. John Yakabuski (Renfrew–Nipissing–Pembroke):

The people are worried. Whether you're a hard-working Ontario family, a small business owner or the head of a large manufacturing operation, you have a common concern: You have no confidence in the McGuinty Liberals' ability to properly handle the energy file. Without any kind of plan, this government made the irresponsible promise to shut down almost a quarter of our generation capacity. There was no consideration given to the reality of the situation. They liked the politics of their idea, so as far as they were concerned, that's all that mattered.

Liberals never look beyond the politics of anything. They said they would build natural gas plants to replace lost capacity. Well, where are those plants? They are just figments of the Premier's imagination.

Let's look at the Sarnia situation. The government announced with much fanfare that they had accepted a proposal that would replace the Lambton generating station. Not so fast. The shovel has not met dirt in Sarnia or in any of the other chosen locations for replacement natural gas plants. This is almost two years after the government first initiated requests for proposals. This has led to a feeling in the industry that not only will those projects not get done, but their credibility on other future proposals cannot be taken seriously.

Even the IESO has said their scheduled commitments to shut down coal-fired stations cannot be met. The Liberals knew this in 2003, but they went ahead and promised it anyway, regardless of what kind of damage it would inflict.

I find this government, just like the Minister of Transportation, guilty of egregiously reckless negligence.

CANADIAN OLYMPIC TEAM

ÉQUIPE OLYMPIQUE CANADIENNE

Mr. Mario G. Racco (Thornhill): Yesterday, my colleague spoke about the phenomenal gold-medal performance by the Canadian women's hockey team. Their 4-1 win over Sweden helped solidify Canada's position in the medal standings, with 15 medals: four gold, six silver, and five bronze.

Dans cette équipe, il y a beaucoup de femmes qui viennent de l'Ontario. The Canadian Olympic team is 196 athletes strong, and York region has a significant presence at these games. Gillian Ferrari et Sami Jo Small, qui font partie de l'équipe féminine canadienne de hockey, sont toutes deux nées dans ma circonscription de Thornhill. Cherie Piper est née à Toronto et habite maintenant à Markham.

Vaughan-born Duff Gibson made Olympic history when he won the gold medal a few days ago in the skeleton event. At 39 years of age, Duff became the oldest individual gold medalist in the history of the Olympic Winter Games.

On behalf of my colleagues and the people of Ontario, I congratulate all the athletes who worked so hard to get to the Olympic Games. Félicitations et bonne chance.

OMERS PENSION FUND

Mr. Robert W. Runciman (Leeds–Grenville): As all members know, the province could be facing an illegal strike sometime in the next 24 hours, and as yesterday's question period clearly showed, the Liberal government has no plan to deal with it.

That's not a surprise to those of us who have watched them operate from the back of a napkin for going on three years. They don't look ahead, let alone plan ahead. They simply measure political implications, and their time horizon on this is October 2007.

Bill 206 is being force-fed through time allocation with one political goal in mind: change the public perception of Dalton McGuinty. Mr. McGuinty quite properly is viewed as a promise-breaker and a weak leader. The Bill 206 exercise is cynically designed to try and change or at least lessen that perception. Mr. McGuinty spends hours rehearsing his tough-guy lines, but can't find the time to ensure the province is ready to deal with the challenges, risks and dangers brought on by an illegal strike. This is a cynical political ploy designed by the deep thinkers in the Premier's office. Let's pray that no serious damage or injury results. If it does, Dalton McGuinty will share the responsibility.

COMMUNITY SERVICES

Mr. Gilles Bisson (Timmins–James Bay): It seems that across the communities of Ontario—in my riding, certainly, and I'm sure in others—we're hearing the same story; it's starting to become a recurring theme. That is that people who are in the process of trying to provide

services for their children who are basically autistic or need to have special needs met are having more and more difficulty in getting the services they need from the agencies in their communities.

When we talk to the community agencies, what they tell us is that the dollars that they get are inadequate to provide for the need that is prevalent within those particular communities. I have cases, as I'm sure other members in this assembly have, where parents who need to have respite care relief for themselves to be able to go away and do some of the basic things in life when their autistic child needs to be supervised are not able to get those services, and as a result are burning out.

I say to the government, who are you going to hurt in the end? You are going to hurt the child and you are going to burn out the caregivers. We need to make sure that we support those caregivers in such a way that they can keep on providing the level of care that their children need.

We're seeing also within the communities a whole host of other services that are starting to become more and more difficult to get. For example, we have elderly parents having to make decisions about allowing their now-adult children to go into residential group homes, but unfortunately the lists are long and the spaces aren't many.

So I say to the government across the way, you certainly talked a good line when it comes to providing those services, but the reality for those families is quite a different story.

1340

PUBLIC TRANSIT

Mr. Phil McNeely (Ottawa–Orléans): On February 3, I had the pleasure of making a wonderful announcement in my riding on behalf of Minister Takhar.

At the OC Transpo station in Orléans, Councillors Rainer Bloess and Rob Jellett, and Helen Gault of OC Transpo, joined me to bring great news to commuters across Ottawa. I announced the second instalment of gas tax funding for the transit system in Ottawa.

Last year, Ottawa received \$18.8 million in gas tax funding. This money went toward improvements in the overall transit system, including construction of two park-and-ride lots, new buses and a new bus garage, as well as increases in services across the network and adjustments in routes to serve new residential areas.

This is particularly important in my riding, Orléans, where our population is now 100,000 people and increasing every year. Public transit now delivers over three trips out of 10, and by 2021 we expect that to be four trips out of 10—the highest ridership in the city of Ottawa.

There are new subdivisions popping up everywhere in Orléans, where young families can live close to their jobs in downtown Ottawa while still enjoying the quiet serenity of a smaller suburban community. For those families who use OC Transpo to commute downtown to work every day, this funding was especially welcome.

This year, the McGuinty government provided \$27.4 million to the city of Ottawa for transit. This money will encourage increased ridership in the Ottawa area, which in turn helps to reduce traffic congestion, commute times and smog. A cleaner environment and a healthier atmosphere is what we want to provide for all Ontarians. The gas tax funding is one major step toward achieving that goal.

OMERS PENSION FUND

Mr. John O'Toole (Durham): Tomorrow, public services affecting the elderly, our children and indeed our entire economy will be put at risk. The people at the centre of this storm are Dalton McGuinty, representing the Liberal government, and Sid Ryan, representing the Canadian Union of Public Employees in Ontario.

The issue is Bill 206, the Ontario municipal employees' retirement system and the CUPE pension. The problem: Premier McGuinty said before the election—I will quote an article from the Ottawa Citizen of October 28, 1997—when speaking to teachers, “You have my support. Take heart. You're doing the right thing and I ask you not to give up.” I can just visualize the then opposition leader McGuinty standing in solidarity with his wife, Terri, a teacher.

I also recall at the same time dealing with this same issue with my wife, Peggy, who is also a teacher. The difference was then, and is now, that Dalton supported teachers' job actions, but now he doesn't support the non-teaching educational support workers.

Is this just another broken Liberal promise or simply an old Liberal flip-flop? The difference between John Tory and Dalton McGuinty is that John Tory won't make promises he won't keep. You have to ask yourself the question: Isn't the real issue here leadership and keeping your promises?

NORTHERN ECONOMY

Mr. David Oraziotti (Sault Ste. Marie): I rise in the House today to recognize two important announcements our government has recently made. The first announcement was made in my riding of Sault Ste. Marie and it involved a provincial investment of \$4.75 million—\$3 million from NOHFC and \$1.75 million from the GO North program—helping to create 140 high-skilled jobs at a new wind tower manufacturing facility in Sault Ste. Marie.

This new corporation, SIAG Great Lakes LP, a \$35-million project, is a joint venture between Algoma Steel and Schaaf Industries of Germany. It's a tremendously positive step forward for value-added steel manufacturing in our city.

I want to thank Minister Bartolucci and Minister Cordiano for their support and for the important role they have played in helping to diversify our economy.

The second announcement was made today by Premier McGuinty and Minister Ramsay regarding On-

tario's forestry industry. Today, we committed an additional \$220 million to help the forestry industry with access road costs and reduce stumpage fees paid by companies.

Here is what the industry and municipal leaders are saying:

"Today's announcement is a home run by the government that has done more for the forest industry than any other government," said Jamie Lim, president of the Ontario Forest Industries Association. "It will pay huge returns for the people of this province in terms of jobs, the generation of wealth, and tax contributions from the industry that annually exceed \$1 billion."

"The government deserves to be thanked and congratulated," said Greenstone mayor and president of the Northwestern Ontario Municipal Association, Michael Power. "The measures announced today will have positive effects on not just the north, but the entire province."

LOCAL HEALTH INTEGRATION NETWORKS

Mr. Dave Levac (Brant): I rise today to speak about our government's ongoing commitment to improving both the quality and the accessibility of health care for all Ontarians.

The establishment of local health integration networks, or LHINs, is an important evolution in the delivery of health care in this province. By ensuring that the vital health care decisions are made locally at the community level by people within the community, LHINs will ensure that patients receive the best care possible in the most efficient manner.

The LHINs are unique. If passed, Bill 36 will present a made-in-Ontario model that will effectively transfer responsibility from the head office in Toronto, the one big LHIN we presently have, to local communities where the impacts of health care decisions are felt.

Contrary to some of the recent criticism, LHINs are not about closing hospitals, cutting jobs and reducing wages. LHINs are about improving patient care in Ontario by devolving decision-making to the community level, where we are giving a greater voice to those who actually deliver vital health care services in Ontario. The first community to have a LHINs process in Ontario will be the first community—

Interjections.

Mr. Levac: The rest of Canada has already got these.

LHINs represent the dedication of the McGuinty government to health care in Ontario. We'll continue to do the hard work necessary to respond to the changing needs of the province. If Bill 36 is passed, the local health integration networks will be a significant step to better health care in the province of Ontario.

OMERS PENSION FUND

Ms. Kathleen O. Wynne (Don Valley West): I rise today to talk about the Ontario Municipal Employees

Retirement System Act, otherwise known as Bill 206. It's very important to me and to my constituents that we understand clearly what this bill is about. This bill provides for a new and independent governance model for OMERS. It devolves sponsorship from the Ontario government to the people who contribute to the plan. Employer and employee representatives will be able to negotiate their pension benefits for the first time.

The McGuinty government, our government, understands the importance of pension funds in Ontario, and that's why we've committed to devolving OMERS. It has not been easy. We believe that we've reached a responsible balance of interests with all parties involved. Although this has been an issue for 10 years, it's our government that has tackled the issue when other governments did not.

It's important to make it crystal clear that current pension holders will not be paying for the supplementary benefits of police and firefighters. Those benefits will be paid equally between those employees and the employer.

This government is moving forward to ensure Bill 206 fairly and equally represents the interests of all those involved, and that's why we've been as pragmatic as we have with the amendments to the bill.

WEARING OF PINS

Mr. Frank Klees (Oak Ridges): On a point of order, Mr. Speaker: I would like to seek unanimous consent for members to wear today the Trillium Gift of Life Networks pin, noted as the Gift of Life.

The Speaker (Hon. Michael A. Brown): Mr. Klees has asked for unanimous consent to wear the pin for the Trillium Gift of Life Networks. Agreed? Agreed.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Mr. Norman W. Sterling (Lanark-Carleton): I beg leave to present a report on the groundwater program from the standing committee on public accounts and move the adoption of its recommendations.

The Speaker (Hon. Michael A. Brown): Mr. Sterling presents the committee's report and moves the adoption of its recommendations.

Does the member wish to make a brief statement?

Mr. Sterling: Yes, Mr. Speaker. The committee completed its deliberations in December. This was dealing with the auditor's report of November 2004. There were 14 different recommendations, which the committee made unanimously, asking the ministry in many ways to report on the status of its overall strategy on groundwater management. The deliberations of the committee, I might add, were prior to the minister's introduction of legislation in this place dealing with groundwater protection.

Therefore there may seem, from the report, some redundant questions or recommendations therein. However, there are other recommendations which are important for us all to know. I urge all members to read our report, and I urge the Minister of the Environment to respond to the recommendations as soon as possible.

I move adjournment of the debate.

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

1350

STANDING COMMITTEE ON GOVERNMENT AGENCIES

The Speaker (Hon. Michael A. Brown): I beg to inform the House that today the Clerk received the report on intended appointments dated February 22, 2006, of the standing committee on government agencies. Pursuant to standing order 106(e)9, the report is deemed to be adopted by the House.

INTRODUCTION OF BILLS

ORGAN AND TISSUE DONATION MANDATORY DECLARATION ACT, 2006

LOI DE 2006 EXIGEANT UNE DÉCLARATION AU SUJET DU DON D'ORGANES ET DE TISSU

Mr. Klees moved first reading of the following bill:

Bill 67, An Act to amend various Acts to require a declaration with respect to the donation of organs and tissue on death / Projet de loi 67, Loi modifiant diverses lois pour exiger que soit faite une déclaration au sujet du don d'organes et de tissu au moment du décès.

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

The member may wish to make a brief statement.

Mr. Frank Klees (Oak Ridges): I'm introducing this bill today in honour of Don Cousens, who is a former distinguished member of this House. Don Cousens is also the current mayor of Markham, and he is a recipient of an organ transplant.

At last count, there were 1,920 people on the waiting list for an organ transplant in Ontario. Despite all of our good efforts, the number of Ontarians on the waiting list for organ donation has virtually doubled since 1994, while the number of donors has remained almost unchanged. Ontario's donor rate is below the national average and far below the best-performing province, namely, Quebec. There's a need to increase public awareness of the importance of organ donation to make people aware of the fact that they can save lives and reduce suffering by registering as donors.

The Organ and Tissue Donation Mandatory Declaration Act, 2006, will require every individual who is at least 16 years of age to answer an organ donation ques-

tion when applying for or renewing a provincial health card or driver's licence. The organ donation question will be incorporated into the standard application form, and the legislation provides that the question must be answered before the health card or the driver's licence is issued. There will be three responses to choose from in answering the question: yes, no, or undecided.

By building this mandatory declaration into the application process for a driver's licence and health card, we will guarantee that the issue of organ donation is considered by every Ontario resident on a regular basis. While requiring a mandatory declaration, this bill respects the right of every individual to make this very personal choice but also ensures that everyone gives serious consideration to the opportunity they have to save a life.

I look forward to the debate of this bill in the Legislature and the subsequent public hearings, all of which will generate a broader public discussion on this important issue. I'm hopeful that the final outcome will in fact be what is intended: increased public awareness of the fact that every individual has the gift of life to give, and that they will be moved to give it.

MOTIONS

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 Wednesday, February 22, 2006, for the purpose of considering government business.

The Speaker (Hon. Michael A. Brown): 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 1355 to 1400.

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

Ayes

Arthurs, Wayne	Dombrowsky, Leona	Oraziotti, David
Balkissoon, Bas	Duguid, Brad	Parsons, Ernie
Bartolucci, Rick	Duncan, Dwight	Patten, Richard
Bentley, Christopher	Gerretsen, John	Peters, Steve
Berardinetti, Lorenzo	Hoy, Pat	Phillips, Gerry
Bountrogianni, Marie	Jeffrey, Linda	Pupatello, Sandra
Bradley, James J.	Kular, Kuldeep	Racco, Mario G.
Brotten, Laurel C.	Kwinter, Monte	Ramal, Khalil
Brownell, Jim	Levac, Dave	Rinaldi, Lou
Bryant, Michael	Marsales, Judy	Ruprecht, Tony
Cansfield, Donna H.	Matthews, Deborah	Smith, Monique
Caplan, David	McGuinty, Dalton	Smitherman, George
Chambers, Mary Anne V.	McMeekin, Ted	Van Bommel, Maria
Colle, Mike	McNeely, Phil	Watson, Jim
Craitor, Kim	Meilleur, Madeleine	Wilkinson, John
Crozler, Bruce	Milloy, John	Wong, Tony C.
Delaney, Bob	Mitchell, Carol	Wynne, Kathleen O.
Dhillon, Vic	Mossop, Jennifer F.	Zimmer, David

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

Nays

Arnott, Ted	Klees, Frank	Prue, Michael
Barrett, Toby	Kormos, Peter	Runciman, Robert W.
Bisson, Gilles	Marchese, Rosario	Scott, Laurie
Chudleigh, Ted	Martel, Shelley	Sterling, Norman W.
Hardeman, Ernie	Martiniuk, Gerry	Tory, John
Horwath, Andrea	Munro, Julia	Yakabuski, John
Hudak, Tim	O'Toole, John	
Jackson, Cameron	Ouellette, Jerry J.	

The Clerk of the Assembly (Mr. Claude L. DesRosiers): The ayes are 54; the nays are 22.

The Speaker: I declare the motion carried.

ORAL QUESTIONS

OMERS PENSION FUND

Mr. John Tory (Leader of the Opposition): My question is for the Premier. It seems, Premier, that there were some positive noises making their way around the building this morning. In fact, according to Canadian Press, weeks of acrimony seemed to evaporate Wednesday. In light of the fact that we're 10 hours away from a threatened illegal strike deadline that will affect many communities and families, I wonder whether you could give us a bit of an update on what is going on this morning.

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I'm pleased to address the question, and I'm sure it's one that many Ontarians are giving some thought to. First of all, I want to state that we look forward to moving ahead with the bill. We've worked long and hard to improve the quality of the bill over the course of the past eight months.

Let me take the opportunity at the outset as well to thank CUPE workers for taking the day today to reflect. The bill was called for third reading yesterday, but there is no job action that is taking place today. The reason I'm so optimistic is because I'm convinced that as more and more Ontarians, and CUPE workers in particular, gain a better understanding of the substance of the bill, they'll understand that it does not compromise their rights, and that it's all about fundamentally giving control to the workers of a pension plan over which only the provincial government has had control.

Mr. Tory: I think we'd all like to share in that encouragement and share in that optimism. I think we all hope that there's time to find some common ground and avoid the illegal strike that we both oppose. Now, we know that there is really no need to rush this bill through the last stages in the House. There is no deadline. You have a majority of members in the House, and we should be doing everything we can to reduce tensions and to provide the opportunity for that understanding that you just referred to to come about. So I wonder if today, as an

act of good faith, you would commit to hold off on the passage of Bill 206 until next week, since it seems that all the signs in the building, in your own words, suggest that there is a need for and perhaps a desirability of having a bit more time on this issue.

Hon. Mr. McGuinty: I cannot agree with the leader of the official opposition in this regard. We have made a commitment to Ontarians and we intend to deliver on that commitment. We have taken all kinds of time and explored all possible opportunities to ensure that we had committee hearings after first reading and committee hearings after second reading. We've had amendments introduced by all parties. We've adopted some amendments put forward by the other parties. I think we have done a lot of work in a collaborative way to improve the quality of the bill. Now our responsibility is to move forward, and I am optimistic that we can do so in a way that will enable CUPE members to understand that this does not in any way compromise their rights, including their right to negotiate enhanced benefits.

Mr. Tory: The Premier made mention in a number of previous answers on this question of the fact that the process had been followed, and how important this was and so on, and yet it was deemed necessary to introduce a time allocation motion after only the leadoff speakers had been heard from on third reading, when normally I think there might have been two or three sessional days allocated to this. I would ask you whether, for the betterment of the province and the stakeholders, the working families that will be affected by this illegal strike, you might commit to a slightly extended timetable so that there could be some opportunity for this understanding you talked about to come about. The time allocation of this bill is rushing it through in two days, when there is no deadline.

Now, if your party were to hold off until next week, I will commit to you, on behalf of the official opposition, that we will take not more than one sessional day to complete the disposition of this bill for our part. I wonder if you might take that in good faith and consider putting this over until next week to allow more time for this understanding that you talk about to come about.

Hon. Mr. McGuinty: Again, no, I cannot agree with the leader of the official opposition. We have devoted close to eight months to this particular piece of legislation.

The Leader of the Opposition may want to cast his mind back to what his party did in years past. They refined time allocation to a fine art in this Legislature. They would time-allocate without the benefit of committee hearings. We have had committee hearings after first reading and after second reading. We have entertained many proposals for amendment. We have adopted some of those opposition amendments. We have greatly improved the quality of the bill, and we look forward now to moving ahead with it.

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

Mr. Tory: Mr. Speaker, again to the Premier and carrying on in the same light: In light of the fact that all

of those amendments did take place at second reading, at committee, it is precisely the reason that there is a third reading debate, so that people can come back to this House in committee of the whole or in the House as a whole and have an opportunity to discuss what has happened with the bill and have an opportunity to have another discussion about it. In this case—by the way, I should say that you condemned time allocation at the time the previous government did it and now you're becoming a great time allocation artist yourself. But, having said that, why—

Interjections.

The Speaker: Stop the clock. Order. The Minister of Community and Social Services will come to order. The government House leader will come to order.

Mr. Tory: Again, I don't know, Premier, why you seem so determined to be on a course which seems to be heading toward this illegal strike. In e-mail after e-mail, interview after interview, the public say that they don't really know what this is about, but all they do know is that it's going to cause them great hardship and inconvenience.

I say that the strike is illegal. Nobody wants it; it hurts people; nobody supports it. Why don't you try a different approach, which will cost maybe a few days at most, after the eight months that has been invested, to head it off? You'll still get your bill passed at the end of the day, if you want it.

1410

Hon. Mr. McGuinty: Just by way of contrast, the Conservative government time-allocated over 60% of their legislation; we've time-allocated 10%.

This is also noteworthy: In the last session of the Eves government, they didn't allow a single bill to have third reading debate—not one. We will always take the necessary time to ensure that there is full opportunity for legislators and for Ontarians to participate in important public debates. We have done that in the circumstance, and we will continue to do that into the future.

Mr. Tory: We're dealing here yet again with an instance where you stood in your place on this side of the House at that time and condemned all of that, and now you are saying, on an issue of great importance and potential hardship to families, communities and businesses across the province, that you are bringing in time allocation and you—

Interjections.

The Speaker: Stop the clock. Minister of Finance. The Leader of the Opposition.

Mr. Tory: It is obvious from watching the comments of the public, from just knowing the services that are proposed to be withdrawn, that it is going to hurt the public—hurt kids, hurt people needing care, hurt communities and so on. I don't know why, and I ask you again, for the sake of a couple of days—I have told you and offered today that we would take not more than one sessional day to complete debate on this if you put this off for a few days to allow this understanding that you talk about to increase and perhaps result in some way of

resolving this, other than through a strike. Why wouldn't you try it? What is the rush? What difference is it going to make whether it passes today, tomorrow or a week from tomorrow? Can you tell us why it makes a difference?

Hon. Mr. McGuinty: Again, so Ontarians understand what we have devoted ourselves to to make sure we get this debate right: We've had two days of debate; we've had 30 hours of committee debate over a period of 11 days; we have received 141 submissions; we've heard from 54 separate presenters; we have adopted many amendments, including those put forward by the opposition. We think we have done justice not only to the bill itself and the subject matter that is found within the bill, but to important public debate. Now we feel a responsibility to move forward with this, and we want to do that in a way that is always respectful of the process. That's what we will continue to do.

Mr. Tory: I would argue that the Premier and his government could respect the process even more if they allowed a simple few days extra, both to have a continued debate in this House but also at the same time to see if there is any possibility at all that the two sides could find some way of resolving these issues, short of an illegal strike that none of us support. How will another few hours matter after all the time you just talked about that we've spent debating this bill? I concede we have spent that time; you're absolutely right. How will another few hours make a difference if there is any chance at all that it could head off an illegal strike? Why won't you even consider this idea, especially given that I have said that we will not obstruct this going through on third reading if it comes back here, say, next week? Why won't you even consider it? Instead, you'd rather see us get to the hour of reckoning at midnight tonight and have communities and people hurt by that. Why do you take that position?

Hon. Mr. McGuinty: Again, it is at the least interesting that the question is put by the representative of a party that time-allocated over 60% of its legislation. Again, I contrast that with our government, which has time-allocated a mere 10% of our legislation. I also want to remind the leader of the official opposition that in the last session of the Eves government, they didn't allow a single bill to have third reading debate.

There does come a time when the government must exercise its responsibility to say that the time for debate has come to an end. This bill was introduced almost eight months ago. It has gone through first and second committee hearings. A number of amendments have been put forward and a number of opposition amendments have in fact been adopted. We believe we have this bill exactly where it should be in terms of its quality and we look forward to moving ahead.

FOREST INDUSTRY

Mr. Howard Hampton (Kenora–Rainy River): My question is for the Premier. Since your government first acknowledged that there was a problem in Ontario's

forest sector, on June 13, 2005, over 3,500 good-paying jobs have disappeared from pulp and paper mills in northern and central Ontario. In every case, when they announced the layoffs or the closures, the management of the pulp and paper mills said, "Look, our major challenge is the high cost of electricity. We are paying two and three times the price for electricity that mills in Quebec or Manitoba or British Columbia are paying."

Today's announcement, with all your fanfare, fanfare you've repeated in the past, did nothing for pulp and paper mills, did nothing about the prohibitively high cost of electricity in Ontario. Premier, how many more jobs is the McGuinty government going to wipe out in pulp and paper mills before you address the real challenge, the real problem?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I'm pleased to take the question. I guess the leader of the third party, the NDP, did not have the opportunity to observe the reaction of representatives of northern Ontario, including mayors and industry representatives. Perhaps it is summed up best by Jamie Lim in response to our announcement this morning—a \$220-million announcement over three years—who happens to be the president of the Ontario Forest Industries Association, when she said, "Today's announcement is a home run by a government that has done more for the forest industry than any other government."

Mr. Hampton: I hardly call wiping out 3,500 good-paying jobs in a year and a half doing something for the forest sector, but let me tell you, Premier, after you made an announcement last June that went nowhere, and after you made an announcement last September that did nothing, and after an announcement two weeks ago that did virtually nothing, they're at least happy to have something. I acknowledge this may help sawmills, but this does nothing, absolutely nothing, for pulp mills and paper mills where thousands of jobs have been destroyed and where more jobs are going to be lost.

Premier, the problem that pulp and paper mills have identified for you is the high cost of electricity in Ontario. When are you going to respond to the challenge that is actually killing the jobs in the pulp and paper industry, your policy of driving electricity rates through the roof?

Hon. Mr. McGuinty: I'll tell you in particular why the announcement we made this morning was so very well received: because, among other things, what we said was that we're going to invest \$47 million more to support the construction and maintenance costs of primary and secondary access roads. This funding is in addition to the previously announced \$28 million, for a total of \$75 million annually. I can tell you why that is so important to the forestry sector: because since the early 1990s, they have been suffering under the ill-advised policies of the former NDP government, which had downloaded the costs on to our industry. What we have done, and we were glad to do it, is to reverse that injustice and lend a supporting hand to northern Ontario and the forestry sector.

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Mr. Hampton: You might want to check your own budget statistics. The biggest cut to road maintenance and road construction funding was made by a Liberal government between 1987 and 1990, a cut of \$24 million, but something that happened 20 years ago is not responsible for the challenge that's being faced today.

The challenge today is this: Paper mills and pulp mills cannot afford to pay eight cents a kilowatt hour for electricity when competing mills in Quebec are paying 3.5 cents, in Manitoba they are paying three cents, and in Minnesota, Wisconsin and Michigan, they are only paying four or five cents. They have said that to you over and over again. Your announcement today had much fanfare, but it doesn't address the big issue which has killed 3,500 jobs and is going to kill more jobs.

When is the McGuinty government going to reverse your disastrous policy of driving electricity rates through the roof—

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

Hon. Mr. McGuinty: Again, I think it's important that we hear from Jamie Lim, president of the Ontario Forest Industries Association. She said this morning, "It will pay huge returns for the people of this province in terms of jobs, the generation of wealth and tax contributions from the industry that annually exceed \$1 billion."

This is what Greenstone mayor and president of the Northwestern Ontario Municipal Association, Michael Power, had to say: "The government deserves to be thanked and congratulated. The measures announced today will have positive effects on not just the north, but the entire province."

Don Campbell, vice-president and resident manager of Thunder Bay operations, Bowater: "The government's willingness to act on the Minister's Council on Forest Sector Competitiveness' recommendation regarding road funding is a most positive and welcome step."

I always welcome the advice and constructive criticism from the leader of the NDP, but when it comes to who I can rely upon for what is happening on the front lines, I'll take the words offered today by those people in the industry from northern Ontario.

Mr. Hampton: That wouldn't be Michael Power, former Liberal candidate, would it?

HEALTH CARE

Mr. Howard Hampton (Kenora–Rainy River): Premier, my next question is about your LHINs legislation. In the election, you promised to stand up for medicare. In fact, just yesterday your health minister said your government believes in public delivery of health services. So I want to ask you, Premier, can you explain section 33 of the LHINs bill, the privatization clause which gives the health minister the unprecedented, draconian power to order hospitals to privatize important services like cleaning and food services?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I detect that there is a theme emerging which is being developed carefully by the NDP with respect to our LHIN legislation, and we look forward to enjoying that in the days, weeks and months to come.

I know Ontarians are going to have a real interest in our LHIN legislation, but let me just say this: I would ask them, as well as the leader of the third party, to keep in mind that we have invested \$32.9 billion in health care in 2005-06. That's up 19% over the course of the last two years. We put in place funding for over 3,000 new full-time nursing positions. Our first 100 new family health teams have been announced. We're expanding family medical residency spaces by 70% and med school spaces by 23%.

I could go on and on with the investments that we are making, which are symptomatic of our devotion to strong, good-quality public health care for the people of Ontario.

Mr. Hampton: Yes, Premier, there is a theme to our questions. It's about your refusal to answer that question about your interest in private delivery of health services, your interest in the greater privatization of health services, and your refusal to answer the question tells us a lot.

You may not think that cleaners and the people who prepare safe food in our hospitals are important, but I want to quote from the Registered Nurses Association of Ontario: "To outsource housekeeping and other services with direct patient contact will be disastrous for our patients." It will have "a negative impact on infection control and on the health and safety of patients and employees."

Premier, you promised to stand up for medicare. How do you justify ignoring health experts like nurses at the RAO and proceeding down a road of hospital service privatization—

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

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

Hon. George Smitherman (Minister of Health and Long-Term Care): I appreciate so much the opportunity to answer that question from the honourable member and to provide him with an opportunity in his final supplementary to stand in this House and say why it is that, during the days of the NDP government, ancillary services were allowed to be privatized in hospital environments in the province of Ontario. Just like the question that he asked a moment ago about the forest industry sector, he likes to shrug off the reality—sad, for many—that this party was the government in Ontario for five years and that they too have a record.

In the province of Ontario, across the breadth of almost 155 hospital corporations, something like 83% of them do reflect on the fact that some variety of services in their hospital environments are provided by the private sector. The member speaks about so-called experts, and in my final opportunity, if one is provided, I will very gladly read a quote to the honourable member.

Mr. Hampton: Once again, this is the Premier who said he was going to safeguard medicare, that there would not be more of a move to privatization, that there would not be more of a move toward private delivery of health services, yet he and his minister both refuse to acknowledge that that's exactly what this section of the bill is all about.

Let me quote the Registered Nurses Association of Ontario again about section 33 of your LHINs bill: "It seems incredible that we should have to remind any government in Ontario about the importance of infection control in hospitals, given our experience with SARS.... A vital way to prevent infections ... is to adhere to stringent standards that can only be met if people are trained to meet them and if workers know their workplace." These nurses don't want to see services like food services and cleaning handed out to private corporations that are more interested in how much money they can make and less interested—

The Speaker: Thank you. Minister?

Hon. Mr. Smitherman: If that's the case, then one wonders why the honourable member allowed the same thing to happen at St. Thomas-Elgin General Hospital, at the Trillium Health Centre, at Halton health care and at Joseph Brant Memorial Hospital.

The member wants to know about our values with respect to public health care. They are there in the preamble of the bill, in the Commitment to the Future of Medicare Act, commitment to the Canada Health Act and the things that we've done: repatriated MRIs from the private sector, community health centres, family health teams, midwives, newborn screening. These are our commitments to a public health care system.

Here's what Roy Romanow said: "At a minimum, I believe governments must draw a clear line between direct health services ... and ancillary ones.... The former should be delivered primarily through our public, not-for-profit system, while the latter could be the domain of private providers"—advice that, apparently, that member accepted when he was in power.

OMERS PENSION FUND

Mr. Cameron Jackson (Burlington): My question is to the Minister of Health. Yesterday, I raised with you the issue of the importance of public services that may appear to be compromised in this province as a result of Bill 206. Yesterday, you indicated that there was no role for you, as Minister of Health, to ensure that the important health services that vulnerable Ontarians have come to rely on are not at risk. In fact, you indicated that we're operating on the basis of independent governance.

Minister, you made no contact with the long-term-care association for seniors in those homes. You made no contact with home care providers in this province to determine if there is any risk. So I'm asking you today, have you or your ministry come up with any kind of plan, a contingency plan, and have you been in contact with those services that Ontarians rely on, not only in our

hospitals but with our ambulance services in the province of Ontario?

Hon. George Smitherman (Minister of Health and Long-Term Care): Now the honourable member has got himself to the circumstance where he believes that it is those services provided by CUPE workers in provincial environments that are subject to these circumstances. He speaks about hospitals. There are no municipal CUPE employees providing services in our hospitals, to the very best of my knowledge.

Accordingly, I think the honourable member's question goes a little further than the reach of the job action that has been threatened.

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I did not in any way suggest what the honourable member has attributed to me. What I did say was that organizations—municipal service providers—that have relationships with their organized labour have built-in contingencies related to these challenges. And no, it's true, we haven't been involved in dealing with associations; we've been involved in dealing on the front line with direct health care providers. Regional ministry offices and senior staff at the ministry have been working with those direct service providers that might have implications from the threatened job action.

Mr. Jackson: The minister assured us of this yesterday. Evidence was brought forward, clearly, that he had not. We're supposed to rely on faith. Let me say this: The CUPE locals in Halton region have indicated that they will not go on strike, but last week they served notice that they will create job actions and work to rule in the Halton region.

This week, there was a meeting of seniors at an event in our community. One senior collapsed completely with laboured breathing, was unconscious and was in a high degree of risk. The place where this occurred called 911 and was put on hold for 10 minutes because the operator insisted on speaking to someone who could accurately describe the condition of the woman, who was very clearly in difficulty. A retired nurse who was in the room came to the phone, but they were still on hold. It took 25 minutes for an ambulance to arrive.

Minister, this is your ministry, your responsibility for the health care of Ontarians, and I'm asking you again to give this House evidence that you have a contingency plan, that you have an awareness and an understanding that—

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

Hon. Mr. Smitherman: The contingency plans the honourable member speaks of are a matter of due course and of legislative requirement of the very service providers he's talking about. He asks as if we plan only on the week of a threatened labour circumstance, and the answer is no. At all times, it is the requirement of these organizations involved in direct delivery to have appropriately developed and filed contingency plans. This was a matter of course during the days when that member was a minister as well.

Accordingly, of course, through our regional offices, through the ministry's emergency management unit, we've been involved with direct service providers, seeking to make certain that their work with respect to contingencies has been properly developed. But I reassert, this is not a matter of attention over the course of just the last few days. This is the kind of attention that is drawn to these matters on an ongoing basis. Accordingly, there are a variety of threats and concerns that could be out there making contingency plans necessary over a wide variety of ideas.

The Speaker: New question?

Ms. Andrea Horwath (Hamilton East): My question is for the Premier. For the last few days, we've urged you to take a step back and work with stakeholders on solutions to the OMERS fiasco you've created. We're concerned about the confrontational action you've decided to take in the last 24 hours that could increase the tension: serving notice that you'll cut off debate on Bill 206 after just one day of third reading debate. In opposition, you said that time allocation diminished our democratic institutions. So why are you invoking time allocation now, right when working families are counting on their democratic institutions the most?

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

Hon. John Gerretsen (Minister of Municipal Affairs and Housing): I appreciate the question from the member opposite. Let's just review the situation once again. The question relating to OMERS devolution has been on the government's agenda, both this government's and the last government's, for at least the last 10 years. There are over 950 employers on the employer side and something like 50 unions and labour associations on the other side. Getting 100% unanimity on any devolution simply is not possible. It's proven to be impossible over the last 10 years. Yet at the same time, we have come up with a bill that takes into consideration many of the different points of view that have been brought forward, many of the representations. We've had legislative hearings. The time has come that this bill should come to a vote. But it's a fair bill. It does not touch the pensions of pensioners, and it fully respects what both the employers and the employees put into the plan, and they should be running the plan.

Ms. Horwath: Back to the Premier: The question was about your desire to cut off debate on this bill. In opposition, your finance minister called time allocation an attempt to stifle debate. Your Attorney General called it antidemocratic and debate-killing. I guess for McGuinty Liberals what you say depends on where you sit. This is an important piece of legislation, Premier. Many different Ontarians have serious concerns about it, but you're cutting off the debate. If time allocation was wrong back then, why is it okay now?

Hon. Mr. Gerretsen: I don't like to dwell on ancient history, but at the same time, sometimes it's useful. It was actually that party, when it was in power, that started

to use time allocation on a regular basis in this House on some very crucial bills such as, for example, the social contract. That system was perfected by the previous government, which had time allocation on 60% of the bills. We don't like to use time allocation. We've only used it 10% of the time, which is a low over the last 15 years.

There comes a time, though, when there has been debate on a particular issue for more than 10 years in one way or another and on this actual bill for more than eight months, that it's time to call for a vote. Again, it is a bill that's totally fair to the contributors, to the municipalities and to the pensioners concerned.

The Speaker: New question. The member for Stoney Creek.

Ms. Jennifer F. Mossop (Stoney Creek): My question is also for the Minister of Municipal Affairs and Housing, and it is on the issue that has dominated this House this week and has been a concern for many people in this province and many people in my constituency.

I've received a number of calls from pensioners, retirees, who are worried about their pensions. These are retirees who have dedicated their life—as in firefighters, policemen, school boards, in our libraries, in children's aid societies, in our municipal governments—and they are worried. They have been told that they should be worried about their pensions, that they are now in jeopardy, that they are going to be harmed. These individuals have worked very hard for far too long to be told that they are now going to be short-changed, that something is going to change, that something is shifting under them. Can you please assure us that these people will have a voice and that their pensions are not in jeopardy?

Hon. Mr. Gerretsen: I'd like to thank the member from Stoney Creek for asking that question, because in this whole debate, the real unfortunate aspect is the myth that has been promoted by some parties that somehow, individual pensions of pensioners who are currently receiving these pensions are being affected. Nothing can be further from the truth. The plan will go on, the day after this bill is passed and after the new sponsors corporation and the administrative corporation have been set up, in exactly the same way as it has before. No pension is affected. As a matter of fact, for the first time pensioners will have a voting right on both the sponsors corporation, which sets out the various benefits, and the administrative corporation, which deals with the management and the investment of the fund. That's for the first time ever. Pensions simply are not affected at all for either current pensioners or for future pensioners.

Ms. Mossop: The other thing we've often heard about is that this bill has moved too quickly through the Legislature. It was introduced June 1 of last year. That was eight months ago. Most bills proceed through this Legislature by being referred to a standing committee after second reading, and I understand this bill took a different route. There's been concern that all the stakeholders have not been consulted, that people have not been heard on

this issue. If this bill is passed, it would give control of the OMERS pension plan to those workers and their employers who pay into it. What steps have we taken to make sure that everybody has been consulted, that this is fully thought out and there is a fair process in place for OMERS members?

Hon. Mr. Gerretsen: Again, the discussions on this started over 10 years ago. The OMERS board came up with the report in 2002 and informal discussions have taken place with many of the stakeholders over a long period of time as well. But when you talk about the actual debates that have taken place on the bill, the member is quite correct. It took place after both first reading and second reading. There were legislative hearings at both of those times. They went on for a long period of time. Just about every stakeholder on all sides of the issue, on both the employer and employee side, has had an opportunity to express their concern. As a result of that, a number of amendments were made that actually made the bill better. It's a fair bill for all concerned. It's fair to the pensioners, fair to the employers and fair to the employees.

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DEADSTOCK INDUSTRY

Ms. Laurie Scott (Haliburton–Victoria–Brock): My question is for the Minister of Agriculture, Food and Rural Affairs. Your government's continued failure to recognize the challenges in rural Ontario is setting the stage for a potential contamination disaster. You know that the BSE border closing has eliminated the export market for deadstock removal operators. You know that deadstock pickup charges to farmers have already doubled. Carcasses are already being pulled out of rivers and ditches, a situation that our agricultural critic will tell you is about to get worse.

Minister, you already abdicated your responsibility to the farmers when you allowed the transfer of nutrient management and source water protection to the Ministry of the Environment, but you still have to deal with deadstock. To what extent are deadstock animals contaminating the water?

Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs): First of all, I would like to remind the member that with respect to the Nutrient Management Act, it was Justice O'Connor who very appropriately identified that that act should be carried by the Ministry of the Environment. Our government is committed to O'Connor, and that is why that move was made.

With respect to the deadstock situation in Ontario, I would say to the honourable member—and I think it's important that it has been raised in the Legislature today; it's probably not recognized as the important service it truly is in rural Ontario, as it should be—that a number of years ago, the deadstock industry was one that could make money, but after BSE, the products of meat rendering and carcasses were no longer cost-efficient or cost-

productive for farmers. So the government did establish a program that would pay out—we've spent about \$4.3 million to support the deadstock, plus—

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

Mr. Toby Barrett (Haldimand–Norfolk–Brant): Minister, you mentioned money. The extension of transitional funding for deadstock under your watch appears to be dead in the water. Companies say they're forced to shut down if provincial dollars disappear. That leaves deadstock on farms, which jacks up the risk of BSE and water contamination. Two colts were found dead on the side of the road just west of me. Is this the future of deadstock under your government?

We are concerned. Laurie Scott is concerned. Ernie Hardeman, Joe Tascona and Bill Murdoch are all getting calls. Minister, the question is, will you extend the financial support required to sustain the deadstock industry?

Hon. Mrs. Dombrowsky: Again, I think it's very important to clarify that when support was introduced for the deadstock industry, it was because there was a crisis after BSE when the market for the product plummeted. Our government has put \$5.3 million toward the industry, with the very clear expectation that by working with the Ontario Cattlemen's Association and renderers in the province, we would be able to achieve both a short-term and a long-term solution. I continue to work with those stakeholders so that we can have some dollars provided for the short term so that deadstock removal people can continue the service in their communities, as well as working with the industry to ensure that we have a more sustainable plan for managing this waste within our rural communities for the future.

HYDRO GENERATION

Mr. Michael Prue (Beaches–East York): My question is to the Minister of Energy. Tonight, concerned citizens in the east end of Toronto will be meeting to discuss a mega power plant that Dalton McGuinty wants to dump on our waterfront. We have presented any number of alternatives, but instead, you and the McGuinty Liberals are imposing a solution that no one in our community can accept—not the mayor, not the council, not the waterfront corporation, not Toronto Hydro, not the citizens and not the neighbourhood. Minister, the community is meeting tonight. Do you plan to go in defence of your misguided plans?

Hon. Donna H. Cansfield (Minister of Energy): I'm pleased to respond to the member from Beaches–East York. The Independent Electricity System Operator identified that, by the year 2008, Toronto would be subject to rolling blackouts. This is a large, international, cosmopolitan city that, when it was half the population, had 1,200 megawatts of power. Today at double the population, it has no power generation. The Ontario Power Authority owns the particular piece of property where we will be putting this. We have made a decision to keep that property in the hands of the people of Ontario, who

own it, not to give half the property, transferred at no cost, to Florida Power and Light. This is the same party that in fact would require us to waive an environmental assessment in order to support the proponent he is supporting.

Mr. Prue: Minister, I suppose that's the answer you want me to take to them tonight. I'll be pleased to take it on your behalf. There are reasonable solutions that are both cost-effective and environmentally friendly and achieve the objective of keeping the lights on in Toronto and in Ontario for years to come. It's not too late for you to say you have made a mistake. It's not too late for you to say you will look at the other alternatives, especially when everyone in the community is united in opposition to you. Will you stop the mega power plant tonight, and can I tell the people who are going to be there that you have a real plan to invest in a conservation strategy that is a proven winner?

Hon. Mrs. Cansfield: Yes, I do have a plan: I plan to keep the lights on for the people in Toronto, and I plan to keep that asset in the hands of the people of Ontario. We have put in place over 300 megawatts of requirement in terms of demand-side management in addition to the 550 megawatts that are required by 2010. There is no question that we have to have rigour on the generation side and on the conservation side. It is neither one nor the other; it is both working together on behalf of the people of this city in order that they can be prevented from having rolling blackouts. I do not see nor understand why that particular party is continuing to perpetuate keeping the lights off. We're going to keep them on.

YOUTH EMPLOYMENT

Mr. Bas Balkissoon (Scarborough–Rouge River): My question is to the Minister of Government Services. Last week, I was pleased to hear from Minister Chambers when she announced the youth opportunities strategy that will fund community-based programs, to not only provide opportunities for youth, but equally important, offer hope as well. I understand the frustration many youth endure, as many young people in my riding feel they do not have the opportunity to gain meaningful experience to help achieve their full potential. I'm wondering, as one of Ontario's largest employers, how is the Ontario public service contributing to initiatives to help youth with employment opportunities?

Hon. Gerry Phillips (Minister of Government Services): I welcome the question from my good friend and colleague the member from Scarborough–Rouge River. You're right. The minister announced the youth opportunities strategy last week. I'm pleased to say that on behalf of all of us, the Ontario public service is playing its role in this program. We've launched a pilot project. We call it the OPS—Ontario public service—learn and work pilot program. It involves 20 young people who had left school without a diploma. We've encouraged them to come back and we have found employment for them in three areas in the Ontario public

service. They'll be working in some administrative roles, working with senior citizens and at the Ontario Science Centre. I think it's a good, new, positive learning and work experience. I might add that we very much appreciate the co-operation of OPSEU, our union, which is participating in this program.

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Mr. Balkissoon: From what I know about this program, it is obvious that young people will benefit greatly from these employment opportunities with the Ontario public service. The lesson these youths will gain from this experience cannot be underestimated.

Although I see the benefit in getting kids work experience, I believe education is also key to their development. Without the educational component to accompany the experience they would get on the job, I believe their potential will not be fully realized. How is the government, with this pilot project, helping youth achieve their educational goals and thereby helping youth to reach their full potential?

Hon. Mr. Phillips: As I say, the program is called "learn and work," so both components are in it. I talked earlier about the work component. This is a pilot project. One high school in the city of Toronto is participating in it. They selected the 20 students. But the 20 students will also be participating in a learning experience. Every two weeks, they will be taking an academic course. They're taking a three-week course. At the end of 18 weeks, they will have completed four course credits as well as the paid work experience. I think it's a terrific pilot project.

We have engaged a co-op education teacher to help coordinate this. It's a pilot in one school. Our hope is that it will work well, and I think it will. It's the kind of pilot project that we will be able to expand across the province in conjunction with the minister, who announced the youth opportunities program last week.

I'm very pleased with the program, and I appreciate the co-operation of everyone in the Ontario public service.

ORGAN AND TISSUE DONATION

Mr. Frank Klees (Oak Ridges): My question is to the Minister of Health. It's a rare occasion when honourable members can find common ground on an issue in this place. I hope that today we find that common ground in the private member's bill that I introduced earlier today. The purpose of that bill is to ensure that the awareness of organ donation and the opportunity for individuals in this province to make an election regarding their intent is heightened. I hope to hear from you today your personal view as Minister of Health in terms of support for the direction of that bill.

Hon. George Smitherman (Minister of Health and Long-Term Care): I think the honourable member is on very good ground to say that there is common ground amongst members on the desire to increase the supply of donated organs and tissue in our province. We know that our loved ones—some of them—pass on and very, very

good organs go unharvested because people have not necessarily agreed to make those available. The honourable member's proposal and the one that we have seen again more recently from the member from Niagara Centre are all very powerful in the important role of conversation and discussion because it is such a highly personal matter.

For my own part, I've been clear in saying that I'm very supportive of initiatives that are going to have certain implication in enhancing the supply of organs and tissue. For now, though, these two honourable members have brought forward bills. We look forward to having them called and to the members in this place engaging in that discussion, with a view not only to informing all of us better but informing Ontarians and encouraging them to give the gift of life.

Mr. Klees: Thank you, Minister, for that encouragement. As you know, there are some 1,920 people on the waiting list for organ transplants in Ontario. The waiting list has effectively doubled since 1994 and the number of available donors has remained relatively the same, so we do have a crisis in organ donation in this province. I'm hopeful that when this bill does come to debate in the House, we'll have broad support; more importantly, that we then have the support of you, Minister, and your government to move this forward into meaningful public discussion through the standing committee, so that we can, in fact, ensure that we put in place the right mechanisms to ensure that the issue of this long waiting list of people who are dying waiting for an organ can be resolved in this province.

Hon. Mr. Smitherman: I thank the honourable member again. We look to our friends at the Trillium Gift of Life Network to give us some independent analysis of the various proposals that are out there, to help to guide us in our undertakings around this issue.

As Minister of Health, I feel many pressures operationally to support services here and there. I've been proud that we've been able to enhance funding to support more organ donations. I suppose that amongst the list of pressures, this is one that I would further invite. We know that if we can encourage a higher degree of our population to contribute to make this ultimate gift of life, accordingly, many of our loved ones will live on.

I think our government would stand firmly on the side of saying that this is an operational pressure which we very much would like the opportunity to enhance funding around. Accordingly, we look forward to the discussion. It's really important that as MPPs we all take the opportunity to engage citizens in our local communities about the issues and the law and also about the necessity of signing the card.

WASTE MANAGEMENT

Mr. Michael Prue (Beaches–East York): My question is to the Minister of the Environment. In 2003, you and your party campaigned on a platform of 60% waste diversion from landfills. You're nowhere near meeting that goal and, in fact, you have no plan at all for waste

management. Instead of taking action on waste diversion, your government is pushing an expansion of the Richmond dump on the Mohawks of the Bay of Quinte, the township of Tyendinaga and the residents of Greater Napanee. Will you stand today and tell the Mohawks and residents of Tyendinaga township and Greater Napanee that the Richmond landfill expansion application will be withdrawn?

Hon. Laurel C. Broten (Minister of the Environment): I know that the member knows very well that the Richmond landfill is in the context and in the process of an environmental assessment at this point. Obviously, that process is underway. Community members have had an opportunity to speak to that issue. The public and ministry review of the proposed landfill is now underway. The materials are before the ministry. I encourage all Ontarians to participate in that important process.

Mr. Prue: The important process I would like you to participate in is to do something to divert waste from landfills. You have no plan for tires. You have no plan for used oil. You have no plan for e-waste. You have no plan for anything. Your lack of action to divert waste now threatens the groundwater and surface water of the Mohawks of the Bay of Quinte, Tyendinaga township and Greater Napanee. It makes a total mockery of your promise to protect source water.

The residents from the region are here today. My question to you is, will you stand up for source water protection and deep-six the Richmond dump expansion immediately?

Hon. Ms. Broten: I have to tell the member opposite that there is no government in the history of this province that has done more to protect source water in this province. The issues dealing with the Richmond landfill site are before the ministry. There have been two public comment periods in place. My ministry takes very seriously the concerns that have been raised. Those will be fully examined in the context of an EA process, which is a very important and critical process to raise serious environmental issues. That process is well underway.

With respect to waste management in this province, you know full well that this ministry continues to work very closely with municipalities right across this province. At the OGRA/ROMA meetings this week, I heard from municipalities that are reaching a 60% to 80% diversion. We're learning from those communities and bringing those best practices into other communities. We will, together, work with municipalities as we move forward, because we all know that the best thing with respect to waste management is to divert more of that waste from the waste stream. But at the end of the day, there will always be residual waste and—

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

SOCIAL ASSISTANCE

Mr. Khalil Ramal (London-Fanshawe): My question is for the Minister of Community and Social Services. The people of my riding were very pleased to

hear that the McGuinty government has continued its efforts to reform social assistance and has made ODSP changes that will help recipients and their families move toward securing long-term jobs.

These changes were endorsed by Community Living, and in a release on the day you made an announcement, President Garry Cooke said, "People want to work but many can't afford to risk losing their ODSP income support while they try to establish themselves in the workforce. The new rules and exemptions make it easier to look for work to stay employed."

Minister, you have been able to make significant policy changes that serve to help those on social assistance and take away the disincentives that the previous government used to keep those on welfare staying on welfare. Can you please tell this House what exactly the changes are—

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

Hon. Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): I appreciate the question from the member for London-Fanshawe. It is always a pleasure to stand up and tell more good news on how we're changing a system to actually help people who are on social assistance move into the workplace.

1500

Let me start with just two items: First, people who are on our disability pension program will now be able to access employment services unavailable to them in the past. That's important. They can get assistance to move into the workplace. Second, some of those rules the last government initiated actually prevent people, are actually a disincentive to seeking employment. We've changed the rules, have thrown out the dumb rules and have replaced them with easy-to-understand rules that say this: "The more you earn, the more you keep." This is essential so people will have an incentive to get out there if they can and, work if they can.

Mr. Ramal: Thank you, Minister. I know that different groups have been advocating for a social assistance wage increase. While a wage increase is an important part of restoring our social assistance system, it's clear that we are moving ahead with other areas that are certainly just as important. This announcement shows that with the many incentives for those living with a disability who are able to find work, they will be able to keep more of their earnings. The disabled community has been asking for these changes for some time. However, there remains a concern out there that if someone on disability goes off ODSP, they will lose their health care benefits. Minister, how will they be able to take care of their health needs if they're employed?

Hon. Ms. Pupatello: I can tell you about all of the consultation we've had with people who are actually on the system. They tell us what the huge disincentives have been. One of the largest has been the fear of losing those drug benefits if they take the opportunity to work when it might be available. We've changed that so that today individuals, when this goes into place, will be able to

keep those health-related benefits, when the opportunity for a job comes along, until they can access the company benefits. This is extremely well received by people on our system. We know that it can work for them.

In addition to that, we've added essential benefits to help them make that leap into the workforce, increasing that work-related benefit, for example, increasing the deductions for things like child care, an automatic \$100 work-related benefit, just for taking a stab at full-time work. Let me say this: We're proud of the work we've done. We're proud of those who are on our system who are willing to get out there and try.

COMMUNITY HEALTH CENTRE

Mr. John Yakabuski (Renfrew–Nipissing–Pembroke):

My question is for the Minister of Health. I was contacted by a lady by the name of Shirley Ravary. A matter of great concern was raised by her with regard to her treatment at a health treatment clinic in Cornwall, the Centre de santé communautaire de l'Estrie in Cornwall. She approached it for treatment and was spoken to in French. When she replied that she could not speak French, she was told to go to another clinic, that she could not be treated there.

Minister, this clinic has indicated that they serve both anglophones and francophones, and this woman was turned down on the basis that she could not speak the language. Your ministry has said that it's okay to turn them down as long as the illness is not serious. However, she was never seen by a doctor. Could you answer that please, Minister?

Hon. George Smitherman (Minister of Health and Long-Term Care): There's a lot in there that I think is in need of some illumination. Firstly, community health centres are not where you go if you are in an emergency circumstance. If the woman in Cornwall had an emergency circumstance, presumably she would know to go to the hospital. A community health centre is primarily focused on primary care. They don't operate on a clinic basis, they operate on an appointment basis, and they're community governed. All across the province of Ontario, your government not so much, other parties in this House have supported the community health centre movement, which is self-governed and allows them to target very specifically populations with underlying health circumstances that are particularly negative.

In the Cornwall case, that means that the francophone community there has experienced particular challenges with access to health care. That's why they have in the past been awarded a community health centre. In the supplementary I'll give the honourable member a little bit more information.

Mr. Yakabuski: When this health centre requested support from the community, they made it clear that they would serve people in both languages. The lady in question has indicated to me that the director of the health centre, when approached by her husband, who spoke to him—her husband, Marcel, is French-speaking, by the

way. When he spoke to the director, Mr. Bisson, he was told, "Well, if your wife is anglophone, you can't come here either." Now, Minister, I think it is very important, and the people of Ontario should understand, that health services should be based on need, not the language someone speaks. Can you assure the House that is how health care is and will be delivered in the province of Ontario?

Hon. Mr. Smitherman: Let's put some more facts on the record. This woman, this individual the honourable member speaks about, has a doctor, and in fact the doctor she has a relationship with in his family practice also serves part of the time as an employee of the health centre, providing medical services. She went there and demanded to see her doctor, rather than following the route where their relationship was established.

Yes, of course, we need to have a health care system that responds to people's health needs, but we also need to have a health care system that is able to target those underlying health circumstances we know to be particularly problematic. That's what community health centres are about.

In the Cornwall community, we're in the midst, because we've announced it and are building it, of an additional community health care centre to better service the needs of the people in that community. But I believe this individual has received appropriate care from the health care system, had a relationship with a doctor that she chose to try to work in a different way. I continue to support, and I believe everybody should, the community health centre movement, particularly the self-governing element of it, which is designed to try and make sure that those who have greater challenges—

The Speaker (Hon. Michael A. Brown): Thank you. This more than completes the time allocated for oral questions.

PETITIONS

SERVICES FOR THE DEVELOPMENTALLY DISABLED

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

"Therefore 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 submit this to Sarah, one of the new legislative pages.

PROSTATE CANCER

Mr. Kim Craitor (Niagara Falls): I'm pleased to introduce this petition to the House. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas the government of Ontario's health insurance plan does not cover the cost of PSA (prostate specific antigen) test as an early method of detection for prostate cancer in men;

“Whereas mammogram tests for women are fully covered by the Ontario insurance plan for early detection of breast cancer and PSA test 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 4. We believe PSA testing should be covered as an insured service by the Ontario health insurance program. 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.”

I'm pleased to support this and put my signature to it.

PORT COLBORNE GENERAL HOSPITAL

Mr. Tim Hudak (Erie–Lincoln): I'm very pleased to table some 4,139 names on behalf of Sharon Hamm, a hard-working volunteer in Port Colborne, to reopen the critical care unit beds at Port Colborne General Hospital. I want to congratulate Sharon on her work. The petition is brief, and reads:

“Please show you care and sign this petition to reopen our CCU at the Port Colborne hospital. The Niagara health system claims there is not enough staff to keep the unit open. What are we to do when there are no other beds available at another hospital? People before profits.”

In support of Mrs. Hamm's petition, I proudly sign my name as well.

1510

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr. Bruce Crozier (Essex): I want to read a petition addressed to the Legislative Assembly of Ontario and signed by hundreds of Ontarians.

“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;

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

Mr. Ernie Hardeman (Oxford): I have here a petition signed by a great many of my constituents, and obviously, from the petition previously read, a great many constituents around the province.

“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;

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

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

CHILD CARE

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

“Whereas the people of Ontario expect the government of Canada to honour existing agreements with the government of Ontario;

“Whereas the province and territories negotiated agreements with the federal government to ensure Canadians would have access to early learning and child care programs that are high-quality, affordable, universally, inclusive and developmental;

“Whereas parents in Ontario have demonstrated a high demand for greater access to high-quality early learning and child care programs;

“Whereas Ontario’s early learning and child care agreement with the government of Canada would provide Ontario families with at least 25,000 new high-quality, regulated child care spaces in the first three years;

“Whereas Ontario’s early learning and child care agreement represents a \$1.9-billion investment over five years in high-quality early learning and child care;

“We, the undersigned, petition the Legislative Assembly of Ontario to support the government of Ontario in calling on the government of Canada to honour Ontario’s early learning and child care agreement, for the sake of thousands of Ontario families who would benefit from it.”

I want to sign my name underneath it.

SPECIAL CARE HOMES

Mrs. Julia Munro (York North): “To the Legislative Assembly of Ontario:

“Whereas hundreds of vulnerable adults live in homes for special care that provide them a warm and secure, stable and friendly environment which allows them to lead fulfilling lives; and

“Whereas the alternative for many of these individuals is a life of homelessness on the street; and

“Whereas special care homes have had only a single 3% increase since 1999, which in no way matches the rising costs they face; and

“Whereas the Liberal government promised Ontario in the election that they would ‘significantly increase supportive housing options for those suffering from mental illness’;

“Therefore we, the undersigned, call on the government to bring in an immediate increase in funding to homes for special care.”

As I am in complete agreement, I’ve affixed my signature to this petition and will be giving it to Sarah.

MACULAR DENGNERATION

Mr. Kim Craitor (Niagara Falls): I’m pleased to introduce the following petition to the assembly, and it reads as follows:

“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’m pleased to sign this petition in support of it.

JUSTICE SYSTEM

Mr. John O’Toole (Durham): I’ve been receiving a number of the following petitions from across Ontario. This one specifically came from Gladys Bates in Barrie, and I will read it for the record and support it.

“To the Legislative Assembly of Ontario:

“Whereas the Honourable Michael Bryant is minister responsible for democratic renewal; and

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

“Whereas the Ministry of the Attorney General may not be aware of the serious and important issues facing individuals involved in the areas of justice, even though the Attorney General’s ministry is continually monitoring the system;

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

“That the Honourable Michael Bryant, Attorney General, be requested to do an in-depth investigation of the Ontario judicial system and make the public aware of his findings.”

I’m pleased to sign this on behalf of the people of Ontario.

ASSISTANCE TO FARMERS

Mr. Lorenzo Berardinetti (Scarborough Southwest): I have a petition, and it’s addressed to the Legislative Assembly of Ontario. It reads as follows:

“Whereas Ontario farmers are facing difficulties in earning their living and supporting their families;

“Whereas urban residents, such as those in Toronto, count on a reliable food supply from Ontario farmers; and

“Whereas farming is an integral part of the Ontario economy;

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

“To ensure that Ontario farmers are supported so that all residents can count on a reliable, well-priced, safe food supply for all Ontario residents.”

This petition was prepared by Sonny Sansone of my riding. I support this petition and affix my signature to it.

HIGHWAY 35

Ms. Laurie Scott (Haliburton–Victoria–Brock): “Highway 35 four-laning

“To the Legislative Assembly of Ontario:

“Whereas modern highways are economic lifelines to communities across Ontario and crucial to the growth of Ontario’s economy; and

“Whereas the Ministry of Transportation has been planning the expansion of Highway 35, and that expansion has been put on hold by the McGuinty government; and

“Whereas Highway 35 provides an important economic link in the overall transportation system—carrying commuter, commercial and high tourist volumes to and from the Kawartha Lakes area and Haliburton; and

“Whereas the final round of public consultation has just been rescheduled;

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

“That the Liberal government move swiftly to complete the four-laning of Highway 35 after the completion of the final public consultation.”

I thank the businesses in the area for supporting this.

CHILD CARE

Mr. Phil McNeely (Ottawa–Orléans): “To the Legislative Assembly of Ontario:

“Whereas the people of Ontario expect the government of Canada to honour existing agreements with the government of Ontario;

“Whereas the provinces and territories negotiated agreements with the federal government to ensure Canadians would have access to early learning and child care programs that are high-quality, affordable, universally inclusive and developmental;

“Whereas parents in Ontario have demonstrated a high demand for greater access to high-quality early learning and child care programs;

“Whereas Ontario’s early learning and child care agreement with the government of Canada would provide Ontario families with at least 25,000 new, high-quality, regulated child care spaces in the first three years;

“Whereas Ontario’s early learning and child care agreement represents a \$1.9-billion investment over five years in high-quality early learning and child care;

“We, the undersigned, petition the Legislative Assembly of Ontario to support the government of Ontario in calling on the government of Canada to honour Ontario’s early learning and child care agreement, for the sake of thousands of Ontario families who would benefit from it.”

I submit this petition and I put my signature on it as well.

1520

FINANCIAL SERVICES INDUSTRY

Mr. John O’Toole (Durham): It’s a pleasure to respond to this petition:

“Whereas Bill 213, Justice Statute Law Amendment Act, 2002, enacted the Limitations Act, 2002, which provides for a reduction in the legal limitation period, from six years to two years;

“Whereas the two-year limitation period in effect from January 1, 2004, is not long enough for investors seeking restitution after suffering serious financial damages due to the wrongdoing of the financial services industry; and

“Whereas the Attorney General’s position is that the plaintiff investor interests do not need further protection;

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

“That the provincial government immediately pass and implement an amendment to the Limitations Act, 2002, to provide an exemption for claims by victims of financial services industry wrongdoing so that no time limitation period applies to such claims.”

I’m pleased to sign and support this, and present it to Matthew, one of the pages here at the Legislative Assembly.

ASSISTANCE TO FARMERS

Mr. Lorenzo Berardinetti (Scarborough Southwest): Similar to the last petition, I have another one, which reads:

“Petition to the Legislative Assembly of Ontario:

“Whereas Ontario farmers are facing difficulties in earning their living and supporting their families;

“Whereas urban residents, such as those in Toronto, count on a reliable food supply from Ontario farmers; and

“Whereas farming is an integral part of the Ontario economy;

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

“To ensure that Ontario farmers are supported so that all residents can count on a reliable, well-priced, safe food supply for all Ontario residents.”

I agree with this petition. I affix my signature to it and give it to page Yasmeen.

ORDERS OF THE DAY

LOCAL HEALTH SYSTEM INTEGRATION ACT, 2006

LOI DE 2006 SUR L’INTÉGRATION DU SYSTÈME DE SANTÉ LOCAL

Resuming the debate adjourned on February 21, 2006, on the motion for third 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 Acting Speaker (Mr. Michael Prue): On the last occasion, the member from Nickel Belt was in the process of giving her speech. She may resume.

Ms. Shelley Martel (Nickel Belt): When I finished up last night, I was talking about cutthroat bidding and how the Liberal government has done nothing to end cutthroat bidding in home care, despite how chaotic it has been and how it’s very clear—because they refused to pass an amendment that I placed in this regard—that cutthroat bidding will now be extended to all of those services that the LHINs are going to have responsibility for.

I want to read two more presentations into the record, just to show how chaotic and how destructive this has been.

This presentation came from Madeleine Lebrun, in Ottawa, who didn't have a written presentation and spoke from the heart. She was very articulate and very moving. Let me just read some of what she had to say:

"I'm Madeleine Lebrun. I'm with SEIU and with Red Cross home care. I've been hurt by the bids. Please try to understand, it's very emotional for me to talk about it, because I've been with the Red Cross for 20 years. In 1998, when Harris came into power, they introduced the bid. We used to be 500 members. We used to go in in the morning and we'd stay four hours with a client. We had time to give them a decent bath. We had time to feed them.... We had time to do housekeeping, maybe light, but anyway, we did. The people felt special and we treated them as special, with respect and dignity. But Harris, when that government came in, took that away from them and took that away from me, because now I have to go in, sometimes at 7 o'clock, wake up that client, 'Get up and go for a shower now,' when she's not ready. If I try to be nice, coax and beg—sometimes I almost have to shove that person in the shower because I have to be out of there within an hour and I have another client that's waiting for me. That's the sad part.

"You want to introduce bids? You want to degrade people? That's what it comes down to. Right now, we're down to 55 members in Red Cross. Is that fair? No.... Do I make a lot of money? No; I make \$12 an hour, and I'm not even sure if I have a job tomorrow. My hours could go up; my hours could go down. Why do I do it? Because I love it. I love the people and I think they deserve more than that. When people are sitting in the office—I'm talking about the heart right now—making judgements, making decisions without even walking in their shoes, that's not fair. That's not fair at all. I have to bid. Every three years I have to go up in front of a stranger again and offer my service again. I'm 55. I'm tired. I'm exhausted from selling myself to the lowest bid all the time....

"Again, I have to beg you, please don't go for the bids, because people do not understand. If my sister and brother have to go through what I went through, you won't have any more home care. You won't have anybody who wants to work for a hospital. Why? Because it's not worth it. The lowest bid all the time? I don't have benefits; I don't have a pension. I've got nothing. But I do have a heart. Is that recognized?" No. "Nobody cares."

"When we lose a bid, we have to give our clients to another agency. In the process of doing that, there are missed visits, up to six weeks. I know; I visit those people. Why was it not reported? They're afraid that you might take away their service. That's the sad part. Do they have a voice in this LHIN? Do [I] have a voice" in this LHIN?

"When the other bids came in, Red Cross lost the bid. Everybody cried. We didn't want to go to the other agency because we were well treated by Red Cross. The

other agency didn't have an office. That lady was doing her work from the basement. I remember going in one time—they finally found an office—and they had a big box and all the clients in there. 'You want to work? Pick your client up.' Where's the confidentiality in there? There was none. Did somebody come and look at it? People don't care, and it's about time we start caring."

One final presentation from the Registered Nurses Association of Ontario with respect to cutthroat bidding: "Ontario's experiment with competitive bidding in home care has been a failure. It has resulted in: a shift to for-profit providers (the share of the total volume of nursing services awarded to for-profit providers increased from 18% in 1995 to an estimated 46% in 2001); a loss of the social infrastructure associated with not-for-profit providers; critical shortages of community nursing staff which are directly linked to system instability and worsened working conditions in this sector compared to others; grave concerns about the quality of care; a mis-allocation of resources resulting from the high transaction costs associated with the process; and tensions between direct providers and community care access centres.

"Expansion of competitive bidding as a method of allocating funding to health service providers in Ontario would be expensive, inefficient and lead to deteriorating health outcomes. Government officials have stated that there is no intention to extend competitive bidding beyond the home care sector. However, any legislation passed will continue beyond the current government and minister. As a result, that intention must be enshrined in the proposed legislation.

"Recommendation 3:"—from RNAO to the government—"Amend Bill 36 to prohibit LHINs from using competitive bidding as a method of allocating funding to health service providers."

That's what people had to say. What did the minister say, though? It's worth putting into the record one more time what he said about competitive bidding. This is on the first day of the presentations, in the section where he outlined—I use his word, "myth"—the myths that the committee was going to hear during the course of the public consultation. This is a myth, according to Smitherman: "Local health integration networks are going to open the door to privatization and to two-tier health care." And the minister says, "Well, I don't want to seem repetitive, but I'm holding the bill right here ... and, as I've said, I have read it many times. Folks, it doesn't say that anywhere." LHINs "are designed to better manage and coordinate health care services in order to ensure better access to those services. That does not mean competitive bidding."

Precisely because of what the minister had to say, that nowhere in the bill did it reference competitive bidding, and because of what we heard about cutthroat bidding during this process, I moved a very specific amendment about cutthroat bidding that reads as follows: "I move that section 6 of the bill be amended by adding the following subsection:

"No competitive bidding

“(5.1) A local health integration network shall not use competitive bidding, a managed competition or any other similar process for any purpose under this act.”

What did the Liberal members do? With the exception of one, the Liberal majority voted that down. That speaks volumes about the government's commitment—should I say, in fact, lack of commitment?—to stopping privatization of health care services. It speaks volumes about what the minister said during the course of the public hearings and what the reality is. The reality is that this government has done nothing to stop the cutthroat bidding process in home care started by the Conservatives, now continued under this government for the last two years. It remains the same, and this government has no intention of ensuring that that same cutthroat bidding is not applied to the other health care services that the LHINs are going to be responsible for.

Shame on the government, because during the course of the public hearings, when many people raised the concern about cutthroat bidding, the Liberal members responded by saying, “It's not in the bill. The bill doesn't say that the LHINs are going to use cutthroat bidding.” Well, when the rubber hit the road and there was an amendment on the floor to make sure that cutthroat bidding was prohibited, the Liberal members, save one, voted against that NDP amendment. So it's very clear where you're heading, it's very clear what the direction is and it's very clear that the chaos that we have seen with respect to cutthroat bidding in home care is going to be a chaos that is extended to those other health services that the LHINs are going to be responsible for.

1530

I want to deal with First Nations and francophone concerns. My colleagues who speak this afternoon will also focus some more on First Nations concerns in particular. We heard during the course of the conversation how angry First Nations were by the lack of an adequate consultation process, both before the bill was introduced and, frankly, during the process of the deliberation of the bill.

I just want to read into the record, though, a presentation that we had from Ms. Tania Cameron, who works with the Kenora Chiefs Advisory. It's a bit long, but I want to put all of it into the record. She said the following:

“I guess that sort of leads off to where the Kenora Chiefs Advisory takes issue: that we weren't consulted in the beginning. We understand that there were workshops in November, December and then in January 2005 talking about the LHIN. We asked the First Nations if they received any of these invitations. They didn't. We do our best, if we receive these invitations, to forward them to our communities, and we've heard the tail end. We learned later that in LHIN 14, aboriginal issues were 11th on the list. It didn't even make the top 10 priorities. Given that within the LHIN 14 geographical scope there are quite a number of First Nations, that was a huge concern to us.

“Our leadership, through the Chiefs of Ontario, held a meeting with Minister Smitherman in May 2005 shortly

after this promise was announced to Ontario.” That was a promise to have a new relationship with aboriginal people. “We had concerns over the non-participation of First Nations people regarding this change and the new structure of the LHIN. This meeting was held. Our chiefs had requested LHIN 15, an aboriginal-specific LHIN, and that was immediately denied. What was offered was the task force and some dollars attached to it. The Chiefs of Ontario did agree with this, so the First Nations task force on the local health integration network was struck. I have sat as the technical rep for our Treaty 3 territory. Our objective was to identify potential impacts of LHINs on First Nations health and services. Our final report was submitted in December 2005.

“What I wanted to mention is that, from the beginning, there were barriers. The first barrier I mentioned was that in LHIN 14, aboriginal issues did not make the top 10. Another one was that immediately, at our first task force meetings, we requested a number of documents from the health results team, one being the document on the need to integrate health so we can better understand where the integration was coming from. We requested a memorandum of understanding. We requested bylaws of initial LHINs. We also requested the training, design and orientation package for the LHIN board and staff to see if there was any aboriginal-specific orientation that was taking place. We never received those documents, and we had made numerous requests.

“In August, we had asked Minister Smitherman eight specific questions that we felt we needed to know in order to address these potential impacts. We asked that in mid-August and we got it at the end of November. Our task force was mandated to serve until November 15, so that was very frustrating.

“We asked right from the beginning to review draft legislation to clearly identify potential impacts of LHINs on First Nations and aboriginal organizations.... It was asked a number of times and, finally, late on November 2, we were told that we could get a PowerPoint presentation of this draft legislation, but we had to be there for November 4 for this meeting at 8:30 ... in the morning.... Even just myself, with family commitments, work commitments, to ask me to go from Kenora all the way down to Toronto the next day to listen to an hour presentation, I couldn't do it. So I requested a teleconference and the PowerPoint presentation forwarded to me. Technical difficulties did not allow me—not on our end, on their end. We couldn't get the PowerPoint presentation, and we were told that it would be a one-way dialogue, so we couldn't ask questions. It was very frustrating and I thought it was a waste of time.

“Like I said, we had the first meeting of our task force in July and they wanted a report by November 15. Of course, we were late because we didn't get a lot of the documents we'd requested, and when we did, it was within the last two weeks of the task force mandate. I wanted to state those frustrations with that.”

As I said, my colleagues will talk about some other correspondence from aboriginal people later on this afternoon.

What we heard during the course of the public hearings was that First Nations were clearly very concerned that this bill was going to infringe upon their inherent treaty rights and health care rights. That was made very clear to the members during the course of the presentations, and also from a letter that all of us got before the clause-by-clause started. We got this letter from Bob Goulais, executive assistant to Grand Council Chief Beaucage. He says in the letter, "The Union of Ontario Indians are concerned that the province of Ontario has failed to properly consult with the First Nations of Ontario on this sweeping legislation that has a genuine possibility of impacting negatively on the aboriginal, inherent and treaty rights in health of every First Nation member in the province of Ontario."

That is why, because of the concerns, I put forward three amendments that had been given to us, given to all members, by the First Nations, three amendments that I felt would address their concerns—concerns they had about the bill and concerns they had for the whole process, which was a sham, at best, from their perspective.

The government voted down all three of those amendments. I argued with legal counsel; I argued strenuously with legal counsel that we should include a non-derogation clause in this bill. I am still of that belief, and I regret that I couldn't convince the Liberal members on the committee to do even that, given how bad the process had been from the start with respect to aboriginal people: three amendments that we were asked to move by aboriginal community leaders, political leaders; three amendments that were voted down by the government members.

What was also very disturbing was that the two amendments that were moved by the government members were amendments that the First Nations had already told the minister—we all got copies of the correspondence—they did not endorse, they did not accept. So not only could we not get the amendments forward that they wanted; we ended up with two amendments that the chiefs themselves had said were not acceptable and did not address their concerns.

It is no wonder that we are now in a situation—and we all got this correspondence after the clause-by-clause—where Grand Council Chief John Beaucage has written to the minister and said, "If Bill 36 is passed and given royal assent, the Union of Ontario Indians will seriously be contemplating a constitutional challenge through appropriate legal challenges." We shouldn't have gotten to this stage. We are, and it's an absolute shame. The whole idea that there's some new relationship with aboriginal people that this government has entered into was clearly undermined through this process.

Let me just deal briefly with some of the concerns from francophones, and again, this will be expanded upon by some of my colleagues. We heard some very good presentations in Ottawa in particular. The one I want to reference came from some of our former colleagues in this place, M. Grandmaitre and M. Morin, and two of their other colleagues who were there. This one is

specifically M^{me} Michelle de Courville Nicol, who said the following:

«... le cadre des réseaux locaux d'intégration des services de santé est profondément défectueux, et structuré de manière à échouer en ce qui a trait à l'élaboration et au maintien de services de soins de santé en français.

«Chaque fois que cette question a été soulevée lors des ateliers sur les réseaux locaux d'intégration qui ont lancé cette initiative du gouvernement il y a plus d'un an, la responsable de l'intégration du système, M^{me} Gail Paech, a dit à plusieurs reprises qu'un groupe de travail présidé par M. Gérald Savoie examinait cette question et allait résoudre le problème.

«En fait, nous comprenons que le groupe de travail sur les services de soins de santé en français présidé par Gérald Savoie a eu le mandat d'examiner précisément comment les décisions en matière de soins de santé touchant les francophones pouvaient être prises par des francophones, y compris la question de la gouvernance.

«Nous savons qu'après neuf mois de délibérations, le comité de travail sur les services de soins de santé en français a déposé son rapport final en octobre, mais que la communauté franco-ontarienne ne l'a pas encore vu parce qu'il n'a pas été rendu public par le ministère. Nous attendons sa publication avec impatience.»

It was very difficult for us as committee members to deal with the concerns that the francophones wanted us to deal with because none of us has had access to this report. It's been in the hands of the minister since October. It has still not been rendered public. We cannot tell whether or not the concerns that were raised through the report are going to be met, because the government hasn't released the report and hasn't said if it's going to implement the recommendations. So we couldn't do anything, essentially, with respect to the bill because we didn't know what the government was working with and we didn't know whether or not the concerns of the francophone community are indeed going to be met through this report.

Frankly, it put the committee in an untenable situation and it put the francophone community in the untenable situation that we would have a bill that's going to affect health care services that francophones are very concerned about, that we have a report that has been done by the francophone community about how to improve those services, but we don't have a copy, we don't have the recommendations and we have, as far as we can tell, nothing in the bill to address those concerns.

We know that because francophones came forward and—even though there's a slight reference to Bill 8, a former bill that provided for French-language services in designated parts of the province—made it very clear that even with Bill 8, many francophones were losing access to service in French. So it was not helpful at all for the minister not to have released this report, for us not to know what the recommendations are and not to know how we could respond by, hopefully, improving the bill to actually respond to some of their concerns.

What we did do, as New Democrats, was actually try to move an amendment that had been recommended to us in one of the last presentations we heard from francophone groups. This was l'alliance des réseaux de santé francophones, who asked us to move an amendment in the preamble of the bill that would recognize the francophones' participation in health care in the same way the preamble currently speaks to First Nations. Right now, under paragraph (e) in the preamble, it says "recognize the role of First Nations and aboriginal peoples in the planning and delivery of health services in their communities."

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I moved the following amendment: "that the preamble be amended by adding the following clause: '(e.1) recognize the role of Franco-Ontarians in the planning and delivery of health services in their communities,'" an exact parallel to what we already have. Do you know that the government voted this down? The government voted this down. For the life of me, I cannot understand the rationale for this. What we were doing, what we were asked to do, was in the preamble pattern we already have in place for First Nations, to put that in place with respect to francophones, so that at least in the preamble of the bill we've got some recognition of the role of Franco-Ontarians in the planning and delivery in health care in Ontario. We couldn't even get the government to do that. It's ridiculous.

Yesterday, the minister was talking about their relations with Franco-Ontarians and their relations with First Nations. I'm telling you, everybody who came before the committee had something to say about that that was very different. When you can't even get a simple amendment like that through, I think it speaks volumes about what the commitment is, frankly, that this government is making to Franco-Ontarians, to francophones, with respect to their participation in the delivery and the planning of health care.

In the final part of my remarks, because I am getting near the end, let me just deal with some of the other amendments we put on the table that the government voted down.

I also moved in the preamble a very specific amendment that would give voice to or recognize the importance of "health care professionals and confirm that they are fundamental to the delivery of quality health care and have the right to equitable terms and conditions of employment"; "recognize that the current shortage of health care professionals and workers needs to be addressed"; "confirm that regional disparities in the availability of health care within Ontario needs to be addressed"; "recognize that patients who are required to travel for medical care as a result of an integration ... should be reimbursed for costs" under this bill. That was voted down.

I moved that we have, frankly, a definition of "public interest." That, as far as I can recall, was developed during the Bill 8 proceedings by the committee that dealt with Bill 8. Public interest is not defined in the bill yet.

LHINs, the minister and others are supposed to make their decisions taking the public interest into account, but again, since it's not defined in the bill, it's hard to know what the term is going to be and what criteria they're going to use. I used language that was put forward by OPSEU and by ONA that specifically talked about the public interest, including "(a) the protection of medicare through ... the expansion of existing publicly funded health services; (b) the prohibition of two-tier medicine, extra billing and user fees;" adherence to "the principles of public administration, comprehensiveness, universality, portability and accessibility as provided in the Canada Health Act;" and a number of other provisions. The government voted that down.

I moved that the LHIN board members be elected in a process to be outlined in the regulations instead of appointed so that there might be some accountability back to the community that they are purported to serve. The government voted that amendment down.

I moved an amendment that would ensure that the local health integration networks should get some advice from a number of groups. Right now in the bill, before the amendments, it spoke only to a health professionals advisory committee, which I am in favour of, but I felt there were other groups that needed to be contacted, needed to have input. I recommended as well a health workers advisory committee consisting of front-line health care workers, employees and the unions who represent them, and "a community advisory committee existing of, at a minimum, seniors, mental health" advocates, "consumers of community support services, and with respect to each of those classes, representatives of the organizations that advocate" for them.

I said "at a minimum" so that others could obviously be added to that community advisory committee, but that at a minimum, those groups would have to have representation. Why? First, because seniors are primary users of the health care system; secondly, because we heard from mental health advocates that too often their issues are not addressed; thirdly, because we had many representations from community support organizations, which are important organizations, and we wanted to make sure there was some representation. My amendment would have made sure that, at a minimum, those voices would be at the table; they would have to be at the table because it was outlined that way in the bill.

The government instead voted that down and came forward with an amendment that they said allowed for much more flexibility. Of course, the flexibility is that nobody is named in terms of who should be on the committee. So seniors may be on; they may not. People who are mental health consumers may be on; they may not. People who use community support service agencies may be on; they may not be. I regret that the government voted down my amendment, which would have made it very clear that in particular those groups who have a very specific interest in health care at least would have to be represented, among a number of others.

I also moved a motion that would have made it very clear that any savings that were found by the LHIN in a

fiscal year would have to be kept by the LHIN and could not be deducted from the global amount of funding that the minister was going to allocate in the next fiscal year. The amendment was very clear to say that the minister could not deduct savings that were achieved by the LHIN from the global amount of money, and those savings, in addition to the global amount of money, had to be used on patient care in the next year. The government voted that amendment down too. So it's very clear in the bill that the minister continues to have the discretion to actually deduct savings, which the LHINs achieve, from the global amount of money that they're going to receive in a fiscal year. How silly is that?

Two other amendments had to do with the Public Sector Labour Relations Transition Act to say it would apply to all workers, regardless of whether or not the successor employer operated primarily in the health care sector, and that PSLRTA would have to apply to the crown as well. So where the crown is the employer, rights of workers who might otherwise be affected will be protected in terms of their bargaining agent, in terms of wages, salaries etc. The government voted that down as well.

Let me conclude by saying this. During the course of the public hearings, some very specific concerns were dealt with that I have tried to deal with in my presentation:

—The new broad powers of the minister that are in section 28, which we encouraged members to vote against. They did not.

—The door opening to privatization in section 33, which clearly gives the minister and then the LHINs the power to order the contracting out of non-clinical hospital services: We urged government members to vote against that. They did not.

—Cutthroat bidding: We moved an amendment to make it very clear that it was prohibited. The government members, with the exception of one, voted against that.

—Significant aboriginal and francophone concerns that we tried to address as well, frankly, weren't addressed through the course of the public hearings, which is why we continue very much to oppose this bill.

The Acting Speaker: Questions and comments?

Mr. Phil McNeely (Ottawa–Orléans): I am very pleased to see this legislation coming forward. We've selected the CEO for the Champlain LHIN, Dr. Cushman, whom I worked with at the city of Ottawa. He's a former medical officer of health. And I met with the chair of the board, who previously has run a hospital in Hawkesbury. I met with them because I had a problem that I couldn't resolve through the bureaucracy, where you have to deal with Toronto. I think that's what's important: trying to run a \$33-billion operation from Toronto and trying to deal with over 200 health providers—separate funds for health providers—just in the Champlain district. I don't know; if you then multiply that by the 13 or 14 LHINs, you get something like 3,000 health providers that have to be negotiated separately.

What Dr. Cushman and Mr. Lalonde showed us—we met with the president of the Montfort Hospital, Gerry

Savoie. We looked at a local problem, which is an Orléans urgent care clinic. We looked at it from a local basis, knowing that our LHIN will go up to Barry's Bay, it will go down to Cornwall and it will go to Hawkesbury. He looked at it in the context of that whole LHIN; I think 1.2 million people. You can see already that you can deal with problems that we have locally. You can deal with them if some authority is taken down to that level.

I'm very pleased to see the direction of this. It's well-thought-out legislation. We will not burden it with all the bureaucracy that the member of the NDP has wished upon us. It will not be burdened by that. It will be an efficient operation. It will start looking at health care much like a multinational with a lot of branch offices. You will not be running it from head office. It will be the people in the local communities who be making the decision with people who are competent in the LHINs, who can deal with the big hospitals that have \$2-billion budgets. So I'm really pleased with the legislation. I'm pleased with the way it has come out. I'm very glad that it doesn't have all the bureaucracy that some people would wish on it.

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Mr. Ted Arnott (Waterloo–Wellington): I'm pleased to have a chance to respond very briefly to the presentation this afternoon, as well as last night, by the member for Nickel Belt, of course, in her leadoff speech for the New Democrats. She started her speech last night and we continue it today. I enjoyed listening to her speech last night. Over the course of seven days of public hearings, we worked together to try to bring some improvements to this piece of legislation through the standing committee on social development. As has been pointed out on a number of occasions, the committee travelled to a number of communities and had public hearings as well in Toronto over the course of seven days.

One of the key problems that I have with the whole approach that the government is taking with this issue is the fact that, even though this bill has not yet passed third reading, the government started many months ago to set up the local health integration networks. They appointed 14 boards all across the province. They appointed CEOs, at a very high rate of pay, I might add. They set up the structure and they started the ball rolling in the absence of approval by the Legislature. I know that this issue was raised during the course of debate in the Legislature and it was suggested to the Speaker that there was something amiss here, that the government would be proceeding without the approval of the Legislature, without waiting for the passage of the legislation before setting up the structure that it was going to put in place.

One might argue that the government is demonstrating absolute indifference to the legislative process, absolutely presuming that they have the power to ram this bill through the House and that it will pass, and setting up the structure before the legislation is even passed. One might even argue that the word "contempt" might be used. I

know the Speaker decided that there was no contempt of the Legislature in response to the point of order that was brought forward. I would have to suggest that if it's not contempt, I'm not sure what it is. Certainly it's indifference to the legislative process. That's something that I think the government has yet to explain during the course of this debate. I look forward to the next government speaker, whoever is put up to speak to this issue, to see if there's any clarification on that matter.

Mr. Khalil Ramal (London–Fanshawe): I had the chance and privilege to be part of the committee and travel the province with the committee to listen to many different wonderful people from across the province of Ontario present to the committee, talk about their concerns, talk about the issues. I was also listening to the member from Nickel Belt when she was talking about various issues in the last 24 minutes, talking about competitive bidding, native issues, francophones, travelling and the elected board.

Hopefully, I'll get a chance later on to speak in more detail about this issue, but I want to say to the House, I want to say to the people of Ontario that when I hear this member from Nickel Belt talking about this issue as if we never went through it, we never talked about it, actually we have to state the truth. We have to talk honestly to the people of this province. We went around with a good intention: We went to speak with them, to listen to them. We listened to more than 230 presentations from across the province. We heard clearly from the minister when he was talking about competitive bidding. There was nothing being mentioned in the bill. No expansions; we're not going to open it up. We're not going to deal with it. This issue has been mentioned many different times by the member from Nickel Belt.

I'm also talking about the native aboriginal people. It was clear from the minister that he's willing to establish a health council to deal with the francophone community and the aboriginal people, and he's also willing to listen to them and consult with them on a regular basis to establish a mechanism in order to enhance their health situations and address their issues.

Also, with so many different people, our expert showed us that elected boards never worked in Alberta, British Columbia, many different jurisdictions. That's why we want an appointed board, in order to be accountable to the Minister of Health and to the people of this great province of Ontario. That's why we talk about the elected one; it didn't work. The appointed one is the only one that can be accountable for the ministry and for the people of this province.

Ms. Laurie Scott (Haliburton–Victoria–Brock): We have been in committee this morning too, and there were some new LHIN members appointments. We've been asking questions about LHINs. I think I go back to almost a year ago that we've been asking some questions. I know that the member from Durham is here, and along with him and some other members, we represent the largest area of the LHINs in Ontario, the central east. The member from Durham has quoted it goes from Algon-

quin Park to Queen's Park. It's a big area. We certainly do have concerns because we don't feel that there's going to be enough input from the local level. The appointments to the LHINs—great people. Again, they don't have a lot of direction from the government totally what their roles are going to be and what authority they're going to have. But they've gone out on a leap of faith because they want to try and do the best things they can for their communities. In our central east LHIN, it's over 16 hospitals, 70 long-term-care facilities, four community access care centres, three community health centres, two children's treatment centres, 25 mental health agencies, 50 community support service agencies and five addiction centres. We're going to watch this process closely, because that's a lot of facilities to watch over and to make sure that health care is delivered appropriately.

We're concerned about the costs: It was \$100 million in the CCA closure costs alone and \$16 million in district health council closure costs. What are we getting? Is this just going to be another layer of bureaucracy, a high-priced advisory board? I know that I've heard, and I know other members have heard, from a lot of people in the community who are concerned about this. I want to quote from one of the local papers Elizabeth Coombs, who is a union representative from Ross Memorial Hospital, who spoke to the city's community emergency service committee with the hopes of garnering the municipality's support, that the bill "will erode health care in the community." Representation from the three major health care unions in the province, CUPE, ONA, and the Ontario Public Service Employees Union—I know I'm meeting with CUPE member Maggie Jewell on the first of the week on this. We're concerned that this is not going to give adequate health care to our area.

The Acting Speaker: The member for Nickel Belt.

Ms. Martel: I'd like to thank all of the members for their contributions. I want to say this: The committee heard from a lot of people; the government didn't listen to what they had to say. That's the reality. During the course of my hour of debating this, I pointed out the specific sections that we had raised concerns about that had been raised by an overwhelming majority of the people who came before us. Section 28 is, of course, the area that allows for a minister to integrate, get rid of, transfer and do any number of things that are additional powers that he didn't have before. That was confirmed by counsel during the course of the public hearings. The Registered Practical Nurses Association said, "Delete that section." Did you listen to them? No, it's still there.

Section 33: How many people came before us and said, "This is where the government is going to deal with a great deal of privatization of health care services"? It gives the minister and then the LHINs, after April 1, 2007, the authority to order a hospital to stop performing a non-clinical service even if the hospital board has said they don't want to do that. That is going to be outsourced to private, for-profit companies, and that will come at the expense of infection control in a hospital. We had the Registered Practical Nurses Association say, "Amend

Bill 36 to prohibit cabinet from ordering contracting out of any hospital services that provide non-clinical patient services.” Did the government get rid of that section? No, they did not.

When we talked about cutthroat bidding, how many people came before the committee and gave us example after example about how devastating this has been? The government members tried to say, “No problem. No competitive bidding. It’s not anywhere in the legislation.” That’s why I challenged the government to put it in the legislation if they really meant what they said; that’s why I placed the amendment to see what the government members were going to do on this critical issue. When it came time to vote in support of an NDP amendment that would have prohibited competitive bidding, cutthroat bidding, from being used by the LHINs, four of the five Liberal members—only one supported the NDP amendment; the rest voted against. It’s very clear that competitive bidding, cutthroat bidding, is going to be a part of this process, regardless of what you tried to tell presenters.

The Acting Speaker: Further debate?

Ms. Kathleen O. Wynne (Don Valley West): I’m very happy to speak to Bill 36. I am going to speak specifically to some of the amendments that were accepted and that we brought forward, the 53 amendments that we made to this bill. I’m going to come back to that because I really do want to address some of the concerns that have been raised by previous speakers. Before I do that, I want to make a general comment about what this legislation is about and how seriously I think we need to take the threat to publicly funded health care that we’re confronting right now.

I’m 53 years old, and there are many, many, many people like me across this country. We’re part of the baby boom; we’re aging and our knees and our hips and our eyes and our elbows—they’re not what they used to be. If we don’t find a way to make this health care system sustainable in Ontario and across the country, then we’re at risk of losing it.

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I’ll tell you, I have a sister who lives in Boston. She has two small children, and many days she wonders what the future for her and her children is vis-à-vis the health care system and how she’s going to pay. She and her husband don’t make a lot of money, and she’s concerned about how she’s going to provide for her children and her family over the long term. People in her circumstance living in Ontario would not have that concern, because we have a system in place that provides for the really high-quality health care of all our citizens. That’s what’s at stake: nothing less than the high-quality health care of all our citizens.

I understand why the opposition, particularly the member for Nickel Belt—why she would feel the need to attack the parts of the bill that she has attacked. We have responses to those issues, and I’m going to speak to those in a moment. But I think the overarching, non-partisan issue here is, how are we going to keep this health care

system on track? How are we going to keep this health care system in place? How is it going to be sustainable over the long term? How are we going to provide for all the people and all their needs, with all the new research that’s being done and all the new procedures and technology? How are we going to make sure that people have the service they need?

One of the things we’ve said is that we need coordination in the system. The Minister of Health, when he was first in office, talked about the non-system of health care. I think we have to recognize that as the health care system has grown and proliferated around the province, there hasn’t been the coordination that there needs to be. That’s what this legislation is about. It’s about putting coordination in place, but putting it in place from the community up, not from the top down.

It’s interesting to me the number of times that people who came to speak to us—and certainly the member for Nickel Belt, who was on the committee, talked about the centralization of health care. What we have right now in this province is one big LHIN, and the head office is at Queen’s Park in Toronto. What we’re suggesting is that maybe all the decisions shouldn’t be made at Queen’s Park. Maybe there should be a conversation about health care in communities around this province. Maybe there should be boards that have people on them who are from the communities in the province, who know those communities and what the issues are and where there’s a gap in service. People came to the committee and said, “We’re worried that we’re going to have to travel farther to get service.” Quite the opposite to making people travel farther, what we’re trying to do with these LHINs is to identify where there are service gaps, where there are issues and how service can be delivered better in local communities. So that coordination is critical.

There were district health councils. I know some of the members opposite want to talk about increased bureaucracy. What we’ve done is removed district health councils; we’ve removed the regional offices. We’ve removed layers of bureaucracy in order to put in place a local health integration network that will actually have some teeth. One of the presenters who came to us talked about district health councils as being toothless, because they could do the planning but they couldn’t implement; they didn’t have any control over budget. What we’re saying is that we’re going to take \$21 billion of the \$33-billion health care budget and put it into the hands of people in the communities. Those boards that have representation on them from people who have experience, who know how the health care system works and understand their communities, will start to make those decisions. They’ll have the planning function and they’ll be able to implement. I think that overarching plan to put the planning and the implementation into the hands of communities is a really important piece of this.

I had the privilege of traveling with the committee. It really was a privilege to spend seven days listening to people talk about their concerns about the health care system. Some people said, “Well, maybe seven days is

too long.” The government members on the committee pushed for that amount of time because we knew that we needed to hear from people from across the province. We heard from people via teleconference. People traveled to Toronto, Thunder Bay, Ottawa and London. We heard from a wide range of people.

As the hearings went on, the analysis of the legislation got more sophisticated as people read Hansard and listened to each other. The commentary got more sophisticated and was really helpful. It helped us as government members to recommend to the minister—and the minister, in dialogue with us—to come forward with those 53 amendments. That’s how it works.

I want to talk specifically about some of the areas that were amended. The member for Nickel Belt talked about section 28. Section 28 was a piece of the legislation that there was a lot of concern about. The real concern was that in that section we weren’t treating not-for-profit and for-profit organizations in the same way. So we amended it, and we’re now treating them the same way. That concern was addressed.

There was a reference to a need for provincial organizations and research and teaching hospitals to be part of the consultation. We put in language that would guarantee that those organizations are part of the planning process and part of the ongoing consultation.

There was a lot of concern about the clarity about community engagement and how we were going to amend section 16 to make sure that it was clear what kinds of community engagement we meant when we said LHINs have to engage in community engagement. So we made it specific that the LHINs could set up advisory councils, that they would be required to consult with and engage with the First Nations communities and with the francophone communities. We outlined much more specifically what that community engagement process would be, and that’s what we were asked to do.

Section 33 was one of the clauses that people had a lot of concerns about. Initially, the concern was that we were saying, “This is a transitional clause. There are some integration processes going on for hospital business services that need to be facilitated over the next few months, and this clause has been placed there in order to facilitate that integration. It’s a transitional clause.” Members opposite and people from the public said, “Well, why don’t you make it a transitional clause? Put a date in.” So we did. We put a date in place. So now what’s clear is that after April 1, 2007, that clause will be removed and the LHINs will have control of those processes. We addressed the issue. We addressed the issue that the member for Nickel Belt raised. She said, “If it’s transitional, put in a date.” We put in a date to make it very clear that it was transitional.

We heard about a need for reference to the Canada Health Act and the Commitment to the Future of Medicare Act, our Bill 8. Those weren’t in the bill. We’ve put them in the bill; they’re there now. It’s quite clear what our commitment is.

So we tried to respond, with our 53 amendments, to the major concerns that were brought forward.

I want to talk about the competitive bidding issue for a moment. It’s true: The government members, myself included, made it clear to people, person after person who came before us talking about competitive bidding, that there is nothing in the bill that enhances the ability of health care organizations to engage in competitive bidding, and there’s nothing that explicitly prohibits it. As the minister has said, we want there to be the ability within the LHINs for a process of engagement of different health organizations to deliver services according to their capacity and according to their ability to finance them. We want there to be, among the non-profit providers, the opportunity for that kind of process, so indeed we’re silent in the bill on that piece.

But we have to look at our record. We have repatriated MRIs into the public system. We have turned the Copeman clinics back at the border. We have said, “We are not going there in terms of privatization.” I think we have to be judged on our record. This bill is not about further privatization of the health care system. This bill is about maintaining and making our publicly funded health care system sustainable—for my children, for my grandchildren, for the children of the member for Nickel Belt and for her grandchildren, and for all the people in this province who rely on that publicly funded health care system and want to see it survive beyond the baby boom. That’s what this is about, and I am happy to support it.

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The Acting Speaker: Questions and comments?

Ms. Martel: Let me start with the last part first, about cutthroat bidding. You know what? The Liberals were challenged to put in an amendment to prohibit cutthroat bidding and the Liberals blew it, because when the rubber hit the road and there was an amendment before them that would have specifically prohibited LHINs from using cutthroat bidding to acquire services, the Liberals, with the exception of one member, voted that down.

You want to talk about a track record? The track record is your acquiescing and keeping the same cutthroat bidding process in home care in place that was started by the Conservatives. Two years after being in government, it’s your track record that still maintains cutthroat bidding in home care, and we heard again and again and again during the course of the public hearings how chaotic and destructive that has been. And what did you do? You keep cutthroat bidding in home care now, and you vote down an amendment that would specifically have prohibited that same type of cutthroat bidding from being applied to other health care services.

Shame on the Liberals who told people one thing at the committee, that nowhere in the bill did it say that, but when it came time to put your money where your mouth is, you voted against the amendment that would have ensured that there would not be cutthroat bidding used anywhere in this bill.

With respect to section 33—Ms. Wynne knows this well—I talked about no definition of “non-clinical services” so that any number of services might come out, about the fact that it was the minister who could do this

against the boards, about the fact that none of the so-called transitions that she said were going into effect now were even mentioned in the bill, and the fact that there was no date.

The truth is, the only amendment that was made by the government was one to say that until April 2007 it's the minister that can order the hospital to outsource those services. After that, it becomes the responsibility of the LHINs to outsource those services. The whole point that was made by so many speakers is that we shouldn't be outsourcing those services at all, and your amendment did nothing to correct that.

The Acting Speaker: The member from—just give me a second—Ancaster–Dundas–Flamborough–Aldershot. Got it.

Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot): Thanks, Mr. Speaker. It's the riding with the longest name because our people have the biggest hearts and the biggest hopes and the biggest dreams.

When I was mayor of the town of Flamborough, I had the privilege of sitting on the local district health council, the Hamilton-Wentworth District Health Council. I want to tell you just how frustrating it was to come up with idea after idea after idea for service improvements, consolidations, integrations, best practices, and to have a government provincially which seemingly didn't want to hear that. It's my sense, and I say this quite sincerely, that this move toward local health integration networks, building on what my esteemed colleague has said, will go a long way towards enabling an enhancement of fundamental trust in the community. I believe its success or its failure, frankly, will be directly contingent on the quality of the people that we can attract to serve in leadership positions. In the Hamilton case, I'm very, very happy that Pat Mandy and Juanita Gledhill have agreed to lend their legendary community expertise to providing leadership here.

On a good day, being a member of this place isn't just about managing change but actually trying to do something to make that change happen. I am reminded of something my 17-year-old said to me. She said, "Daddy, go gently into the night, but leave your lights on." I think this move to community-based priority-setting in the health care system is going gently into the night; it's leaving our lights on. I suspect the so-called worry about privatization—it's going to be one heck of a lot tougher with community-based health care than it has been historically with the one LHIN here at Queen's Park.

Mr. Bruce Crozier (Essex): I just want to take this minute and a half to speak about amendments in general. I have heard a lot said from the member from Nickel Belt about amendments. I know memories fail us, as we can see just recently in the Ipperwash inquiry, but I came here in 1993. It was an NDP government, and the member from Nickel Belt was a minister in that government, as I recall. I was on three different committees—you have to realize we only sat 45 days from 1993 to 1995 because the government of the day was hiding from us—

but I can't remember an opposition amendment, from the third party at that time or from us as the official opposition, that was accepted by the NDP to any piece of legislation that I sat on in committee. Then, in 1995, along came the former government. I can't go as far as to say that I can't remember any amendments being accepted by that government, but I can say with certainty that they were few and far between.

Now here we are, we're in government, and we're getting accused of not listening to the opposition and not using their amendments. Well, you know why? I've come to the conclusion it's because opposition amendments generally are quite separated from the objectives of the bill that you're trying to amend. I'm not going to debate any specific amendment that may be a very good one; I'm just saying, for somebody to stand there and be surprised that the government doesn't accept their amendments—

Ms. Martel: Especially when the government said they did.

Mr. Crozier: Well, the member for Nickel Belt has been here a lot longer than I have. She should know better than to take that position.

The Acting Speaker: Questions and comments?

Interjections.

The Acting Speaker: Order, please. Member from Erie–Lincoln.

Mr. Tim Hudak (Erie–Lincoln): I'm on a two-minute hit, am I?

Interjection: Yes.

Mr. Hudak: I'm sorry. I didn't realize there was two minutes left. I'll just confine my two-minute comments to this notion about amendments.

If the government says that this bill will not allow for competitive bidding or, as my colleague from Nickel Belt calls it, cutthroat bidding—it's usually referred to as competitive bidding. It's describing the process where a contract would be let and there would be bids from for-profits, not-for-profits, government institutions etc. to provide services. The goal would be to provide the best services at the best possible price. But you say that competitive bidding is not allowed under Bill 36.

My colleague Ms. Martel, the member for Nickel Belt, who has been here for a while—a very intelligent individual; you heard her discourse a few moments ago—says, "Well, if that's true, we'll make you put your money where your mouth is," because the bill doesn't say it's not allowed. The bill clearly does not say competitive bidding, cutthroat bidding, whatever you want to call it, is not allowed. It does not say that; you say it does. So Ms. Martel put forward an amendment that said that LHINs would not be able to use a competitive bidding process. She said, "Let's see the government members put their money where their mouths are," and they disappeared. Well, they voted it down. It would have been better if they had at least abstained, if they were keeping to their word, but being good troops of Dalton McGuinty, they broke their word and they voted down Ms. Martel's amendment, which puzzles me to this

day. I've not heard a good response to it. In fact, what you've done is expanded the competitive bidding process under the CCACs across the province by making these mega CCACs. So put your money where your mouth is.

The Acting Speaker: The member from Don Valley West has two minutes to respond.

Ms. Wynne: For people watching, it must seem like we get wrapped up in our own rhetoric in this House. What's really important is not the inside baseball that's being played right here today, but that for the people who have children who need health care, or a grandchild or a parent who needs health care, that health care is available to them; that they know where to get it; that there aren't gaps in service around the province; that communities have input into the kinds of services they need, and that they can access those services. That's what this legislation is about.

What we did in seven days of committee hearings—and the member for Essex talked about the previous government accepting amendments. Well, the previous government would have had to have committee hearings in order to accept amendments. They didn't have committee hearings, so we have to step back a stage. They stopped having committee hearings. Not only are we accepting amendments and listening to the public to change the bill, but we're having those committee hearings in the first place. That's important, because that's how legislation is perfected. That's how it's made to meet the needs of the community.

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We didn't blow it. This is a conversation that has been going on in this province for many years. The flaws in the health care system can be laid at the feet of many governments. We're trying to pick up the pieces from the previous government and the government before that, and we're trying to put in place some structural change that's going to allow us to go forward into the future. We can be distracted by the fearmongering that has been going on for the last couple of days, but that's not productive and it's not what people in this province need. They need this structural change.

The Acting Speaker: Further debate?

Mr. Hudak: I'm pleased to participate in debate on Bill 36. I had a chance to make some comments a few moments ago as part of the response to the member from Don Valley West. I wanted to finish off a little bit more on this notion of competitive bidding. I'm here listening to the debate, and if Ms. Martel, who I believe fully, brought forward an amendment that would ban competitive bidding in the LHINs, then I'm at my wits' end to understand why the government members voted it down if they say they're against it. The reality is, you guys are big fans of competitive bidding. You must be. If competitive bidding was such a bad thing, like you said in the campaign, like a few of you say in the House—that you can't stand competitive bidding—where's the bill to outlaw it? You've been here for three years; you're in your third year. You'd have the NDP's support. You wouldn't have the Conservative Party's support, but you would have the NDP's support.

Interjection.

Mr. Hudak: The PA for transportation laughs.

Hey, we're clear and consistent. We brought forward the bill that brought in the CCACs, which brought in competitive bidding. I'll stand behind it. I voted for it. I believe the NDP has been clear and consistent. They oppose competitive bidding consistently. They say it's wrong. They bring their arguments forward. They stand behind their word; we stand behind our word. But your ministers, at the very least many of them—not all my colleagues opposite, because I know there are good members across there—decried competitive bidding and said it was a bad thing. Now they support it and are expanding it. There is an H-word for that, which has a Y after it, that I cannot refer to in the House.

Hon. Rick Bartolucci (Minister of Northern Development and Mines): Is “hockey” the word?

Mr. Hudak: The Y comes right after the H, not a few letters down the road.

I tell you, if you really do oppose competitive bidding, then you should have accepted Ms. Martel's amendment or brought forward a bill to eliminate it from the province of Ontario.

The reality is that, once again, the Dalton McGuinty Liberals said one thing to win votes, and once they got into office set about breaking each and every one of those promises, including here today by voting against Ms. Martel's amendment. I'll bet that if you ask Ms. Martel, she will disagree with my position on the issue but at least she will respect that the Progressive Conservative Party is consistent on the issue, which I think is a much better position than one that says one thing to get votes and the opposite once they get into elected office.

It's not just me who says that. Let me refer you to a very well read journal, Niagara This Week, published in the Niagara Peninsula. Here's the headline: “‘Furious George’ Just Warming Up”. It deals with this competitive bidding process. It's an article from March 4, 2005. “Last year,” referring to 2004, “[Dalton McGuinty] let ‘Furious George’ loose on the Victorian Order of Nurses—an organization which for the better part of a century has provided non-profit care to the sick and elderly in their homes. Smitherman all but wiped out chapters of the VON in Niagara, Kingston and other regions of the province by continuing to vigorously employ”—vigorously employ—“‘a competitive bidding process’....”

Not just me, I say to my friend from Northumberland, but Doug Draper, here in Niagara This Week—

Interjection.

Mr. Hudak: If you came from Niagara you wouldn't be saying that.

Niagars this week, a respected journal, notes that they are “vigorously employing a ‘competitive bidding process.’” He goes on to say, “And this year,” meaning 2005, but I'm sure it's good for 2006 as well. Listen to this; this is Niagara This Week: “And this year, the McGuinty government could make Alberta Premier Ralph Klein look like a slacker when it comes to privatizing health care with a plan Smitherman is ramming

through, with no public consultation, to create 14 'local health integration networks'" Bill 36 is what we are talking about; it makes "Ralph Klein look like a slacker." It's not what I heard from the Liberals when they were running for office, not what I heard from the Liberals when they were telling you to your faces that they opposed competitive bidding to win your votes. But, boy oh boy, how things changed after October 2003, where Doug Draper, no Conservative, says the McGuinty government could make Alberta Premier Ralph Klein look like a slacker when it comes to privatizing health care.

Let me stress a little bit too that point about the privatization agenda of the McGuinty government. They were dead set against—Mr. Speaker, you'll remember this—a role for private health care in the province of Ontario. I remember Minister Smitherman beating his chest saying he was going to throw himself in front of those vans that were coming across the Peace Bridge from the States that were going to give MRIs or CT scans or what have you to seniors and other patients in the province. He was going to throw his body in front of that van if they dared enter his province, where private health care would be banned.

Mr. Ramal: He did.

Mr. Hudak: No, he didn't throw himself in front of the van, rhetorically or otherwise. What has transpired since then? The competitive bidding process is being enlarged with these LHINs and the amalgamation of the CCACs. Optometry, chiropractic care and physiotherapy are now two-tier, thanks to Dalton McGuinty, in the province of Ontario. Formerly covered in various stages by OHIP in the past; now delisted, meaning that if a senior, a working family member, a child—

Interjection.

Mr. Hudak: Okay, not children for optometry. You're right: The children are still covered. But others now have to pay out of pocket for these health care services. You make Ralph Klein blush with the expansion of two-tier health care under Dalton McGuinty, despite campaign promises to the contrary.

The new cataract clinics, if I recall—I could be wrong, and if my friend from Sudbury stands up and corrects me, I will accept the correction, but in my recollection, the new cataract clinics in Ontario are private clinics; private not-for-profit, but private clinics, and I thought they were against private health care in Ontario.

The member from Don Valley East is here tonight and he has to be in a sprint with Minister Smitherman on the privatization agenda, because look at all the new privately financed hospitals in the province of Ontario. I think Ontario, under this government, will likely have the most 3P, public-private-partnership, hospitals anywhere in Canada.

We had to pull Dalton McGuinty off these chandeliers here a couple of years ago when we talked about 3P hospitals. We talked about Osler in Brampton, or the one in Ottawa. The member from Sudbury remembers. I think he had to jump up there to pull the opposition leader down off those chandeliers.

Hon. Mr. Bartolucci: No, I was joining him.

Mr. Hudak: No? You were joining him, he says. He was joining him on those chandeliers decrying 3P hospitals, saying, "There is no way a Dalton McGuinty government will allow these 3P hospitals in Brampton and Ottawa to go forward." Little did we know that they meant, "Not only Ottawa and Brampton, but Mississauga, Sault Ste. Marie and across the province of Ontario." Mr. Speaker, you know this. They've set the record for 3P hospitals, privately financed hospitals, in Ontario.

Mr. Lou Rinaldi (Northumberland): Publicly owned, publicly operated

Mr. Hudak: I'm talking about 3P hospitals, which you campaigned against and now you've brought in big-time in the province of Ontario. So you can see an expansion of the role of the private sector in health care. I just wish you'd call a rose a rose and admit that and be direct with the people of Ontario, but instead they hide behind this veil and claim, "It ain't so."

Copeman clinics: Just like Minister Smitherman said that he was against 3P hospitals, just like Dalton McGuinty said that he was against privately financed hospitals, just like the McGuinty Liberals said that they opposed competitive bidding, I'm sure too that they're going to stop these Copeman clinics from signing up people in Ontario. I don't believe it. I think there's a lot of rhetoric. Pretty soon people will be walking into Dr. Copeman's clinics, I bet in Toronto and other cities in Ontario, because I just don't believe Dalton McGuinty keeps his word when it comes to health care—frankly, when it comes to any of his campaign promises. He can't keep his word. It's chronic.

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I didn't mean to go on too long about that. I just wanted to make the point across that while the member from Nickel Belt and I may disagree on some approaches, on some occasions we do agree. It is extraordinary how the McGuinty Liberals have said one thing about private health care and then in reality, once in government, have embraced it, including the competitive bidding process.

LHINs: Come from Niagara, born and raised in Fort Erie, I represent some of the smaller communities—in fact, most of the smaller communities—in the Niagara Peninsula, Dunnville and Haldimand county, and I tell you, there's a great concern among people in my riding about the supersized LHIN. The supersizing of LHIN is bad for your health. The notion of amalgamating Niagara with Hamilton, Burlington, Haldimand, and Norfolk and Brant I think as well—

Ms. Andrea Horwath (Hamilton East): That's my LHIN too, Tim.

Mr. Hudak: Ms. Horwath's LHIN too, and I think she has similar concerns with this mega-sized LHIN and taking decisions away from the local community level to the supersized LHIN. In fact, I think in reality we all know that the decisions are really made in the minister's office, that the LHINs, at the end of the day, will probably just represent a veil for the minister to hide behind

as he or she, whoever it is of the day, pulls the strings and decides which hospitals are going to close and what machinery is going to move where. The LHINs will simply become a veil to hide behind. I think this actually consolidates more power in the chair of the Minister of Health and, at the very least, takes power away from local decision-making into these mega LHINs.

Community care access centres are going to be, if I understand, amalgamated into the same supersized format of the LHINs. So our Niagara CCAC will be amalgamated with the CCACs that cover Haldimand, Norfolk, Brant, Hamilton, Burlington etc. We deal with this on a regular basis in our office. I know my colleague from Durham does. York North does as well. We're seeing CCACs in our area that are cutting off services for our constituents. Our constituents may not get the services that they feel they need to recuperate from a stay in hospital or whatever particular ailment has brought them to that point.

At the very least, what we can do is advocate on behalf of our constituents and call the CCAC and help make the case that our constituent in Fort Erie or Beamsville needs additional services. Are we always successful? No. But I think we always feel successful in trying, and oftentimes we can make a difference on behalf of our constituents. We have a very strong relationship. I know people work hard in these CCACs. But when you destroy the local CCACs and re-amalgamate into this mega-sized CCAC, I worry about the contact that we're going to have with those individuals. I worry about the ability of MPPs to advocate on behalf of their constituents, because they're going to become one giant step removed from the local community.

I worry too about the ability, under this legislation, to amalgamate services. The LHIN members representing the supersized LHINs, if this bill is passed, would have the ability to amalgamate services at certain hospitals or community services. So, for example, we're going through a very difficult issue in southern Niagara today, where the critical care unit beds in Fort Erie and Port Colborne have been deserviced. They no longer are in service. There have been guarantees, which I believe will be followed through, to reopen those beds. For the time being they have been closed down. At least then we could work with the local hospital board and MPPs could put pressure, as the mayor and council have done, the local health care supporters, to get those beds restored. There is a connection directly.

But I do worry about the supersized LHINs, with staff and board that have no connection with the community, one day just saying, "You know what? Fort Erie and Port Colborne are smaller populations. Let's just take the beds out of there altogether and put them in St. Catharines. Farther still, let's put them up the QEW, all the way to Hamilton. We're going to consolidate them in Hamilton," for example, which may make some folks in Hamilton pleased. But I bet you they don't want to gain those services at the loss of the people of Fort Erie or Port Colborne. So locally there's some connection, but I

worry about the supersized LHINs pulling those services away.

Another one: Meals on Wheels. We have some that are consolidated in western and central Niagara, where it's a similar Meals on Wheels operation. We have others that run their own shops: Fort Erie and Port Colborne, to name a few. There is no doubt that the ministry would like to see them consolidated into one super mega Meals on Wheels delivery system. Currently, Fort Erie and Port Colborne can decide whether to opt into that or they can decide to stay on their own. But I bet you that people who don't know the community, don't know the history of those programs and don't know the volunteers who are working there, driving the streets of Stevensville or Crystal Beach at night and during the day to deliver the meals—the folks in the supersized LHINs aren't going to know about that. I think they will just, with the stroke of a pen, recommended by staff who don't know the community, amalgamate into one giant-sized Meals on Wheels, or contract it out. Who knows? It's allowed under this bill. I worry about them.

There were other amendments put forward to elect members of the LHINs. Right now they are decreed by the government. There are orders in council, meaning cabinet picks these individuals.

Mr. John O'Toole (Durham): Political appointments.

Mr. Hudak: My friend from Durham says, "Political appointments." Here are some of their most recent ones: a former Liberal MPP, also Liberal campaign manager in 2003 for Dufferin–Peel–Wellington–Grey; the campaign manager from Brant in 2003; the chair of one of the LHINs is a former director of the riding association of Prince Edward–Hastings for the Ontario Liberal Party. It gives me great concern that we are seeing a pattern emerging of people who have a closer connection with the Ontario Liberal Party than with the community as a whole appointed to these LHIN positions. These three may very well be competent individuals who will do their best for the LHINs. I have no reason to doubt that those I've seen at the committee could do so. But I worry about a pattern of these people so well connected with the Liberal Party being given these positions to pay back for their service to the Liberal Party rather than for their connections with the local community.

I don't know why, in today's age when we need targeted investments—I talked about the critical care beds in Fort Erie or Port Colborne, bringing more doctors to rural communities, funding for the West Lincoln Memorial Hospital—one of the top priorities of the McGuinty government would be to create this new layer of bureaucracy between the Minister of Health and the local community. And it's a pretty well-paid bureaucracy. I think it has been exposed: a leaked cabinet document spoke about hundreds of millions of dollars that will be going into these LHINs just for administration, for laying some people off, rehiring them. They hired some pretty big-name search firms to hire the LHIN directors. With benefits, wasn't it \$200,000 to \$300,000

each per year? Imagine how many nurses that could hire, how many RPNs working in the hospital, how many meals that could provide with Meals on Wheels. Instead it's going into a bureaucracy with a \$200,000-to-\$300,000 salary range for people who, I believe, at the end of the day are simply going to—

Mr. O'Toole: Move paper.

Mr. Hudak: —move paper, and ultimately the big decisions are going to be made by the Minister of Health at the time. They'll be the veil to try to hide the tough decisions. Maybe that's why some of the Liberal appointees—"I want you to change your service, but don't say you got the call from the minister or the minister's office, don't do that. Say it was the LHIN's decision. But we really think you should close down those beds or take those funds away."

I worry. We have hard-working service groups like the Lions Clubs and the Rotary clubs that do all kinds of difficult fundraising, backbreaking fundraising activities, to raise money to buy new machinery for their hospital and services to help out the local long-term-care facility, and this bill will give the unknown LHIN appointees, who have great connections to the Liberal Party, the ability to take that machine out of that hospital, the ability to take that machine or equipment out of the long-term-care home, and consolidate it wherever they want to. I don't know why the Ridgeway Lions or the Beamsville Lions or the Rotary Club in Dunnville would continue with those back-breaking fundraising activities if they knew that the service they were helping to provide, the machinery or the local improvements, were in jeopardy of being pulled away at the whim of these LHIN boards.

I want to say too that I think the money could be much better invested. Take the West Lincoln Memorial Hospital, for example. They need a new hospital. Outstanding staff, doctors, nurses, everybody who works there; they need a new facility. It's tired; it's old. But the deal that has been brought forward by the province of Ontario means it will be 2009 at best before a new hospital is built, and much farther down the list in terms of available funding. In fact, if you look at the number of hospitals that have been announced by the Liberal government so far, West Lincoln is about the farthest down the list in terms of the percentage of funding being given by the province of Ontario.

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My friend the Minister for Northern Development and Mines is here. No doubt he was working very hard behind the scenes to get funding for the Sudbury hospital, and the Sudbury Regional Hospital, at the end of the day, received 80% funding toward its capital project. I know also that the Liberal caucus chair, Mr. Gravelle, would have worked very hard for the Thunder Bay hospital, which at the end of the day received 80% funding. The West Lincoln Memorial Hospital in Grimsby: 62% and a start date in 2009, coincidentally well past the next provincial election date.

Mr. Speaker, I know my time is tight. But I have strong concerns about Bill 36, the lack of accountability

of the LHINs, and my fear that it will simply become a disguise for the Minister of Health to hide behind.

The Acting Speaker: Questions and comments?

Ms. Horwath: It's certainly my privilege to have an opportunity to participate in this debate this afternoon. Of course the one bill that I was most interested in—it ends up it's going to have closure called on it this evening. That is an interesting step the government has taken in a different direction. Nonetheless, we'll talk about that a little later on tonight.

Notwithstanding the government's discussion around the fact that there is a lot of fearmongering out there, in fact, when you look at this bill closely, when you look at it carefully, all the issues that are of concern to people in the provision of health care services in communities across this province—they have very, very serious concerns. They have concerns that the minister and then, a couple years down the road, the LHINs are going to have the opportunity to take services and merge them, to take services and redirect them to different providers, and nowhere in the bill does it talk about whether those providers need to be not-for-profit providers. In fact, if I recall correctly, the government was protesting, "That's not true. There is no agenda there to put services into the private sector. There is no agenda." But when our critic, Shelley Martel, said, "That's fine. Put your money where your mouth is. Let's put an amendment forward that says explicitly in the bill that there is no agenda, there is no opportunity, we are not going to privatize, we are not going to allow for further privatization," they wouldn't do it. They wouldn't support that kind of amendment.

When our critic said, "People are concerned about the power the minister has to merge facilities, to merge services, to change the way things are being delivered in the community over protestations of boards of directors, over protestations of boards of hospitals," we said, "Don't support this section. This section should go. This all-encompassing power for the minister and then, later on, for the LHINs should go." It didn't go. It's still there.

So yes, there are real concerns. They're bona fide. They're in this bill and they need to come out.

Mr. McNeely: The first point that I was speaking to this afternoon was trying to run a \$33-billion corporation from head office. Obviously, that's not the way to go. The second point that our minister has made and that has come out when this legislation has been debated in the past is that there is going to be equity amongst the LHINs. Just last April, the first measurement of wait times in various LHINs within this province was made by ICES. The ICES report came out in April or May, I think. I did considerable work in looking at what some of those wait times were across the province. This measured it in 2003. This was the situation the Tories left us. For Ottawa, it was the situation that the member John Baird, who is no longer here, and Norm Sterling, the member for Lanark-Carleton—they were the ones who were defending Ottawa. But Ottawa ended up 14th out of all the LHINs, the longest wait times in this province, and it was reflected in MRIs. We had twice as many people

served by an MRI, actually 2.2 times, 120% more, than Toronto. So our MRIs were up at about a year to get an MRI, whereas in some places it was three or four months.

One thing the minister has said is that we're going to have equity. We'll have the local knowledge. We'll have the local LHIN boards that will know what's going on. They will be given their dollars, the decisions will be made locally, and if you can't get the service in your own LHIN, you'll be able to get that wait time down in the next LHIN. I think that is extremely important.

We're hearing a lot today about cutthroat bidding. That's not the situation that's going to come in. That's not what the LHINs are going to do. I think the point was made that the decisions will be made locally and we'll see that there will be fairness; fairness between a monopoly, where it's 80% labour—we can't have the monopoly, we can't have the cutthroat bidding, but in between, there is a level that we will bring up. By bringing this down to the community level, we'll make sure we get a lot more concern, a lot more thought in keeping those good health providers who have been around for a long time.

Mr. O'Toole: It's a pleasure to get up and respond. The member from Erie–Lincoln has covered some of the very critical parts of this bill. I would draw not just to the Speaker's attention but to members present, and more particularly to the members of the government who may not have read this bill—it's 88 pages. It's being slammed through rather recklessly, I would say. There are three important sections that I think need to be reviewed.

The first section—and I'm going to repeat this for the record—is section 28. I'll read it. "Integration by the minister" is the title of the section.

"(1) After receiving advice from the local health integration networks involved, the minister may"—and here's the list of things they may do:

"1. To cease operating, to dissolve or to wind up its operations.

"2. To amalgamate with one or more health service providers ..."

"3. To transfer all or substantially all of its operations ..."

"4. To do anything or refrain from doing anything" as ordered by the minister.

If you go on and look at the harshness of this whole overarching centralization of government control, or George Smitherman gone wild, section 33 is even more scary or draconian. It's called "Integration by regulation."

"33.(1) The Lieutenant Governor in Council may, by regulation, order one or more persons or entities that operate a public hospital ... to cease performing" functions.

It goes on to say, "to cease performing a service described in regulation made under subsection (1) shall develop a human resources adjustment plan."

Then it goes on to sort of wrap it all up into a bundle, that the minister has ultimate control in section 36, which is the regulations section. Again, I'm going to read this:

"36.(1) The Lieutenant Governor in Council may make regulations" prescribing anything.

I can't believe what's actually happening here, and yet some of the members don't seem to understand—or at least the points they're making out of the scripts they've been given to read.

Mr. Howard Hampton (Kenora–Rainy River): I listened intently to Mr. Hudak's comments and I do want to commend him on one thing: If the former Conservative government was going to privatize something, they were very straightforward with people. They were forthright and very direct. They would stand in front of the television camera and say, "We're going to privatize the LCBO," or "We're going to privatize Ontario's hydroelectricity system." They were direct and forthright, and then they did it.

The McGuinty Liberals, however, will stand in front of the camera and say, "I will not raise your taxes," and then immediately after the election, they'll hit working families with a \$2-billion tax increase. Or they will stand in front of the camera and say, "Oh, we would never privatize hospital services; we would never privatize health care services," and then they present a bill which, through the back door, will do exactly that. That's how the McGuinty government operates. They will look at you and smile and say, "Oh, we would never do that." Meanwhile, they're in the back room, working through the side door to do exactly that, only on this one, they got caught.

Our critic put forward an amendment which said, "If you're not using this to privatize, if you're not interested in using this mechanism to move to private delivery of health care services, then put it in the bill. Put the language in the bill that there will be no privatization, there will be no move to private provision of these health services." The members of the McGuinty government voted it down. Now you're caught. This is about privatization of hospital services.

1650

The Acting Speaker: The member for Erie–Lincoln.

Mr. Hudak: I appreciate the comments by all my colleagues.

I wanted to add a few other quotes to those I have used tonight just to back up some of my points. Wendy McPherson, the Niagara District Health Council chair, said, "I think Niagara really needs to be aware of what we are losing by going into LHINs. We stand to lose our local voice." Not a conservative by any means—a health care professional, the former chair of the Niagara District Health Council.

Peter McAllister, Niagara District Health Council vice-chair: "I fail to see how a Hamilton-based LHIN brings health decisions closer to the local community."

George Marshall, a Welland regional councillor active in health care issues, said, in the Welland Tribune, "This is obviously the most important health issue to hit Niagara in my memory."

He went on to say, "And with the loss of a local voice, it's going to be very difficult, if not impossible, to ensure

that the province gets the health intelligence it requires to make informed decisions.”

What do we see instead? Instead of investments in improving front-line health care services: up to \$100 million, according to a leaked cabinet document, in CCAC closure costs; \$16 million spent to close down the DHCs. I suspect many of those same individuals will just be at different desks down the road in other offices, farther away from the people—but \$16 million dollars in closure costs. LHINs will be much more expensive than DHCs. In fact, LHINs will have some 560 employees to operate, three times higher than what the DHCs had. That’s not just me; that’s a leaked cabinet document from the Dalton McGuinty government. Fort Erie and Port Colborne are forced to share a community health centre. I think they both have the population bases and the need to have individual health care services. I imagine that money could be spent towards those purposes, as opposed to an unneeded extra layer of bureaucracy.

The Acting Speaker: Further debate?

Mr. Hampton: I’m anxious to participate in this debate, because I believe the people of Ontario need to know what is really in this bill. I want to use the part of Ontario that I am from as an example. The McGuinty Liberals have the gall, the nerve, to call this local health integration. Well, the LHIN in my part of Ontario, northwestern Ontario, will extend literally from Manitowadge, which is halfway between Sault Ste. Marie and Thunder Bay, all the way to the Manitoba border and all the way to Hudson Bay. It will be literally as large as France. The McGuinty Liberals have the gall, the nerve, to call this local health integration. Imagine taking a country the size of France and saying, “This will be a LHIN, and the decisions will be made in this one centralized area,” and having the gall, the nerve, to call this paying attention to local interests; having the gall to say “paying attention to local communities.”

The people in my part of the province are on to this. They already recognize it for what it is. This will amount to taking the services out of small communities like Red Lake or Dryden or Atikokan, or out of small communities like Geraldton, Long Lac and Manitowadge, and centralizing and consolidating those services in Thunder Bay.

They already see where this is headed. They already clearly understand that this is on the model of home care, where home care is all about cutthroat bidding. What we’ve seen with home care is that there’s been a deliberate effort, through the cutthroat bidding that has gone on there, to drive down the wages, to drive down the benefits, and to do away with the pensions of the health care providers who are providing home care. The only question that is asked in that process of cutthroat bidding is, “Will you do it for less? Will you work for less? Will you work longer for less? Will you do away with a pension? Will you give up your benefits package?” That’s what’s gone on with the cutthroat bidding in home care. The McGuinty Liberals are going to smile, look into the camera and say, “Oh, we’d never do that,” but that’s

exactly what is being put down here. So the question that will be asked in the local hospitals is, “Well, you know what? We can consolidate this service in Thunder Bay and privatize it. You know, the cleaners there will work with no pension, no benefits. They’ll work for almost minimum wage. And we can centralize the food service. We can centralize it with an outside private agency where the workers have no job security, where they have no pension, where they have no benefits, but they’ll work cheap. They’ll work really cheap.” That’s what this is about. Health care provider after health care provider came to the committee and pointed this out. That, I think, is the really telling point.

From the perspective of northwestern Ontario, I think people understand what’s going on. This is about taking the services out of local communities and centralizing them. This is about moving away from hospital workers who work in the community, who are dedicated to the community, who care about health care in the community, and replacing them with private health care corporations who are only interested in one thing: How much money they can make, how low they can screw the wages and how low they can screw the benefits. As for the quality of care, that’s not even secondary; that’s not even tertiary. That’s where this is headed.

I also want to say a few words just in respect of the First Nations, because in the part of northwestern Ontario that I’m from, the First Nations feel totally left out. I just want to read into the record some of their submissions to show you that this government has the gall to say that this is going to respond to local concerns; this is going to respond to local communities. I want to read into the record how this government totally ignored the First Nations, treated them as if their local health concerns don’t even exist, because I think there’s a warning sign there for everybody else.

The Ontario chief appeared before the committee. This is what he had to say: “In June of 2005, Ontario shared its newly developed aboriginal policy titled Ontario’s New Approach to Aboriginal Affairs. To quote from the document”—and I will quote it—“Ontario recognizes that First Nations have existing governments and is committed to dealing with First Nations governments in a co-operative and respectful manner that is consistent with their status as governments. Aboriginal peoples will have greater involvement in matters that directly affect their communities, including where applicable in programs and service delivery.”

Do you know what that was? That was the McGuinty Liberals staring into the camera, saying, “Oh, we’d never do this to you. We’d never do this.” But then the chief says, “In relation to First Nation health services and programs, Ontario’s new approach has yet to be implemented.

“The government has demonstrated its refusal to honour and fulfill its legal duty to consult. The duty to consult and accommodate was confirmed by the Supreme Court of Canada in Haida. Had this important duty been respected, the provincial government would have both

honoured First Nation governments and fulfilled its own statement of intent. With regard to health initiatives, the provincial government has continually neglected to fulfill that legal duty to consult. Bill 36—the LHINs bill—“is not the first piece of legislation this government has pushed through the Legislature without first embarking on adequate consultations with First Nations. Meanwhile First Nations continue to fulfill their obligation to work in good-faith negotiations.

“The local integrated health networks ... were implemented and created without consultation with First Nations, even before the bill was tabled. First Nations were not notified of these developments until a letter was received from the team lead, community of the Ministry of Health and Long-Term Care, dated March 24, 2005. Given the significance of the LHINs, mere notification is not acceptable in this instance. A letter does not constitute meaningful consultation. The letter was an invitation to attend a meeting to discuss the LHINs and aboriginal health service concerns.”

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They go on to say, “Instead of acting honourably by consulting with First Nations before considering changes adversely affecting First Nation treaty and aboriginal rights, the provincial government disrespected the appropriate relationship between the crown and First Nations by choosing to [put] First Nations at the tail end of the process. Conducting business in this manner does not meet the legal duty to consult,” nor does it do what the government promised.

That’s the warning for other people: The McGuinty government is prepared to look into the camera and smile and say, “Oh, no, we would never do this.” But as the First Nations bear witness, that’s exactly what they will do. It’s exactly what they’ve done to the First Nations.

I want to continue to quote from the Ontario chief: “The First Nation task force met with Deputy Minister Sapsford on November 4, 2005. Both sides of the table were clear that this meeting was not to be considered consultation. However, the deputy minister did state that community consultations on the LHINs would be taking place during second reading stage of the bill. It should be noted, however, that regional community consultations do not satisfy the crown’s legal duty to consult First Nations. The First Nation task force was also assured during this meeting that the health services provided under the aboriginal healing and wellness strategy ... would not be integrated into the new LHIN system. This assurance was not confirmed by the bill. The purpose of the meeting was to provide basic information regarding the policy direction behind the LHINs legislation, to be tabled by the end of November. There was a commitment that the province would continue to work with the First Nations task force in regard to amendments.

“First Nations were not contacted before the bill was tabled and, therefore, were not given the time to submit our proposed amendments before the bill began the legislative process. That is why First Nations are here today,” talking about the committee stage, “to make a

presentation critical of this process. Tabling of Bill 36 did not fulfill the provincial” government’s “legal duty to consult First Nations. The Supreme Court in *Haida* stated that the duty of consultation is triggered when ‘the crown has knowledge, real or constructive, of the potential existence of the aboriginal right or title and contemplates conduct that might adversely affect it.’ The minister, the ministry and the deputy minister has real or constructive knowledge that LHINs legislation had the potential of affecting First Nations rights and interests. Tabling of Bill 36 before consulting with First Nations and accommodating our interests and rights disregarded the legal obligation to consult and was not consistent with the honour of the crown,” nor was it consistent with what the McGuinty government said directly to First Nations.

The Ontario chief goes on: “When the First Nation leadership became aware Bill 36 was tabled for first reading, a letter was sent to Minister Smitherman, dated November 28, 2005, making the following points, among others: (1) First Nations were not satisfied that they were appropriately consulted by Ontario in the development of the LHINs project; (2) First Nations are concerned that the LHINs project is a threat to First Nation health care and health jurisdiction; (3) the development of the LHINs project is not consistent with the spirit and intent of the health blueprint; (4) finally, matters such as LHINs should be managed on a government-to-government basis” as the government promised. “First Nations are not mere stakeholders, but have been treated as such in that process. First Nations have been repeatedly recognized by the Supreme Court as having a special relationship with the crown that must be respected and considered in legislative change. The letter also included appendices which outlined some of the amendments recommended by First Nations.” These amendments were made available—the amendments are important, because the government voted down every one of the amendments put forward by First Nations.

The chief goes on: “The already established LHIN boards and the LHIN legislation will have significant impacts on First Nations health services. Initial research of the 14 LHINs, done by the Chiefs of Ontario office, indicates that 69 First Nation communities are specifically included in their jurisdictions. It should also be noted that 65 First Nation communities are not listed under the jurisdiction of a LHIN. However, First Nation health service providers are still affected even if they include First Nations not within a LHIN mandate. This research signifies that the LHINs have significant impact on First Nations jurisdiction, treaty and aboriginal rights. The First Nation task force identified seven areas that raise concerns and issues.”

They listed them: governance and accountability was one of them; health system planning and evaluation; service delivery coordination and integration; human resources and staffing; northern issues; the role of Health Canada; and community engagement. These were all areas where First Nations wanted to talk to the government of Ontario, wanted to talk to the McGuinty

government. The McGuinty government had promised that they were going to talk and consult. Do you know what happened? After saying, "We promise to consult," after smiling and looking into the camera, saying, "The McGuinty government promises to consult," First Nations got the elbow in the face from the McGuinty government.

I want to go on, because the chiefs didn't stop there. They again tried to engage the government. On February 9, 2006, the executive assistant to the grand council chief of the Anishinabek Nation wrote to the chair of the standing committee on social policy and made the following points:

"The Union of Ontario Indians are concerned that the province of Ontario has failed to properly consult with the First Nations of Ontario on this sweeping legislation that has a genuine possibility of impacting negatively on the aboriginal, inherent and treaty rights in health of every First Nation member in the province of Ontario."

Then they go on to state, "In conclusion, in Regional Chief Angus Toulouse's response to Minister Smitherman of February 9, 2006, he echoed the sentiments of the First Nations task force, that the development of the LHINs is not in keeping with the national health blueprint and that the present amendments as received by members of the task force are not acceptable."

What he's saying here is that the government said, "Okay, we recognize we didn't do right. We're going to send along some amendments," and the First Nations rejected those amendments and said, "This is not going to fix it." Notwithstanding that, the government proceeded. The First Nations sent in some amendments. The First Nations said, "If you're really interested in our point of view and if you're really interested in our local communities, please adopt these amendments."

I want to read the amendments into the record.

The amendment on aboriginal rights:

"2.1 This act does not abrogate, derogate from or otherwise affect,

"(a) any aboriginal or treaty right that is recognized and affirmed by section 35 of the Constitution Act, 1982; and

"(b) the fiduciary obligation of the government of Canada to provide quality health care to First Nations peoples."

Aboriginal people wanted this included in the bill. What did the government do? It refused.

The aboriginal people wanted a second amendment:

"'First Nations programs and services' means all existing and future health related programs and services directed primarily at First Nation communities and citizens, including, without limitation, those programs and services funded in whole or in part under the 1965 welfare agreement, and those programs and services funded in whole or in part by the federal government of Canada."

In other words, aboriginal people wanted to ensure that some of their health services wouldn't be integrated out of existence, wouldn't be consolidated or centralized.

Did the government support First Nations on that? No. McGuinty government members voted against that amendment.

The First Nations put forward another amendment, hoping that their local interests would be recognized. After all, the government has the gall to call this local health integration. The First Nations asked for this amendment:

"Delivery of aboriginal health care

"2.2(1) Nothing contained in this act and no action taken under this act shall be interpreted to or have the effect of removing responsibility for the delivery of health services and programs that are directed primarily at First Nations peoples from the ministry and transferring it to another person or entity.

"Same

"(2) Despite subsection (1), a First Nation and a local health integration network may, with the consent of the ministry, enter into an agreement by which all or part of a health service or program that is directed primarily at First Nations peoples be administered or delivered, with respect to the First Nation entering into the agreement, by the local health integration network."

So they basically wanted to ensure that health services directed primarily at First Nations people couldn't unilaterally be consolidated, centralized or otherwise integrated or done away with. The government calls their bill caring about local health. Did they care about local health of First Nations here? No, they voted against that too.

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What finally happened is this: The grand council chief of the Anishinabek Nation finally wrote a follow-up letter to the Minister of Health on February 16 and said that because the government didn't make your own promise of consulting First Nations, because you've defied even Supreme Court judgments, because every time we have tried to participate in this, you have voted against us or have excluded us—here was the First Nations' response—"Therefore, if Bill 36," which is the LHINs bill, "is passed and given royal assent, the Union of Ontario Indians will seriously be contemplating a constitutional challenge through appropriate legal challenge."

The McGuinty government has the gall to say that this is about enhancing, building and paying attention to local health initiatives and local health concerns. Here we have the First Nations, which tried to get their health concerns looked at, their health concerns considered, and at every stage the McGuinty government shut the door in their faces. Where are they at now? First Nations have to consider a constitutional challenge, a legal challenge, to have the McGuinty government just come and actually consult with them.

I say that there is a warning bell here for communities across Ontario. What has happened to First Nations here, what the McGuinty government has done to First Nations in terms of slamming the door in their faces any time they've tried to raise issues—their local concerns, their

health concerns—is something that every community in Ontario ought to be on the watch for.

I repeat again: This bill is not about improving health care services. This bill is about putting in place a mechanism whereby the McGuinty government can privatize the delivery of more and more health care services, where the only question they'll ask is, "Can we pay less? Can we pay less to this worker? Can we pay a lot less?" That's the focus and objective of this bill.

The Acting Speaker: Questions and comments?

Mrs. Liz Sandals (Guelph–Wellington): I would like to respond to a few of the topics that have been raised by the leader of the third party. One is this whole idea that consolidation of services is always bad. I don't know about the member, who comes from an area of the province where there are very diverse, small communities, but I come from an area of the province where there are a number of rural communities, and not all of the services are available in every one of those communities.

In my part of the province, in Wellington county, in fact our hospitals, our CCAC and our community mental health clinic already voluntarily work together to do exactly the work the LHINs will be doing throughout the province. They sat down together and planned how to most efficiently and effectively deliver services to make sure that all the people in Wellington county had equitable access to the services that were available. What we are doing is simply saying to all the areas of the province that you need to do what is happening in my area of the province already, voluntarily.

The next thing the leader of the third party has spoken about is the fact that somehow there is a perception that this necessarily leads to job loss. In fact, it states right in the bill that where there are consolidations of organizations taking place, if that affects employment, it will be governed by the Public Sector Labour Relations Transition Act.

I happen to have had some experience with that act, because it's the act that governed the amalgamation of school boards. I want to tell you that under that act, nobody's salary went down, in fact it tended to go up, and no unionized member lost their right to be unionized. Now, some of the unions were unhappy because when there were competing unions, sometimes they lost members, but every unionized member—

Mr. Toby Barrett (Haldimand–Norfolk–Brant): I certainly learned a bit from the impassioned presentation from the member for Kenora–Rainy River. I have also received communications from the First Nations community, and one of their very important concerns is that the legislation would inadvertently undermine their existing and any future health care programs they may negotiate with either the provincial government or the federal government. I travelled a bit in northwestern Ontario. I sat on a committee with the member. There seemed to be a myriad of complexities to try and ensure—just in the health care system alone, in the hospital system—that native people would get their due and be able to override some of the confusion that can occur between the federal and the provincial government.

I received a letter from Grand Council Chief John Beaucage, Anishinabek Nation, and this was copied to both to the Minister of Health and the Premier of Ontario. They seem to really have derision for this phrase "a new relationship," and the promise of a true government-to-government relationship between First Nations and the province. They are very concerned, it's even unfortunate, that the government did not heed the request to delay the tabling of the legislation until official input from First Nations could be received. I take this letter seriously. I represent not only New Credit—the Mississaugas are part of this group—I represent Six Nations, which has at least 10,000 members. That's the largest native community in Canada.

Ms. Horwath: It's really important that we take heed in terms of the issues raised by the member for Rainy River. I heard this in my community last week as well. It's not just First Nations in Rainy River, in that riding, and it's not just First Nations communities in Brant; it's First Nations communities across the province that are concerned not only about this specific legislation, but the extent to which this government refuses to engage them in a respectful dialogue around the laws in this province and how they affect their communities.

We saw this happen first off with Bill 210. At least that minister had the common sense to spend a little more time trying to figure out what they were saying and what their concerns were, and they made some amendments to that bill. But here we have another bill, dealing with the health care of these communities, and this minister is not prepared in any way to acknowledge that there are concerns out there. That's simply unbelievable. It's unfathomable. I think the previous speaker actually said something about the government inadvertently going to affect these services. I don't think it's inadvertent at all, because if it were inadvertent it would be fixed by now; but it's purposeful. That's the thing that's problematic. That's the issue that is so important that we bring it forward and that the leader of the NDP brought forward in his remarks, because this government, notwithstanding its promise to create a new relationship, a new dialogue with the First Nations community, is failing in a miserable way. Now, in the context of LHINs, we have the same kinds of frustrations coming forward. Get the message: Deal with the issues and live up to your promise of a new relationship with First Nations.

1720

Ms. Wynne: I just want to preface my comments by saying that I'm not a lawyer, but Mr. Hampton is, so he should know that the issue of a non-derogation clause, which is what he was bringing forward as one of the requests from the First Nations community, is not something that finds its way into provincial legislation. That conversation went on in a series of meetings between the First Nations and the minister and the minister's staff. There was a series of meetings—

Mr. Hampton: That's bullshit.

Interjections.

The Acting Speaker: I have been informed that unparliamentary language may have been used. If the

member did use unparliamentary language—I must say, I did not hear it.

Mr. Hampton: If I said something unparliamentary, I certainly withdraw.

Mr. Richard Patten (Ottawa Centre): On a point of order, Mr. Speaker: The member behind me only has two minutes. It's about 20 seconds—more than that—about 30 seconds gone on the clock.

The Acting Speaker: Please add 30 seconds on. Thank you.

Ms. Wynne: I was in the middle of saying that this minister had a series of meetings with the First Nations community. He asked them to come forward with amendments. The bill was amended to require that LHINs engage the First Nations community in their geographic areas on issues of health care coordination. That's in the legislation. That means that the First Nations groups around the province are going to have an automatic role in the planning of the health care system in those areas. I think that's the critical piece.

There's no doubt that there's a complicated, dual-jurisdictional issue around First Nations health care, but what we've said in our provincial legislation is that the local health integration networks must consult with and must take into account the issues that the First Nations bring forward; likewise with francophone communities.

So I think, far from slamming the door, the series of meetings that Minister Smitherman and his staff had with the First Nations community—although, granted, not everything that the First Nations community nor the francophone community nor any of the people who came to speak to us wanted was in the bill in the end, but the 53 amendments that we put into the legislation went a long way to addressing the issues. We didn't slam the door, we opened the door, and we will continue to consult as the planning goes forward.

The Acting Speaker: The leader of the third party has two minutes.

Mr. Hampton: I'll repeat my earlier comments: bull feathers. If the member would care to look at other Ontario legislation, you will find a lot of non-derogation clauses, but the truth never gets in the way of the McGuinty government. We have lots of legislation in this province that has non-derogation clauses in terms of First Nations.

I think, once again, they missed the point. The First Nations are so angry, so upset at the degree to which the McGuinty government first promised to consult them and then slammed the door in their face that they're going to do something that they hardly ever do: They are considering a constitutional challenge. Do you know what a constitutional challenge costs? Do you know what it involves in terms of complications and complexities? Organizations only take constitutional challenges when they feel that they've been totally ignored and totally disregarded. That's where First Nations are in this province today, and yet the government representative says, "All is fine and wonderful."

When First Nations are going to take a constitutional challenge against the McGuinty government, my point is

that other people in Ontario ought to take notice, because First Nations, by and large in this province, have terrible health services. They are very seriously underserved in terms of health care and health services. Yet, what they see from this government is no consideration whatsoever of their local interests, of their community interests or of their collective interests. I simply say to other people across this province, if First Nations have been disregarded in this way, watch out when it comes to your local community.

The Acting Speaker: Further debate?

Mr. Ramal: It has been an interesting debate all this afternoon. We've been listening to many speakers this afternoon, and everyone has a different story, but being in the committee since this started, I learned a lot. We listened to a lot of people. As a matter of fact, as my colleague the member from Don Valley West said, our government members extended the time for consultations from four days to seven days to listen to more people. We went to London, Ottawa, Thunder Bay, Toronto; to many different areas. We listened to all the people who wanted to speak to us or to send to us a presentation about their concerns.

We were open about it. We listened carefully. That's why it took us a long time to listen to all the people who came before us and told us their stories about their concerns. But for some reason, the third party wants to continue raising issues and twisting the facts, which are all about the bill and what the intent of the bill is. The intent of the bill is the consolidation of health care service in Ontario. As my colleague mentioned before, we want to continue to have publicly funded health care. We want to continue to be able to afford publicly serviced health care to all the people of Ontario. We cannot afford it without consolidation, without working together in order to have efficient, accountable health care for all the people in this province. We cannot afford the waste anymore.

We listened carefully. That's why we had amendments to the bill. We changed about 52 elements of the bill. We listened—

Mr. McMeekin: Fifty-three.

Mr. Ramal: Fifty-three; thank you to the member. Fifty-three, and 10 of them came from the opposition parties: eight from the Conservatives and two from the NDP. That's why we are listening. That's why we want to listen to people and to the third party leader. Mr. Hampton was talking about the native community in this province. We listened to them; we consulted with them. The minister constantly listened to the aboriginal community, listened to their concerns. We addressed their concerns and we continue to listen to them and to consult with them on all the various issues concerning their health care and the health care of the people of Ontario.

This bill is about accountability. This bill is about delivering good health care to the people of Ontario. I listened to the member from Erie–Lincoln talking about many different things and interpreting the bill the way he wants. The fact is, we want a good health care service.

We want to maintain the health care service in the public domain. That's why we brought this bill forward. That's why we want to continue fighting to pass this bill, because this bill is a very important element of our health care in this province.

I know the Conservatives are not opposed to privatized health care, but we are. It was stated clearly by the Minister of Health when he addressed the committee on the first day, when he said, "This bill is about maintaining public health care in the public domain, not about the privatization of health care." We want to continue maintaining it in the public domain because this is about the Liberal Party and this government maintaining our health care in the public domain.

So many people have some kind of misinformation about this bill. So much fearmongering went on, beyond and after and still, about this health care. They said, "This is about the privatization of health care." I want to say, from this place, as the Liberal government of Ontario, we want to work and we're going to continue working to maintain our health care, publicly funded and publicly delivered for the people of this province.

I want to say to all the people that we care about the people of the province. If we didn't, we wouldn't work on this bill. Because we care about public health care, we brought in this bill: in order to consolidate the service, to work together and to listen to other people.

I listened to many people saying, "This is not about accountability. This is not about local health care integration." Before, all the delivery of health care was done from this place, from Toronto. Now we'll break it up into 14 units in order to engage every part of this province, to engage local communities, to listen to their concerns, to listen to them in order to enhance their health service delivery. I know many people said, "Wow, my LHIN is huge," and, "My LHIN is bigger than any other country on the globe," but I want to tell those people that we broke it up, and instead of all the services being delivered from Toronto, they will be delivered from 14 different locations. Also, all the people can reside in their local areas and local communities.

1730

Mr. Peter Kormos (Niagara Centre): Do you think that's something to brag about?

Mr. Ramal: We're not going to brag. We're talking the truth, but sometimes the truth hurts. Nobody wants to listen to the truth. The truth is that our government committed before the election and continues to commit to the people of the province of Ontario to maintain our health care—publicly funded, publicly delivered—for all the people of this province. We are saying it against the privatizations. We are continuing to fight for publicly funded health care. That is why Bill 36 came. Bill 36 is all about publicly funded health care, about commitment to service and about enhancing the service for the people of Ontario.

The Acting Speaker: Questions and comments.

Mr. Arnott: I want to respond to some of the comments that I heard from the member from London—

Fanshawe, because he and I both had the opportunity to serve on the social policy committee, debating and discussing Bill 36. We heard from quite a number of people.

I was hoping to have the chance to speak to Bill 36, but it appears that time may be running out. But I want to relate to the House a little story. When I was first elected to the Legislature in 1990, I had an opportunity to meet with the Palmerston hospital administrator. The man's name was Bob Emmerson. One of the first things he brought to my attention was a report that had been commissioned by the outgoing Liberal government that recommended regional health authorities. This was back around 1990-91. He said to me, "You should be opposed to this if you are going to represent our area, and the reason is very simple. If the provincial government sets up regional health authorities, they will be powerful in name only." He said to me that in his opinion, the Ministry of Health would never, ever give up final decision-making authority, that the head office—the Ministry of Health—would never, ever give up final decision-making authority in terms of health care allocations, and as such, regional health authorities would be nothing more than a new layer of health care bureaucracy.

I think that is exactly what we're seeing 15 years later. Here is this Bill 36: local health integration networks. For whatever reason, the government doesn't want to use the term "regionalization" or "regional health authorities," which is really what these are. We're seeing a new level of health care bureaucracy that is being established at great cost to the taxpayer that does not in any way increase the number of doctors, does not in any way increase the number of nurses, does not in any way increase the number of MRIs, does not in any way increase the number of CT scans.

The government has yet to make the case as to how this bill will benefit patients and the people who need health care in the province of Ontario.

Mr. Kormos: I listened carefully to the comments by Howard Hampton, leader of the NDP, and then I listened as carefully to the comments of Mr. Ramal from London-Fanshawe. I found it amazing that Mr. Ramal, who seems to be enthusiastic about Bill 36, used but seven minutes of the 20 minutes available to him to say so. I would have thought that if Mr. Ramal, like other Liberals, were so enthusiastic about Bill 36 he would want to take us through the bill section by section and tell us about how these mega-LHINs, how this super-sizing, is going to create more accountability. I would have thought he would use all of his 20 minutes to tell us how these mega-LHINs, with hand-picked government appointees, are going to allow for more intimacy with the grassroots of the community. I would have expected this Liberal member to use his 20 minutes. He only used seven—Mr. Ramal, the seven-minute man. I would have expected him to use the 20 minutes to explain to us how unaccountable, hand-picked, government-directed LHINs, which embrace bizarre and artificial political boundaries, are in any way going to help folks in Niagara get more health care beds, are in any way going to help

folks in Niagara get beds for adolescent mental health care, how they're in any way going to help maintain—not just maintain and sustain but build—public services, rather than follow on the Harris-Eves-Tory path of competitive bargaining and their destruction of home care and CCACs. I would like to have heard that.

Ms. Wynne: I say to the member for Niagara Centre that the way that's going to happen is that the people on the local health integration network boards are going to know Niagara. They're going to know the services, they're going to know where the gaps are and they're going to feed that information into a plan that's going to coordinate those services.

I completely agree with the comments of the member for London-Fanshawe that what this legislation is about is creating a sustainable health care system and putting a structural change in place that will do that.

I want to go back to something that was said by the member for Rainy River about the minister's meetings with the First Nations. I just want to put on the record that since February 2005 this minister has met five times with First Nations chiefs, and he's going to meet with them again. Between those meetings, there has been a dialogue and there have been recommendations presented to the minister. So there has been a back and forth; there has been a discussion. Those meetings have been ongoing for a year, and those discussions will continue. As I have said, the legislation has been amended to require that there be consultation with First Nations communities as part of the LHIN process. That's something that doesn't necessarily happen now, so that's an improvement on the system in terms of communication with the First Nations community.

I think it's really important to acknowledge that this minister has gone out of his way to make sure that communities that need to be involved in an ongoing way are involved, and that that dialogue doesn't leave anybody out. No matter whether it's in northwestern, northeastern or southern Ontario, those groups who need to be consulted will be consulted. It's part of the legislation, and no local health integration network board is going to be able to duck that responsibility. That is required by the legislation.

Mr. O'Toole: Just listening to the remarks by the government backbenchers, there are three sections here—I encourage the members to read them—that are fundamentally critical to the understanding of this bill. One is section 28, which deals with the ability of the minister; also section 33, as I described in my earlier remarks.

Section 36, with respect to comments raised by the previous speaker, is worth putting into the record. It says, "The Lieutenant Governor in Council may make regulations ... respecting community engagement under section 16, including how and with whom a local health integration network ... provider shall engage the community, the matters about which" to consult, how often, what issue and the frequency. So the minister has absolute, draconian powers—dictatorial powers centralized with George Smitherman.

If I may, earlier the member from Kenora-Rainy River made some very good comments, not just on the derogation issue with respect to First Nations dialogue, but he tried to quantify or visualize the size of the LHINs. They're anything but local. If you look at the central east LHIN, which is my riding—I'm going to briefly describe this—it actually goes from around Queen's Park to Algonquin Park. It's just huge. It has over a million people. It's larger than most provinces: larger than Nova Scotia, larger than New Brunswick, larger than Newfoundland and Labrador; larger than the three of them put together, and you call it local? I hope you meet one of the board members at the grocery store, because it ain't happening.

Our LHIN, central east, is headquartered in Ajax. According to the Ministry of Health and Long-Term Care website, central east has jurisdiction over 16 hospitals, 70 long-term-care facilities, four community care access centres, three community health centres, two children's treatment centres, 25 mental health agencies, 50 community support services and five addiction centres. A map of central east is attached. It's huge. This is anything but local, and I am afraid the government members simply don't understand the legislation.

The Acting Speaker: The member for London-Fanshawe.

Mr. Ramal: I don't need more time to speak about the bill, because my colleague and the minister spoke eloquently about this bill in detail and stated what the bill is all about—the aim of the bill. I know the member opposite likes to stir the pot and create some kind of fear-mongering in the communities, but the bill is obvious and clear. It's about consolidating the health service. It's about breaking the silo from one to 14, to engage many different communities, to reach the north, the west, the east and the south. It would engage everyone. This is the intent of the bill.

1740

I know the member from Durham doesn't want to understand the situation by referring to sections we have already amended. They have been looked after, changed, and he is still referring to them.

We listened to many different people. The authority of the Minister of Health doesn't increase or decrease in this bill. The bill is all about consolidating service in health care. It's not about this person or other persons; it's about putting it together. All this information being fed to the people of Ontario is wrong. This bill has one goal: the consolidation of health care and engaging in various communities. Listen to the people of Ontario, and maintain health care service in the public domain. That's why we are bringing this bill forward.

We know we have a problem in health care. We know we cannot afford to keep increasing the budget for health care in the future. Since our population is aging on a daily and on a yearly basis, we have to find a way to manage our health care spending.

This bill, if this bill passes, will help every Ontarian to be comfortable for their future. Health care will remain

publicly funded and controlled. All this information that has been fed by my friends from both sides, the NDP and Conservatives, is wrong. It's about publicly funded, owned, controlled—

The Acting Speaker: Thank you. Further debate?

Mr. Barrett: I also would like to address Bill 36, the Local Health System Integration Act. I'll follow a number of themes and reasons on why I feel there are some flaws, not only with the legislation but in the way this process is rolling out.

First of all, it's the irrational size. I'm in LHIN 4. That's over 1.3 million people; that's about 10% of the population of Ontario. The very strange divisions: One of the counties I represent has been severed by a boundary between LHIN 4 and LHIN 2. I suppose they assume it's farm country, it's a rural area and we can cut that one in half.

I'm also concerned with any potential negative impact on the smaller hospitals in my rural area. There were concerns raised by the Ontario Hospital Association as well. They proposed amendments—I'd like to touch on them. And as we heard earlier this evening, there is the perceived neglect of First Nations communities with respect to this whole process.

We hear the description of these LHINs as being local. If you look at the Oxford dictionary, there are a number of options or ways of defining "local": "Relating to a particular area; relating or belonging to one's neighbourhood; relating to a particular region." I understand the government is shying away from the use of "regionalization" or "regional health."

We must ask whether or not it would be accurate to give these unelected, bureaucratic entities any of the following names. Are the health systems relating to a particular area, health systems belonging to one's neighbourhood? Being a rural member, I really have problems getting my mind around a neighbourhood of 1.3 million people or health systems relating to a particular region. I think any of these definitions is a stretch—laughable, if you will—considering that these networks and the boundaries contained therein are essentially huge.

I own a farm in Norfolk county. That places me in local health integration network 4. Just across the way, in the county, I own a hunting property. That puts me in southwest health integration network 2. At least I think it does, looking at the map. It's really not that far for me to go from one of my properties to the other. But if I take a look at the north-south boundary between the two LHIN districts, I see that, in fact, the map that I have doesn't, for some reason, stretch out into Lake Erie and doesn't indicate just where Long Point is dissected. Long Point is a spit of land that goes out almost to the international border in Lake Erie. If I see a projection of this boundary on the west side of LHIN number 4 and continue out into the lake, it cuts Long Point in half. I own land on the end of Long Point. I'm not sure whether that is in LHIN number 2 or in LHIN number 4. I consider my pieces of property in the local area; the Minister of Health does not, obviously.

Again, I wonder if there can be a danger, if boundaries are drawn in Toronto, or perhaps a regional centre in Hamilton, whether it really is understandable when it gets down to the local level. In my part of Ontario, I suppose 50% of my constituents have rural route numbers identified by local village and, of course, a postal code. I think of the Silver Hill area. People along that road and in the area of Silver Hill all have exactly the same address, but these people are divided between two different local health integration networks. I kind of get a kick out of this map. I look at towns like St. Williams and Port Rowan; they're hooked up to the same water tower, but they're not in the same health network.

I'm not saying this facetiously. I do have some concern. I have some concern for the administration of Norfolk county. In fact, I received a letter of concern from county staff. Look at LHIN 4, the 1.3-million LHIN. It's a neighbourhood of Burlington in the north, Delhi in the far west and Fort Erie down in the east, by the New York border. Those are certainly not as local as towns like Turkey Point and Long Point, which are on Lake Erie. Those two towns are in completely different LHINs.

The second point I wanted to make: the concern that I have, again with Norfolk county, that it has been divided into two networks. It's a single county; it's part of a single electoral riding. I consider it a single community of interest; it certainly is with respect to agriculture and soil type. That being said, it has been cut into two separate networks. I can partly understand this because farther down the road in Tillsonburg we do have Tillsonburg District Memorial Hospital. I can understand a division made on hospital catchment areas, but they have missed much of the catchment. Many people in Port Rowan, I am told, do not relate to the Tillsonburg hospital, even though they're in that new district. They access their health services, and have since the 1920s, at Norfolk General Hospital.

Also, in contrast, many people in the Delhi area do not go to Simcoe. They have more of an affinity with Tillsonburg, which is on the other side of this new boundary. I'm concerned about the confusion, let alone added confusion that could be difficult for the new bureaucracy, in addition to the existing bureaucracies, to get their head around, and to what extent that will lead to waste and duplication. Is the end result positive? Time will tell.

I have questions. I have concerns with respect to municipal emergency planning in a county that is dissected by this boundary—a boundary where one would hope that Norfolk would have been within the same single network. I know the county would like an answer to these kinds of questions.

1750

It's not just Norfolk county, which, as we know, has such a large land, which includes Halton region, as I understand it, Hamilton and certainly Burlington. I'll quote a concern from the member for Burlington. He wrote a letter recently to his local newspaper. "Integrated health and social services in Halton region could be

compromised because Burlington receives services from one LHIN which stretches to Niagara”—that would be LHIN 4—“while all other Halton residents’ health decisions are made in Mississauga.”

Again, has the minister realized the concerns in some of these communities, lumped in with larger centres? I think of West Haldimand General Hospital. Will it be overshadowed by the very major hospitals in Hamilton? I know that the CEOs are getting together to try and coordinate, and there’s nothing wrong with that. I think there’s a move, obviously, to coordinate their information systems. But, again, Hamilton hospitals really have a different quality or catchment of culture from what you would see in a small rural hospital in Hagersville or Dunnville.

I could go on about this. I will indicate that LHIN 4 has 12 hospitals: our area hospitals, Norfolk General Hospital—Tillsonburg is an area hospital but it is not in the LHIN—Haldimand War Memorial Hospital in Dunnville, West Haldimand General Hospital in Hagersville. We had quite a fight a number of years ago to keep those two hospitals open.

I think of the Dunnville community meeting. It was held in the local legion. I was asked to speak. There were, I would say, thousands of people there. I never got into the legion. I ended up crawling up on the back of a truck to do my speech. Tractors, of course, are one indication of when the community in a rural community is upset. A lot of tractors came out. We kept Dunnville open. We kept Hagersville open. In a sense, I think I’m firing a warning shot across the bow that we do not want to see this restructuring used as a means to an end of any type of threat to the small hospitals in our area. We’ve seen what’s happened to Willett Hospital quite recently under this government’s watch.

The member for Burlington made mention of his hospital, Joseph Brant Memorial Hospital: 48 beds have recently closed. That’s 25% of the acute care beds at that hospital. We’re in the same LHIN as that hospital. That’s reason for concern by people within my riding of Haldimand–Norfolk–Brant, a riding, as I mentioned earlier, that also includes the Mississaugas of the New Credit and also Six Nations. I do join my colleague from Burlington when he points out, “McGuinty promised transparency and openness, but has threatened hospitals not to talk about these health cuts to the media and the public.”

With this government rolling around in what I consider a flood of money from the newly introduced health tax—we knew there was a promise of no taxes in the last election—certainly with this kind of cash extensively rolling into the health care system, people in my area would certainly expect better.

Another question for the minister: Can he be sure that the new health care bureaucracy does not divert funding away from smaller hospitals in favour of the larger ones? For the larger hospitals, there may be a vested interest to support the smaller ones to keep them open, but to ensure that so many services continue to gravitate to the larger

centres. It’s like our university system. We have a very centralized system of hospital care and specialized health care in this particular province; hence, one of the reasons we have difficulty attracting nurses, doctors and other health professionals to rural areas. Again, we want to know if there are safeguards in place.

The president of the Ontario Hospital Association had concerns and put forward a number of amendments. I’m not sure where these amendments ended up. Number one, they felt this government needs to provide a definition for the word “community”—I alluded to that earlier—and hopefully, they can come up with a definition that recognizes small communities.

The Ontario Hospital Association feels this government needs to provide a definition of “public interest.” These health bureaucracies will be charged with the task of acting in the public interest, but as yet there does not seem to be a solid definition.

The Ontario Hospital Association argues that due process needs to be introduced into this legislation. The association points out that the minister has the ability to impose decisions without following a defined process. Until these kinds of changes come about, the association believes that not only the health providers but the communities they serve will be left without a real say or influence in many of these vital health care decisions.

Another question: Who will be given real power if communities and the health providers are voiceless? We have certainly heard the accusations that it will be unelected members of what can develop into very large bureaucracies. Very large bureaucracies, on occasion, can be prone to making ineffective or downright bad decisions.

Earlier this afternoon, we heard considerable debate and some very interesting points made by the member from Kenora–Rainy River with respect to aboriginal concerns. I would like to quote from a letter. It was sent to me and copied to the Premier and the Minister of Health. It was written by the grand council chief of the Anishinabek Nation:

“The government of Ontario has committed itself to establishing a new relationship with aboriginal people in Ontario. However, during our meeting with Minister George Smitherman this fall”—the letter was written on December 5, 2005—“it is clear that he is not willing”—this is the Minister of Health—“to understand First Nations concerns on this matter. With this bill moving forward at an alarming pace, we assert that the government as a whole is not respecting First Nations concerns or the protection of our inherent rights. This does not bode well for the so-called ‘new relationship.’”

I am concerned about this. The chief is speaking on behalf of a number of native groupings: Algonquin, Ojibway, Chippewa, Delaware, Mississauga—I represent the Mississaugas of the New Credit; that’s a reserve just outside of Hagersville—Odawa and Potawatomi.

The grand council chief goes on to point out:

“First Nations are very concerned that the legislation will inadvertently undermine existing and future First

Nation health care programs and services. Some of these programs and services are funded wholly by the provincial government and others are funded in whole or in part by the federal government.”

I'm not clear to what extent the Minister of Health has given this consideration. I'm not sure to what extent the Minister of Intergovernmental Affairs has taken this into consideration. Has this been discussed with the minister responsible for aboriginal affairs? I am not sure to what extent federal counterparts have been involved in the discussion of this bill. I feel this is very important.

I look to you, Speaker, for direction on the time, but the reason I—

The Acting Speaker: Please finish. It's only a minute—

Interjections.

Mr. Barrett: Thank you, Speaker. I don't know what's going on across the way, but I would love to speak.

Right now, I feel I'm speaking on behalf of 10,000 people who are members of Six Nations—we call it the Big Six; It's the biggest reserve in Canada—and, of course New Credit, their smaller cousins.

The grand council chief continues to point out that, “It is unfortunate that the government did not heed the

request to delay the tabling of the legislation until official input from First Nations could be received.

“Given this history, it is not surprising that Bill 36 all but ignores First Nations. There is a brief mention of the role of First Nations in a paragraph of the recitals. However, there is nothing in the body of the bill that acknowledges or protects First Nation programs and services.”

Those aren't my words; they're the words of the leadership of one of Canada's First Nations.

To sum up, as we've seen, there's nothing local about our local LHINs. Instead, we see the creation of 14 ministries of health care. I don't think any of the 14 has a business model as yet. The legislation demonstrates this government's lack of planning, particularly for rural Ontario. I use the example of Norfolk county. It represents a potential threat to the small, local hospitals, and it proves that our health care partners are being bullied by the Minister of Health. We are getting very little information—I could go on, Speaker.

The Acting Speaker: No, you can't. The time now being after 6 of the clock, this House stands recessed until 6:45 this evening.

The House adjourned at 1802.

Evening meeting reported in volume B.

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