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Monday 17 November 2008

Lundi 17 novembre 2008

Speaker
Honourable Steve Peters

Président
L'honorable Steve Peters

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 17 November 2008

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 17 novembre 2008

The House met at 1030.

The Speaker (Hon. Steve Peters): Good morning. Please remain standing for the Lord's Prayer, followed by a Hindu prayer.

Prayers.

INTRODUCTION OF VISITORS

Hon. Margaret R. Best: I would like to welcome Heather Nicolson-Morrison, Mike Pohanka, and Brian and Monika Warren. Thank you for coming to the House today. These are members of the Ontario Home Respiratory Services Association.

They are hosting a luncheon here at Queen's Park to raise awareness about chronic obstructive pulmonary disease, with this year's theme being Breathless not Helpless. Welcome to Queen's Park. They're in the east gallery.

Mr. Robert Bailey: It's my pleasure today to introduce to the House my granddaughter Janessa Marie Labadie. She's up in the gallery there with her grandmother Elizabeth Bailey.

Mr. Joe Dickson: I'm pleased to introduce Kurtis McAleer, a very young, motivated political student who's here as our guest. He is here in the west gallery, and he's from Ajax-Pickering.

Hon. John Milloy: I'd like to welcome the members of the Ontario Undergraduate Student Alliance and the College Student Alliance to Queen's Park today.

They are here for the next three days to meet with members from all sides of the House on behalf of the students they represent. I know everyone will join me in welcoming them to Queen's Park this week.

The Speaker (Hon. Steve Peters): We have with us today in the Speaker's gallery a delegation from the Council of State Governments, Midwestern Legislative Conference, legislative exchange program.

They are Representative Laura Brod from Minnesota, Representative Scott Reske from Indiana, and Ilene Grossman, the assistant director of the MLC. Please join me in warmly welcoming our guests today. Welcome to Queen's Park.

ORAL QUESTIONS

AUTOMOTIVE INDUSTRY

Mr. Tim Hudak: A question to the Premier: Premier, during your two-week trip overseas this month, Ontario

has become, for the first time in history, a have-not province receiving equalization payments. In other words, Dalton McGuinty's Ontario is now on the welfare rolls of Confederation.

What will make Ontario's economic challenges even greater in the future is the loss in Ontario of auto manufacturing and auto parts jobs. To date, you have spent some \$1 billion of taxpayers' money, only to see 30,000 auto sector jobs lost, such as GM in Oshawa; Chrysler in Brampton, 1,100 jobs; and Linamar Corp. in Guelph, 500.

Premier, you said the other day that you would not flow any more dollars unless it was in the public interest—a very vague term. We've seen these job losses. What job guarantees will you bring forward? How many more job losses do you define as the public interest?

Hon. Dalton McGuinty: I could say it's good to be back. I could say that. It is good to be back and I welcome the question. You will know I was on a trade mission to China together with Minister Chan, and I am pleased to report that we signed over \$600 million in new contracts and that there are some tremendous opportunities to be found in China and in other parts of the world.

We are working very closely at this point in time, myself and Minister Bryant, together with the federal government—Prime Minister Harper in particular, Minister Clement and Minister Flaherty—and Minister Duncan to see what we can do. In the United States of America, the federal government has come to the table. They are coming to the table, more so now, to provide support for the auto sector, and we are convinced that we can make common cause with the federal government and provide the necessary support. We look forward to talking more about that.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Tim Hudak: The Premier has used the term "in the public interest." He has not talked about how many job losses he will tolerate. He is not talking about job guarantees.

To date, Premier, you have spent nearly \$1 billion in taxpayers' money to the manufacturers. That works out to about \$219 per Ontario family. What have Ontario families already struggling to make ends meet in Dalton McGuinty's Ontario seen in return for their \$1-billion investment? You promised more jobs. We saw Sterling Trucks in St. Thomas recently throw 1,300 people out of work. In Vaughan, Progressive Moulded shed some 2,000 jobs.

Premier, what taxpayers need to know is, what new approach are you going to take to ensure taxpayer funds

will actually result in job creation, not job losses, in the now have-not Dalton McGuinty Ontario?

Hon. Dalton McGuinty: My colleague is correct in highlighting the importance of this industry for all of us, and we have experienced some losses in the automotive sector; there is no doubt about that whatsoever. But just think where we would find ourselves had we not stepped up to the plate in the past.

We had a \$500-million auto sector fund. We leveraged that into some \$7.5-billion worth of new investments, thousands of new jobs. We didn't receive support in the past. There have been some job losses, nonetheless, and I think it's clear to all concerned, all thoughtful observers, that globally the automotive sector is struggling, but particularly what we call the Detroit Three.

The US government is stepping up with, we think, a package somewhere in the neighbourhood of \$20 billion to \$25 billion. We simply cannot match that on our own here in Ontario, obviously. We are looking for some semblance of proportionality. We will work with the federal government and we will work with the auto sector to speak to jobs—

The Speaker (Hon. Steve Peters): Thank you, Premier. Final supplementary.

Mr. Tim Hudak: Premier, on May 21 of this year, to escape the heat of GM's unfortunate announcement of closing down the Windsor plant and throwing some 1,400 jobs out of our province, you announced that a Fiat plant was practically imminent. Taxpayers are still waiting. On January 22, 2008, you ordered your staff to come up with made-in-Ontario trade barriers against Korean products. Premier, again, taxpayers are still waiting.

Your back-of-the-napkin, haphazard approach to this sector has seen nearly \$1 billion in taxpayer funds spent and 30,000 jobs lost. The unfortunate reality, Premier, is that your outdated, tax-and-spend policies and increasing red tape burden have made Ontario one of the highest cost jurisdictions in which to do business.

Premier, what are you going to do to lower the cost of doing business in our province to help our sector be more competitive internationally?

Hon. Dalton McGuinty: There are about 12 Ontario communities for which the economic mainstay is automotive. Is my colleague suggesting that somehow we allow those communities to flounder? Is he suggesting that we ignore the 400,000 direct and indirect jobs that are found within the automotive sector, or is he suggesting that we forgo the \$28 billion in wealth created by the automotive sector? I think he is not suggesting that. I think what he's suggesting is that we continue to work closely with the federal government, that we work with the automotive sector, that we work with the CAW, that we work with all the communities that are affected to find some way to put Ontario's auto sector, which is the national auto sector, onto a stronger economic footing. I think that's what he's suggesting. That's the inference I draw from that. With that, I agree completely, and we will continue to work with the federal government in this regard.

1040

AUTOMOTIVE INDUSTRY

Mr. Ted Chudleigh: My question is for the Premier. Premier, I love Ontario and its people and I know that you do too. But Ontario is now a have-not province and has sunk to a level that even the NDP under Bob Rae didn't achieve.

It wasn't long ago that you were shovelling money out the door as fast as you could, handing out billions of dollars to auto companies in the last few years. You didn't care what models they were producing; you didn't ask for their business plans. We know full well that any job guarantees were ignored. The grants and interest-free loans came with no strings attached.

All of a sudden now, Premier, you're playing hardball; you're playing a tough guy. All of a sudden the Premier can tell auto companies about viability. Maybe he got an MBA when he was in China.

We know that we have already seen nearly 30,000 auto sector job losses since 2005. Why should we trust your wisdom now, Premier?

Hon. Dalton McGuinty: I want to speak to the issue of "have-not." I think it was in the book *Spin Wars*, written by Bill Fox, where was coined the phrase "a convenient fiction." And there's a convenient fiction that says that when you receive equalization, you're somehow in desperate straits.

I think there's an important figure for everybody to keep in mind. This year, in 2008 and 2009, there are only three net contributors to the federation: Ontario, Alberta and BC. Ontario contributes \$23.5 billion net to the federation this year; Alberta, \$14.3 billion; and BC, \$2.7 billion. Again, we are the single largest net contributor to the federation.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Ted Chudleigh: Methinks the Premier protesteth too much. The facts are the facts. The fact is that Ontario is now a have-not province, something we have never achieved before, even under the government of Bob Rae.

The warning signs in the auto sector have been around since 2005, Premier, but you did nothing until the problem turned into a crisis, and it's a common theme of your government. We saw it with public finances in the looming recession, and now we see it with economic development and manufacturing. Your five-point plan is a flop. Your retraining scheme is a failure. Red tape is on the rise. Small businesses are overtaxed. The only thriving sector is the bureaucracy. Everything and everyone around the world is adjusting and shifting. The G20 came out with a five-point plan, but you've done nothing.

Premier, as the auto sector and industry change to survive, will you think beyond the short term and fundamentally change your auto policies so that we can ensure a competitive auto industry—

The Speaker (Hon. Steve Peters): Thank you. Premier?

Hon. Dalton McGuinty: I'm finding it hard, from one question to the next, to figure out where the Conservatives stand with respect to support for the auto sector. On the basis of the first question, I got the sense that we should not touch this with an 83-foot pole. On the basis of the second question, I'm hearing that there may be some grounds for providing additional support to the auto sector.

I want to make it clear as to where we on this side of the House stand on this issue: We are not prepared to forgo 400,000 direct and indirect jobs. We're not prepared to forgo the mainstay for 12 Ontario communities. We're not prepared to forgo some \$28 billion in wealth generated on an annual basis by our auto sector.

North Americans will continue long into the future to buy millions and millions of cars. We want to keep making those cars in the province of Ontario. We will find a way, working with the federal government, with our workers and with communities, to support a stronger auto sector long into the future in our province.

The Speaker (Hon. Steve Peters): Final supplementary.

Applause.

Mr. Ted Chudleigh: Thank you for that applause.

If success is measured by results, then the devastation in Oshawa, St. Thomas, Windsor and the rest of south-western Ontario means that your auto investment strategy has got a big "F" for "failure."

Premier, the auto industry experts agree that the Big Three must restructure to be viable and competitive in the future. In the past, you have shovelled money out the door to them, almost a billion dollars, and the results have been extremely wanting and have got us to where we are today.

Premier, when you restructure your strategies in this sector, will you end your reckless patchwork policy and move toward a plan that fosters innovation, competition, through a broad-based level playing field?

Hon. Dalton McGuinty: Obviously, we want to work with the sector to ensure that they continue their transformation.

In fairness, I think we should acknowledge that the sector has been going through a very painful period of transformation that has manifested itself in a number of ways, including painful job losses for Ontarians. In the midst of this painful restructuring, they were blindsided by this global economic crisis. It has resulted in some liquidity issues. They're having difficulty maintaining their ongoing operations, maintaining payment to suppliers, continuing to maintain jobs, which are all important to Ontario communities.

We are fully seized with the urgency of this matter, as are the federal government and the Prime Minister. We want to find a way to move forward in a way that's respectful of taxpayer interests, also mindful of the contribution—

The Speaker (Hon. Steve Peters): Thank you. New question.

MANUFACTURING JOBS

Mr. Howard Hampton: My question, of course, is for the Premier.

While the Premier was off on another of his visit-anywhere-but-Ontario travel junkets, the fact is that thousands more Ontarians lost their jobs. Navistar announced the layoff of 470 workers, including plant workers, office staff and management, at its truck plant in Chatham. Sterling Trucks announced that closing its plant in St. Thomas in 2010 isn't early enough; they want to close it almost immediately, laying off 1,300 more workers. And the list goes on.

My question is this: When will we see a real strategy from the McGuinty government to take on the continuing loss of thousands of good jobs in Ontario?

Hon. Dalton McGuinty: My colleague may find it interesting: Something that I learned on my trip to China, when I had a chance to speak with the political leaders there, is that one of the biggest economic concerns was the loss of manufacturing jobs. It's hard for us to imagine, but because of this global economic crisis, the export markets have collapsed in many parts of the world, and that has resulted in many, many manufacturing job losses in China. Today we hear that Japan, the world's second-largest economy, is now in a state of recession. So this is something that is affecting all of us.

Fortunately, we have a solid plan in place. We will continue to invest in innovation, turning good Ontario ideas into jobs for the future. We'll continue to invest in infrastructure. In that sector alone, we have some 100 major construction projects underway right now, and we plan to create over 100,000 jobs by continuing to invest in infrastructure which is badly needed in our province.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Howard Hampton: While the Premier may be more concerned about the loss of jobs in China and Japan, I can tell him people in Ontario are mostly concerned about the loss of jobs here.

I've cited just a few figures from the auto sector. The steel sector is laying off as well: US Steel is announcing layoffs in Hamilton. The mining sector, something the McGuinty government has boasted about in the past, is laying off literally hundreds in places like Sudbury and Thunder Bay. General manufacturing: Layoffs are coming there as well.

So I want to ask the Premier again, where is this government's plan? Every time you take another foreign travel junket, thousands more in Ontario lose their jobs and we continue to see no plan from the McGuinty government. Where is the plan for the steel sector, the mining sector, the forest sector, the auto sector? Where is the—

The Speaker (Hon. Steve Peters): Thank you. Premier?

Hon. Dalton McGuinty: Just to give an example of how important it is to reach out to the international community, last week I was in London with my colleagues there and we celebrated the opening of a new manufac-

turing plant which was put forward by the investments made by the Hanwha group, which was a very large and successful global Fortune 500 company based in South Korea. It's making its first-ever investment in Canada. We contributed to that investment with a \$10-million loan through our advanced manufacturing investment strategy. They're building a \$70-million plant; they're creating 120 new jobs in London in manufacturing—advanced manufacturing. That's just one example of what happens when we reach out to the international community and we're prepared to enter into partnerships with those investors.

1050

The Speaker (Hon. Steve Peters): Final supplementary.

Mr. Howard Hampton: If I look at the loss of thousands of jobs in the St. Thomas and London area, the Premier seems to be saying, "Well, maybe 100 jobs will serve as a replacement for the thousands lost." This is not a successful strategy, Premier. Every time you lose 2,000, to say, "Oh, we found 100"—this is not a successful strategy; I don't care what game you're playing.

Premier, the auto parts sector has said to your government very clearly that they need some short-term financing help. They're prepared to guarantee jobs, but they need some short-term loan financing so that they can continue to make auto parts. Your government refuses to give them an answer. You continue to say, "Oh, the answer is in Washington. The answer is in Ottawa."

When is the McGuinty government going to come forward with its plan instead of looking for someone else to blame, someone else to push responsibility onto? Where is the McGuinty government's plan as thousands lose their jobs?

Hon. Dalton McGuinty: I learn with interest today that my colleague is now saying that we should find a way to provide support to the automotive sector. In the past he said that he would not support that.

We had a meeting, I guess it was a week ago today, in Ottawa, the Premiers and the Prime Minister. One of the things that we came to understand—it was never expressed or articulated outwardly, but the understanding is this: We are at our best in the face of this global economic challenge when we work together. We are going to find a way to address the crisis faced by our automotive sector, suppliers included, but the best way for us to do that is together with the federal government. Those conversations are continuing as we speak. There is going to be a trip to Washington to acquire all the intelligence that we can there in terms of better understanding what that government is going to do. But I'm convinced that at the end of the day we will find a way, working with the federal government, to provide additional support to Ontario's, indeed Canada's, automotive sector.

MANUFACTURING JOBS

Mr. Howard Hampton: The Premier wants to refer to the auto parts sector and say somehow that I am op-

posed to helping out. I'm quite prepared to help out, and I'll tell you, the auto parts sector is prepared to provide job guarantees. I just wonder why the McGuinty government is missing in action on that front. But the Premier again refers to, "Oh, we've got to go to Washington. We have to go to Tokyo. We have to go to Ottawa"; there are too many factors beyond the McGuinty government's control.

I want to ask the Premier: Right here in Ontario, just this past week, the Premier was there for another photo op, announcing wind turbines to much boasting and patting on the back. But where were the wind turbines made? They're made in Denmark. Premier, if Ontario is going to invest in wind energy, why doesn't the McGuinty government have a strategy that says that wind turbines have to be manufactured here in Ontario?

Hon. Dalton McGuinty: My colleague has a good point here. I will acknowledge that. We are working hard now to see what we can do. We celebrated a success in Port Alma. There was the opening of a new wind farm, which created 70 jobs in construction and, I think, a couple of dozen jobs now for their maintenance. But what we would like to do, the icing on the cake, obviously, that will complement an aggressive renewables plan, is to ensure that we have a domestic manufacturer of wind turbines, and we are looking at ways to see what we can do to make sure that happens.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Howard Hampton: Except, Premier, you're about five years late on this. While you say, "Oh, we have to go to Tokyo. We have to go to Washington. We have to go to London. We have to go to Ottawa," this is what Quebec has done: Quebec has invested in wind power. But they've said to those people who want to develop wind power in Quebec, "You have to manufacture in Quebec." Quebec is already out the door: 60% of the total cost of each wind farm in Quebec must be incurred in Quebec, and at least 30% of the cost of the wind turbine manufacturing must be incurred in Quebec. If the Quebec government can already do this, why is the McGuinty government, as Ontario loses thousands of jobs, only beginning to think about it?

Hon. Dalton McGuinty: Part of the good-news story on this front is that the steel that goes into the fabrication of those turbines in Quebec actually comes from Ontario. But again, I agree with my colleague: There is more that we need to find a way to get done in this regard. In part, it comes back to—I know my colleague doesn't like to hear this, but the fact that this year we're sending \$23.5 billion for distribution in the rest of the country does compromise our ability to compete with some of our fellow provinces. There are some incentives offered in the province of Quebec—while we're talking about incentives—that are very tough for us to match. Again, if we could keep a little bit more of our own wealth, then we would have greater capacity, more financial muscle with which to muster up some of those deals.

The Speaker (Hon. Steve Peters): Final supplementary.

Mr. Howard Hampton: Earlier, the Premier talked about creating a fiction. Here's the fiction the Premier wants to create. Ontarians pay taxes to the federal government just as people in British Columbia do, just as people in Quebec do, just as people in Nova Scotia do. You don't send one penny to Ottawa. Ontarians pay their taxes, just as everybody else does. But I want to get back on the real issue—the loss of jobs in Ontario.

Premier, your government has a proposal before it right now. Multibrid, a German-based turbine manufacturer, has developed a joint proposal with Trillium Power Wind, a local renewable energy developer, to build a massive wind farm on Lake Ontario. Part of their proposal would be to manufacture the turbines in Ontario. This proposal has been around for a while, Premier. Can you tell people who are losing their jobs in Ontario and would benefit from these kinds of manufacturing jobs why your government hasn't moved on it?

Hon. Dalton McGuinty: I understand that, when it comes to this particular proposal, we are pursuing active conversations with this particular proponent and I feel very positive about it. Again, there are more steps to be taken.

Let me just say this, and I know my colleague has a particular perspective on this: We have created 500,000 net new jobs in Ontario in the course of the past five years. We are ahead by 500,000 jobs. There are 100,000 jobs today in Ontario that we can't fill because many of those demand high levels of skills. To that end, we are investing in 20,000 long-term training opportunities for folks who lose their jobs because of this global economic crisis to help them get the kind of training that will help them get the kinds of jobs that are going begging today in Ontario.

FUNDRAISING

Mr. Jim Wilson: My question is also to the Premier. Tomorrow night, the Minister of Training, Colleges and Universities and the Minister of Labour will be hosting a \$350-per-ticket fundraiser for the Liberal Party at the Ontario Sheet Metal Workers Training Centre in Oakville. This particular facility is a recognized training delivery agent for the government of Ontario, which means it receives tax dollars to operate its programs and purchase its equipment. So I ask the Premier, do you think—

Mr. Ted Chudleigh: A little payback.

The Speaker (Hon. Steve Peters): I'd just ask the honourable member from Halton to withdraw the comment he just made.

Mr. Ted Chudleigh: I withdraw.

Mr. Jim Wilson: I say to the Premier, do you think it's appropriate for your ministers to be having a fundraiser at a government-funded training centre?

Hon. Dalton McGuinty: I think it's important for us to speak to and find ways to better understand issues put forward by all Ontarians, representing all sectors. I know my colleagues have a particular aversion to our reaching out to the labour community, but we think that's an

important responsibility that we have on this side of the House. We think we've got to be able to speak with folks in the business sector, with folks in the labour sector, and everybody in between. We are not trying to just build a strong economy, we're also trying to build a strong and caring society. That demands that we reach out and talk to folks in all the sectors, and we're going to keep doing that.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Jim Wilson: Premier, this training centre is the same thing as a government-funded hospital owned by the local community or a government-funded school owned by the school board. This happens to be a government-funded training centre owned by a union. Surely you wouldn't condone your Minister of Health hosting a fundraiser in the cafeteria of a hospital or the education minister having a fundraiser in a classroom of a high school. So why are you allowing your training and labour ministers to host a political fundraiser at a government-funded skills training centre? Surely you can see that this is a blatant conflict of interest.

1100

Hon. Dalton McGuinty: I just don't think it's a fair comparison, to somehow compare hospitals and schools to a labour training centre which may or may not receive some funding, in part, from the government of Ontario. I think if we were all held to the standard that none of us can ever hold a fundraiser in any kind of a building which has ever received any government of Ontario support, then there aren't many places left in this province where we could host a fundraiser. Community centres, town halls and the like: Many of those have been beneficiaries of some provincial government funding. Again, I think it's important for us to be able to meet with Ontarians in all the sectors, the labour sector included.

POVERTY

Mr. Michael Prue: My question is to the Minister of Children and Youth Services. Despite government claims of actual past actions of the government on poverty, children in Ontario continue to suffer the pain of extreme deprivation. In today's Toronto Star, we have all read about Pamela Soutar, a Toronto mother of two whose welfare payments are so low and the rent so high that she has to try to scrape by on \$74 a month. To put that in perspective, that is 80 cents a day for herself and 80 cents a day for each of her two children. As minister responsible for poverty, what do you have to say about your past actions to Ms. Soutar, and, if you have done so much as you have claimed in the past, why is she facing such destitution?

Hon. Deborah Matthews: Let me assure the member opposite that we acknowledge there is an issue of poverty in this province. If we did not acknowledge that, we would not be doing what we are doing, which is developing a comprehensive poverty reduction strategy. Having said that, we have made important steps forward; most importantly, the Ontario child benefit. When it is fully

implemented, it will be over a billion dollars in the hands of low-income families that wasn't there before. This particular woman will benefit and does benefit from the Ontario child benefit.

There is much more to be done. There is much more to be done and we are determined to do it.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Michael Prue: It will take three years for those children, who have 80 cents a day on which to eat, to get that money, and you know it.

Pamela Soutar is not alone. Almost half of Ontario renters pay more than 30% of their income on rent. Many have to scrimp on food, they have to scrimp on clothing, on medications and other basic necessities. Today, groups are calling on the McGuinty government to implement a new housing benefit of up to \$200 a month to start to address the housing crisis. They say it's needed because the government's rent subsidy program, ROOF in short, is not adequate and it's not working. Will this minister commit herself to include such a benefit in this upcoming poverty reduction plan?

Hon. Deborah Matthews: Our government believes that every Ontario family should have a safe place to live, a safe, healthy, affordable place to live. We are taking steps in that direction. Of course, I cannot commit to implementing this proposal in our poverty reduction strategy. The member opposite is well aware that we have a commitment to a long-term affordable housing strategy. I think this is a very interesting addition to the discourse on that topic. It's one we will take very seriously as we really turn our attention to the housing issues in this province.

LONG-TERM CARE

Mr. Michael A. Brown: I have a question to the Minister of Health and Long-Term Care. A major pressure in northern Ontario's hospitals results from alternative-level-of-care patients taking up hospital beds. These ALC patients do not belong in hospitals. Given the right supports, many could continue to live independently at home; others might belong in long-term care. I know the government has made significant investments in home care and long-term care, but I'm curious to find out what the Minister of Health and Long-Term Care is doing to significantly address northern Ontario's ALC issues in the short term.

The minister recently visited northeastern Ontario and spoke with both LHIN and hospital officials while on the tour. I understand that he learned about an innovative program being implemented in Timmins to relieve ALC pressures. I ask the minister: What is this program and how is it helping?

Hon. David Caplan: I want to thank the member for the question. The local health integration network in the northeast has been working proactively to find solutions to this longstanding problem, and I can tell you, and we all know, that band-aid solutions simply do not work.

The northeast LHIN has adopted and supported a wraparound strategy in Timmins. It's an innovative program—I know the member from Timmins is well familiar with it—designed to provide seniors with the support they need to live independently in their own homes, instead of in long-term care. The strategies provide extra supports, whether it's someone to cook them a meal, to do grocery shopping, or simply to rake leaves.

The wraparound strategy has been a success in Timmins. It has been credited with reducing the number of ALC patients in the Timmins and District Hospital by 40%. I'm proud to say that the wraparound strategy is being expanded by the northeast LHIN, but in addition to that, we are increasing the number of long-term-care beds in the area, and this will—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Michael A. Brown: I'm glad the minister mentioned long-term care as a part of the government's strategy to resolve ALC issues in our hospitals.

Since elected, the government has opened nearly 8,000 new long-term-care beds and plans to open more than 2,000 additional beds over the next three years.

But when I speak of long-term care, I think it's important to speak in terms of quality of life. I know that many long-term-care residents' priorities stretch further than the number of beds our government has provided or the funding that we have secured. Many residents and their loved ones are concerned with living in a long-term-care home that is close to family and friends. They want to have a choice when it comes to the care they receive.

Can the Minister of Health tell the House what the government is doing to improve the quality of life for residents of Ontario's long-term-care homes?

Hon. David Caplan: That's an excellent question, and I want to thank the member again, because we are very concerned about the happiness, the care and the living situation of residents in long-term-care homes. I believe that they deserve to live with dignity, with respect, and as close to their loved ones as they possibly can. That's why the government is making it easier for residents of long-term-care residences to be closer to the home of their choice.

New regulations will enable residents in different homes to switch places, if the move is mutually desired, with first priority given to residents seeking to be reunited with a spouse or a partner, and second priority given to those seeking a home that serves the person's religion, ethnicity or language.

As part of the overarching plan to alleviate ALC pressures, these changes may also encourage hospital patients who are waiting for a long-term-care-home bed to accept a home that is not—

The Speaker (Hon. Steve Peters): Thank you, Minister. New question.

HEALTH CARE WORKERS

Mrs. Elizabeth Witmer: My question is to the Premier. Premier, when I recently took a look at current job

listings for the government of Ontario, I was quite surprised to see that more than 40% of those jobs were for advisers, analysts and consultants.

Premier, can you explain to Ontarians why their hard-earned tax dollars should pay for these jobs rather than hiring the 9,000 nurses so desperately needed for people in the province of Ontario in long-term-care hospitals, and for family health teams?

Hon. Dalton McGuinty: To the Minister of Government Services.

Hon. Ted McMeekin: As the member opposite will know, we from time to time look for resources that will supplement the response that we do with respect to staffing in the health care sector. We are obviously anxious to recruit the very best people we can and to do that in the context of solid policy analysis.

The Speaker (Hon. Steve Peters): Supplementary?

Mrs. Elizabeth Witmer: That's probably one of the most pathetic answers I've ever heard. I'm not sure if anybody was aware of what the question was.

But I want to go back to the Premier. Premier, you've had \$27 billion more in revenue, and more than \$12 billion of that came from the health tax. Please tell the people in Niagara region why that money won't save their maternity ward, or the people in Hamilton why it won't stop the 500 job cuts in the hospitals.

Why would you rather cut nurses, doctors and services than freeze the hiring of more consultants and analysts?

1110

The Speaker (Hon. Steve Peters): Minister?

Hon. Ted McMeekin: We're certainly on the front line when it comes to responding to all kinds of issues, from breast cancer right through to our nursing complement across the province, and food inspectors. We advertise from time to time positions that are available within the public service. If the party opposite is serious about job freezes, as they have from time to time spoken about, then the kinds of folks we're going to lose are those who can help us respond significantly and meaningfully to the health care challenges that we have.

In addition to that, we're advertising and looking for people in the meat hygiene area. We're looking for people in the enforcement/technical specialist—waste area. We're looking for a number of health care professionals, and we know this is the right approach and will put us in a better position to—

The Speaker (Hon. Steve Peters): Thank you. The member from Nickel Belt.

HOME CARE

M^{me} France Gélinas: Ma question est pour le ministre de la Santé et des Soins de longue durée. Today a report entitled Home Care: Change We Need presents the findings of extensive cross-province consultations with Ontarians. I had asked the former minister to consult with Ontarians on home care, but he didn't agree. Today we've heard from Ontarians. They want the government

to get rid of competitive bidding in home care. Will the minister do it?

Hon. David Caplan: I think the member is referring to the Ontario Health Coalition, which today released a report. I'm very happy to receive it and to review the recommendations. Our goal on this side of the House is to secure and provide the highest quality of service possible to community care access clients. Continuity of care for patients and stability for health care workers would, of course, be at the heart of any process to choose home care providers. Our policy throughout has required that all CCACs procure high-quality client services for the best price through our public competitive procurement process that promotes fair dealings and equitable relationships between the providers and client services. We are currently reviewing the CCAC client service procurement process and the ministry's client services procurement policy and procedures for CCACs.

The ministry released interim contract management guidelines for CCACs—

The Speaker (Hon. Steve Peters): Thank you. Supplementary.

M^{me} France Gélinas: Since competitive bidding was introduced a decade ago, the quality of home care has suffered, working conditions have diminished and costs have increased. Ontario is the only province in Canada with a fully competitive bidding system for home care, and even in Ontario, no other part of the health care system uses competitive bidding.

Why won't the minister agree to end competitive bidding, which has decimated home care and is causing real problems throughout the entire health care system?

Hon. David Caplan: First of all, I would disagree wholeheartedly with the premise of the member's question. In fact, we've seen a significant increase in home care funding: \$100 million alone in the last budget, which this member voted against. Since 2003-04, home care has increased by \$450 million. The member says that this sector has been devastated. I would say to the member opposite that this sector has been supported to the point that it has never seen before under previous governments, whether New Democrat or Conservative. That speaks very much to the heart of our commitment to Ontarians who require these very vital services. We are going to continue to support CCAC clients and CCACs to be able to deliver the kinds of supports and services that Ontarians would expect.

I mentioned earlier about the guidelines—

The Speaker (Hon. Steve Peters): Thank you. New question.

WORKPLACE SAFETY

Mrs. Liz Sandals: My question is for the Minister of Labour. Last Wednesday marked the third anniversary of the murder of Lori Dupont, a nurse who was stabbed to death while on the job in November 2005.

Lori Dupont was the victim of gender-based violence in the workplace. In the months and years following that

tragic incident, the issue of workplace violence has become a topic of keen interest, not only for many of my constituents, but also for concerned workers throughout Ontario as well as various stakeholder groups. Minister, can you tell us what this government has been doing to tackle this serious workplace health and safety issue?

Hon. Peter Fonseca: I'd like to thank the member for her strong advocacy on this very important subject. The murder of Lori Dupont was indeed a tragedy in every sense of the word. As the member may know, a coroner's inquest was held, and some of the recommendations that were handed down by the jury were directed to the Ministry of Labour. We're currently giving those recommendations a very careful review. In the meantime, we have been working hard with our partners to look at ways to help employers and employees prevent and respond to workplace violence.

Just this past summer, my ministry conducted a consultation on workplace violence to seek input on how to deal with this complex issue. We received several submissions containing excellent advice, and we are carefully reviewing those submissions to determine what our next step in this course of action will be.

The Speaker (Hon. Steve Peters): Supplementary?

Mrs. Liz Sandals: I know that you and your ministry take workplace violence very seriously, as do all of us. Workplace violence is indeed a complicated matter, one that deserves careful study and consideration. In fact, the Liberal women's caucus has also been discussing this issue.

One component of successfully addressing gender-based violence in the workplace is assisting employers, large and small, with prevention planning. I know that even prior to the consultation, your ministry had undertaken several other initiatives in order to address this issue. Can you tell us about those initiatives, Minister?

Hon. Peter Fonseca: The member is quite right: We have indeed been taking action on workplace violence. Ministry inspectors have been trained proactively to check employers' policies and programs that address violence in the workplace, especially in workplaces where the risk of violence is higher, such as health care, social services, retail establishments and others. As well, our inspectors have been trained to conduct investigations of workplace violence complaints and take enforcement action where appropriate.

The ministry has worked with the WSIB health and safety associations to develop materials such as risk audits and sample workplace violence prevention plans for employers. We've also developed a Web page about workplace violence prevention that provides helpful information and resources.

Our government does not tolerate violence in the workplace, and we will continue to do all we can to prevent it.

TAXATION

Mr. Robert Bailey: My question is for the Minister of Finance. Minister, last week St. Clair township, a municipa-

lity in my riding, was shocked to learn that MPAC has arbitrarily reduced the assessment of the Lambton generating station by 47% for this year. This means that with a stroke of a pen, 17% of the tax base of St. Clair township has been wiped out. St. Clair township did not see this coming and now will be struggling to meet their 2009 budget. Minister, what assessment assistance will you be offering to St. Clair township to make up for this loss to their tax base?

Hon. Dwight Duncan: I'm proud of the fact that the McGuinty government is building two new gas-fired plants in the Sarnia area that will replace the coal-fired generation. They will be cleaner, with a better fuel, and will help our whole region deal with its air pollution problems.

MPAC does not do anything in what I would call a random way. They have a very sophisticated formula for determination of assessments that takes into account business cases. For instance, we've seen in other communities very large reductions in the valuation of some operations. I'll have a look at that particular case, but again, in terms of the multi-million dollar investment we're making in the Sarnia area for new jobs and cleaner energy, we think, unlike the member opposite, that that's the right way to go.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Robert Bailey: I see why this is called question period and not answer period.

In 2008, St. Clair township had a total combined budget of just over \$6 million, of which the Lambton generating station accounted for \$2.3 million. In 2009, the generating station's portion of the tax levy will slip to \$1.13 million, a \$1.17-million reduction off of a \$6-million budget. This means that the residents of St. Clair township are now looking at an average 17% tax increase just to provide those same services in 2009.

Minister, what actions will you take to see that the residents of St. Clair township don't see a 17% tax increase?

1120

Hon. Dwight Duncan: First of all, again, there are two new energy plants being built in the area and they will contribute to the region's economy.

Secondly, we're uploading Ontario Works benefits: \$425 million to municipalities. That member voted against it. We are uploading court security costs, which that member and his party downloaded. That will save the taxpayers of St. Clair township—which that member voted against. This year, \$1.1 billion in additional money for infrastructure—that money flowed to every municipality last week. That member and his party voted against it.

I will look into the specifics of this individual case, but I have to reemphasize that our government has been clear: We're building two new major gas-fired plants in the region, which are creating employment, creating jobs and cleaning up the environment. That—

The Speaker (Hon. Steve Peters): Thank you.

HATE CRIMES

Ms. Cheri DiNovo: My question is for the Attorney General. Earlier this month, a couple was attacked outside a school in Oshawa by a man who first verbally abused them for being lesbians, then physically assaulted them. Even more horrifyingly, this incident took place in front of the couple's six-year-old son and a number of other children and parents. It is the responsibility of this government to send a clear message that discrimination and hate will absolutely not be tolerated in Ontario. Will the Attorney General arrange for a public statement of the crown attorney in Durham region on his or her intent to prosecute this matter as a hate crime?

Hon. Christopher Bentley: Without commenting on the specific case, I share the member's outrage at any hate-based crime or action. We are all outraged by those actions. We are determined to investigate them, and I know the police investigate them thoroughly, and we prosecute them to the full extent of the law. As my friend knows, there are specific offences in the Criminal Code that deal with specific crimes. For any criminal offence, if hate or sexual orientation has been found to be an aggravating factor, it is taken into consideration and the sentence reflects the hateful approach. We will prosecute any offence that is hate-based to the full extent of the law.

The Speaker (Hon. Steve Peters): Supplementary?

Ms. Cheri DiNovo: I'm afraid that outrage is not enough. A terrible incident like this indicates that in Ontario today, this government is falling shamefully short in promoting greater public awareness of the realities of violence against women and minorities, particularly vulnerable members of the LGBT community.

What assurances and provisions will the Attorney General make on behalf of this government to ensure that this and any hate crimes against any minorities in Ontario will be prosecuted to the fullest extent of the law?

Hon. Christopher Bentley: I agree with the colleague's outrage. We all share the outrage over any offence that is motivated by hate or any other similar sentiment. We prosecute them to the full extent of the law. The police investigate them to the full extent of the law. We use the tools in the Criminal Code to make sure that the community's outrage is fully expressed.

Several years ago, as a government, we set up a hate crimes working group, under my colleague Michael Bryant, with a number of recommendations. We brought in grant and funding programs to make sure that there were community-based approaches to building understanding and to addressing the root causes of hate.

We are taking a broad approach to the issues, both on the basis of the community and to ensure that no one who commits an offence motivated by race or hate will get away with it. It is simply not tolerated.

LANGUAGE TRAINING

Mr. Bob Delaney: My question is for the Minister of Citizenship and Immigration. Half of all newcomers to

Canada make Ontario their home. These newcomers make important social, economic and cultural contributions, and they're a vital part of Ontario's diverse workforce. In western Mississauga, one can literally hear hundreds of different languages, dialects and accents. This cultural and linguistic diversity is a strength and it allows Ontario to compete with anywhere in the world.

However, this same linguistic diversity is often a drawback to newcomers. Newcomers come to Ontario with many skills; however, the ability to speak English or French is often a barrier to meaningful employment. My constituents have expressed their concern about this very issue. Will the minister tell this House how Ontario intends to equip newcomers with language skills to reduce this barrier to employment?

Hon. Michael Chan: I want to thank the honourable member for the question.

The honourable member is correct. Newcomers face many barriers to success. The McGuinty government understands that the ability to speak French or English is often one of them. This is why last week I was pleased to announce the adult ESL/FLS funding for the 2008-09 fiscal year.

Now more than ever, it is important that we invest in the skills and the training of Ontarians. That's why I announced close to \$60 million to be invested in adult non-credit language training. In fact, for the 2008-09 fiscal year, funding has been increased by more than 8%. This will allow more than 100,000 Ontarians to receive the language training that they need to succeed.

The Speaker (Hon. Steve Peters): Supplementary?

Mr. Bob Delaney: The unemployment of newcomers, or underemployment, continues to be a major issue across Ontario. The vast majority of newcomers to Ontario are economic immigrants. They tend to be highly educated and they're strongly motivated to work and to contribute to our province. These newcomers are vital to Ontario's continued economic growth. They bring much-needed skills. They help Ontario address its labour market needs. Very often, highly skilled newcomers have some knowledge of English or French, but not enough to ensure employment in their field of training or experience.

Will the minister tell us what Ontario is doing to break down barriers for newcomers so that they can find employment in the field in which they've been trained or have experience?

Hon. Michael Chan: The McGuinty government understands that when newcomers succeed, Ontario succeeds. That's why, since 2003, my ministry has increased adult English-as-a-second-language and French-as-a-second-language funding by 22%.

Currently, 35 English and four French school boards across the province provide language training. This means that no matter where a newcomer chooses to settle, they will have access to the language training they need to succeed and compete.

I'm pleased to say that, currently, my ministry is conducting a review of the language training programs. This review is designed to ensure that in the future those

needing this training will have access to a simpler, better-coordinated system which I am sure will benefit newcomers.

SCHOOL SAFETY

Mrs. Joyce Savoline: My question is to the Minister of Education. Minister, your parliamentary assistant, Mrs. Sandals, met with a mother whose child was repeatedly abused in the school system under your watch. This mother wants to make sure that no other child has to suffer through that same kind of abuse that her son has, and wants to see mandatory reporting implemented in our schools. When the mother asked your government to implement mandatory reporting, I am told that your PA said your role was primarily fiscal, that that policy creation did not fall under your purview.

Minister, do you stand by your PA's description of your job being primarily fiscal?

Hon. Kathleen O. Wynne: I think the member opposite knows perfectly well that we are intimately involved with policy development in this ministry and it's extremely important to us that we have the right policies in place for the children in this province.

My parliamentary assistant, the member for Guelph, has worked assiduously since she was elected, really, on safe-schools issues. She has led the safe schools action team. She has a working knowledge of safe schools issues in this province and has helped us to put both policies and financial investments into the system that have made the schools in our province much safer. What she's working on now is developing recommendations on issues of gender violence and sexual assault, and looking at where there could be gaps in reporting and making recommendations on how to tighten those reporting gaps.

1130

The Speaker (Hon. Steve Peters): Supplementary?

Mrs. Joyce Savoline: Minister, after leaving the discussion with your parliamentary assistant, this mother has no confidence that anything is being done at all. The reality is that our children are not safe in their schools on your watch, and your PA does not understand the basic role your ministry plays in our system. After meeting with your PA, this mother, whose motivation is protecting the vulnerable—that's her only motivation—who have been victimized in Ontario schools concluded that you will not act.

Minister, it's time to stop commissioning reports. It's time for action. How many more children must suffer before you finally take action and implement mandatory reporting?

Hon. Kathleen O. Wynne: I understand the imperatives of politics that would force the member opposite to frame this issue in this way. I also understand that I had a meeting with the parents who were here, when they were in the House. My parliamentary assistant and members of my staff met with those parents. I also understand the painful realities of parents who have had an issue like this to deal with in their kids' school and with their own children.

What I can say to the member opposite and what I've said to the parents is that we are acting, we have been acting, we have changed the rules, we have put more adults in place, and we will continue to put the resources in place and make the regulatory and legislative changes that need to be made to make our schools the very safest they can be.

I know that the member opposite, when she goes into schools in Burlington, is very aware of how hard the people in those schools work within the framework that the ministry puts in place to keep those schools safe, and that's—

The Speaker (Hon. Steve Peters): Thank you. New question.

CORNWALL COMMUNITY HOSPITAL

Mr. Paul Miller: My question is to the Minister of Health. The Cornwall Community Hospital is undergoing a \$60-million redevelopment. Over \$20 million has been raised from municipalities and local donors, including members of the building trades. But the hospital didn't establish any requirements for the contractors to hire local workers, meaning that Cornwall area tradespeople won't enjoy employment benefit from the hospital's redevelopment. Why won't the Minister of Health move to ensure that hospitals hire local before looking outside a community for workers?

Hon. David Caplan: This is one project of over 100, I think, the Premier earlier referred to—nothing less than a health care renaissance. We are seeing a revitalization and a reinvestment into our health care infrastructure as we have never seen before.

Interjection.

Hon. David Caplan: The Minister of Energy and Infrastructure mentions Winchester, Cornwall—there are a number of others in eastern Ontario.

It is not the Ministry of Health which determines which contractors do which work. It is done as a competitive-bidding process, as the member will understand. The trades and the sub-trades are determined by the individual contractors. Our job is to ensure that we have the investment and the modernization of our vital health care infrastructure. I know that is something that this member and all members of the House do support. It's long overdue that we got on with this—

The Speaker (Hon. Steve Peters): Thank you. Supplementary?

Mr. Paul Miller: I'll be looking forward to talking to my fellow tradesmen about your answer.

Cornwall area residents expect that the millions of dollars they raised to support their hospital will be recycled into their community. That doesn't happen when contractors hire workers from outside Cornwall. We should employ local workers when rebuilding our hospitals; it only makes sense in today's economy, with job losses.

Will the Minister of Health commit to ensuring that procurement policies are put into place so that local trades benefit first from hospital redevelopment?

Hon. David Caplan: That's precisely what is happening right now in the province of Ontario, where it is local trades and local suppliers who are receiving the first amount of the work. It is unprecedented, the amount of work that we have going on in this province. I'm very proud to be a member of a government which has made this unprecedented level of investment. That's creating, as I say, nothing less than a health care renaissance in the province of Ontario. I thank the member for the question.

The Speaker (Hon. Steve Peters): The time for question period has ended. There being no deferred vote, this House stands recessed until 1 p.m. this afternoon.

The House recessed from 1135 to 1300.

INTRODUCTION OF VISITORS

Mrs. Julia Munro: I would like to introduce the students of Mr. Jeff Simpson's grade 11 class from Keswick High School, here today in the assembly.

MEMBERS' STATEMENTS

EDUCATION LABOUR DISPUTE

Mr. Peter Shurman: Earlier today, I joined a group of York University students who banded together under the appropriate title yorknothostage.com online in protest of the current strike at their university. I attended their rally and I am now here to deliver their message to Premier McGuinty, the Minister of Labour and the Minister of Training, Colleges and Universities and to shake this government into action.

That message is simply: It's about time. It's about time that students were not treated as pawns. It's about time that this strike came to an end so that students can get back to their lecture halls. It's about time that this government took a stand and supported the students who are bearing the brunt of this strike. It's not their idea of how to learn about collective bargaining, nor is it mine.

I join them in that message and add my very own: Let's get the striking employees back to work. Let's get an objective bargaining process. Let's lose the unreasonable union demands, and let's get to a fair and responsible agreement so that students can do what they are supposed to be doing right now, which is getting an education.

Attending university is the biggest investment that young adults can make. This government has a responsibility to ensure that their investment is not sabotaged by unreasonable and irresponsible demands that do not put students first.

YOUTH VIOLENCE

Mr. Rosario Marchese: I just want to take this minute and a half to congratulate the Honourable Roy

McMurtry and Dr. Alvin Curling for the report that they produced, the Review of the Roots of Youth Violence. It's one heck of a big report, a lot of pages of study. They talk about the roots of youth violence, which is what we talk about as well, because unless you deal with issues of poverty, you're not going to solve many of the issues connected to youth violence. Unless you deal with issues of racism, you're not going to be able to deal with some of the problems of youth violence. Unless you deal with the problems of social exclusion, you're going to have a difficult time dealing with the problems of youth violence. Unless you deal with the prospects or the inability to get a job, then you feel a sense of hopelessness. These are the issues that they tackle in this big report, and I agree with them; they need to be tackled.

I do not agree with them, however, when they talk about race-based statistics, because I don't believe we need to do that. I believe we have enough information gathered over the last 30 or 40 years that clearly speaks to us and informs us about how to tackle the issues of poverty. In my mind, the Premier obviously latched onto that as a way of not dealing with this problem, but my view is, we know enough. Don't bury this report. Deal with it. Take some action.

CRIME PREVENTION

Mr. Yasir Naqvi: As you know, Ontario recently celebrated Crime Prevention Week, and I'm pleased to share with members of this Legislature the work that is being done by a great group in my riding of Ottawa Centre.

Since 2005, Crime Prevention Ottawa has been working diligently to develop a community-wide strategic plan to reduce crime and enhance community safety in Ottawa. Crime Prevention Ottawa has worked collaboratively in partnership with organizations such as the Ottawa Police Service, United Way Ottawa, the Children's Aid Society of Ottawa and Ottawa's four school boards.

I'm extremely proud of the work undertaken by Crime Prevention Ottawa in my riding. They play an important role in our community by educating residents on how to report incidents of crime, conducting valuable research on the causes of crime and taking the lead on crime prevention initiatives such as Together for Vanier, Ottawa Youth Justice Services Network and Ottawa Youth Gang Prevention Initiative.

During Crime Prevention Week, Crime Prevention Ottawa hosted a speaker series entitled Invest in our Children and Youth: Prevent Crime, where the chief of Ottawa police, Vern White, and a youth panel came together to discuss how building safe communities for tomorrow requires investments in our children, youth and families.

I want to commend all the members of Crime Prevention Ottawa, including Nancy Worsfold, executive director, and Michael Justinich, business analyst, for their hard work and their dedication to crime prevention in

Ottawa Centre. Their efforts have helped to create a safer and more prosperous Ottawa for everyone. Thank you.

WATER QUALITY

Mr. Garfield Dunlop: I'm pleased to rise to talk today about an event that's occurring not only in my riding but across the province. It's called "Walk for Water."

First Nation leader Danny Beaton and the chief organizer of the event, Stephen Ogden, have left the township of Tiny and are walking over the next seven days to Queen's Park, along with a number of politicians and community people who are interested in the issue of the site 41 landfill. That landfill has got its final approvals and may have received its final water taking permit to construct a facility. However, there are still a number of concerns following the Walkerton inquiry and the 30-year history of this particular landfill approval process. We still have a lot of people in the riding who are very concerned about it, including Dr. William Shoty, from the University of Heidelberg, who has sampled water from this particular site, and the conclusions are that it's amongst the best water on the planet.

I want to thank everyone who has participated. I took part myself for four hours the other morning. I want to thank the media attention to it as well. We are hoping that, in the end, we can convince the Minister of the Environment not to issue the water taking permit and to protect the clean water that exists below the site in the township of Tiny.

HABITAT FOR HUMANITY

Mr. Kuldip Kular: On November 5, I had the great honour to join in welcoming two Brampton families to a home just refurbished by the Brampton chapter of Habitat for Humanity. Transforming the historic George Elliott House into a home for modern families was no easy task, nor was moving the building from the original location to its current one. When a community gathers around a single cause, however, work becomes easier. The impossible is made possible. This single project is deserving of recognition.

Habitat for Humanity is active throughout Brampton, Ontario, Canada and the world. It is estimated that every 21 minutes, this organization builds a new home. For their part, the Brampton chapter plans to complete 10 homes by 2010. This is an ambitious and virtuous goal. As an international, non-profit, faith-based organization, Habitat for Humanity is in the business of building homes and also of building stronger communities by promoting home ownership as a means to breaking the cycle of poverty.

I wish to thank the volunteers, sponsors and partners, especially those in my own community of Bramalea-Gore-Malton, for their hard work and loyalty to their cause and for helping to make Brampton a better place to live.

STROUD EARLY YEARS CENTRE

Mrs. Julia Munro: Less than two weeks from today, the Early Years Centre in Stroud will be shut down. Last Friday I joined with parents and children from the centre, as they demonstrated to keep the centre open. It will close because the McGuinty Liberal government will not give it the funding it needs to stay open. This is not some sort of optional service for parents and children in Innisfil. This is a vital and necessary service.

Early childhood development is the key to the health and well-being of every child. Centres like the one in Stroud teach skills and give advice to new parents. Parents can access health and developmental services to those infants in need. If they cannot go to the centre in Stroud, where do you expect them to go?

Innisfil is also a community that your Places to Grow plan has declared a high-growth area. It is full of young families, many of them new arrivals with few ties to the area. To families in Innisfil, the Early Years Centre is vital. Do the right thing. Give it the money to keep it open.

1310

HOCKEY FRANCHISE

Mr. Kevin Daniel Flynn: I rise in the House today to express my support for a relocation or an expansion of a second NHL team to the Hamilton and greater Toronto area and to invite other people to support my petition.

The Hamilton and greater Toronto area, no doubt, has the best and the biggest market in the entire world for hockey. Currently, the Toronto Maple Leafs have the highest ticket revenue per game amongst all teams in the NHL. The Toronto Maple Leafs, however, have not won the Stanley Cup for over 40 years.

If you look throughout North America, you've got two or more hockey teams that are present in cities like Los Angeles and New York. Many local fans and families talk of either not being able to access tickets or not being able to afford tickets to professional hockey in Toronto. A second NHL team would be great for the local economy and for our province. We would anticipate revenue for approximately another 40-plus home games throughout a season. Some reports in the newspaper have stated that the value of a second NHL club would range between \$400 million and \$600 million—and just think of the rivalry when both Toronto teams play each other.

I invite everyone, including all Leafs fans like myself, to support the petition and help advocate for a second NHL franchise for the Hamilton and greater Toronto area.

SHAW FESTIVAL

Mr. Kim Craitor: Earlier this year, the government provided the famous Shaw Festival in Niagara-on-the-Lake with a \$170,000 marketing assistance grant to supplement the marketing of their 2008 season.

This morning, the Shaw Festival reported that, as a result of this government's investment, their attendance was 6% ahead of the 2006 season, with a 9% increase in revenue. That's really great news. This increase represents an additional economic impact, not just to my riding of Niagara Falls, but to the province of Ontario of over \$7.3 million; in other words, \$43 for every dollar the government invested—not a bad rate of return.

I know this House joins with me on congratulating the actors, the management and the staff for such an outstanding season. We wish them continued success for next year's season, which I am hearing is going to be truly spectacular. Come out to the Shaw Festival. Bravo, Shaw.

GO TRANSIT

Mr. Bob Delaney: As the autumn weather turns into another cold winter, many of us who commute in the GTA turn our thoughts to leaving our car at home and using public transit to get to work, to get to school, or to get into downtown Toronto. Cold-weather commuting takes longer no matter what you ride to get there. So GO Transit has made some improvements to keep their trains and buses running on time this season and to minimize the inconvenience to passengers when the winter weather blows coldest.

These initiatives include installing more hot air blowers to keep track switches clear of ice and snow; an enhanced switch maintenance program; testing protective switch covers to prevent snow and ice buildup; a new advisory committee on customer services; around-the-clock winter track maintenance, which started last week; and dedicated GO staff working directly with the railways to allow faster response to issues.

If you ride GO Transit, as I do, please pick up some of GO Transit's "GO in the snow" pamphlets available at all stations. As well, today is GO Transit day at Queen's Park. GO is hosting a reception this afternoon in the legislative dining room. GO staff will be there to answer questions and discuss issues with members.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Mr. Pat Hoy: I beg leave to present a report from the Standing Committee on Finance and Economic Affairs and move its adoption.

The Deputy Clerk (Mr. Todd Decker): Your committee begs to report the following bill without amendment:

Bill 114, An Act respecting Budget measures, interim appropriations and other matters, to amend the Ottawa Congress Centre Act and to enact the Ontario Capital Growth Corporation Act, 2008 / Projet de loi 114, Loi

concernant les mesures budgétaires, l'affectation anticipée de crédits et d'autres questions, modifiant la Loi sur le Centre des congrès d'Ottawa et édictant la Loi de 2008 sur la Société ontarienne de financement de la croissance.

The Speaker (Hon. Steve Peters): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

The Speaker (Hon. Steve Peters): Pursuant to the order of the House dated November 3, 2008, the bill is ordered for third reading.

PETITIONS

ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Mr. Garfield Dunlop: "To the Legislative Assembly of Ontario:

"Whereas Bill 50, subsection 11(1), states Ontario SPCA inspectors and (volunteer) agents 'have and may exercise any of the powers of a police officer';

"Whereas Bill 50, section 6, states, 'the society shall have such officers with such powers and duties as are provided in the bylaws of the society,' and section 6.1(3) states, 'The chief inspector of the society may have additional powers and duties as are provided in the bylaws of the society';

"Whereas Bill 50, subsection 11.1(1), states, 'Every person who owns or has custody or care of an animal shall comply with the prescribed standards of care';

"Whereas Bill 50, subsection 11.4(1), states, 'An inspector or (volunteer) agent of the society may, without a warrant, enter and inspect any building or place used for animal exhibit, entertainment, boarding, hire or sale'; and

"Whereas over 70 letters requesting amendments to Bill 50 were delivered to each of Minister Bartolucci, Ombudsman Marin, Lieutenant Governor Onley and Premier McGuinty on October 27, 2008;

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

"(1) That the Legislative Assembly direct the provincial government to legislatively enshrine Ontario SPCA oversight, accountability and transparency and make public the bylaws of the Ontario SPCA;

"(2) That the Legislative Assembly direct the provincial government to publicize 'prescribed standards of care' so that the citizens of Ontario may know what is expected of them under Bill 50;

"(3) That the Legislative Assembly direct the provincial government to amend Bill 50 keeping in mind section 8, section 12 and section 52.1 of the Canadian Charter of Rights and Freedoms."

HOSPICES

Ms. Sophia Aggelonitis: “To the Legislative Assembly of Ontario:

“Whereas hospices on church or hospital property do not pay taxes;

“Whereas hospices are not-for-profit organizations providing emotional, spiritual and bereavement support and respite care to terminally ill individuals and their family members;

“Whereas a residential hospice (usually an eight-to-10 bed home-like facility) provides around-the-clock care to terminally ill individuals and support to their families;

“Whereas hospice services are provided free of charge;

“We, the undersigned, petition the Legislative Assembly of Ontario to allow hospices across the province to be exempt from municipal taxes.”

I sign it and send it with page Brittney.

PENSION PLANS

Mr. John O’Toole: I have a petition to the Legislative Assembly that reads as follows:

“Whereas consumers rely on timely and accurate information from insurance companies and other financial institutions when they apply for access to locked-in pension funds;

“Whereas the disclosure of wrong or incomplete information about pension fund access can have devastating consequences for the consumer;

“Whereas the Financial Services Commission of Ontario (FSCO) is currently limited in its power to enforce standards for the disclosure of information about access to pension funds;

“Therefore we, the undersigned, respectfully petition the Legislative Assembly of Ontario to enact the necessary laws or regulations that will enable the Financial Services Commission of Ontario (FSCO) to hold financial institutions fully accountable for information they give clients about access to pension funds...”

I’m pleased to sign and support this and give this to Zac, one of the new pages here at Queen’s Park.

AUTISM TREATMENT

Mr. Kim Craiton: I’m pleased to introduce a petition. I want to thank Ruth Daigle from St. Catharines for providing me with this petition.

“Many children in the Niagara region diagnosed with autism are currently being denied appropriate treatment because of a shortfall in provincial funding.

“We, the undersigned, petition the Legislative Assembly of Ontario for immediate and full funding for all of these children.”

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

CHILD CARE

Mr. Paul Miller: “To the Legislative Assembly of Ontario:

“Whereas the Minister of Community and Social Services has launched a blatant attack on our province’s grandparents raising their at-risk grandchildren by cutting off access to the temporary care assistance program;

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

“That the Legislature call on the minister to overturn her July 2008 directives outlining the temporary care assistance program and grant all grandparents raising their at-risk grandchildren access to this much-needed financial support.”

I agree with this petition and will affix my name to it. Swapnil will bring it down.

1320

ONTARIO SOCIETY
FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Mr. Mike Colle: I’d like to read more petitions among the thousands I’ve read into the Legislature in support of Bill 50, the provincial animal welfare act.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario Society for the Prevention of Cruelty to Animals Act has not been updated since 1919;

“Whereas Bill 50 would require all veterinarians to report suspected abuse and neglect, protecting veterinarians from liability;

“Whereas it would allow the OSPCA to inspect and investigate places where animals are kept;

“Whereas the bill would prohibit the training of animals to fight;

“Whereas Bill 50 would allow the OSPCA to inspect roadside zoos;

“We, the undersigned, petition the Legislative Assembly of Ontario to pass Bill 50, entitled the Provincial Animal Welfare Act, 2008, to protect our animal friends.”

I support this petition and I affix my name to it.

The Speaker (Hon. Steve Peters): There appearing to be no further petitions, I will call orders of the day.

ORDERS OF THE DAY

PROVINCIAL ANIMAL
WELFARE ACT, 2008LOI ONTARIENNE DE 2008
SUR LE BIEN-ÊTRE DES ANIMAUX

Resuming the debate adjourned on October 7, 2008, on the motion for third reading of Bill 50, An Act to amend the Ontario Society for the Prevention of Cruelty

to Animals Act / Projet de loi 50, Loi modifiant la Loi sur la Société de protection des animaux de l'Ontario.

The Speaker (Hon. Steve Peters): Further debate?

Ms. Cheri DiNovo: It's a delight to be able to speak on behalf of animals in the province of Ontario, not only the two-legged kind, but others.

I have to start by saying—somebody just gave me this quote, which I really do have to share with the House: "To err is human; to forgive, canine." You've got to like that.

I also want to acknowledge that we have in the House Mr. Michael O'Sullivan and Mr. Tim Trow from the Humane Society of Canada and the Toronto Humane Society. Welcome to Queen's Park again. They have oft been in attendance here, both deputing before the committee and, of course, in attendance in the House for debate of this bill.

You will recall that prior to third reading, second reading and first reading, we in the New Democratic Party had some serious concerns with Bill 50. One of the concerns that we had was with section 6. In response to hundreds of e-mails, mostly orchestrated by the humane societies that this would affect, particularly the Toronto Humane Society, we were concerned that this particular section be removed. We didn't get what we wanted. We got something, however. I want to read the amendment that the government brought in. They added, "A corporation or other entity that was an affiliated society on April 3, 2008 may continue to use" these names, i.e. "humane society," ... even if it is no longer an affiliated society."

There are a couple of problems with that. First and foremost and, I think, somewhat to the relief of those humane societies that are living in fear of this bill passing third reading—humane societies like the Humane Society of Canada, the Mississauga Humane Society, the Burlington Humane Society—they might find some solace in the fact that I really do believe, based on legal advice, that this section is ultra vires. What does that mean? It means that I don't think the OSPCA or the McGuinty government of Ontario has the legal jurisdiction or right to remove the name of someone who calls themselves a humane society, whether we pass this or not. I want to let stakeholders who are concerned about this know that this really is covered by federal law. I have to admit, it's still egregious that it's here. It's certainly a slap in the face of others who are doing wonderful work with animals, who want to call themselves "humane." But based on some legal opinions that we've seen—in particular, I'm going to cite one of the deputants, the Burlington Humane Society, which sought a lawyer's advice on this. The name "humane" is descriptive, for starters. We can't force someone to call themselves humane, or inhumane, for that matter.

Despite the fact that we in the opposition couldn't get this section removed, I do commend all of those stakeholders who raised a problem with this particular section, who called for its amendment or repeal. Because of their efforts, we at least got this amendment.

Despite the amendment and despite their concerns, I would say to have some confidence, going forward, in using the name that you've traditionally used, and let them come get you, because I don't think they can. So, there's that.

Here are the concerns about the bill that were raised by some of the deputants.

First of all, oversight of the overseers: There was a general concern from many deputants about who was going to oversee the OSPCA, whom somebody could appeal to if they didn't like the ruling, etc. I'm going to deal with that.

I believe that in part I've dealt with section 6, but I'll continue.

The other aspect of this legislation which is particularly egregious, and I heard one of the members stand up and read a petition about this, is that there is a lack of private roadside zoo regulation. We remember back to the member from Willowdale, Mr. Zimmer, who brought in Bill 154 about private zoos. We remember also some assurances from the McGuinty government that they were going to bring forward legislation that was going to deal with private roadside zoos. Even CAZA is concerned about private roadside zoos.

We had an incident not too long ago of a wallaby that escaped from a private roadside zoo. We're not saying that that wallaby did not get good treatment at this private roadside zoo, but who's to know? There is not a lot of oversight—there's no oversight, in fact—and unfortunately there isn't any oversight in Bill 50 either, so that's a problem.

Now, is this going to be left to regulation? That is why I stand here today. I certainly hope that the government, when reading these transcripts, when listening to this debate, will do something in regulation to make sure that private roadside zoos get the scrutiny they need. I know that the member from Willowdale wants that. I know every deputant who came forward wants that. We in the New Democratic Party want that. So, again, let's hope that what's not in the bill comes forward somewhere in regulation.

Another concern that was often raised was about the definition of "distress"—I will deal with that—and the other one was regarding training of OSPCA agents. Certainly the general feeling out there among deputants was that that training needs to be more extensive.

I'm going to wander through this and I want to really, in this presentation, give credence to our deputants. Here we purport to practise democracy, and where we see democracy really in action at a grassroots level is when a committee like this on Bill 50 goes out into the community—perhaps not as extensively as it should have, perhaps not for as long as it could have, but it does go out and listens to people coming forward. I want to honour those who came forward and I want to say up front that we in the New Democratic Party are going to vote in favour of Bill 6. But, and this is a big "but," we have concerns. We hope that the government listens to the concerns. Even a bill that's an inch forward, a step that's

an inch forward, for animals is better than nothing, and that's the spirit in which we support Bill 50. But there are problems and there are possibilities still in regulation, so let's not say that this is over. Please, let us continue forward and look at how this bill could be strengthened for everyone concerned.

I talked about the ultra vires action of section 6. I'm not going to deal further on that. Suffice it to say that I don't think it would stand up in a court of law. So for those who are concerned about it, I spoke to the Mississauga Humane Society just this morning to find out and, again, they are concerned about it. I assured them, "Keep on using your name; keep on using your name." Part of the problem, of course, is that the OSPCA is the arbiter of who is or is not an affiliate. This, again, is a problem of transparency and oversight. There might be a humane society that wants to be affiliated with the OSPCA, and they decide, "No." Again, where's the route of appeal there? There are a number of problems with that section, but I don't think a problem in actuality, because I do believe it's ultra vires. That is to say that I don't think it will hold up in court.

Just to break it up, because I know that the tendency of talks that go on for an hour in the afternoon is to make people somewhat soporific, I'm going to break it up with some other good quotes about animals. Here's one from Winston Churchill. He said, "I like pigs. Dogs look up to us. Cats look down on us. Pigs treat us as equals." I think we can take some solace in that.

The Mississauga Humane Society came and deputed before us. I'm just going to read a little section out of the good work that they do. Again, this is one of the humane societies that would be affected were Bill 50 to have its way and section 6 to hold up. The Mississauga Humane Society takes in surrendered animals that otherwise might end up at Mississauga Animal Services and be killed. Remember, we've heard about euthanasia rates, kill rates, for some of the services. The Mississauga Humane Society doesn't kill any animals. In fact, they don't house animals; they actually find animals adoptive homes. And they save the city funds and reduce their kill rates simply because of their existence and their good work on behalf of the animals. The MHS also contributes greatly to the city of Mississauga by reducing the overpopulation of stray cats, for the same reason, that are almost everywhere in the city.

1330

A cat quote—I have a cat, so I'm particularly fond of felines: "Dogs have owners, but cats have staff." You've got to like that, George.

Hon. George Smitherman: I've got three cats.

Ms. Cheri DiNovo: You've got three cats? Well, I don't know whether to be frightened by that or not, but we'll leave that be.

Moving right along, one of the concerns about transparency of the OSPCA and its conduct is, of course, the fact that they get taxpayers' money: \$6.1 million, in effect. That has been verified by ministry staff, Mr. Zimmerman, among others—\$6.1 million. Here is the prob-

lem: Who tracks that? We have heard it said by the government side that this is a private agency, but here's the problem: You can't have it both ways. You can't have a private agency that does public business, which is clearly what the OSPCA does and what is going to be done, of course, even more extensively with the passage of Bill 50, without having public oversight.

We in the New Democratic Party are particular fans of our current Ombudsman. We think André Marin is the best. We like André Marin's reports. We think he does a wonderful job. We think he's critical where he should be and he praises where it's warranted. André Marin has no oversight over the OSPCA, none whatsoever.

Even further, FOI, freedom of information act requests: We hear from the government side—in fact, it was sent to Mr. O'Sullivan of the Humane Society of Canada—that the OSPCA, their books, their bylaws, what goes on, where the money is spent, their audit reviews, are not FOI-able. One might ask, with \$6.1 million of taxpayers' money going toward this private agency, why are taxpayers not allowed to find out how the money is spent?

I was very concerned, of course, about the lack of transparency with the bylaws of the OSPCA. I asked and asked and asked, and toward the end of the deputations in our committee hearings, I finally received them. So I do have the bylaws for the OSPCA. I would certainly suggest that someone who is interested in them contact my office or keep pressing, because they're out there. But it highlights the difficulty that even a member of provincial Parliament has. If I have a difficult time finding the bylaws of a private agency that gets government taxpayer money, how much more difficult would it be for a private citizen or someone else? Again, this points to the lack of transparency. Certainly, that's a problem. It's a problem where \$6.1 million of taxpayers' dollars are being spent and where de facto you have police abilities given to a private agency—the right of warrantless entry, for example.

To be fair, they have always had the right of warrantless entry. I know this has come up; I know my colleagues to the right have raised this. Most people didn't know this, and now they do, I hope: The OSPCA does have the right of warrantless entry, whatever we may think of that. Personally, if there's an animal in danger, I would like to have an agent be able to access that house, that car, that pound, whatever, to look after those animals. So I don't think it's necessarily a bad thing, but again, this highlights the lack of transparency. If you have an agency with police powers, you need to have transparency. You need to have the right of appeal, in the same way that the criminal justice system gives us a right of appeal: You're innocent until proven guilty. The animal owner needs that right, that you're innocent until proven guilty.

So, again, transparency, and that's all we're asking for here. We're asking for the same rights of transparency for our citizens, and for our animals, for that matter, that humans have before their criminal justice system.

Here's a Mahatma Gandhi quote: "The greatness of a nation and its moral progress can be judged by the way its animals are treated." Well, certainly if that's the case, we have a long way to go in Canada, and we have a long way to go in Ontario.

One of the concerns that was raised repeatedly about this bill, and certainly we on the committee were all educated about, is the difference between animal welfare and animal rights. I think the general population of Ontario and the general population of this assembly would err on the side of animal welfare rather than animal rights. I just think that's where we're at as a community.

But even then, one might ask oneself about the huge exemptions in Bill 50, the huge exemptions to wildlife, to farm animals—and again we're not talking here about standard practices of farmers. We heard many deputations about that, and they are exempt from the bill. We're not even talking about—although some of us might want to go there—the standard practices and legal practices of hunters and anglers. Those too are exempt.

What we're talking about is the needless cruelty visited upon huge swaths and sorts of animals that is not covered in Bill 50. I think of the case, for example—and this gentleman is a lawyer, so perhaps that says something about lawyers—the example of the lawyer gentleman—hardly a gentleman—farmer who had 50 horses starve to death on his property. Those horses are not covered and would not be covered by Bill 50. We have to ask about the extent of a bill that wouldn't cover an egregious, horrendous act like that. Similarly, many of the deputations that came before us mentioned cases of ridiculous, sadistic cruelty to wildlife. We're not talking about normal hunting and angling practices; we're talking about sadistic practices. Again, that is not covered by this bill.

It's interesting that that's certainly not the case in other jurisdictions where animal welfare and/or animal rights bills have been passed, and I will get to it. There's certainly an interesting case in New Jersey where, despite their deeming that some farm practices are "normal," they still passed a bill outlining them as egregious, as hurtful, and certainly covered them in a piece of animal welfare legislation that was passed in New Jersey. If they can do it not far from here, south of here, then why can't we do it with Bill 50?

Here was our opportunity and, as you heard, as the minister got up and announced third reading of this bill, this has come along once in, what, 100 years almost, 90 years? Surely we don't want to wait another 90 years to have something that will protect wildlife and farm animals just a little bit better than we're doing already and what we're doing in Bill 50.

Again, I mention my colleague—it's unfortunate he's not here—the member from Willowdale, Mr. Zimmer, who brought in a bill looking at roadside zoos. I think perhaps in doing that he was atoning for his role as parliamentary assistant on that other infamous—I'll say "infamous" from the New Democratic Party point of

view—pit bull ban. I have to say that I'm really sorry that ban was held up in Superior Court this last little while, because if Mr. Zimmer and the members of the McGuinty government really were the animal lovers that they profess to be, if they were dog lovers, they'd know that violence in animals is not breed specific. Most vets will tell you that; it's not breed specific. If you've got a violent animal—it could be a springer spaniel, it could be a beagle, it could be anything—it's more likely to be a problem with the owner than a problem with the animal. So we in the New Democratic Party are sad to see that upheld, and we certainly think that maybe Mr. Zimmer was trying to atone for his actions as parliamentary assistant when bringing in Bill 154. Unfortunately, that too has gone up in smoke in this Legislature. Again, in Bill 50, too bad, no protection of roadside zoo animals either.

1340

The WSPA also came and deputed before us. They support Bill 50. They think it's a step forward—a "significant improvement," as they describe it—and that asking veterinarians to report animal abuse is certainly a good thing. But even they admit, and I'm reading from their deputation, that "unlike Mr. Zimmer's bill," the proposed legislation would not "proactively promote better treatment of animals...." So they seem to give with one hand and perhaps take away a little bit with the other—they are talking there about the regulation of roadside zoos.

We've certainly heard from others about standards of care, which are pretty universally accepted as a benchmark for animal welfare. I'm going to read them, because I think it's important that we hear them and then know whether Bill 50 really addresses them for most animals in the province of Ontario:

(1) All animals must have access to a sufficient quantity of potable water and an adequate supply of fresh, nutritive food appropriate to the species and presented in a species-appropriate manner for the maintenance of good health and to satisfy the animal's nutritional needs.

(2) That the animal be provided with adequate medical attention when the animal is sick or injured or in pain or suffering.

(3) That the animal is provided with adequate protection to minimize the risk of pain, injury, disease, fear and distress.

(4) That all animals must have access to adequate protection from the elements. Shelters must be sufficient for accommodating all animals at the same time if necessary.

(5) All animals must have access to a comfortable resting area, appropriate bedding and comfortable surfaces.

(6) Transport the animal, if it is transported, in such a way as to ensure the animal's physical safety and good welfare and not confine the animal to an enclosure, pen or area without adequate space, with unsanitary conditions, without ventilation, with inadequate light, with uncomfortable substrates and surfaces, with uncomfortable

temperatures, and together with one or more other animals that may pose a danger to the animal, or that is in a state of disrepair that is dangerous to the animal's health or well-being.

The internationally recognized five freedoms, by the way, are freedom from hunger, thirst and malnutrition; freedom from fear and distress; freedom from physical and thermal discomfort; freedom from pain, injury and disease; and freedom to express normal patterns of behaviour.

What they're asking for, because we don't see this in Bill 50, is that this be part of the regulations that are looked at and are added to Bill 50 to give it some weight; also some direction, quite frankly, to those who deputed before us who wanted to know what this bill meant when it talked about animal distress. If they added the five freedoms and the other general standards of care that the WSPA is asking for, I think we might get a little closer to that mark.

Again, I ask the government to please consider their submission when looking at the regulations. Certainly, if the animals under human care were granted these, then it would give us some jurisdictional mandate to look at roadside zoos, among other enclosed areas, among other ways of holding and treating and keeping our animals, that would stand up and would certainly be a boon to agents looking into this.

One of the interesting aspects of this—and I have to point this out, again in light of our deputants' concerns—is, where are the agents looking at the pens, the shelters run by the OSPCA, in light of these concerns? Again, one would hope, with transparency and oversight of the overseers, if you will, someone is checking their shelters and making sure the OSPCA's shelters and everyone's shelters also meet the standards of the WSPA and other animal welfare groups in light of this deputation. One hopes that is looked at.

They go on and on to recommend a number of substrates of that in terms of captive animals.

The animal alliance network and the farm sanctuary movement wrote us a letter and were concerned about some aspects of Bill 50, in light, again, of the animals left out of its purview. They mentioned the New Jersey Supreme Court and its ruling, which goes much further than Bill 50. I've mentioned that. Their concerns fall under the following three headings: animals used for research, native wildlife, and animals raised for food. They raise the concern that none of those groups is covered by Bill 50. As I say, we're erring on the side of animal welfare here, not on animal rights. Certainly, the bill does make mention of animals used for medical research. We're not against that in the New Democratic Party. We are concerned that animals used for research, animals in the wild and animals raised for food are also treated well and concerned that if we're extending warrantless entry by the OSPCA—if they're going to be looking at the welfare of animals in other areas, why not in those as well?

Burlington Humane Society, one of the humane societies that is and was affected by section 6 of this, in

terms of being able to use their name: Again, I thank them for their hard work, for their deputation. I mentioned their lawyer, a trademark law specialist, who also gave the opinion that the province did not have the authority to enact legislation in this regard, as trademarks, unlike business names, are considered federal jurisdiction—so, the ultra vires comment which is so important. Again, by all means, keep using the name “humane society.”

We in the New Democratic Party never saw a reason for section 6 to be in this bill. Really, it has nothing to do with animal welfare; it has to do far more with human welfare, with one charity competing against another charity for charitable dollars. It has no place in a bill respecting animal welfare.

I know that the government has raised their concerns about fraud; I heard that also from ministry staff.

By the way, kudos to ministry staff. I have to say they worked really hard on this bill. I thank them for their hard work, I thank them for the briefs that they gave me, the bylaws that they finally found for me, the work that they did for my office, on behalf of this bill.

Really, there is not a concern about fraud here. Anyone who uses “humane society” in a fraudulent way would, of course, fall under the jurisdiction of the criminal justice system. They're already covered. If somebody fraudulently tries to raise money for any kind of charity that doesn't have a charitable status number, that doesn't do what the charity purports to do, that comes ringing your doorbell and calls themselves whatever, that is already covered by federal criminal justice. So we don't need section 6 in this bill to protect people from themselves.

I really put forward that this still has more to do with one charity battling another charity than anything else and is not to do with animal welfare.

Here's another deputation which I found somewhat interesting. This is from the Southwestern Ontario Wildlife Coalition. They said something in their conclusion in their statement to us: “This proposed legislation is toothless. It is ‘feel good’ legislation, drafted to make it seem as though the OSPCA is a useful body (a point we do not concede) and that somehow the wording of this act will make the lives of animals better. In very limited circumstances, it might. But for all the large issues—those that cover the 95%-plus of Ontario's animals who are not pets or livestock—this legislation does nothing”—again, their point of view, but again, I think with some basis. However, as I said, an inch forward is better than nothing.

1350

They concede that this act confers a modest increase in authority and responsibility for the OSPCA, but it does not give them the responsibility or even the right to act on behalf of the greatest number of Ontario's animals. Their authority is limited to not much more than the family pet. So there you hear from one side of the spectrum: animal rights and animal welfare.

It's interesting to look at the bylaws that I did receive—by the way, not all of them. They're here and

certainly they will be, as I said before, in my office if anybody wants to see them. But I would suggest that anybody and everybody listening at home, anybody who is concerned about animal welfare, do read these bylaws, look at them, hold the organization that issues them to account. Even if Bill 50 doesn't give us the transparency we want, the oversight that we ask for, or the accountability that we're due, perhaps citizens can themselves hold this organization to account. We certainly would ask that.

Again, I want to make it very clear. We heard from OSPCA agents. I'm sure many of the agents who came before us have absolutely the best interests of animals in their hearts and in the application of their duties. Nobody is faulting them. People are simply asking for what is rightfully theirs, which is the oversight of a somewhat public and somewhat private agency where taxpayers' dollars are involved. That is all one is asking for.

Of course, in a sense, we want to work with those agents. We want to be able to better prepare them for what they're going out there to meet in the outside world. We want, for example, to see that their training is extended. That's not in Bill 50 either, but we certainly heard a number of deputations that seemed to imply that more training is not only desirable but necessary for agents who are acting on behalf of all Ontarians, quite frankly, where animal welfare is concerned. Certainly, I heard some assurances from the government side that that is going to be put into effect.

I hope, and inveigh upon the government, that perhaps—this is probably not even a regulatory matter—in your conversations with Hugh or the OSPCA you make sure that that promise is upheld, because we certainly would want that for the agents for their own protection, and we would want that for the animals.

Here's a deputation that was somewhat interesting. I won't give the name of the deputant in this instance, but it talked about what one has to go through in order to be an affiliate:

"In order to be approved as an affiliate, as I mentioned, we had to sign an agreement with the OSPCA, and among other items in this agreement, article 9 states: 'Shelters must be well-ventilated, have plenty of light, and be heated to 60 degrees. Outside runs and shade must be provided.' Nowhere in this agreement does it state the size the runs should be, and nowhere does it state what a cat area or a reptile area should look like. The OSPCA has many shelters under their umbrella, and we would guess that not one of them has the same standards, so how can we impose standards on zoos or exhibits unless we have them too?"—good question.

One would ask, again, for what I mentioned at the very beginning. One of the concerns was oversight of the overseers, that we make sure the shelters, the pens and the runs owned and operated by the OSPCA have some oversight as well, because, when giving them these extended benefits and extended responsibilities, we should also be extending them the onus of those responsibilities along with the rights.

I'm just looking at some of these others. In terms of the ministry staff and their briefing of me, after a few of the deputations went on—and I know that this committee travelled around the province and did a lot of excellent work in doing so and listening, and I believe we really did listen. The ministry staff gave me a briefing—not myself alone but some other members of the committee, and it was welcomed, and was extensive—in which they tried to answer some of our concerns and questions, one of them being about warrantless entry not being new. The other was about the number of complaints investigated. So I just want to read these into the record, because I know they were questions that some of our deputants had.

According to OSPCA records from 2007, 16,834 complaints were investigated; 254 charges were laid—211 Criminal Code charges and 43 provincial offence charges; 2,581 compliance orders were issued; and 5,171 animals in distress removed. It doesn't say what happened to those 5,171 animals, but it does note that they were removed. One would want to know, in the interest of transparency, the follow-up there: How many had to be euthanized, how many were euthanized, how many were adopted out etc.

There were 35 appeals of compliance or removal orders received: 17 appeals were rejected, abandoned or resolved and 18 appeals had completed hearings and decisions. That was through the Animal Care Review Board.

They answered the question, as I said, about warrantless entry not being new. They answered the question about funding: \$6.1 million. We have that from ministry staff. They also go on to say—and this, to be fair, was before the amendment was brought forward by the government—that there are only 10 known groups operating in Ontario with the name "humane society" that are not affiliated with the OSPCA. Section 6 of Bill 50, they said, again before the amendment, would also repeal section 10 of the OSPCA Act to enable over 200 animal welfare groups that are not affiliated with the OSPCA to continue operating legally. It's kind of an interesting statement. It doesn't jibe with our research but, again, I read it into the record so that people can respond and, because this is the last time they'll get to look at this bill—undoubtedly it will be passed today—so that they then deal with the regulatory body and send in their concerns, if they have concerns, about the details that I've just read.

In terms of funding, I can and will go into details with anybody who's interested. We received that from ministry staff, so thank you for that.

To continue, the International Fund for Animal Welfare also deputed—a prestigious organization, one that we listened to with interest and gave the gravity that it was due, I believe. They brought us back to the five freedoms which I mentioned: freedom from thirst and hunger, freedom from discomfort, freedom from pain, injury and disease, freedom to express normal behaviour and freedom from fear and distress. They also had con-

cerns, of course, with section 6, with the humane societies. Just about everybody did.

My concern is that the amendment did not go far enough. Unfortunately, on this side of the House, we don't have the number of members necessary to force the government's hand on something like this. We do give thanks to all of those people out there—and there were hundreds, if not thousands of them—who sent us e-mails demanding that section 6 be removed. We did what we could, but the amendment to section 6 is due to them. So I want to thank them again.

Here are some concerns: This was just from an individual, but I thought they were very salient. She said that, in her estimation, inspectors didn't have enough training or supervision. She asks: "Who hires, trains and supervises these inspectors? Some of them are volunteer agents, and they have the powers of a police officer. The OSPCA inspector who handled my case would have had two weeks' training, a high school education and a driver's licence. That's all you need to get the job. The chief inspector is hours away in Newmarket. Who supervises their daily actions?"

She raised this concern when this particular inspector came into her breeding area where there were puppies, which of course needs to be sterile: "When the OSPCA arrives, you ask them to disinfect their hands or step into a bleach bath or put on boot covers or overalls. They're always refusing, saying, 'You're the first place I've visited today.' When I pushed them to disinfect their hands before they touched my puppies, they told me that they didn't have to and touched the puppies anyway."

This could be hearsay; I'm not saying—that's a valid concern, but I'm saying that we heard enough of that so-called hearsay that one wants to reiterate the training aspect of the inspectors.

Of course, the Humane Society of Canada has raised their own concerns about the parliamentary assistant refusing to meet with them; the freedom of information act supposedly not being applicable; \$6.1 million, in effect, being spent; and the qualifications for the chief inspector. What are the qualifications? Again, something left to regulation, one hopes. But certainly one would hope that the qualifications are extensive.

1400

Perhaps what was most telling was when we heard from the veterinarians themselves. I'm not saving the best for last, but I'm saving it.

The Ontario Veterinary Medical Association submission to the Standing Committee on Social Justice re Bill 50. They had some interesting things to say:

"(A) Bill 50 should be expanded to include government oversight and public accountability of the OSPCA. With the OSPCA being given greater responsibilities and further enforcing authority, it would be prudent to have the Ontario government have direct oversight of the organization, providing accountability to the general public. This would include implementing an obligation for the OSPCA to provide regular reports to the government.

"That being said, we should also encourage the government to provide ongoing funding." It is providing funding, but ongoing funding. Along with the funding, they go on to recommend that the oversight be there.

"(B) The Animal Care Review Board: In addition to the OSPCA, we recommend that the government have full oversight of the Animal Care Review Board. The board should be required to report regularly to the government and make their decisions available to the general public. It is also recommended that Animal Care Review Board members be adequately compensated for their time on the board. This will assist in attracting and retaining qualified experts capable of successfully fulfilling the board's mandate." It goes on.

"(E) Veterinarians: Bill 50 requires veterinarians to report all suspected cases of animal abuse. Although this adds to veterinarians' responsibilities and obligations, not only do we welcome it, we have been advocating for this change for many years. This obligation will make a significant difference in helping to reduce animal abuse in Ontario. Providing veterinarians with protection from liability when reporting suspected cases of animal abuse in good faith will allow veterinarians to report with more ease and confidence. We strongly encourage that this provision be kept in Bill 50." That's a good point, because if you want them to report animal abuse, and then someone turns around and goes after them in civil court, there should be some liability option there.

Again, I say all these things in full knowledge that Bill 50 will pass. I say this again to the government in full hopes that the government will take these as useful, helpful suggestions; that they will bring them into regulation; that they will listen to the vast majority of deputants who ask repeatedly for some clear themes—not going to be included in Bill 50, I'm afraid, folks, but certainly to be included in the regulation.

Just to rehash, first of all, that there's some oversight of OSPCA, of its operations; that there's some oversight of the Animal Care Review Board; that there's some oversight of the chief inspector; that there's some oversight of the way \$6.1 million of taxpayers' dollars are spent; that there's some reporting mechanism. Certainly, we think that the goings-on of the OSPCA, being a recipient of taxpayers' dollars to that degree, should be at FOIable, if not under the mandate of the Ombudsman. Either/or would certainly help to solve the problem, but certainly a reporting mechanism. This is only sensible. Any accountant would tell you the same thing.

Section 6: It's amended. Thank you, at least for small mercies. At least it helps some who call themselves humane societies, but it still has that egregious aspect to it that there are many humane societies—I would suggest more than 10—who will be covered by section 6, and who will not be exempt by section 6, even as amended.

Now, as I said, my advice to them, having talked to lawyers, is that they continue to use their name until somebody comes after them. Then maybe we can raise the question in the House if they do, because as far as I'm concerned, it's ultra vires: It's not their jurisdiction; it's

not our jurisdiction in the province of Ontario; it is under federal jurisdiction. So there's that.

Next, the lack of private zoo regulations: Poor Mr. Zimmer, completely ignored by his government that promised to do something about regulating private zoos. It's kind of sad. Actually, I was preaching up in his riding yesterday, up at Newtonbrook United Church on their 168th anniversary. It's a wonderful riding. They're happy to support animal welfare in the riding of Willowdale. Wouldn't they all be very saddened to know that what was the genesis of a good idea has been lost in Bill 50? Not only private zoos, not only Wally, but also all of those animals raised for food, all of those native and wildlife species, all of those used in medical research. Again, nobody is asking that those activities not be exempt in some way, shape or form, but surely we can ask that there be some kind of oversight of the welfare of the animals under their care, and perhaps standard practice is just not good enough in the 21st century. Certainly that's what we heard from the deputants. That goes to speak to the broad-based problematic exemptions of Bill 50.

Finally, the training of the agents who have been given the powers of warrantless entry, among other aspects of their jobs, who are working really for a private agency—sort of; sort of now a public agency. They should be given the training they need. One would hope that that's more than a couple of days, more than two weeks; that they really know what they are doing before they walk into that breeding area, before they walk into that zoo; that they have someone along with them. We've heard assurances of that from the OSPCA. Good, let's see those assurances lived out, again, hopefully, in regulation.

Certainly I would say, just to wrap up, that there is no cause ever for ignoring the voices of those who do not ignore the voices of animals and those who care for them. "Why, oh why?" we might ask. For example, the Humane Society of Canada, the Burlington Humane Society, the Mississauga Humane Society, to name only three bodies, why have they been shut out of the regulation process, of the process of the writing of the bill? I mean, really, all we're asking for, again, is transparency and what one should always ask from one's elected representatives: that they respond to those who elected them. I can tell you that across our ridings, across Ontario, we heard deputations that carried those same themes in them. Those deputants want to be heard and they want to know that their government is reacting and acting in their best interests and the interests of the animals they look after.

Not one of the deputations came forward without some recommendation now to be looked after in regulation, including—and maybe I should finish with the Canadian Federation of Humane Societies, which also came forward and asked about the fact that Ontario residents are still free to keep tigers, monkeys, cougars or pythons as pets.

You know, it has been a long process to get us to this point. We've travelled the width and breadth of Ontario,

we've listened to deputations from individuals and organizations. Everyone here, and I speak in a completely non-partisan way, I believe, wants the best for animals. There's no question about that. I think what has happened here is that we have a government that finds there's an organization that kind of came ready-made, that was willing to do the work of government for less money than it would take the government to do it. I understand that. I understand that in tight fiscal times you look around to find ways to look after those under your care, including animals, and you try to do that with the least spent of taxpayers' dollars. Here you have an organization, the OSPCA, which does the work. They're doing the work of government even though they're a private agency. They're doing the work of government and getting taxpayers' money to do it.

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The only thing that we ask, then, since the government has found this organization ready-made to do their work for them, is that they at least do the due diligence that's required in looking after that agency, in making sure the t's are crossed and the i's are dotted; in making sure the \$6.1 million is well spent; in making sure the agents are well trained; in making sure that there aren't such broad-based exemptions to the bill; in making sure that it's not just about pets, that it's also about exotics and zoo animals; in making sure that it also covers those animals that are exempted by definition, even if to do so means to do it in regulation, and that it's still not okay for that gentleman farmer to starve 50 horses to death with Bill 50 passed. We're looking for better legislation to protect our animals.

Finally, thank you to all the deputants. Thank you to all of those who came forward. Thank you to Tim Trow of the Toronto Humane Society. Thank you to Michael O'Sullivan of the Humane Society of Canada. Thank you for all your hard work.

Thank you for all the hundreds of e-mails we received from people who are in support of the general gist of Bill 50 but who would like to see it strengthened, who would like to see far more in regulations than is there. Thank you to all the legislators who sat on the committee and thank you to ministry staff who made it possible.

Really, let's hope, finally, that there is a thank you that we can hear in some bare whisper, in a language we don't quite understand as humans, from the animals themselves.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Jerry J. Ouellette: I appreciate the opportunity to speak on Bill 50.

The member spoke about a lot of the concern regarding the humane societies. I can remember a time, for those who are unfamiliar with it, about 20-odd years ago, when the Toronto Humane Society disallowed anybody to adopt a pet if the individual worked in a grocery store with a meat department. I think some of the concerns would be about the extent to which the regulations would have an impact on individuals or societies throughout the province of Ontario.

The member also spoke about zoos and roadside zoos. I know WSPA has provided individuals with a definition of a roadside zoo, but those individuals around the room have to think, what is the roadside zoo in their community? Is it the one in Peterborough, the Riverview zoo? Or is it the Cat World, or the Bowmanville Zoo, which is the oldest private zoo in Canada? What is the standard for those zoos, and whose standard are they going to use?

For roadside zoos and the standards that are being brought forward, the concern that would be brought forward that the member was speaking about—and I am making comments on the member's comments—is that there would only effectively be two zoos in the province of Ontario, which would be the Metro Toronto Zoo as well as possibly the African Lion Safari, with some moderate changes.

When you speak about the proper care and control of animals, it's establishing a standard by which it's being left to regulation that causes them concern. For those who are unaware, the average boar bear, which is a male bear, has a normal range of about 90 square kilometres. How are you going to fit that into an area which individuals would say is an acceptable area, an acceptable domain?

I don't think anybody in this room—nor do I know anybody here nor do I know anybody who wants to see animals mistreated. We want to ensure that those animals are properly protected in our community, and we would do anything that would be—but there is some strong concern about the impact of the regulations and how they're going to be enforced.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Dave Levac: I want to thank the member from Parkdale–High Park for her extensive comments on the bill, her being there and witnessing it; I believe she's the critic for the NDP. I know you've got a large portfolio and it's very difficult, but you were there for the entire time, so thank you for your input.

Yes, we did arrange for the briefings and ensured that staff worked with you diligently and co-operatively. And yes, I did ask them to give you all the details, because that was a commitment that I had made, that I would provide that data that was asked for, and they were very good in providing that. I too extend my thanks to the staff for their hard work.

Just a couple of quick comments about the some of the points that you made: First of all, some of the measures that we've been taking to prevent cruelty include increasing the annual funding of the Ontario OSPCA to \$500,000 to support agent and inspector training; the one-time funding on top of that of another \$100,000 to support training to begin the zoo inspection plan, in co-operation with MNR and CAZA. There have been some ongoing talks with MNR and CAZA to ensure that that \$100,000 is used specifically to train in what they're looking at and what they're doing to ensure that when they look, for the first time in some cases but also at

other times, they know exactly what they are inspecting, so they can establish whether or not they're being treated as best as they possibly should. Those are a couple of ideas I want to make sure you're aware of, and are indeed already started.

There's a one-time capital grant of \$5 million to the OSPCA for the fiscal year of 2007-08 to improve and modernize their infrastructure. A lot of ridings have already announced that some of that money has been made available to those centres and shelters to take care of some of the concerns you've raised about the present condition of some OSPCA shelters. Some of them have been able to do great fundraising to keep these updated, but others need that help, and that's that one-time \$5-million capital grant.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

The member for Parkdale–High Park for a response.

Ms. Cheri DiNovo: Thank you to the members from Brant and Oshawa for their comments. Thank you particularly to the member from Brant for that clarification. Again, it's not so much the money; it's the oversight of it. As you suggested, we want to make sure that the \$500,000 and the \$100,000 grant are spent in the way that is intended, and that the one-time grant of \$5 million is spent in the way it is intended. This speaks to the transparency of the organization itself.

It will be interesting to see that transparency in an on-going way. We understand it's a private charity. If there are other grants after this one-time grant is made, there should equally be a reporting mechanism on the way they're spent—any taxpayers' dollars. I was pleased to hear that, and I look forward to receiving those reports as they come in. If you could keep us updated, I would appreciate that, and also being kept updated on any bylaws that happen.

Of course, I would ask all our stakeholders to report back to me, if they could, on section 6 and if anybody tries to invoke it. I'm most interested in that because, again, I don't believe it's sustainable.

At the end of the day, this is a step forward. It's a step forward that has taken 90 years, but let's hope it's not the last step. Let's hope that this is the beginning of a new way of looking at animal welfare in the province of Ontario, that this is the beginning, not the end, in a sense of Bill 50 even; that in regulations we look at tightening it up, extending its jurisdiction and making it stronger so that more animals are covered by it than, as you heard the comment, just the family pet.

With that, I'm delighted to have been part of this journey. It has allowed me to meet all sorts of amazing people, and particularly to tour the Toronto Humane Society, which I highly advise everybody to do and adopt an animal while you're there.

The Acting Speaker (Ms. Andrea Horwath): Further debate?

Mr. Tim Hudak: I'm pleased to rise and offer some comments on Bill 50. Particularly, I want to focus on some issues of concern brought forward by constituents

in the riding of Niagara West–Glanbrook who have met with me or e-mailed me.

I also want to note that I think a lot of impetus for this bill actually came from some efforts of members of the Ontario PC caucus that had pushed similar concerns about strengthening our animal protection legislation in the province of Ontario.

You may remember that in December 2007, Bob Runciman, the leader of the official opposition in the Legislature, brought forward Bill 23, An Act to amend the Ontario Society for the Prevention of Cruelty to Animals Act. This proposed, among other things, extending to all animals of a domestic nature the standards of care afforded to dogs and cats bred for sale. I think that a lot of what Mr. Runciman suggested may have helped to inform the minister's decision in bringing forward this bill.

I also want to give a lot of credit to my colleague from York–Simcoe, Julia Munro, who has been a long-time and powerful advocate for animal protection legislation that accurately reflects the state of affairs in the province of Ontario today. Ms. Munro comes from a lot of experience in this vein. In fact, you may remember that An Act to amend the Ontario Society for the Prevention of Cruelty to Animals Act, 2001, was an initiative from Ms. Munro's work at the time. That bill proposed to create standards of care for puppy and kitten mills, and proposed ownership bans and potential lifetime ownership bans as penalties. The act became a model piece of legislation for other jurisdictions. I do want to commend my colleague Ms. Munro for her groundbreaking efforts in 2001 and my colleague Mr. Runciman for his work in 2007, as a forerunner to this bill.

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Our colleague from Simcoe North, Mr. Dunlop, has been our critic on this. He has been through the committee hearings and brought forward a lot of sensible advice on how to improve the bill, some of which was heard and some of which was not. I do want to thank Garfield for circling some of the shortcomings of the bill in its initial form.

By way of example, one of the issues we on the PC benches brought forward is that the bill allows the OSPCA inspectors a right of warrantless entry. We've certainly seen an expansion of this power under the McGuinty government, under a number of acts, and we do want to raise the ongoing concern about the degree to which the government has been giving rights of entry on to private property, into buildings, without warrant. It has been expanded significantly under the McGuinty government. Obviously, warrantless entry would be something that you want to give only in the most extreme circumstances, not something that should be broad-based across government agencies and ministries.

We also raised a concern that the bill did not contain provisions to ensure sufficient training and oversight, in light of the powers that have been provided to the OSPCA inspectors under Bill 50. The Ontario Federation of Agriculture, among other stakeholders, particularly

those in rural Ontario, has noted that Bill 50 had the potential to threaten the existing standards of care, especially for agricultural workers.

Furthermore, one of the concerns brought forward by the Ontario PC caucus was that Bill 50 did not specifically address standards of care in zoos, which has been an item of debate in at least one if not more private members' bills in the Ontario Legislative Assembly.

As was referenced by my colleague from Parkdale–High Park, this bill called for animal welfare groups not under the OSPCA to cease using the name "humane society"—section 6—which has been an important part of debate here in the Legislature and in committee.

I want to commend my colleague from Simcoe North, Garfield Dunlop, for bringing those issues to the floor and for pressing them for some changes. The changes did not go as far as we had hoped in many of those areas, but we do feel that we were able to represent the voice of many Ontarians in rural and urban Ontario who had expressed concerns about those specific provisions.

Let me get into a bit of detail.

Warrantless entry—sections 11.4 and 12 of the bill—would permit OSPCA inspectors or agents to enter buildings where animals are with or without a warrant. Nowhere in the act, in giving this significant authority to inspectors, is consideration given to the implications this may have on the animals and therefore, by extension, on the farmer or landowner or caregiver to those particular animals. For example, in their submission to the Standing Committee on Justice Policy, the Ontario Federation of Agriculture said the following: "Many livestock and poultry operations employ biosecurity measures and protocols to maintain herd health. Human contact with the animals is controlled to achieve animal health. On a farm, even those individuals who have direct contact with the animals shower and change clothes before entering the barns and again before leaving. These measures serve to minimize possible disease transfer. Likewise, farmers do not enter the barns of neighbours, again to avoid possible disease transfers."

Certainly, representing a significant agricultural portion of the Niagara peninsula and into the Glanbrook and upper Stoney Creek areas, this is a concern shared by many farmers, neighbours and landowners in the rural areas.

I've had the opportunity to visit poultry and livestock operations in the past, and I know the very strict precautions that farmers take to ensure that those barns are not contaminated in any way, which often runs against what many people who have not visited these places may think—extraordinary measures to maintain our food supply at the highest standard of care.

I received a number of e-mails from residents in my riding that I will speak to, a few examples, later on. One in particular, Diana Shore from St. Anns—not too far from where my home is, in Wellandport—raised the warrantless entry issue quite vociferously in her e-mail.

Another active citizen from Caistor Centre, Walter Zimmerman, has felt so strongly about animal protection,

and has gone through an experience where he was trying to act to protect cats which were endangered by a neglectful owner, only to find that his encounter with the humane society seemed to target him more than the owner he had seen throw cats from a truck while in motion. I'll get to Mr. Zimmerman's concerns and recommendations momentarily.

Here's the concern: Nothing in sections 11, 4 and 12 of the bill even acknowledges on-farm biosecurity protocols. Nothing, for example, mandates SPCA inspectors or agents to be trained in on-farm biosecurity protocols. Again, that's from the OFA recommendation. So hopefully the minister will take that into consideration. No doubt, the Minister of Agriculture will lobby on the OFA's behalf to include biosecurity training for SPCA inspectors who may be going into these environments. It seems that, if livestock is contaminated, if a farmer's income is so affected or the food supply endangered in any way, compensation to farmers for financial losses due to an inspector's failure to follow biosecurity protocols is far more than reasonable.

Again, on behalf of many of my constituents in Niagara West–Glanbrook, there is a concern that if individuals were simply granted, through Bill 50, powers equivalent to a police officer's, at the very least, measures must be taken to ensure accountability, transparency and regular training of that individual and the organization which provides its oversight. As I mentioned, my constituents have highlighted this section of the act.

Section 6, as well, attracted a lot of attention during debate and from my constituents who follow this bill quite closely. There is significant controversy around excising section 6 from the bill entirely. Section 6 effectively removes the right of an organization, except the OSPCA or its affiliate, to include the words "humane society" in its name. Certainly, these terms are synonymous with the hard-working and caring individuals who work on behalf of animal welfare in our communities. Many of the agencies simply have not affiliated with the OSPCA and found section 6 of the bill to be well beyond the pale, and ask for it to be removed from the legislation in its entirety. The Toronto Humane Society, for example—recognizable by its name for 121 years—is one that raised that concern. A constituent of mine, Kalee McTaggart, has brought this forward; I'll read that to you momentarily. The concern was the bill would prohibit that altogether.

Because of the pressures brought forward by various interested parties, by both the official opposition and the third party, there was an amendment to the act to prevent only future organizations from using the name "humane society." We're still—at least, I am—not satisfied with that change. It's an improvement from those that currently exist, but as much as we rejected this restriction for existing organizations, we similarly reject it for any potential future organizations. I guess we will see if this section of the act is actually enforced. My colleague from Parkdale has expressed her concern about whether this is even enforceable, whether it's ultra vires in the first

place. I guess that remains to be seen. We had hoped they would listen to the amendments my colleague Mr. Dunlop had brought forward. Sadly, they have not. We'll see if this half measure is appropriate.

1430

Mr. Dave Levac: Some were.

Mr. Tim Hudak: Some were accepted. I think I said that earlier, my colleague from Brantford, to be fair. Yes, some of the amendments were accepted, which we do appreciate. There have been improvements made to the bill. There are some areas where we still express our concerns, as do my constituents.

Mr. Dave Levac: I only want to be fair.

Mr. Tim Hudak: I always try to be fair, I say to my friend, and I did note that early on.

Mr. Dunlop, on behalf of the PC caucus, had brought forward an amendment to repeal section 6 altogether. That was not accepted by the government members. They did bring forward a half measure. It does protect existing organizations; we'll see how it treats future organizations.

Kalee McTaggart of Grimsby had the following to say about section 6 in her e-mail to me dated May 5, 2008:

"Mr. Hudak:

"I am writing to you with regards to Bill 50, and requesting that section 6 be removed. I am an avid supporter of animal rights and I think that removing support to the local humane societies would be a huge mistake. Places like the humane society give second chances to animals that have been abused, neglected or that need immediate treatment. The humane society also refuses to euthanize animals unless they are seriously ill or are un-adoptable.

"Please support local humane societies and the animal welfare movement in Ontario by removing section 6 from Bill 50 before the damage is done.

"Sincerely

"Kalee McTaggart

"Grimsby resident."

I thank Kalee for taking the time to send me that personal message. I would be interested to see if Ms. McTaggart is satisfied with the amendment to section 6. I do feel that we made every effort in the Ontario PC caucus to support the call we heard from Ms. McTaggart and other constituents.

I mentioned Diana Shore of St. Anns, as well. I know that Madam Speaker, coming from the Hamilton area, is probably aware of St. Anns, which is close to my own home in Wellandport, a significant agricultural community with a proud history. Ms. Shore's e-mail is dated November 13, 2008, so just a few days ago. I had mentioned the enhanced powers of inspection—section 11—for the bill and such. She said: "As a landowner and caregiver of farm animals I am fearful of these representatives of this 'charity' organization who will have more rights than our police force. This Bill 50 has stripped me and my neighbours of our personal sense of security ... which was granted to us as Canadians under the Charter of Rights. These OSPCA officers have no background

checks and the majority have no idea or experience regarding animal breeds, care requirements nor veterinary medical training. Experiences in Ontario with the OSPCA in the last few years appear like 'money grabs,' a way for the OSPCA to extort money from their victims."

This is very strong language from my constituent Ms. Shore from St. Anns, but I think it reflects the concern in rural Ontario about the expanded powers of warrantless search and the lack of training that some OSPCA officials may have when it comes to agricultural operations.

She mentions further in her e-mail, "Let's face facts; yes, there are puppy mills hiding in our province"—and I mentioned earlier, as an aside, the outstanding work of my colleague from York-Simcoe who brought forward the bill to shut down puppy mills back in 2001—"and there are animal abuses that should be stopped. Reality is that less than 0.01% of animal owners and caretakers in Ontario fall into this group—the rest are innocent tax-paying Canadian citizens. We the Ontario citizens/voters already have several documented cases of the OSPCA wrongfully seizing animals and never laying any charges."

She goes on in her e-mail to talk particularly about the horse sector: "As a horse owner, these cases of wrongful seizures resulting in the loss of healthy and registered horses are increasing ... and Bill 50 hasn't even passed yet. We fear these incidences will continue to increase as Bill 50 will further empower the OSPCA."

She makes a series of recommendations at the end of her e-mail. Most notably, I want to highlight the first action she asks of the government: "Stop Bill 50 from passing until amendments for accountability are established and remove all actions that strip us of our basic security as stated in the Canadian Charter of Rights (i.e. warrantless entry)."

I do want to say to Ms. Shore, to other constituents in my community and those who are involved or are close to the agriculture sector, that we made every effort to improve Bill 50 to ensure that the legitimate concerns of farmers are taken into serious consideration with amendments to improve the bill. As I said, some amendments were accepted, and sadly, some very important amendments were voted down by the Liberal members of the committee that oversaw Bill 50.

I also want to mention, in the time I have remaining, a very active citizen who has taken the time to come in to see me, twice in the last number of months alone, on the issue of animal welfare: Walter Zimmerman from Caistor Centre. Walter Zimmerman, folks may know—my friend from Welland, Mr. Kormos, may have seen Little Wolf Apiaries products around. Walter spends a good portion of his summer at farmers' markets selling his delicious honey. I'll recommend it, for fans of honey here in the Ontario Legislature; Walter has one outstanding product.

Walter is one of those citizens who wants to get involved to improve his community. He recently appeared, by the way, at the Smithville council on an unrelated matter—just to show that he is somebody who has a broad range of interests, not only in agriculture; he was

calling for some greater controls on ATVs and snowmobiles that had gone on private property that had upset many local residents and seniors and damaged farmers' crops. So it's consistent for Mr. Zimmerman to show his concern about the welfare of animals.

Not too long ago, Walter and his wife were driving along a local highway and they saw an individual toss two cats from his pickup truck. Mr. Zimmerman, bless his heart, stopped, took care of the two cats—he wanted to ensure that they were okay—and called the police and the OSPCA in to help investigate and to ensure that justice was done to the individual who had callously tossed cats, might I note for the record, from a pickup truck while the truck was driving down the highway. Sadly, Mr. Zimmerman's encounter with the SPCA was far from satisfactory. To quote him, from his meeting in my office, he is concerned about the expansion of the policing powers of the SPCA, saying they throw their muscle around too much. He thinks the SPCA should respond, but use police for more of the investigations in things like the warrantless entry.

Mr. Zimmerman has also called for some sort of arm's-length review board as an appeal mechanism for OSPCA matters, and that some kind of government lawyer or crown prosecutor should be used in these cases so individual taxpayers like himself are not on the hook if they find themselves on the bad end of an experience, as Mr. Zimmerman did when he was trying to act in the best interests of these two cats. So he will be pleased with some of the amendments that the PC caucus advanced that were accepted. He will be disappointed, I think, largely in those that were not accepted. He would like to see this bill reopened sometime down the road to make the changes that he does suggest.

I thank Mr. Zimmerman, Ms. Shore, Kalee McTaggart and others for their interventions on this matter. I'm pleased to bring their voices here to the Ontario Legislature as we debate Bill 50.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Peter Kormos: I was pleased to be able to be here during the comments made by the member for Niagara West-Glanbrook. I note especially his concern on behalf of farmers down in Niagara region and, I trust, across the province who are of the view that they haven't been adequately listened to in the course of the development of this bill. I'm going to have a chance to speak to this bill for 20 minutes in just a few minutes' time. There are some things that I want to put on the record—very much so.

I was really, really disappointed in the rather inadequate, indeed inelegant, response to the concerns about section 6 and its impact, among others, on the Toronto Humane Society. It was something that could have been addressed far more clearly, far more thoroughly, to resolve any donor concern and to avoid what could well be some litigious efforts. The only people who really win are the lawyers, at the end of the day, for all intents and purposes.

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I was also saddened by how the Premier's office abandoned David Zimmer, the government member for Willowdale, because you will recall that it was David Zimmer who, just before the last provincial election, introduced a private member's bill here in this chamber that was designed to regulate private zoos—roadside zoos. I'm going to have some things to say about that, because let me tell you, you go to places like—what is that, Marineland, down in Niagara Falls? A sad, dusty, shabby place, and you find private zoos that need regulation and inspection and improved standards.

I'm going to have 20 minutes to talk about those things and a few others in just a few minutes' time. I will be pleased to do that if the Speaker will accommodate me.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Dave Levac: I thank the member for his presentation to us and his reference to the members from his caucus who have been identified as champions of animal welfare. I want to remind him, and I'm sure, in terms of him telling me that he always wants to be fair and balanced, that he would not forget the fact that the member from Eglinton–Lawrence, Mr. Mike Colle, was an extremely large champion. When in opposition, he introduced a private member's bill that seemed to be saying to the government of the day, "This is something we should be doing," and received very large support from the people of Ontario. I believe it was 200,000 signatures on cards that basically said it's time for us to move forward on a 90-year-old bill. I'm sure he would not want to miss that opportunity to give him credit and, according to our friend from Welland, making sure that Mr. Zimmer gets mentioned in his championship of roadside zoo issues.

A couple of other members in the past, I understand, Mr. Runciman, and I believe there were others—I could go back in history—basically championed animal welfare. So I wanted to make sure that Mike Colle got a little bit of a dessert on the work that he did, that actually ended up being somewhat mirrored by the bill that was accepted by the government of the day, except I think they exempted breeders, if I'm not mistaken. The government of the day exempted breeders from the strength of the legislation. I'm sure that as we move forward and continue to work toward animal welfare, we would do our best to absolutely ensure that it is entrenched wherever we can.

Let me quickly talk about warrantless entry. I think everybody here knows that there still exists an opportunity to do warrantless entry, with the permission of the owner. If the owner gives permission, the inspector can go in and inspect without a warrant. That's clear, because it's not something new; it's something that existed. The other part is that, in this legislation, you can't do it in a residence. Unbeknownst to some people, who think it is warrantless any other time, it's not—

The Acting Speaker (Ms. Andrea Horwath): Thank you. Questions and comments?

The member for Niagara West–Glanbrook for a response.

Mr. Tim Hudak: I thank my colleagues from the Welland riding and from the Brant riding for their comments on my remarks and mentioning the work of Mr. Colle and Mr. Zimmer in this field as well.

I am pleased that I had the chance to bring forward just some of the e-mails or conversations I've had with constituents in Niagara West–Glanbrook who wanted to see this bill improved. Certainly, my experience with our local humane societies and the OSPCA, as an MPP, has been largely a positive one. In fact, my folks' dog, Gator, was a resident from the humane society in Niagara. Poor Gator now has passed away but was a great dog for the 12 or so years that Gator was with us. Gator, of course, was named after the Lakeshore Gators. My father was the principal of Lakeshore, a high-quality school in Port Colborne, an excellent school with some fantastic football teams and basketball teams, among others that I know—

Mr. Peter Kormos: But Gator's gone.

Mr. Tim Hudak: Well, the Gator has now passed away—

Mr. Peter Kormos: That's sad.

Mr. Tim Hudak:—but is hopefully watching over the Lakeshore Gators as they contend for another championship in the time ahead, as an unofficial mascot for the team.

No matter how strong the work is of local boards and organizations, we do have to make sure that the work of inspectors is within balance and is respectful of the unique concerns of the agriculture community, and needs to give due respect to the long histories of humane societies in our province that may not be directly affiliated with the OSPCA. I'm pleased that, through debate in the Legislature and the hard work of my colleagues, most notably the critic, some improvements were made to the bill, and we'll look to see how Bill 50 is in implementation.

The Acting Speaker (Ms. Andrea Horwath): Further debate?

Mr. Peter Kormos: New Democrats are going to support the legislation. We share some of the concerns that have been articulately expressed about its impact on the agricultural community and the potential for misapplication in the agricultural community, which is under a whole lot of pressure, as you well know, you having been travelling the province as a leadership candidate for the Ontario New Democratic Party, talking with people in agriculture, with people living in rural Ontario and with farmers.

Just yesterday I read a wonderful article—I recommend it to folks—in the Toronto Sun by Antonella Artuso. She did a rather lengthy article about the Toronto Zoo. I get back to Mr. Zimmer's initial efforts—David Zimmer, from Willowdale—to have a regulatory regime for private zoos. Do you recall the incredible support he received for that proposition, not just from within his riding and in the province—because we got those e-mails and letters too—but from across North America? While

it's true that this legislation is applicable to the animals in private zoos, this legislation is not, in and of itself, a regulatory regime for private zoos.

Let me talk about zoos in general, because that's why I made reference to the Artuso article—very well done. It was an entertaining read and a very informative one. It focuses on the Toronto Zoo, owned by the city of Toronto, and the notorious junketing done by the Giorgio Mammolitis of Toronto city council. This guy has travelled the world, Lord knows how many times over, in the pursuit of zoo information, I presume. But the Toronto Sun has blown the whistle on the Toronto Zoo board and their perks, their self-enriching perks at the expense of the zoo. I had been to the Toronto Zoo, and every time I've got somebody visiting here from outside the province or outside southern Ontario, a trip to the Toronto Zoo is mandatory. If you think summertime is fun at the Toronto Zoo, wintertime can be as wonderful, if not a little more challenging, because it creates a totally different climate there, or a totally different landscape.

I grew up down in Welland—Crowland, really. As a matter of fact, I was just at the Ukrainian Labour Temple, on Ontario Road, for the 90th anniversary of the Association of United Ukrainian Canadians on Sunday—the Ukrainian Labour Temple, that remarkable accommodation of the progressive thinkers. It's where people who formed the United Electrical Workers down in Welland would meet, and the Ukrainian Canadian community, along with other Eastern Europeans and Anglos, would have this hall as a focal point for progressive organization. I have been going there for a long, long time, not only for the food, but for some of the earliest political speeches, as not quite a teenager yet, that I heard at the Ukrainian Labour Temple. I don't have to tell you that they were enlightened and progressive ones. There was no advocacy for unfettered capitalism in the Ukrainian Labour Temple. If there was any mention of it, it was in absolute condemnation. These are people who sought and fought to build a better world. So I was there, in Crowland, and that's where I come from.

1450

The reason I mention that is because when we were kids, of course, the Buffalo Zoo was the zoo destination for people who lived in southern Ontario. While we were fascinated with it as kids—and I'm talking about back in the 1950s—even recalling that zoo is shocking because it was your classic concrete and iron bar cages with sad, lonely lions pacing back and forth with the obvious symptoms of lion dementia.

I made reference a little while ago to places like Marineland in Niagara Falls. Have you ever been there? I've never been. All I've had were some complaints from people who have been, who describe it as a sad, seedy, dusty place. I don't understand what the fascination is with somehow thinking that a captive whale—have you ever been out to the east coast and seen whales out there off the Gaspé, off Percé Rock? You're not up close. Sometimes you're closer than you would ever think you'd be. I don't know, I just think it is a far more

exciting experience to see humpbacks and killer whales as they dive and arc.

It strikes me as strange that there are some people who would somehow find it entertaining and who would actually believe that the whale is happy. The entertainment element of it is almost perverse—you know, the effort to impress people with: “Look, the whale is smiling.” Whales don't smile. It's stupid. And whales don't enjoy performing. They're conditioned. They're trained to do it in classic Pavlovian style with the promise of food. Whales are not domestic animals. Of course, a few others here grew up in the 1950s, and we were indoctrinated with the Disneyfication of wild animals, the Flipper syndrome; remember? Before Flipper, it was Rin Tin Tin. Who was the collie? Lassie. “Go call 911, Lassie.” This Disneyfication of animals and wildlife in general was very unhealthy. It was a very unhealthy indoctrination of my generation and of subsequent generations.

What I'm saying is, I increasingly question even the validity or legitimacy of the entertainment zoo. There's been serious criticism—Toronto Zoo is one of the finest in the world; make no mistake about it—criticism, for instance, of the elephant enclosure, and if you've been there, you understand the criticism. Smaller animals that have more square footage per size of animal are a little bit better off. They can do what most animals do, especially nocturnal animals: They can hide. Now, that frustrates the audience; right? You've got kids screaming at their parents, “Where are the lemurs?” But I'd question whether in the year 2008 there should even be such a thing as an entertainment zoo, that like other zoos, the Toronto Zoo—annual multi-, multi-, multimillion-dollar budget. When the natural habitat for so much of this wildlife is being consumed at a voracious rate, maybe, just maybe, we as a community should be making bigger investments in preserving the habitat of wildlife where that wildlife is under attack. The deforestation of South America, amongst others, is an assault on some of the world's most beautiful and dramatic creatures, and I suspect we have an interest in helping them survive in a hostile environment. So maybe zoos, if and when they do exist, should have a focus or a purpose rather than being displays, because let's face it, in this world of high-definition, widescreen television, PBS and other broadcasters have brought us closer to any number of these magnificent or fascinating or even strange creatures than we could ever dare to see them, even in an enclosure.

It reminds me—have you ever been to Coney Island? It's fascinating. Mermaid Avenue at Coney Island—I think it is 20 years since I've been there. Coney Island is like walking into a time warp. One of the fascinating things about Coney Island was the wax museum. I realized, as I was walking around the wax museum at Coney Island, that this was the creation of a phenomenon for people that predated television, and indeed even popular and constantly displayed movies. This was an opportunity for people who couldn't see television, and who perhaps had the most modest of newsreels from time

to time, to look at historical characters, and of course the inevitable obsession with criminals and the bloodiest and most vile of crimes. Surely most of the zoo phenomenon is very much the same thing.

Maybe the only zoos that should exist are zoos that are dedicated to a particular purpose: dedicated to doing research, dedicated to reviving a species that is at risk, perhaps with the goal of stocking its natural habitat with that species. Maybe our public monies would be better spent in that way. That's not to say we won't have places or shouldn't have places where people can come and see this happening. But rather than entertainment, it should be educational.

I give Antonella Artuso great credit for having focused on some of these very issues in her article in yesterday's Toronto Sun. For the life of me, I don't understand why we need private zoos at all; I just don't. There's a reference to the old Riverdale Zoo in the Artuso article. Again, that was a zoo built and designed on traditional and now very obsolete models and approaches. One of the most fascinating things about the Riverdale Zoo—do you remember the Riverdale Zoo? Yes, you do, east of Parliament Street. First of all, it's in a beautiful part of town; it really is.

When the Riverdale Zoo was transformed—they shipped out all of the exotic animals, if you will, when the Toronto Zoo was built—what they kept was a little farm with farm animals which, unlike lions and zebras and elephants and tigers, are far more amenable to being in smaller enclosures and grazing, and far more amenable to contact with humans. That experience, especially for kids in Toronto, was as exciting and delightful an animal experience as you could ever find, because here are kids starting to understand a different part of Canada and Canadian culture; that is, the agricultural part of Canada and Canadian culture, and the rural part of Canada and rural culture.

Having said that, I know some people who specialize, for instance, in things like reptiles or snakes—two examples—who do a great deal of work and breeding in an effort to ensure the survival of these species and do it on a private basis, simply out of their passion for those animals.

I regret—I really regret—that Zimmer's bill was abandoned by the McGuinty government.

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I have no qualms about saying that this piece of legislation will give animal inspection personnel the authority and powers that they need. But, look, all the legislation in the world means squat if those various humane societies, SPCAs, don't have the resources to do their job. Pass all the bills you want. I don't know what it's like in Hamilton, but down where I come from, in Welland, we've got a pretty cash-strapped municipality. Our SPCA down there that does the animal protection and deals with animals and public safety is pretty understaffed—the humane society—and under-resourced. You could have Godzilla in the backyard on a Sunday afternoon, and you're not likely to get an officer out because of the

staffing problems. And as you know, police don't like dealing with these scenarios; they're not trained to.

Obviously, if the province doesn't step up to the plate—and I know there have been some modest increases in the levels of support, but the biggest single funder of this activity is municipalities, the ones that can least afford it. Look, I have great sympathy. I was with Mayor McMullan from St. Catharines down at the Chetwood community centre on Saturday afternoon, the seniors' centre, cutting a ribbon there because they had renovated the place. I was there with Malcolm Allen, the newly elected member of Parliament, Jim Bradley and a couple of the city councillors. I had occasion to commend the city of St. Catharines for its support for this small seniors' centre, because city councils are in an unenviable position, especially in those towns like ours, where industrial jobs have been lost and industries shut down. Not only do those communities lose those jobs and those incomes, but they also lose the tax base. Then you've got an irrational and unaccountable actual value assessment system that, oh, the Liberals railed against when they were in opposition but have done nothing to change since coming to power, other than to freeze assessment for two years, so that now people are getting whacked, as Mr. Marchese is wont to say, after two years of frozen assessment, upon opening up their assessment notices.

We're going to get this bill ready for proclamation, I suspect, this afternoon. It's interesting: Just this morning, I was talking to my neighbour Ms. Rosie, and she has the Road Warrior, one of her several cats that are very well taken care of. The Road Warrior was having some dental work done, some teeth removed, over at Main West Animal Hospital. You've got to understand: I know the Road Warrior. Ms. Rosie's cats are semi-feral. She spends a fortune caring for them. The vet is—

Mrs. Liz Sandals: Are they half-pregnant?

Mr. Peter Kormos: No, no. Listen to me. The vet—I don't know what kind of car he or she drives, but the vet has done well by Ms. Rosie and her semi-feral cats. Well, you've got to understand. There are feral cats, there are domesticated cats and there are cats that can't quite make up their minds.

Mrs. Liz Sandals: I thought you said "semi-sterile."

Mr. Peter Kormos: Good grief. Ms. Sandals thought I said "semi-sterile."

Mrs. Liz Sandals: That's why I was questioning the story.

Mr. Peter Kormos: Good grief. It's like being half-neutered.

Mrs. Liz Sandals: Exactly. That's why I was questioning your—

Mr. Peter Kormos: Well, no, you should understand "half-neutered." That's like being in the Liberal backbenches.

Interjections.

Mr. Peter Kormos: It's a concept that is very familiar to Liberal backbenchers.

But here's Road Warrior getting his dental work done at the Main West Animal Hospital but this very morning—the Road Warrior and his semi-feral colleagues.

Mrs. Liz Sandals: Thank you. That I understand.

Mr. Peter Kormos: I'm sure Mrs. Sandals understands "feral" and "semi-feral" as well.

He receives the very best of treatment.

Look forward to Mr. Zimmer's continuing advocacy for regulation of private zoos. We need that debate, because we have to, I think, at this point decide whether there is even a role for private zoos. I'm talking about commercial zoos as compared to private collections or people who have a serious scientific interest in a particular animal or breed of animal. It's a lost opportunity. Zimmer is one of the best on the Liberal benches, and for him to have been shot down like that by the Premier is truly regrettable.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Dave Levac: The member from Welland is well known for his presentations and his capacity to get to the point and also entertain us at the same time, so I appreciate some of those pieces of entertainment. I'm sure Mr. Zimmer would appreciate that too.

But having said that, I do want to reinforce a couple of the points that he made about the roadside zoos. It has not been lost on the government in clarity. We've talked about it at committee. We talked about it in the briefings. We talked about the potential of where we can assist in doing that. The government is taking some action, as I pointed out to the critic, to ensure that some of that gets dealt with on the financial side, which is the increased funding of up to \$500,000 to support inspection and agent training and an additional one-time \$100,000 funding to support training specific to zoo inspection plans, working with MNR and CAZA, in order for us to understand what they are doing to bring that safety and the concerns that were raised by Mr. Zimmer, the member from Willowdale, in his attempts to ensure that there was some type of inspection happening. So some of those things were happening, as the member well knows.

In terms of some of the areas that the legislation does not deal with—which is fair, because it was pointed out in the presentations as well, and in the briefings, that the three areas were before OSPCA inspection—we would have the accepted farm practices so that we wouldn't be seen doing anything extraordinarily different from what we normally do with agricultural standards of animal care and the science and research under the animal bill that already exists in terms of taking care of animals that are being used for research and science. The third area would be the anglers and hunters, which were exempted from that because they are already covered under legislation.

Having said that, the critic from your party indicated that she wanted to see those expanded in ways in which regulation could tune that up, and I think that is being discussed as we speak.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. John O'Toole: I always listen carefully to the member from Welland because he brings a lot to the discussion, and in this case he certainly brought up a number of interesting and valid concerns.

From our point of view in our caucus—and I can't speak for everyone in our caucus, but I know that we want to make sure that animal safety is a priority. Certainly I would think that some of the information we're receiving from our constituents—indeed, in my riding, I have three zoos that I have heard from. One is quite well respected, the Bowmanville Zoo, and the zoo keeper there is Michael Patrick, and I believe his wife is a doctor of veterinary medicine. As well, I have Jungle Cat World, which is in Orono, on 35-115, and is mostly exotic cats and other species. Also, they're very much in support of having standards; in fact, they believe that they are in compliance today. However, with this particular bill, there seems to be a bit of a non-animal issue going on here, where the thrust is to eliminate any reference to a private zoo. This has them concerned.

Northwood is another zoo in my riding where they have a similar concern. They're very much interested in animal welfare, to the extent that they are actually recovering animals that perhaps are in unsatisfactory conditions and are acting in the best interests of protecting the animals, and yet they feel threatened as well.

These organizations in my riding have called me, talked to me and felt that there is not the proper balance in this legislation. So I think the member from Welland has raised some issues, as we have as well, but the government at the end of the day has the majority of the votes and they will ram this through without much consideration for any amendments that we might have made. So with that, I just want to be on the record as saying that I listened to the people that look after animals in my riding and I think they're right.

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The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Ms. Cheri DiNovo: What can one say about the member from Welland? We're just really, really glad he's on our team in the New Democrats. I heard his comments about roadside zoos address the fact that this legislation doesn't have, really, anything to say about zoo animals, farm animals, animals involved in medical research, or native and wildlife. The fact that someone can still have a tiger as a pet without breaking a law says a lot about the inadequacy of Bill 50. We hope that the government takes that to heart and expands, through regulation, the ability of the inspectors to inspect, to go into situations where a tiger is kept as a pet. I certainly know that when I spent time in the country there were many of my farmers who had pets that were exotics and, thankfully, most of them looked after them relatively well, but the fact that they could have them and nobody knew and nobody oversaw the treatment of those animals, including the possible escape of those animals, as we saw with Wally this last week, is a problem and

needs to be addressed. So the member from Welland really highlighted that.

I promised another good quote. Here's one from W.C. Fields, a good one: "Horse sense is a thing a horse has which keeps it from betting on people." I like that. Just so you know.

Certainly, we hope that this isn't the end of this conversation; that the government continues to feed us and feed myself the information that I requested. We hope that the government takes to heart what they've heard from the deputants in terms of regulation and we hope that the government doesn't stop in bringing forward legislation that has more teeth in it, that's going to protect animals across the province of Ontario.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments? The member from Welland, did you wish to make a response?

Mr. Peter Kormos: Thank you kindly, Speaker. The bill is going to pass in, I suspect, a few more moments. It's then up to the government to make sure that those charged with the responsibility to address animal welfare and public safety vis-à-vis animals, have the resources that they need to do their jobs.

I should mention that Ms. DiNovo, the member for Parkdale-High Park, was the steward of the opposition to this bill for the NDP during its course through committee. She took on that responsibility because of her passion about the issue, but also her concern for the Toronto Humane Society and the manner in which it was going to be very negatively impacted by the then-section 6. Ms. DiNovo was an enthusiastic advocate for the THS, Toronto Humane Society, and for those who care about animal welfare. She displayed a remarkable pan-Ontario sensitivity, because while an urban and urbane woman, she also demonstrated a remarkable familiarity with, as I say, the culture of rural Ontario, the culture of agricultural Ontario and the needs of those very specific communities.

To Mr. Zimmer I say, continue to struggle. We join you in your battle with your Premier's office to get a proper zoo regulatory regime enacted in this province. I couldn't be prouder than to stand in solidarity with you in your struggle with an oppressive Premier's office that so often ignores its back bench and simply calls upon them as voting machines and to do the heavy lifting, but takes all the glory for itself.

The Acting Speaker (Ms. Andrea Horwath): Are there any other honourable members who wish to participate in this debate?

Seeing none, Mr. Bartolucci has moved third reading of Bill 50. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour, please say "aye."

All those opposed, say "nay."

I believe the ayes have it.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

INCREASING ACCESS TO QUALIFIED
HEALTH PROFESSIONALS FOR
ONTARIANS ACT, 2008

LOI DE 2008 VISANT À ACCROÎTRE
L'ACCÈS DES ONTARIENNES ET DES
ONTARIENS AUX PROFESSIONNELS DE
LA SANTÉ QUALIFIÉS

Mr. Bentley, on behalf of Mr. Caplan, moved third reading of the following bill:

Bill 97, An Act to increase access to qualified health professionals for all Ontarians by amending the Regulated Health Professions Act, 1991 / Projet de loi 97, Loi visant à accroître l'accès des Ontariennes et des Ontariens aux professionnels de la santé qualifiés en modifiant la Loi de 1991 sur les professions de la santé réglementées.

The Acting Speaker (Ms. Andrea Horwath): Did you wish to begin the debate?

Hon. Christopher Bentley: I will be sharing almost all of my time with the member from Etobicoke-Lakeshore, who has worked so very hard on this matter and will be carrying the very important reasons why we need to pass third reading of this important legislation, which will improve access to health care for all Ontarians as quickly as possible. Thank you, Speaker.

The Acting Speaker (Ms. Andrea Horwath): The member for Etobicoke-Lakeshore.

Ms. Laurel C. Broten: It's my pleasure to speak during third reading debate of the government's proposed legislation, Increasing Access to Qualified Health Professionals for Ontarians Act.

As those in this House will recall, Bill 97 was introduced in the last legislative session by the Honourable George Smitherman and passed second reading prior to being referred for review to the Standing Committee on Social Policy. Bill 97 would place a duty on health regulatory colleges that govern the health professions in Ontario to work in consultation with the Minister of Health and Long-Term Care to ensure, as a matter of public interest, that Ontarians have access to adequate numbers of qualified, skilled and competent health professionals. The bill ensures that the health regulatory colleges recognize that they are key partners in the provision of health human resources in the province. The bill is part of a larger government plan to get more qualified internationally trained doctors practising here in Ontario. The government plan is based on a report I had the privilege to work on and draft, entitled Report on Removing Barriers for International Medical Doctors.

I want to take a few minutes and talk a little bit about the contents of that report and how Bill 97 falls into this comprehensive plan. A critical element of making progress when it comes to better integrating internationally trained medical professionals is having a plan that's flexible and that recognizes the individual nature of one's life experiences in the life you led before you came to Ontario. The action plan that I suggested to improve

access to health care by accrediting more internationally trained doctors had five elements.

The first was to fast-track, simplify and streamline the registration process for doctors already practising in other provinces, in the United States or in any other country with a health care system comparable to our own. The second was to help internationally trained doctors enter medical practice in Ontario with the creation of a transitional licence, which would allow them to practise under supervision while they complete required education or gain specific practical experience. The third was to undertake assessments more efficiently to allow internationally trained doctors to get on with their education and integrate into Ontario's medical system. The fourth element of the plan was to provide individualized bridging support, which would include cultural and language education, mentorship and hands-on training. The fifth was to develop a coordinated, individualized assistance for those seeking to transfer their international medical skills and knowledge to another area of the health profession or related career.

We all know that in seeking to relocate to Ontario, internationally trained doctors face a number of barriers, including lack of Canadian job experience and references, challenges with respect to credential recognition, misinformation regarding certification and registration, and, in some instances, limited language and communication skills.

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The reason that Bill 97 and the regulatory colleges play a key partnership role with the province is clear, because the College of Physicians and Surgeons of Ontario is the regulatory body responsible for setting the entry-to-practice requirements and registering physicians in Ontario. The profession of medicine is regulated under the Medicine Act; the Medicine Act governs the registration of physicians. As is the case with all health professions, the Medicine Act falls within the regulatory framework umbrella of the Regulated Health Professions Act, the act which Bill 97 amends. For an internationally trained doctor to become eligible to practise in Ontario, he or she must satisfy the College of Physicians and Surgeons of Ontario registration requirements and obtain a certificate of registration. In short, there are two routes to medical practice in Ontario: Complete the rigid requirements established and put in place for those pursuing medical school and registration in Ontario, or undergo a lengthy and oftentimes cumbersome practical assessment to prove one's ability to practise medicine in Ontario.

The new system that we intend to create must assist and assess candidates based on their individual skills and education. I'm very pleased to state that progress has been made since the introduction of Bill 97. Over the summer, we worked in collaboration with the College of Physicians and Surgeons on policy changes that would ease the transition for internationally trained doctors to practise. On September 18, the college approved a new policy that will make it possible for physicians licensed

in other parts of Canada to become registered to practise in Ontario. Doctors who are licensed to practise in the US can move to Ontario and practise medicine if they've completed US postgrad training and examinations. This new policy will come into effect on December 1, just a few short days from now.

Moving forward from this, it is now our intention to continue to work with the College of Physicians and Surgeons, to continue to examine the barriers and build on what we have previously established in co-operation with them and continue to break down the barriers that face internationally trained medical physicians.

We had an opportunity in public hearings on Bill 97 to hear from a number of organizations and get their input with respect to Bill 97. We heard support from patient advocacy groups like that of Dr. Bob Frankford of the Sickle Cell Association of Ontario. He indicated that a greater ability of internationally trained physicians to practise in Ontario would be of particular benefit to the patients on behalf of whom he advocates.

We heard from experts such as Dr. Jean Augustine, of the Office of the Fairness Commissioner. The Honourable Jean Augustine is the Fairness Commissioner of Ontario. She made submissions before the committee that indicated that Bill 97 and FARPA, the Fair Access to Regulated Professions Act, share a common goal: Bill 97 aims to improve access to health care for the people of Ontario, and FARPA's amendments to the RHPA aim to improve registration in the health professions. In the context of the current shortage of health care practitioners in Ontario, it is crucial to ensure better access to the professions for qualified applicants. This will be a major step toward improving access to health care for all Ontarians.

We also heard from the CPSO and its president, Dr. Preston Zuliani, who said that they were "definitely in agreement with working" with the ministry. So we will continue. The next step for the CPSO is to facilitate registration for physicians from other jurisdictions beyond North America with a system comparable to our own. Consultations are currently under way, and we look forward to continuing to work with them to break down those barriers.

I want to correct a bit of misinformation, perhaps, that has circulated. This bill, Bill 97, does not place the sole responsibility of access on the regulatory colleges. Rather, it acknowledges the vital role that they play in helping us to implement solutions to the growing supply needs we have in our health care system. Once passed, Bill 97 would solidify Ontario's leadership in providing opportunities for internationally trained doctors to practise medicine. It would further dismantle barriers and allow qualified, competent, practise-ready, internationally trained doctors to provide care to Ontarians.

Certainly, I want to thank everyone who attended before committee and I want to express my appreciation to all those who made deputations with respect to Bill 97.

I want to also extend my appreciation for the work done by the dedicated professionals at the Ministry of

Health and HealthForceOntario, as well as all those advocacy groups that had an opportunity over the last many years to tell the stories of Ontarians who were trained and practised medicine in another part of the world and had expertise and ability that they wanted to bring to Ontario to help us provide the best health care that we can to Ontarians. Those stories and those realities have been critical in helping us, as a government, to break down and find opportunity for those Ontarians.

I also want to take a moment and thank the municipalities. Almost 100 municipalities came forward to our government to indicate their support and encouragement for the work that we are undertaking and that they too wanted to work in partnership with the province in breaking down barriers with respect to those who want to practise medicine in Ontario and have not, as of yet, had the opportunity to do that.

I want to also thank my colleague across the House the NDP member from Nickel Belt and the NDP, who in respect of Bill 97 and the work that's being done to break down barriers for international medical graduates and those trained abroad have been an example of how this Legislature can work well. It is important for those who have knowledge, who all want the best for their communities, who want to ensure that Ontarians have the best health care that we can provide and that it's in each of our communities and that there's access to emergency rooms and access to family physicians, and who also want to provide opportunity for those who would choose or who have chosen to make Ontario their home. I think that they'd be proud to see the co-operative efforts that have taken place in this House.

Bill 97 is one part of that broader plan. It's a critical part, though, and it's a foundational element to making the change that we need to see in Ontario—and having those who regulate the professions be part of finding the solutions to the problems that exist for those who are knocking at the door and want to practise medicine here in Ontario.

I want to talk for a little bit about other elements of the work the province has undertaken with respect to breaking down those barriers.

It gives me great pride to tell this Legislature that Ontarians already have the services of more than 5,000 internationally trained doctors. These 5,000 doctors represent almost a quarter of our physician workforce.

Some 630 international medical graduates, or IMGs, as they are referred to, are currently in residency training. Those IMGs have the right skills, but some lack licensing requirements. They can now practise in Ontario with certain restrictions. Some international medical graduates are working under the supervision of a practising doctor while working toward full independent practice, and others are practising only within a restricted specialty area.

We're bringing a new lens to the registration and integration of those trained in medicine around the world, and we're making sure that we don't continue to move forward with a one-size-fits-all cookie-cutter approach,

because those who come to our province from around the world bring a variety of backgrounds, a variety of experiences, a variety of mechanisms in which they are trained. Perhaps they are a Canadian student and they chose to go abroad to a school to get some well-known expertise. If that individual wants to come back to Ontario and practise medicine, we want them to be able to do that.

There are now more than 500 international medical graduates currently taking advantage of government-funded training and assessment opportunities. That includes some 235 international medical graduates who gained training or assessment positions in the 2007-08 year.

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I think it is absolutely important that Ontarians see reflected, in the debate and in the steps taken in this Legislature, a government that wants the same Ontario that they want. I think that Bill 97 is one part of our government's comprehensive plan to bring Ontario to the 21st century, to improve access to medical care in our province, and make real and meaningful progress when it comes to better welcoming and integrating international medical doctors. So I very much hope that all members of this House will stand and support Bill 97.

A healthy Ontario means access to safe, quality health care services. We all know that too many Ontarians do not have access to a family physician, yet every single day we're reminded, whether through our newspapers, through the news media, or through people we meet in our constituency offices, that there are many qualified, safe and competent international medical doctors who have chosen to come to Ontario—often for a better life for their family—but cannot practise here. Bill 97 is one part of a comprehensive action plan that will help us continue to break down barriers for those who have trained in medicine internationally, and will help us provide health care that Ontarians want and need.

I'm very proud to have had the privilege to work on a project like this. I've said this before. I spoke, in my very first speech in the Legislature, about how it was not acceptable that we lived in a province where these barriers existed. We need to take a step-by-step approach to reducing and minimizing those barriers. I believe that the report and the five-point action plan established do that. It speaks to the variety of skill sets that individuals will have when they are trained, not in Ontario but around the world. Whether they are trained in another province or in the United States, those doctors will now be able to practise here as of December 1.

But more needs to be done. Bill 97 is the opportunity to establish a new foundation, a foundation of partnership, a foundation where the regulatory colleges recognize that they too have a role to play when it comes to ensuring that we all in Ontario are able to provide access to physicians, physicians that Ontarians need to heal them when they're sick and keep them well.

I'm very pleased to debate Bill 97 today. I hope that we will see its quick passage in the Legislature and that

we will be able to get on to further actions to continue to break down barriers for those who have trained in medicine around the world.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Ms. Cheri DiNovo: I'm pleased to comment on the comments by the member from Etobicoke–Lakeshore. Certainly we all have experiences in our ridings, but the story that comes to my mind is the story about one of my constituents who came from Iran, who was a trained surgeon—years and years of training. He was in his 40s. He expected that he would have to do something to qualify in surgery here, but what he didn't expect was the news he received, which was that he would have to put in 10 years to be a qualified surgeon.

He wasn't prepared to go back to school for 10 years, so he worked as a baker for \$9 an hour while a million Ontarians go without a family doctor, and many of those need surgery. In fact, the result of his particular and sad story is that he travels back to Iran for six months of the year to work as a surgeon so that he can support his family in Toronto for the other six months of the year. This is absurd. This is the situation we find ourselves in.

I remember when the College of Physicians and Surgeons came to my riding. We held internationally trained professionals evening where we invited health professionals from other lands. We invited the College of Nurses. I was struck by the fact that it seemed to me—now, perhaps I'm mistaken—that they had a quota system on the number of new internationally trained professionals they let into the profession. Certainly in a province where we have desperate need for trained medical staff, both nursing and doctors—and I must say that the nurses did not strike me in that way at all, but seemed much more open to welcoming in those who are internationally trained—we support the government in this. It's a skinny little bill. It's one page and hardly qualifies as a bill, but if this is what it takes, then we in the New Democratic Party are for it.

The Deputy Speaker (Mr. Bruce Crozier): Questions and comments?

Mr. Mike Colle: I wanted to comment on the remarks of the member for Etobicoke–Lakeshore and the great work she's done in moving the yardstick a little further on this issue of qualified, internationally trained doctors.

Just yesterday I was in one of my favourite grocery stores in my riding, Lady York, and a gentleman from Libya was talking with me about this very subject. He said that he knows some doctors from Libya who are trying to practise here in Canada and they've had some problems. I did mention to him that one of the best plastic surgeons in Toronto is a doctor from Libya, who is practising, I think, at Scarborough Centenary Hospital.

It is a perplexing challenge that all governments have had. But just to put it in perspective, one of the things we have to understand is that the Ontario government is spending over \$200 million a year on training foreign-trained, international doctors. The IMG program is the most comprehensive program in North America training

internationally trained doctors. So it does take resources, but it also takes willpower and a mindset change. Some of our regulatory colleges, like the College of Physicians and Surgeons, have sometimes been gatekeepers and they've made it very difficult for people to become doctors. Then our own rules: Even our Canadian provinces have barriers to Canadian-trained doctors going from province to province, never mind from countries like Libya. So there are all kinds of reasons to do this.

But the other thing we have to keep in mind is that we shouldn't be actively recruiting doctors from many of these countries, because those doctors are needed in developing countries. That's the other role Immigration Canada should play, ensuring that those doctors trying to immigrate are given the facts: that they won't be instant doctors. And there's no need to recruit people, because they are needed in developing countries.

The Deputy Speaker (Mr. Bruce Crozier): Thank you. Questions and comments.

Mr. John O'Toole: First, just to acknowledge the member from Etobicoke–Lakeshore in her role as parliamentary assistant: I think she did some pretty good work as minister, and now she's been relegated to commenting on work. When I look at Bill 97, I see nothing in here. There it is; this is their solution for a doctor shortage. What we've got in Ontario is embarrassing, quite frankly. Here's why I say it. We have the health tax, which is about—what?—over \$2 billion a year, and do we have any more doctors? No. In fact, in my riding, one of the biggest issues is a doctor shortage. They've been there almost—it's getting into their second term—well along five years, and we still haven't solved the problem. When you look at this bill, what it does, it says here: "It is the duty of the college to work in consultation with the minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals."

There's nothing here about adding or setting goals in accountability and targets. In my riding of Durham, for instance, with Lakeridge hospital and the three communities I represent, which would be Uxbridge, Port Perry-Lake Scugog township and Orono/Clarington, each one of them has a physician recruitment committee. For each one of them, the municipal councils are ponying up \$25,000 or more to go on these trips to meet with the new residency and internship programs, and there's not enough money for our hospitals. I met with Lakeridge Health on Friday, and the new CEO of that hospital told me that they have a deficit this year, and next year it will be \$10 million.

They haven't done one thing to fix the health care problems. It's embarrassing how we've got one bill here and the PA is talking about more doctors. This problem is bigger than you, the report you've written, and I can't wait until our member from Kitchener–Waterloo sets you straight on it.

The Deputy Speaker (Mr. Bruce Crozier): Thank you. Questions and comments?

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Mr. Jerry J. Ouellette: I'm happy to comment on this bill as well. I know that recruitment of doctors is a critical issue. I know that—let me just get the member's riding correct—the member from Eglinton—Lawrence mentioned gatekeepers. I think it's a lot more than the gatekeepers. I think they hold the lock and key, and I'm not sure it's not thrown away, from the interpretation of this issue that I've heard.

We have to think outside the box. We have to think of alternative ways, alternative methods. For example, I know that what they did in Kapuskasing—and this might be a heads-up to the minister or the PA—was provide for a retired specialist to come in once a year. The individual used to enjoy cross-country skiing, of all things, so they provided the individual with a house and free cross-country skiing on the trails in Kapuskasing and, lo and behold, they had a doctor who was up there providing service on a specialty basis once a year to ensure that that community and the local communities were being taken care of in the proper way. We have to think outside the box.

My colleague the member from Durham mentioned recruitment services. I hear the same thing. I know the executive director of the chamber of commerce is part of that, and he's absolutely convinced. We've been trying to tell him that we're robbing Peter to pay Paul in this particular situation, where the recruitment takes individuals from one community that all of a sudden becomes depressed, and it's not answering the question. What we have to do is ensure that we think outside the box, that we think and work in conjunction and make sure there is portability between the provinces and other jurisdictions in the immediate area. I know locally that Councillor Joe Kolodzie's cousin came in from another jurisdiction and it was going to be five years before the individual was going to be able to practise in Ontario. Within six months he was practising as a specialist in Boston.

Those are some of the things we have to look at, to make sure we can break those barriers. I think that nurse practitioners were the first step. Some individuals or sectors of society were not overly supportive, but it was the right thing to do in providing health care service for a lot of communities. We need to think outside the box and move forward.

The Deputy Speaker (Mr. Bruce Crozier): The member for Etobicoke—Lakeshore has two minutes to respond.

Ms. Laurel C. Broten: I want to thank the member for Parkdale—High Park for her comments with respect to nurses and the differential approach between the regulatory College of Nurses and the physicians of Ontario. There's a great deal we can learn from the nursing profession as to how they have mentored and assisted those who are internationally trained. In fact, that's something we spoke about at the committee hearings on this bill. We talked about the success rates of the bridging programs of the nursing profession to make sure that internationally trained nurses would be able to qualify and practise in Ontario. That's the type of model we look

to working on with the College of Physicians and Surgeons of Ontario, other health care professional bodies and educational bodies to provide and assist in terms of the bridging and mentorship programs that form part of the recommendations set out in this report with respect to removing barriers.

The member for Eglinton—Lawrence said this is a challenge that has been faced by all governments and that we need to change the mindset. I think that is very much what Bill 97 does. It changes the parameters in which we operate. It says there's a partnership here. You need to ensure that physicians are qualified, safe and competent—absolutely, no question—but in the same instance, the College of Physicians and Surgeons of Ontario and the other regulatory bodies need to acknowledge that it is not acceptable to put in place criteria that eliminate without foundation those who could practise here but for the fact that much of their training and education was found around the world.

The member for Durham and the member for Oshawa talked about thinking outside the box. I would encourage them to read a little bit about the steps that are being established and pay attention to their municipalities, because their municipalities support this legislation.

The Deputy Speaker (Mr. Bruce Crozier): Further debate?

Mrs. Elizabeth Witmer: I'm glad to join the debate on Bill 97, which basically does a very simple thing, and that is to amend the Regulated Health Professions Act, 1991, by adding only one single sentence. I just want to remind people in this House, and certainly anybody watching at home, that the legislation says merely that it is the duty of the college "to work in consultation with the minister ... to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals." That's it; that's the bill. And despite the government's attempts to promote this as a vehicle that is going to open the floodgates for foreign-trained doctors, it says nothing of the kind. The government has spent the last number of weeks talking about how this is going to improve access for foreign-trained professionals. Basically, what it's doing is acknowledging that the government has not been able to meet its objective—and I'll talk about that a little later on—when the Premier promised a doctor for everybody in the province in 2003. Of course, he promised other health care professionals as well. I want to make it abundantly clear that this bill does not in any place refer to foreign-trained professionals. The government can say what it wants; it can pretend what it wants. The reality is that it's not going to produce them. It's not going to improve access for them. What it does do, however, is recognize that the government wasn't able to meet its objectives, to make sure they had the required numbers of doctors, nurses and other health professionals in the province of Ontario to meet the needs of the people living here.

In some respects, they are now abdicating some of this responsibility to the colleges and making the colleges accountable for making sure that the numbers of quali-

fied, skilled and competent regulated health professionals are here. The truth is, the government doesn't have a long-range human resource plan. They don't have any plan. They have operated for about five years now simply from one crisis to another. The unfortunate reality is that the shortage of health care professionals is growing. As we see a large greying, older population moving through the province, we know that those individuals are going to require more care. Regrettably, we are going to be faced with an even greater shortage of health care professionals, because there is no long-term resource plan to meet the needs of individuals.

This bill, then, is going to force, make it a duty of the colleges—and there are 23 regulatory colleges—to take over the responsibility of addressing the shortage of health care professionals, even though their duty right now is to protect the public. I don't think any of us know what the impact will be as far as the responsibility they already have, which is to protect the public.

So we have Bill 97, which doesn't speak to foreign-trained professionals. But it does, I guess, address an issue, and that is the fact that the government hasn't been able to respond to the need for doctors. Five years ago, Premier McGuinty did promise that he was going to recruit and train more doctors. In fact, five years ago he said that no person would go without the medical attention they needed. However, here we are five years later and we still have almost one million people without a family doctor. That's the same number we had five years ago.

I want to read into the record at least one e-mail that I received from someone in the province of Ontario. As MPPs, we regularly get letters and e-mails and phone calls from people who are absolutely desperate. They don't have a family doctor, and they need a prescription renewed, or they need a test done, or they simply have a health issue that requires a family doctor and they don't know what to do.

I want to read an e-mail I received from Ms. Catherine Lau. It says:

"Dear Mrs. Witmer,

"I, like many of my family, friends, and neighbours, am extremely concerned about Ontario's doctor shortage.

"Over 850,000 Ontarians don't have a family doctor, three out of 10 physicians are likely to retire in the next five years, and our emergency rooms and hospitals are becoming increasingly crowded as a result.

"Something must be done! And I'm looking to you to help provide the solution.

"I am urging you to do everything in your power to help solve Ontario's doctor shortage."

As I say, we hear from many, many people who are concerned about this issue. The unfortunate reality is that the situation in this province, in many ways, has worsened over the past five years, in that Ontario has now become no longer the jurisdiction of choice for doctors. The other unfortunate consequence of the past five years is that since 2003 the number of communities designated as underserved for family physicians has increased from 122 to 140. Since 2005, the number of doctors who

have fled Ontario has increased year after year. We also know that we're going to soon lose another 2,600 doctors to retirement.

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Of course, we also know that the economy is not doing well currently, but according to the Ontario Medical Association, 83% of people believe Ontario's doctor shortage negatively affects economic growth in their community. So if we're going to help bring some stability to the economy and see the creation of new jobs, we know that those communities also need to have the physicians and the health services in place in order to help with that economic growth.

The other very startling statistic is the fact that a third of Ontario's medical school graduates leave the province within two years of completing their training. Obviously, the government needs to take some action in order to increase the number of physicians in the province, make sure they don't flee to other jurisdictions and somehow ensure that those doctors nearing retirement are encouraged to continue to practise; and, of course, they need to take a look at some of the steps that could be taken to make this a more attractive place to practise medicine.

First of all, I believe that we need to create a new school of medicine, and we need to continue to expand the medical school spaces here. I would like to remind everyone that it was our Progressive Conservative government that announced the Northern Ontario School of Medicine in 2001. Of course, if we take a look at that, we can see that this strategic investment has had a very positive impact on the north and also on the ability to provide doctors to the residents.

I want to read from the Sudbury Star on June 11 this year, which says:

"When the \$100-million Northern Ontario School of Medicine first opened on the campuses at Laurentian ... and Lakehead ... there were lofty predictions that it would help to change the face of medicine in the north.

"With the announcement (on June the 9th) that five young doctors educated at the ... school have agreed to practise in ... Sudbury upon completion of their residencies, it appears to be on its way to doing just that.

"The excitement generated by the medical school was that of so much potential. Some of the doctors trained here would stay here, and with the established cancer research centre and Sudbury Regional Hospital's designation as a teaching hospital, greater Sudbury was to be a model for how to shepherd a culture of health care education and research. Most importantly, the medical school was to provide family doctors for desperately underserved communities in northern Ontario for years to come.

"With the announcement of an agreement by the five graduating doctors to practise here, the school can point to tangible success in this crucial area.

"Said Dr. Roger Strasser, founding dean of the school of medicine on the occasion of the official opening of the first medical school in Canada in 35 years: 'The Northern Ontario School of Medicine is the jewel in the crown of northern Ontario ... and Canada.'" Indeed it is.

That first year, there were 32 students in Sudbury and another 24 in Thunder Bay. It's providing students with the opportunity to train in communities throughout the north. That was our intention. When we identified we had a doctor shortage, we recognized the need: the need to educate these young people close to home. In 2007, 91% of the first-year students were from northern Ontario. Before the school opened, they would have trained elsewhere in the province and perhaps been enticed to practise where they were educated. It might have been London, maybe Kingston or maybe Toronto. There were more than 2,000 applications received for the 2007-08 academic year; 9% of the students in that year were self-identified aboriginals and 27% self-identified francophones, which is a good reflection of northern demographics. I would encourage this government to recognize that there are many, many men and women in this province who are interested in becoming physicians. I would encourage them to open a new medical school if we ever hope to make progress toward having enough doctors in the province of Ontario to provide for the needs of our residents. They also need to continue to expand medical spaces at the schools we currently have.

Secondly, the government of Ontario should establish an independent human resource planning body for health care professionals. This is extremely important. Our shortage of health care providers is going to persist—not just this year, not three years from now, five or 10—unless we do the necessary strategic planning. Even Dr. Preston Zuliani, the chair of the council of the College of Physicians and Surgeons, when he appeared before the Standing Committee on Social Policy on October 27, said, “Increasing the number of health care professionals is an important but long-term and complicated goal.” He said that the government should “establish an independent health human resources ... body.” They feel this is particularly critical, given what it says in the legislation, that the colleges now are going to be responsible for making sure that we have the number of doctors that are going to be required.

If we're not training them, where are we going to get them? There are only so many foreign-trained doctors, and we all know that we shouldn't be poaching these doctors from other jurisdictions where they're also desperately needed. We need to recognize that we have to train our own young people. As you know, Mr. Speaker, currently many of our young people who hope to become doctors have gone to Australia, New Zealand and Ireland. I'll tell you, it's tough for them to come back and enter practice in the province of Ontario. We always seem to set up some barriers so they end up going to the States, and once they go there, they're gone. These are young people that we've educated here. They've had their undergrad, their secondary, their elementary school, and they want to come back, but we just make it very tough.

We've got to set up an independent human resource planning body in order to identify how many health care professionals we need in five, 10, 15, 20, 25 years. We've got to take a look at the demographics. We've got

to take a look at what kind of health care professional is going to be required. We've already heard about the absolute shortage of geriatricians at a time when our population is aging. We don't have enough to meet the demands, and our older people could be enjoying a much higher quality of life if we had the number of geriatricians that were required. Unfortunately, family doctors simply don't have the skills. They don't have the training to provide all the support that is necessary to our older individuals.

Thirdly, the government should implement not only this independent human resource planning body for health care professionals, they should implement a comprehensive long-term physician recruitment strategy. This strategy should be informed by the targets and the data set out by the independent human resource planning body. But instead of taking this type of action, which actually would take a look at the population as we move forward, take a look at the demographics—how many people are going to be between the ages of birth and five, how many between the ages of 20 and 30, how many over the age of 65, and how many over the age of 80?—the government has decided to do nothing more than introduce a bill which says, “It is the duty of the college to work in consultation with the minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.” Talk about an abdication of responsibility. And yet they've talked about this bill over and over again, as though this is going to be the bill that refers to foreign-trained doctors, is going to enable, is going to give access to all those foreign-trained doctors who are desperately looking to practise in the province. It does absolutely nothing of the kind.

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Let's talk about these international medical graduates. Our party supports the need to make sure that qualified international medical graduates have the opportunity to practise in this province. We know that one of the ways that we're going to expand the number of health professionals is to make sure that those in this province already have the opportunity to practise.

We know that you also have to set high medical standards. That was reinforced by CPSO when they came to see us. Again, Dr. Zuliani had this to say: “The college's first priority is, and must remain, the safety of the public. Ontarians want more doctors. They also want the comfort of knowing they are being cared for by qualified doctors....” He went on to say, “Increasing access to qualification has been a priority for us,” and he pointed out:

“For the fourth straight year, more certificates were issued to international medical graduates than to our own Ontario graduates.

“Twenty-five per cent of independent medical certificates, or one out of every four, went to international medical graduates.”

So the college has certainly done what they can to ensure that the qualified IMGs have access to practise.

And you know what? We can make sure that international medical graduates have the same opportunity in all of the other medical professions. We need to help them bridge these programs.

In fact, there's been a lot of frustration amongst the international medical graduates. They've come to see me in Toronto and in my riding of Kitchener–Waterloo. They feel at times that they don't get the support that they need from the government in order to help them move up and become fully qualified. One of the suggestions that they had for helping international medical graduates was to increase the number of residency positions available in Ontario, a great suggestion because you can't practise if you haven't gone through that. They said that they needed to continue to reduce the barriers to registration and training for IMGs to access alternative medical professions. They needed to support IMGs through a physician bridging program comparable to other professions and they needed to allow IMGs to update their medical credentials through the support of government funding programs. I hope that the government is certainly going to move forward on some of those suggestions.

Having said that, we need to recognize that we need to solve the problem within our own province. We need to train enough physicians in this province. We can't continue to poach health professionals from other provinces where they are desperately needed as well. So for the McGuinty government to continue to imply that Bill 97 is going to be the panacea for helping foreign-trained doctors find work in Ontario is wrong, but this is what they say.

On June 16 a Ministry of Health news release stated, "Ontario is introducing new legislation that would ease the way for internationally trained health care providers to practise in the province." Where in that one sentence does it make any reference to foreign-trained, internationally-trained? It doesn't refer to those health care providers. Again misleading, they released a news release on September 19 which boasted, "In June the Ontario government introduced legislation that would ease the way for internationally trained health care providers to practise in the province." Well, it doesn't mention internationally trained health care providers in this one line at all. So it's totally misleading to say this because there is no reference to IMGs.

Now, during the Standing Committee on Estimates, our party sought some clarification on this issue, and I asked the former Minister of Health if his bill specifically referenced foreign-trained doctors or international medical graduates, because I couldn't see those words in the one line. The minister was at least honest, and he did confirm that there was absolutely no reference to foreign-trained professionals or international medical graduates in his one-line bill. The minister went on to suggest that the legislation was "a statement on behalf of the patients, to bring added influence of the patients' circumstances into the work of the regulatory bodies," whatever that means.

Bill 97 was introduced around the same time as a report entitled Report on Removing Barriers for International Medical Doctors was brought forward by the parliamentary assistant to the Minister of Health. The government suggests that this report outlines how Ontario will improve access to medical care in Ontario and will make meaningful progress with respect to better welcoming and integrating IMGs into our province, but I have read the report, and in some respects it reads more like a policy statement than a plan. The report is somewhat light on detail, heavy on rhetoric, and it absolutely lacks actual documentation to support its recommendations. So it was that report, introduced around the time of Bill 97, that allowed the government to continue to try to fool the people into believing that this bill is actually going to improve access for foreign-trained doctors in the province of Ontario.

But I think when you take a look at this bill, it really does reinforce the fact that in desperation, with no other plan available, the government came forward with this. In fact, did you know that the government has broken its own promise to produce a plan to address the gaps in Ontario's health system? The McGuinty Liberals have yet to develop and publish a 10-year strategic plan for health care, a commitment, by the way, that they made under the Local Health System Integration Act, 2006. According to a 2007 Ministry of Health press release, the McGuinty Liberals promised this report would set out a vision, priorities and strategic directions for our health care system over the next 10 years.

This government won't come forward with a plan. In fact, not only have they not come forward with the plan they promised, they have stymied our efforts to access this report, including obtaining it through a freedom of information request.

So, whether it's about improving access, modernizing health infrastructure, shortening wait times or promoting good health, Ontario requires a long-term vision, which is totally lacking at this point in time because the McGuinty government has no plan, they have no vision, and they've never brought forward the plan that they promised they would in order to address the gaps which continue to grow in Ontario's health care system.

When I confronted the former Minister of Health about this issue—no plan—during the Standing Committee on Estimates, the minister agreed that his ministry hadn't achieved the due date it set out. In fact, the minister went on to suggest that the report would be published sometime in 2008. Well, it's now almost the end of November. We've still seen no plan.

In fact, the minister suggested the reason the report didn't come out in 2007, as they'd promised, is because they didn't want it to interfere with the 2007 election. Well, that election is now one year ago. The minister said, "I think the difficulty we were in, to be direct with you, was that the window last year got too close to the election." Well, I'm not sure what their excuse is today. I just know we've not seen any health plan; we have no human resource plan.

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This shortage of health professionals with its nurses, doctors or others is going to continue, and I suspect that we're going to see longer wait times in the province of Ontario; we're going to continue to have emergency rooms crowded and over-packed, because we've also recently learned that hospitals don't have the resources to balance their budgets. We're hearing about cuts to staff; we're hearing about service cuts.

We talk about an economy in crisis in the province of Ontario. I would say to you we have a health system that's nearing crisis and we have a government that still has not delivered a strategic plan of action to respond to the needs of the province and its people, despite its commitment to do so. So we have LHINs out there in 14 areas of this province, some of them duplicating what has already been done before, making decisions without a central plan, and lots of them are going in separate directions. I think we're going to see, at the end of the day, that the level of service provided to people in the province of Ontario is not going to be consistent, it's not going to be the same, and not everyone is going to have equal and fair access.

It's extremely disappointing when you consider how much money is being spent on health care today in this province to know that there is no plan, no strategic direction. We are spending today 46 cents of every dollar on health. Even without a plan, spending on health care is projected to rise to \$42.4 billion next year. It's getting to a point where it's going to be half of the budget. That is simply not sustainable, because the demographics show us that the number of older people is increasing very rapidly, and they're going to require more care. We know today that there are older people, 24,000 of them, who don't have a long-term-care bed and are looking for one. We know there are people in beds in acute care hospitals who could go back home, but we don't have the community home care support services that they need. There are people who could go into alternative levels of care, but the care is not available.

The situation where the needs of Ontarians are not being met is continuing to increase. This government has failed to deliver on its promise to operate with a sense of direction. It hasn't delivered. Ontarians deserve a plan. They deserve to know how this government intends to meet the challenges of rising costs, particularly in this economy when we're going to see fewer and fewer taxes coming into the coffers. The revenue that they've enjoyed these last five years, the tax and the spending, can't continue. In fact, they have now collected over \$12 billion as a result of the health tax from the pockets of hard-working Ontarians, and we have a health system that is growing worse by the day. So this government needs to develop a plan; they need to share it with Ontarians; they need to make sure that the LHINs understand where they need to be going. They need to address the rising costs, the aging population, the overcrowded emergency departments and the shortage of health care professionals.

This bill isn't going to do any of that. This bill simply hands over responsibility for the health care professional shortage and says to the colleges: "You do it. We give up. We've been able to do nothing, basically, over the past five years." Now, not only do we not have a plan, not only have they not been able to meet the needs of the Ontarians who are looking for health care providers, but I think everybody was astounded when the province announced last month that it was facing a \$500-million deficit. That was stunning because they had just a few months before said that there was probably going to be a \$5.6-billion surplus and an \$800-million reserve fund. As I said to you, they've already taken \$12.2 billion out of the pockets of hard-working families through the health tax. But then, in order to help balance their budget—unbelievable—the Premier said, "This is how we're going to do it. We're going to delay"—in other words, not hire—"the 9,000 nurses we promised"—well, they've never hired the 8,000 nurses that they promised from the first term—"and we're going to postpone the creation of the 50 family health teams."

These cuts could not be happening at a worse time. We don't have enough health care professionals. We have an aging population, with rising rates of chronic disease. We obviously are going to see more and more people with health problems in Ontario as a result of the stress that some of them are suffering now because of job losses and other pressures on family, and this government is going to take money out of health care.

Who is going to provide the care to the people in the long-term-care homes? Who is going to provide the care to the people in the hospital? Who is going to provide the care within the family health care teams? We don't have nurses now sufficient to meet the needs of the population, and this Premier and this government are saying, "Well, we're not going to hire the 9,000 we promised and—you know what?—forget the fact that we broke our first promise to hire 8,000."

It is unbelievable that this government would make that kind of announcement and indicate that it is going to take \$53 million out of health. On the other hand, as I said today in question period, when I took a look at what the government is doing as far as hiring, their hiring continues unchecked. Some 40% of the positions available are for analysts and consultants. I don't know how they see that as a higher priority than more nurses and more doctors, but I think they had better get their priorities straight.

These cuts to health care—these nurses, these family health teams, these doctors—mean that our seniors in long-term-care homes are simply going to be receiving even less care than they receive today. Our seniors today in nursing homes get less care than do seniors in most of the other provinces in Canada. They don't even get three working hours of care. Many of them are forced to sit in diapers. They could be toileted if there were staff to do that.

This is also going to mean, if we have fewer nurses, that the emergency room wait times are probably going to increase. If we have fewer family health teams, it

means that there are going to be more patients without access to primary care. It also is going to mean, if we have fewer nurses and fewer family health teams, that those people who now suffer from chronic diseases—and I regret to say the number is increasing—such as asthma and diabetes are going to have less access to care, and as a result of less access to care in managing their conditions they're going to end up with some more serious consequences—perhaps blindness, perhaps amputation—all sorts of things that could be avoided if we had the appropriate number of health care professionals to meet the care.

This Premier must live up to his promise to hire the 9,000 nurses now. He must create the family health teams that he promised, because the care is desperately needed. The reason that he's had to do this is because of the fiscal mismanagement of his government. They spent, they taxed for five years, and now, despite that revenue, we are seeing cuts being made and those cuts are on the backs of patients in hospitals, nursing homes and certainly in family health teams.

I want to tell you, not only were we shocked about the cuts of the 9,000 nurses, but Mrs. Catherine Mayers from the RAO stated in the committee proceedings, "We were alarmed to hear in the Minister of Finance's statement this past October 22 that the government was postponing its commitment to create the 9,000 nursing positions as well as 50 health care teams.... I find it quite ironic that a bill seeking to ensure access to health professionals is going to committee at the same time that much-needed nursing positions are being delayed."

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She goes on to say, "How many more RNs are needed in Ontario?... It is safe to say that most would not want Ontario's RN population ratio to fall below that of the rest of Canada, particularly given that Canada's ratio is considerably worse than it has been in the past. Based on the latest available data, Ontario would require more than 10,000 RNs to catch up with the rest of the country. At the very least, the 9,000 promised RN positions should be delivered as quickly as possible to enhance access to health care."

So we are already short 10,000 RNs, and this Premier decides that he's not going to make the 9,000 available to people right now. This stands in stark contrast to what our government did. We established the Nursing Task Force in September 1998. They provided recommendations to me, as health minister at the time. We made an investment of \$375 million to create 10,000 new front-line and permanent nursing positions. I am pleased to say that the funding was provided for all of those positions, and in the end they supported the creation of 12,000 new permanent nursing positions, which actually was 2,000 more than the task force had recommended. So I think that the Premier certainly is in a position to take a look at what we did when we set up the task force.

He also needs to recognize, when he looks at nurses today, that Ontario was projected to lose almost 10,000 RNs who are age 50 or older to retirement or death by 2006, that the average age of an RN today has increased

to over 44, and it's estimated that we're going to see a lot of nurses retire by 2013. So we need to make sure that we invest in nurses, as opposed to doing what this Premier is doing, and that is cutting the 9,000 nursing positions.

I also want to point out that this isn't the first time they've made cuts to nursing. In January 2005, they spent \$91 million to eliminate 757 nursing positions. Of course, in recent months we are seeing nursing positions slashed at hospitals throughout the province, such as Rouge Valley, Leamington, West Nipissing, Toronto East General, St. Joseph's Health Care, and we know other hospitals in this province are also going to have to eliminate positions.

We obviously are seeing the quality of care in this province threatened for patients as nursing positions are eliminated.

Let me go back to the bill and conclude. This bill does not by any stretch of the imagination produce or improve access for foreign-trained doctors. It merely abdicates the government's responsibility to find the appropriate number of health care professionals to the 23 regulatory health colleges. This is all that this government has been able to accomplish in five years.

I want you to ask yourself, why is Dalton McGuinty not doing everything he possibly can to ensure that the needs of Ontarians are met when it comes to health care? Why is he prepared to abdicate responsibility? Why is he not announcing a new medical school so that we can train the appropriate number of doctors we need? Why is he not developing a long-term/short-term human resource plan? Why is he not developing a plan in order to ensure that we have the appropriate number of physicians in the province of Ontario? There are many initiatives that could have been undertaken by this Premier and by this province. However, this bill is not going to achieve that objective.

So I say to you today, although we will be supporting this bill, we are extremely disappointed at the lack of action and the lack of a plan that has been presented by this government in order to ensure Ontarians that their health needs are going to be met five, 10, 15, 20, and 25 years from now.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

M^{me} France Gélinas: It's my pleasure to make a few comments on the presentation made by the member from Kitchener-Waterloo. Her first point was really that this is a light bill, and I don't think anybody can argue with this. It was one page and that's all. On this point, I'd say we would all agree.

I would also agree with her position that the expansion of medical school to people of northern Ontario is something that has already given results and will give even more results as the first graduates of the northern Ontario medical school will be graduating in July 2009, a few months from now, something that everybody in the north is looking forward to.

There will be 56 new physicians graduating from the northern Ontario medical school. Two of them are of aboriginal descent and 17 of them are francophone or

able to provide medical services in both French and English. So of the over 3,300 applications they got for the first year, they selected a class that pretty well reflects the people of northern Ontario, and I would say that in the subsequent classes the same respect for the people of northern Ontario was found. I would agree with an expansion of the number of students that the Northern Ontario School of Medicine could accept; they're presently at 56. If we could increase the enrolment, that would also be very beneficial to increasing access for people of northern Ontario to physician services.

I thank the member for her comments.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments? The member for Ottawa Centre.

Mr. Yasir Naqvi: Thank you very much, Madam Speaker, for giving me the opportunity to speak on this very important bill. I was listening to the comments made by the member from Kitchener–Waterloo, and I'm a bit perturbed about her comments because she was Minister of Health in the past and had the opportunity to make certain changes to the system to ensure that there are more foreign medical graduates and foreign-trained doctors incorporated into our system in Ontario to ensure that we continue to provide quality health care to Ontarians.

I have been talking to many of my constituents who have practised as doctors, many of whom have graduated from other jurisdictions and have chosen Ottawa as their home, and they're quite excited about the plan that this government is putting together. They are getting involved in the process which the College of Physicians and Surgeons of Ontario is taking in terms of the various pathways they are considering to make sure that foreign-trained doctors and graduates are fully incorporated into our health care system, providing necessary health care to Ontarians, but also ensuring that the health and the safety of Ontarians is maintained.

I very much support this bill. This is part of the plan, along with creating new medical schools and seats for medical doctors. We've seen over a 20% increase in medical seats right in Ottawa, at the University of Ottawa. These are all steps necessary to ensure that we give more Ontarians access to family practitioners, including those who have been trained outside Ontario, outside Canada.

I thank the member from Etobicoke–Lakeshore for her work on this bill and continue to work with all sides of the House to ensure that this bill is passed.

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The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Ted Arnott: I am very pleased to rise this afternoon and compliment my colleague the member for Kitchener–Waterloo on her presentation on Bill 97. As she points out quite rightly, this bill does not produce or enhance access for international medical graduates, contrary to some of the rhetoric we hear from the government's side. In fact, it's a clumsy, half-hearted effort to transfer responsibility for ensuring that we have an

adequate number of health professionals on to Ontario's professional colleges, like the College of Physicians and Surgeons, for example.

The member from Kitchener–Waterloo, who has pointed this out many times in the House, again pointed out that the government does not have a health human resources strategy that we can see or that we can identify that appears to be working in any way, shape or form, and they lack any realistic plan to increase the number of qualified doctors in the province of Ontario. Clearly, the debate that has taken place on this Bill 97 shows that to be the case.

The member also pointed out her concern, as our party's health critic, that now that we have entered these difficult economic times in recent weeks and months, the government's first response seems to be to cut back on the number of nurses, or to suggest that there is no way they can keep their promise to have the 9,000 new nurses in Ontario. So their first instinct seems to be to cut front-line health services instead of readdressing some of the priorities that we've seen that are very questionable since they took office in 2003: for example, the \$400 million that they spent on the Windsor Casino; the \$2.3 million they spent having a celebratory party to open that casino, and there are a number of other examples. Of course, we remember the cricket club that received \$1 million, not knowing why they received it.

Today, as a matter of fact, I had the chance to attend the 50th anniversary of the Georgetown Hospital Volunteer Association. I want to express my appreciation to that organization, and I know they are very concerned about the government's lack of commitment to health care as well.

I'm looking forward to hearing the member from Kitchener–Waterloo respond to some of these comments, but certainly we have to call upon the government to do more in this regard.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Peter Kormos: You folks should note that in approximately four minutes' time France Gélinas, the health critic for the NDP, is going to be beginning her lead comments in response to this legislation. I encourage people who happen to be watching to stay tuned because France Gélinas, who has a long personal history in health care, has insights into this whole issue that are enlightening to all of those who listen to her.

I'm going to have a chance to speak this later as well, and it's been noted that this is pretty light stuff. This isn't just sort of low-fat; this is thin gruel. This water has no taste whatsoever and it's hardly wet. There is so very, very little here and, if anything, it is an acknowledgment on the part of the government of its failure to effectively develop policies that truly give Ontarians more access to regulated health professionals. Think about it. This has more nerve than a toothache, when you think about this government introducing this little bit of legislation after it delisted chiropractic services, after it delisted physiotherapy and after it delisted optometry. Access to regulated health professionals also means that in a public

health care system, those services are listed services. This government has been engaged in an agenda of creating a privatized health care system which restricts people's access to regulated health professionals, does not enhance them.

I'm going to have the pleasure to speak to this once Ms. Gélinas has finished.

The Acting Speaker (Ms. Andrea Horwath): The member for Kitchener–Waterloo for a response.

Mrs. Elizabeth Witmer: I'd like to thank the member for Nickel Belt. We certainly do look forward to her remarks.

I thank the member for Ottawa Centre, although I do take exception to the fact that he said the Liberals have a plan for health care. I think that, as I pointed out, despite the commitment that they've made, we still don't have a strategic plan, we don't know where it is we're going and, regrettably, we have 14 independent LHINs operating in the province of Ontario which also don't have a strategic plan that will help them decide where they're going to take their respective jurisdictions.

I want to thank the member for Wellington–Halton Hills, who has been a very strong advocate in all things related to health care, from the initiative Healthy Babies, Healthy Children to—today he indicated he was at a hospital, and that's just an indication of how hard he works on behalf of the people in his riding. And, of course, I want to thank the member from Welland.

I just want to reiterate, there is so much that the government could have done in order to step up to the plate after five years and decide that they were going to have a plan of action that would have identified, again, the needs of the people in this province, not just for today, but for tomorrow and for 25 years from now. I would personally say to you, I think there is very much a growing concern in the province about the direction of health care, the inability to meet some of the future needs of the population. We're going to have a smaller base of people trying to support a larger base of older people, and the demands for health care and health care spending are going to increase. This government could have done more but they failed to do so.

The Acting Speaker (Ms. Andrea Horwath): Further debate?

M^{me} France Gélinas: I will be sharing my time with the member from Welland.

I'm pleased to be speaking today about an issue that affects every Ontarian: access to an adequate supply of health professionals. It has been mentioned that the bill before us, An Act to increase access to qualified health professionals for all Ontarians by amending the Regulated Health Professions Act, 1991, is a fairly light bill. You're seeing the whole of it, if you're watching on TV; it's one page. It's really one line. It's almost alarmingly light, because the issue is so important. In the NDP, we think there is much more to be said and much more to be done. But nonetheless, the New Democrats will be supporting Bill 97, as we believe that it is a step in the right direction. It is a step forward. We support this bill in

hope that this is just one of the many steps we want this government to take. The NDP has a proud history in Canada and in this province of leading efforts to improve access to public health care for everyone. We welcome legislation that will improve the effectiveness of our public health care system.

The stated purpose of this bill is to ensure that Ontarians have access to an adequate number of competent health professionals. This bill provides a framework for the government to work with the regulatory colleges to increase access to health professionals. We're talking about the College of Physicians and Surgeons of Ontario, the colleges of nurses, physiotherapists, occupational therapists, speech pathologists, audiologists, optometrists, opticians etc. There are 23 altogether.

On the surface, especially when we know that hundreds of thousands of Ontarians don't have access to primary care, who can argue that this is not needed? There's some good news, because there is action already under way. The College of Physicians and Surgeons of Ontario announced a new policy on September 17 that will streamline the registration process for physicians already practising in other parts of Canada and in the US. When I was the executive director of the community health centre in Sudbury, we needed bilingual physicians. We would get people from Quebec who could practise in both languages, French and English, applying to come and work at our community health centre. They had two, three, five years as family physicians. Some of them actually practised in border communities like Aylmer or Gatineau, and a lot of their clients would actually receive some of their tests and tertiary care in Ontario.

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But those same physicians were not allowed to come and work in Ontario; those same physicians' licences were not recognized in Ontario. They were good enough to practise in Quebec, which has a health care system very similar to ours. They were competent family physicians with licences to practise. They could even order tests and diagnostic procedures in Ontario hospitals. But they were not allowed to have a licence to practise in Ontario. This is about to change, and this is why this bill is a step in the right direction.

This bill will quite likely increase the number of physicians practising in Ontario, and it has to be supported for that. But we need to recognize that this bill will not, on its own, lead to improved access to quality care for those who need it the most. A range of other actions is also needed. We can support this bill, but it is one small part of a comprehensive strategy to improve access to quality care.

There are also a number of important issues that must be discussed as this bill passes through third reading. The first thing I want to talk about is the importance of developing a health human resources strategy to project needs for professionals and to work to ensure that there is an adequate supply of physicians and other providers in the different geographical areas of Ontario.

The title of this bill says "health professionals," but the focus really seems to be on the supply of physicians

and the relationship between the ministry and the College of Physicians and Surgeons. While there is no question that we need to enhance the supply of physicians in Ontario and improve the speed of integration of internationally trained physicians or IMGs—international medical graduates—in Ontario, we cannot simply focus on physicians while ignoring all the other health professionals.

Michael Rachlis, an expert on health care in Canada, recently said that even if the number of physicians were to double, “unless we were to change the structure in which they work, Canadians would still have inadequate access.” So in Ontario, if you look at 23,000 physicians, even if we were to double this, which this bill is nowhere near able to do, we would still have problems of access because we need to change the way family physicians practise primary care.

This means that not only must we think of ways to increase the number of physicians who work in Ontario, but we must also increase the supply of other health professionals. I’m thinking here about nurse practitioners, nurses, registered practical nurses, personal support workers, health promoters, community development workers, social workers, midwives, dietitians, nutritionists, occupational therapists, physiotherapists—the list goes on. Without proper attention to the supply and accessibility of all these health professionals, we cannot expect to see real improvement in Ontario’s health care. Physicians alone, and increasing the number of physicians alone, is not going to make it easier for people to have access to primary care in Ontario.

Second, the NDP is in agreement with groups like the Registered Nurses’ Association of Ontario in cautioning that the recruitment and registration of international medical graduates must be done in an ethical manner. We must not proactively poach physicians from poor countries that have an even greater need for these health professionals than we do. There are good reasons for emigration to Ontario, and we should not and could not prevent people who want to emigrate to Ontario. Ontario has to be a welcoming province to people who want to come here, but we must not go and poach people to bring them here.

The NDP calls on the government to implement ethical international recruitment guidelines, as have been advocated by the RNAO—the Registered Nurses’ Association of Ontario—by the World Health Organization, the International Council of Nurses and the Canadian Policy Research Networks. There are ethical guidelines that can be implemented to make sure that the improved access and recruitment of physicians is not done on the backs of poor countries and developing countries that can least afford it.

While we strongly support strategies to license qualified internationally trained health professionals in Ontario, we also believe that this alone will not solve our health professionals shortage. We need made-in-Ontario solutions that adequately support a broad range of initiatives relating to adequate and accessible medical care.

Third, we must seriously consider the range of actions that are needed to properly accommodate the range of international medical graduates into the Ontario health care system. This bill, as I mentioned, is a tiny step in the right direction. It is vital that the colleges have a concrete role in encouraging an adequate and qualified supply of health professionals, but they are not the only body that must take this issue seriously through the development of concrete and actionable guidelines.

The Office of the Fairness Commissioner touched on this in its submission to Bill 97. The Office of the Fairness Commissioner cautioned, “The government plays a key role in improving access to health care. It is not the responsibility of the ... colleges alone.” The government has a big responsibility to play. We need a ministry that is willing to support, through policy and resources, comprehensive recommendations, including barriers that can be addressed through a legislative or regulatory approach.

We also need educational institutions and professional programs that fully inform students of their programs’ compliance with accreditation and institutions that will work alongside regulatory bodies to ensure this. It is clear that the inclusion of international medical graduates is not an issue that can be solved with only one part of the system taking part. We need the universities on board. We need internship placements. We need support, language training, immigration etc.

Fourth, we need to improve the distribution of physicians, not through coercion, but through recruiting students from rural areas and improving working conditions. The current answer to the question of drawing physicians to underserved communities functions as a band-aid solution, but as long as physicians do not make a conscious decision that they want to move to northern and rural areas, we will be faced with ongoing shortages.

We need broader changes to solve the problems of too few physicians in Ontario who wish to practise in underserved communities. For example, fewer doctors want to or are willing to work 70 hours a week. More and more physicians have spouses who also work and want to be active parents. We need to find models of care that respect this work-life balance.

Certainly, the creation of the northern Ontario medical school is a step in the right direction. They recruit from northern and rural areas. They train and make sure that all of their students are exposed to practising family medicine in northern and rural areas. Right now, all 56 of them in the third year of their training spend the entire year either on a First Nations reserve or in a remote or northern community. This exposure prepares them for what’s coming ahead when they’re ready to go and practise. The Northern Ontario School of Medicine is the only one that affords that kind of training to their students.

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We also need to find models of care that respect the work-life balance. Right now, a lot of physicians practising in underserved areas work long hours. It is not a practice that is very desirable for most new graduates.

We need more community health centres in northern, rural and underserved communities. These allow new graduates or any other physicians to practise medicine. We know that in northern, rural and remote communities the retention and recruitment issues will continue to be there for times to come, but in a community health centre, if a physician or a nurse practitioner leaves, the chart stays in the community. It stays in the community health centre. The other members of the team who know the client are still there to help them along. There is also a body, the administration of the community health centre, that is there to put on recruitment efforts to make sure that new physicians, nurse practitioners, dietitians, social workers, health promoters and community development workers can be recruited so that the team can be whole again and provide quality care to their clients. It is good for the community, it is good for the patients of the community health centre, and it is also very good for the providers who work in those settings. They get to practise medicine. They get to work within the full scope of nurse practitioners. They get to work as nutritionists and work as part of a team. More and more, best practice for dealing with chronic disease, more and more, best practice for dealing with most of the common elements of primary care, is better done in a group setting, called an interdisciplinary team, where all of the different providers work together to provide quality care.

We need those kinds of models in order to be able to recruit in northern, remote and rural communities and underserved communities of Ontario. I must also say that there are pockets of populations, even if they are in the centres that have good access to many primary care practitioners, whether physicians or others, who have problems of access for different reasons.

Fifth, we need to make sure that physicians are doing what they do best, and that other providers such as nurse practitioners take their rightful place on health care teams. We need to recognize that physicians are not the only health professionals lacking in our current system. There's an example that is given as a joke, but unfortunately it often rings true: If you try to gain access to a midwife, you need to sign up on the night of conception; otherwise, the waiting list is so long, chances are you won't have a midwife helping you through your pregnancy and delivery.

While we have increased the number of seats in medical schools, we have lagged behind in training nurses. Ontario has the second-lowest number of nurses per capita in Canada. Yet, in spite of this existing shortage, the McGuinty government announced last month that it has delayed the hiring of 9,000 nurses that was promised in the last election. This is on top of the hundreds of nurses recently laid off from different hospitals in this province. The hypocrisy of advocating support for one sector of health care while simultaneously pulling the carpet out from under an equally important group of practitioners is not lost on this party or on the people of Ontario.

The sixth point I wanted to make: We need to better understand the needs of Ontarians who are currently

without access to primary care. We read different reports, going from a million Ontarians, 750,000 Ontarians without access, half a million Ontarians actively looking for access to primary care, for a family physician or a nurse practitioner. But what do we know about these people? Well, we know that many live in rural areas where there is no other access to primary care. We know that many of those half a million people actively looking for access to primary care are immigrants, people with different cultural backgrounds who can't access a physician and who are often uncomfortable with a physician of a different sex, for example.

There are also lots of marginalized people, low-income people, homeless people, people who are transient and are unable to establish and maintain a relationship with a single physician. We often say that people who have lived on the streets develop coping mechanisms that make it really hard for them to establish a relationship. In order to survive on the street, they have developed those coping mechanisms that then make it very hard to access the system the way it is rolled out right now. Other people who are actively seeking access to primary care are people who are usually healthy, who don't regularly go to see a physician, but suddenly get sick. They are left having to attend the emergency room, which does not provide a level of primary care that is acceptable to anybody with a chronic condition.

We need to aggressively pursue models of delivery that will increase access to marginalized groups, because they form such a big proportion of people seeking access to primary care. Indeed, if we are concerned about access to care by all groups and quality of care for all people, we need to remember that community health centres, which involve genuine partnership between physicians and a range of other health care professionals, are best at providing quality care to hard-to-reach populations, whether it be population in rural or remote areas, recent immigrants, low-income people or homeless people. I also include in this aboriginal health access centres that specialize in providing access to First Nations communities. Why isn't this government moving more quickly to increase the scope of practice and responsibility of allied health professionals such as nurses, nurse practitioners, opticians, dental hygienists etc.?

In Ontario, we have about 23,000 physicians, but we only have 800 licensed nurse practitioners. I'll let you do the math. If we are serious about improving quality of care, access to care and affordability of care, why aren't we radically increasing the supply of other health professionals—nurse practitioners, health promoters, community development workers, social workers, nutritionists and midwives? Why are we making such slow progress building new community health centres, a New Democrat innovation that provides the gold standard in primary care?

There were quite a few new community health centres announced, but they are being rolled out very, very slowly. The announcements are now three years old, but very few new community health centres are actually up and running with permanent locations, with a full team of

interdisciplinary professionals and with actual operating budgets and capital budgets to be able to function as a full-fledged community health centre.

The same thing is true with aboriginal health access centres. Aboriginal health access centres have had difficulty in recruiting and retaining physicians, nurse practitioners and other members of the interdisciplinary team because their salaries have not kept pace with other primary care models. They are what we call second-class citizens in trying to recruit and retain, because their budgets have not kept pace. They end up recruiting for often difficult practices in remote locations with fewer resources than their cousins.

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There was also, in October of this year, the postponement of 50 new family health teams. Community family health teams provide good interdisciplinary care to Ontarians. They are among the new models of primary care that are well equipped to deal with best practice in managing chronic disease, but in this mini-fiscal announcement that was made by the Minister of Finance in October—they promised during the campaign 50 new family health teams. Well, we're not going to see them in the next year. We're not going to see the 9,000 new nursing positions that had been promised. Those are all steps going backward. If we're serious about increasing access, then we must be serious in providing those primary care resources, such as family health teams and those nurses to provide the care, that will improve access.

Finally, we need to focus our attention on disease prevention and promoting good health practices. That means creating communities with resources for good health that have recreational centres, child care, education, community involvement and a clean environment.

The health care system is important to help people once they become sick, but what helps to keep people healthy is work on the determinants of health. The determinants of health fall, most of the time, outside the health care system, but this is what keeps us healthy. Investment in health promotion, disease prevention and the social determinants of health, the main one being poverty, goes a long way toward decreasing the need for medical and health services down the road.

We are still waiting for the government's anti-poverty strategy. That alone—tackling poverty—would have a very big impact on the need for health services down the road, but we are still waiting for this. We are falling behind other provinces in implementing social and economic policies that improve and protect health in the first place. Why don't we have a high-level government committee assessing the health impact of our social and economic strategy, very much like they're presently doing in Saskatchewan, so that you can really have an impact on the social determinants of health, which will have a direct impact on the need for health care services? If we can get people to have healthy food, healthy body weights, not pick up smoking and have the opportunity to exercise, we will have a much healthier population. We would see a dramatic decrease in most chronic diseases,

including cancer, high blood pressure, asthma, diabetes, and the list goes on.

The government has lever policies that they can do to improve the social determinants of the health of Ontarians but they're not using them. Ontarians want the opportunity and support to live healthy and productive lives. If they get sick, they want timely access to good-quality and effective health care. As politicians, we have a duty to strive for a health care system that first aims to keep people healthy and, second, provides good care when people are sick at an affordable and sustainable cost.

Mr. Steven Lewis, the director of research with the Romanow commission, has said, "We had focused more on ramping up volume, rather than improving quality of care and health outcomes." More is often assumed by government to be better. The McGuinty government certainly has adopted the mantra of "More is better": more spending—a 55% increase in spending over the last seven years; more doctors—twice as many new doctors certified in 2007 than we had in 1997; more procedures—20% more MRI exams over the last two years.

Meanwhile, recent reports indicate that the government has only made modest improvements in reducing wait times, improving quality of care and improving health outcomes.

The most recent Ontario Health Quality Council report indicates that wait times for cancer surgery, hip and knee replacements, and CT scans have been reduced, but cardiac bypass, MRI and emergency room care wait times have not changed. They have actually gotten worse.

Quality of care has also not improved much. Patient satisfaction rates with acute care and emergency department care have not improved. The June report from the Change Foundation found that two in five Ontarians did not have access to the information they need and did not feel their time was valued. One in two Ontarians are not sure who is leading their care. A 2007 Conference Board report found that Ontario has the second-worst satisfaction rates for hospital care and the lowest satisfaction rates among women for community care of all of the provinces in Canada. We're second last or dead last.

In terms of medical outcomes, death rates from heart attacks, childhood asthma, and diabetes have persisted.

And our health care system is clearly not doing well in reducing risk factors for illness. Smoking rates, the government said, have fallen slightly, but I would say that if you add to this the number of contraband cigarettes sold in Ontario, then the number of smokers is actually higher and the percentage of those who smoke more is actually higher. So to send out there that the smoke-free Ontario strategy is working—it has worked somewhat, but new strategies are needed for the new reality of Ontario.

Far too many adults are overweight or obese, do not exercise and have poor diets. This is also happening with children, where one in four Ontario kids are actually overweight. That does not bode well. We're starting to see diseases like high blood pressure in kids who are 16 and 17 years old. We see strokes in kids who are 18 and

19 years old. We've never had that before in Ontario. We see more and more of this because one in four children in Ontario are obese. This is not acceptable.

In fact, eight of every 10 Canadians have at least one risk factor for stroke or heart disease. Diabetes and asthma are both on the rise. Eighty per cent of Canadians over the age of 65 have at least one chronic condition.

The burden of illness and disease is not distributed equally. Low-income people and First Nations people bear the brunt of poor health. Remember, I was talking to you about the social determinants of health. The number one social determinant of health is poverty. The rate of good health is directly linked to income. The poorer you are, the greater the chances you will be sick, that you will use hospital services, that you will use health care services, and for a longer period of time. As soon as the level of income increases—and you don't need a very big increase—it has a direct impact. The more it increases, the healthier the population gets. When we advocate for a \$10.25-an-hour minimum wage, we're actually advocating for healthier Ontarians, because as revenue increases, so does their health.

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The 2007 Conference Board of Canada report ranked the Ontario health care system fifth out of the 10 provinces in Canada. We are in the middle of the pack. To me, middle of the pack is not good enough, especially when the same report ranks Canada's system as a whole 11 out of 24 countries. There is room for improvement.

In sum, our health care system is not doing as well as it could. This bill, as has been mentioned, is a tiny, wee step in the right direction, but we have to realize that it is a very small one. The New Democrats, as well as many stakeholders who spoke to this bill, believe that this is an important but very minimal step forward for an issue that requires much, much more work. We can and should work to increase the supply of physicians, but let's not pretend that this alone will solve the problem of lack of access to health care, or radically improve the quality of care, or ensure the financial sustainability of our health care system, because it won't. Much more needs to be done for this.

The New Democrats will support this bill for what it is—a small step—but we have much bigger expectations.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Mario Sergio: I'm pleased to add a couple of comments, not only on the last speaker, the member from Nickel Belt, but as well the previous speaker, the member from Kitchener–Waterloo. I have to say that one of the advantages of being in opposition is that they have half an hour, 40 minutes, one hour, and they are capable of bringing much more detail to the floor of the House in discussion on the various bills. If anyone has been listening to the presentation by the member from Nickel Belt, it showed the extreme need to bring better health to our communities, from north to south, to the rich and to the poor, to the young and the old and the First Nation's people. Who can disagree with that? I think she did a

wonderful job in bringing to the floor of the House the many reasons why we need to do this. It's taking some time, yes, but it has taken 17 years, 17 years since the act of 1991, I believe, to bring some changes. Changes are needed. Someone may say that this is a very light bill—one page. Let me reiterate that having heard the member from Nickel Belt, there is such heavy content in the bill that I think it begs for the House to move on quickly in approving this particular bill. Who can disagree with the needs that are out there? I know in my particular community, because I have a very needy community—and I have been promoting a new medical school at York University for that matter. But it's taking a long time to get a doctor, to get a nurse, to that particular stage. It doesn't happen overnight. With respect to access to the profession by foreign professionals, I totally agree that it's a huge need and I think we should do everything that we can.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. John O'Toole: I think the member from Nickel Belt is very qualified to make comments on this particular bill. During question period, she is well informed, having worked in the health care system, and she brings some credibility—much like the member from Kitchener–Waterloo, as the prior Minister of Health, knows of what she speaks.

Now, we all made a point of this small, one-page bill. In fact, it should be on the record that it's not a page; it's half a page. The member from Kitchener–Waterloo pointed out that it actually changes one line and that it does nothing to increase the number of physicians. It talks about standards; we agree with that. They're making a big to-do about this legislation here that changes precisely two words, if you look at the act it's changing. It amends schedule 2 of the Regulated Health Professions Act, 1991, by adding the following sections—which I have read before, and the member from Kitchener–Waterloo as well as the member from Nickel Belt referred to it.

What I would like to see is substantive, measurable targets. Are we going to have more doctors? Here's the deal: They could look at other health care providers. They could look at the role of nurse practitioners. They could look at the report by the ONA on primary health reform. There are some real instructive and intelligent things that the government could do, but what they've done is offered us up to speak for hours on a bill that's really changing about two words. It's unimaginable.

The new pages are here, and I'm sure if they knew how much time would be spent to change a couple of words, they'd be shocked and saddened.

Let's get on with it, because the biggest single issue I hear is there aren't enough doctors in Ontario. We started the northern medical school when Elizabeth Witmer was the Minister of Health. Let's get on with the job; it's a problem you haven't solved.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Peter Kormos: It was a delight to listen to my colleague the health critic for the NDP, the member for

Nickel Belt. As I told folks before she got the floor, she's going to provide some interesting and meaningful insights into this whole issue.

Look, Ms. Gélinas, the member for Nickel Belt, is a woman with great generosity of spirit, and she is being more kind than she ought to be by calling this a step. She says it's a tiny step. A step? This is nothing. This is vapour. This is wind. It's like quicksilver; it's elusive. And I'm going to have a chance to speak to it in a very short while.

Let's understand that somehow this government wants people to believe that this is a policy that's going to enhance the access of Ontarians to health professions, be they physicians, nurses, dieticians, as Ms. Gélinas speaks of, dental hygienists, physiotherapists, social workers, psychologists.

The Premier talked earlier today about creating fictions. And it's a pretty feckless effort at the end of the day, the government trying to create a fiction, somehow suggesting that this is a policy. This isn't a policy; this is silliness. I'm looking forward to my 20 minutes on this in short order.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Ms. Laurel C. Broten: I'm pleased to comment on the comments made by the member for Nickel Belt, who, as someone who has been active in the health care management field, understands the roles that regulatory bodies play in disallowing entry or allowing entry into the profession.

But I think it's important sometimes to bring to the floor of this Legislature the voices of those who really know this issue first-hand, and I want to provide those in the House with a few excerpts from correspondence from the Association of International Physicians and Surgeons of Ontario, which was received before the committee:

"The Association of International Physicians and Surgeons of Ontario (AIPSO) is a non profit organization consisting of internationally trained medical doctors. AIPSO has been involved in advocating for well qualified IMDs to have a fair and transparent way to licensure to practise medicine in Ontario since 1999.

"AIPSO does not advocate the registration of doctors who may not have been sufficiently trained but is passionate in advocating for competent and well trained doctors who are continually being denied an opportunity to serve the communities in which they live, work and pay taxes to....

"AIPSO believes that this Bill 97 is a good first step to ensure that the CPSO, in addition to its other noble duties, also addresses the issues of why well qualified IMDs who are already living here in Canada, and who have passed equivalent exams and have relevant foreign experience, are unable to be licensed to work in Canada....

"AIPSO offers its full support for Bill 97."

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I know that those individuals who are active in AIPSO have long been advocates for their community of internationally trained physicians, and they were advocates

long before anybody in a role of governance in this Legislature was listening to them and looking to make changes. Bill 97 is an important step, a step that lays foundational change, and I'm pleased that groups like AIPSO are supporting it.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Ms. Lisa MacLeod: This is a very important piece of legislation—

The Acting Speaker (Ms. Andrea Horwath): I'm sorry. I believe we have already had four. I was looking to the table, and they confirm that we've already had four questions and comments.

The member for Nickel Belt for a response.

M^{me} France Gélinas: I'd like to thank the member from York West for his comments. I certainly agree with him that the need for health care services in Ontario is huge, that the best way to tackle the need is to decrease it and that the way to do this is to invest in the social determinants of health so that we take concrete steps to keeping the population of Ontario healthy and in their own homes longer. Certainly I agree with your comments.

To the member from Durham, yes, it is a small bill; I think everybody will agree. No matter how you fold it, it's still going to be a small bill. Nevertheless, I agree with your comment that we need primary health care reform in Ontario. The government introduced a new model of primary care with the family health teams. It is certainly very regrettable that the 50 new family health teams that were announced during the election are actually being postponed for a year.

I salute the member of the NDP caucus from Welland, who will also have a chance to speak about this bill and share his views on it.

Lastly, I'd like to thank the member from Etobicoke—Lakeshore for the report she wrote and the bill she brought forward. There are quite a few IMGs, or international medical graduates, in Ontario who have had a really tough time passing the barriers of their college. This bill will make it a little bit easier—the same thing for family physicians from Quebec who could not practise in Ontario because they only had one year of internship, etc. There is one barrier, but there are still very many that remain.

The Acting Speaker (Ms. Andrea Horwath): Further debate?

Mrs. Liz Sandals: I am pleased to rise and speak in support of Bill 97, entitled Increasing Access to Qualified Health Professionals for Ontario. This bill amends the Regulated Health Professions Act, and I think it is worthwhile talking a little bit about how that works.

There are a number of independent, self-governing health professional colleges in Ontario, and this is the umbrella act that addresses all those regulated health professions: doctors, nurses, nurse practitioners, dentists, dental technicians—a whole host of people who are involved in our health care. Each of those independent, self-governing colleges has its own legislation, but this is the umbrella legislation that broadly lays out what each of them is to do. Within the responsibility of each of

these health professions is the ability to decide who can register in that profession, who is qualified to practise. In other words, the College of Physicians and Surgeons of Ontario decides who can be a doctor in Ontario within the framework laid out in this act.

What this act says is that among the duties of all the colleges, but particularly within the duties of the College of Physicians and Surgeons, the college will have a duty “to work in consultation with the Minister of Health and Long-Term Care to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.” The important part there is “access to adequate numbers.” They’ve always been responsible for making sure that the people are qualified, that they are skilled, but they were never required to look at, do we have enough people in Ontario to be doctors, to be nurses, to be nurse practitioners? They never were responsible for thinking about, are there enough doctors in Ontario?

Unfortunately, over the years, what has happened with the College of Physicians and Surgeons is that they’ve had some very odd barriers to practising in Ontario, despite the fact that, clearly, we’ve had a persistent shortage of doctors in Ontario ever since the days when the NDP government cut the number of residencies; in other words, the number of training spots for doctors in Ontario.

Although it is, in fact, a very short bill, this is actually a very significant bill, because for the first time ever, the Ontario College of Physicians and Surgeons will be responsible for thinking, as they look at people coming in and wanting to practise in Ontario, are there enough doctors in Ontario to meet the needs of patients in Ontario?

To give you some examples of why this actually is a significant piece of legislation, I was absolutely astounded, when I became an MPP and started to talk to people, to find out that if you qualified to be a doctor in another province of Canada, you couldn’t be a doctor in Ontario. You could qualify at the McGill school of medicine to be a doctor, but you weren’t allowed to practise in Ontario. You could qualify at the Dalhousie medical school to be a doctor, but you weren’t allowed to be a doctor in Ontario. You also weren’t allowed to be a doctor if you qualified in the schools of medicine in the United States. For example, you could qualify to be a doctor at the Harvard medical school, a school with a stellar international reputation, but the College of Physicians and Surgeons in Ontario wouldn’t let you be a doctor in Ontario.

So the barriers that we have thrown up in Ontario aren’t just those that we often think about, in terms of people who have, perhaps, qualified in Asia or in Africa or in South America. You couldn’t even get to be a doctor in Ontario if you qualified in another Canadian province or in the United States. That’s what this bill is addressing. It’s saying to the College of Physicians and Surgeons, “Come on, folks. You really need to look at,

do we have enough doctors in Ontario? And what are reasonable barriers and what are unreasonable barriers?”

I’m very pleased to report that since this bill was introduced, we have made some significant progress with the College of Physicians and Surgeons. On September 18, 2008, the College of Physicians and Surgeons agreed that they would change their registration policies to make it possible for physicians licensed in other parts of Canada and the United States to more easily become registered to practise in Ontario. If doctors have qualified in other Canadian provinces, if they’ve qualified in the US, they will now be able to register in Ontario if they have completed the US postgraduate training and examinations or, quite frankly, the Canadian postgraduate and exams that are exactly the same, virtually, as what Ontario graduates are doing anyway.

With this piece of legislation that says for the first time to the College of Physicians and Surgeons, “Think about whether or not we actually have enough doctors in Ontario,” we’ve got the door opening up to people who have qualified all over Canada and the US. That’s an absolute first. The astounding thing—my husband happens to be a large-animal veterinarian and has been involved with registration for veterinarians; that was already the situation for veterinarians, that if you qualified anywhere in Canada, if you qualified at any accredited veterinary college in the US—they figured it out years ago—that should be a North American accreditation. Finally we’ve got the same situation with human doctors that we’ve had for a very long time with veterinary doctors. So this actually is a very big step forward.

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But I wouldn’t want the audience to think that this is the only thing that we’re doing, because we understand that this is only one piece of the puzzle. We have already been addressing other pieces of the puzzle in terms of making sure that we have more doctors in Ontario. In fact, there are 1,253 more doctors in Ontario than when we took office in 2003. We’ve completed a 23% expansion of medical school capacity this year. We’re planning on adding 100 more first-year medical school spaces, which will be overall a 37% increase of our capacity here in Ontario to train doctors.

A number of people have opened the new medical school in northern Ontario, in Thunder Bay, which opened in 2005, and that’s one of the things that we have done. Another thing that we’ve done that is quite exciting is we have set up satellite campuses in some of our medium-sized cities for medical schools that already exist. So we actually have four new medical campuses in southern Ontario at Mississauga, St. Catharines, Kitchener-Waterloo and Windsor. The one, of course, being in Guelph, that I am particularly interested in is the one that’s in Kitchener-Waterloo, which has already opened and is already training medical students. What’s exciting about that is that not only is it simply a new medical campus attached to the University of Waterloo; it’s also—because it is training family doctors—involving the hospitals within the Wellington-Waterloo LHIN in training those new doctors. So each of the hospitals

within the Wellington-Waterloo LHIN has some sort of role in training those new doctors.

For example, Guelph General Hospital is responsible for the rotation in internal medicine. The Homewood psychiatric hospital is responsible for the rotation in psychiatry. St. Joseph's hospital in Guelph specializes in complex and continuing care, so they will be working with the training in that area and in geriatric care. It's actually quite an exciting program involving all the hospitals in the Wellington-Waterloo LHIN in the training and will hopefully, down the road, have an impact on attracting doctors to the Wellington-Waterloo area because of the fact that they've had experience in all the hospitals in our region during their training, and this will be a much more attractive place for them to come to set up practice because they already know us well.

We've also created 150 new family health teams since we took office in 2003, which has had a huge impact on the number of people who now have a family doctor. I know in Guelph, with the creation of family health teams, that it has had a significant impact. One of the ways in which it has had a significant impact is that young medical graduates who are coming out with a designation in family practice are really quite excited about practising in the family practice model, where you have not just the doctor standing alone, but where you have significant support from nurse practitioners, from dietitians, from social workers, so there's a real medical team looking at being able to serve those patients. Young doctors are saying that this is a really exciting model. So those communities that are lucky enough to have family health teams are finding that it's much easier to attract new doctors to their community, and in fact that has been just the case in Guelph. For the first time in years, with new doctors joining our family health teams, we're approaching that level where we're almost fully serviced. That's really exciting.

It's interesting that in the agreement that the Ministry of Health has just signed with the Ontario Medical Association, there will be incentives for those family physicians in family health teams to take on additional patients, because what we are finding with that team approach to medicine, getting the nurse practitioners and the others on the team involved, is that those family doctors can take care of even more patients because they have those additional supports. So we're also expecting that the existing family health teams will be able to care for even more patients.

I'm very pleased that we've had this significant turnaround, with this piece of legislation, in getting all the regulated health professions to acknowledge that it is part of their duty—in fact, we are legislating that it will be part of their duty—to make sure that there is an adequate number of doctors, nurses, whatever the case may be, in looking at their registration and qualification practices, and I'm pleased that it is already having an impact in the way that those colleges are behaving.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Ms. Lisa MacLeod: It's a pleasure to be able to contribute to today's debate on Bill 97. This has been a very pressing issue in my community because it's a fast-growing community with many new Canadians who come to Canada, or, specifically, to the province of Ontario, to be able to work and live a very meaningful life as good citizens, and when they arrive, they realize that some of their credentials, particularly those in the medical community, are not transferable here in our province.

That's quite disappointing, because everybody wants to contribute to their community. It leads to many of our new Canadians and to some of my constituents being underemployed. It's strange that they would be underemployed, because we need them so much; we need them because we have physician shortages in our communities, particularly—as I like to say, I've got the double edge: a high-growth community on one end where there are new families moving into a new area which used to be farmland, and this new location requires them to have a family physician, and the other area is rural. We all know the challenges that rural Ontarians face with doctor shortages.

Our critic from Kitchener-Waterloo has indicated we will support this bill. We are disappointed, however, that it doesn't go very far, because it is only one sentence.

We had proposed, in the official opposition, to create a new school of medicine and expand medical school spaces. We committed to implementing a comprehensive long-term physician recruitment strategy and establishing an independent human resource planning body for health care professionals. But today, in this Legislature, we must impress upon the government the importance of working with our international medical graduates and ensuring that they are actually in the workforce doing what they are trained to do, which is saving lives and looking after people.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

M^{me} France Gélinas: It's my pleasure to add a few comments to those of the member from Guelph. Certainly she talks about the importance of not just looking at physicians but also looking at other members of the interdisciplinary team. Whether we talk about nurse practitioners, nurses, dietitians, chiropractors etc., those people need a place to work as a team, and those places to work as a team are either aboriginal health access centres, community health centres or family health teams. Even in family health teams, if you look at the percentage, they are mainly focused on family physicians.

So if this government is serious that they want an interdisciplinary team, that they want to bring increased access to primary care to the people of Ontario, then they shouldn't postpone the resources going toward the 50 new family health teams. At their basis, they are a primary health care model that works under the interdisciplinary team, and they were certainly well poised to bring better access, but this has been delayed.

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Today I asked the Minister of Health about home care. Home care is having serious retention and recruitment

issues for a number of reasons. Those 9,000 nursing positions that, again, have been postponed for a year would have gone a long way toward improving recruitment and retention in the home care sector. Because the home care sector is in such turmoil right now and is not providing the type of care needed by the residents of Ontario, those residents often end up in hospital and they end up being labelled alternate-level-of-care; that is, they don't need hospital care, but they have nowhere else to go. If you ask each and every one of them, they want to go home.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Phil McNeely: I'm very pleased to speak about international medical graduates. It's one of the issues that is very important in Ottawa. I've talked to the Catholic immigration services, and they have a person who is in charge of a list of the international medical graduates who haven't found a place within our system. It's over 500 just for the city of Ottawa, and they say it's not an inclusive list. So I think that they will be pleased that this legislation is moving forward and that there is real progress on how these very important people to our health care system can move through the system and become our doctors in our neighbourhoods.

My own doctor on Bay Street here has a young graduate from Iran who is working in his practice, and I've spoken to him about it and to the young doctor, and they're both very pleased that there is movement forward for this.

In Orléans, we have a lot of orphan patients, and we know that the solution is partly in moving these people through the system.

I really congratulate Laurel Broten for the work that she did in bringing that report forward and getting us closer to having a system which makes sure that these people can move forward, that they're not being held back by regulations etc., that the path is clear, and that there's a provision in this process to check out areas where we're not getting the success we should be with these doctors moving into the system.

The need is great in our province. The need is great in the Ottawa area, where many of these doctors have ended up.

I look forward to this legislation going through and to what we heard today: that it is going to be successful in getting more of these people active in our communities, giving us health care.

The Acting Speaker (Ms. Andrea Horwath): Questions and comments?

Mr. Peter Kormos: I'll have the pleasure of being able to address this, albeit for but 20 minutes. Because of the time, it's almost inevitably going to mean, unless the Speaker ignores the clock and lets me do my 20 minutes in a complete segment—and the Speaker is welcome to do that. But I'm going to have a chance to address this in but a few minutes' time.

I say, hooley. I have regard for the valiant effort of the member for Guelph. But if the government wanted to tell colleges that it was their responsibility to ensure that

there was mentoring, to ensure that there was fairness around assessment of foreign credentials, to ensure that there were tutoring programs and profession-specific English-as-a-second-language programs, then it could have said so, couldn't it have? It could have been very clear and very specific. On the contrary, the government says nothing. It says the colleges have a duty, but then there's no remedy for anybody in the event that the college doesn't fulfill that duty—a so-called right without a remedy, which means it's no right at all.

The question to be asked is, what the heck were the colleges doing until this bill appeared? They weren't acting in the public interest—is that what the government is saying? Because if they weren't, then we should be rewriting the legislation that deals with colleges.

This clearly is an effort on the part of the McGuinty government to avoid the issue, to hide from it and to obfuscate rather than address it, notwithstanding all of the hollow promises.

The Acting Speaker (Ms. Andrea Horwath): The member for Guelph for a response.

Mrs. Liz Sandals: Thank you to the members from Welland, Nepean–Carleton, Ottawa–Orléans and Nickel Belt for their comments. I note that both of the Ottawa area members have been emphasizing the challenges that occur, when a community is growing rapidly, in attracting sufficient doctors, and also the important role that international medical graduates could play if we can only manage to make sure that more of them have access to being qualified in Canada.

I note that the member from Nickel Belt talked about the very important role of interdisciplinary health models. We certainly agree with her that those models are very important, which is in fact why we did introduce 150 family health teams and, I would add, expanded the community health centres, which are also an interdisciplinary model, so that there are 49 additional community health centres since we took office.

I think it's important to recognize that this is just one step. If we look at foreign-trained doctors, I think we need to note for the record that we have more than doubled the number of spaces for international medical graduates, from 90 to 200 spaces each year, to make sure that they can be qualified in Ontario. This past year, the 2007-08 year, which is the last year for which we have numbers, we surpassed our own target of 200 and actually offered 235 positions to international medical graduates. When we look at that cumulative record, today in Ontario there are approximately 630 internationally educated doctors who are in residency and who will qualify to practise in Ontario.

The Acting Speaker (The Acting Speaker (Ms. Andrea Horwath): Further debate?

Mrs. Joyce Savoline: I rise in the House today to share my abject disappointment with Bill 97, An Act to increase access to qualified health professionals for all Ontarians by amending the Regulated Health Professions Act, 1991. That's the long title; the short title is an act to download the doctor shortage onto somebody else. The "somebody else" in this case is the 23 regulatory bodies

of the College of Physicians and Surgeons across Ontario.

This is not the first download of physician shortage by the McGuinty government. Bill 97 constitutes the second official download of this government's responsibility to address the doctor shortage. The first download was not directed, no; rather, it occurred out of sheer desperation and necessity. I'm referring to communities across this great province that are battling it out in bare-knuckle fights for a handful of physicians. Health care is a provincial responsibility, and yet the budgets of our municipalities have line items for things like physician recruiters or incentive packages for doctors who will establish practices in their communities. Some communities have gone to the expense of producing slick sales videos to sell their location as the best. Others are offering everything from gym memberships to free office space. One community in fact has leased and furnished a medical office, including medical equipment, so a doctor could just walk in and set up shop. These are valuable community resources being expended to resolve provincial issues—an issue that Premier McGuinty has campaigned on in two separate elections.

Premier McGuinty should be ashamed of himself. He brought in the single largest tax increase in the history of our province, the so-called health premium, which is really a tax, and then has repeatedly refused to address the critical issues facing our health care system.

We are facing an aging population; I'm one of those. As we age, our health care needs become increasingly complex, and a family doctor is the key piece to our medical puzzle. The family doctor is the keeper of the patient's history. They know their patient and can detect a pattern or identify health issues that would be difficult to find in a piecemeal fashion and critical time lapses while the file is being reconstructed.

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The doctor shortage is nothing new in our province. I would like to remind the members opposite that it was the PC government that took the reins and addressed this doctor shortage. We did so because another Liberal, Bob Rae, capped the number of physicians permitted to practise in Ontario. The Bob Rae legacy continues to impact our health care system every single day to today. The reality is that we lost hundreds of doctors who would be practising here today, and it was a PC government that was successful in reversing that destructive policy.

The difference between what the McGuinty government is doing now and what we as a PC government did back then is blatantly obvious. The PCs practised leadership. We did not leave the doctor shortage to chance. We did not hope and pray that our municipal partners would pick up our slack and start their own recruiting drive, nor did we download the responsibility to the College of Physicians and Surgeons of Ontario. What we did was, we led. We created policy. Then we made sure that that policy was working.

The lure of big salaries from the United States and elsewhere in the world is very attractive. We must take

action now—we have no time to lose—to avoid a massive drain on our health care human resources across the board, not just physicians but all health care practitioners.

Five years ago, Premier McGuinty promised to recruit and train more doctors. Five years ago, the Premier promised that no person would go without the medical attention they needed. Well, Premier, five years of inaction have passed, and the dismal record of your government is that we still have over a million Ontarians without a family doctor. Ontarians aren't getting any younger. In fact, our health care needs are growing more, and they're growing more complex. The taxpayers of this province, those same folks the Premier has burdened with his health tax, are getting older and need a family doctor now. Our seniors are being forced into walk-in clinics where their weakened immune systems are susceptible to every germ on the laden surfaces. The walk-in clinics have excellent staff, but they are only seeing a brief snapshot of that patient's medical history. They do not have the benefit of working through the personal medical records that the patient should have available to them.

The fabulous e-health initiative that the Premier promised is also nowhere to be seen. So our seniors do not even have the benefit of electronic records to simplify the process and assist in a more complete diagnosis. If our seniors are lucky enough to have a family doctor, many of them are only permitted to discuss one ailment per visit—shocking. This is the result of overworked, understaffed medical professionals whose patient roster is bursting, and they have implemented this new policy to offset their packed waiting rooms.

Our seniors and families deserve better. They have worked hard. They are paying their taxes, and now they should be confident to at least have timely access to a health care system.

Bill 97 is not that plan. It is merely moving the problem onto somebody else's plate. It is beyond comprehension how you can even bring this piece of legislation forward, as it is more of an abdication of duty than it actually is a plan.

Our party has a plan. PCs always have a plan. This is one of the fundamental differences that separate us. We are a party of action, and the members opposite just love that photo op. Our party would implement the following initiatives to ensure that there is an adequate supply of physicians in Ontario.

First, we would create a new school of medicine and expand existing medical school places. This would build on the initiative we started while in government to reverse the effects of the Bob Rae doctor caps.

Secondly, we would implement a comprehensive, long-term physician recruitment strategy. There are three key words in that initiative that are foreign to the Liberal members opposite. First is "comprehensive," second is "long-term," and the third is "strategy." The Premier's policies usually run to the short-range, stopgap, photo-op variety and in the end do not resolve the root cause of the issue.

Lastly, we would establish an independent human resource planning body for health care professionals. This action would support and empower physician networks that already exist to reach even further and attract more physicians to our province. We're all aware of the international medical graduates who are not currently practising in their field. We are aware because they are calling our constituency offices, wanting to know what they can do. They're desperate: Where can they go, and why is our system in such a mess? These international medical graduates have uprooted their families and left their homeland for the promise of a better life, but also because they have heard that we need doctors. And we do need doctors, but the red carpet that we rolled out to them via the Internet in our efforts to woo them is pulled right out from under them when they get here. They have budgeted for a few years of start-up fees. Those few years quickly turn into 10 or more, and then they're struggling to support their families while all around them they keep listening to our ongoing moan of "doctor shortage, doctor shortage." It's difficult to comprehend.

My heart has gone out to a local family in just such a situation. This woman is an internationally trained medical graduate who wants to practise here in Ontario. She's in great demand, in fact. She has done everything asked of her. She has passed all of the recertification, the residency phase; she is ready to complete the last phase of her transition to Canadian medicine. The competition for a residency position is fierce, as they are few and far between. Luckily, she was informed that a residency position was imminently hers. In the blink of an eye, this dedicated future doctor was then informed that the residency position disappeared. Yes, mistakes happen, but this is about somebody's career. This is about our province's future. Where did that position go? Well, no one has any answers, not the College of Physicians and Surgeons and certainly not the McGuinty government.

Now we are asked to trust in this dysfunctional system, one that will now have sole responsibility for addressing the doctor shortage in the province of Ontario. The McGuinty government is guilty of this in every ministry. The government is not allocating their resources wisely. If you want to increase the number of doctors practising medicine, you need not only to ensure that our

medical schools have enough spaces, but you then have to have enough residency spaces for them to complete their training and get their doctor's licence. One follows the other.

Why are we playing these games with our health care practitioners? People want to practise medicine here in our great province and have made significant sacrifices to do so. There is a major disconnect between the McGuinty government rhetoric and the actual work being done behind the scenes. I liken it to the great and powerful Wizard of Oz: lots of bluster and big talk, but at the end of the day it was one man pulling the strings, pushing the buttons, behind the curtain. That's what we have here: the great, powerful McGuinty pushing buttons, pulling strings, with the taxpayers of Ontario.

If this were a real bill, there would be at least one mention of foreign-trained doctors or international medical graduates. How can you expand the number of doctors practising in Ontario if you do not include international medical graduates? We have a finite number of medical graduates here in the province. Combine that with the lure of the United States and the big salary, and we have an even smaller pool of home-grown graduates to choose from. I wonder if the Premier can resolve a doctor shortage without utilizing every resource at his disposal. Is this the Liberal way: big talk, no plan, no action? Where's the government's 10-year strategic health plan that was supposed to be released in the spring of 2007? Until we have a plan, we're not going to be able to identify our needs. How can we address them? It was already challenging enough to recruit doctors to practise in Ontario when we were the shining star of Confederation and the economic engine that drove this country. Now that Premier McGuinty has driven our economy into the ground, I just—

The Acting Speaker (Ms. Andrea Horwath): I'll ask the member to please take her seat.

Third reading debate deemed adjourned.

The Acting Speaker (Ms. Andrea Horwath): It being 6 o'clock, I declare this House adjourned, to be back in session tomorrow morning, November 18, at 9 o'clock.

The House adjourned at 1800.

ERRATUM

No.	Page	Column	Line(s)	Should read:
74	3280	1	45	Rosemary Sadlier, who is the president of the Ontario

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Speaker / Président: Hon. / L'hon. Steve Peters

Clerk / Greffière: Deborah Deller

Clerks-at-the-Table / Greffiers parlementaires: Todd Decker, Lisa Freedman, Tonia Grannum

Sergeant-at-Arms / Sergent d'armes: Dennis Clark

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Barrett, Toby (PC)	Haldimand–Norfolk	
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Brownell, Jim (LIB)	Stormont–Dundas–South Glengarry	
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Howard Hampton, Greg Sorbara
Norman W. Sterling, David Zimmer
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