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- ONE DAY AT A TIME -

STOP

NEGOTIATING

By Joe Ingino BA. Psychology
Editor/Publisher Central Newspapers
ACCOMPLISHED WRITER/AUTHOR OF OVER 800,000
Published Columns in Canada and The United States

This week the International headlines read: Trump announces 10 per cent tariff increase on Canadian goods
U.S. President Donald Trump says he is raising tariffs on Canadian goods by 10 per cent, after accusing Canada of airing what he called a “fraudulent” advertisement that misrepresented former president Ronald Reagan’s stance on tariffs.
In a post published on Truth Social at 4:30 p.m. Saturday, Trump wrote, “I am increasing the Tariff on Canada by 10% over and above what they are paying now.”
Trump’s post cited his frustration over an advertisement produced by the Ontario government that used clips of Reagan warning about the dangers of protectionism and praising free trade.
“Canada was caught, red handed, putting up a fraudulent advertisement on Ronald Reagan’s Speech on Tariffs,” he wrote.
People, people, people. Am I the only one that sees this?
Our so called leaders are playing right in to Trumps strategy. If I was Prime Minister. I would not negotiate a thing.
Let Trump have his Tariff. Let’s regroup Canada and not worry about the American power trip. As it stand our markets look good to Americans due to the currency exchange.
The more we seem desperate to negotiate the harder he presses. Ford has no business getting in the middle of an International economic threat.
Trump is way smarter than any of our so called leaders. He knows he can do anything he wants.... so he sets people up.
Let’s take this scenario. Trump will impost Tariffs on Canada. Do we really benefit from the fight back? Has it been working so far? NO. It’s a fight you can’t win and eventually will put you at a bigger disadvantage. People are quick to blame job loss to tariffs. Bull. The problem with job losses is poor management and greedy corporate bulls in board rooms.
COVID.... The Chinese, Russia, Trump. There is always an excuse for corporations to look for ways to shift corporate interest in the name of making billions.
Look at GM. I have been calling it for your the past 20 years. No one believed me. Remember not to long ago. The automakers cried wolf that they would be pulling out and the billions they took in aid?
As a nation we need to stop being so gullable and so ignorant of the writings on the wall when it comes to our economy.
Remember not to far away... when car companies turned to the Canadian government for assistance in the fear of bankruptcy?
The Canadian government once again negotiated with the car automakers and the Canadian taxpayer lost big time... as the money that was to go to Canada to keep jobs ended up paying for new plants all over the world.
I say to our Prime Minister... Stop being a fool to Trump. Let him do his thing and you do yours. Canadians are suffering... on our streets. Focus on that first.

JOE INGINO

Proud Member of :

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Member since 2014

MASON LODGE No 649

Oshawa Member since 2016

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WE ARE OSHAWA

Member since 2015

Wheeling and Area

Chamber of Commerce

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Member since 2000

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Member since 2000

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Kiwanis Westmount (Oshawa)

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Member 2015 - of Courtice 2015,

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Former

Courtice Lions Club

Member 2015 (Director)

Member of fundraising

committee 2017

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Candidate

2025, Member of Provincial

Parliament Candidate for

The New Blue Party

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Tariffs and TV Ads Won’t Heal Our Hospitals: Ontario’s Misguided Priorities

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As Ontario devotes \$75 million to a cross-border advertising campaign and faces punishing U.S. tariffs of 35 – 45 percent on Canadian exports, the fallout is being felt not just in factories but also in hospitals. The trade war threatens to drain over \$1 billion annually from the province’s health-care system through lost revenues and higher costs for medical supplies. Instead of funding more nurses, beds, and diagnostics, Ontario’s leadership is spending on political optics while patients wait longer for care. Canada’s true deficit is not in trade—it is in health.

Ontario’s paradox of priorities

Ontario’s health-care budget now exceeds C\$80 billion, roughly half of total provincial expenditures. Despite this enormous investment, hospitals remain overcrowded, rural clinics understaffed, and emergency rooms frequently forced to close because of personnel shortages. In 2025, the provincial government launched a C\$75 million U.S. advertising campaign—complete with clips from Ronald Reagan’s 1987 radio address against tariffs—to defend Ontario’s manufacturing base and appeal to American public opinion. The gambit backfired. The Trump administration retaliated by imposing a 35 percent tariff on Canadian exports, which rise to 45 percent on certain goods not meeting “America First” domestic-content rules.

Ontario, whose prosperity relies on cross-border trade in autos, steel, machinery, and pharmaceuticals, is hit hardest. The economic shock is now rippling into the very heart of public services.

The indirect hit to health care

Although the tariffs target export industries, their secondary effects—lost revenue, weakened growth, and supply-chain disruption—land squarely on the health-care system.

1. Revenue loss and slower growth: Ontario exports about C\$200 billion a year to the United States. Even if only 10 percent of that total (C\$20 billion) faces the 35–45 percent penalty, the province stands to lose C\$7–9 billion in trade value annually. Lower profits mean smaller corporate and payroll-tax intakes, cutting provincial revenues by an estimated C\$500–700 million each year—funds that otherwise would finance hospitals, long-term care, and medical infrastructure.

2. Rising costs for imported health goods: While the tariffs are levied on Canadian exports, the ensuing retaliation and logistical friction drive up import costs as well. Ontario’s hospitals depend heavily on medical technology, diagnostic equipment, and pharmaceuticals that originate in or pass through U.S. supply chains. Border delays, insurance surcharges, and counter-tariffs could inflate procurement costs by 8–10 percent. Given an annual operating budget near C\$60 billion, even a modest 1 percent price increase translates to C\$600 million in extra spending—money siphoned from patient care to cover higher bills for essential supplies.

3. Cumulative impact: Combining revenue losses and cost inflation yields a C\$1.1–1.3 billion annual burden on Ontario’s health system. That sum could otherwise finance 1,200 to 2,400 new hospital or critical-care beds, pay yearly salaries for 7,000 registered nurses, purchase 150 MRI or CT scanners, or fund comprehensive home-care programs for 250,000 Ontarians. Instead, these resources are evaporating through a trade conflict that delivers neither economic stability nor better public health.

Meanwhile, patients wait

Across Canada, the median wait to see a specialist is 78 days, and one in four patients waits 175 days or longer. Ontario faces some of the worst backlogs for elective surgery among G7 countries. In northern communities, doctor shortages persist; in urban centres, ambulance off-load delays have become routine. It is difficult to justify multimillion-dollar ad buys in U.S. media markets while emergency rooms at home struggle to find enough nurses to stay open overnight.

Political messaging has taken precedence over measurable service improvement.

Eroding equity and the social contract

Universal health care remains Canada’s proudest social covenant: access based on need, not wealth or geography. Yet that covenant is eroding under fiscal and logistical strain. When a government invests C\$75 million in political advertising that provokes tariffs costing the treasury more than ten times that amount, while hospital budgets strain to maintain basic services, something fundamental has gone wrong. The result is a quiet inequity—urban hospitals absorbing shocks while smaller communities fall further behind. Every dollar spent on public relations warfare is a dollar not spent on the front lines of care.

Why Ontario—and Canada—are falling behind

- Fragmentation: Provinces administer health care independently, creating duplication, uneven standards, and limited data sharing.
- Capacity constraints: Canada maintains fewer hospital beds and diagnostic units per capita than most OECD peers.
- Under-investment in prevention: Only about 5 percent of total health spending goes to primary and community care, compared with 8 percent elsewhere.
- Workforce exhaustion: Chronic shortages and overtime have driven thousands of nurses to the private or U.S. sectors.
- Policy distraction: Trade wars and industrial headlines dominate the agenda, while systemic reform languishes.

A road map for renewal

1. Re-centre priorities. Treat health care as national infrastructure, not a secondary political cost.

2. Set measurable national standards. Enforce maximum wait-time targets, minimum bed ratios, and rural-access guarantees.

3. Invest upstream. Strengthen family-health teams, community clinics, and preventive programs to reduce hospital demand.

4. Ensure transparency. Publish all government communication and trade-response expenditures beside health-care investments.

5. Coordinate federally and provincially. Align transfer payments and performance targets to ensure accountability for every public dollar.

The lesson

Ontario’s C\$75 million advertising campaign and the ensuing U.S. tariff escalation to 45 percent reveal a profound misalignment of priorities. Political optics displaced policy substance—and patients are paying the price. If even a fraction of the money and lost revenue tied up in this trade confrontation were redirected to front-line care, Ontario could shorten surgical waits, expand capacity, and restore public confidence in universal health care. Canada’s hospitals do not need patriotic slogans broadcast across American airwaves. They need stable funding, long-term planning, and leadership focused on the well-being of Canadians. Canada does not need future aggravation by unnecessarily antagonizing an unpredictable president already primed for tariff battle. Ontario’s misguided ad, at great taxpayer expense, will put a serious spike in Canada’s future tariff negotiations and can be perceived as direct political interference in US domestic affairs.

What do you think?